Request for Difficulty of Care Rating - Child's Age Birth through 2 Years

Check One (1) Box Below:		Foster Home Located in
[ ] New	[ ] Early Review - FP moved - diff. county	[ ] Contra Costa County
[ ] Restore	[ ] Early Review - Change in Placement	[ ] Other (enter county below)
[ ] Renewal - No Change	[ ] Early Review - Improved	______________________
[ ] Renewal - Improved	[ ] Early Review - Deteriorated	
[ ] Renewal - Deteriorated	[ ] Reconsideration	
	[ ] Other ______________________	

Child's Name	Foster Parent's Name	DOC Start Date	Drug Exposed Child [ ]yes [ ]No

BEHAVIOR/PROBLEM	WHAT FOSTER PARENT WILL DO	HOW OFTEN
SEIZURES		
INFECTIOUS DISEASE		
FEEDING		
ELIMINATION		
SLEEP PATTERN		
MUSCLE TONE		
MEDICAL APPOINTMENTS, THERAPY, EMERGENCIES		
MEDICALLY FRAGILE		
RESPIRATORY PROBLEMS		

BEHAVIOR/PROBLEM	WHAT FOSTER PARENT WILL DO	HOW OFTEN
SPECIALIZED EQUIPMENT		
IRRITABILITY		
HYPERREFLEXIA		
TREMORS		
POOR SOCIAL INTERACTION		
SHORT ATTENTION SPAN		
HYPERACTIVITY		
LOW TOLERANCE FOR CHANGE		
AGGRESSION TOWARD OTHERS		
AGGRESSION TOWARD SELF		
OTHER		

Social Worker ______________________ Date __________ Foster Parent ______________________ Date __________

Contra Costa County

Difficulty of Care Behavioral Checklist - Child's Age 3 through 5 Years

Child's Name	DOB	SW PCN

EMOTIONAL CARE NEEDS QUALIFYING FOR DOC

PROBLEM	LEVEL 1	LEVEL 2	LEVEL 3
ATTENTION SEEKING	[ ] Demanding, clinging, constant crying, reversion to infantile behavior. FP must provide extra comfort and attention. [ ] Tantrums more than 3 times/week and is not easily distracted from tantrum behavior [ ]	[ ] At least daily tantrums - very difficult to get child to cease behavior, refusal to follow basic rules. FP must provide constant limit setting [ ]	N/A
ABNORMAL STRUCTURE/ SUPERVISION	[ ] Child cannot play alone or with peers for any period of time without adult supervison. Activities must be closely monitored with [ ]	[ ] Child extremely anxious when not involved in structured activity; upset when change in routine. FP must supervise regimented routine [ ]	[ ] FP can never leave child unattended; must give constant direction to child and supervise all activities [ ]
SLEEP DISTURBANCE	[ ] Nightmares 2-5 times/week; child needs comforting to get back to sleep [ ]	[ ] Nightmares/night terrors every night [ ]	[ ] Child terrified of sleeping - becomes very agitated at bedtime, acts out, etc. [ ]
ENURESIS	[ ] Nightly loss of control [ ] Daytime loss of control	N/A	N/A
ENCOPRESIS	N/A	[ ] At least weekly. Extra laundry and cleaning [ ]	[ ] Pattern of smearing feces [ ]
AGGRESSIVE TO OTHERS	N/A	[ ] Aggressive/assaultive. FP must protect other children [ ]	[ ] Same as level 2 and chronic, extreme destruction of property. Specify: ____________ [ ]
SEXUAL BEHAVIOR	[ ] Inappropriate; needs guidance [ ] Masturbates excessively [ ]	[ ] Child initiates talk of sex, sees daily activities in sexual terms; is inappropriate with adults. FP must monitor closely [ ]	[ ] Child has a history of initiating sexual activity with other children on more than 1 occasion; sexually aggressive and FP must supervise peer contact to protect other children [ ]
SCHOOL PROBLEMS	[ ] Child presents discipline problems, needs special education. FP has school contact at least weekly around behavioral issues [ ]	[ ] Child presents discipline problems, needs special education classes. FP has school contact at least 3 times weekly. Child may need to be restrained or sent for time out. [ ]	N/A
EMOTIONALLY DISTURBED	[ ] Excessively dependent; or passive with lack of response [ ]	[ ] Suicidal ideation; inappropriate behaviors, unresponsive and withdrawn. FP must monitor closely; work with therapist [ ]	[ ] Extreme, bizarre behaviors; suicidal; severe chronic depressions or danger to others. FP must monitor, control medications and be in constant contact with therapist [ ] Diagnosed autism [ ]
FP PARTICIPANT IN PSYCHO-THERAPY	[ ] At least every other week	[ ] At least weekly	[ ] At least twice weekly

HYPERACTIVE	[ ] Diagnosed Attention Deficit Disorder - highly active and demanding of attention from family members [ ]	[ ] Activity level can be controlled with medication. Cannot function without medication [ ]	[ ] Constant movement and restlessness. Cannot be controlled with medication. Child up at night, wanders through house. [ ]
OTHER	[ ]	[ ]	[ ]

Difficulty of Care Behavioral Checklist - Child's Age Birth through 2 Years

Child's Name	DOB	SW PCN

PHYSICAL CARE NEEDS QUALIFYING FOR DOC

PROBLEM	LEVEL 1	LEVEL 2	LEVEL 3
SEIZURES	[ ] History, but none currently or no more than monthly [ ] No loss of consciousness [ ]	[ ] At least weekly [ ] Loss of consciousness less than 10 minutes; no apnea [ ]	[ ] At least daily [ ] loss of consciousness more than 10 minutes; with apnea; or medical treatment needed to stop [ ]
INFECTIOUS DISEASE	[ ] Known or suspected, but usual hygiene measure adequate [ ] Increased risk for contracting, but able to go out to medical appointments, etc. [ ]	[ ] Known or suspected and more than usual hygiene measures needed [ ] Increased risk for contracting, so should remain in home as much as possible [ ]	[ ] Known or suspected, requiring specialized handing of all body fluids [ ] Great risk for contracting – specialized handling of food, contacts, toys, etc. is needed [ ]
FEEDING	[ ] Some choking; occasional special handling needed [ ] Takes 31-40 minutes to feed [ ] Every 4 hours with night feeding [ ] Occasional vomiting, not serious [ ] Special diet/food preparation [ ]	[ ] chokes or gags easily; frequent special handling needed [ ] Takes 41-50 minutes to feed [ ] Every 3 hours with night feedings [ ] Vomits at least twice daily; or requires medication for vomiting [ ]	[ ] Requires feedings by N/G, GTT, JT and/or pump [ ] Takes 51+ minutes to feed [ ] Every 2 hours with night feedings [ ] Same as Level 2; and affecting adequate weight gain [ ]
ELIMINATION	[ ] Prone to urinary tract infections, needs increased fluids [ ] Chronic constipation/occasional suppository [ ]	[ ] crede needed to empty bladder [ ] Chronic diarrhea/runny stools; or constipated and needs daily program [ ]	[ ] Has vesicostomy/uretrostomy/ilial conduit [ ] colostomy/ileostomy [ ]
SLEEP PATTERN (11pm - 6am)	[ ] Under 6 months of age and up 4 times/night [ ] Over 6 months of age and up 2 times/night [ ]	[ ] Under 6 months of age and up 5 times/night [ ] Over 6 months of age and up 3 times/night [ ]	[ ] Under 6 months of age and up 6 times/night or more [ ] Over 6 months of age and up 4 times/night or more [ ]
MUSCLE TONE	[ ] Impacts on care and/or some developmental delay, need to monitor [ ]	[ ] Requires special handling; follow up with therapy recommendations at home [ ]	[ ] Same as Level 2; and requires special equipment for feeding, positioning, bathing, etc. [ ]
THERAPY, MEDICAL APPOINTMENTS, EMERGENCIES	[ ] Average more than one per week	[ ] Frequent emergencies in addition to above average appointments	[ ] Daily treatment required (Comment on anticipated duration)
MEDICALLY FRAGILE	N/A	[ ] Born with serious congenital defects having long-term implications. Close monitoring and medical supervision needed [ ] High SIDS risk [ ]	[ ] Born with major congenital defects that are life-threatening. Constant care and supervision needed; surgery pending or post surgical care. [ ]
RESPIRATORY PROBLEMS	[ ] Frequent colds, respiratory infections including ear infections [ ]	[ ] Asthma [ ]	[ ] BPD [ ]
SPECIALIZED EQUIPMENT	[ ] apnea monitor, splints, cast, braces or positioning equipment [ ]	[ ] Aspiration, Suctioning, Ventilator or Mist Tent [ ]	[ ] Oxygen, Pulmonaid, Broviac Catheter, Tracheostomy [ ]
OTHER	[ ]	[ ]	[ ]

Difficulty of Care Behavioral Checklist - Child's Age Birth through 2 Years (Cont'd)

FOR CHILDREN UP TO 18 MONTHS OF AGE

BEHAVIOR	LEVEL 1 MILD: Can be readily controlled with specialized intervention.	LEVEL 2 MODERATE: Is difficult to control, but will respond to sustained specialized intervention	LEVEL 3 SEVERE: Requires almost continuous specialized intervention
IRRITABILITY: poor state changes, prolonged periods of crying	[ ]	[ ]	[ ]
HYPERREFLEXIA: exaggerated startle reflex, or response to stimuli, arching	[ ]	[ ]	[ ]
TREMORS: jerky movements	[ ]	[ ]	[ ]
POOR SOCIAL INTERACTION: poor eye contact, doesn't cuddle, not responsive	[ ]	[ ]	[ ]

