

Congregate Care Rightsizing
Child and Family Readiness Tool

Guidance for Use

Purpose and Background:

This tool is designed to assist in determining a family and child's readiness for the child to transition from a group care setting to a family. It is to be completed for all children currently in group care, unless there is already a plan in place to transition the child to a family. Completion of this tool is not intended to replace a supervisory review or TDM, but rather to help prepare for those activities.

Who Should Complete the Form:

The form should be completed by the child's worker and supervisor.

When Should the Form Be Completed:

The form should be completed before _____.

Documentation:

Once the form has been completed, it should be placed in the child's case file.

One copy should be returned to the Coordinator by _____.

Family and Child Readiness Tool (draft 7-8-09)

Child's Name:				
Name of Worker Completing this Tool:				
Name of Supervisor Completing this Tool:				
	Please circle the number that corresponds with the statement in the applicable column (T= True, F= False)	True	False	N/A
FAMILY	1. A family placement has been identified			
	2. The family has expressed interest in having the child reside in the home			
	3. The family is having the child visit in the home			
	4. The family has made progress in therapy with the child			
	5. The family is willing to accept support services			
	6. The family is willing to make necessary changes to schedule/ accommodations to support child's needs			
	7. The family has identified support resources in the community (church, neighbors, family, friends, other?)			
	8. Siblings in care have successfully transitioned to a family			
	9. Members of the household are in agreement that the child should transition to a family			
	10. The family has developed the knowledge/ skills to manage the child transitioning home			
	11. The family has stable housing			
	12. Childcare arrangements have been/ can be made			
	13. The reason(s) with the biological family or family of origin that caused the child to come into care have been addressed/ resolved			
	14. The family has actively participated in family team meetings			
	Total			
Degree of Readiness: If the number of TRUE responses adds up to be more than the number of FALSE responses, the family has a HIGH degree of readiness. If there are more FALSE than TRUE, the family has a LOW degree of readiness. Please check one of the boxes:		Degree of Readiness: HIGH _____ LOW _____		
CHILD	1. The child has expressed the desire to transition-to a family			
	2. The child has successful visitation with the family			
	3. The child has participated in identifying support resources for themselves (family, friends, church, staff, mentors, CASA, other?)			
	4. The child has made progress in therapy			
	5. The child has been educated and counseled about permanency options			
	6. The reasons that caused the child to come into care initially are no longer relevant			
	7. The child is attending school regularly			
	Total			
Degree of Readiness: If the number of TRUE responses adds up to be more than the number of FALSE responses, the child has a HIGH degree of readiness. If there are more FALSE than TRUE, the child has a LOW degree of readiness. Please check one of the boxes:		Degree of Readiness: HIGH _____ LOW _____		

