TO: Wade F. Horn, Ph.D.
Assistant Secretary
Administration for Children and Families

FROM: Stuart Wright
Deputy Inspector General for Evaluation and Inspections

SUBJECT: Compendium of State Standards: Content of Caseworker Visits With Children in Foster Care (OEI-04-03-00353)

Caseworker visits are a critical element in maintaining the safety and well-being of children in foster care. In 2004, OIG examined State written standards for both the frequency and content of caseworker visits with children in foster care. Although there are no Federal requirements either for the frequency of visits with children placed in-State or for specific activities that caseworkers must perform during visits with children in foster care, many States have developed written standards.

As the result of our inspection work, OIG has issued three reports. In the first report, “State Standards and Capacity to Track Frequency of Caseworker Visits With Children in Foster Care,” OEI-04-03-00350, OIG examined State written standards for the frequency of caseworker visits and State capacity to track the frequency of visits, and presented State-generated data on the frequency of caseworker visits with children in foster care in 20 States. In the second report, “State Standards and Practices for Content of Caseworker Visits With Children in Foster Care,” OEI-04-03-00351, OIG reviewed and categorized States’ written standards for the content of visits during February through July 2004. We determined that 38 out of 51 States had written standards addressing content that were specific to caseworker visits, whereas 3 of the 41 States reported having documents addressing the content of caseworker visits as a part of broader program areas such as case planning and family service plans. In addition, the report provides information about the 10 States without written standards.

To conduct our analysis of State written standards and practices for our second report, we collected all statewide standards addressing the content of visits with children. These are presented in their entirety in this third report, “Compendium of State Standards: Content of Caseworker Visits With Children in Foster Care,” OEI-04-03-00353. We define standards as written procedures providing guidance for caseworker visits with children in foster care, included in State laws, regulations, policies, and other guidance. We confirmed with all States that we had received the correct written standards, which are scanned copies of document
sections related to the content of caseworker visits provided by States. The standards were not edited by OIG, and many have additional information about caseworker visits such as the frequency of visitation. The compendium includes only State-level standards. We did not examine standards from local or county levels of State child welfare systems, nor did we examine standards private agencies may have in place.

It is important to note that these 38 State standards were specific to caseworker visits with children in foster care. Some States also submitted documents related to caseworker visits with the foster caregiver. Although documents specific to caseworker visits with foster caregivers could outline activities similar to those related to visits with children, this was not the focus of our review. Therefore, these documents were not included in our analysis of State written standards in our second report, nor are they included in this compendium document. In addition, we did not review or include documents pertaining to program areas such as case planning and family service plans, since these documents did not specifically address visits with children and therefore were outside the scope of our inspection.

Overall, our series of reports suggests that there are opportunities for the improvement of foster care programs nationally. We hope that the analysis presented in the first two reports and the information provided in this compendium will be useful to the Administration for Children and Families, States, and other parties with an interest in maximizing the value of caseworker visits with children in foster care.

If you have any questions about this report, please do not hesitate to call me or one of your staff may contact Elise Stein, Director, Public Health and Human Services Branch, at (202) 619-2686 or through e-mail [Elise.Stein@oig.hhs.gov]. To facilitate identification, please refer to report number OEI-04-03-00353 in all correspondence.

Attachment

cc: Michael O'Grady
Assistant Secretary for Planning and Evaluation
Compendium of State Standards: Content of Caseworker Visits With Children in Foster Care
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## STATE STANDARDS

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ALABAMA

Administrative Letter No. 7028a
STATE OF ALABAMA
DEPARTMENT OF HUMAN RESOURCES

Montgomery, Alabama

TO: Directors, County Departments of Human Resources

FROM: Margaret Bonham, Director
Family Services Partnership

RE: Revision to In-Person Contact Requirements

Action Required:
1. Review this letter with all Family Services Staff.
2. Implement the revised policy effective February 1, 2004.
3. File this letter with Visiting Policy.

The purpose of this letter is to revise worker visitation policy released in Administrative Letter 7028 dated April 22, 2003. The Family Services Partnership has met with several county directors and received input from other county staff about implementation issues surrounding this policy. We have evaluated those issues and have revised the policy to add a definition of “meaningful worker visits,” change the location requirements for visits, and establish a more manageable worker visitation policy for Children with Serious Emotional and/or Behavioral Disturbance (SEBD). Other in-person policy, as noted in Administrative Letter 7028, remains in effect.

- **Meaningful worker visits**
  Worker visits are expected to provide opportunities for private discussion with the developmentally verbal child. Additionally, worker visits are to be of such substance and duration as to promote strong assessment, help children see that their well-being is a priority to the social worker, and ensure the worker’s professional awareness of children’s safety and circumstances.
ALASKA

Chapter 3.0 Permanency Planning

Section 3.2.1 – Minimum Contact Standards

Procedure: d(2)(A) – Permanency Planning or On-Going (In-home or Out-of-home): All Children in Alaska
3.2 SERVICES TO ALL CHILDREN AND FAMILIES

3.2.1 MINIMUM CONTACT STANDARDS


POLICY: Client contact provides one of the means to facilitate positive client change. Contact standards represent a minimum level of contact with a child and his/her family. Certain cases will require higher levels of contact, which is determined by many factors including case status, age of the child, parent protective capacity, risk of future abuse and neglect to the children, client need and best practice standards.

PROCEDURE:

a. Contact standards must be addressed clearly in the case plan.

b. The contact standard for open ongoing cases will be checked at least every three months, through supervisory review and administrative review.

c. The contact standard for the investigation phase will be reviewed by the supervisor during the screening and closing processes.

c. Contact standards will be reassessed when harm factors or risk increases. This will be documented in the case record.

d. Contacts will be recorded in the case file (side 6) by the date they are completed.

1. Intake/Investigation Standards (see investigation section): Minimum contact is one face-to-face with parents or caretaker and one face-to-face with child(ren) victim. In addition, as appropriate, one face-to-face contact with other children in the home.

2. Permanency Planning or On-Going (In-home or Out-of-home):

A. All Children in Alaska: Minimum contact with any child with an open case who is placed either in his or her own home or in an out-of-home placement in Alaska is, once a month by a division worker. This contact must occur in the home in which the child resides at least once every other month. The contact may occur in an alternate setting (examples include school, during a transport,
in the office) every other month. Regardless of setting, the contact must allow for discussion with the child regarding their current placement, activities on the case plan, and any safety or well being issues that have been identified.

i. All foster homes and unlicensed relative homes where children are in care, will be contacted at least monthly by the worker assigned to the children placed. This contact will be directed at meeting any needs of the substitute care provider as they pertain to the children placed in their home as well as the individual needs of the child(ren).

ii. **Out of Region Placements:** Contact standards are the same as stated in this section and collaborative case management (team) applies. Workers who are team-managing a case must communicate directly on a regular basis and exchange information regarding each others’ contacts with the family members.

iii. **In-State Residential Placements:** Once a month contact with children is mandated. Out of region communication can be telephonic. If possible, contact should be made by a division worker in the other region. If the residential facility is within an offices jurisdiction the visits will be face to face.

B. **Child in Out-of-State Placement:** The same contact standards apply as for in-state residential placements. Once a month telephone contact with the child is mandated. Out of state communication can be telephonic. (ICPC will request monthly visits with written reports quarterly.)

C. If the division has a signed agreement with a Tribe or Tribal Organization regarding their participation in sharing the responsibility of meeting contact standards, the contact by an ICWA worker or social service employee of the Tribe or Tribal organization may be used to meet the contact requirement in the following circumstances:

i. The tribal worker provides written documentation regarding the contact with the child.

ii. The tribal worker addressed any issues relating to the current placement, activities on the case plan, and any safety or well being issues that have been identified.

iii. The DFYS worker must see the child at least every sixty days, in the home where the child resides.
ARIZONA

e. Providing Supervision of Children in Out-of-Home Care

Exhibit 24 – Quality Supervision and Contacts with Children in Out-of-Home Care
e. Providing Supervision of Children in Out-of-Home Care

Legal Basis: ARS §§8-824, 8-825, 8-843, 8-845, and 8-846 require the department to provide services to children in out-of-home care and their families.

Rules: Not applicable

Policy: The department shall provide case planning and case management for children in out-of-home care under a dependency, as specified in Chapter 6, Case Planning and Case Management.

The department shall provide ongoing supervision of children in out-of-home placement to ensure that they are safe and that their needs are met.

For children in out-of-home care with a permanency goal of long-term foster care or independent living, and placed in a licensed foster home, kinship foster care, or significant person home with whom a Long Term Foster Care Agreement has been signed; case managers shall consult with the out-of-home care provider, the child if verbal, and other service team members as appropriate, to determine the frequency of face-to-face and telephone contacts. At minimum, case managers shall have quarterly face-to-face contact with the child and provider, together in the provider’s home.

For all other children in out-of-home care, case managers shall have face-to-face contact with the child and the provider at least once a month, unless an exception substituting face-to-face contact by another professional for face-to-face contact by the case manager is approved. At least one visit in every three month period shall be conducted by the case manager, with the provider and the child together in the provider’s home.

Case managers shall consult with the out-of-home care provider, the child if verbal, and other service team members as appropriate, to determine, if the child and/or provider requires more frequent face-to-face contact and/or telephone contact between face-to-face contacts.

When a child is placed in an emergency shelter or receiving foster home, the case manager shall have face-to-face contact with the child and the provider every two weeks and telephone contact with the provider, and the child if verbal, every other week.

The case manager's supervisor may approve face-to-face contact by another ACYF employee professional, such as another case manager or human service worker, to substitute for face-to-face contact by the case manager with the child or provider.

The case manager's supervisor may approve, as the result of a case plan staffing recommendation, face-to-face contact by another involved professional person who is associated with the case, but is not an ACYF employee to substitute for face-to-face contacts by the case manager with the child and the provider.
These exceptions do not apply to the case manager's quarterly face-to-face contact with the child and provider together in the provider's home.

Case managers shall have monthly telephone contact with children and out-of-home care providers when the monthly face-to-face contact is made by another ACYF staff or other involved professional. For children placed in emergency shelter or an emergency receiving foster home, case managers shall have weekly telephone contact with children and out-of-home care providers when the required face-to-face contact is made by another ACYF staff or other involved professional.

Case managers shall assess the following during contacts with children and out-of-home care providers:

- the child's safety,
- the child's and out-of-home care provider's adjustments to each other,
- the ability of the placement to meet the child's needs,
- the safety of the physical home environment,
- the developmental progress of the child,
- the child's educational, physical health, and emotional and behavioral health status and needs,
- the appropriateness and adequacy of services and supports provided the child, and
- the appropriateness and adequacy of services and supports provided the out-of-home care provider to maintain the provider's ability to care for the child.

To determine when an exception substituting face-to-face contact by another professional for face-to-face contact by the case manager with a child or out-of-home care provider is appropriate, consider the following questions:

- Does another professional have a supportive relationship with the child and have weekly or monthly face-to-face contact with the child?
- If the child is in an emergency shelter or receiving foster home, would contact from another professional meet the child's emotional needs and needs for case related information?
PREVIOUS

EXHIBIT 24
Quality Supervision and Contacts with Children in
Out-of-Home Care

Face-to-face contacts with out-of-home care providers and children in out-of-home care are a case manager’s opportunity to gather first hand information about the child and placement. The case manager should plan contacts with children and providers in a way that allows him or her to assess these areas:

- The safety of the child.
- The provider’s and the child’s adjustment to each other.
- The ability of the placement to meet the child’s needs.
- The developmental progress of the child.
- The appropriateness of the child’s out-of-home care plan.
- The appropriateness of the provider's service and support of the case plan.

DES policy requires at least one face-to-face contact per month with each child and out-of-home care provider. However, there are circumstances where a provider or child will need more frequent contact. To determine if visits should occur more than once per month, consider the following questions:

- Is the provider a new provider?
- Is the child new to the provider’s home?
- Does the child have a history of placement disruptions?
- Are there indications of problems with the placement?
- Are there stressors in the provider's home?
- Have there been changes in services, contact and visitation, or family circumstances which could be disruptive to the child or provider?
- Has the child or provider asked for more frequent visits?

DES policy requires that a minimum of one visit every three months occur with the child and the out-of-home care provider together in the out-of-home care provider's home. Case managers should plan other contacts so they can observe the child in a variety of settings, or in settings where problems have occurred. If problems have occurred in the out-of-home care provider’s home, it may be helpful to visit the child and provider in the home more frequently. If the problems have occurred in the relationship between the provider and child, more frequent visits with the child and the provider may be helpful. When no problems at the home have been noted, the case manager can plan visits with a provider so they make efficient use of time. Visits with a foster child who is verbal should always include time for the child or provider to speak with the case manager privately. To determine the best place to
hold a visit. consider these questions:

- Is there a need to observe the out-of-home care provider's home?
- Is there a setting where the child has been having difficulty and could be observed?
- Have I observed the child in a variety of settings?
- Where will the child be most comfortable?
- What setting will allow adequate time and privacy?
- Is there a way I can hold a quality contact and complete another task at the same time? (i.e. transport the child to a visit or appointment or speak with a provider after a staffing)

Face-to-face contacts between case managers and children are an opportunity for case managers to give children current, accurate information and for children to share their thoughts and feelings. To guide the content of a visit with a verbal child, consider these questions:

- Does the child have current, accurate information about any plans, changes, etc. that affect his or her life?
- Does the child understand the current case plan and team members roles and responsibilities? 
- Has the child had a recent opportunity to share his/her thoughts and feelings about

  - the reasons for initial or continued placement?
  - the current placement?
  - the current case plan?
  - parent and sibling visitation?
  - contacts with relatives and family members, friends, and former out-of-home care providers?
  - the case plan and how well it is working?
  - any other needs, fears, impressions, wishes, etc.?

- Have I recently reminded the child that he or she can contact the case manager between scheduled meetings?
ARKANSAS

POLICY (VII-C): SUPERVISION OF CHILDREN IN OUT-OF-HOME PLACEMENT

Children in out-of-home placement will be visited regularly and such visits will take place no less than weekly. The purpose of these visits shall be:

- to keep open communication with the age-appropriate child;
- to assess the quality of the care being provided;
- to determine the extent to which the child's developmental, medical, intellectual, and emotional needs are being met; and
- to assess the child's adjustment to the out-of-home placement, foster parents, other persons in the home, and school.

Weekly visits will occur in the foster home and include a private conversation with the age-appropriate child to assess the quality of care being provided.

The Division shall notify the child's family, the OCC Attorney, Child Abuse Hotline and the Attorney ad litem if the child is the subject of an allegation of child maltreatment. If the alleged child maltreatment occurred in the out-of-home placement, the Attorney ad litem for all other children placed in the home shall be notified. The information obtained during the investigation/ interview will determine whether the involved children or other children in the out-of-home placement will be removed pending a final outcome of the investigation. If the alleged child maltreatment occurred and the foster family can correct the problem, which resulted in the child maltreatment, a corrective action plan may be established with the foster family. However, the safety of the children will be the first consideration and the Division may close a foster home with a true determination of child maltreatment without a corrective action plan.
CALIFORNIA

Child Welfare Services Program Manual, Section 31-320 - Social Worker/Probation Officer Contacts with the Child
.11:.111-.114
31-315 SERVICE-FUNDED ACTIVITIES  
(Continued)

(1) Respite care services shall be provided only when there is a clear understanding of the time at which the parent(s)/foster parent(s) is expected to return to the home or be prepared to accept the child back into the home or to undertake alternative courses of action to arrange for the child's future care.

(2) Respite care services shall not exceed 72 hours per session.

(3) Respite care services shall not be provided for the purpose of routine ongoing child day care.

