

State of Illinois
Department of Children and Family Services

HMR PLACEMENT SAFETY CHECKLIST

Date of Placement _____

Child's Name _____ Child ID# _____ Birth Date _____

Child's Name _____ Child ID# _____ Birth Date _____

Child's Name _____ Child ID# _____ Birth Date _____

Child's Name _____ Child ID# _____ Birth Date _____

Child's Name _____ Child ID# _____ Birth Date _____

The placing worker must document the safety of the relative home on the **CFS 454, Placement Safety Checklist**, as determined by personal observation, inspection of the home, collateral checks and statements of the relative. In order to complete checklist, the worker must inspect all parts of the home, discuss the contents of the **CFS 458, Relative Caregiver Placement Agreement**, with the relative, and complete a person search and LEADS checks (see attachment) as required for all members of the household. A copy of the CFS 454 is to be placed in the investigative file (if placed as a result of a child abuse investigation) and a copy forwarded to the DCFS or private agency Permanency Worker for their records. A CFS 454 is to be completed prior to placement in the relative home and at least before every administrative case review. In addition, the placing worker must secure clearance for the placement through the Placement Clearance Desk in accordance with Procedures 301, Appendix E, Placement Clearance Process.

Primary Caregiver's Name: _____

Address: _____

City: _____ Zip: _____ Telephone: (____) _____

I. Household Members (complete Attachment I)

II. CANTS/LEADS Checks (complete Attachment II)

III. Safety of Placement

If factor 1 is checked “yes”, the child may NOT be placed in this home unless a waiver is secured as outlined in Appendix A.

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Did LEADS/Person Search checks reveal any bars to placement?
(Complete and attach Attachment II, Person Search/LEADS Checks) |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Does family have access to transportation or public transportation? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Are there any observable health/sanitation risks to the child(ren)? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Are there any observable safety hazards (e.g. Uncovered electrical outlets, broken windows, etc.)? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. If applicable, are all weapons and ammunition locked up and inaccessible to children? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Are all dangerous cleaning supplies, medicines, and/or any other dangerous chemicals inaccessible to children? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Are basic first aid supplies available? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Are there separate beds for all children, including related children to be placed? (Complete and attach Attachment III, Sleeping Arrangements) |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Is there a pet in the home that might threaten the child’s safety (e.g. dog, cat, snakes, etc.)? |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Is there a working smoke detector on each floor, including basement, in which household members sleep? |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Are all entrances/exits to and from the home unobstructed? |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. If applicable, does the basement and/or other living areas being used as a bedroom have two unobstructed exits? |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. Is there any aspect of the home that would threaten the health of the related child to be placed (e.g. Child has allergies and household members smoke)? |
| <input type="checkbox"/> | <input type="checkbox"/> | 14. Is a space heater ever used in a bedroom or sleeping area? |
| <input type="checkbox"/> | <input type="checkbox"/> | 15. Does any household member have a communicable disease that would create a risk for a child? (Examples: Tuberculosis, Hepatitis, Rheumatic Fever, meningitis, etc.) |
| <input type="checkbox"/> | <input type="checkbox"/> | 16. Is there a working telephone in the home or is one accessible? (Land-based or cellular phone is acceptable.) |
| <input type="checkbox"/> | <input type="checkbox"/> | 17. Are all basic utilities (water, electricity, heating) in full operating condition? |

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 18. Will the child(ren) have age-appropriate supervision at all times during which the relative caregiver will be absent from the home? (A copy of DCFS publication CFS 1050-60, <i>Preparing Children to Stay Alone</i> , was given to the relative caregiver). |
| <input type="checkbox"/> | <input type="checkbox"/> | 19. The relative caregiver has sufficient resources to provide basic necessities (shelter, food, clothing, basic health care, for themselves and the child(ren) to be placed with the caregiver? |
| <input type="checkbox"/> | <input type="checkbox"/> | 20. Is the primary caregiver able to communicate with the child(ren) in the child's(ren's) primary language or method of communication? |
| <input type="checkbox"/> | <input type="checkbox"/> | 21. Has the caregiver agreed to not use corporal punishment to discipline the related child(ren) and to refrain from use of verbal threats and derogatory language toward the child(ren)? |
| <input type="checkbox"/> | <input type="checkbox"/> | 22. Has the relative caregiver agreed to work with the agency to which case management will be assigned on all service and legal matters related to the child(ren)? |

V. Sleeping Arrangements (complete Attachment III)

VI. Placing Worker Certification

I hereby certify that responses entered on this form are based on my interview of the potential relative caregiver(s) with whom the child(ren) may be placed and on my personal observation of his/her/their home.

Worker Name _____

ID _____

Agency _____

R/SF _____

Date: _____

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HMR PLACEMENT - ATTACHMENT I

Sub Ref.	Household Member	AKA, Maiden and Other Names**	Social Security No. (13 and Older)	Date of Birth	Gender
01					
02					
03					
04					
05					
06					
07					
08					
09					
10					
11					
12					
13					
14					

****The worker shall do a person search and background check on all AKA, Maiden and Other Names.**

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HMR PLACEMENT - ATTACHMENT II – Person Search/LEADS Checks

	Household Member	LEADS Check				Crime	Bar to Placement?		Person Search				Bar to Placement?	
		Completed		Hits			Yes	No	Completed		Hits		Yes	No
		Yes	No	Yes	No				Yes	No	Yes	No		
01		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
08		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
09		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If the relative caregiver or any adult member of the household has been convicted of committing or attempting to commit one or more criminal offenses under the Criminal Code of 2012 [720 ILCS 5], or under any earlier Illinois criminal law or code or an offense in another state, the elements of which are similar and bear a substantial relation to any of the criminal offenses specified below, this will serve as a bar to relative placement unless a waiver has been received. Refer to Rule 385 to what will serve as a bar to relative placement.

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HMR PLACEMENT - ATTACHMENT III - Sleeping Arrangements

	Birth and Adopted Children	Date of Birth	Gender	Bed	
				Yes	No
01				<input type="checkbox"/>	<input type="checkbox"/>
02				<input type="checkbox"/>	<input type="checkbox"/>
03				<input type="checkbox"/>	<input type="checkbox"/>
04				<input type="checkbox"/>	<input type="checkbox"/>
05				<input type="checkbox"/>	<input type="checkbox"/>
06				<input type="checkbox"/>	<input type="checkbox"/>
07				<input type="checkbox"/>	<input type="checkbox"/>
08				<input type="checkbox"/>	<input type="checkbox"/>
09				<input type="checkbox"/>	<input type="checkbox"/>
10				<input type="checkbox"/>	<input type="checkbox"/>
	Foster Children already in home				
11				<input type="checkbox"/>	<input type="checkbox"/>
12				<input type="checkbox"/>	<input type="checkbox"/>
13				<input type="checkbox"/>	<input type="checkbox"/>
14				<input type="checkbox"/>	<input type="checkbox"/>
15				<input type="checkbox"/>	<input type="checkbox"/>
	Children to placed				
16				<input type="checkbox"/>	<input type="checkbox"/>
17				<input type="checkbox"/>	<input type="checkbox"/>
18				<input type="checkbox"/>	<input type="checkbox"/>
19				<input type="checkbox"/>	<input type="checkbox"/>
20				<input type="checkbox"/>	<input type="checkbox"/>
21				<input type="checkbox"/>	<input type="checkbox"/>
22				<input type="checkbox"/>	<input type="checkbox"/>
23				<input type="checkbox"/>	<input type="checkbox"/>
24				<input type="checkbox"/>	<input type="checkbox"/>