

Child Assessment Format (CAF)

Child's Name: _____ Agency: _____

Date of Birth: _____ Sex: _____ Present Status: _____

Authority: General: Metis: First Nation North: First Nation South:

Current Placement – Name and Address: _____

Need	Points				
Food (Feeding)	1	2	3		
Food (Emotional)	1	2	3		
Health (Personal Care)	1	2	3	4	
Health (Medical)	1	2	4	6	
Health (Mental)	1	3	5	7	8
Boundaries	1	3	6	10	
Nurturing	1	3	6	9	13
Belonging	1	3	5		
Family Involvement (Significant Others)	1	2	3	5	
Socialization/ Community Involvement	1	2	3	4	
School/Day Program	1	2	3	5	

TOTAL SCORE: _____

(Level 1 – 1-16, Level 2 – 17-25, Level 3 – 26-34, Level 4 – 35-43, Level 5 44+)

FOOD (FEEDING)			
Child eats age appropriately. Caregiver provides normal care and assistance.	Child has difficulty in feeding self or requires restrictive diet due to diagnosed medical condition. Caregiver provides assistance beyond what is age appropriate in restricting quantity or type of food in diet.	Disability prevents child from consistently self feeding. Caregiver provides feeding assistance with normal feeding utensils and/or requires extensive time to feed child.	Disability prevents child from self feeding. Caregiver provides total assistance involving medical procedure in order to eat. E.g. tube feeding.
1	2	3	5

FOOD (EMOTIONAL)		
No emotional issues related to food/eating. Caregiver provides normal monitoring, support and guidance.	Periodic issues result from child's history e.g. sneaks food, fear of utensils due to history of tube feeding. Caregiver provides added monitoring, support and guidance.	Ongoing and almost daily issues related to eating/food, but there is no medical condition or diagnosis. E.g. Hoarding, gorging. Caregiver provides close monitoring and supervision during meal times and/or around food.
1	2	3

PERSONAL CARE AND HYGEINE			
Child handles own self-care, but may require routine prompts and guidance. Self care seen as age appropriate. Caregiver provides normal monitoring, support and guidance.	Child lacks skills to complete age appropriate self-care. The child requires teaching and/or supervision to complete self-care tasks. Caregiver does extra work due to child's periodic wetting and soiling (less than 2 times per week).	Child requires assistance with activities of daily living due to disability or life long medical condition. The child requires total physical care due to condition. Caregiver does additional work due to wetting and soiling (3-4 times per week).	Behavior Child is unwilling or resistant in completing own self-care. This relates more to behavior than a disability or medical condition. The child requires skilled and patient caregivers who can proactively and non-punitively handle the child's care needs. Medical The caregiver is required to do additional work daily due to wetting and soiling incidents.
1	2	3	4

HEALTH (Medical)			
<p>Child has no medical conditions.</p> <p>Caregiver may be required to attend an initial series of medical and/or dental appointments to ensure there are no outstanding health issues, although health appears to be normal.</p>	<p>Child has a disability and/or a life long medical condition requiring assistance. E.g. basic operation of a wheelchair, administration of pre-measured oral medications.</p> <p>URIS C</p> <p>Caregiver assists with medically related equipment and/or pre-measured medications due to the child's health condition.</p>	<p>Child requires health care routines due to disability and/or life long condition,</p> <p>URIS B</p> <p>Caregiver is trained in specific care procedures; including OT/PT, due to the child's health condition.</p>	<p>Child's health condition includes complex medical care needs.</p> <p>URIS A</p> <p>Caregiver is trained in technology required by child. When primary caregiver is away, professional care is required should no trained lay care provider be available. Caregiver must cope given the high-risk of a technology dependent child's death or complex health needs of a child.</p>
1	2	4	6

Unified Referral Intake System (URIS) August 2004

Group A	Group B	Group C
<p>Complex Health Care</p> <ul style="list-style-type: none"> Complex health care procedures requiring the clinical skill and judgment of a registered nurse. 	<p>Health Care Routines</p> <ul style="list-style-type: none"> Health care routines that may be safely delegated to non-health-care personnel who receive training and ongoing monitoring by a registered nurse. 	<p>Activities of Daily Living</p> <ul style="list-style-type: none"> Activities of daily living are identified here to provide readers with a sense of the overall care needs that children may have while participating in the programs.

Unified Referral Intake System (URIS) August 2004

Group A	Group B	Group C
<p>Procedures</p> <ul style="list-style-type: none"> Ventilator care Tracheotomy care Suctioning (tracheal/pharyngeal) Nasogastric tube care and/or feeding 	<p>Procedures</p> <ul style="list-style-type: none"> Clean intermittent catheterization Condom application for urinary drainage Gastrostomy care and feeding 	<p>Procedures</p> <ul style="list-style-type: none"> Passive range of motion/stretching exercises; Exercises for strength and mobility; Application of orthotics and prosthetics;

<ul style="list-style-type: none"> ▪ Complex administration of medication – i.e. via infusion pump, continued ▪ nasogastric tube, or injection (other than Auto-injector) ▪ Central or peripheral venous line intervention ▪ Other clinical interventions requiring judgments and decision making by a medical or nursing professional. 	<ul style="list-style-type: none"> ▪ Emptying an ostomy bag and/or changing an established appliance ▪ Administration of medications by: <ul style="list-style-type: none"> ▪ oral route (requiring measurement) ▪ instillation (i.e., eye/ear drops) ▪ topical (i.e., ointment, therapeutic dressing) ▪ inhalation (i.e., bronchodilators) ▪ gastrostomy ▪ Suctioning (oral or nasal) ▪ Responding to seizures when specific skills are required ▪ Administration of sublingual lorazepam ▪ Assistance with blood glucose monitoring requiring specific action based on results. ▪ Responding to low blood sugar emergencies ▪ Administration of pre-set oxygen ▪ Administration of adrenaline auto-injector 	<ul style="list-style-type: none"> ▪ Oral feeding when specific skills are required; (continued) ▪ Assistance with mobility when specific skills are required; ▪ Chest pummeling and postural drainage; ▪ Assistance with transfers and positioning when specific skills are required; ▪ Assistance with: <ul style="list-style-type: none"> ▪ Oral hygiene and cleanliness of hands/face, ▪ Dressing, ▪ Toileting and/or diapering, ▪ Oral feeding, ▪ Walking; ▪ Basic operation of a wheelchair; ▪ Assistance with symptoms of common maladies (e.g., coughing, vomiting, diarrhea); and Assistance with administration of pre-measured oral medication.
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MENTAL HEALTH/ MENTAL DISABILITY				
<p>Child has no mental health/ disability issues.</p> <p>Caregiver provides normal monitoring support and guidance.</p>	<p>Child has diagnosed mental health condition/ Mental disability.</p> <p>Caregiver follows the recommendation of a mental health professional but no medication prescribed. Child needs structure, and supervision.</p>	<p>Child has mental health diagnosed condition or a mental disability. Child may be on medication prescribed by an MD or Psychiatrist.</p> <p>Caregiver has regular consultations with a mental health professional with respect to assisting the child.</p>	<p>Child is suspected of having a mental health disorder/ disability.</p> <p>Child is not on medication</p> <p>Child is involved in assessment process to obtain diagnosis.</p> <p>AND/OR Child is resistant to any therapeutic intervention.</p> <p>Agency/ Caregiver is attempting alternatives to deal with child (other than medication).</p>	<p>Child has a mental health diagnosis/ disability.</p> <p>Child receives direct therapy from a mental health professional.</p> <p>Caregiver is directly involved in the implementation of a treatment plan.</p>
1	3	5	7	8

BOUNDARIES			
<p>Child's behavior is age appropriate.</p> <p>Caregiver provides age appropriate direction, monitoring and guidance.</p>	<p>Child puts self or others at risk situation ally. Behavior may also be disruptive and/or aggressive.</p> <p>Caregiver provides increased supervision and guidance in these situations.</p>	<p>Child puts others and/or self at risk on a daily basis or child has no boundaries due to medical or mental health condition.</p> <p>Caregiver provides daily supervision, but there are times during the day when child can be left unsupervised for brief periods of time.</p>	<p>Child lacks impulse control and puts self and/or others at risk constantly. Child is resistant to care (lifestyle).</p> <p>Caregiver provides 24-hour supervision in all areas of daily living. Caregiver may require a safety plan due to risky behaviors of child. E.g. gang threats, dangerous behaviors.</p>
1	3	6	10

NURTURING				
<p>Child has experienced only this separation from family or from stable caregiver.</p> <p>Caregiver is required to give some individual attention beyond chronological age to deal with the loss and separation.</p>	<p>Child has experienced several moves but has a sense of self and demonstrates the ability to form attachments.</p> <p>Caregiver must provide a structured and predictable environment.</p>	<p>Child has a distorted sense of nurturing i.e. abuse=love; has not been parented; has parented younger sibs (parentified child that has been parenting in a chaotic family).</p> <p>Caregiver required to be proactive in providing attention to the child. Caregiver may need to adjust regular routine to accommodate child's nurturing needs.</p>	<p>Child has little sense of self due to extreme number of moves and/or abusive care in early years or prenatally. Child may cry continuously due to birth addictions.</p> <p>Caregiver must anticipate/ predict child's nurturing needs and be available to respond appropriately (child crying overnight).</p>	<p>Child resists attempts by caregiver to nurture; avoids physical contact; has not bonded.</p> <p>Caregiver must be able to respond to or provide for all crisis situations; must be prepared to make a long term commitment.</p>
1	3	6	9	13

BELONGING		
<p>Child has experienced emotional events that threaten sense of belonging.</p> <p>Caregiver gives reassurances that family, previous or current are still available for contact in a safe environment.</p>	<p>Child has been abandoned AND OR rejected and has minimum to no sense of belonging but does have some strengths from previous attachments.</p> <p>Caregiver provides security and continuity and a sense of stability. Requirements of caregiver are impacted by the age at time of rejection/abandonment of child.</p>	<p>Child sees self as belonging to a negative group i.e. dysfunctional family/gang. Child has been rejected by numerous caregivers and has fear of attachment or has never attached.</p> <p>Caregiver provides positive role modeling. Caregiver will be required to actively demonstrate child's importance by outreach and non-judgmental comments. Caregiver is required to be extremely skilled and patient to provide environment of structure and nurturing for the development of a sense of belonging.</p>
1	3	5

FAMILY INVOLVEMENT			
<p>Caregiver prepares and supports child in dealing with family issues of pre/post visits.</p> <p>This scenario involves shared parenting placements with both the caregiver and legal guardian.</p>	<p>Caregiver is needed to assist child in developing significant supports in the community. These supports are to help the child cope with separation/loss of family and/or develop understanding of family dynamics.</p>	<p>Caregiver models and teaches child how to cope and/or function in a situation that continues to be chaotic or dysfunctional. Caregiver knows child will return/continue to visit/reside with family after care.</p>	<p>Child's family is actively involved in the foster family home. Caregiver actively teaches and supports the child's family and promotes participatory decision-making.</p>
1	2	3	5

SOCIALIZATION COMMUNITY INVOLVEMENT			
<p>Child is involved in community activities and/or hobbies and/or leisure activities that are age appropriate.</p> <p>Caregiver provides age appropriate guidance and support.</p>	<p>Child has situational difficulties in community activities and/or hobbies and/or leisure activities.</p> <p>Caregiver is required to provide increased support and to be proactive in encouragement, praise and support the child's involvement in activities.</p>	<p>Child has had little or no social opportunity and lacks skills in developing hobbies and/or leisure activities and/or becoming involved in community activities.</p> <p>Caregiver is required to provide role modeling, direction, supervision, socialization, and skill development by working directly with the child.</p>	<p>Child's peer relationships and/or social interactions are negative or nonexistent. Child isolates self from becoming involved in age appropriate activities.</p> <p>Caregiver is required to actively work with child to encourage participation.</p>
1	2	3	4

SCHOOL EDUCATION PROGRAMS			
<p>Child participates in regular school/ day programs with no difficulties.</p> <p>Caregiver provides normal encouragement.</p>	<p>Child experiences some difficulties in school/day programs behaviorally or academically.</p> <p>Caregiver provides additional support, daily communication between home and school, homework assistance and weekly or monthly meetings.</p> <p>School providing support such as resource support</p>	<p>Child has behavioral/ academic problems at school/day program.</p> <p>Caregiver participates in multi-system planning processes.</p> <p>School receives Level II or III education funding to participate in school programs i.e. special or modified day programs.</p>	<p>Child unable or unwilling to participate in regular or modified school/day programming.</p> <p>Caregiver provides alternative structure for school/day program that involve home schooling with/without educational assistance.</p>
1	2	3	5