NOTE: Authority Cited: Sections 10553 and 10554, Welfare and Institutions Code. Reference: Sections 16501(a)(1) and (2) and 16501(b), Welfare and Institutions Code.

31-320 SOCIAL WORKER/PROBATION OFFICER CONTACTS WITH THE CHILD

.1 The social worker/probation officer shall arrange for visitation, as determined in the child's case plan, for each child.

HANDBOOK BEGINS HERE

.11 The purpose of social worker contact with the child is to achieve the following objectives:

.111 Verify the location of the child, monitor the safety of the child, assess the child's well-being, and assist the child in preserving and maintaining religious and ethnic identity.

.112 Gather information to assess the effectiveness of services provided to meet the child's needs, to monitor the child's progress, and to meet identified goals.

.113 Establish and maintain a helping relationship between social worker and child to provide continuity and stability point for the child.

.114 Solicit the child's input on his/her future. Inform the child as to current and future placement plans and progress, and discuss these plans and progress with the child.

HANDBOOK ENDS HERE

CALIFORNIA-DSS-MANUAL-CWS
MANUAL LETTER NO. CWS-99-01  Effective 1/1/99
COLORADO

12 CCR 2509-1 - General Information and Policies

7.001.6 B: Case Contact Requirements
7.001.6 CASE CONTACT REQUIREMENTS (continued)

B. "Out-of-Home Placement Services, including Kinship Care Provider" - Contact shall occur at a minimum of two face-to-face visits with the child in the first month following the out-of-home placement and a minimum of monthly face-to-face contact with the child after the first month. A portion of every face-to-face contact shall occur out of the presence of the provider for the child. Every other month, contact shall occur in the family foster home where the child resides and shall include visual assessment of where the child sleeps. These visits/contacts must be conducted by a member of the treatment team.

C. "Out-of-home Placement Services Out of Colorado" - Contact requirements for children placed out of state are a minimum of quarterly face-to-face contact by either the agency that has custody, a public agency in the receiving state, or an entity with whom the custodial agency has contracted with in the receiving state. A written report on the contact shall be requested by the custodial agency.

D. "Finalized Subsidized Adoption Services" - Contact shall occur every three years through face-to-face, telephone, or mail.

E. "Other Groups" - For children in foster care who have been determined Title IV-E eligible and have moved to Colorado or children who are eligible for Home and Community Based Services or Home Health Care services, the contact requirements are a minimum of one face-to-face or telephone contact with the child and family every six months. At least one of the contacts annually must be face-to-face.

F. "Contact Exceptions" - If direct contact is impossible due to the child's location, an alternative agency contact agreement shall be developed. The alternative agency contact agreement must meet all minimum requirements for frequency and location of contacts. The contacts and the following information shall be documented in the child's service records indicating:

1. the case circumstances, including why the direct contact is not possible.
CONNECTICUT

Policy Manual: 36-15-1: Responsibilities of Treatment Worker

Assessment and Documentation
### Responsibilities of Treatment Worker

| Contacts          | Contact in person and by telephone with the birth parent(s), pre-adoptive parent(s), relative(s), foster parent(s), or residential caretakers shall occur according to Department standards.  
|                  | **Cross-reference:** Please see related policies, Contact Standards; 36-15-1.1, and Trigger Events; 36-15-1.2.  
|                  | During each contact, the treatment worker shall ensure that she/he sees both the child and the caretaker, and talks to each of them alone.  
|                  | The treatment worker shall document implementation of the treatment plan in LINK.  

| Assessment and Documentation | The treatment worker shall assess and document whether or not:  
|                             | • the child is receiving proper care and supervision in their own home or in the out of home placement  
|                             | • the caregiver(s) are having any difficulties in caring for the child (the difficulties need to be specified)  
|                             | • the child and his/her caregiver(s) are receiving the services described in the treatment plan  
|                             | • the adolescent and his/her caregiver(s) are having difficulties meeting the expectations of the treatment plan (the difficulties need to be specified)  
|                             | • specific progress is being made toward achieving the steps and goals described in the treatment plan, including reasons for lack of progress  
|                             | • the caregiver(s) has sufficient capacity and the basic necessities to care for the child.  

DELAWARE

Policy Manual – Case Decision #4 – When a Child Must Leave The Home

F. Caseworker/Foster Child/Family Contact Schedule

F-2: Contact Schedule for Children in Care
### F. Caseworker/Foster Child/Family Contact Schedule

| F-1 | The family caseworker and the foster home coordinator work with foster families in a complementary manner to ensure that services provided to the family are comprehensive and appropriate. The Division will support foster parents to help them meet the needs of the child. Foster parents are service providers rather than clients. They are accepted by the agency on the basis of their willingness and ability to serve children by providing a normal family environment. They are part of the team helping the child and family. |
| F-2 | The caseworker will maintain consistent, regular contact with children under the auspices of DFS and placed in out-of-home care. The purpose of this contact is to build relationships with the child, help bridge gaps between the child and the parent, and support the child in his out-of-home placement. |
| F-3 | Within five working days of a child’s placement, the caseworker responsible for the child shall visit the child. This visit is important as it provides the child with continuity and lessens the child’s sense of abandonment. Exceptions to this will be children placed after hours. These children will be contacted by the assigned worker on the next working day and visited within 5 working days of the contact. This visit shall occur in the foster home with one or both foster parents included. |
| F-4 | After the initial visit, the child must be visited monthly, unless otherwise dictated by specific contract requirements or the Family Service Plan. |
| F-5 | Visits may occur at sites other than the foster home (i.e., school, clinic) but at least one visit quarterly must be in the foster home and this visit shall be by the caseworker. |
| F-6 | With supervisory approval, the Family Service Assistant may visit instead of the child’s caseworker. The supervisor will document his/her approval on a note in FACTS. |
| F-7 | For children in purchase of service foster homes, the caseworker must take part in the case planning meetings as required in the Policy on the Plan for Child In Care and see the child once every six months. |
| F-8 | For youth in group care or residential treatment centers, the caseworker must attend all case planning reviews and visit the youth quarterly. |
| F-9 | Supervision of children in out-of-state placements will be the responsibility of the receiving state. |

#### Role of the Family Caseworker

| Contact Schedule for Children in Care |
| Initial Visit Following Placement |
| Quarterly Visit to Foster Home |

#### Purchase of Service Foster Homes |

#### Residential Treatment Centers
DISTRICT OF COLUMBIA

Policy Title: Visitation

VII. Procedure B (3 and 6): Social Worker Visits with Children in Out-of-Home Care
Procedure B: Social Worker Visits with Children in Out-of-Home Care

Children in out-of-home care should have frequent visits from their social workers regardless of the type of placement in which they live. Frequent visitation to children in out-of-home care enables social workers to assess and monitor continuously children's safety, progress toward permanency, and well being.

1. During the first eight weeks after a child is placed in out-of-home care or moved to a new placement, the social worker shall visit the child in the placement frequently to assure the child's adjustment to the placement and should visit no less frequently than once a week.

2. Thereafter, the worker shall continue to visit frequently and should visit at a minimum of once every two weeks. These visits shall be scheduled with input from caretakers whenever possible.

3. Each visit shall include a private visit with the child outside the presence of the resource parents or facility staff except in those cases where the child is less than eighteen months of age.

4. Children placed less than 100 miles outside of the District of Columbia shall receive visitation according to the same requirements as children placed within the District of Columbia.

5. If the child is placed more than 100 miles outside of the District of Columbia, a social worker from the receiving state shall supervise the placement through the Interstate Compact on the Placement of Children. The child's social worker from the Agency or contracted agency shall monitor the placement with monthly telephone calls to the social worker from the receiving state, when possible, monthly telephone calls to the child, when he or she has a relationship with the child, and visits with the child face-to-face at least twice per year.

6. During each visit with a child in out-of-home care, the social worker shall:
   a. Assess the child's safety;
   b. Ensure the child's needs are being met;
   c. Assess progress on the child's case plan and initiate updates;
   d. Inform the child of upcoming events; and
   e. Address the child's concerns, including issues of separation and loss as well as any other issues.

7. The social worker shall record in FACES the following information about every visit within 24 hours of the visit:
   a. The date of the visit between the child and the child's worker(s);
   b. The location of the visit;
   c. The persons present for the visit;
   d. The purpose of the visit; and
GEORGIA

Social Services Manual Chapter 1000

Foster Care Services: Needs of the Child

Section 1011.15: Practice Issues, Items 3 and 7(b)
Foster Care Services: Needs of the Child

1011.15 PRACTICE ISSUES

1. The frequency and intensity of contacts with the child, including face-to-face visits, should be determined by the individual needs of the child. However, contacts must occur no less frequently than those stated in the “Standards.” Remember that face-to-face contacts may include periodic case reviews, court hearings, parent-child visits, etc., if there is an opportunity for a SSCM to visit with the child.

2. There are critical times when contacts should be increased in frequency such as when the child is
   - Initially placed in foster care (ideally within the first 72 hours);
   - Moved and placed in another home/facility;
   - Experiencing adjustment problems in a placement; and/or
   - Being prepared for reunification or other permanent setting.

3. All contacts with a child (age three and older) should include an opportunity to meet privately with the child out of the presence of the foster parent or facility staff person. This “private time” allows the child to more openly share any concerns about the placement as well as to discuss the treatment and care the child is receiving. The SSCM should be mindful of safety and protection issues during these child contacts. Any concerns about discipline policy violations need to be brought to the attention of the supervisor.

4. When a child is placed out-of-county, the contact standard may be met with the assistance of the SSCM in the county where the home/facility is located. Documentation of the contact must be requested and reviewed/filed in the child’s record in the legal county.

5. When a child is placed with a private child-placing agency or in a child-caring institution, the SSCM still maintains responsibility for the child’s care, safety and well-being. Contacts via face-to-face visits continue, along with other means of expression such as telephone calls, correspondence, e-mails, birthday cards, etc. The private agency/facility also shares the responsibility of monitoring/supervising the DFCS child placed in their care as required in the Rules and Regulations of DHR, Office of Regulatory Services. The minimum contact requirements for private agencies/facilities are:
   - For child-placing agencies, home visits are required at least monthly, at which time both the child and at least one foster parent must be seen.
   - For child-caring institutions, progress notes and information about the child in placement and his/her needs must be documented by direct care staff and/or professional staff involved in monitoring the placement.

The case record must document how the child is being supervised/monitored by both DFCS and the private agency/facility. The SSCM must request and file a copy of the private agency/facility’s progress notes and/or summaries concerning the child.

6. Other professionals and DFCS staff are sometimes involved in monitoring children in placement. The case record needs to reflect all contacts made with the child; e.g., Utilization Review reports, Wrap-Around Documentation Reports submitted by private providers, etc.
Foster Care Services: Needs of the Child

7. Contacts with children need to be meaningful and focused. Ideally, visits should take place in the “least restrictive” setting possible. The following guidelines are suggested:

(a) Document the location of all visits in the case record.

- If the visit occurs in the foster home, visit with child outside the presence of the foster parent to assess the child’s needs, relationships, adjustment and/or any problems in the home.

- On alternate months (if visits are not held in the foster home), consider having visits in “child-friendly” settings such as visitation centers (where available), recreational areas, restaurants, parks, etc. If at all possible, visits with children should not take place at school where the presence of the SSCM may be disruptive and/or socially awkward and embarrassing to the child. The agency office should be a “last resort” setting.

(b) All contacts provide an opportunity for the SSCM and the child to build a trusting and supportive relationship. However, contacts are more than “friendly visits.” There must be a clear purpose in mind that is reflected in the case narrative such as to:

- Assess the child’s adjustment to placement;

- Discuss the child’s feelings around loss and separation and the reasons for removal;

- Engage the child in service planning;

- Ensure that the child’s health, educational, mental health and other needs are being met, including those outlined in the Case Plan;

- Discuss referrals bring made for any necessary evaluations, assessments and services;

- Review the progress being made by the parent on the case plan goals, including the permanency plan;

- Work with the child in beginning (or updating) a Lifebook (See 1011.6); and/or

- Prepare the child for transfer of the SSCM, termination of contact or any other change in case management that impacts the child.

8. Children placed in out-of-state settings should be monitored/supervised by agency or facility staff in the “receiving” state. Quarterly progress reports are required per the ICPC 100B. The SSCM needs to ensure that these reports are received and reviewed/filed in the case record. Requests for information on the child should be in the file as well. If the “receiving” state does not comply with the DFCS agency’s request, contact the Georgia ICPC Office for assistance.
HAWAII

Procedures Manual: Part III: Casework Services

Section 4.7.1 – Direct Contacts

Section 4.7.1 A – Home Visits

Section 4.7.1 A 2 – Who Conducts the Visits

Section 4.7.1 A 3 – Duration of Visits (guidelines)

Section 4.7.1 B – Office Visits
6. Change in visit schedule:

When the CWS social worker changes the visitation schedule or criteria for the confirmation of visits or the structure of the visits, the parent must be notified. The visitation record in the CPSS is to be updated using the CU34 screen.

The CWS social worker should meet with the parent and explain the reasons for the change. After the meeting the CWS social worker needs to document the meeting in the case recording, insuring that the date, time and response of the parent is noted. The CWS social worker may also send a letter to the parent to reinforce the changes discussed, to insure that there are no misunderstandings.

A copy of the letter is to be sent to the GAL and to the parent’s attorney, if he/she has an attorney. If the CWS social worker does not send a letter, the GAL and the parent’s attorney must be informed by phone. That phone contact must also be logged into the case dictation.

The department copy of the letter is to be filed in Part VI of the case folder. When the CWS social worker completes the next court report, a copy of the letter should be submitted with the report as an exhibit, to document reasonable efforts.

7. Visitation reports:

Each visit presents an opportunity to observe the child and family. Documentation of each visit is critical to the assessment of the family. Any safety concerns that arise during a visit should be addressed, reported to the assigned CWS social worker, and documented to assure that complete information is available to the caseworker.

4.7 MONITORING FAMILY PROGRESS: (Casework)

"Monitoring", otherwise known as "Casework services", is the critical part of the case management process. Monitoring not only involves assessing the progress of the family’s compliance with services, it also includes the ongoing assessment of the family and the appropriateness of the services being provided. The CWS social worker should continue to use the criteria for a family psycho-social
assessment as outlined in PART II, Section 1, FAMILY ASSESSMENT, the "Child and Family Assessment Matrix" and the Safe Family Home Guidelines as tools in the ongoing assessment process.

Monitoring and ongoing assessment is through direct and indirect contact with the family.

4.7.1 Direct contacts:

Direct monitoring is when the CWS social worker maintains personal contact with the client. The CWS social worker needs to consult with his/her supervisor in determining the type and frequency of person-to-person contacts each family will need in order to adequately assess the safety issues.

Person-to-person contact can be done in the following ways:

A. Home Visits:

Home visits are between the CWS social worker and the family. The children are to be seen separately, either at the end of a visit in the home or at school or elsewhere.

1. Frequency of visits:

In order to fully understand the family dynamics, the CWS social worker needs to meet with the family in their own environment. Face-to-face home visits by the CWS social worker, CWS staff or designated service providers, should occur once-a-month, but the frequency of the home visits will vary according to the risk of harm or other needs of the family.

The CWS social worker, in consultation with his/her CWS supervisor, will determine how often the CWS social worker must have the actual face-to-face contacts, not to exceed 60 day intervals. Cases need to be prioritized as to the risk issues to the child.

A child who is living in the family home is more at risk and needs to be seen more often than a child is a safe out-of-home placement.
2. Who conducts the visits:

The CWS social worker needs to be the main evaluator of the family home and situation. Face-to-face contacts may be made by other CWS staff, such as social service aides and assistants or a Family Service Assistant; or by private service providers. When a home visit is made by an individual other than the CWS social worker, it is the CWS social worker's responsibility to get a written report or oral feedback of the visit. The CWS social worker will have the ultimate responsibility to evaluate the risk factors in the home based on the reports of others and well as himself/herself.

