NORTH CAROLINA MONTHLY FOSTER CARE CONTACT RECORD
GROUP HOME VERSION

DEMOGRAPHICS – *complete in advance if possible* **Agency Name** _____

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

Name/Address of Group Home: _____

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_____

Other Child(ren) in Home. List only gender and age.

_____

_____

Name(s) of Direct Care Providers: ☐ _____ ☐ _____

☐ _____ ☐ _____ ☐ _____

☐ _____ ☐ _____ ☐ _____

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

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 group home staff.

☐ **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. Group Home**

- **Changes in the household**
  Is anyone new living in the group home? Have caregivers changed? What impact has this had on children in the group home?
  ☐ Yes ☐ No **New members living in household?**

- **Relationships in the group home**
  How are the children getting along? What about relationships between caregivers and children? What's the greatest source of conflict in the group home? How are issues resolved?

- **Cultural and ethnic considerations**
  What are group home staff members 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**
  Who does the child turn to for help and advice? Does the child have social/emotional support and connections outside the home?

- **Services and training**
  What resources/referrals are needed for the child-e.g. substance abuse, mental health, etc.? What skill would the child benefit from learning/enhancing right now?

- **Relationship with agency, court process, child's plan, upcoming events**
  How could partnership between the group home and the agency be improved? What has been helpful? What information or input would the group home or child like to have about the court process, the child's plan or upcoming events? Have group home representatives 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 group home staff 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 caregivers 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 need to increase success?
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 group home staff noticed any recent changes in the child's mood or behavior? Does the child or group home staff have questions about the quality or frequency of mental health services?
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 parents, siblings, and other relatives or visits with them? How do group home staff members respond? What is the group home doing to maintain the connection between the child and his or her 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**

Why is group care the most appropriate placement for this child?

General Narrative:

Agency Representative Completing This Tool:

_____ _____ __ / __ / _____
Signature Print Name Date

It is <u>Required</u> that this Tool be Reviewed by:

Agency Representative's Supervisor _____ _____ __ / __ / _____
Signature Print Name Date

It is *Best Practice* to Distribute this Tool to:

Licensing Worker: _____ __ / __ / _____
Print Name Date

DSS Foster Care Worker: _____ __ / __ / _____
Print Name Date

Group Home Representative: _____ __ / __ / _____
Print Name Date

Other: _____ __ / __ / _____
Print Name Date

Instructions Monthly Foster Care Contact Record - Group Home Version

Purpose

(1) Focus discussion and attention on safety and well-being for children in group care,

(2) Facilitate timely documentation and follow-up on identified needs, and

(3) Support movement toward the intended outcomes (e.g. permanency plan) for the children being visited.

How to Use

- Child welfare workers must complete this tool during **monthly** face-to-face contacts with children in group care. Note: To use a single copy of this tool with a sibling group, siblings must live in the same cottage. Use separate tools for siblings who reside in separate cottages.
- At least four of every six monthly visit 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 group home staff; when and how this is done should be decided by the worker on a case-by-case basis.
- If the group home staff members have 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 group home staff and the child, the items on this tool in a way that is natural and conversational.

Follow-Up Priorities

This items is a good opportunity to review what was discussed with the group home staff and child during the visit and to ask their opinion on top three items for follow-up.

Follow-Up Activities Identified During Visit

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

Distribution

Child welfare 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 tit to relevant members of the team serving the child, including the agency's licensing worker, foster care worker, and the group home representative.