

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 the CANTS 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 child welfare 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/CANTS checks reveal any bars to placement?
(Complete and attach Attachment II, CANTS/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.) |

- 16. Is there a working telephone in the home or is one accessible? (Land-based or cellular phone is acceptable.)
- 17. Are all basic utilities (water, electricity, heating) in full operating condition?
- 18. Will the child(ren) have age-appropriate supervision at all times during which the relative caregiver will be absent from the home?
- 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?
- 20. Is the primary caregiver able to communicate with the child(ren) in the child's(ren's) primary language or method of communication?
- 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)?
- 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: _____

APPENDIX A: Criminal Convictions that Prevent Relative Placement

If the relative caregiver or any adult member of the household has been convicted of committing or attempting to commit one or more of the following serious criminal offenses under the Criminal Code of 1961 [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 as outlined below.

OFFENSES DIRECTED AGAINST THE PERSON			
HOMICIDE	KIDNAPPING AND RELATED OFFENSES	SEX OFFENSES	BODILY HARM
Murder *	Kidnapping	Indecent solicitation of a child*	
Solicitation of murder*	Aggravated kidnapping	Indecent solicitation of an adult	Aggravated battery of a child*
Solicitation of murder for hire*	Aggravated unlawful restraint	Public indecency	Tampering with food, drugs, or cosmetics
Intentional homicide of an unborn child*	Forcible detention	Sexual exploitation of a child*	Drug induced infliction of great bodily harm
Voluntary manslaughter of an unborn child*	Child abduction*	Custodial sexual assault	Aggravated stalking
Involuntary manslaughter*	Aiding and abetting child abduction*	Sexual relations within families*	Home invasion
Reckless homicide*		Prostitution	Vehicular invasion
Concealment of a homicidal death*		Soliciting for a prostitute	Criminal sexual assault*
Involuntary manslaughter of an unborn child*		Soliciting for a juvenile prostitute*	Aggravated criminal sexual assault*
Reckless homicide of an unborn child*		Solicitation of a sexual act	Predatory criminal sexual assault of a child*
Drug induced homicide*		Pandering	Criminal sexual abuse*
		Keeping a place of prostitution*	Aggravated sexual abuse
		Keeping a place of juvenile prostitution*	Criminal transmission of HIV
		Patronizing a prostitute	Criminal neglect of an elderly or disabled person
		Patronizing a juvenile prostitute*	Child abandonment*
		Pimping	Endangering the life or health of a child*
		Juvenile pimping*	Ritual mutilation
		Exploitation of a child*	Ritualized abuse of a child*
		Obscenity	Heinous battery*
		Child pornography*	Aggravated battery with a firearm
		Harmful material	
		Tie in sales of obscene publications to distributors	
		Posting of identifying information on a pornographic Internet site	

If the relative caregiver or any adult member of the household has been convicted of one of the crimes in the above chart that is marked by an asterisk, any request for a waiver must be submitted in writing to the Director of the Department for his or her personal approval. The supervising agency shall submit the following information along with the request for the waiver of the criminal conviction:

- 1) the age of the individual at the time of the conviction;
- 2) the length of time that has elapsed since the last conviction;
- 3) the relationship of the crime and the capacity to care for related children;
- 4) evidence of rehabilitation; and
- 5) opinions of community members concerning the individual in question.

If the relative caregiver or any adult member of the household has been convicted of one of the crimes not marked by an asterisk, related children for whom the Department is legally responsible shall not be placed in or continue to remain in the relative caregiver's household unless a waiver of this prior criminal history has been granted by an individual designated by the Director to grant such waivers. When the supervising agency believes that there have been extraordinary circumstances surrounding the criminal history or the convicted person(s) has been successfully rehabilitated and placement in the relative's household is in the best interests of the children, the supervising agency may request a waiver of this prior criminal history by asking the Department to consider these factors. Such requests may be made orally, but must be confirmed in writing. The Department's decision with regard to the request for a waiver shall be documented in writing and included in the child's case record.

Illinois Department of Children and Family Services

HMR PLACEMENT - ATTACHMENT I

Sub Ref.	Household Member	Age	Gender
01			
02			
03			
04			
05			
06			
07			
08			
09			
10			
11			
12			
13			
14			
15			
16			
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19			
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21			
22			
23			
24			

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HMR PLACEMENT - ATTACHMENT II – CANTS/LEADS Checks

	Household Member	LEADS Check				Crime	Bar to Placement?		CANTS Check				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"/>
15		<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"/>
16		<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"/>
17		<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"/>
18		<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"/>
19		<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"/>
20		<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"/>
21		<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"/>
22		<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"/>
23		<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"/>
24		<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"/>

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HMR PLACEMENT - ATTACHMENT III - Sleeping Arrangements

	Birth and Adopted Children	Age	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"/>