

Washoe County Human Services Agency Child, Parent and Foster Parent Contact Policy

This policy is an excerpt from the Safety Through the Life of a Case policy. To request a copy of this policy in its entirety, please contact:

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8.14 Ongoing Informal Safety Assessments: The assigned case worker must conduct ongoing informal assessments of safety on all children with an open investigation or permanency case and children who remain in the parental home. Note: There may be circumstances where some children are placed in a foster/relative home and others remain in the parental home. In these circumstances the case worker must make concerted efforts to conduct ongoing informal assessments of safety on ALL of the children, even if the WCHSA does not have legal custody or an open case for that child. Ongoing informal safety assessments occur during contacts with children, parents, relative/fictive kin/foster home caregivers and collateral contacts with other individuals who are knowledgeable about the family. Sufficiency of safety assessments completed during such contacts requires that they are conducted at a frequency and quality to ensure ongoing safety of the child. See [Statewide Policy 0205 Caseworker Contact with Children, Parents and Caregivers](#) for more information.

A. Child Contacts: The case worker shall conduct in-person contacts with children in their homes and at other locations throughout the community to assess for ongoing safety. Child contacts must be conducted on all children on an **open investigation; children in the legal custody of the WCHSA; and children associated with non-legal cases who are placed either in-home or out-of-home.**

1. Frequency – The rates of frequency listed below are the minimum requirements for child contacts. Case workers may need to conduct more frequent child contacts depending on the individual circumstances of the case and needs of the child.

1. Emergency Placement or initial placement into out-of-home care – The assigned case worker must conduct an in-home, face-to-face contact with the child within one (1) business day from the time of placement. This contact does not include the contact made when the child is initially placed into the home, even if the assigned case worker was also the placing case worker.

2. **Planned Placement Change** – The assigned case worker must conduct an in-home, face-to-face contact with the child(ren) within three (3) business days from the time of placement. This includes placement changes due to changes in foster care (relative and non-relative) providers, when children are reunified and when a child is discharged from a hospital or other institution.
3. **Revision of the Safety Plan** – The assigned case worker must contact the child(ren), parents and safety service providers within 1 week after the implementation of a revised safety plan. Contact with the child, and the parents when the child is placed home, must be made in-person in the placement home. Contact with the safety service providers may be made via telephone.
4. **Transfer to Permanency or to another case worker** – The assigned case worker must conduct a face-to-face contact with the child(ren) within five (5) business days from the transfer staffing or transfer to new case worker.
5. **Monthly Child Contacts** – The assigned case worker must conduct a face-to-face contact with each child at least one time per calendar month to meet the federal child contact requirements. Best practice is to conduct a face-to-face contact with each child at least every 30 days or more often as needed based on the needs of the child to ensure the child's safety, permanency and well-being. 7 of the 12 contacts must be at the child's placement and the case worker may not see the child at an alternate location for more than 2 consecutive months.
6. **In-home/Out-of-home Safety Plans** – The assigned case worker must conduct face-to-face contacts, in addition to the monthly child contact, with children placed on an in-home Safety Plan or out-of-home Safety Plan with a relative or fictive kin as outlined on the Safety Plan. Example, the case worker's assigned safety services are to conduct a home visit one time per week to provide Supervision and Monitoring. The case worker would conduct the weekly home visit with one of those home visits counting as the monthly child contact. See manual Section manual sections [8.13 F. Monitoring Safety Plans](#) and [8.14 A. Child Contacts](#) for more information.
7. **Out of State Residential Treatment Center** – Children placed out-of-state at a Residential Treatment Center must be seen at least every 30 days by an Agency Representative. In circumstances where the assigned case worker does not conduct the face-to-face child contact, they must have a private monthly phone call with the child (depending on the child's age and developmental level) to assess the safety of the placement. These phone conversations should be in addition to monthly phone team meetings.

8. Intrastate or ICPC Placement – The case worker shall have monthly phone contact with the assigned out-of-jurisdiction case worker to inquire about the child contact. In addition, the case worker must have a private monthly phone call with the child (depending on the child's age and developmental level) to assess the safety of the placement. These phone conversations should be in addition to monthly phone team meetings. This child contact shall be documented as outlined in the Statewide Policy [0205.5.4 Caseworker Contact with Children placed out-of-state.](#)
2. Quality – The assigned case worker shall ensure that the quality of a child contact is sufficient to ensure the safety of the child.
 - a. **Meet with the child alone in a location that is private and most comfortable for the child.** Consider whether the environment where the child is seen is such that the child would feel comfortable discussing safety concerns. Whenever possible the case worker should see the child in a variety of locations, as the child's behavior and level of comfort may be different based on where the visit occurs. In circumstances where the case worker is not able to meet with a child alone, the case worker must clearly document:
 - Why the case worker was unable to meet with the child alone (i.e. the child refused, age, development, behavior, circumstances, etc.)
 - What attempts were made by the case worker to meet with the child alone;
 - How the case worker determined the child was safe without meeting with the child alone (i.e. observations, discussions with caregiver and team members, interactions, supplies, other attributes that contribute to the child being safe).
 - b. Consider whether the length of the contact is sufficient to fully assess the safety of the child. If the length of the contact is not sufficient to assess safety then the worker should conduct additional child contacts within the month to ensure a full assessment is completed.
 - c. Use case worker observations and the content of the child's statements to come to a conclusion about the safety of the child.
 - d. **Conduct announced and unannounced child contacts in all placement types.**
 - e. Speak with and observe the child with their siblings, other children in the home and with caregivers. Note any behaviors or changes in behavior that you see in both of the above situations.

- f. Observe non-verbal children in their environment, including a daycare environment the child may attend. Observations should include interactions with caretakers, other children and how the child is progressing developmentally (speech, gross and fine motor skills, etc.).
 - g. Gather information from the child concerning the nine (9) attributes of a safe relative/fictive kin home placement and/or ten (10) attributes of a safe foster home placement as outlined in the CSE Assessment Method for Kin Foster Placement.
 - h. Removal of a child's clothing to check for injuries should not be done unless there is an allegation of abuse or neglect or a disclosure by a child of abuse or neglect. See [CPS MS 8.10 Viewing and Documenting Injuries](#) for more information.
3. Documentation – The assigned case worker must clearly document the indicators of safety assessed during the child contact including what the child said, what the worker observed and that the worker met with each child alone and the location of that conversation. The case worker should not simply document that the child is safe, but should instead include details concerning the information gathered, including but not limited to specific statements, examples and observations, to come to the conclusion that the child is safe.
- B. Child Contacts for children who remain in the parental home **and who are not in the legal custody of the agency** – The case worker shall make ongoing concerted efforts to assess the safety of children who remain in the parental home, who have been assessed as safe and their portion of the case closed, when other children are placed in out-of-home care with a plan of reunification. Once the permanency plan for the out-of-home child has been changed to a plan other than reunification, the case worker is no longer required to assess the safety of children who remain in the parental home.
1. Frequency/Quality Child Contacts- The case worker should conduct in-person monthly contacts with these children focusing on the safety of the child remaining in the home, safety during visitation with the sibling(s) who remain(s) in out-of-home care and parental engagement. The quality of these child contacts should meet criteria outlined in MS 8.14 A.2.
 2. Waiver of Child Contact Requirements for children who remain in the parental home and who are not in the legal custody of the agency. - The supervisor may approve a waiver of the child contact requirement in certain circumstances. When making a decision to waive a child contact the supervisor must document critical thinking around why the children remaining in the home are safe and would reasonably continue to be safe for the waived child contact timeframe.

