

# 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: \_\_\_\_\_  
 \_\_\_\_\_

<b>Need</b>	<b>Points</b>				
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+)

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

<b>FOOD (EMOTIONAL)</b>		
No emotional issues related to food/eating.  <b>Caregiver</b> 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. <b>Caregiver</b> 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. <b>Caregiver</b> provides close monitoring and supervision during meal times and/or around food.
<b>1</b>	<b>2</b>	<b>3</b>

<b>PERSONAL CARE AND HYGEINE</b>			
Child handles own self-care, but may require routine prompts and guidance. Self care seen as age appropriate.  <b>Caregiver</b> 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. <b>Caregiver</b> 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. <b>Caregiver</b> does additional work due to wetting and soiling (3-4 times per week).	<b>Behavior</b> 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. <b>Medical</b> The caregiver is required to do additional work daily due to wetting and soiling incidents.
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>

**HEALTH (Medical)**

<p>Child has no medical conditions.</p> <p><b>Caregiver</b> 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><b>URIS C</b></p> <p><b>Caregiver</b> 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><b>URIS B</b></p> <p><b>Caregiver</b> 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><b>URIS A</b></p> <p><b>Caregiver</b> 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>
<p><b>1</b></p>	<p><b>2</b></p>	<p><b>4</b></p>	<p><b>6</b></p>

**Unified Referral Intake System (URIS) August 2004**

<b>Group A</b>	<b>Group B</b>	<b>Group C</b>
<p><b>Complex Health Care</b></p> <ul style="list-style-type: none"> <li>▪ Complex health care procedures requiring the clinical skill and judgment of a registered nurse.</li> </ul>	<p><b>Health Care Routines</b></p> <ul style="list-style-type: none"> <li>▪ Health care routines that may be safely delegated to non-health-care personnel who receive training and ongoing monitoring by a registered nurse.</li> </ul>	<p><b>Activities of Daily Living</b></p> <ul style="list-style-type: none"> <li>▪ 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.</li> </ul>

**Unified Referral Intake System (URIS) August 2004**

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

<ul style="list-style-type: none"> <li>▪ Complex administration of medication – i.e. via infusion pump, continued</li> <li>▪ nasogastric tube, or injection (other than Auto-injector)</li> <li>▪ Central or peripheral venous line intervention</li> <li>▪ Other clinical interventions requiring judgments and decision making by a medical or nursing professional.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Emptying an ostomy bag and/or changing an established appliance</li> <li>▪ Administration of medications by: <ul style="list-style-type: none"> <li>▪ oral route (requiring measurement)</li> <li>▪ instillation (i.e., eye/ear drops)</li> <li>▪ topical (i.e., ointment, therapeutic dressing)</li> <li>▪ inhalation (i.e., bronchodilators)</li> <li>▪ gastrostomy</li> </ul> </li> <li>▪ Suctioning (oral or nasal)</li> <li>▪ Responding to seizures when specific skills are required</li> <li>▪ Administration of sublingual lorazepam</li> <li>▪ Assistance with blood glucose monitoring requiring specific action based on results.</li> <li>▪ Responding to low blood sugar emergencies</li> <li>▪ Administration of pre-set oxygen</li> <li>▪ Administration of adrenaline auto-injector</li> </ul>	<ul style="list-style-type: none"> <li>▪ Oral feeding when specific skills are required; (continued)</li> <li>▪ Assistance with mobility when specific skills are required;</li> <li>▪ Chest pummeling and postural drainage;</li> <li>▪ Assistance with transfers and positioning when specific skills are required;</li> <li>▪ Assistance with: <ul style="list-style-type: none"> <li>▪ Oral hygiene and cleanliness of hands/face,</li> <li>▪ Dressing,</li> <li>▪ Toileting and/or diapering,</li> <li>▪ Oral feeding,</li> <li>▪ Walking;</li> </ul> </li> <li>▪ Basic operation of a wheelchair;</li> <li>▪ Assistance with symptoms of common maladies (e.g., coughing, vomiting, diarrhea); and Assistance with administration of pre-measured oral medication.</li> </ul>
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<b>MENTAL HEALTH/ MENTAL DISABILITY</b>				
<p>Child has no mental health/ disability issues.</p> <p><b>Caregiver</b> provides normal monitoring support and guidance.</p>	<p>Child has diagnosed mental health condition/ Mental disability.</p> <p><b>Caregiver</b> 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><b>Caregiver</b> 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><b>AND/OR</b> Child is resistant to any therapeutic intervention.</p> <p><b>Agency/ Caregiver</b> 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><b>Caregiver is</b> directly involved in the implementation of a treatment plan.</p>
<b>1</b>	<b>3</b>	<b>5</b>	<b>7</b>	<b>8</b>

<b>BOUNDARIES</b>			
<p>Child's behavior is age appropriate.</p> <p><b>Caregiver</b> 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><b>Caregiver</b> 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><b>Caregiver</b> 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><b>Caregiver</b> 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

<b>NURTURING</b>				
<p>Child has experienced only this separation from family or from stable caregiver.</p> <p><b>Caregiver</b> 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><b>Caregiver</b> 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><b>Caregiver</b> 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><b>Caregiver</b> 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><b>Caregiver</b> 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

<b>BELONGING</b>		
<p>Child has experienced emotional events that threaten sense of belonging.</p> <p><b>Caregiver</b> 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><b>Caregiver</b> 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><b>Caregiver</b> 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>
<b>1</b>	<b>3</b>	<b>5</b>

<b>FAMILY INVOLVEMENT</b>			
<p><b>Caregiver</b> 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><b>Caregiver</b> 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><b>Caregiver</b> models and teaches child how to cope and/or function in a situation that continues to be chaotic or dysfunctional. <b>Caregiver</b> 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. <b>Caregiver</b> actively teaches and supports the child's family and promotes participatory decision-making.</p>
<b>1</b>	<b>2</b>	<b>3</b>	<b>5</b>

<b>SOCIALIZATION COMMUNITY INVOLVEMENT</b>			
<p>Child is involved in community activities and/or hobbies and/or leisure activities that are age appropriate.</p> <p><b>Caregiver</b> provides age appropriate guidance and support.</p>	<p>Child has situational difficulties in community activities and/or hobbies and/or leisure activities.</p> <p><b>Caregiver</b> 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><b>Caregiver</b> 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><b>Caregiver</b> is required to actively work with child to encourage participation.</p>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>

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