CONFIDENTIAL

Comprehensive Placement Assessment

Assessment for Levels of Care

1 Child in Need of Placement:

Name/Identifier: ____________________________________

Age/Date of Birth: __________________________________

County: ____

Sibling Status: ☐ No known sibling(s) ☐ Sibling(s) in need of placement ☐ Sibling(s) currently in out-of-home placement ☐ Other

Siblings Name/Identifier: ______________________________

Siblings Name/Identifier: ______________________________

Siblings Name/Identifier: ______________________________

☐ ICWA Eligible

Assessment Completed By:

☐ Child Protective Investigator.

☐ CBC/Lead Agency, Supervising Agency and/or CMO.

Date of Assessment:______________________________

Date of Last Assessment: __________________________

Child Protective Investigator:

____

Case Management Organization:

____

CBC/Lead Agency:

____

Placement Agency:

____

GAL/AAL:

____

Please complete one form per child in need of placement

2 CHILD WELFARE PROFESSIONAL ASSESSMENT FOR OUT-OF-HOME PLACEMENT

This section is to be completed for every child placed in out-of-home care. Section 2 shall be completed by the Child Welfare Professional (CWP) to determine if placement with a relative or non-relative, for the child identified above, is the most appropriate level of care. It is the intent of legislature that a child be placed in the least restrictive, most family-like setting available in close proximity to the home of his or her parents.

Factors for Consideration when Assessing for Levels of Care

Part A.

1. Please list the status of any relative, non-relative, fictive kin, parent of adopted sibling(s), and foster parent of sibling(s) identified at the time of removal. Include names, contact information, and outcome.

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Name	Contact Information	Relationship	Outcome of Contact

2. What are the child's special interests? Consider the child's age, maturity, strengths, hobbies, likes/dislikes, and activities.

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3. Is the youth pregnant or parenting? If yes, please indicate current term, age(s) of child(ren).

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4. Briefly describe the child's ties the community (i.e. church, community sports team, etc.)

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5. If appropriate, discuss the child's preference on where they would like to be placed and describe their preferences below.

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6. Describe the child's relationship and interactions with siblings.

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7. Describe the child's alleged abuse or neglect including, human trafficking history, history of running away and/or homelessness, history of sexual abuse and/or sexually acting out behavior, inappropriate interpersonal and/or social media boundaries, family history of or exposure to human trafficking, or out-of-home placement instability demonstrated by repeated moves from less restrictive levels of care?

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8. At the time of placement, are there any court orders prohibiting or restricting placement? If so, please describe.

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9. Does the child currently have or have a history of the following:

☐ Mental Health Diagnosis/Needs to include behavior that meets one of the diagnostic categories specified in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association. If yes, please describe:

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☐ Medical Needs. If yes, please describe:

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☐ Medication Usage including psychotropic medications. If yes, please list:

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____

(Include medication name, dose, frequency, and amount of medication on hand if known)

☐ Medical Devices. If yes, please describe:

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10. Briefly describe any behavioral health considerations including but not limited to: behaviors that require a Child Placement Agreement, substance abuse, behaviors that substantially interfere with or limit the role or ability to function in the family, school, or community, which are not considered to be a temporary response to a stressful situation, display of sexual aggressiveness, self-mutilation, suicidal attempts, behaviors accompanied by a diagnosis of autism, history of setting fires, or physical aggression or violent behavior toward self or others, animals, or property within the past year.

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11. Describe the youth's involvement with the Department of Juvenile Justice.

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12. Briefly describe the educational needs of each child, including transportation requirements. Please include name and location of current school, grade level, IEP status, etc.

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Part B. Please complete the following *Adverse Experiences Questionnaire* with the youth/child as age appropriate.

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household **often** or **very often**… Swear at you, insult you, put you down, or humiliate you? or Act in a way that made you afraid that you might be physically hurt?
   YES NO **If yes, enter 1 _____.**
2. Did a parent or other adult in the household **often** or **very often**… Push, grab, slap, or throw something at you? **or** Ever hit you so hard that you had marks or were injured?
   YES NO **If yes, enter 1 _____.**
3. Did an adult or person at least five years older than you **ever**… Touch or fondle you or have you touch their body in a sexual way? **or** Attempt or actually have oral, anal, or vaginal intercourse with you?
   YES NO **If yes, enter 1 _____.**
4. Did you **often** or **very often** feel that… No one in your family loved you or thought you were important or special? **or** Your family didn't look out for each other, feel close to each other, or support each other?
   YES NO **If yes, enter 1 _____.**
5. Did you **often** or **very often** feel that … You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? **or** Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
   YES NO **If yes, enter 1 _____.**
6. Were your parents ever separated or divorced?
   YES NO **If yes, enter 1 _____.**

7. Was your mother or stepmother: **Often** or **very ofte**n pushed, grabbed, slapped, or had something thrown at her? **or** Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard? **or Ever** repeatedly hit at least a few minutes or threatened with a gun or knife?
   YES NO **If yes, enter 1 _____.**
8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?
   YES NO **If yes, enter 1 _____.**
9. Was a household member depressed or mentally ill, or did a household member attempt suicide?
   YES NO **If yes, enter 1 _____.**
10. **Did a household member go to prison?**
    YES NO **If yes, enter 1 _____.**

Add up your "Yes" answers: _______. This is your ACE score.

Summarize Assessment *(if placement with a relative or non-relative is not the most appropriate level of care or unavailable, include reasons)**:***

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*Add any supporting documentation and/or evaluation recommendations that could support the assessment decision. All levels of care and placement decisions must be documented in Florida Safe Families Network (FSFN).

3 LEVEL OF CARE RECOMMENDATION

This section is to be completed by the child welfare professional and/or team to document the child's recommended level of care.

The child would be appropriate for the following placement types: ☐ Relative ☐ Non-relative ☐ Other:__________________________*(MDT Required)*	☐ Service Need Identified ☐ No Services Identified
MDT Staffing Date: _______________ **MDT Recommendation:** ☐ Relative ☐ Non-relative ☐ Family Foster Home ☐ Group Care Setting (DCF): ☐ Safe House ☐ At Risk House (Sex Trafficking) ☐ Maternity ☐ Other DCF Group Care Setting (maximum 14-day placement): _____________. ☐ Other (i.e. Qualified Residential Treatment Program, Residential Treatment Center, APD Home, SAMH, etc.): _____________________________.	

PLACEMENT OUTCOME	
☐ Child placed in recommended level of care. ☐ Relative ☐ Non-Relative ☐ Family Foster Home ☐ Group Care Setting (DCF): ☐ Safe House ☐ At Risk House (Sex Trafficking) ☐ Maternity ☐ Other DCF Group Care Setting (maximum 14-day placement): _____________. ☐ Other (i.e. Qualified Residential Treatment Program, Residential Treatment Center, APD Home, SAMH, etc.): __________________________.	
☐ Child not placed in the recommended level of care. If not, please document why. ☐ The recommended level of care is not available. ☐ Services were not available to maintain the child in the least restrictive setting. ☐ Other: ___________________________________.	Child was placed with: ☐ Relative ☐ Non-Relative ☐ Family Foster Home ☐ Safe House ☐ Maternity ☐ At Risk House (Sex Trafficking) ☐ Qualified Residential Treatment Program ☐ Other DCF Group Care Setting (14-days) ☐ Other: ____________________________.

Summarize Placement Outcome (*include reasons the child was not placed in the recommended level of care):*

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Signatures of Participants (as applicable).

Child Welfare Professional	Date	Child Welfare Professional	Date
Child Welfare Professional	Date	Therapist	Date
Guardian Ad Litem	Date	Attorney Ad Litem	Date
Child	Date	Child's Parent or Guardian	Date
Child's Parent or Guardian	Date	School/Community Representative	Date
Other	Date	Other	Date
Other	Date	Other	Date