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|  | MISSOURI DEPARTMENT OF SOCIAL SERVICES  CHILDREN’S DIVISION  **WORKER/CHILD/CAREGIVER VISIT GUIDE** | | |
| Date: | | Time and Length of Visit:       / | Location: |
| Child(ren)’s Name: | | | |
| Worker Visiting the Child(ren): | | | Walk Through of the Home:  Yes  No |
| **THE FOLLOWING MAY BE ADDRESSED, AS AGE APPROPRIATE, WITH THE CHILD(REN) AT LEAST MONTHLY DURING THE WORKER VISIT. THIS INFORMATION MUST BE ENTERED INTO FACES FOLLOWING THE VISIT.** | | | |
| Discuss child's perception of family needs. | | | |
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| Discuss the child’s feelings of safety in the placement and note any safety concerns. Assess the child’s risk in the placement. Note concerns about any household members’ behaviors/interactions based on worker observation or as discussed with the provider. Observed safety concerns should be immediately discussed with the provider and then discussed with the supervisor and licensing worker. | | | |
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| Assess if the child has any feelings of guilt or blame for events which occurred or caused separation from family. Discuss with the child as needed and appropriate. | | | |
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| Discuss child's adjustment to current placement as well as interactions with other family members. Note changes in household composition or structure. | | | |
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| Discuss child's loss and grief issues. | | | |
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| Discuss child's adjustment and performance at school or daycare if applicable. | | | |
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| Discuss child's perception of familial and individual strengths. | | | |
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| Discuss any health issues as needed and the child’s developmental progress. | | | |
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| Discuss child's desires for future placement. | | | |
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| Discuss how child's visits with biological/removal family are proceeding. Is there anything that the child would like to see change about these visits? Discuss any additional contact with parents/siblings outside of regular visitation. | | | |
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| Discuss child's participation in and feelings toward treatment. | | | |
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| Discuss how child's perception may differ from actual events. | | | |
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| Discuss case goal and progress made toward goal. | | | |
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| Discuss upcoming court hearings or actions and meetings as applicable. | | | |
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| Discuss with the resource provider(s) their perception of the above discussion points. | | | |
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| Ask the resource provider if there is anything that they or the child need from the worker. Discuss the adjustment of the provider and other household members to having the child placed in their home. Be sure to include concerns they have about the child’s behavior, additional service needs the child may have, and any additional services the provider needs to better care for the child, or other stressors the provider is dealing with. | | | |
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| **ADDITIONAL COMMENTS:** Note anyadditional comments from the child or resource provider not specified in the above remarks. | | | |
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