

CHILDREN'S ADMINISTRATION  
**Contracted Health and Safety Visit Report**

<b>Contracted Visit Information</b>		
AGENCY NAME		DATE OF REPORT
AGENCY CASE MANAGER'S NAME	PHONE NUMBER (WITH AREA CODE)	EMAIL
<b>Child Information</b>		
CHILD'S NAME		CHILD'S CA CASE ID NUMBER
PLACEMENT NAME AND LOCATION		
WA CA WORKER'S NAME	PHONE NUMBER (WITH AREA CODE)	EMAIL
<b>Visit Information</b>		
LOCATION OF VISIT		DATE OF MONTHLY VISIT
<b>Observations</b>		
<b>Observations should include, but not limited to:</b>		
How does the child appear developmentally, physically and emotionally?		
How do the caregiver / staff and the child respond to each other?		
Does the child appear attached or bonded to the caregiver / staff?		
The placement environment (when the visit occurs in the location where the child lives):		
<ul style="list-style-type: none"> <li>• Free of safety concerns?</li> <li>• Clean and well kept (general condition)?</li> <li>• Are there locks and doors which prevent the child from leaving?</li> <li>• Child's room (is it developmentally appropriate in terms of space, furniture, décor, etc.)?</li> <li>• Is the facility or household scheduled activities and routine posted and easily visible?</li> </ul>		
Other comments:		
<b>Private Face to Face Conversations with a Verbal Child</b>		
<b>Conversation with the child should include, but not limited to:</b>		
Is the child capable of reading, writing and using the telephone and have their Case Worker's and contractor worker's name, office address and phone number? Does the child have access to a phone or computer?		
Does the child have monthly contact with their WA CA Case Worker?		

**Relationship with caregivers:**

a. Does the child feel safe in the placement or have any concerns?

b. How does the caregiver provide safety and support to the child?

c. How many staff generally work during a given shift? Are they actively involved with the youth, or doing their own thing?

**Daily routines:**

a. What is this routine in terms of meals, school, activities, treatment and bedtime?

b. How is the food and meals? Do they get enough to eat?

c. What do they do for fun (friends, activities, hobbies, etc.)?

d. What kind of activities is the youth involved in to support their ethnic, cultural and religious well-being?

e. What type of chores is the youth required to do? What happens if youth refuses to do their chores? Do they receive an allowance or additional privileges for doing chores?

f. What makes the child happy or sad?

g. Have they been sick or injured since the last health and safety visit? What happened?

How is school going? Is the youth receiving applicable special education services? Are staff available to assist with homework if needed?

Does the youth have contact with their parents, siblings, or other family members? If so, how is this going? If not, why not?

**Discipline issues:**

a. What are some of the rules of the home or facility that the youth?

b. What are the consequences if the youth breaks a rule?

**Case Plan for the youth (including permanency planning):**

a. What does the child know about the current plan?

b. What do they want the adults to know in making future decisions?

c. Is the youth involved in counseling or other treatment services? If so, how are those going? What progress are they making? What do they think should happen next in this area?

d. Is the youth taking any medication? Do they have any concerns about this?

Other comments:

**Nonverbal Child**

**Observations with the nonverbal child should include, but not limited to:**  
 Is the child developmentally, socially and emotionally on track?

How does the child appear physically? Do they appear to be of an appropriate weight, with good hygiene and are socially engaged?

Does the child's living environment accommodate any special needs of the child?

How does the caretaker or staff respond to the child's verbal and nonverbal cues?

Other comments:

**Summary**

Overall impressions of the safety and well-being of the child:

CONTRACTOR STAFF'S SIGNATURE	DATE	CONTRACTOR STAFF'S PRINTED NAME
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