Licensing Division (LD)

Kinship License Monitoring Visit

# Home Information

Caregiver Name  Provider Number

Licensed Age From  Licensed Age Through

Visit Date

Licensed for Number  Number of Current Placements

Child(ren) Specific Name(s)

## **Does the home meet the following WACs?**

WAC 110-149-0150 Conditions of the home Yes **[ ]**  No **[ ]** N/A **[ ]**

WAC 110-149-0160 Sleeping spaces Yes **[ ]**  No **[ ]** N/A **[ ]**

WAC 110-149-0190 Storing medications, substances, toxic products, firearms, and other weapons

Yes **[ ]**  No **[ ]** N/A **[ ]**

WAC 110-149-0260 Emergency preparedness Yes **[ ]**  No **[ ]** N/A **[ ]**

Resources needed Yes **[ ]**  No **[ ]**

Describe any hazards or other concerns and mitigation/resources needed, if applicable:

Supervision Plan for Site Specific Conditions (Kinship) (DCYF 10-419A) Yes **[ ]**  No **[ ]**

**Household Members and Others on the Property 16 Years and Older Who Have Unsupervised Access To Children or Youth**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Date of Birth** | **Involved in Caregiving** | **Background check** |
|  |  | Yes **[ ]**  No **[ ]**  | Yes **[ ]**  No **[ ]**  |
|  |  | Yes **[ ]**  No **[ ]**  | Yes **[ ]**  No **[ ]**  |
|  |  | Yes **[ ]**  No **[ ]**  | Yes **[ ]**  No **[ ]**  |
|  |  | Yes **[ ]**  No **[ ]**  | Yes **[ ]**  No **[ ]**  |
|  |  | Yes **[ ]**  No **[ ]**  | Yes **[ ]**  No **[ ]**  |
|  |  | Yes **[ ]**  No **[ ]**  | Yes **[ ]**  No **[ ]**  |

# Caregiver Interview

Name

How many children in placement do you currently have, and what are their ages?

How are things going with the children in placement?

Is there a Youth Supervision and Safety Plan, DCYF 15-352, for any of the children in your home?

[ ]  Yes [ ]  No

If yes, which child(ren) and what for?

How do you support a child’s relationships with siblings, family, or other significant connections?

What type of supports for caregivers are you aware of or using? Do you need any training \*or other resources\* to help you meet the children's needs?

Are there any kinship children you provide paid respite care for?

Do you have any other questions, or is there anything else I can help you with?

Additional Notes

# Non-Verbal Child in Placement Observation

[ ]  Yes [ ]  No

Child’s Name  Child’s Age

Assigned Worker

Caregiver’s description of child specific needs (if applicable):

Describe the child’s appearance and activities during observation:

Describe the caregiver/child interaction:

Additional Notes

*Copy and paste above as needed then delete this text*

# Child In Placement Interview

[ ]  Yes [ ]  No

Child’s Name       Child’s Age

Assigned Worker

## **Home\***

Who lives in the home and on the property?

Tell me about living here.

How do you get along with the other children in the home?

What are some activities or things you do here?

**Safety\***

Are there things about living here that make you feel safe or unsafe?

Is there someone you can go to if you need help?

If another child came to live here, what would you tell them about the home?

If there was an emergency, how would you get out of the house?

**Household Rules / Discipline\***

Do you have any chores or other things you are responsible for?

Are there any rules in the home? What are they? \*

If someone breaks the rules what happens? \*

**Food\***

Tell me about the food here (any rules to food or snacks).\*

Additional Notes

*Copy and paste above as needed then delete this text*

## **LD Staff Signature**

LD Staff Name

LD Staff Signature Date