



CHILD EXIT INTERVIEW

Purpose: To obtain the child’s perspective concerning the safety and quality of care provided, to identify concerns, and to introduce needed improvements as necessary. The results of the exit interview will be utilized to enhance the quality of licensed settings and eliminate concerns and barriers.

Instructions:

- The following interview is to be conducted within 5 business days of a child’s exit from a licensed placement if the child has been in that setting at least 30 days.
- The interview shall be conducted by a person who has an established relationship with the child, and with whom the child feels comfortable.
- The interview shall occur in a setting where the child feels comfortable. The child shall be interviewed in private setting; interviews should not be conducted around other youth or adults.
- The survey is to be completed as follows:
 - Children ages 5-12, the interviewer shall document the child’s responses based on child’s physical and developmental age.
 - Youth ages 13-18, if physically and developmentally able, shall complete the survey and then review with interviewer.
 - Young adults up to age 21 in extended foster care.

ALL FIELDS REQUIRED

Child Name:		Child D.O.B:	
Case Manager Name:			
Case Management Agency/Organization:			
Community-Based Care Lead Agency:			
Foster Parent or Group Home Name(s):			
Licensing Agency (if applicable):			
Placement Begin Date:		Placement End Date:	
Interviewer’s Name:			Interview Date:
Interviewer’s Relationship to Child: <input type="checkbox"/> CM <input type="checkbox"/> Other (specify):		Interview Location:	Was Exit Interview Completed Face-to Face? <input type="checkbox"/> Yes <input type="checkbox"/> No (If NO, please explain Interview Method)
Reason for Placement Change:	<u>Requires Interview Completion</u>	<u>Does Not Require Interview Completion</u>	
	<input type="checkbox"/> Foster Parent Request Move/Disruption <input type="checkbox"/> Foster Home Closure <input type="checkbox"/> Siblings Reunited <input type="checkbox"/> Reunification <input type="checkbox"/> Moved to Kinship Placement <input type="checkbox"/> Change in Level of Care <input type="checkbox"/> Adoptive Placement (New Home) <input type="checkbox"/> Abuse Report <input type="checkbox"/> Other – must explain:	<input type="checkbox"/> Modification to Adoptive Placement with no placement change <input type="checkbox"/> Runaway status <input type="checkbox"/> Other – must explain:	

A. Child Safety and Satisfaction Assessment: For each question, check the value that most closely corresponds to the response of the child, and include the response of the child in the narrative section below.

Scale:

- 1 = Disagree
- 2 = Somewhat Disagree
- 3 = Neutral
- 4 = Mostly Agree
- 5 = Strongly Agree

Rating Scale: 5=Strongly Agree, 1=Strongly Disagree	1	2	3	4	5
1. I felt valued in this home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I felt comfortable in this home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I had enough food to eat and could eat food when I was hungry.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I had clothing that was the correct size.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The caregiver allowed me to talk to my siblings and family members. If the court ordered that I could not talk to anyone, that was explained to me. Indicate N/A in the narrative box if the statement does not apply.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. If I was sick or injured, I received the care I needed from my caregiver. Indicate N/A in the narrative box if the statement does not apply.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I felt safe in this home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Rating Scale: 5=Strongly Agree, 1=Strongly Disagree	1	2	3	4	5
8. I liked living at this home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I was told ahead of time of the move, had time to pack my belongings, and had time to say goodbye.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Was there anything you didn't like about living in this home or you think could be improved?					
11. Do you know what happens in the placement when the rules are not followed? If so, please share.					
12. What did you like most about living in this home?					
13. Anything additional you would like to share regarding this home?					

B. Signatures	
Child's Signature:	Date:
Interviewer's Signature:	Date:

Child Exit Interview – Interviewer’s Assessment

C. Interviewer’s Observations:

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D. Overall Exit Interview Assessment:

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Did the Exit Interview reveal any concerns with the placement? (must check YES or NO) If yes, complete section below.
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IF CONCERNS NOTED, COMPLETE SECTION BELOW

(Document follow up actions)

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Was the Licensing Agency notified of concern within three business days?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	If there were concerns regarding abuse or neglect, was the report accepted by the hotline?

CONCERNS AND FOLLOW-UP: Supervisors are required to review all concerns.

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SUPERVISOR COMMENTS/RECOMMENDATIONS (required):

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E. Signatures

Interviewer’s Signature:	Date:
Supervisor’s Signature:	Date:
Case Management Organization, Quality Manager Director, or CBC Signature:	Date: