

## Kinship Foster Care Home Study

<b>Household Information</b>			
<b>Caregiver 1</b>			
Caregiver Name:		DOB:	
Address:		Primary Phone: Secondary Phone:	
Email:		Occupation/Income:	
<b>Caregiver 2</b>			
Caregiver Name:		DOB:	
Address:		Primary Phone: Secondary Phone:	
Email:		Occupation/Income:	
<b>Kinship Child(ren) Information</b>			
Child's Name:	Relationship to Caregiver:	Child's Name:	Relationship to Caregiver:
Child's Name:	Relationship to Caregiver:	Child's Name:	Relationship to Caregiver:
<b>Other Children or Adults in the Household</b>			
Name:	DOB:	Relationship to Caregiver:	
Name:	DOB:	Relationship to Caregiver:	
Name:	DOB:	Relationship to Caregiver:	

# of adults (age 18 and over residing in the home for at least thirty days or longer)

# of children already in the home at the time placement (bio, adoptive, friend of the family, etc.,)

# kinship children placed by HHS/JCS

**ASSESSMENT: Provide a detailed response to each question avoiding one word or sentence responses. As an assessor, follow up questions should build upon responses ensuring a complete understanding of the Caregiver and home environment.**

## Caregiver Assessment

### Knowledge of Child's Situation

What is the Caregiver(s) knowledge of the child(ren)'s current situation, Department's involvement and or need?

Describe the Caregiver(s) relationship with the child(ren) and the child(ren)'s family?

How will the Caregiver(s) support the child(ren)'s individual identity, culture, and/or religious beliefs even when they may be in conflict with the Caregivers' own beliefs?

### Parenting Ability

Does the child(ren) have any educational, behavioral and/or medical needs that the Caregiver(s) are aware of and would need assistance in managing?

What is the Caregiver(s) plan for supervision or childcare?

Who else will be supporting the Caregiver(s) with supervision when leaving the home?

Describe the Caregiver(s) discipline strategies utilized in the home?

- Does Caregiver agree to abstain from using physical discipline?
- How will the Caregiver support the child's emotional well-being and other important connections such as to siblings, extended family members, friends, hobbies, and community connections?

Have the Caregiver(s) reviewed the reasonable and prudent parenting standard? Are there any questions?

- **Provide and a review a copy of the reasonable and prudent parenting handout with the caregiver.**

If the Caregiver may be considered for placement of additional siblings or relatives of the child(ren) currently placed in their care, assess the Caregiver's parenting capacity to accept additional children and the physical space of the home to accommodate any additional children.

### Caregiver(s) Health

What is the current health status for the Caregiver(s) and other household members?

- **Discuss the health conditions for all Caregiver(s) and other household members**

List all current prescription medications (dose & frequency) being taken by any member(s) of the home.

Caring for children unexpectedly can be very stressful. Have you experienced challenges with mental health and/or substance use currently or in the past that may be impacted by additional stress? Are there additional resources that you may need to help support you?

- If yes, explain: Would this impact the Caregiver's ability to care for child(ren); if yes, in what ways?

Has anyone in the home ever resorted to or experienced violence (physical or verbal)? In order to avoid further trauma for the children placed in your home, is there any assistance that you need regarding positive coping skills or supports to help reduce the risk of future violence?

- If yes, explain: Discuss treatment, how the situation has been resolved or is being managed.

### **Household/Placement Stability**

Describe household composition and assessment of impact of the placement of the child(ren) on family dynamics. How are areas such as routines/schedules, daily life, and family relationships impacted? What would help to support the caregiver and their family with these changes?

Explain the Caregiver(s) willingness and ability to ensure the child(ren)'s attendance at school, appointments for medical, dental/vision, and activities including interactions with parents and siblings.

- Access to transportation; Knowledge of public transportation
- Work flexibility
- Car seats/boosters and ability to install according to car seat laws

Describe the Caregiver(s) support system?

- Who are their supports, how have they used them, and how available are they?

Describe the Caregiver(s) willingness to commit to caring for the child and to be considered as a long-term placement option.

Describe the Caregiver(s) willingness to work with the Department to support the child(ren)'s permanency goals? How will they establish any necessary boundaries with the parents of the child(ren)?

## **Safety and Needs Assessment**

### **General description of the dwelling (apt, house, multi-story house, mobile home, etc.).**

Does the home have an on-going infestation of pests (rodents, insects, bedbugs, lice)?

- If yes, what supports would be needed to reduce/treat infestation?