- a. Considerations for waiving a child contact include, but are not limited to:
 - How does the Impending Danger apply to each child in the family? Include how the out-of-home child's vulnerability or special needs contribute to the Impending Danger as compared to the in-home child(ren).
 - Were the in-home children determined safe at the conclusion of the NIA and all identified safety threats were related only to the out-of-home child?
 - Were the in-home children initially assessed as unsafe, but reunified after the parent made sufficient progress to change their diminished parental capacities?
- b. Examples of circumstances where the child contact may be waived, include, but are not limited to:
 - The case worker has made **ongoing concerted efforts** to conduct an in-person contact with a child who remains in the parental home to assess their safety, but they were unable to conduct the monthly contact or were limited in their ability to conduct a quality child contact as outlined in MS 8.14 A.2. due to circumstances beyond their control (i.e. whereabouts of the parent and child is unknown, parent refuses to allow worker to see the child or speak with the child alone or parent avoids the worker).
 - The impending danger threat is specific only to the child in out-of-home care, such as when the child has extraordinary needs that the caregiver cannot meet, but they are able to meet the needs of the children remaining in the home.

When a child contact has been waived, the case worker must staff the case with their supervisor, initially and at least quarterly thereafter, to ensure all concerted efforts are exhausted to assess the safety of the child and ensure there are no new allegations of abuse or neglect as it relates to the safety of the in-home child(ren). Whenever possible, the case worker should use collateral information to determine if there are any new allegations of abuse or neglect or safety threats as it relates to the in-home child(ren). The supervisor may, after all concerted efforts have been exhausted, waive the child contact requirement for a period of time not more than three (3) months. After the three (3) month time period has lapsed the case must be staffed with the supervisor again to determine if concerted efforts to re-engage the parent and conduct child contacts with children who remain in the home should resume.

Note: If there are concerns of Present Danger or Impending Danger for the child remaining in the home, but the case worker is unable to make contact with the child to assess their safety, the case worker should immediately staff the case with the supervisor to determine if a new report should be input into UNITY to initiate a new investigation.

3. Documentation:

- a. Child Contact is Conducted – The assigned case worker must clearly document the indicators of safety assessed during the child contact including what the child said, what the worker observed and that the worker met with each child alone and the location of that conversation. The case worker should not simply document that the child is safe, but should instead include details concerning the information gathered, including but not limited to specific statements, examples and observations, to come to the conclusion that the child is safe. If the parent refuses to allow the child to be seen alone, the case worker should document this to give context to the safety assessment.
- b. Child Contact Not Conducted –
 - The case worker will document in a UNITY case note each month:
 - Whether the child has been determined SAFE, UNSAFE or UNDETERMINED; and
 - All ongoing concerted efforts made to conduct the in-person child contact; and
 - Information obtained from collateral sources used to assess the safety of the child during each month, for example, statements and observations obtained from the child in out-of-home care, the foster parent/relative-fictive kin caregiver when they have some contact with the child remaining in the home, family members, FEC staff, etc..
 - The case worker does not need to complete a monthly case note during the timeframe that the child contact is waived, but should clearly document in case notes any concerted efforts made to support continuation of the waiver or resuming the child contact requirements.
 - The supervisor will document in a UNITY case note all case staffings (both initial and quarterly as outlined in 8.14 B. above) and include information about specific concerted efforts that have been made to conduct the in-person contact with the child, collateral contacts that have been made or will be made, specific case circumstances that warrant waiving the child contact requirement and the period of time that the contact is waived. When re-staffing the case to continue waiving the child contact requirement the supervisor must document specific case circumstances at that point in time which support continuation of the child contact waiver.

C. Parent Contacts: Parent contacts are the primary source of information for case workers to assess parental capacities and the status of Impending Danger within the parental home. The case worker will use parent contacts to collect information needed to complete/develop the Nevada Initial Assessment (NIA), Protective Capacity Family Assessment (PCFA), Protective Capacity Progress Assessment (PCPA), Safety Assessments (NAC 432B.185), Safety Plan Determination (SPD), and Conditions for Return (CFR).

1. Type of Contact – Contacts with parents should be done in-person whenever possible. If a parent is located outside of the area or otherwise unable to meet with the caseworker in person, the case worker may facilitate contact via telephone, email, text or letters. The case worker must document reasons why the contact is made through means other than in-person. In addition to the required in-person contacts, workers are encouraged to communicate ongoing with parents through the parent's preferred method, which could include telephone, email or text.
2. Whereabouts Unknown –When a parent's whereabouts are unknown the worker should make attempts to contact the parent at the frequency indicated below and/or request a diligent search to locate the parent. The supervisor may approve reducing the frequency of the attempts to contact the parent, but efforts may not cease completely until the court has relieved the Agency of reasonable efforts to reunify. When a parent is located the worker should resume parent contacts.
3. Frequency – At a minimum, the case worker should have biweekly in-person contact with the parent. However, more or less contact may be required depending on the circumstances of the case, i.e. in-home cases or cases in PCFA process may require more contacts, while cases where the parent's whereabouts are unknown may require less contacts.
4. Quality – Parent contacts should occur in a location that is conducive to open and honest conversations with the parent while respecting their confidentiality. The length of each parent contact should be sufficient to assess the needs of the parent, parental capacities, status of Present Danger / Impending Danger and to facilitate changes outlined in the case plan. The case worker should meet with parents separately to assess and address their individual needs; and together to assess dynamics within the family and to facilitate positive co-parenting practices. Exception: When there is domestic violence between parents the case worker should consult with their supervisor to determine the safety of holding joint meetings.
5. Documentation – The assigned case worker must clearly document information to support the completion of the NIA, PCFA, PCPA, SPD and

CFRs in UNITY case notes. This should include details concerning what the parent said; the worker's observations; the parent's stage of change as it relates to each case plan goal; the parent's needs; and services required to enhance protective capacities or meet the needs of the child.

- D. Relative/Fictive Kin/Foster Parent Contacts: The case worker shall conduct in-person contacts with relative/fictive kin/foster home providers to assess for ongoing safety.
1. Frequency – In-person and telephone contacts should occur at a frequency sufficient to assess the needs of the caregiver and the safety of the home. At a minimum, the case worker should have in-person contact with the relative/fictive kin/foster parent during child contacts that occur in the placement home. If the case worker conducts a child contact outside the placement home, or if the child is placed out of the area (such as an RTC or ICPC placement), they should facilitate a telephone conversation with the caregiver during that same month. Additional forms of contact, such as emails or text messages may occur in addition to the minimum requirements stated above.
 2. Quality – During relative/fictive kin/foster parent contacts the case worker will gather information from the relative/fictive kin/foster parent concerning the nine (9) attributes of a safe relative/fictive kin home placement and/or ten (10) attributes of a safe foster home placement as outlined in the CSE Assessment Method for Kin Foster Placement. The worker should also assess the needs of the caregiver to ensure they are able to meet the safety, permanency and well-being needs of the children in their care.
 3. Documentation – The assigned case worker must clearly document the indicators of safety assessed during the foster parent contact including what the foster parent said and what the worker observed. The case worker should include details concerning the information gathered, including but not limited to specific statements, examples and observations, to come to the conclusion that the child is safe in the foster home.

Appendix 8-1 - Safety Provider Suitability Checklist
(Criteria for In-Home & Out-of-Home Providers)

- ☐ Possesses physical and cognitive adequacy, including having a compelling sense of perception about things happening around him/her
- ☐ Understands what the danger threats are and accepts them as existing, serious and concerning
- ☐ Beliefs about what led to safety intervention are realistic and appropriate
- ☐ Has a sufficiently strong personality that he/she cannot be influenced by case participants
- ☐ Available to start providing the safety response the same day the plan is enacted
- ☐ Available and committed to following through on responsibilities as outlined by the plan throughout the life of the plan
- ☐ Accessible and immediately reachable, including being in close proximity with phone and transportation
- ☐ Possesses the skillset and motivation to fulfill their assigned duties as outlined by the plan
- ☐ Trustworthy, willing to work collaboratively with CPS and report all concerning matters
- ☐ Not currently involved in any criminal activity, nor have a history of criminal behavior that would interfere with suitability (background check required)
- ☐ Attitude toward the child and parent(s) is appropriate and realistic
- ☐ No active CPS case; prior CPS history requires supervisory approval
- ☐ Can articulate a plan to protect the child when situations escalate
- ☐ Meets minimum policy requirements as applicable (reference manual section 04 – Evaluation of a Relative Placement in Emergency Situations)

Additional Criteria for Out-of-Home Providers:

- ☐ Living arrangements are safe, stable, and secure from access by others
- ☐ Possesses sufficient resources to meet the child(ren)'s needs
- ☐ Cooperative with the caseworker's efforts to provide services to the family, inclusive of reunification efforts such as visitation
- ☐ Understands and committed to transportation of the child to appointments, visits, and court as applicable
- ☐ Committed to providing care for the duration of the case

Appendix 8-2 – Safe Sleep Protocol
(Criteria for In-Home & Out-of-Home Providers)

The [National Institutes of Health Safe Sleep recommendations](#)¹ include:

- ☐ Place the baby on his or her back on a firm sleep surface such as a crib or bassinet with a tight-fitting sheet. If the baby rolls over on his or her own during sleep from back to stomach or stomach to back there is no need to reposition the baby. Starting sleep on the back is most important for reducing Sudden Infant Death Syndrome (SIDS) risk.
- ☐ Avoid use of soft bedding, including crib bumpers, blankets, pillows and soft toys, as these items could suffocate, entrap or strangle the child as the move around the crib. The crib should be bare.
- ☐ Do not fall asleep when feeding the baby. If the caregiver brings the baby to bed for feeding, they should immediately put him back into a separate sleep area when finished.
- ☐ Share a bedroom with parents, but not the same sleeping surface, preferably until the baby turns one but at least for the first six months.
- ☐ Avoid exposing the baby to smoke, alcohol and illicit drugs.
- ☐ Don't let the baby get too hot during sleep. Dress the baby in sleep clothing, such as a wearable blanket, designed to keep her warm without the need for lose blankets in the sleep area. Do not over bundle. Watch for signs of overheating such as sweating or the baby's chest feeling hot to the touch. Keep the baby's face and head uncovered during sleep.
- ☐ Avoid products that go against safe sleep recommendations, especially those that claim to prevent or reduce the risk for SIDS. Evidence does not support the safety or effectiveness of wedges, positioners or other products that claim to keep infants in a specific position or to reduce the risk of SIDS, suffocation or reflux. In fact, many of these products are associated with injury and death, especially when used in baby's sleep area.

The assigned case worker shall complete the following during child contacts whenever there is a child under the age of one year living in the home. This includes foster children and the foster parent's own children.

1. Initial Contact with Caregiver– At the initial contact with the caregiver the case worker must:
 - a. Provide the [Safe Sleep handout](#) and discuss with the caregiver the dangers of unsafe sleep practices and proper conditions for safe sleep.
 - b. Go over and obtain signatures on the [ABC Safe Sleep \(HSACS 603\)](#) form to document the initial conversation with the caregiver.

¹ Safe to Sleep® Campaign Materials. (n.d.). Retrieved January 22, 2018, from <https://www1.nichd.nih.gov/sts/materials/Pages/default.aspx>

- c. Observe the child's sleeping environment and ask the caregiver demonstrate how they put the child to bed.
 - d. Document all of the above aspects of the conversation in UNITY case notes.
- 2. Ongoing Contacts with the Caregiver – During each monthly contact with a caregiver the case worker must:
 - a. Discuss the child's developmental progress and how that could impact a safe sleeping environment, i.e. if a child is rolling over there is no need to reposition the child.
 - b. Observe the child's sleeping environment and ask the caregiver to demonstrate how they put the child to bed.
 - c. Document all of the above aspects of the conversation in UNITY case notes.