

# NORTH CAROLINA MONTHLY PERMANENCY PLANNING CONTACT RECORD INSTRUCTIONS

## Purpose

1. Focus discussion and attention on safety and well-being for children in foster care and placement provider(s) who are caring for them;
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.

## Items to Cover

- Changes in the household
- Relationships between the child and the placement provider(s)
- Social support and respite
- Services and training
- Shared Parenting
- Physical and mental health needs of placement provider(s) and other members of the household
- Relationship with the agency, court process, child's plan, upcoming events
- Safety and supervision in the placement
- Child behaviors
- Schooling/education of child
- Physical, dental, and mental health needs of child
- Psychotropic Medications
- Child's access to and participation in age or developmentally-appropriate activities.
- Maintaining connections
- Lifebooks
- General narrative comments
- Follow Up Activities

## When to Use

- County child welfare Permanency Planning workers must complete this tool during monthly face-to-face contacts with children in foster care. The entire form must be completed each month. If there are multiple visits to the home during the same month, completion of the form can be distributed over those visits, or completed during one visit.
- At least four out of every six visits must occur in the place where the child lives.

## How to Use

- 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, spend time speaking privately with the child, and observe interactions between the child and placement provider(s); when and how this is done should be decided by the worker on a case-by-case basis.
- If the placement provider, child, or worker has a question, concern, or need related to an item, describe it in the space provided.
- Indicate any follow-up activities in the appropriate section, and record any narrative in the space provided. Attach additional pages for narrative as needed.
- This tool can also be used to provide examples or descriptions of strengths or resources already in place.

## Questions to Discuss for Each Item

Below each numbered item are questions child welfare workers 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 placement provider(s) and child the items on this tool in a way that is natural and conversational.

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## **Follow-up Activities Identified During Visit**

Record follow-up activities identified during the visit, the primary parties responsible for carrying out these activities, and the timeframe for completing the activities. These activities should be reviewed at the next monthly visit.

## **Signatures**

The county child welfare worker must sign the form once it has been completed each month. The form must then be provided to the supervisor for review and approval (indicated by signature). Significant issues identified should be discussed during case staffing.

## **Distribution**

After the form has been approved and signed by the supervisor, child welfare workers must distribute the completed form to relevant members of the team serving the child, including the agency's licensing worker, assigned child welfare worker, and the placement provider(s) caring for the child.