FOR CHILDREN OVER 18 MONTHS OF AGE

BEHAVIOR	LEVEL 1 MILD: Can be readily controlled with specialized intervention.	LEVEL 2 MODERATE: Is difficult to control, but will respond to sustained specialized intervention	LEVEL 3 SEVERE: Requires almost continuous specialized intervention
SHORT ATTENTION SPAN: Inability to persist in attending to any one object, person or activity	[ ]	[ ]	[ ]
HYPERACTIVITY: Constant movement, over-excitability and restlessness	[ ]	[ ]	[ ]
POOR TOLERANCE FOR CHANGE: restiveness or disruption of typical functioning	[ ]	[ ]	[ ]
AGGRESSION TOWARD OTHERS: Violent episodes, injury to others or destruction of property	[ ]	[ ]	[ ]
AGGRESSION TOWARD SELF: Purposefully injuring self; no concept of danger.	[ ]	[ ]	[ ]

Contra Costa County

Difficulty of Care Behavioral Checklist - Child's Age 12 through 18 Years

Child's Name	DOB	SW PCN

EMOTIONAL CARE NEEDS QUALIFYING FOR DOC

PROBLEM	LEVEL 1	LEVEL 2	LEVEL 3
ATTENTION SEEKING	[ ] Demanding, clinging, constant crying, sleep disturbances, reversion to infantile behavior. FP must provide extra comfort and attention. [ ]	[ ] Frequent verbal outbursts; defiant, refusal to follow basic rules. FP must provide constant and consistent limit setting [ ]	[ ] Constant challenging and criticism of FP actions; attempts to undermine FP authority in home; child has know-it-all attitude, uses arrogance as primary defense [ ] Primary attachment to caretaker, few friends or peer activities; wants total attention of caretaker, overly jealous of other children in home [ ]
ABNORMAL STRUCTURE/ SUPERVISION	[ ] Child is restless and cannot initiate own activities without direction; activities must be closely monitored [ ]	[ ] Child becomes anxious and acts out whenever there is no structure or an established routine is changes; FP must supervise regimented routine [ ]	[ ] Regularly puts self in dangerous situations [ ] FP can never leave child unattended. [ ]
ENURESIS	[ ] Once or twice weekly [ ] Nightly loss of control [ ] Daytime loss of control	N/A	N/A
ENCOPRESIS	N/A	[ ] At least weekly. Extra laundry and cleaning	[ ] At least twice weekly. Extra laundry and cleaning
AGGRESSIVE TO OTHERS/ PROPERTY	[ ] Verbally aggressive to peers and/or adults	[ ] Aggressive/assaultive. FP must protect other children [ ]	[ ] Same as level 2 and chronic, extreme destruction of property. [ ] History of firesetting with damage to property [ ]
SEXUAL BEHAVIOR	[ ] Inappropriate; needs guidance [ ] Masturbates excessively	[ ] Child's conversation often revolves around sexual topics; child is sexually provocative with both adults and peers; FP must monitor closely [ ]	[ ] Child has been sexually aggressive to peers or younger children or has initiated sexual involvement with adults; FP must monitor interactions with adults and supervise interactions with peers and younger children to protect them [ ] Promiscuous; at risk for STD and HIV [ ]
SCHOOL PROBLEMS	[ ] Child presents discipline problems, special education. FP must provide help with lessons and has school contact at least weekly around behavioral issues. [ ] Tutoring 2 times weekly [ ]	[ ] Child presents discipline problems, special education classes. FP has school contact at least 3-4 times weekly [ ] Daily tutoring for a least one hour [ ]	N/A
EMOTIONALLY DISTURBED	[ ] Excessively dependent; or passive with lack of response	[ ] Suicidal ideation; inappropriate behaviors, unresponsive and withdrawn. FP must monitor closely; work with therapist [ ] Fascination with fire [ ]	[ ] Extreme, bizarre behaviors; suicidal; severe chronic depressions or danger to others. FP must monitor, control medications and be in constant contact with therapist [ ] Diagnosed autism [ ] Diagnosed eating disorder; e.g., anorexia, bulimia, etc. [ ]

PROBLEM	LEVEL 1	LEVEL 2	LEVEL 3
LAW VIOLATIONS	N/A	[ ] Truant; minor infractions; shoplifting. Needs close supervision [ ]	[ ] Alcohol or drug use/abuse; assaultive; theft. FP has constant contact with police, school, probation. Handles community complaints [ ]
FP PARTICIPANT IN PSYCHO-THERAPY	[ ] At least every other week	[ ] At least weekly	[ ] At least twice weekly
OTHER	[ ]	[ ]	[ ]

