

# NORTH CAROLINA MONTHLY PERMANENCY PLANNING CONTACT RECORD

(For all Out of Home Placements)

**DEMOGRAPHICS** – complete in advance if possible      **Agency Name** \_\_\_\_\_

**Visit Date:** \_\_\_ / \_\_\_ / \_\_\_\_\_

**Took Place:**  Where Child Lives  Other Location

**Placement Type:**  Foster Care  Therapeutic Foster Care  Specialized Foster Care  Kinship Care  Residential

**Provider Type:**  Family Foster Home  Group Home  Out of State  Residential Treatment

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).

N/A (child is in a group home/residential setting)

**Name of Foster/Kinship Parent(s):**  \_\_\_\_\_  \_\_\_\_\_

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

**Name of Direct Care Providers (if placement is in a group home/residential setting):**

\_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_

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

**Names of Other Adults Living in Home:** \_\_\_\_\_

N/A (Placement is in a group home/residential setting)

## 1. Placement Environment

### • Changes in the household

**Foster/Kinship Placement:** *Is new childcare being provided? New pets? Remodeling? New job or financial status?*

*Is anyone new living in the house, staying temporarily, or spending most of his/her time here? Has anyone left the home?*

**Group Home/Residential Placement:** *Is anyone new living in the group home/residential setting? Have caregivers changed? What impact has this had on children in the group home/residential setting?*

### • Relationships with Placement Provider

*What are the relationships between the placement provider(s) and child(ren) in the home? Between the child(ren) and other adults in the home? Between providers? What's the greatest source of conflict in the placement? How are issues resolved?*

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## 2. Placement Provider Well-Being

- **Social support and respite**  N/A (child is placed in a group home/residential setting)  
*Who does the foster/kinship family turn to for help and advice—friends, extended family, coworkers, church, school? What is the plan for ensuring the family/child get respite when they need it?*

- **Services and training**  
*What resources/referrals are needed for members of the placement—e.g. child care, etc.? What skill would the placement provider(s) or child benefit from learning/embracing right now?*

- **Shared Parenting**  
*What shared parenting has occurred? Does the placement provider need support regarding shared parenting?*

- **Physical and mental health**  N/A (child is placed in a group home/residential setting)  
*What are the physical and mental health needs of members of the foster/kinship home? Are any resources or referrals needed? Does the foster/kinship family have any medical concerns?*

- **Relationship with agency, court process, child's plan, upcoming events**  
*How could partnership and communication with the agency be improved? What has been helpful? What information or input would the placement provider(s) or child like to have about the court process, the child's plan, or upcoming events? Have the placement provider(s) attended child and family team meetings?*

## 3. Safety and supervision in the placement

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

## 4. Child Status

- **Behavior**  
*What's going well for the child behaviorally? Is any child displaying challenging/concerning behaviors? How capable and successful do placement provider(s) feel managing the child's behavior? What's working/not working? How are the children within the placement getting along with one another?*

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• **Schooling/education of the child**

*How is the child doing in school? Consider social as well as academic issues. What does the child or placement provider(s) need to increase success? If applicable, ask about afterschool, preschool, or child care. Has the child had a change in school? If yes, was a Best Interest Determination Meeting (BID) held prior to the school change?*

• **Physical, dental and mental health status/needs of child**

*Is the child in good health? Does the child have unmet or ongoing medical or dental needs? Has placement provider(s) noticed any recent changes in the child's mood or behavior? Does the child or placement provider(s) have questions about the quality or frequency of mental health services? For youth in foster care, are there any sexual health concerns that need to be addressed?*

• **Current Prescribed Medication(s)**

Child/ Youth	Prescribed Medication(s)	Dosage	Prescriber	Side Effect Concerns (weight, appetite, alertness or other conditions)

**For each child/youth listed above:**

Are there any changes to prescribed medications? If so, what warranted the change?

\*If there are side effect concerns noted, a referral to Care Management, or follow-up with current care manager for a Psychotropic Medication Reconciliation must be requested within 72 hours. Urgent concerns should be immediately reported to the prescriber.

• **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.?*

• **Maintaining Connections with birth family, siblings, extended family, and community**

*Does the child have concerns or needs related to birth family or visits with them? How does the placement provider(s) respond? What is the placement provider(s) doing to maintain the connection*

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*between the child and the birth family, including extended family, and siblings? What has worked or not worked? What help do they need? Does the child have social/emotional support and connections outside the home?*

• **Lifebook**

Has there been any activity in maintaining the child's Lifebook?  Yes  No Explain:

*Are there opportunities for the placement provider(s) to assist with updating the child's Lifebook? What help do they need?*

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

**General Narrative:**

Follow Up Activities Identified During Visit	Person Responsible	Target Date

**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:**

Licensing Worker: \_\_\_\_\_ Print Name \_\_\_\_/\_\_\_\_/\_\_\_\_ Date

DSS Foster Care Worker: \_\_\_\_\_ Print Name \_\_\_\_/\_\_\_\_/\_\_\_\_ Date

Foster/Kinship Parents: \_\_\_\_\_ Print Name \_\_\_\_/\_\_\_\_/\_\_\_\_ Date

Other: \_\_\_\_\_ Print Name \_\_\_\_/\_\_\_\_/\_\_\_\_ Date