

Division of Children and Family Services Protection and Safety Procedure Update # 04-2014	
Regarding:	Mandatory Monthly Visits with Children
Rescinds:	#13-2010, #13-2011 – Requirements for Contacts with Children
Date Effective:	March 10, 2013
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Philosophy:

The Division of Children and Family Services believes that consistent contact with children and families allows the CFS Specialist to continually assess child safety; to review progress and address barriers toward achieving permanency; and identify child needs that impact well-being. Visiting with the child gives the CFS Specialist valuable information about their safety, development and care, allows the child an opportunity for input, and opportunities to develop a relationship with the CFS Specialist. Visits also give the CFS Specialist the opportunity to communicate with the child about what is occurring or will occur in their life as we continue to work with them. Regular contact by the same CFS Specialist is best for the child and will provide valuable information necessary for effective case management.

Procedure:

CFS Specialists will have face to face visits with children a minimum of one time per month.

1. **Who should the CFS Specialist Visit**

a. **Visits with Children includes:**

1. All state wards (wards of DHHS and DHHS-OJS including youth placed at the Youth Rehabilitation and Treatment Centers in Geneva and Kearney); and
2. All children in a non-court CPS case; and
3. All siblings of Wards, this includes all siblings of OJS youth; and
4. All children placed in Nebraska under the auspices of the Interstate Compact on Placement of Children (ICPC) or Interstate Compact on Juveniles (ICJ) in non-facility placements.

b. **Visits with Parents includes:**

1. Parents of all children who are wards whose parental rights are not terminated regardless of the permanency objective; and
2. Parents of children involved in a non-court case; and
3. Parents providing care to a child placed under the auspices of ICPC or ICJ.

c. **Visits with Caregivers or Placement Providers includes**

1. Caregiver of each ward in out of home care;
2. Caregiver of each child in out of home care in a non-court involved case; and
3. Caregiver of each child in out of home care under the auspices of ICPC and ICJ.

2. **Required Frequency for child abuse/neglect and status offense cases:**

- a. **Out-of-Home:** CFS Specialists working with children in out-of-home care will use the contact standards described in below table.
- b. **In-Home:** CFS Specialists working with families whose children are residing **at home and/or are involved in non-court involved cases** will have a face to face contact based on the child's safety needs and on the risk/prevention assessment level as described in the table below. At least one contact must be in the family's home.

3. **Required Frequency for Office of Juvenile Services cases:** CFS Specialists working with children involved in juvenile services will use the contact standards described in the table below if a risk or prevention assessment has been completed. If there is no risk or prevention assessment, minimal contact with the OJS Ward and his/her siblings is monthly.

In-home Cases (3a/3b)				CFSR Guidelines and/or Policy
SDM Risk or Prevention Level	SDM Contact Guidelines	SDM Minimum Proportions	SDM Additional Guidelines	
APPLY ONLY FOR THE PRIMARY/SECONDARY CAREGIVER(S) AND CHILD(REN) OF THE SDM HOUSEHOLD YOU ARE WORKING WITH				
Low	<p>One face-to-face contact per month</p> <p>One collateral contact per month</p>	<p>The worker must have a face-to-face contact with both the primary and secondary caregivers and child at least once per month in the home.</p> <p>If caregiver(s) and the child are seen together in one contact, one face-to face contact is satisfied</p>	<p>At least one contact should be in the home.</p>	<p><u>Children:</u></p> <p>*All visits with children must occur in the home where they reside.</p> <p>*Children/youth age 18 months and older, visits must be private.</p>
Moderate	<p>Two face-to-face visits per month</p> <p>Two collateral contacts per month</p>	<p>The worker must have face-to-face contact with both the primary and secondary caregiver and children together at least once per month. If seen together, one contact is satisfied.</p> <p>Remaining face-to-face contact requirement (one) may be with the caregiver(s) or the child.</p>	<p>At least one contact should be in the home.</p>	<p>*Children/youth who are less than 18 months old, non-verbal or have a disability, others can be present and this will still count as private.</p> <p>*OJS Youth – at least 1 face to face private visit per month</p>
High	<p>Three face-to-face visits per month</p> <p>Three collateral contacts per month</p>	<p>The worker must have face-to-face contact with both the primary and secondary caregiver and children together at least once per month. If seen together, one contact is satisfied.</p> <p>Should have at least one private face-to-face with the child each month.</p> <p>Remaining face-to-face contact requirement (one) may be with the caregiver(s) or the child.</p>	<p>At least one contact each month should be unannounced.</p> <p>At least one contact should be in the home.</p>	<p><u>Parents:</u></p> <p>*Visits with parents must be confidential. Every other month the visit must occur in the parents' residence.</p> <p><u>Non-custodial parents:</u></p> <p>*Confidential face to face visit must occur once a month.</p> <p>*Regular efforts to locate and engage NCP must be documented.</p>
Very High	<p>Four face-to-face visits per month</p> <p>Four collateral contacts per month</p>	<p>The worker must have face-to-face contact with both the primary and secondary caregiver and children together at least once per month. If seen together, one contact is satisfied.</p> <p>Should have at least one private face-to-face with the child each month.</p> <p>Remaining face-to-face contact requirements (two) may be with the caregiver(s) or the child.</p>	<p>At least one contact each month should be unannounced.</p> <p>At least one contact should be in the home.</p>	