Request for Difficulty of Care Rating - Child's 12 through 18 Years

Check One (1) Box Below:		Foster Home Located in
[ ] New	[ ] Early Review - FP moved - diff. county	[ ] Contra Costa County
[ ] Restore	[ ] Early Review - Change in Placement	[ ] Other (enter county below)
[ ] Renewal - No Change	[ ] Early Review - Improved	
[ ] Renewal - Improved	[ ] Early Review - Deteriorated	____________________
[ ] Renewal - Deteriorated	[ ] Reconsideration	
	[ ] Other __________	

Child's Name	Foster Parent's Name	DOC Start Date	Drug Exposed Child [ ]yes [ ]No

BEHAVIOR/PROBLEM	WHAT FOSTER PARENT WILL DO	HOW OFTEN
SEIZURES		
INFECTIOUS DISEASE		
FEEDING		
BLADDER/BOWEL FUNCTIONING		
SLEEP PATTERN		
DEVELOPMENTAL DELAY		
MEDICAL APPOINTMENTS, THERAPY, EMERGENCIES		
MEDICALLY FRAGILE		
RESPIRATORY PROBLEMS		
SPECIALIZED EQUIPMENT		
PHYSICAL THERAPY		
NONAMBULATORY		

BEHAVIOR/PROBLEM	WHAT FOSTER PARENT WILL DO	HOW OFTEN
DIABETES		
OTHER PHYSICAL		
ATTENTION SEEKING		
ABNORMAL STRUCTURE/ SUPERVISION		
ENURESIS		
ENCOPRESIS		
AGGRESSIVE TO OTHERS/PROPERTY		
SEXUAL BEHAVIOR		
SCHOOL PROBLEMS		
EMOTIONALLY DISTURBED		
LAW VIOLATIONS		
FP PARTICIPANT IN PSYCHOTHERAPY		
OTHER EMOTIONAL		

Social Worker ______ Date ______ Foster Parent ______ Date ______

Difficulty of Care Behavioral Checklist - Child's Age 12 through 18 Years

Child's Name	DOB	SW PCN

PHYSICAL CARE NEEDS QUALIFYING FOR DOC

PROBLEM	LEVEL 1	LEVEL 2	LEVEL 3
SEIZURES	[ ] History, but none currently or no more than monthly. [ ] No loss of consciousness [ ]	[ ] Partially controlled. Close supervision needed. Medication changing [ ] At least weekly [ ] Loss of consciousness less than 10 minutes; no apnea [ ]	[ ] Uncontrolled; constant supervision needed; care following seizures needed [ ] At least daily [ ] loss of consciousness more than 10 minutes; with apnea; or medical treatment needed to stop [ ]
INFECTIOUS DISEASE	[ ] Known or suspected, but usual hygiene measure adequate [ ] Increased risk for contracting, but able to go out to medical appointments, etc. [ ]	[ ] Needs specialized hygienic procedures; e.g., STD [ ] Known or suspected and more than usual hygiene measures needed [ ] Increased risk for contracting, so should remain in home as much as possible [ ]	[ ] Needs extreme hygienic procedures; e.g. hepatitis [ ] Known or suspected, requiring specialized handing of all body fluids [ ] Great risk for contracting -- specialized handling of food, contacts, toys, etc. is needed [ ]
FEEDING	[ ] Needs some help cutting up food [ ] Some choking; occasional special handling needed [ ] Occasional vomiting, not serious [ ] Special diet/food preparation [ ]	[ ] Must be hand fed [ ] chokes or gags easily; frequent special handling or special food preparation needed [ ] Vomits at least twice daily; or requires medication for vomiting [ ]	[ ] Requires feedings by N/G, GTT, JT and/or pump [ ] Same as Level 2; <u>and</u> affecting adequate weight gain [ ]
BLADDER/BOWEL FUNCTIONING	[ ] Prone to urinary tract infections, needs increased fluids [ ] Chronic constipation/occasional suppository [ ]	[ ] crede needed to empty bladder [ ] Chronic diarrhea/runny stools; or constipated and needs daily program [ ]	[ ] Has vesicotomy/uretrostomy/ileal conduit [ ] colostomy/ileostomy [ ]
DEVELOPMENTAL DELAY	[ ] Can learn some self-care with constant repetitive training and instruction. [ ]	[ ] Cannot perform **age-appropriate** functions or can only do so with assistance. Specify ___________ ______________________________ [ ]	[ ] Requires total care. Cannot communicate verbally. Foster parent must bathe, dress, diaper. [ ]
MEDICAL APPOINTMENTS, THERAPY, EMERGENCIES	[ ] Average more than one per week	[ ] Frequent emergencies in addition to above average appointments	[ ] Daily treatment required (Comment on anticipated duration)
MEDICALLY FRAGILE	N/A	[ ] Born with serious congenital defects having long-term implications. Close monitoring and medical supervision needed [ ]	[ ] Born with major congenital defects that are life-threatening. Constant care and supervision needed; surgery pending or post surgical care. [ ]
RESPIRATORY PROBLEMS	[ ] Frequent colds, respiratory infections including ear infections [ ]	[ ] Asthma [ ]	[ ] Frequent bouts of pneumonia or other lung disease requiring periodic hospitalization [ ]
SPECIALIZED EQUIPMENT	[ ] Splints, cast, braces or positioning equipment [ ]	[ ] Aspiration, Suctioning, Ventilator [ ]	[ ] Oxygen, Pulmonaid, Mist Tent, Broviac Catheter, Tracheostomy [ ]

PROBLEM	LEVEL 1	LEVEL 2	LEVEL 3
PHYSICAL THERAPY	N/A	[ ] Requires at least one hour per day of regimen prescribed by physical therapist [ ]	[ ] Requires 2-3 hours per day of exercise regimen prescribed by physical therapist [ ]
NON-AMBULATORY	[ ] Needs some help with dressing and attending to personal hygiene [ ]	[ ] With help, can perform some functions [ ] Requires special handling; follow up with therapy recommendations at home [ ]	[ ] Needs total care [ ] Same as Level 2; and requires special equipment for feeding, positioning, bathing, etc. [ ]
DIABETES	[ ] Diabetes under control and child takes primary responsibility. FP supervises diet, blood sugar monitoring and injections [ ]	[ ] Diabetes under control but child does not take primary responsibility. FP responsible for child's diet, blood sugar testing and injections [ ]	[ ] Brittle diabetic. Need for ongoing medical follow-up [ ]
OTHER	[ ]	[ ]	[ ]

Contra Costa County

Social Service Department

DIFFICULTY OF CARE RATING

TO BE COMPLETED BY SOCIAL WORKER

TO: AFDC-FC Unit, EW PCN ________ Location: [ ] 30 Muir, Martinez [ ] 4545 Delta Fair, Antioch [ ] 1305 Macdonald, Richmond	FROM: SW PCN ________
Child's Name:	Foster Care Case Number: 4___-________________-______
Foster Parent's Name:	Is foster parent receiving EFH per diem? [ ] Yes [ ] No

Foster parent has specialized skills: education, professional licenses, credentials, training, etc.
Training Level Recommended: [ ]1 [ ]2 [ ]3 [ ]4 (One level for each 20 hours completed & verified with documentation attached)

Unusual/Excessive Medical Transportation: ________ miles per month. If varies, use average.

TO BE COMPLETED BY SUPERVISOR/DIVISION MANAGER

Contra Costa County		*TOTAL DOC APPROVED:*	
Point Totals:		DOC Rate	$________
Emotional	________	Transportation: ______ miles at 24¢ per mile	$________
Physical	________	Subtotal	$________
		Training Levels	________
Total Points	________	TOTAL DOC RATE	$________

DOC Approved From __________________ through __________________
Start Date End Date

By: ______________________________ __________
SWS II/CWDM Date

TO BE COMPLETED BY PROGRAM ANALYST

Other County SCI Rate
County:______________________ $ ____________

SCI Approved From __________________ through __________________
Start Date End Date

By: ______________________________ __________
Program Analyst Date

DOC 1R (Rev 7/92)

Difficulty of Care Behavioral Checklist - Child's Age 3 through 5 Years

Child's Name	DOB	SW PCN

PHYSICAL CARE NEEDS QUALIFYING FOR DOC

PROBLEM	LEVEL 1	LEVEL 2	LEVEL 3
SEIZURES	[ ] History, but none currently or no more than monthly. [ ] No loss of consciousness [ ]	[ ] Partially controlled. Close supervision needed. Medication changing [ ] At least weekly [ ] Loss of consciousness less than 10 minutes; no apnea [ ]	[ ] Uncontrolled; constant supervision needed; care following seizures needed [ ] At least daily [ ] loss of consciousness more than 10 minutes, with apnea; or medical treatment needed to stop [ ]
INFECTIOUS DISEASE	[ ] Known or suspected, but usual hygiene measure adequate [ ] Increased risk for contracting, but able to go out to medical appts., etc. [ ]	[ ] Needs specialized hygienic procedures; e.g., STD [ ] Known or suspected and more than usual hygiene measures needed [ ] Increased risk for contracting, so should remain in home as much as possible [ ]	[ ] Needs extreme hygienic procedures; e.g. hepatitis [ ] Known or suspected, requiring specialized handing of all body fluids [ ] Great risk for contracting – specialized handling of food, contacts, toys, etc. is needed [ ]
FEEDING	[ ] Must be hand fed [ ] Some choking; occasional special handling needed [ ] Occasional vomiting, not serious [ ] Special diet/food preparation [ ]	[ ] chokes or gags easily; frequent special handling or special food preparation needed [ ] Vomits at least twice daily; or requires medication for vomiting [ ]	[ ] Requires feedings by N/G, GTT, JT and/or pump [ ] Same as Level 2; and affecting adequate weight gain [ ]
BLADDER/BOWEL FUNCTIONING	[ ] Prone to urinary tract infections, needs increased fluids [ ] Chronic constipation/occasional suppository [ ]	[ ] crede needed to empty bladder [ ] Chronic diarrhea/runny stools; or constipated and needs daily program [ ]	[ ] Has vesicotomy/uretrostomy/ileal conduit [ ] colostomy/ileostomy [ ]
DEVELOPMENTAL DELAY	[ ] Can learn some self-care with constant repetitive training and instruction. [ ]	[ ] Cannot perform **age-appropriate** functions or can only do so with assistance. Specify:__________ ____________________ [ ]	[ ] Requires total care. Cannot communicate verbally. Foster parent must bathe, dress, diaper. [ ]
MEDICAL APPOINTMENTS, THERAPY, EMERGENCIES	[ ] Average more than one per week	[ ] Frequent emergencies in addition to above average appointments	[ ] Daily medical treatment required (Comment on anticipated duration)
MEDICALLY FRAGILE	N/A	[ ] Born with serious congenital defects having long-term implications. Close monitoring and medical supervision needed [ ]	[ ] Born with major congenital defects that are life-threatening. Constant care and supervision needed; surgery pending or post surgical care. [ ]
RESPIRATORY PROBLEMS	[ ] Frequent colds, respiratory infections including ear infections [ ]	[ ] Asthma [ ]	[ ] BPD [ ]
SPECIALIZED EQUIPMENT	[ ] Splints, cast, braces or positioning equipment [ ]	[ ] Aspiration, Suctioning, Ventilator [ ]	[ ] Oxygen, Pulmonaid, Mist Tent, Broviac Catheter, Tracheostomy [ ]

PROBLEM	LEVEL 1	LEVEL 2	LEVEL 3
PHYSICAL THERAPY	N/A	[ ] Requires at least one hour per day of regimen prescribed by physical therapist [ ]	[ ] Requires 2-3 hours per day of exercise regimen prescribed by physical therapist [ ]
NON-AMBULATORY	N/A	[ ] With help, can perform some self-care functions; can move with assistance of special equipment; e.g., motorized wheelchair [ ] Requires special handling; follow up with therapy recommendations at home [ ]	[ ] Needs total care [ ] Same as Level 2; <u>and</u> requires special equipment for feeding, positioning, bathing, etc. [ ]
OTHER	[ ]	[ ]	[ ]

Request for Difficulty of Care Rating - Child's 3 through 5 Years

Check One (1) Box Below:		Foster Home Located in
[ ] New	[ ] Early Review - FP moved -diff. county	[ ] Contra Costa County
[ ] Restore	[ ] Early Review - Change in Placement	[ ] Other (enter county below)
[ ] Renewal - No Change	[ ] Early Review - Improved	____________________
[ ] Renewal - Improved	[ ] Early Review - Deteriorated	
[ ] Renewal - Deteriorated	[ ] Reconsideration	
	[ ] Other __________	

Child's Name	Foster Parent's Name	DOC Start Date	Drug Exposed Child [ ]yes [ ]No

BEHAVIOR/PROBLEM	WHAT FOSTER PARENT WILL DO	HOW OFTEN
SEIZURES		
INFECTIOUS DISEASE		
FEEDING		
BLADDER/BOWEL FUNCTIONING		
SLEEP PATTERN		
DEVELOPMENTAL DELAY		
MEDICAL APPOINTMENTS, THERAPY, EMERGENCIES		
MEDICALLY FRAGILE		
RESPIRATORY PROBLEMS		
SPECIALIZED EQUIPMENT		
PHYSICAL THERAPY		

BEHAVIOR/PROBLEM	WHAT FOSTER PARENT WILL DO	HOW OFTEN
NONAMBULATORY		
OTHER PHYSICAL		
ATTENTION SEEKING		
ABNORMAL STRUCTURE/ SUPERVISION		
ENURESIS		
ENCOPRESIS		
AGGRESSIVE TO OTHERS/PROPERTY		
SEXUAL BEHAVIOR		
SCHOOL PROBLEMS		
EMOTIONALLY DISTURBED		
FP PARTICIPANT IN PSYCHOTHERAPY		
HYPERACTIVE		
OTHER EMOTIONAL		

ocial Worker   Date   Foster Parent   Date

Difficulty of Care Behavioral Checklist - Child's Age 6 through 11 Years

Child's Name	DOB	SW PCN

EMOTIONAL CARE NEEDS QUALIFYING FOR DOC

PROBLEM	LEVEL 1	LEVEL 2	LEVEL 3
ATTENTION SEEKING	[ ] Demanding, clinging, constant crying, sleep disturbances, reversion to infantile behavior. FP must provide extra comfort and attention. [ ] Tantrums more than 3 times/week and is not easily distracted from tantrum behavior [ ] Verbally aggressive to peers and/or adults [ ]	[ ] At least daily tantrums - very difficult to get child to cease behavior, refusal to follow basic rules. FP must provide constant limit setting [ ]	N/A
ABNORMAL STRUCTURE/ SUPERVISION	[ ] Activities must be closely monitored [ ]	[ ] FP must supervise regimented routine [ ]	[ ] Regularly puts self in dangerous situations [ ] FP can never leave child unattended. [ ]
ENURESIS	[ ] Once or twice weekly [ ] Nightly loss of control [ ] Daytime loss of control	N/A	N/A
ENCOPRESIS	N/A	[ ] At least weekly. Extra laundry and cleaning	[ ] Pattern of smearing feces
AGGRESSIVE TO OTHERS/ PROPERTY	N/A	[ ] Aggressive/assaultive. FP must protect other children [ ]	[ ] Same as level 2 and chronic, extreme destruction of property. [ ] History of firesetting with damage to property [ ]
SEXUAL BEHAVIOR	[ ] Inappropriate; needs guidance [ ] Masturbates excessively	[ ] Child initiates talk of sex, sees daily activities in sexual terms; is inappropriate with adults. FP must monitor closely [ ]	[ ] Child has a history of initiating sexual activity with other children on more than one occasion; sexually aggressive and FP must supervise peer contact to protect other children [ ]
SCHOOL PROBLEMS	[ ] Child presents discipline problems, special education. FP must provide help with lessons and has school contact at least weekly around behavioral issues. [ ] Tutoring 2 times weekly [ ]	[ ] Child presents discipline problems, special education classes. FP has school contact at least 3-4 times weekly [ ] Daily tutoring for a least one hour [ ]	N/A
EMOTIONALLY DISTURBED	[ ] Excessively dependent; or passive with lack of response	[ ] Suicidal ideation; inappropriate behaviors, unresponsive and withdrawn FP must monitor closely; work with therapist [ ] Fascination with fire [ ]	[ ] Extreme, bizarre behaviors; suicidal; severe chronic depressions or danger to others. FP must monitor, control medications and be in constant contact with therapist [ ] Diagnosed autism [ ]
LAW VIOLATIONS	N/A	[ ] Truant; minor infractions; pattern of shoplifting. Needs close supervision [ ]	[ ] Alcohol or drug use/abuse; assaultive; theft. FP has constant contact with police, school, probation. Handles community complaints [ ]

PROBLEM	LEVEL 1	LEVEL 2	LEVEL 3
FP PARTICIPANT IN PSYCHO-THERAPY	[ ] At least every other week	[ ] At least weekly	[ ] At least twice weekly
HYPERACTIVE	[ ] diagnosed Attention Deficit Disorder - very active; energy must be directed into positive channels [ ]	[ ] Can be controlled with medication. Cannot function without medication [ ]	[ ] Constant movement and restlessness. Cannot be controlled with medication. Child up at night, wanders through house. [ ]
OTHER	[ ]	[ ]	[ ]

Request for Difficulty of Care Rating - Child's 6 through 11 Years

Check One (1) Box Below:	[ ] Early Review - FP moved - diff. county	Foster Home Located in
[ ] New	[ ] Early Review - Change in Placement	[ ] Contra Costa County
[ ] Restore	[ ] Early Review - Improved	[ ] Other (enter county below)
[ ] Renewal - No Change	[ ] Early Review - Deteriorated	
[ ] Renewal - Improved	[ ] Reconsideration	______________________
[ ] Renewal - Deteriorated	[ ] Other ___________	

Child's Name	Foster Parent's Name	DOC Start Date	Drug Exposed Child [ ]yes [ ]No

BEHAVIOR/PROBLEM	WHAT FOSTER PARENT WILL DO	HOW OFTEN
SEIZURES		
INFECTIOUS DISEASE		
FEEDING		
BLADDER/BOWEL FUNCTIONING		
SLEEP PATTERN		
DEVELOPMENTAL DELAY		
MEDICAL APPOINTMENTS, THERAPY, EMERGENCIES		
MEDICALLY FRAGILE		
RESPIRATORY PROBLEMS		
SPECIALIZED EQUIPMENT		
PHYSICAL THERAPY		
NONAMBULATORY		

BEHAVIOR/PROBLEM	WHAT FOSTER PARENT WILL DO	HOW OFTEN
OTHER PHYSICAL		
ATTENTION SEEKING		
ABNORMAL STRUCTURE/ SUPERVISION		
ENURESIS		
ENCOPRESIS		
AGGRESSIVE TO OTHERS/PROPERTY		
SEXUAL BEHAVIOR		
SCHOOL PROBLEMS		
EMOTIONALLY DISTURBED		
LAW VIOLATIONS		
FP PARTICIPANT IN PSYCHOTHERAPY		
HYPERACTIVE		
OTHER EMOTIONAL		

ocial Worker ____ Date ____ Foster Parent ____ Date ____

Difficulty of Care Behavioral Checklist - Child's Age 6 through 11 Years

Child's Name	DOB	SW PCN

PHYSICAL CARE NEEDS QUALIFYING FOR DOC

PROBLEM	LEVEL 1	LEVEL 2	LEVEL 3
SEIZURES	[ ] History, but none currently or no more than monthly. [ ] No loss of consciousness [ ]	[ ] Partially controlled. Close supervision needed. Medication changing [ ] At least weekly [ ] Loss of consciousness less than 10 minutes; no apnea [ ]	[ ] Uncontrolled; constant supervision needed; care following seizures needed [ ] At least daily [ ] loss of consciousness more than 10 minutes; with apnea; or medical treatment needed to stop [ ]
INFECTIOUS DISEASE	[ ] Known or suspected, but usual hygiene measure adequate [ ] Increased risk for contracting, but able to go out to medical appointments, etc. [ ]	[ ] Needs specialized hygienic procedures; e.g., STD [ ] Known or suspected and more than usual hygiene measures needed [ ] Increased risk for contracting, so should remain in home as much as possible [ ]	[ ] Needs extreme hygienic procedures; e.g. hepatitis [ ] Known or suspected, requiring specialized handing of all body fluids [ ] Great risk for contracting -- specialized handling of food, contacts, toys, etc. is needed [ ]
FEEDING	[ ] Needs some help cutting up food [ ] Some choking; occasional special handling needed [ ] Occasional vomiting, not serious [ ] Special diet/food preparation [ ]	[ ] Must be hand fed [ ] chokes or gags easily; frequent special handling or special food preparation needed [ ] Vomits at least twice daily; or requires medication for vomiting [ ]	[ ] Requires feedings by N/G, GTT, JT and/or pump [ ] Same as Level 2; and affecting adequate weight gain [ ]
BLADDER/BOWEL FUNCTIONING	[ ] Prone to urinary tract infections, needs increased fluids [ ] Chronic constipation/occasional suppository [ ]	[ ] crede needed to empty bladder [ ] Chronic diarrhea/runny stools; or constipated and needs daily program [ ]	[ ] Has vesicotomy/uretrostomy/ileal conduit [ ] colostomy/ileostomy [ ]
DEVELOPMENTAL DELAY	[ ] Can learn some self-care with constant repetitive training and instruction. [ ]	[ ] Cannot perform age-appropriate functions or can only do so with assistance. [ ]	[ ] Requires total care. Cannot communicate verbally. Foster parent must bathe, dress, diaper. [ ]
MEDICAL APPOINTMENTS, THERAPY, EMERGENCIES	[ ] Average more than one per week	[ ] Frequent emergencies in addition to above average appointments	[ ] Daily medical treatment required (Comment on anticipated duration)
MEDICALLY FRAGILE	N/A	[ ] Born with serious congenital defects having long-term implications. Close monitoring and medical supervision needed [ ]	[ ] Born with major congenital defects that are life-threatening. Constant care and supervision needed; surgery pending or post surgical care. [ ]
RESPIRATORY PROBLEMS	[ ] Frequent colds, respiratory infections including ear infections [ ]	[ ] Asthma [ ]	[ ] BPD [ ]
SPECIALIZED EQUIPMENT	[ ] Splints, cast, braces or positioning equipment [ ]	[ ] Aspiration, Suctioning, Ventilator [ ]	[ ] Oxygen, Pulmonaid, Mist Tent, Broviac Catheter, Tracheostomy [ ]

PROBLEM	LEVEL 1	LEVEL 2	LEVEL 3
PHYSICAL THERAPY	N/A	[ ] Requires at least one hour per day of regimen prescribed by physical therapist [ ]	[ ] Requires 2-3 hours per day of exercise regimen prescribed by physical therapist [ ]
NON-AMBULATORY	[ ] Needs some help with dressing and attending to personal hygiene	[ ] With help, can perform some functions [ ] Requires special handling; follow up with therapy recommendations at home [ ]	[ ] Needs total care [ ] Same as Level 2; and requires special equipment for feeding, positioning, bathing, etc. [ ]
OTHER	[ ]	[ ]	[ ]