Are there external (the outside of the home, the yard or property, or in close proximity) hazards such as traffic, pools/hot tubs, bodies of water (ponds, creeks, rivers, etc.), railroad tracks, waste materials, or contaminated water?

- If yes, can the risks be mitigated by considering child's age and capacity for self-protection, through supervision by Caregiver, or through other resources which would alert the Caregiver or provide a barrier to potential hazards?

Are there any internal (inside the home) hazards that pose a risk of harm to a placed child(ren) created by the physical structure of the home such as broken or missing stairs, exposed wires, large holes in the floor, broken windows, etc.?

- If yes, can hazards be mitigated through child age/capacity to self-protect, supervision, or resources?

Are hazardous materials/items in the home or on the property made inaccessible to child(ren) in an age-appropriate way and/or used with appropriate supervision?

- Firearms and/or projectile weapons
- Medications
- Strong or toxic chemicals such as detergents, bleach, gasoline
- Tools, machinery, farm equipment, lawn mowers, trampolines

Describe where the child(ren) will sleep and any planned sharing of sleeping spaces. Describe where the child(ren) will have privacy to change clothes (if age appropriate).

- If supports are needed to provide beds, bedding, or establish opportunities for privacy, describe. Include discussion of safe sleeping practices for children age one and younger.

How will the Caregiver ensure the child(ren) has the opportunity for age-appropriate personal hygiene (bathing, brushing teeth, wearing clean clothing).

- If supports are needed, please identify specific supports in narrative box.

How will the Caregiver in an age-appropriate way protect child(ren) from risks due to aggressive pets, untamed animals, and/or farm animals?

- If any supports are needed, identify in narrative below

How will the Caregiver ensure personal vehicles used to transport a child have age-appropriate safe seat restraints (car seat, seatbelt, etc).

- If supports are needed, identify in narrative below

How will the Caregiver ensure the child(ren) has on-going access to adequate, nutritious, age-appropriate food including the ability to keep perishable items cold?

- Identify supports needed in narrative

How will the Caregiver observe the child(ren)'s dietary needs related to culture/religious traditions, medical needs, and allergies?

- If supports are needed, identify in narrative

How will Caregiver ensure fire safety, including an escape plan and smoke detectors?

- Identify supports needed in narrative

How will the Caregiver create/implement an overall safety plan which includes the ability to contact emergency services for assistance within reasonable distance (neighbor's home, local business, etc.)

- Identify supports needed in narrative

**Background Check**

Name	Iowa Child & Dependent Adult Abuse Record Check Date	Iowa Criminal History Record Check Date	Iowa Sex Offender Record Check Date	Fingerprint Completion Date

**RRTS Recommendation**

Indicate areas where support or instruction is needed:

**Summary:**

Click or tap here to enter text.

☐ Approve

☐ Deny

**Signatures:**

Home Study Worker	Date:
Supervisor	Date:

**HHS Decision**

☐ Decision differs from recommendation as follows:

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☐ Approve

☐ Deny

**Signatures:**

HHS Licensing Worker	Date:
HHS Supervisor or Designee	Date:

## **Kinship Foster Care Home Study Addendum**

**This section is to complete a Home Study Update or to make a recommendation for Kinship Foster Care Re-Approval.**

Check one:

- ☐ New Person in the Household
- ☐ Move to a New Home
- ☐ Re-Approval

### **Summary Description**

- Describe the reason for a narrative update to the home study (new household member, move to a new home, re-approval due expiration after 2 years, etc.)
- Describe the status of the children in the caregiver's home and potential permanency options for the children (reunification, adoption, guardianship, etc.)
- If the family has moved to a new home, provide a brief description of the physical dwelling, sleeping arrangements for the children and whether there are any concerns regarding home safety.
- Recommendations for additional needs the caregiver has for support, any steps taken to address the needs.
- Background check results (if applicable)

### **Background Check**

<b>Name</b>	<b>Iowa Child &amp; Dependent Adult Abuse Record Check Date</b>	<b>Iowa Criminal History Record Check Date</b>	<b>Iowa Sex Offender Record Check Date</b>	<b>Fingerprint Completion Date</b>

### **RRTS Recommendation**

Indicate areas where support or instruction is needed:

**Summary:**

Click or tap here to enter text.

- ☐ Approve  
☐ Deny

**Signatures:**

Home Study Worker	Date:
Supervisor	Date:

**HHS Decision**

- ☐ Decision differs from recommendation as follows:

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- ☐ Approve  
☐ Deny

**Signatures:**

HHS Licensing Worker	Date:
HHS Supervisor or Designee	Date: