



## Unlicensed Caregiver Placement Checklist

(RCW 74.15.020(2)(I-IV))

NAME OF FAMILY	DATE OF PLACEMENT
NAME OF CHILD	
<p>The placing worker is responsible for completion of all the following requirements within 72 hours of OPD.</p>	
<u>DATE COMPLETED</u>	<u>PRIOR TO PLACEMENT</u>
	Criminal history checks (WSP, local LE and/or Tribal law enforcement) on all adults living in the home.
	Child abuse and neglect history review and clearance.
	Home visit and check for obvious safety hazards. <b>NOTE: Use the Basic Household Safety Assessment Tip Sheet.</b>
	Review of the reason for placement and known information about the medical status, allergies and special needs of the child.
	Provide a copy of "Relative Guide to CPS" (DSHS 22-492).
	NCIC name and date of birth check completed (emergent placements only)
<u>WITHIN 72 HOURS OF PLACEMENT</u>	
<b>NOTE: Use Basic Household Assessment Tip Sheet</b>	
	Child abuse and neglect check in other states when applicable.
	Fingerprint check on all adults residing in the home.
	Review of protection issues with the relative caregiver including whether contact is allowed with the birth family.
<u>AT PLACEMENT</u>	
	Fingerprint checks completed within 10 days of criminal background check, when applicable.
	Advise relative of the availability of financial support and services:
	<ul style="list-style-type: none"> <li>• Foster care licensing</li> <li>• TANF Benefits – (In applying for these benefits, caregiver <b>must report</b> child has been placed by CA).</li> <li>• Medical coverage</li> <li>• Training opportunities</li> <li>• Right to be heard at court hearings</li> </ul>
	Review the Placement Agreement with the family and sign the agreement. (DSHS 15-281)
	Advise caregiver of the Child Health and Education Tracking (CHET)
	<ul style="list-style-type: none"> <li>• Schedule an Early &amp; Periodic Screening, Diagnosis &amp; Treatment (EPSDT) exam.</li> <li>• Schedule a dental exam (if child has not had one in the previous 6 months)</li> </ul> <p>Two verbal reference checks.</p>
Comments	
NAME OF PLACING WORKER	DATE COMPLETED



**EMERGENCY CONTACT INFORMATION**

<b>In State:</b>	CONTACT NAME	NAME OF COUNTY			
ADDRESS	CITY			STATE	ZIP CODE
HOME TELEPHONE NUMBER	WORK TELEPHONE NUMBER	CELL PHONE NUMBER	E-MAIL ADDRESS		
<b>Out of State:</b>	CONTACT NAME	NAME OF COUNTY			
ADDRESS	CITY			STATE	ZIP CODE
HOME TELEPHONE NUMBER	WORK TELEPHONE NUMBER	CELL PHONE NUMBER	E-MAIL ADDRESS		

**TO BE COMPLETED BY THE WORKER FOR ALL PERSONS STAYING IN THE HOME.**