

Monthly Foster Care Contact Record

DEMOGRAPHICS -- complete in advance if possible Agency Name _____

Visit Date: ____/____/____ Took Place: Where Child Lives Other Location _____

Placement Type: Family Foster Care Therapeutic Foster Care Kinship Care Other _____

Child or Sibling Group Being Visited. Check the box if the child participated in today's conversation.

First _____ Last _____ Age _____ Permanent Plan _____

First _____ Last _____ Age _____ Permanent Plan _____

First _____ Last _____ Age _____ Permanent Plan _____

First _____ Last _____ Age _____ Permanent Plan _____

First _____ Last _____ Age _____ Permanent Plan _____

Other Child(ren) in Home. List only gender, age, and status (adoptive, birth, foster, other).

Name of Foster/Kinship Parent(s) _____ _____

Check the box by the parent's name if he or she participated in today's conversation.

Names of Other Adults Living in Home: _____

ITEMS TO COVER

- Discuss priorities identified last visit
- Changes in the household
- Cultural and ethnic considerations
- Relationships in the foster/kinship family
- Social support and respite
- Services and training
- Relationship with the agency, court process, child's plan, upcoming events
- Safety & supervision in foster/kinship home
- Child behaviors and parenting skills
- Schooling/education of child
- Physical health and mental health of child or other members of foster/kinship family
- Visits, interactions with birth family, and shared parenting
- Priorities from this visit
- Follow-up activities
- General narrative comments

Prior to the visit, review records and list below items identified for follow-up at last home visit. Use this list as a prompt during your discussion with the foster/kinship family.

During this visit be sure to follow up on these top priorities from the last visit:

A.

B.

C.

About the Sample Questions for the Items Below

Below each topic area are sample questions you may wish to use. These questions are merely suggestions, not a script. Discuss the topic areas on this tool in a way that is natural and conversational.

1. Foster home/Kinship home

- **Changes in the household**

(Is anyone new living in the house, staying temporarily, or spending most of his/her time here? Is new childcare being provided? New pets? Remodeling? New job or financial status?)

Yes No **New members living in household?**

- **Relationships in the foster/kinship family**

(How are the children getting along? What about relationships between adults and children? Between adults? What's the greatest source of conflict in the family? How are issues resolved?)

- **Cultural and ethnic considerations**

(What are foster/kinship parents doing to learn about, honor, and maintain connection to the original culture(s) of the children placed in their home? Do they have any questions or need information about the ethnic, cultural, or religious background of any child?)

- **Social support and respite**

(Who does foster/kinship family turn to for help and advice—friends, extended family, coworkers, church, school? Does the child have social/emotional support and connections outside the home? What is the plan for ensuring the family/child get respite when they need it?)

- **Services and training**

(What resources/referrals are needed for child or other members of foster/kinship family—e.g., child care, substance abuse, etc.? What skill would the foster/kinship parent or child in foster care benefit from learning/enhancing right now?)

- **Relationship with agency, court process, child's plan, upcoming events**

(How could partnership with the agency be improved? What has been helpful? What information or input would the foster/kinship parents or child like to have about the court process, the child's plan, or upcoming events? Have foster/kinship parents attended child and family team meetings?)

Describe: _____

2. Safety and supervision in the foster/kinship home

(For example, does the child feel safe in the home? Is each child sleeping in a separate bed? Are all family members respecting privacy and appropriate boundaries? Is safe and appropriate discipline being used? Is there an appropriate level of supervision for children in the home?)

Describe: _____

3. Child behaviors and parenting skills

(What's going well for the child behaviorally? Is any child displaying challenging/concerning behaviors? How capable & successful do foster/kinship parents feel managing child's behavior? What's working/not working?)

Describe: _____

4. Schooling/education of child

(How is the child doing in school? Consider social as well as academic issues. What does the child or family need to increase success? If applicable, ask about afterschool, preschool, or child care.)

Describe: _____

5. Physical and mental health status/needs of child and foster/kinship family

(Is the child in good health? Does the child have unmet or ongoing medical needs? Have foster/kinship parents noticed any recent changes in the child's mood or behavior? Does the child or foster/kinship parent have questions about the quality or frequency of mental health services? Is anyone else in the home having medical or mental health problems?)

Describe: _____

6. Visits, interactions with birth family, and shared parenting

(Does child have concerns or needs related to birth family or visits with them? How do foster/kinship parents respond? What are foster/kinship parents doing to maintain the connection between the child and the birth family? What has worked or not worked? What help do they need?)

Describe: _____

7. Priorities from this visit

List top three items for follow-up. Indicate if any requires a change in the child's plan/Out-of-Home Family Services Agreement.

- A. _____
- B. _____
- C. _____

Follow-up Activities Identified During Visit	Person Responsible	Target Date

Follow-up Activities Identified During Visit (continued)	Person Responsible	Target Date

Did you spend time speaking privately with the child? Yes No

General Narrative:

AGENCY REPRESENTATIVE COMPLETING THIS TOOL:

 (Signature) (Print Name) ---/---/---
 (Date)

IT IS REQUIRED THAT THIS TOOL BE REVIEWED BY:

Agency Representative's Supervisor: -----
 (Signature) (Print Name) ---/---/---
 (Date)

IT IS *BEST PRACTICE* TO DISTRIBUTE THIS TOOL TO:

date copy provided

Licensing Worker: -----
 (Print Name) ---/---/---
 (Date)

DSS Foster Care Worker: -----
 (Print Name) ---/---/---
 (Date)

Foster/Kinship Parents: -----
 (Print Names) ---/---/---
 (Date)

Other: -----
 (Print Name) ---/---/---
 (Date)

Instructions

Monthly Foster Care Contact Record

Purpose

- (1) Focus discussion and attention on safety and well-being for children in foster care and foster/kinship families,
- (2) Facilitate timely documentation and follow-up on identified needs.
- (3) Support movement toward the intended outcomes (e.g., permanency plan) for the children being visited.

How to Use

- DSS foster care workers must complete this tool during **monthly** face-to-face contacts with children in foster care.
- At least four of every six monthly visits must occur in the place where the child lives.
- Review each item on this tool. Exactly how each item is addressed or assessed should be decided by the worker on a case-by-case basis.
- To gain an accurate picture, also spend time speaking privately with the child and observe interactions between the child and foster/kinship parents; when and how this is done should be decided by the worker on a case-by-case basis.
- If the **foster/kinship family, child, or worker** has a question, concern, or need related to an item, describe it in the space provided.
- Indicate any follow-up and record any general narrative comments on the last page. Append additional pages for narrative as needed.
- This tool can also be used to provide examples or descriptions of **strengths or resources already in place**.

Sample Questions to Discuss for Each Item

Below each numbered item are sample questions child welfare professionals may wish to use to inquire about each item. These are merely a sample—this is not a comprehensive list, nor is it a script. Ideally, each person will discuss with the foster/kinship family and child the items on this tool in a way that is natural and conversational.

Follow-up Priorities

This item is a good opportunity to review what was discussed with the foster/kinship parents and child during the visit and to ask their opinion about the top three items for follow-up.

Follow-up Activities Identified During Visit

This matrix is a good place to record follow-up activities identified during the visit, the primary parties responsible for carrying out these activities, and the timeframe for completing the activities.

Distribution

DSS foster care workers must share this completed tool with their supervisors. After it has been approved and signed by the supervisor, it is best practice to distribute it to relevant members of the team serving the child, including the agency's licensing worker, DSS foster care worker, and the foster/kinship parents caring for the child.