

NORTH CAROLINA 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 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
- Relationships in the foster/kinship family
- Cultural and ethnic considerations
- Social support and respite
- Services and training
- Relationship with the agency, court process, child's plan, upcoming events
- Safety and supervision in the 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
- Child's access to and participation in age or developmentally-appropriate activities.
- Visits, interactions with birth family, 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 the 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 the 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/embracing 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 and successful do foster/kinship parents feel managing the child's behavior? What's working/not working?

Describe: _____

4. Schooling/education of the 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. Child's access to and participation in age or developmentally-appropriate activities

Has the child been given regular opportunities to engage in age or developmentally-appropriate activities, such as sports, field trips, youth organization activities, social activities, etc.?

Describe: _____

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

Does the 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: _____

8. 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

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

General Narrative:

