



# Permanency Assessment Tool

Assessed Relative/Fictive Kin: \_\_\_\_\_

Child(ren): \_\_\_\_\_

Assessor Name: \_\_\_\_\_ Assessment Date: \_\_\_\_\_

**It is crucial that children are immediately placed with relatives/fictive kin when it is determined that they cannot remain safely in their home. This tool must be completed anytime throughout the child welfare continuum when there is a need for a child to be placed outside of their home. This tool must be used to assess relatives/fictive kin for parental child safety placements and kinship foster care.**

*The purpose of this tool is to engage families and understand what is needed for the best outcome for the child(ren) and family.*

Relative and Fictive Kin Options	
Parental Child Safety Placement	Relative and Fictive Kin Resource Family
Background Checks <ul style="list-style-type: none"> <li>• Every adult 18+ in the home will need criminal history inquiry completed in Accurant.</li> <li>• Every adult 18+ in the home will need child welfare history inquiry completed in OASIS.</li> </ul>	Background Checks <ul style="list-style-type: none"> <li>• Every adult 18+ in the home will need criminal check/Central Registry</li> <li>• Every adult will need to do Fieldprint criminal checks within 72 hours of placement. All household adults will need current ID for Fieldprint</li> <li>• Anyone transporting child will need DMV check (inquire about any recent driving offenses/number of points on license).</li> </ul>
Home Visit <ul style="list-style-type: none"> <li>• Complete home visit prior to placement.</li> </ul>	Home Visit <ul style="list-style-type: none"> <li>• Complete home visit prior to placement.</li> </ul>
Household safety <ul style="list-style-type: none"> <li>• Guns (need to be locked/stored separately from ammunition)</li> <li>• Prescriptions/alcohol/cannabis</li> <li>• General safety</li> </ul>	Household safety <ul style="list-style-type: none"> <li>• Guns (need to be locked/stored separately from ammunition)</li> <li>• Pets (need to be up to date on vaccinations)</li> <li>• Smoke alarms (must have them and be functioning)</li> <li>• Prescriptions/alcohol/cannabis</li> <li>• General safety</li> </ul>
Additional Information for Parental Child Safety Placements is available on the Criminal History and Child Welfare Inquiry Job Aids available on FUSION.	Health Examinations (within 6 months of placement) <ul style="list-style-type: none"> <li>• Resource parents must have a physicals completed (physical is no older than 13 months from approval).</li> <li>• All household members must have TB screens completed (no older than 13 months from approval).</li> </ul>
	Training/expectations (within 6 months of placement) <ul style="list-style-type: none"> <li>• Mandatory pre-service resource parent training (Traditions of Caring preferred)</li> <li>• Mandated Reporter online training</li> <li>• 3 personal references required</li> <li>• Home study interviews (minimum of 3)</li> </ul>

- Monthly home visits
- Agreement to not use corporal punishment with child in foster care
- Divorce/marriage documents
- Copies of paychecks/income verification

**Additional Information for the Relative and Fictive Kin Resource Family:**

Bring the Kinship Care Brochure, a current barrier crime list, Fieldprint instructions including list of accepted forms of ID, Central Registry Search portal access (for all adult household members), and DMV record check forms.

For those being approved as kinship resource parents: following completion of this tool, a visit to the home, clear Virginia State Police name searches on all adult household members and clear searches of the CPS Central Registry through OASIS for all adult household members, children may be immediately placed with kinship resource parents. Upon placement, the LDSS should submit a [Kinship Foster Parent Waiver](#) allowing 6 months from the date of placement for completion of all elements of approval.

If proceeding with imminent kinship approval and placement, provide fingerprinting directions and complete Central Registry portal for all adult household members.

If approving relative as kinship resource parent but placement is NOT imminent, develop plan to engage relative with supporting relationship with child/youth, in Tradition of Caring training and proceed with approval process.

If denying approval, notify the relative by US mail with Notification of Denial & Appeal letter found on FUSION within 10 business days of denial. A copy of the Notification of Denial & Appeal letter must be emailed to your Regional Resource Family Consultant.

*The remaining categories of this assessment are useful for discussion purposes, getting to know the family and to anticipate topics that will need to be problem-solved, coordinated or addressed so that the kinship placement is successful and best interest of the child/youth is the focus.*

Parental Child Safety Placements: Ask assessment questions denoted in orange boxes after the completion of the safety assessment and prior to the child's placement in the home. Ask remaining assessment questions prior to the 5-day FPM.

Relative and Fictive Kin Resource Family: Ask all assessment questions prior to the FPM.

**Household Configuration**

**Make-up of family**

Discuss/consider impact of placement on current household members

**Condition and layout of home**

Discuss bedrooms/sleeping arrangements

<b>Financial stability</b> Discuss financial resources/budget and related stress. Inform kin of financial supports/benefits available, if approved or not while caregiving.	
<b>Housing stability</b> Rent/own home? Length of time at address	
<b>Neighborhood</b> Describe resources, support and culture	
<b>Daily routine</b> Discuss schedule and how caregiving of child in will fit into routine	
<b>Traditions/Culture</b> holidays, birthdays, special celebrations	
<b>Upcoming family changes or needs</b>	
<b>Transportation needs</b>	

Prospective Kinship Caregiver	
<b>Primary caregivers</b>	
<b>Relationship and history with birth parents and with the child(ren)</b>	
<b>Views on supporting and being a part of family time/visitation</b>	
<b>Boundaries with the birth family</b> Discuss how they will handle parent coming to home/asking for time outside of approved LDSS family time	
<b>View of current case goal</b> Discuss all permanency options. Would they consider being a permanent option if needed?	
<b>Relationship stability</b> What is your marital/relationship status and history?	
<b>Conflict management</b> How do you handle conflict within your intimate relationship? How do you handle conflict with others generally?	

<b>Natural Supports</b> Who do you turn to for support? Any family/friends/community members who could help them	
<b>Professional and DSS Supports</b> What kind of supports would you need from DSS?	
<b>Alcohol and Substance Use</b> Amount and Frequency of using? Does anyone in the home have a history of or currently use drugs, whether illegal, prescription meds and/or marijuana?	
<b>Physical and mental health stability</b> Ask them about any diagnoses or medications (both for physical and mental health needs)	
<b>Parenting</b>	
<b>Parenting experience</b>	
<b>Discipline used</b> Will they comply with Discipline Agreement?	
<b>Trauma-responsive parenting</b> Briefly explain the impact of trauma on development and behaviors and that behaviors are communication. How will you alter your parenting/discipline?	

<b>Parenting this child</b> Provide examples of child's current/past behaviors and ask "How would you respond to these behaviors?"	
<b>Standard of normalcy</b> What is your attitude towards a child having friends over/participating in extracurricular activities?	
<b>Child's Needs</b>	
<b>Understanding of child's current level of functioning/ needs</b>	
<b>Managing expectations</b> Provide information regarding child's special needs, diagnoses, and trauma history.	
<b>Deal-breaker behaviors for this child being placed in your home</b>	
<b>Willingness and availability to get child to/from necessary appointments</b> Child will have a variety of appointments relating to family time/ visitation and medical/dental/emotional needs.	
<b>Sibling groups-</b> Would you be willing to accept placement of sibling sets in your home? Do you have any concerns about the siblings' relationship/interactions?	

**This completed Permanency Assessment Tool must be maintained in the child's case record.**

Additional Notes: