

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Tool: Face-to-Face Contact Guide	Effective Date: August 1, 2020
	Reference: 5.C (Face-to-Face Contact [SF53557])	Version: 1

This tool may help guide the Family Case Manager (FCM) to conversationally discuss the child's safety, stability, permanency, and well-being, as well as the caregiver's strengths and needs in caring for the child during face-to-face contact with the child, parent, guardian, custodian, and/or resource parent. This tool may be used to assist in completing the [Face-to-Face Contact \(SF53557\)](#).

SAFETY
Child Abuse and/or Neglect (CA/N) <ul style="list-style-type: none"> Is the child free from CA/N (i.e., exploitation, domestic violence, exposure to substance use)? Is the child and/or family utilizing informal supports (i.e., friends, family, and community members) to ensure safety of the child?
Home Safety <ul style="list-style-type: none"> Is the child's environment safe (e.g., following age appropriate safe sleep, meeting sanitary standards, pest control, restricting access to medication)?
Child's Feelings <ul style="list-style-type: none"> Does the child feel safe in all environments (i.e., home, placement, school, community, during services)? What are the child's feelings regarding current placement, services, and/or the permanency plan?
Protective Strategies <ul style="list-style-type: none"> Are there shared protective strategies with the team? Have all Child and Family Team (CFT) and Case Plan Conference members been afforded the opportunity to provide input into the Safety Plan and/or Plan of Safe Care?
STABILITY
Consistency <ul style="list-style-type: none"> Does the child have consistent routines, relationships, etc.? Has the child experienced recent changes in his or her daily setting (i.e., home, school, etc.)?
Long Term View <ul style="list-style-type: none"> Does the team have a shared understanding of the long-term view for the child?
Placement Needs (if applicable) <ul style="list-style-type: none"> Is the current placement meeting the needs of the child? Assess the needs of the resource parent in caring for the child (i.e., access to community resources, financial need, licensure, etc.)
PERMANENCY
Daily Living <ul style="list-style-type: none"> Is the child's daily living stable and free from risk of disruption? Have there been recent changes to the composition of the home?

<p>Behavioral and Emotional</p> <ul style="list-style-type: none"> • Has the child experienced a change resulting from behavioral difficulties or emotional disorders since the last visit?
<p>Permanency Plan</p> <ul style="list-style-type: none"> • Are all CFT and Case Plan Conference members aware of the child's permanency plan? • Does the child's permanency plan include relationships that will endure lifelong? • Is there a second permanency plan in place for the child?
WELL-BEING
<p>Emotional</p> <ul style="list-style-type: none"> • Does the child display age-appropriate emotional development, coping skills, self-control, and behavioral functioning in daily settings and activities with others? • Does the child express a sense of belonging and demonstrate an attachment to family and/or friends?
<p>Physical</p> <ul style="list-style-type: none"> • Observe and document the child's physical condition (e.g., child's skin [free from marks and bruises], teeth, hair, etc.). Repositioning, removing blankets, and changing light may be necessary to appropriately observe the child. • Are there concerns regarding personal hygiene practices (e.g., bathing, dental, etc.)? • Is the child achieving key physical (e.g., growth-height, weight, head circumference) and developmental milestones?
<p>Health Care</p> <ul style="list-style-type: none"> • Is the child achieving his or her optimal and best attainable health status? • Is the child's Medical Passport up to date? • Does the parent and/or caregiver have the capacity and support necessary to address any identified special medical needs (e.g., medication, medical equipment, compliance with physical and/or specialist appointments, emergency procedures, and appropriate food and/or supplement for a special diet)?
<p>Educational</p> <ul style="list-style-type: none"> • Is the child achieving at a grade level appropriate for his or her age? • Has the child experienced recent successes and/or disciplinary actions at school? • Is the child able to attend both school and social functions? • Discuss recent Individualized Educational Program (IEP) or other school related meetings.
<p>Adjustment</p> <ul style="list-style-type: none"> • How does the child adapt to changes that affect his or her life? • How is the youth (age fourteen [14] and older) working toward independence and achieving Transition Plan goals?
OTHER
<p>Case Plan Goals</p> <ul style="list-style-type: none"> • Is the pace for achieving safe, sustainable case closure consistent with the following guidelines? <ul style="list-style-type: none"> • Reunification: 12 months • Guardianship: 18 months • Adoption: 24 months • Discuss the Case Plan Goals and progress made toward meeting the goals.
<p>Parent/Child Relationship</p> <ul style="list-style-type: none"> • Assess and discuss the relationship between the parent, child, and/or siblings, and address any issues or concerns.