3. Duration of visits (guideline):

During home visits the CWS social worker needs to observe the interaction, the non-verbal behaviors, and the overall emotional atmosphere in the home. These are key elements in the ongoing assessment process.

Home visits for the purpose of checking on the progress of the family and to observe any changes in the family system should last between 20-45 minutes. Longer home visits occur when there is a family crisis or at the beginning of a case when the CWS social worker, in the process of developing a case plan, needs to gather more personal information and family history.

B. Office visits:

The CWS social worker may decide to meet the client in the safety of the office setting instead of the home environment when risk factors, to the CWS social worker, are too great to make a home visit. Office visits can also be used in place of monthly home visits if home visits are not possible or necessary on a monthly time table.

Office visits should be structured with a stated purpose. As with home visits, the office visits should not last more than 45 minutes. CWS social workers need to maintain an agenda and keep the interaction focused. Office visits that become too lengthy or become unstructured are not productive and can cause anxiety for the client. CWS social workers should set up a second office visit
on the following day or days if there are other issues that need to be discussed.

Use office visits as a way of checking-in. CWS social workers should not use office visits to replace the need of home visits as they, CWS social workers, will lose the advantage of seeing the client and the children in their own environment which allows for a better assessment of the family functioning.
IDAHO

Worker Contact Standard: Contact Between the Social Worker, the Child, the Family and Resource Parent(s) or Other Alternative Care Providers

Frequency of Contact with Children and Purpose of Contact with Children and Parent(s)
STANDARD

Frequency of Contact with Children
- The responsible party shall contact each child on their caseload a minimum of one time each month. More frequent contact between the responsible party and the child and contact in various settings may be indicated depending upon the needs of the child or family.
- Children living in the home of their parents or guardian must be seen monthly in their own home.
- Contact between the responsible party and a child placed in a resource family home or other alternate care setting may be made in settings other than the alternate care setting as long as contact between the responsible party and the child occurs in the child’s alternate care setting a minimum of once every 60 days.
- Contact between the Idaho responsible party and a child placed in a resource family home or other alternate care setting outside the State of Idaho is required a minimum of once every 12 months.
- Contact between the responsible party and a child placed in a group or intensive treatment facility located a significant distance from the responsible party’s office is required a minimum of once every 90 days.
- Monthly contact with the child(ren) will include a brief interview, conducted out of the presence of parents/caretakers, in a non-threatening environment, to allow the child(ren) to objectively discuss their safety and/or any concerns.

Frequency of Contact with Parents
The responsible party shall have contact with both the child’s mother and father at least monthly in both in-home and out-of-home cases. More frequent contact between the responsible party and parents and contact in various settings may be indicated depending upon the needs of the child or family.

For in-home cases - there is no requirement to search for or contact a parent when:
- contact could result in a safety concern for the child or the other parent;
- the parent has not been involved in the child’s life;
- there is no identified relationship between the child and the parent; or
- the parent would not be expected to contribute toward the reduction of risk to the child.

For in-home cases, if one of the parent’s whereabouts are unknown and that parent does not meet one of the criteria above, efforts to locate, contact, and involve that parent must be ongoing. All efforts to locate and involve parents and other family members in planning for the child must be documented.

Worker Contact Standard
Final July 9, 2004
In out-of-home cases, if one parent’s whereabouts are unknown, efforts to locate, contact, and involve an absent parent must be ongoing. All efforts to locate and involve parents and other family members in planning for the child must be documented.

In both in-home and out-of-home cases, if the child’s parent(s) are unavailable for monthly contact due to special circumstances such as distance, hospitalization, or incarceration, other means of communicating, including telephone or written communication should be used on a monthly basis.

**Purpose of Contact with Children and Parent(s)**
Each contact with the family must have a defined purpose related to assessing and monitoring the family’s progress toward reducing safety/risk issues and monitoring the child’s safety and well-being. The following represent some issues to consider:

- Observation and assessment of the child’s safety, emotional and physical health, developmental status and general well-being.
- Assessment of the adequacy of the home environment.
- Observation of the child with other children or individuals living in the home.
- Observation of any changes in the household composition.
- Assessment of services provided to the child and parent and determination of additional services that may be needed.
- Review of the child/parent visitation plan (in out-of-home cases).
- Review of progress towards case plan goals and objectives.
- Discussion of court recommendations or plans for closing the case when applicable.

**Frequency of Contact with Resource Parents and Other Alternate Care Providers**
The responsible party shall have contact with resource parent(s) or other alternate care provider a minimum of one time each month. More frequent contact and contact in various settings may be indicated depending upon the needs of the child or family.

- The responsible party shall have contact with resource parent(s) or other alternate care provider in the alternate care setting at least every 60 days.
- The responsible party may have contact with resource parent(s) or other alternate care provider in settings other than the alternate care setting as long as contact between the responsible party and the resource parent(s) or alternate care provider occurs in the child’s alternate care setting a minimum of every 60 days.
- Contact between the responsible party and resource parent(s) or other alternate care providers located outside the State of Idaho is required a minimum of once every 12 months.
- Contact between the responsible party and intensive treatment providers located a significant distance from the responsible party’s office is required a minimum of once every 90 days.

Worker Contact Standard
Final July 9, 2004
ILLINOIS

Permanency Planning

Procedures: Section 315.110 – Worker Contacts and Interventions

Section 315.110(2)(A-D): With Children (in placement)
Section 315.110 Worker Contacts and Interventions

The following procedures describe the minimum requirements for frequency of worker in-person contact with families, children, and foster care/relative caregivers. Also included are some minimum activities that must be included during the contacts. The activities described here do not comprise an exhaustive list of worker responsibilities and duties and does not excuse casework staff from performing those tasks not specifically mentioned here but which are outlined in other rules, procedures, and policy guides.

In all contacts with families, children, and foster care/relative caregivers, the requirements of Procedures 302.30 on the use of interpreters for non/limited English speaking clients and hearing impaired clients must be followed. See Procedures 302, Services Delivered by the Department, Section 302.30, Introduction.

a) Initial Intervention and Contact by Caseworker

1) The assigned caseworker or person assigned by the supervisor, if the assigned caseworker is unavailable, must attend the shelter care hearing in court. This initial meeting with the family should occur with the child protection service worker to ensure adequate communication between worker, investigator and family.

2) The assigned caseworker must attempt face-to-face intervention and contact with the family in the home within five working days after the shelter care hearing or case assignment, whichever is earlier, unless the caseworker and supervisor believe, based upon the health, safety, and best interests of the child, that it is necessary to attempt contact sooner. If the family is unavailable, the caseworker shall make a second attempt within one working day after the failed attempt. If that attempt is also unsuccessful, the caseworker shall conduct a diligent search for the family.

b) Ongoing Intervention and Contact

1) With Families (from whom the child was removed)

If the permanency goal is reunification, the custodial families of children in placement shall be seen in their homes by the assigned caseworker at least monthly or more frequently as specified by the service plan.

If there are other children remaining at home, the caseworker is responsible for observing and monitoring the parenting skills exhibited with those children and the safety of those children. The caseworker shall also assist the parent/relative caregiver to assess and secure community resources which may be needed for the children (e.g., medical, education, social, mental health, alcohol and other drug abuse (AODA) treatment, etc.)

If the permanency goal is other than reunification and there are no other children in the home, monthly contact shall continue if parent-child visitation is still occurring.

Procedures 315.110
If parental rights are terminated and there are no other children in the home, no further contacts are necessary.

2) With Children (in placement)

A) The assigned caseworker shall meet privately with any child in substitute care in the child's living arrangement within the first 72 hours of placement or replacement (excluding holidays and weekends) and at least once every two weeks for the first month immediately following initial placement or a change in placement and at least once every month thereafter, including adolescent youth and youth in independent living settings. The assigned caseworker will meet privately with children who have any identified special needs (children with mental and physical disabilities) at least twice a month according to the child's strengths and changing circumstances. The only exceptions to the minimum monthly requirement are for children placed in residential facilities more than 150 miles from the worker's headquarters and children placed out-of-state. (See (f) and (g) below.) When visiting children in substitute care, the caseworker must interview verbal children out of the presence of the caregiver.

B) During the interview with children, the worker shall seek to determine the child's progress in care, as well as determining whether their safety and well being needs are being met. The worker shall attempt to confirm the information reported by the child through other sources such as the child's school or day care provider. The assigned worker will inquire about the frequency, duration and any issues related to parental and sibling visitation.

C) At the same time, the caseworker shall observe and briefly interview (verbal children) all other foster children in the home who are not in their caseloads who are home at the time of the worker's visit. This requires that the caseworker know all the other children in the home, who serves them, and whether any of the other children have any special needs.

D) The worker shall ensure that all the workers of the other foster children in the home are aware of any care giving issues the worker discovers during the visit. (See paragraph (d) below regarding the staffing that must be conducted when there are two or more foster children in one foster home with more than one worker.

E) All visits are to be documented on the CFS 492, Case Entry Form, and filed in the record.

3) The above frequencies shall be followed, unless the supervisor, based on the assessment, determines and documents in the service plan that more frequent contact is required. Some examples of situations that may require more frequent contact include children or youth in crisis or experiencing

Procedures 315.110
INDIANA

Memorandum: Contact Standards
To: Local Office Directors  
Regional Managers  
Child Welfare Consultants  
Child Welfare Staff

From: Jane A. Bisbee, Deputy Director  
Bureau of Family Protection and Preservation

Date: February 16, 2004

Re: Contact standards

Requests for clarification on contact standards have been made recently. As a result I trust that this memorandum will provide guidance on the required contact standards for staff with children and families that we serve. The information provided in this memo is current policy.

The more informed the family case manager (FCM) is concerning a case, the more able the FCM is to select and organize appropriate case management services. The best way to access this information is for the FCM to maintain consistent contact with the child, the legal parent(s) or guardian(s), and the caregiver. In visiting children it is best practice that the FCM overseeing the case build a rapport and relationship with a child which is fostered through regular contact. If a local office operational staffing decision is made to allow another OFC staff person (another FCM, the Supervisor or the Director) to replace the FCM of record in a visit with the child, the need to do so should be documented in the case file. Documentation should include the names of those who staffed the decision and must include supervisory or director approval. This should be done each time an exception is made. When conducting a visit with a child, it is best practice to talk to the child about their day-to-day activities, see where the child sleeps, and take a picture of the child.

The frequency of face-to-face contacts with the child, the legal parents or guardians, and the foster parents or residential facility staff shall be consistent with the service level established through the completion of the risk and strengths/needs assessments. Refer to policy manual subsection 205.47, and the Safety, Risk, Strengths/Needs Assessment training manual for explanation of the tools and instructions on use of the tools. Contacts are to be documented in ICWIS under the Contact icon. Each service level has specific contact standards; i.e., there are a minimum number of face-to-face contacts and collateral contacts required each month. See the assessment manual, family case manager contact standards service level. These requirements apply to all OFC service cases, including Service Referral Agreements, Informal Adjustments and Children In Need of Services cases. They are as follows:

1. Low Service Level Contact Requirements

   One face-to-face contact each month with parent (must be in the parent's residence).
IOWA

Iowa Administrative Code: Chapter 202 – Foster Care Services

Section 441-202.11(234) and 202.11(1) – Services to the child
202.10(2) Conferences to develop in-depth planning regarding family visits, expectations of the department, future objectives and time frames, use of resources, and termination of placements.

202.10(3) Visitation by the service worker at least monthly regardless of the duration of the placements.

202.10(4) Making available all known pertinent information needed for the care of the child including HIV status and special confidentiality requirements. Prior to releasing specific information about HIV, the department shall use Form 470-3225, Authorization to Release HIV-Related Information, to obtain a release from the child or the child’s parent or guardian, or a court order permitting the release of the information. Form 470-3227, Receipt of HIV-Related Information, shall be completed by the person receiving this information to document understanding of the confidentiality of this knowledge.

This rule is intended to implement Iowa Code section 234.6(6)“b.”

441—202.11(234) Services to the child. The service worker shall maintain a continuous relationship with the child and help the child plan for the future, evaluate the child’s needs and progress, supervise the living arrangement, arrange for social and other related services including, but not limited to, medical, psychiatric, psychological, and educational services from other resources as needed, and counsel the child in adjusting to the placement.

202.11(1) When the child is placed in a foster family home, the service worker shall visit the child regularly to fulfill responsibilities set forth in the case permanency plan and to review the child’s progress. The frequency of visits shall be based on the needs of the child. At a minimum, visits to the child shall be monthly, not to exceed 35 days.

202.11(2) When the child is placed in group foster care, purchased foster family care, or purchased independent living, the service worker shall visit the child regularly to fulfill responsibilities set forth in the case plan and to review the progress of the child.

a. If the permanency goal for the child is long-term foster care, visits shall be at least quarterly, not to exceed 90 days.

b. For all other cases, visits shall be at least every 45 days. When the funded full-time equivalency (FTE) workload exceeds 150, as established in the department’s budget allocation, minimum visits for group care shall be at least quarterly, not to exceed 90 days; for purchased foster family care visits shall be at least every other month, not to exceed 60 days.

This rule is intended to implement Iowa Code section 234.6(6)“b.”

441—202.12(234) Services to parents.

202.12(1) Social services and treatment services shall be made available to the parents throughout the period of placement for the purpose of reuniting the family in an agreed upon time frame.

202.12(2) The parents shall be notified of the location and nature of the child’s placement, unless it is documented in the child’s case record that to do so would be disruptive to the placement.

202.12(3) The case plan and treatment plan shall specify the services to be provided and the time frame for reuniting the family. These plans shall be developed in cooperation with the parents.

202.12(4) Personal contact shall be made regularly with the parents and the progress towards goal attainment reviewed and documented in the case record. The frequency of the personal contact shall be specified in the child’s case plan.

This rule is intended to implement Iowa Code section 234.6(6)“b.”
6620 Reunification/Maintenance at Home

Please refer to PPM section 4000 on Family Services. For a child in the custody of the Secretary, the Kansas Code for Care of Children prohibits SRS from returning a child to the home from which the child was removed without written consent of the court.

6621 Social Worker/Child Relationship

The relationship between the social worker/case manager and foster child is a critical one that can easily be overlooked. The SRS and contractor social workers should each have a relationship with the child, the contractor more so, for several reasons. Those are listed below.

- To ensure the child’s continued safety in placement.
- To ensure that the child’s developmental needs are being met in placement.
- To ensure that the child is maintaining optimal connections with foster parents and birth parents.

The contractor case manager should have face-to-face contact with the child in the foster home or residential placement at a minimum of every month. SRS would suggest that the case manager, during meetings with the child and foster parents:

- Be prompt and dependable in keeping appointments.
- Inform the child and foster parents of when visits are to take place.
• Give the child, on an age appropriate level, information as it affects the child’s life.
• Provide the child, at every visit, with a means of contacting the social worker.
• Listen to the child’s perspective of how well visits are going and the child’s assessment of how the goals of the case plan are being met.
• Observe the child’s reactions to information presented and the child’s assessment of how the case is progressing.
• Assess for evidence of maltreatment or failure of the child to achieve developmental progress.
• Determine when modifications to the case plan are warranted.

6622 Working with Parents Towards Reunification

Contractor staff along with SRS are charged with making “diligent efforts” to promote permanency for children. Contractors, along with SRS staff, shall make mutual decisions as to how these reasonable efforts are to be implemented. Questions regarding contractor/SRS/parental responsibility for issues such as transportation to visits, payments for alcohol/drug testing for parents, etc., are to be made jointly with the best interests of the child at the forefront of the discussion. Disagreements by line staff should follow the “Professional Judgement Resolution Policy” found in PPM Section 6800.

6623 Assessing Parental Capacity for Reunification

Assessment of parental progress towards completing the tasks of the case plan should be an ongoing process, not one that is reviewed during the case planning conference alone. The assessment process should include the
KENTUCKY

Out-of-Home Care: Standards of Practice (SOP)

SOP 7E.3.4 – Procedures 1-3

CFSR Visitation Between Caseworker, Child(ren), and Care Provider Tip Sheet
(c) Written determination by the FSOS that family members are or may be violent.

SOP 7E.3.4
R. 8/1/03

ONGOING CONTACT WITH THE CHILD

COA STANDARDS:
• NA

LEGAL AUTHORITY:
• NA

PROCEDURE:
1. The SSW or other CFC staff has a private face-to-face visit with a child placed in OOHC within three (3) working days of placement.
2. The SSW or other CFC staff has private, face-to-face contact with all children in OOHC monthly. Exceptions are: a child who is approved as Medically Fragile or Family Treatment (see below) and a child in PCP Foster Care (see below). It is preferable that the SSW for the family make contact with the child with the required frequency; when this is not possible, the DCBS foster home’s R&C SSW or other appropriate staff may make a contact. Topics which are discussed with the child may include:
   (a) The child’s progress;
   (b) The family’s progress; and
   (c) Visitation.
3. If a child is approved as Medically Fragile or Family Treatment, the SSW or other staff has private, face-to-face contact with all children in OOHC twice per month. It is recommended that the SSW visit the child and foster parent more frequently, and contact the home by phone when circumstances indicate. During visits, the SSW reviews and documents the following information about the medically fragile child’s:
   (a) Weight
   (b) Alertness;
   (c) Physical condition;
   (d) Illnesses or medical changes since the last visit;
   (e) Current medical services;
   (f) Current diet and eating pattern; and
   (g) Medication log.
4. If a child is in PCP Foster Care, the SSW or other CFC staff has private, face-to-face contact with the child at least quarterly.
5. If concerns arise as a result of a visit to a child, the concerns are:
   (a) Discussed between the SSW, the onsite (courtesy) SSW, and the R&C SSW as appropriate;
   (b) Addressed with a plan for resolution; and
   (c) If appropriate, documented as part of the foster home annual evaluation or a complaint regarding a PCC.
CFSR VISITATION BETWEEN CASEWORKER CHILD(REN) AND CARE PROVIDER TIP SHEET

SSW insures that children placed in out of home care are visited:
- Monthly in a DCBS resource home;
- Quarterly in a PCC resource home; and
- Twice monthly if the child is designated as medically fragile.

The following visitation guidelines are adhered to by the SSW, unless the SRA or designee approves an alternate arrangement. The visits should be private face-to-face contacts with the children. The SSW may choose to speak privately with the child in the child’s room or other private area not secluded from the observation of others when appropriate based on:
- Age;
- Sex; and
- Developmental level of the child.

The SSW insures that progress is documented in the case record during monthly home visits regarding the areas listed below:

- SSW documents observations of activities/behaviors of the child during the visit.
- SSW reviews the medical passport with the care provider and retains the additional copies of the 106 forms from the medical providers.
- SSW discusses and documents mental health care and treatment progress with the care provider, including last therapy session, and issues the child is working through, such as attachment and loss.
- SSW discusses and documents with the care provider academic progress and concerns, including attitude, attendance, grades and behavior.
- SSW insures that copies of Individual Education Plans and Report Cards are included in the case record upon return to office.
- SSW talks to the child about interests and extra curricular activities, and facilitates participation in activities to promote emotional and social development.
- SSW documents progress in the child’s lifebook on a monthly basis and assists the care provider in the development and maintenance (adding pictures, awards, projects, mementos).
- SSW explores concerns that the care provider and child may have, such as lack of transportation, childcare, mental health services, visitation with parents and siblings, etc.
- SSW discusses and documents with the care provider how the child is maintaining connections with friends, extended family, and previous care providers. Is the care provider facilitating interaction?
- SSW discusses with the child, and documents progress the family is making toward permanency.
LOUISIANA

OCS Program Policy Manual

Part 9. Ongoing Services to Foster Children

Section 6 - 905 A: Worker Visitation with the Foster Child, Foster Parent/Caretaker: Necessity of Visits
6-905 WORKER VISITATION WITH THE FOSTER CHILD, FOSTER PARENT/CARETAKER

A. Necessity of Visits

The term visit is defined as any face-to-face contact between the worker and child which provides for free and private communication. Visiting with the child on the same date as a visit with the foster parent is permissible, provided the worker and child visit privately. The worker should document on Form CR-8 that he visited privately with each child and the foster parent, if more than one person was seen during the same visit. The worker's visit in the foster home is important in order to:

- assess and monitor the care the child receives, including the child's safety and his clothing and physical environment, education progress, and health needs;
- observe the foster parent/child interaction,
- listen to both foster child and foster parent concerns,
- lend support,
- provide ongoing clarification regarding the reason for foster care placement,
- discuss approvals for reimbursements and resolve payment issues,
- review the case plan,
- solicit information needed in revising the plan, and
- provide recent information about the child's parents, especially if reunification is the goal.

B. Frequency of Visits with the Child

The frequency of visits between the Foster Care Worker and each child in foster care (including those placed in specialized foster homes or private agency foster homes or relative homes; residential facilities or psychiatric hospital) shall be based on need, but a face to face visit shall occur at least once per month. A visit with the child shall take place in the foster home, residential facility, or retainor home at least once every three months. An in-home visit with the child shall take place monthly in a non-certified home.

Issued: July 2002
MAINE

Child and Family Services Manual

8. Supervision of Out-of-Home Placements

Purpose: Items 1-5
8. Supervision of Out-of-Home Placements

Introduction

Children being placed in out-of-home settings are experiencing tremendous upheaval in their lives. Child Welfare staff has an obligation to assist these children in managing this difficult time as best they can. To provide appropriate support to the child and the caregiver throughout the placement process, it is important to regularly visit children in their foster homes.

Purpose

1. Ensure the well-being and safety of the child.

2. Facilitate and evaluate the placement adjustment of the child and the caregivers.

3. Identify any problems/issues that could negatively impact the placement now or in the future and resolve them if possible and appropriate.

4. Identify and evaluate service/treatment needs and outcomes.

5. Assist the caregivers in anticipating:
   * what it will be like for them to care for this child.
   * that help may be necessary and is available prior to a crisis.
MINNESOTA

Bulletin #03-68-04: Improving Outcomes for Children

Item #4: Contact Between Children in Out-of-Home Placement
relationship. In general, visits will increase in frequency during the transition to reunification.

**Social workers can promote frequent parent and sibling visitation by:**
- Scheduling visits at mutually agreed upon times and locations. Visitation should accommodate the schedules of birth parents, foster parents and the children.
- Rejecting the notion that visits should be restricted because of a child’s negative behavior.
- Preparing parents, children and foster parents for visitation. Objectives and activities should be agreed upon prior to the visits. The social worker should discuss and prepare the birth parents and foster parents for the possible reactions and needs of the children prior, during and after the visit.
- Involving the parent with the child’s school, church or community activities as much as possible.
- Assessing the parents’ strengths and needs, the parent’s ability to play and plan activities for the child, the parent’s ability to separate their feelings from their child’s needs, and the parent’s ability to enjoy their children’s company.
- Maintaining frequent and regular contact with the parents. Research has shown that the amount of contact between social workers and parents influences visitation patterns, and indirectly, family outcomes.

*Reference to specific Minnesota Rule and Statutes attached*

**4. Contact between children in out-of-home placement and their social worker**

The safety, permanency and well-being of children in out-of-home placement is the responsibility of the county social service agency. Minnesota Rules and Statutes do not emphasize the importance of in-person contact but social workers need to physically see the children to ensure that they are safe, that their evolving needs are being met, and to continually assess the children’s emotional, physical and social well-being. Best practice standard suggests that the social worker have no less than one monthly visit in person with more visits if emotional, physical and social needs warrant it. The frequency and type of contact should be included in the out-of-home placement plan.

**References**


Three Rivers Adoption Council. Pittsburgh, PA.

MISSOURI


Section 4: Out-Of-Home Care

Chapter 6: Out-of-Home Placement Support Activities

6.1 (1)(A)(1-3)
6.1(2)(A)(C-H)
6.1(3)(A-E)
6.1(4-5)
6.1(6)(A)(1-2)
6.1(7-8)
CHAPTER OVERVIEW

This chapter will describe activities that a Children's Service Worker (CSW) will do with the child and family to support their out-of-home placement.

6.1 Out-of-Home Placement Support Activities

Attachment A: Creating a Life Book
Attachment B: Direct Service Worker Duties
Attachment C: Working With Families Needing/Wishing to Communicate in Their Native Language
Attachment D: Families Together Program (IM Program for Temporary Assistance)

6.1 Out-of-Home Placement Support Activities

1. Meet with child and foster/kinship family within first week and thereafter a minimum of every two (2) weeks to monitor placement.

   A. Provide the necessary support to the foster/kinship family to involve them to meet the needs of the child and his parents, to include information, technical assistance, advice and counsel as follows:

   1) Assist the foster/kinship family in understanding the circumstances and behavior of the natural parent;

   2) Encourage foster/kinship parent to be a model for good parenting. This will be beneficial to foster child and natural parents; and

   3) Encourage child management practices which promote and protect the psychological, physical, and emotional well-being of child.

   B. Discipline deserves special mention since foster/kinship parents are vulnerable to the accusation of child abuse, and many children exhibit problematic and provocative behavior. PHYSICAL PUNISHMENT OF FOSTER CHILDREN IS NOT PERMITTED. It is crucial for children to be exposed to alternative ways of problem solving aside from force or threat of force. Limit setting is necessary in a consistent and firm way. Foster/kinship parents must be offered training to manage the behavior of the child in ways other thanspanking, slapping, or hitting. Briefly, depending on a child's age and capacity to understand, these ways include:

   1) Distraction;

   2) Isolating a child in his room when he is out of control until he quiets down and can discuss things. "Time out" should be understood by both foster parent and child before it is used;

   3) Spontaneously rewarding a child for good behavior;
4) Removing a child from dangerous situations;

5) Removing dangerous objects;

6) Explaining;

7) Physical restraining (holding firmly, but gently, until a child is back in control); and

8) Specific natural or logical consequences ("If you fight with Jim, then you can't play with him today.").

2. Address the following issues with child and foster/kinship family or other provider during regular placement support contacts and during FST meetings.

   Related Subject: Chapter 18, of this section, Residential Rehabilitative Treatment Services.

   A. Consult with other out-of-home care providers (not administered by the Division; i.e., Boys Town of Missouri, Butterfield Youth Services, etc.) when necessary, but at a minimum of once a month, to monitor placement and progress.

   B. See Section 4, Chapter 18 if child is placed in level II, III, or IV residential treatment services.

   NOTE: These providers also include any facility in which a child in Division custody has been placed through special arrangements.

   C. Stabilization in child's life so that development and learning can proceed at a normal rate. (Excessive anxiety and insecurity interfere with normal development and learning.)

   D. Help the child deal with the trauma of separation. Explore with him and reinforce the belief that he is not the cause of the family breakdown.

   NOTE: Youth, ages 13-21, shall receive a copy of "What's It All About?" A Guidebook for Teens in Foster Care and shall be referred to the appropriate program: CHOICES or CFCIP.

   E. Begin and maintain a "life book" with or for the child, to reinforce continuity in care and relationship to parents.

   F. Assure the healthy growth and development of the child by reviewing the child's progress and response to care provided by the foster/kinship family,
including integration of the child's case plan (CS-1) and any special evaluations, treatment and treatment recommendations.

G. Give attention to child's special interests, talents, and vocational interests.

H. Assist child in rebuilding parental relationship, if child does not want to visit.

**NOTE:** Authorization from the court must be obtained if visits with parents are to be restricted.

3. Secure the provision of needed and specialized services to compensate for any current learning or developmental deficits caused by previous life experiences.

A. Secure a medical examination, and report for same, within six (6) months prior to the child's adoptive placement, if adoption is the permanency plan for the child.

B. Secure a dental examination beginning at age three (3) years, and report for same, within six (6) months prior to the child's adoptive placement, if adoption is the permanency plan for the child.

**NOTE:** If the child has undergone the EPSDT screening within the above time period, a report of this screening will meet the medical or dental examination requirement. In those instances in which a report of abnormalities was received, a report of any treatment provided shall be secured.

The medical and dental requirements can be met, if the child is involved in a current and regular treatment regimen, by securing a report of the child's health status and continued need for treatment from the attending physician or dentist.

Physical examinations through the EPSDT program may be authorized as often as necessary in order to provide completeness regarding the child's physical condition.

C. Secure a psychological evaluation and report beginning at age three (3) years and within six (6) months prior to adoptive placement if the child's permanency plan is adoption.

**NOTE:** Psychological examinations should be secured for any child below the age of three (3) years, if indicated by the condition of the child. This requirement may be waived for a child age three (3) to five (5) years if a resource competent to perform a psychological examination cannot be located. A report of any psychological services provided as a part of the case/treatment plan may be used if this service was provided within six (6) months prior to adoptive placement and is a comprehensive evaluation.
D. Obtain reports of any specialized treatment (i.e., speech therapy, physical therapy, therapeutic day care, surgical procedures, etc.) currently being provided to the child if child's plan is for adoptive placement.

NOTE: A synopsis of any of the above reports shall be included in the written summary provided to adoptive parents at the time of placement.

E. Maintain healthy growth and development through the provision of the usual community health, educational, religious (if appropriate) and socialization services.

4. Implement any treatment recommendations made by the physician, dentist, other professional, and the psychological examiner, including any recommendations for assisting the foster/kinship family to participate when needed.

5. Assist foster/kinship family to cooperate with parent/child visiting plan.
   A. Arrange visits with parents and siblings at least weekly.
   B. Seek progress reports after each visit, if the foster/kinship parents carry out the visitation plan.
   C. Foster/kinship families must be informed that visits should never occur in homes in which a known or suspected methamphetamine laboratory exists or has existed unless it has been professionally treated or decontaminated by a hazardous waste clean-up agency according to the guidelines of the Environmental Protection Agency (EPA).

6. Assist foster/kinship family in providing necessary guidance and behavior management of child.
   A. Assess need for residential treatment services (via the CS-9) if:
      1) A child's behavior becomes such that kinship or foster family care can no longer meet child's needs; and,
      2) A more structured, treatment-oriented environment is needed.
   B. See Section 4, Chapter 4, Attachment B, Guidelines for Placement Options, Criteria, and Selection; Section 4, Chapter 13, Replacement of the Child With Another Provider; Section 4, Chapter 9, Treatment Plan: Permanency Planning; and Section 4, Chapter 18, Residential Treatment Services if such placement planning becomes necessary.
7. Assist foster/kinship family and child in terminating or maintaining relationship to family and other significant persons as desired and as appropriate to child's needs when child is reunified with parents or is replaced.

   A. Prepare child for adoptive placement if this becomes the child's permanency plan.

   **NOTE:** This shall be done irrespective of whether the child will remain with the family currently caring for the child or will move to a new family.

8. Record all activities every 30 days.

MEMORANDA HISTORY:
NEBRASKA

Program Memo #1-2002: Protection and Safety

Re: Monthly Contact Requirements
Program Memo #1-2002
Protection and Safety

To: All Protection and Safety Staff
From: Ron Ross
Date: October 30, 2002

Re: Monthly Contact Requirements

This memo is a re-issuance of the August 30, 2002 memo, and includes modifications based on feedback from the field. The changes allow greater flexibility while maintaining the purpose of visits with children, families, and caregivers. For ease of identification, changes from the August memo areitalicized.

Effective Date: Immediately

Regular in-person contact by the Protection and Safety Worker with children on his or her caseload and their parents, as well as with the caregiver for a child in out-of-home care is recognized as crucial to safety, permanency, and well-being of the child. Such contact allows development of a positive, trusting relationship, and therefore provides a foundation for working together, planning together, and change. From the child's point of view, the contact can be reassurance to the child that someone is paying attention and that there is someone to turn to with questions and concerns. Regular contact by the same person assures that someone can observe changes in behavior, needs, progress, health, etc., over time. Having a relationship and knowing children and families increases the sense of urgency to assure permanency and enhances the ability to serve as team lead.

Based on the above, Protection and Safety Workers are required to have monthly in-person contact with children, families, and caregivers or "placement providers."

Note: Although not stated in each section below, the following apply:
• It is the responsibility of the assigned Protection and Safety Worker to make the required monthly contacts. There might be times when contact by that Worker might not be possible, and another Protection and Safety Worker or Protection and Safety Supervisor has a contact that would meet the requirements. This contact is acceptable. However, such practices should be the exception rather than the rule, as each Protection and Safety Worker is expected to make every effort to make the contacts personally rather than "by proxy." In these situations, it remains the responsibility of the assigned Protection and Safety Worker to assure that the contact occurs and is properly documented.
• Directives regarding contacts with wards include both HHS and HHS-OJS wards, except for wards placed at YRTC-K or YRTC-G. Directives regarding contacts with parents include parents of all wards, regardless of placement of the child.

A. Visits with Children: All state wards, all children placed in Nebraska under the auspices of the Interstate Compact on Placement of Children or Interstate Compact on Juveniles in non-facility placements, and all children in a voluntary CPS case will be seen by their Protection and Safety Worker at least once a month. These visits must be in-person at least 2
• every other month, the visit must take place wherever the ward resides, whether the child resides with a parent or relative, in a foster or adoptive home, in independent living, or in a facility. The visits in intervening months can be in an alternative setting such as court, school, parent's home, therapist's office, or worker's office. The worker will spend at least some portion of the visit talking with the child privately, discussing issues as to how the child is doing, any problems the child may be having, any concerns the child might have, and plans for the child's future. For wards who are not verbal, due to age or disability, the Worker will observe and
document the child's general growth, development, and behavior, and any concerns raised by the caregiver.
NEVADA

Substitute Care Manual

Section 510
In all cases, the frequency of visits must be determined based on the child’s needs. More frequent visits are indicated whenever increased support services for the child or foster parents are required, for example, when there is a change in placement or one is anticipated when there is a change in worker or when the child is exhibiting severe disruptive behaviors.

Each home visit must include, but is not limited to, a discussion with the foster parents and the child alone when the child has verbal skills. The discussion, if appropriate, will include:

- Child’s adjustment in the foster home.
- Child’s health and need for any medical follow-up.
- Child’s interpersonal relationships in school, with peers, other foster children, etc.
- Child’s response to visitation with parent(s) or relatives.
- Child’s relationship with foster parents, including discipline problems and how they are handled.
- Child’s clothing and other personal needs.

a. Moderate Level Supervision

1) Requires a minimum of one visit per month.

2) Cases appropriate for this level include:
   a) All children in substitute care where a permanent plan has not been effectuated, and where the case does not meet the criteria Minimum Level Supervision.
   b) When a child is placed in a therapeutic foster home and is receiving services from Purchased Placement Services.

b. Minimum Level Supervision

1) Minimum visits must be negotiated with the foster parent, confirmed by a written agreement, and approved by the worker’s supervisor and the court.

2) A minimum of quarterly visits are required.

3) Cases appropriate for this level include:
   a) A child in long-term foster care in a specific foster home which has been approved by the court. The specific foster home must be named in the court order.
NEW JERSEY

New Jersey Administrative Code

10.133D·3.5(a)(1·5): Purpose of in-person visits by the Division Representative

II Field Operations Casework Policy and Procedures Manual: 708 – Requirements for In-Person Visit (MVR) Compliance
(d) The written case plan shall include a compelling reason why the Division representatives have decided that it would not be in the child’s best interests to petition the court to terminate parental rights in the following circumstances:

1. (Reserved);
2. A court has determined a child to be abandoned; or
3. A court has determined that a child’s parent:
   i. Committed murder of another child of the parent;
   ii. Committed voluntary manslaughter of another child of the parent;
   iii. Aided, attempted, conspired or solicited to commit murder or voluntary manslaughter of any child of the parent; or
   iv. Committed a felony assault resulting in serious bodily injury to any child of the parent.

See: 30 N.J.R. 2418(a), 30 N.J.R. 3963(b).
Rewrote the section.

10:133D-2.8 Notice of the case plan

(a) The Division representative shall ask each person who participated in developing the case plan to sign the case plan to indicate his or her participation in developing the case plan.

(b) The Division representative shall give a copy of the case plan to each person who signs the case plan, including the out-of-home placement provider, and to each parent who declines to participate in or sign the case plan.

See: 30 N.J.R. 2418(a), 30 N.J.R. 3963(b).
In (b), substituted “out-of-home placement provider” for “caregiver”.

SUBCHAPTER 3. IN-PERSON VISITS WITH CLIENTS AND OUT-OF-HOME PLACEMENT PROVIDERS

10:133D-3.1 Authority

NJ.S.A. 30:4C-25 requires the Division of Youth and Family Services, Department of Human Services to regularly visit all children under its care, custody, and supervision.

10:133D-3.2 Purpose

The purpose of this subchapter is to establish criteria for determining the frequency and nature of in-person visits by a Division representative with each child, parent, and out-of-home placement provider.

See: 30 N.J.R. 2418(a), 30 N.J.R. 3963(b).

10:133D-3.3 Scope

The provisions of this subchapter shall apply to each child receiving services from the Division, his or her parent, and each out-of-home placement provider of a Division supervised child, and to the Division.

See: 30 N.J.R. 2418(a), 30 N.J.R. 3963(b).
Substituted “out-of-home placement” for “substitute care” preceding “provider”.

10:133D-3.4 Definitions

(a) The definitions in N.J.A.C. 10:133-1.3, Definitions, are hereby incorporated into this subchapter by reference.

(b) The following terms shall have the following meanings within this subchapter, unless the context clearly indicates otherwise:

“Related para home” means a private family residence in which a person biologically or legally related to a child provides care to the child and where someone other than the Division placed the child and where the Division pays for the child’s care after the Division approves the home.

“Unrelated para home” means a private family residence in which a person psychologically or emotionally connected to the child, but not legally or biologically connected, provides care to the child and where someone other than the Division placed the child and where the Division pays for the child’s care after the Division approves the home.

See: 30 N.J.R. 2418(a), 30 N.J.R. 3963(b).
Added a new (b).

10:133D-3.5 Purpose of in-person visits by the Division representative

(a) Each in-person visit by the Division representative shall be made for one or more of the following purposes:

1. To determine whether the child is receiving appropriate care and is safe from harm;
2. To determine whether the objectives of the case plan are being met;
3. To determine what progress is being made toward achieving the case goal;
4. To determine whether barriers to achieving the case goal are being alleviated; or
5. For a child in out-of-home placement, to determine the child’s adjustment to and progress in the out-of-home placement and to obtain information and concerns about the child from the out-of-home placement provider.

II Field Operations Casework Policy and Procedures

Manual

II A General Policy and Procedures

700 In-Person Visits with Clients and Substitute Care Providers (MVRs)

708 Requirements for In-Person Visit (MVR) Compliance 8-12-2002

The in-person visitation (MVR-minimum visitation requirement) schedule is met when:

- the child(ren), parent(s) when available, and substitute care provider have been seen by the Case Manager, and
- the current living/sleeping arrangement of the child has been seen at least once during the child's schedule.
NEW YORK

New York CRR
441.21(c)(1-2): Casework contacts with child
children.

(c) Casework contacts with child.

(1) Casework contacts with the child shall be defined as individual or group face-to-face contacts between the case planner and the child. The purpose of the contacts is to guide the child towards a course of action aimed at resolving problems of a social, emotional or developmental nature which are contributing towards the reason(s) why such child is in foster care.

(2) During the first month of placement, casework contacts shall be held with the child as often as is necessary to implement the services tasks in the family and children's services plan but shall occur at least twice. After the first month of placement, casework contacts shall be held with the child at a minimum of once a month if the necessity of a child's placement in foster care is due in whole or in part to a circumstance related to a child service need as described in section 430.10(c)(5) of this Title, or at a minimum, quarterly if the necessity of a child's placement in foster care is due entirely to a parent or child circumstance other than a circumstance related to a child service need as described in such paragraph. In all cases, the focus of the initial contact with the child shall include but need not be limited to determining the child's reaction to the separation and his/her adjustment to the out-of-home placement and arranging for services necessary to meet his/her needs.
NORTH DAKOTA

Foster Care Services – Permanency Planning Policies and Procedures

05-05-17-12. Case Work Services During Placement
05-05-17-12. Case Work Services During Placement

The case worker supervising the placement of a child in foster care must have regular contacts with the foster child and foster parents, and must coordinate services (including periodic medical examinations) from other resources for the foster child. The caseworker must be cognizant of the Adoption and Safe Families Act of 1997 (Implemented in North Dakota 7-1-99) and of the new timeframe requirements for foster care.

The supervision of foster care placements requires periodic home visits, including interviews of the child. The recommendations concerning frequency of visits by case workers supervising the placement of a child in foster care are as follows:

Out-of-State Placements

Effective 10-1-95, for children placed in foster care in either family or residential settings outside of North Dakota, federal law requires that a caseworker (representative from either state) must visit the child in the foster care setting not less frequently than every 12 months and submit a report on the visit to Children and Family Services Division, North Dakota Department of Human Services. How visitation and reporting will be accomplished, as well as the possible costs to the custodian, must be carefully considered whenever out-of-state placement is being considered.
OHIO

Family, Children and Adult Services Manual

Section 5101:2-42-65(A)(5): Agency visits and contacts
5101:2-42-65 Agency visits and contacts.

Effective Date: October 1, 1997.

(A) The PCSA and PCPA shall comply with the following provisions regarding agency visits and contacts with a child in its custody and placed in an Ohio substitute care setting:

(1) Except as provided in paragraphs (A)(2), (A)(3), and (A)(4) of this rule, the PCSA or PCPA shall maintain contact with a child and substitute caregiver when the child is placed in a substitute care placement setting. The visits and contacts shall be as follows:

(a) At least one visit shall occur in the substitute care setting during the first week of placement, not including the first day of placement.

(b) At least one visit shall occur in the substitute care setting during the first four weeks of placement, other than during the first week of placement.

(c) Face-to-face visits with the caregiver and child shall occur at least monthly either in the office or in the substitute care setting.

(d) At least one visit in each six-month period shall be in the substitute care setting.

(2) When a substitute caregiver is receiving an intensive needs difficulty of care payment pursuant to rule 5101:2-47-21 of the Administrative Code, the PCSA or PCPA shall contact the substitute caregiver at least weekly to monitor the child's progress and conduct face-to-face visits with the caregiver and child once every two weeks.

(3) The PCSA or PCPA shall contact the children's residential center (CRC) within ten days after a placement in a CRC. Thereafter, the PCSA or PCPA shall visit the child at least every other month. At least one visit in each six-month period must be in the CRC.

(4) If a child is sixteen years or older and is fully responsible for his individual living environment, the PCSA or PCPA shall make a face-to-face visit with the child in the child's independent living placement setting within seven days following the placement. The PCSA or PCPA shall make monthly face-to-face visits with the child. At a minimum, two visits in every six month period shall be in the child's independent living placement setting.
(5) During each visit required by paragraphs (A)(1), (A)(2) and (A)(3) of this rule, the PCSA or PCPA shall meet face-to-face with the child and the substitute caregiver to discuss the adjustment of the child during the placement.

(B) The PCSA or PCPA shall comply with the following provisions regarding agency visits and contacts with a child in its custody and placed in another state through the interstate compact on the placement of children:

(1) The PCSA or PCPA shall contact the substitute care placement setting within ten days after placement of the child and at least every other month thereafter to determine the child's adjustment to the placement.

(2) The PCSA or PCPA shall request the out-of-state children services agency (CSA) to provide needed supervision and services to the child as identified in the child's case plan.

(3) No less than quarterly, the PCSA or PCPA shall request the CSA provide the agency with a supervisory report.

(4) At least once every twelve months the PCSA or PCPA shall visit the child. In order to comply with this requirement, the PCSA or PCPA may request the CSA perform this visit. When conducting visits of children placed out of state, a determination shall be made regarding the need for continued substitute care placement pursuant to rule 5101:2-42-68 of the Administrative Code.

(C) Notes or reports regarding PCSA, PCPA or CSA visits and contacts shall be maintained in the case record.

Effective: October 1, 1997


Certification: CERTIFIED ELECTRONICALLY

Date: 11/20/2002

Promulgated Under: 119.03

Statutory Authority: 5153.16, 5103.03

Rule Amplifies: 5103.03, 5153.16

Prior Effective Dates: 9/28/87, 1/1/91, 9/1/93, 10/1/97
OKLAHOMA

Section 340.75-6.48: CW Contacts with child, placement providers, and parents

(a): Child and placement provider

Item #1 (1-12). Purpose of contacts.

Section 340:75-6.40.6, Form DCFS-104: Contact Guide for Face-to-Face Visit with Child(ren)
340:75-6-48. CW worker contacts with child, placement providers, and parents

(a) Child and placement provider. The purposes of a Child Welfare (CW) worker’s contacts include, but are not limited to, maintaining the child’s connections to his or her family, allowing the worker to evaluate the interactions, conditions, and services the child is receiving, particularly those in the home or in placement, and serving to establish and maintain a teamwork relationship. ■ 1 CW worker contacts with a child in the custody of the Oklahoma Department of Human Services (OKDHS) and placement provider(s) are provided in (1) through (7).

(1) Foster family care and therapeutic foster care. The CW worker in the county of placement has face-to-face contact with the child in the foster home within the first two weeks of each placement and a minimum of once every four weeks thereafter. This applies to a child placed in paid or non-paid kinship placement, regular foster care, contract foster care, and therapeutic foster care. Contacts increase in times of change and stress. If there is good cause to believe that a child needs to be interviewed privately during a contact in the foster home, for reasons other than abuse and neglect allegations, the foster parent(s) provides a place in the home where the child can be interviewed outside the foster parent(s)’ presence. ■ 2

(2) Shelter. The CW worker has face-to-face contact with the child at the shelter within 24 hours of his or her entry into the shelter and a minimum of once weekly while the child remains in the shelter. During the shelter stay, when the child’s CW worker offices:

(A) within 60 miles of the shelter, the CW worker visits and provides any identified services to the child; or

(B) more than 60 miles from the shelter, the assigned shelter liaison visits and provides any identified services to the child. The child’s CW worker contacts, either by phone or in person, the shelter social worker weekly while the child remains in shelter care as described in OAC 340:75-10-10(7)(A).

(3) Community-based residential care – non-OKDHS operated. For the child placed in a group home or specialized community home, the CW worker has face-to-face, private contact with the child and placement provider in the placement once every 30 days when the child’s placement is 30 miles or less and every 90 days when the child’s placement is over 30 miles from the county of jurisdiction. The facility liaison contacts the child and placement provider(s) during the months the CW worker does not have a face-to-face contact with the child.

(4) Community-based residential care – OKDHS operated. For the child placed in an OKDHS operated group home, the CW worker has phone or personal contact with the child and group home worker once every 30 days. The group home worker visits with the child and coordinates or completes any applicable permanency planning duties pertaining to the child.
1. Purpose of contacts. The purpose of Child Welfare (CW) worker contacts with the child, placement provider(s), and parent(s) includes, but is not limited to:

   (1) ensuring the parent(s) understands the treatment plan and the consequences of failure to correct the conditions of intervention;

   (2) informing the parent(s) of the next court hearing;

   (3) assessing the parent(s)' ability to provide a safe home environment for his or her child;

   (4) evaluating the home situation and progress on the treatment plan;

   (5) providing the parent(s) with information about the child and the services the child is receiving, including medical care;

   (6) informing the parent(s) and child of each other's situation, progress, and other related issues;

   (7) ensuring the parent(s) understands the importance of visitation in developing and maintaining a healthy parent-child relationship;

   (8) advising the parent(s) of his or her rights, roles, responsibilities, and the status of the case;

   (9) ensuring the child's needs are met and his or her safety is intact in the placement;

   (10) encouraging and guiding the parent(s) in the completion of his or her treatment plan;

   (11) assisting the parent(s) in obtaining the identified services needed to correct the conditions that led to the child's removal; and

   (12) providing timely and relevant information to the placement provider(s) that is pertinent to the care needs of the child and permanency planning process in accordance with Section 7005-1.4(A)(17) of Title 10 of the Oklahoma Statutes.

2. (a) Private interviews with a child in foster care placement.

   (1) The CW worker documents in the KIDS Contacts screen the "good cause" for requesting to interview a child privately in the foster care placement. For example, the child acts out in the foster home and refuses to cooperate with the foster parent(s), the child asks to be moved from the foster home, or the child makes disparaging remarks which do not reach the level of abuse or neglect allegations regarding care received in the foster home.
340:75-6-40.6. Case contacts

Revised 5-12-03

The case contacts screen in KiDS contains the chronological history of Child Welfare (CW) worker contacts with clients and collaterals and is a permanent part of the case record. Information contained in the contacts is essential to evaluating the case circumstances for making permanent plan case decisions. The report consists of the date of contact, name of the client or collateral contacted, other participants, purpose, location, and comments about the content of the contact or meeting. ♦ 1 & 2

INSTRUCTIONS TO STAFF 340:75-6-40.6

1. Content of Contacts screen. The Child Welfare (CW) worker ensures that any information included in the Contacts screen is professional in nature and directly related to case content. Emails are not cut and pasted into a Contacts screen without thorough editing for inappropriate content or discussion of individuals not active in the case. Opinions regarding other professionals and supervisory instructions are not included in the Contacts screen. CW supervisors document instructions regarding staff actions in a separate format.

2. Targeted Case Management (TCM) services. At the time of each contact with the child, parent(s), placement provider(s), or other person involved in services to the child, the CW worker discusses the services needed by the child, how the services can be accessed, and reviews the progress on any service provided to the child. The CW worker documents this information in the KIDS Contacts screen. This documentation is specific and covers all of the requirements for case contacts. Contact guides are available for use when making contact with a child in out-of-home placement, parent(s), and placement provider(s). Guides which provide a format to assist the CW worker in gathering and documenting information obtained during a contact are:

(1) Form DCFS-104, Contact Guide for Face-to-Face Visit with Child(ren);

(2) Form DCFS-104-A, Contact Guide for Face-to-Face Visit with Parent(s)/Legal Guardian(s);

(3) DCFS-104-B, Contact Guide for Face-to-Face Visit with Placement Provider(s); and

(4) DCFS-104-IL, Contact Guide for Face-to-Face Visit with Youth Age 16 to 18.
Form DCFS-104, Contact Guide for Face-to-Face Visit with Child(ren)

This guide is not intended to reflect all possible topics of discussion or activities that may be completed during a contact. Always begin contact with who, what, when, and where.

1. **Adjustment in placement.** Discuss how the child is doing, any concerns, interaction with biological and/or foster siblings in the home, sharing of toys, foster family activities, sleeping arrangements, and discipline received.

2. **Visitation.** Discuss how visitation is going, type(s) of visitation, including phone calls, letters, face-to-face contact that is occurring and with whom, such as parent(s), sibling(s), relative(s), whether any changes in visitation are needed, and date(s) of next scheduled visit(s).

3. **Treatment plan/court.** Clarify and address child's understanding of reason(s) for and continued need for out-of-home placement. Inform child of parent(s)' progress on treatment plan. Respond to child's questions, such as parents and court.

4. **Dental/medical/psychological.** Record any observations. Ask child about recent appointments or any current dental, medical, or psychological concerns. Discuss if the child is taking any medication(s) and the effectiveness, if age appropriate.

5. **Education/extracurricular.** Discuss current grade, school, schedule, such as block scheduling or regular, classes, teachers, successes, needs, extracurricular activities, and any concerns of the child.

6. **Clothing/hygiene.** Discuss what the child says about current clothing and new clothing received. Record observations regarding hygiene and condition and appropriateness of clothing child was wearing.

7. **Values/beliefs/religion/language/traditions/other factors.** Discuss concerns and/or activities needed to reinforce and support the child's identity.
OREGON

DHS/Child Welfare Policy 1-B.1: Caseworker Contact with Children, Parents, and Caregivers - OAR

Section 413-080-0055(1)(b)
Caseworker Contact: Contact with Children
(b) A person 18 years of age and older who remains in the legal custody of the Department.

(3) "Contact" is a face-to-face visit, a visit to the home or facility, participation in treatment reviews, court or CRB hearings, family meetings, telephone or electronic communication, written documents, or other means similarly defined.

(4) "Face-to-Face" is an in-person interaction between individuals that will allow for the caseworker to observe the child, parents, or caregivers.

(5) "FACIS" is the Family and Child Information System used by the Department.

(6) "ICPC" is the Interstate Compact for the Placement of Children. (Oregon Revised Statute 417.200)

(7) "Older youth" is a person under age 18 who is not in the care and custody of the Department but is accessing voluntary services through the Independent Living Program. (See OAR 413-030-0400 through -0455, Policy I-B.2.3.5)

(8) "Young adult" is a person over age 18 who is not in the care and custody of the Department but is accessing voluntary services through the Independent Living Program. (See OAR 413-030-0400 through -0455, Policy I-B.2.3.5)

(9) "Substitute care" is the out-of-home placement of a child who is in the legal or physical custody and care of the Department.

Stat. Auth.: ORS 418.005
Stats. Implemented: ORS 418.005

413-080-0055
Caseworker Contact

(1) Contact with Children

(a) The child's assigned caseworker must have face-to-face visits with the child a minimum of once every 30 days. A caseworker assigned to supervise a child placed in Oregon through the ICPC must have face-to-face visits with that child a minimum of once every 30 days. Based on the child's needs and/or service plan, more frequent contact may be necessary.
for some children. The child’s assigned caseworker and the caseworker’s supervisor must determine whether additional contact between the child and the child’s caseworker is necessary to meet the needs of the child. If additional contact is necessary, the type and frequency of the contact must be documented in the case record.

(b) During face-to-face visits between the child’s assigned caseworker and the child, the caseworker must assess child safety and must:

(A) Develop and maintain a good working relationship with the child;

(B) Observe the child and gather information from the child and, when present, the child’s parents, legal guardians or caregivers;

(C) Visit with the child in a setting comfortable and age appropriate for the child in order for the caseworker to perform the functions described above; and;

(D) If appropriate considering the child’s age and level of maturity, discuss with the child the status of the current case plan, services involved, and any legal changes in the case and share with the child and gather information about the educational, medical or dental, mental health, or other pertinent information.

(2) Contact with Older Youth. The assigned caseworker must have face-to-face contact with an older youth a minimum of once every 30 days.

(3) Contact with Young Adults

(a) The assigned caseworker must have face-to-face contact a minimum of once every 30 days with a young adult who is parenting a child.

(b) The assigned caseworker must have face-to-face contact a minimum of once every 60 days with a young adult who is not parenting a child.
PENNSYLVANIA

The Pennsylvania Bulletin: County Responsibilities

Section 3490.61(d): Supervisory Review and Child Contacts
In addition to those services required in Chapter 3130 (relating to administration of county children and youth social service programs) the county agency shall provide, arrange or otherwise make available the following services for the prevention and treatment of child abuse:

(1) Emergency medical services which include appropriate emergency medical care for examination, evaluation and treatment of children suspected of being abused.

(2) Self-help groups to encourage self-treatment of present and potential abusers.

(3) Multidisciplinary teams composed of professionals from a variety of disciplines who are consultants to the county agency in its case management responsibilities as required by Chapter 3130 who perform one of the following functions:

(i) Pool their knowledge and skills to assist the county agency in diagnosing child abuse.

(ii) Provide or recommend comprehensive coordinated treatment.

(iii) Periodically assess the relevance of the treatment and the progress of the family.

(iv) Participate in the State or local child fatality review team authorized under section 6340(a)(4) and 6343(b) of the CPSL (relating to release of information in confidential reports; and performance audit), convened by a professional, organization and the county agency for the purpose of investigating a child fatality or the development and promotion of strategies to prevent child fatality.

§ 3490.61. Supervisory review and child contacts.

(a) The county agency supervisor shall review each report of suspected child abuse which is under investigation on a regular and ongoing basis to ensure that the level of services are consistent with the level of risk to the child, to determine the safety of the child and the progress made toward reaching a status determination. The supervisor shall maintain a log of these reviews which at a minimum shall include an entry at 10-calendar day intervals during the investigation period.

(b) When a case has been accepted for service and a family service plan has been developed under Chapter 3130 (relating to the administration of county children and youth social service programs), the county agency supervisor shall, within 10-calendar days of the completion of the family service plan, review the plan to assure that the level of activity, in person contacts with the child, oversight, supervision and services for the child and family contained in the plan, are consistent with the level of risk determined by the county agency for the case. Documentation of this review shall be in the case record.

(c) When a case has been accepted for service, the county agency shall monitor the safety of the child and assure that contacts are made with the child, parents and service providers. The contacts may occur either directly by a county agency worker or through purchase of service, by phone or in person but face-to-face contacts with the parent and the child must occur as often as necessary for the protection of the child but no less often than:

(1) Once a week until the case is no longer designated as high risk by the county agency,
if the child remains in or returns to the home in which the abuse occurred and the county agency has determined a high level of risk exists for the case.

(2) Once a month for 6 months or case closure when the child is either:

(i) Placed out of the home or setting in which the abuse occurred.

(ii) Not at a high risk of abuse or neglect.

(d) A periodic assessment of the risk of harm to the child shall be conducted as required by the State-approved risk assessment process.

(e) The county agency shall monitor the provision of services and evaluate the effectiveness of the services provided under the family service plan under § 3130.63 (relating to review of family service plans). The county agency worker shall visit the family in performing the case management responsibilities as required by § 3130.63 as often as necessary for management of the services provided but at least every 180-calendar days.

(f) The family service plan shall contain a provision that requires the parents advise the county agency, within 24 hours, when the child or family move from one residence to another.

§ 3490.62. Repeated child abuse.

If the child is a victim of one substantiated incident of child abuse and the county agency receives a subsequent report of suspected child abuse, the county agency administrator or supervisor shall arrange for a review by the multidisciplinary team as required by § 3490.60 (relating to services available through the county agency). Prior to the meeting with the multidisciplinary team, the agency administrator or designee, the supervisor and caseworker shall review the family service plan and make a recommendation to the multidisciplinary team on the appropriateness of the family service plan and whether additional or different services are necessary to protect the child. The county agency shall modify the family service plan, if necessary and appropriate, to reflect the recommendations of the multidisciplinary team and implement action necessary to fulfill the recommendations.

§ 3490.63. (Reserved).

§ 3490.64. (Reserved).

§ 3490.65. (Reserved).

§ 3490.66. (Reserved).

§ 3490.67. Written reports to ChildLine.

(a) The county agency shall send the Child Protective Service Investigation Report form (CY-48) to ChildLine within 30-calendar days of the receipt of the report of suspected child abuse.
RHODE ISLAND

Policy Manual: 700.0165

Family Services Worker/Client Contact
Family Services Worker/Client Contact

Rhode Island Department of Children, Youth and Families
Policy: 700.0165
Effective Date: April 10, 1989  Revised Date: February 3, 2003  Version: 2

Social caseworkers in Family Services Units (FSU) are responsible to maintain regular contact, in person and by telephone, with the children and families served by the Department. In person contact with the child, the child's family and, if the child is in placement, the child's caretaker is essential in developing and maintaining effective working relationships. Through ongoing contact, the worker should assess and document whether or not:

- The child is receiving adequate care and supervision in his or her home or in out of home placement;
- The parents and child, if of appropriate age, are actively participating in case planning;
- There are effective services in place to address areas of need outlined in the Case Plan Agreement (DCYF 032);
- Progress is being made towards achieving individual tasks and objectives outlined in the Case Plan Agreement; or, if there is a lack of progress, identification of specific barriers that are impeding progress.

Additionally, when a child is in placement, the worker should address whether or not visitation and other forms of contact are occurring between the child and family, including siblings, and if the level of contact is appropriate. The worker is responsible to keep parents informed of changes made in a child's placement as well as to provide parents with current information regarding the child's education, health and development. Efforts must also be made to encourage a positive relationship between the child and parents and to preserve connections for a child with his or her extended family, community and culture. Frequent and consistent communication with the child and his or her caretaker is important in assessing the child's progress in placement and any ongoing issues of concern. All contacts with the child, family and caretaker must be documented in RICHIST.
SOUTH CAROLINA

Human Services Policy and Procedure Manual, Chapter 8

Section 819(4)(a-d): Minimum Ongoing Services/Supervision for Foster Children

Content of Caseworker Contact with Children in Foster Care
CHAPTER 8, Foster Care
Revision Number: 03-02
Effective Date: 09/02/2003

819 Minimum Ongoing Services/Supervision for Foster Children

This section addresses the minimum services/responsibilities that the agency should deliver for a foster child and his/her family. Individual staff should be aware that additional responsibilities are possible and necessary depending on the structure and mission of the specific agency office and the circumstances of individual cases.

*Note: When there are multiple workers involved with children in a foster home, a specific worker may be designated to conduct the interviews with the other adults in the home. Cross reference Section 819.2 for additional information on monthly contacts.

FC/MTS Worker

1. Participates in initial team decision-making Placement Committee meeting prior to, or within three (3) days of the child’s entry into care
   a. Coordinate team decision-making Placement Committee meetings thereafter if the child’s placement changes or changes are needed in the permanent plan.

2. Visits with foster child weekly if child is placed in an emergency shelter. Weekly visits continue for the first 30 days child is in a shelter.

*Note: Reference Section 817.

3. Arranges a family visit within the first week of placement provided if it’s not contrary to the best interests of the child.

4. Maintains monthly face-to-face contact with each foster child for the purpose of:
   a. assessing appropriateness and safety of placement, including the monitoring of questionable illness, incidents or injuries (if interview with child indicates further questioning is needed outside of the foster care setting, do so);
   b. assessing and monitoring progress of child’s development, educational, medical and social needs, and ongoing services;
   c. assessing and monitoring the child’s relationships and role within the foster care setting and with family of origin;
   d. providing Hotline Cards to children age five and older and explaining the circumstances and contacts for assistance.

NOTE: Good casework practice anticipates the continuity of worker-child relationships. However, for children placed out of county, a worker in the county of placement may be designated to conduct the monthly interviews. Inter-county agreement (DSS-1330) is needed in advance of designation to confirm
Content of Caseworker contact with children in Foster Care

The Case manager must document individualized activities to meet the child's needs while in the care or supervision of the agency by performing the following:

I. Assess, arrange or facilitate medical or dental care to promote the child's health and physical development.

II. Assess, arrange or facilitate services to address the child's educational needs to promote his/her ability to learn life and living skills.

III. Assess appropriate residential care placement for the child; and monitor the child's adjustment in the placement and his/her interaction with the caregiver to promote stability in the placement.

IV. Assess, arrange or facilitate services for the child's emotional and social needs to promote his/her emotional and social adjustment (this includes arranging and monitoring visitation with family and friends and arranging for needed treatment).

V. Coordinate with other agencies to ensure service effectiveness on behalf of the child.
SOUTH DAKOTA
Child Protection Services – Procedures Manual

Placement Resource Contact Policy and Procedure: Step 4

Form CP-541: Instructions for Completing the Placement Resource Monthly Reporting Form

South Dakota Department of Social Services Child Protection Services: Placement Resource Monthly Reporting Form
PLACEMENT RESOURCE CONTACT POLICY AND PROCEDURE

It is critical that information is shared and potential issues are identified as early as possible in any out of home placement. This is to ensure that the child is safe, that progress towards the identified permanent plan is monitored, and child's well being is being addressed. This applies to all out of home placements (resource providers) such as kinship care, foster care, fost/adoptive care, and group/residential care. At the end of each calendar month, it is expected that the resource provider will complete the CP-541 (Placement Resource Monthly Reporting Form) on each child in placement other than emergency placements (placements less than 30 days of length).

Steps for Completion of the CP-541

**Step One**
The placement resource is to complete the CP-541, sign and date it and send it to the child's assigned social worker.

**Step Two**
Once the social worker receives the completed CP-541, they are to review it, discuss any issues with the supervisor and make plans to visit the placement provider.

**Step Three**
The social worker is to schedule a time within a month to visit with the placement resource and child.

**Step Four**
During this monthly visit, the social worker shall visit with the placement provider about any potential issues and major accomplishments in the past month that were identified on the most current CP-541. The social worker is to use the social worker comment section to recorded any discussions in each of the sections of the CP-541. The worker needs to visit with both the provider and the child including some separate private time with each. By visiting and viewing the child, information gathered to assure the child's safety and well-being are continuously assessed and addressed in the current placement setting.

To assist the social worker in completing the continued assessment of the child in the current placement setting and to evaluate the progress towards achieving the identified permanent plan, the following checklist is to be used as a guide as you visit with the child and the placement resource. Once this information is gathered, it is to be analyzed by the social worker and their supervisor. If new or additional tasks for the child, placement resource provider, or the worker need to be assigned, a work plan shall be developed with all the appropriate parties. This work plan can be documented in the notes and topics discussed section at the monthly on the CP-541. It is then to be signed off by the provider, social worker

Child Protection Services  
Procedures Manual, 06-03  
Family Foster Home Care  

CPSPM06.CPS
and initial by the supervisor. If the changes impact the current case plan, please update the case plan as well.

This process of reviewing the monthly reporting form and monthly visits with the placement resource and child shall continue until the child is no longer in an out of home placement. In cases where the child is placed long distances from the assigned social worker's office direct monthly face-to-face contact may not be possible. In those types of situations, monthly phone contact is to take place and a face to face contact at least quarterly. If you are unable to completed face-to-face contact quarterly, the supervisor shall contact the CPS office nearest to the current in-state placement setting and request that a staff person from that office have a direct personal contact with the child and placement resource.

The social worker's involvement with the foster child and foster parents during the foster care placement should aid the prevention of unnecessary stress. To do this, the social worker is to remember that;

1. The frequency and intensity of the social worker's contacts is to be determined by the individual needs and problems of the child and his foster parents. However, all children and their foster parents are to be visited at least once each month and more frequently around the times of placement or preparation for a move,

2. The reality of the child's own parents must be kept alive by both the social worker and foster parents;

3. The child must be helped to understand why he cannot live with his birth family at the present time;

4. In a stress situation (such as separation, illness, hospitalization, social or school problems) the child may need special attention and help;

5. The child is to be involved in planning and the decision-making process according to the child's age and level of understanding; and

6. When appropriate, ongoing planned visits with the birth family are essential to the child's healthy development.

7. The Out of Home Case Service Agreement is always to be developed jointly with the foster child, child's parent(s)/guardian(s), and foster parents. Their input is vital to the development of a plan that will lead to permanency.
SUBJECT: INSTRUCTIONS FOR COMPLETING THE PLACEMENT RESOURCE MONTHLY REPORTING FORM

Form: CP-541

PURPOSE:

The Placement Resource Monthly Reporting Form is a tool to be used by all placement providers to convey to the assigned social worker the current status of each child in an out of home placement. This form is to be completed by foster parents, fost/adoptive parents, group/residential providers, and kinship providers. It is to be completed at the end of each calendar month for each child in the respective out of home placement. The completed form is to be sent to the child's assigned social worker along with the monthly billing form. The information shared on this form is critical to assuring the child's safety, permanence, and well being.

INSTRUCTIONS FOR PROVIDER TO COMPLETE FORM:

Enter the child's name, date of birth, age, month and year of current report, and assigned social workers name. Enter the placement resource name.

Physical Health-Medical/Dental/Vision
Enter an X in the box that best describes the child's general health. Please be sure to enter all concerns in the comment section. For each of the areas listed: Medical, Dental, and Vision, enter appointment dates and reason for appointment(s). If no appointments enter an X in the none box.

List all on-going and new prescribed medications. If there has been no change from the previous month enter an X in the no changes box.

Emotional Health
Enter an X in the appropriate box for each of the items listed: Self Esteem, Attitude/behavior, Mood swings, Withdraws, and Birth family issues;

Enter an X in the appropriate box indicating whether the child is attending counseling. If yes is marked, please indicate the number of sessions attended by the child and the number of sessions attended by you the provider.

Enter an X in the box indicating whether or not you think the counseling is meeting the needs of the child. If no is indicated, please indicate reasons in the comment section.
List all on-going and new prescribed medications pertaining to emotional health issues. If there has been no change from the previous month enter an X in the no changes box.

**Self-Sufficiency**
Enter an X in the box indicating how the child is doing in each of the listed items.

If the child is not 16 or older enter an X in the NA box for the questions about money management and job skills.

Enter any developmental milestones achieved this month.

Enter any concerns, major efforts made, or significant progress this past month under comments.

**Independent Living Skill (LLS) Training For Adolescents**
Please indicate if your foster youth attended and ILS training is month. If train was attended, indicate the topic(s), type of training and date(s) attended.

Please indicate any training areas you would like to discuss or need assistance with. Please indicate if your foster youth as been contacted by the Community Resource person.

Please enter any other comments or accomplishments or concerns in the comment section.

**Family Adjustment & Other Relationships**
Enter an X in the appropriate box for each of the individual items in this section.

Enter any concerns, major efforts made, or significant progress this past month under comments.

**Birth Family Connections**
Enter an X in the appropriate box for items listed. To answer these appropriately, have you and the child been having any discussions about identified family members. Does the child ask questions about their family? What kinds of things do you do to encourage the child to ask? Have there been visits? If not, indicate why in comment section.

**Cultural Connections**
Enter and X in the appropriate box for each of the individual items in this section.
List and cultural activities attended this month:

Enter an concerns or assistance needed in the comment section.
Life Book
Please enter an X in the appropriate box indicating whether the life book has been started. If no/NA, indicate why. Enter what progress has been made on the life book this month. Enter an X indicating who has worked on the life book. Please indicate if there are any items you need for the life book.

Enter any other concerns relative to the life book in the comment section.

Education Development
Enter an X in the appropriate box for each of the items listed in this section. Please be sure to enter number of days the child was absent or tardy for school. Also indicate if the child is experiencing any conflicts at school and if so, indicate name of teacher and subject area(s).

Enter any concerns in the comment section.

Competence & Achievement – Extra Curricular, Etc
Enter an X in the appropriate box for each of the items listed.

Please enter any explanations in the comment section.

Religion/Spiritual Development
Enter an X in the appropriate box for each item listed. Please enter any concerns and achievements in the comment section.

Discipline
Please indicate behavior concerns you have regarding the child. Please indicate what discipline techniques you used this month, the outcome and frequency of discipline.

Enter any concerns in the comment section.

Respite
Please enter an X in box to indicate if you have used any respite this month. If so, please indicate who was your respite provider.

Please enter an X in the box to indicate if the respite was pre-arranged with your social worker.

Please enter an X in the box to indicate if you have a need for respite care. If so please explain in the comment section.
Legal Involvement
Please indicate if you attended any hearings this month, if so, indicate the type of hearing. If there was a hearing please enter an X in the box indicating whether you received written notice and were given an opportunity to be heard at the hearing.

Enter an X in the box to indicate whether you were given notice of a permanency planning team meeting (PPRT). These are only required to be held every 6 months. Please indicate date of the meeting and whether you attended.

Enter an X in the box to indicate what you understand is the permanent plan for the child. Please also indicate by placing an X in the appropriate box whether or not you feel movement is being made to achieve that permanent plan.

Enter an X in the appropriate box to indicate your and the child’s involvement in the development of a case plan. If the child’s age does not allow their involvement enter an X in the NA box. Enter an X in the box to indicate if the case plan is current (no more than 6 months old).

Enter an X in the appropriate box to indicate if there has been contact by the CASA worker and child’s attorney. If either have not been appointed enter an X in the NA box. If you entered an X in the yes box please indicate type of contact: i.e. Personal, phone, letter, other.

Enter any concerns in the comment section.

Purchases
Please enter specific clothing or major purchases and the respective costs on behalf of the child this month.

Training
Please enter an X in the box to indicate how many hours of training you need, your licensing renewal date, and remaining hours of training still needed.

Please indicate any resource training received this month, date of training, who attended and # of hours. Foster parents are required to have 6 hours of training annually in order to be re-licensed.

Please indicate any training needs or material that would be helpful to you as the provider.
Monthly Assessment Of DSS/CPS Staff
Enter an X in the appropriate box to indicate the quality of any home visits and your assessment of communication with the child's social worker. Please indicate number of visits the social worker had with you this month and the number of visits the social worker had with the child.

Please enter any additional comments in the comment section.

Please sign, date the form and send it to the child's assigned social worker along with your monthly billing form.
SOUTH DAKOTA DEPARTMENT OF SOCIAL SERVICES
CHILD PROTECTION SERVICES
PLACEMENT RESOURCE MONTHLY REPORTING FORM

CHILD: ________________________ BIRTHDATE: ________ AGE: ________

REPORTING MONTH ________ YEAR ________ SOCIAL WORKER: ________________________

PLACEMENT RESOURCE NAME: _______________________________________________________

PHYSICAL HEALTH-MEDICAL/DENTAL/VISION

Child’s general health this month

Excellent □ Good □ Fair □ Poor □

Comments: _________________________________________________________________

Medical appointment dates: __________ __________ __________ None □

Reason for appointment: _______________________________________________________

Approximate date of next physical exam: __________ None □

Dental appointment dates: __________ __________ __________ None □

Reason for appointment: _______________________________________________________

Approximate date of next semi annual cleaning/exam: __________ None □

Vision appointment dates: __________ __________ __________ None □

Reason for appointment: _______________________________________________________

MEDICATIONS

No changes: □

List on-going medication(s) prescribed: _________________________________________

List dosage change(s): _________________________________________________________

List new medication(s) prescribed: _____________________________________________

Social worker comments: _______________________________________________________

OEI-04-03-00353 COMPRENDIUM OF STATE STANDARDS: CONTENT OF CASEWORKER VISITS WITH CHILDREN IN FOSTER CARE 98
EMOTIONAL HEALTH

Self Esteem: Excellent □ Good □ Poor □
Attitude/behavior: Excellent □ Good □ Poor □
Mood swings: Yes □ No □
Withdraws-keeps to self: Yes □ No □
Birth family issues: Yes □ No □
Child attends counseling: Yes □ No □ NA □ Number of sessions attended this month: ___
I/we attended _____ number of counseling sessions with the child this month.
Is the counseling meeting the needs of the child? Yes □ No □

Comments: ________________________________________________________________
__________________________________________________________________________

MEDICATIONS RELATIVE TO MENTAL HEALTH/EMOTIONAL HEALTH ISSUES

No changes: □
List on-going medication (s) prescribed: _______________________________________
__________________________________________________________________________
List dosage change(s): ______________________________________________________
__________________________________________________________________________
List new medication (s) prescribed: _____________________________________________
__________________________________________________________________________

Comments: ________________________________________________________________
__________________________________________________________________________

SELF SUFFICIENCY

Completes chores without reminders or coaxing: Yes □ No □ Sometimes □ NA □
Does a chore only with reminders and/or directions: Yes □ No □ Sometimes □ NA □
Starts homework without being told: Yes □ No □ Sometimes □ NA □
Continues homework until all lessons are done: Yes □ No □ Sometimes □ NA □
Wakes self up and gets ready on time: Yes □ No □ Sometimes □ NA □
Goes to bed on time: Yes □ No □ Sometimes □ NA □
541_MonthlyReportingForm

Sleeps through the night: Yes □ No □ Sometimes □ NA □

Does own laundry: Yes □ No □ Sometimes □ NA □

Offers to help others around the house: Yes □ No □ Sometimes □ NA □

Practices daily hygiene: Yes □ No □ Sometimes □ NA □

Money Management: Excellent □ Good □ Fair □ Needs work □ NA □

Job skills/responsible to job duty: Excellent □ Good □ Fair □ Needs work □ NA □

Developmental milestones achieved this month:________________________________________

Comments:____________________________________________________________________

Social worker comments: __________________________________________________________

INDEPENDENT LIVING SKILL (ILS) TRAINING FOR ADOLESCENTS:

Did your foster youth attend any ILS training this month: Yes □ No □ NA □

Topics: _______________________________________________________________________

Workshop: □ Teen Conference: □ Community Resource Person: □ Other: □ _____________

Date: ______ Has the Ansel Casey Assessment been completed: Yes □ No □

Have you received a copy?: Yes □ No □

List any training areas that you would like to discuss: ________________________________

Youth 16 and above had contact with Community Resource Person: Yes □ No □ NA □

I/we worked on the following ILS activities with the youth (i.e. budgeting, meal preparation, daily living tasks, career planning, etc.) ________________________________

Comments: _____________________________________________________________________

Social worker comments: _________________________________________________________

FAMILY ADJUSTMENT & OTHER RELATIONSHIPS

Relationship with your family/staff: Excellent □ Good □ Fair □ Needs work □ NA □

Relationship with birth family: Excellent □ Good □ Fair □ Needs work □ NA □
Relationship with peers: Excellent □ Good □ Fair □ Needs work □ NA □
Relationship with social worker: Excellent □ Good □ Fair □ Needs work □ NA □
Relationship with authority figures: Excellent □ Good □ Fair □ Needs work □ NA □
Able to express feelings and thoughts: Excellent □ Good □ Fair □ Needs work □ NA □

Comments: ____________________________________________________________

Social worker comments:

BIRTH FAMILY CONNECTIONS
(Support or efforts to support)

With mother: Yes □ No □ NA □ Visits: Yes □ No □ NA □
With father: Yes □ No □ NA □ Visits: Yes □ No □ NA □
With sibling(s): Yes □ No □ NA □ Visits: Yes □ No □ NA □
With extended family/kin: Yes □ No □ NA □ Visits: Yes □ No □ NA □

Comments: ____________________________________________________________

Social worker comments:

CULTURAL CONNECTIONS

Awareness of their culture/ethnic background:
   Excellent □ Good □ Fair □ Needs work □ NA □

Relates well to resource family's culture/ethnic background:
   Excellent □ Good □ Fair □ Needs work □ NA □

Acceptance/awareness of other's culture/ethnic background:
   Excellent □ Good □ Fair □ Needs work □ NA □

Cultural activities attended: ____________________________________________

Comments: ___________________________________________________________

Social worker comments:
LIFE BOOK:

Has the book been started: Yes □ No □ NA □

If no/NA, why: _________________________________________________________________

Progress on life book this month: ______________________________________________

Worked on by:

foster parent: Yes □ No □ NA □ Child involved: Yes □ No □ NA □
group/residential staff: Yes □ No □ NA □ Child involved: Yes □ No □ NA □
social worker: Yes □ No □ NA □ Child involved: Yes □ No □ NA □

Items needed for life book: _____________________________________________________

Comments: ___________________________________________________________________

EDUCATIONAL DEVELOPMENT

Child in school? Yes □ No □

Early intervention program: Yes □ No □

Attitude/behavior with teachers and staff: Excellent □ Good □ Fair □ Needs work □ No effort given □

Attitude/behavior with peers: Excellent □ Good □ Fair □ Needs work □ No effort given □

Attitude/behavior toward homework: Excellent □ Good □ Fair □ Needs work □ No effort given □

Overall effort toward schoolwork: Minimum effort □ Average effort □ Maximum effort □

Grade Point Average: ________________

Your relationship with the school: Excellent □ Good □ Fair □ Poor □

School conference: Yes □ No □ Did you attend: Yes □ No □

Do you have a copy of the school records: Yes □ No □ NA □

Copy of report card to social worker: Yes □ No □ NA □

School pictures copy for file: Yes □ No □ NA □

Graduation pictures/announcements: Talked to worker □ NA □

Child on Individual Educational Plan (IEP): Yes □ No □ Date of last IEP: ______________

Did you attend: Yes □ No □
Child on Individual Family (IFSP): Yes □ No □ Date of last IFSP: ____________
Did you attend: Yes □ No □

Days absent: ____________ Days Tardy: ____________

Conflicts at school: Teacher: ____________ Subject: ____________ NA □

Comments: __________________________________________

Social worker comments:

COMPETENCE & ACHIEVEMENTS- EXTRA CURRICULAR ACTIVITIES, ETC.

Participation in extra curricular activities: Yes □ No □ Sometimes □ NA □
Maintains hobbies: Yes □ No □ Sometimes □ NA □
Develops/works on talents or achievements: Yes □ No □ Sometimes □ NA □
Started new sport, hobby, or talent: Yes □ No □ Sometimes □ NA □
Stopped participating in sport, hobby, and talent: Yes □ No □ Sometimes □ NA □
If yes, why: __________________________________________

Comments: __________________________________________

Social worker comments:

RELIGION/SPIRITUAL DEVELOPMENT

Attends church/synagogue: Yes □ No □
regular attendance: □ occasional attendance: □ never attends: □

Conflicts or issues about religion: Yes □ No □

Comments: __________________________________________

Social worker comments:

DISCIPLINE

Behavior concerns: ____________________________________
What type of discipline have you used this month: ____________________________

How did the child respond ____________________________

Frequency of discipline: ____________________________

Comments: _______________________________________

RESPITE

Have you used respite this month: Yes □ No □ If yes, who provided respite: __________

Was respite pre-arranged?: Yes □ No □ Do you have a need for respite?: Yes □ No □

Comments: _______________________________________

LEGAL INVOLVEMENT

Attended court hearing: Yes □ No □ Date: ________ Hearing type: __________________

Were you given written notification of court hearing: Yes □ No □ NA □

Were you given the opportunity to be heard orally or in writing: Yes □ No □ NA □

If no, reason?: ________________________________________________

This question only needs to be answered at the time of the Permanency Planning Review Team (PPRT) (which is every 6 months) Were you given notice of the PPRT: Yes □ No □

Date: ________________ Attendance: Yes □ No □

Permanency Plan:

Reunification □ Kinship □ Guardianship □
Adoption □ Other Alternative long term plan □ Emancipation □

Do you see movement toward achieving the permanent plan: Yes □ No □

Comments: _______________________________________________

Did you actively contribute and participate in development of the case plan: Yes □ No □

Did the child actively contribute and participate in development of the case plan: Yes □ No □

Is the case plan current: Yes □ No □ Did you receive a copy?: Yes □ No □
Was there a visit from the CASA worker this month: Yes ☐ No ☐ NA ☐
Type of Contact: ____________________________________________

Did the child's attorney have contact with the child this month: Yes ☐ No ☐ NA ☐
Type of Contact: ____________________________________________

Comments: __________________________________________________

Social worker comments:________________________________________

PURCHASES
(Clothing and major expenses)

Item: _________________________ Cost: __________
Item: _________________________ Cost: __________
Item: _________________________ Cost: __________
Item: _________________________ Cost: __________
Item: _________________________ Cost: __________

Social worker comments:_______________________________________

TRAINING

6 hours: ☐ 12 hours: ☐ Renewal date: _________ Hours still needed for renewal: _________

Resource Training Attended: Yes ☐ No ☐ NA ☐ Topic: ________________________________

Type of training: Book: ☐ Tape: ☐ Seminar: ☐ Other (specify): ______________________
Date attended: __________ Who attended: __________________________ Number of Hours: ______

List any training areas you would like to discuss: ______________________________________

Is there training or educational material that would help you increase your effectiveness in
parenting this child? _______________________________________________________________

Comments: _________________________________________________________________

Social worker comments:______________________________________________

If the placement resource identified issues/needs was this shared with the licensing social
worker? Yes ☐ No ☐
MONTHLY ASSESSMENT OF DSS/CPS STAFF

Quality of home visit: Excellent ☐ Good ☐ Fair ☐ Needs work ☐ NA ☐

Communication with social worker: Excellent ☐ Good ☐ Fair ☐ Needs work ☐ NA ☐

Number of home visits: __________ Number of social worker/child face to face contacts: __________

Comments: ____________________________________________________________

________________________________________________________

SIGNATURE_________________________________________DATE________

SOCIAL WORKER SIGNATURE________________________DATE________

SUPERVISOR INITIAL__________________________

NOTES AND TOPICS DISCUSSED AT MONTHLY HOME VISIT ON THIS DATE

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

SIGNATURE_________________________________________DATE________

SOCIAL WORKER SIGNATURE________________________DATE________

SUPERVISOR INITIAL__________________________

OEI-04-03-00353  COMPRENDIUM OF STATE STANDARDS: CONTENT OF CASEWORKER VISITS WITH CHILDREN IN FOSTER CARE  106
TENNESSEE

Administrative Policies and Procedures: 16.38-BA

Procedures: A.1. - A.2(a-c) – Face-to-face Visits with Children in DCS Family Foster Homes or Other DCS Residential Facilities

Procedure B.1(a-c) – Face-to-face Visits and Other Required Contacts When Children are Placed in a Family Foster Home or Facility Operated by an Agency Other than DCS
Administrative Policies and Procedures: 16.38-BA

Subject: Supervision of Dependent and Neglected and Unruly Children in Custody/Guardianship

Supersedes: DCS 14.2, 09/01/01
Local Policy: No
Local Procedures: No
Training Required: No
Applicable Practice Model Standard(s): Yes

Approved by: [Signature]
Effective date: 02/01/01
Revised date: 12/01/03

Application
To All Department of Children's Services Case Managers.

Authority: TCA 37-5-106, 37-5-112; 37-1-130; 37-2-403

Policy

Each child in an out-of-home placement, adoptive placement, or at home for a trial home visit prior to release shall be visited and seen face-to-face on a regular basis by the DCS Case Manager. When reunification is a child's sole permanency goal or when reunification is a concurrent goal, the DCS Case Manager shall visit the child's parents face-to-face on a regular basis and make regular home visits to the parents' home. The Case Manager shall also be responsible for making regular visits to contract agencies providing residential services for children and to family foster homes providing care for children.

Procedures

A. Face-to-face visits with children in DCS family foster homes or other DCS residential facilities

1. All visits with children shall include a private meeting between the Case Manager and the child out of the presence of the foster parents or other caretaker, except for those cases in which the child is an infant (2 years of age and under).

2. Face-to-face visits shall be made as frequently as is necessary to:
Subject: Supervision Levels of Dependent and Neglected Children  16.38

a) Assure the child's adjustment to the placement,

b) Ensure the child is receiving appropriate treatment and services, and

c) Determine that the child's needs are being met and service goals are being implemented.

3. Following a child's initial intake into foster care and placement in a DCS family foster home, the Case Manager shall conduct face-to-face visits with the child no fewer than six (6) times during the first eight (8) weeks the child is in care.

4. During the second eight (8) weeks that a child is in care, the child shall be visited and seen face-to-face no less frequently than once every two (2) weeks.

5. Following the initial sixteen (16) weeks of care, there shall be no fewer than two (2) face-to-face visits with the child each month.

6. If a child moves to a new DCS placement at any time following his/her initial placement, the child shall be visited as if he/she were just entering care and shall be visited and seen face-to-face:

a) Six (6) times during the first eight (8) weeks of the new placement,

b) Once every two weeks for the second eight (8) weeks, and

c) Not less than two (2) times per month thereafter.

7. The Case Manager shall have face-to-face contacts with the foster parents or agency staff as often as necessary, but no less than once each month.

B. Face-to-face visits and other required contacts when children are placed in a family foster home or facility operated by an agency other than DCS

1. The Case Manager shall visit each child in a family foster home or facility operated by an agency other than DCS as frequently as necessary to:

a) Assure the child's adjustment to the placement,

b) Ensure the child is receiving appropriate treatment and services, and

c) Determine that the child's needs are being met and service goals are being implemented.
TEXAS

6500 Services to Children in Substitute Care

6511: Contact with Children
6500 Services to Children in Substitute Care

6510 Placement Supervision

Management Policy

Items 6511, 6512, and 6513 set forth PSFC's policies and procedures for
1. maintaining contact with children in substitute care, and
2. providing courtesy supervision when a child's placement is too far away from the original conservatorship unit for that unit to supervise the placement.

The policies and procedures specified in these items apply to all in-state placements of children in TDPRS's managing conservatorship, including placements made by child-placing agencies.

Cross-reference: For information about the supervision of out-of-state placements, see Section 9300, Placements from Texas into Another State.

6511 Contact with the Child

Management Policy

Objectives. When a child in TDPRS's managing conservatorship is in substitute care, the child's worker must regularly see the child in person to
3. assess the child's progress in and adjustment to substitute care;
4. discuss the child's thought's and feelings about
   5. living with the caregiver, and
   6. being away from home;
7. involve the child in developing and reviewing his service plan; and
8. help the child prepare for
   9. family reunification, or
10. another permanent living situation if family reunification has been ruled out.

After each contact, the worker documents his observations of and discussions with the child in the child's case record.

Frequency. The worker must see the child in person at least once a month. Whenever possible, the worker sees the child more often.

Approval
UTAH

Section 303.2  Caseworker Visitation with the Child

Practice Guidelines: C
Out of Home Worker Visitation with the Child

1. The out of home worker shall visit with the child to ensure that the child is safe and is appropriately cared for while in an out of home placement. If the child is placed out of the area or out of state, arrangements may be made for another worker to perform some of the visits. The child and family team shall develop a specific plan for the worker's contacts with the child based upon the needs of the child.

303.2 Caseworker Visitation With The Child

Major objectives:
The caseworker will visit with the child to ensure that the child is safe and is appropriately cared for while in out-of-home care. The caseworker will meet with the child no less than once every 30 days. The child and family team will develop the specifics of the contact plan for each child.

Summary of the Law
No governing statute.

Practice Guidelines
A. To supplement the required visit and to seek to meet each child’s needs, the caseworker will partner with other members of the child and family team to make contacts with the child.

B. At least one face-to-face contact with the child must take place in the child’s out-of-home placement.

C. Visits will include a private conversation with the child to ensure that the child feels safe and that the child’s needs are being met, assess progress on the plan, and inform the child of upcoming events.

D. If the child is placed outside the state, the worker will have at least one telephone conversation per month with the child, if the child is verbal, and with the child’s out-of-home caregiver to supplement services provided by the courtesy social worker as specified in the Interstate Compact Agreement. The child’s worker from the placing state will visit the child face-to-face at least one time per year.
WASHINGTON

Children’s Administration Practices and Procedure Guide

Chapter 4421 (B, D, and E): Health and Safety of Children
4413 Placement Services

A. Placement services are those services available to a child to either temporarily care for the child (e.g., foster care, group care) while permanent placement is sought or to provide the child with a permanent placement setting; e.g., adoption, guardianship or foster/relative care with a permanency agreement. CA authorizes and provides all placement services within the context of a time limited, goal-oriented case plan.

B. The placement information must include the results of the screening results that identify the multiple needs of the child within 30 days of placement. The child's assigned social worker must share the results of the screening with the child's caregiver.

4420 General Policy/Procedures

4421 Health and Safety of Children

CA services are provided while keeping the health and safety of children as a primary principle. In an attempt to promote the health and safety of children, DCFS and Division of Licensed Resources (DLR) social workers must pursue the following guidelines for all cases open for service.

A. The assigned social worker must interview children in out-of-home care in face-to-face visits in the out-of-home care facility at least once every 90 days and document the interview in the case SER. DLR licensors must also interview children in out-of-home care in face-to-face visits using the guidelines contained in this section when the licensors conduct health and safety reviews. See paragraph E, below, for guidance regarding observation of non-verbal children.

B. Social workers must provide each child capable of reading, writing, and using the telephone a card with the social worker's name, office address, and phone number.

C. During face-to-face visits, social workers must inquire of the child's caretaker about the health, safety, and emotional well-being of the child. For example, inquiries might include:

1. The child's daily schedule.
2. The child's progress in school.
3. If the child is in out-of-home care, how the child is adjusting.
4. Behavior or medical/dental problems of the child and what services are being provided to care for such problems.
5. How the caretaker has responded to any discipline problems.
6. Significant events in the caretaker's residence that might impact the care of this child; e.g., deaths, separation from cared about adults.
7. Special needs of the caretaker to care for this child.
8. How often the child is left alone, asleep, or in bed.
9. How often the child is allowed privacy, is bathed, and is involved in self-stimulating behavior.
10. Whether the child engages in self-destructive activities.
11. Whether the child has had problems with the law or other institutions.
12. Whether family members feel safe with this child.
13. What makes the child happy or upset.

D. During face-to-face visits, the social workers must talk to the child, and discussion may include:
   1. Whether they feel safe or have concerns about their home or setting.
   2. Whether they get enough to eat.
   3. How they are disciplined.
   4. Who they would call in an emergency.
   5. What makes them happy or sad.

E. With non-verbal children or infants, social worker observation is important to determine if there are concerns. The worker must particularly check and document in the case SER:
   1. How the child appears to be developmentally, physically, medically.
   2. How the caretaker responds to the child.
   3. Whether the caretaker has appropriate in-home assistance, respite, and support.
   4. Whether the caretaker appears attached to the child.
   5. If there are others besides the primary caretakers with close contact with the child capable of appropriate behavior with the child.

F. Besides face-to-face contact, the social worker may inquire of others involved in the child's life to determine if there are any concerns. For example, collateral contacts might include teachers, doctors, mental health professionals, or the GAL.
WEST VIRGINIA

Foster Care/Adoptive Family Care Manual

Section 4.5: Case Management - Contact
Contact

Purpose
Regular contact between the child and the worker allows the child to have ample opportunity to express concerns, fears, problems with the placement, or other special concerns. These meetings also provide the child’s worker with an opportunity to directly assess the child’s progress. The frequency and intensity of contacts between the child’s worker, the child and the relative foster family will be determined by the individual needs and problems of the child and his family.
ACKNOWLEDGMENTS

This report was prepared under the direction of Ann O'Connor, Regional Inspector General for Evaluation and Inspections in the Atlanta Regional Office, and Graham, Rawsthorn, Assistant Regional Inspector General. Other principal Office of Evaluation and Inspections staff who contributed includes:

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