

# NORTH CAROLINA MONTHLY IN-HOME CONTACT RECORD

County \_\_\_\_\_ Case Number: \_\_\_\_\_

Month: \_\_\_\_\_ Visit Date \_\_\_\_\_

Took Place:  Where Child Lives

Case Name: \_\_\_\_\_

Other Location

**Case Members Present for Visit.** Check the box for each person that was present at the visit.

- First \_\_\_\_\_ Last \_\_\_\_\_ Age \_\_\_\_\_ Relationship: \_\_\_\_\_
- First \_\_\_\_\_ Last \_\_\_\_\_ Age \_\_\_\_\_ Relationship: \_\_\_\_\_
- First \_\_\_\_\_ Last \_\_\_\_\_ Age \_\_\_\_\_ Relationship: \_\_\_\_\_
- First \_\_\_\_\_ Last \_\_\_\_\_ Age \_\_\_\_\_ Relationship: \_\_\_\_\_
- First \_\_\_\_\_ Last \_\_\_\_\_ Age \_\_\_\_\_ Relationship: \_\_\_\_\_
- First \_\_\_\_\_ Last \_\_\_\_\_ Age \_\_\_\_\_ Relationship: \_\_\_\_\_
- First \_\_\_\_\_ Last \_\_\_\_\_ Age \_\_\_\_\_ Relationship: \_\_\_\_\_

**Others Present at the Visit.** Check box for those who were present at the visit.

- First \_\_\_\_\_ Last \_\_\_\_\_ Age \_\_\_\_\_ Relationship: \_\_\_\_\_
- First \_\_\_\_\_ Last \_\_\_\_\_ Age \_\_\_\_\_ Relationship: \_\_\_\_\_
- First \_\_\_\_\_ Last \_\_\_\_\_ Age \_\_\_\_\_ Relationship: \_\_\_\_\_
- First \_\_\_\_\_ Last \_\_\_\_\_ Age \_\_\_\_\_ Relationship: \_\_\_\_\_

Note: Relationship to the case child(ren)

## 1. Home environment

### • Home

*If this visit occurred in the home: What is the condition of the home? Are there any safety hazards? \_\_\_\_\_*

*Did agency worker tour the entire home?  Yes  No If not, why?*

*Did agency worker tour the property and any outside buildings that the child(ren) have access to?  
 Yes  No If not, why?*

*Are firearms safely stored?  Yes  No If not, why?*

*Are there smoke alarms and are they functioning?  Yes  No If not, why?*

*Observe and document the sleeping arrangements in the home. If there are infants in the home, are safe sleeping arrangements being utilized?  Yes  No If not, why?*

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- **Changes in the household**

*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?*  Yes  No *If yes, Name/Relationship/dob:*

*When? Why?*

*Note: If new house hold member, complete criminal check, within 7 days.*

## **2. Safety and supervision in the home**

*a. Do all family members have options for privacy? What is the family's practice surrounding privacy and setting personal boundaries? Is there an appropriate level of supervision for children in the home?*

*b. If a Temporary Safety Provider is being utilized, what is the progress toward eliminating the need for that Safety Provider?*

## **3. Family Interaction**

a. 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 parents feel managing the child's behavior? What's working/not working? What disciplinary practices are used to address a child's inappropriate behavior? What do the caretaker(s) consider to be inappropriate behavior? How are the children getting along? What about relationships between parents/caretakers and children?*

b. Family Relationships

*Between adults? What's the greatest source of conflict in the family? How are issues resolved?*

*Note: If DV is an issue, follow DV protocol to assess family relationships.*

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**4. Social support and access to and participation in community and in age or developmentally-appropriate activities**

*Who does the family turn to for help and advice—friends, extended family, coworkers, church, school? Does the family have social/emotional support and connections outside the home? Has the child(ren) been given regular opportunities to engage in age or developmentally-appropriate activities, such as sports, field trips, youth organization activities, social activities, etc.?*

**5. Non-resident parent &/or Extended Family Connections**

*If there is a non-resident parent,*

*a. has that parent been in contact or involved with the child(ren)?*  Yes  No *If yes, describe:*

*Inquire regarding non-resident parent's location and/or contact information.*

*b. has that parent's family been in contact or involved with the child(ren)?*  Yes  No *If yes, describe:*

*Are there maternal or paternal extended family members/kin that have contact or provide support?*  Yes  No *If yes, describe:*

**REMINDER: THE IN-HOME FAMILY SERVICES AGREEMENT IS A "LIVING" DOCUMENT. BRING A COPY OF THE NEEDS, OBJECTIVES AND ACTIVITIES PAGES AND ANY OTHER PAGES REQUIRING FOLLOW UP TO REVIEW WITH FAMILY MEMBERS.**

**6. Review of In Home Services Agreement in its entirety, including Well-Being Needs:**  Yes  No  
*If agreement is not reviewed, rationale:*

Complete a. and b. **only** if this information is not documented directly on the Family Services Agreement.

**a. Services in place or needed and progress on Goals and Objectives**

*What resources/referrals are needed for child or parents—e.g. child care, substance abuse, etc.?  
 What skill would the parent or child benefit from learning/embracing right now?*

Need (from FSA)	Services/Activities Identified to Address	Progress/Comments

**b. Well-being needs in place or needed and progress on those Identified Needs**

**Schooling/education of the child**

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*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.*

### **Physical and mental health status/needs of family**

*Are all family members in good health? Are there any unmet or ongoing medical needs? Is it time to schedule a medical/dental check-up? Have parents noticed any recent changes in the child's mood or behavior? Does the child or parent have questions about the quality or frequency of mental health services?*

### **Additional Parent Well-Being Needs**

*Are the voluntary services or other identified parent needs being addressed?*

### **c. Upcoming Child and Family Team Meeting (CFT)**

*Is the next CFT meeting within the next 30 days?  Yes  No*

*If yes, discussion/preparation for next CFT meeting:*

*Who needs to be invited & who's responsible for the invitation:*

*Topics to discuss:*

*How will the child(ren) be included and/or prepared?*

### **7. Relationship with agency, upcoming events**

*How could partnership with the agency be improved? What has been helpful? What information or input would the parents or child like to have about the Family Services Agreement, or upcoming events? When is the next child and family team meeting?*