****High and very high risk cases without a safety plan in place (i.e., with a safety assessment finding of *safe*) should receive one face-to-face contact per week until the first case plan is written. After the first case plan is written, high and very high risk cases will revert to the contact standards described above.**

Out of home cases – Caregivers for who the goal is to reunify the child & Children remaining in the home (3a/3b)				<u>CFSR Guidelines and/or Policy</u>
SDM Risk or Prevention Level	SDM Contact Guidelines	SDM Minimum Proportions	SDM Additional Guidelines for Children remaining in the removal home	
APPLY ONLY FOR THE PRIMARY/SECONDARY CAREGIVER(S) AND CHILD(REN) OF THE SDM HOUSEHOLD YOU ARE WORKING WITH				
Low	One face-to-face contact per month	The worker must have a face-to-face contact with both the primary and secondary caregivers at least once per month in the home.	One face-to-face contact each month, preferably in the home, if allowed.	<u>Children:</u> *All visits with children must occur in the home where they reside. *Children/youth age 18 months and older, visits must be private. *Children/youth who are less than 18 months old, non-verbal or have a disability, others can be present and this will still count as private. * OJS Youth – at least 1 face to face private visit per month <u>Parents:</u> *Visits with parents must be confidential. Every other month the visit must occur in the parents’ residence. <u>Non-custodial parents:</u> *Confidential face to face visit must occur once a month. *Regular efforts to locate and engage NCP must be documented.
Moderate	One face-to-face contact per month	The worker must have a face-to-face contact with both the primary and secondary caregivers at least once per month in the home.		
High	Two face-to-face visits per month	The worker must have a face-to-face contact with both the primary and secondary caregivers at least once per month in the home. Up to one face-to-face contact by a service provider may be applied to the overall contact requirement. All visits by a service provider must be documented in the case record.		
Very High	Three face-to-face visits per month.	The worker must have a face-to-face contact with both the primary and secondary caregivers at least twice per month in the home. Up to one face-to-face contact by a service provider may be applied to the overall contact requirement. All visits by a service provider must be documented in the case record		

Out of home cases – Children in placement with a goal of Reunification & their Placement Caregiver (3a/3b)				CFSR Guidelines and/or Policy
Placement Type	SDM Minimum contact requirement with the child	SDM Minimum contact requirement with the Placement Caregiver	SDM Additional Guidelines	
APPLY ONLY FOR THE PRIMARY/SECONDARY CAREGIVER(S) AND CHILD(REN) OF THE SDM HOUSEHOLD YOU ARE WORKING WITH				
Foster homes Relative homes Group homes	One face-to-face contact per month with the child	One face-to-face contact per month with the placement caregiver. One collateral contact per month.	The contact with the child must take place in the foster home where the child is placed. The child must have a face-to-face contact within the first week (within 7 days) of placement in the foster home.	<u>Children:</u> *All visits with children must occur in the home where they reside. *Children/youth age 18 months and older, visits must be private. *Children/youth who are less than 18 months old, non-verbal or have a disability, others can be present and this will still count as private. * OJS Youth – at least 1 face to face private visit per month. <u>Placement Caregiver:</u> *Monthly in-person contact is required. At least every other month the visit must be face to face, in the caregiver’s home.

4. **Who Conducts the Visit:** The assigned CFS Specialist or contractor will conduct the visit. On rare occasions, a different CFS Specialist, the CFS Supervisor, contractor or Resource Development worker may make the visit.
- When a number of children are placed in a facility such as a group home or residential treatment, the Department can designate one or more CFS Specialists to make the monthly visit to a number of children and report individually to each child’s CFS Specialist.
 - Wards placed out of State may have a person designated in the other state to provide the service. Such individuals may be staff of a private agency with a contract with Nebraska for the service or a courtesy worker assigned by the other state under Interstate Compact for the Protection of Children (ICPC) or Interstate Compact for Juveniles (ICJ). When the Department has several children placed in one setting, e.g., a group home or residential treatment facility, the Department can designate someone to make the required monthly visits with all of the children and report individually to each child’s CFS Specialist. In all situations, it remains the responsibility of the assigned CFS Specialist to assure that the visits are made and appropriately documented on N-FOCUS.
 - Service Providers** who are eligible to complete face-to-face visits to meet the minimum contact requirement must:

- 1) Be engaged with the family for the purpose of helping the family meet case plan goals; AND
- 2) Be released to share information about the family and their progress with the worker.

When the home environment presents a threat to worker safety, supervisors may waive the in-home requirement for face-to-face contact. This decision must be documented on N-FOCUS. This decision must be made and reviewed each month.

4. **Topics to be Covered/Focus of the Visit:**

- a. **Child:** Focus of the visits should address the strengths and needs of the child; evaluation of current services; discussion about permanency, establishment and evaluation of goals; assessment of the child's safety in the residence and safety of the community; discussion about school; and discussion about visits with parents and siblings. The child should be provided information about court hearings, court ordered expectations, and requirements of probation or parole, and given an opportunity to ask questions or express concerns. Discussion about Independent Living should occur with every child age 16 or older. This discussion should center on assessment of the youth's knowledge, skills and abilities; areas needing more education/training/mentoring; and plans for the future. Discussion should include asking the child for his or her input and hopes for the future as well as how he or she is doing in school; medical issues or concerns; and mental health/substance use issues or concerns. For children who are non-verbal due to age or disability, the CFS Specialist or contractor must observe and document the child's general growth, development, behavior, and any concerns/progress shared by the caregiver.
- b. **Parents:** Discussion should include current safety and risk levels, family strengths and needs, establishing a permanency plan, case planning, visitation issues, and progress on case goals. Discussion should also include information on the child's health and treatment needs, school performance and peer relationships. This includes discussion about older children and their skills and abilities towards achieving independence.
- c. **Foster Parent/Placement Provider:** Discussion should include child's health status including any recent treatment, unmet medical needs, and current medications. Discussion should also include child's school performance, educational plan, peer relationships or needs. For children 16 and older discussion of the child's independent living knowledge, skills and abilities should occur with a plan as to what action the foster family/caregiver will do to support teaching/coaching/mentoring. Issues around visitation with parents and siblings; status of court process, and family progress; and any issues, concerns and/or needs in the caregivers' household should also be discussed. The CFS Specialist should regularly reassess the caregiver's commitment to the child and willingness to provide continued care.

5. **Site of Visit:**

- a. **Child** - Visits must be in person and in the child's residence. At least some portion of the visit will be held privately with any child older than 17 months.
 - 1) **Inability to Locate Child:** If the child cannot be contacted at his or her residence, the CFS Specialist will notify his or her supervisor immediately in writing. For youth on runaway status, the CFS Specialist or contractor will immediately contact law enforcement and continue to follow up with law enforcement on a monthly basis. All contacts will be documented in the case narrative.
- b. **Parents** - At least every other visit will be in the parent's home as arranged with the parent. Exceptions include:
 - 1) For a parent in treatment, monthly phone contact can replace the face to face visit;
 - 2) For a parent who is incarcerated, phone contact can replace the face to face visit;
 - 3) For a parent living outside the Service Area or local office area, a courtesy worker in the area where the parent resides should be assigned to conduct the monthly visit; or
 - 4) For a parent living out of state, monthly contact can be made by phone.

Parental Refusal of Required Contact: Refusal to meet or missed appointments without good cause will be documented in the case narrative.

- c. **Foster Parent/Placement Provider:** At least every other month the visit must be in the caregiver's home. For caregivers out of state, the visit may be by phone.

Refusal of Caregiver to Have Required Contact: If the refusal or cancellations are without good cause the CFS Specialist will document this in the Case Narrative and consult with the supervisor to consider whether or not the current placement continues to be in the child's best interest.

Documentation of Visits: Documentation of all monthly contacts (and information about contacts that were attempted and not successful) with children, parents, and caregivers must be documented in the Contact Narrative within 7 calendar days of the contact. The following information must be included:

1. Location of visit;
2. Date of visit;
3. Who was present at the visit by first and last name;
4. Observations of the child, parent, and caregivers and interactions noted;
5. Issues discussed; and
6. Actions needed by whom and by when.

In situations in which a visit cannot be made, the Supervisor and Administrator must be notified in advance for review and consideration of a written exception to this requirement. Exceptions will be documented by the CFS Specialist in the Consultation Narrative within 7 calendar days of the decision, and include the name of the administrator approving the decision.

Service Area Administrators will collect information on missed visits and exceptions to visits and provide this information to the Deputy Director on a monthly basis.

References:

None