



FACE-TO-FACE CONTACT

State Form 53557 (R3 / 6-17)
DEPARTMENT OF CHILD SERVICES

INSTRUCTIONS:

A separate form should be utilized for each child during every face-to-face contact with a child, parent, guardian, custodian, and/or resource parent(s) to assist in assessing the child's safety, stability, well-being, and permanency and the caregiver(s)' strengths and needs in caring for the child. The Family Case Manager should conversationally gather information for this form, address any concerns, discuss updates, and assist in creating a plan to address needs. The photograph and any new information obtained should be documented in the MaGIK Case Record and the Face-to-Face Contact form should be uploaded to the MaGIK Case Record within three (3) business days following the face-to-face contact. See policies 7.3 Minimum Contact (in-home), 7.5 Meaningful Contacts (in-home), 8.10 Minimum Contact (out-of-home), and 8.43 Meaningful Contacts (out-of-home) for additional guidance on utilizing this form.

Date (month, day, year)	Time	Location
Case name	MaGIK number	Name of assigned Family Case Manager
Name of child	Name(s) of parent, guardian, or custodian, or resource parent(s) present	

The following should be addressed with every child (if age and developmentally appropriate), parent, guardian, custodian, and/or resource parent(s) at each monthly face-to-face contact.

SAFETY:

• **CHILD ABUSE / NEGLECT (CA/N)**

- Is the child free from abuse, neglect, and exploitation by others in his or her place of residence and other daily setting(s)?
- Is the child's care or supervision currently compromised by a pattern of domestic violence in the home?

• **HOME SAFETY**

- Is the child's environment free from potentially harmful objects (e.g., sanitation, pests/pest control, medication, and general home maintenance items – running water, functioning toilets, etc.)?
- Observe the child's room. Does the child have appropriate sleeping quarters, bedding, etc.?

• **PROTECTIVE STRATEGIES**

- Are there shared protective strategies with the team?
- Is the family utilizing informal supports and resources to keep the child free from harm?

• **FEELINGS REGARDING SAFETY**

- Have all CFT members been afforded the opportunity to provide input into the development of a Safety Plan?
- Discuss the child's feelings of safety in the placement and/or in the parent, guardian, or custodian's home.

• **ADDITIONAL SAFETY NOTES**

STABILITY:

• **CONSISTENCY**

- Does the child have consistent routines, relationships, etc.?
- Has the child experienced changes in his or her school setting?

• **LONG TERM VIEW**

- Is there a shared understanding of the long-term view for the child?

• **ADDITIONAL STABILITY NOTES**

WELL-BEING:

• **EMOTIONAL**

- Does the child display age-appropriate emotional development, coping skills, and self-control, which allows him or her to adjust to changes and maintain adequate levels of behavioral functioning in daily settings and activities with others?
- Does the child express a sense of belonging and demonstrate an attachment to family and friends?

• **PHYSICAL**

- Are there any concerns regarding personal hygiene practices (e.g., bathing, dental hygiene, hair care, and hand washing)?
- Is the child achieving key physical (e.g., growth-height, weight, and head circumference) and developmental milestones?
- What is the child's physical condition (includes visualization of the child's skin, teeth, hair, etc.)?
- What is the child's mobility status (e.g., mobile, limited mobility, or assisted mobility)?
Note: If the child is immobile or has limited mobility, the child must be positioned or repositioned in order to see and assess the child's entire body. Lighting may need to be adjusted and blankets removed in order to adequately visualize the child's skin condition.

• **HEALTH CARE**

- Is the child achieving his or her optimal or best attainable health status?
- Review and discuss additions to the child's Medical Passport. Obtain copies or photos of documentation for the case file.
- If there are identified special needs for the child, does the parent and/or caregiver have the capacity and supports necessary to address these needs (e.g., medication, medical equipment, compliance with physician and/or specialist appointments, and emergency procedures)?
Note: If the child is on a special diet, ensure there is appropriate food and/or supplement available.

WELL-BEING (continued):

• **EDUCATIONAL**

- Is the child achieving at a grade level appropriate for his or her age?
- Is the child able to attend both school and social functions?
- Discuss any changes or updates regarding the child's education.

• **ADJUSTMENT**

- Discuss the child's feelings and adjustment to the current placement and separation from parents, siblings, and other connections.
- Discuss the child's adjustment to a new school (if applicable), view the child's report card, and discuss areas of progress, difficulty, or concern in regards to academic performance.
- How is the youth (age fourteen (14) and older) working toward independence and achieving Case Plan goals?
- How is the child adjusting to other changes that affect his or her life?

• **ADDITIONAL WELL-BEING NOTES**

PERMANENCY:

• **DAILY LIVING**

- Safety, stability, sufficient caregiver functioning, and sustainability of relationships to adulthood are simultaneous conditions of permanency for a child or youth. Is the child's daily living and learning stable and free from risk of disruption?
- Have there been changes to the composition of the home?
- Discuss any current or past household events since the last contact with the caregiver and the child (if age and developmentally appropriate).

• **BEHAVIORAL AND EMOTIONAL**

- Has the child experienced a change resulting from behavioral difficulties or emotional disorders in the past year?
- Ensure the child has a Lifebook. Review and discuss updates to the Lifebook and provide any additional photos and information available to be included.

• **PERMANENCY PLAN**

- Are all CFT members aware of the child's permanency plan?
- Does the child's permanency plan include relationships that will endure lifelong?
- Is there a concurrent and/or alternate plan in place for the child?

- **CASE PLAN GOALS**
 - Is the pace of achieving sustainable, safe case closure consistent with the following guidelines?
 - a. Reunification: twelve (12) months
 - b. Guardianship: eighteen (18) months
 - c. Adoption: twenty-four (24) months
 - Discuss the case plan goals and progress made toward meeting the goals, including identified activities or actions.
 - Address plans for permanency and time frame, including progress made toward achieving sustainable, safe case closure.

- **ADDITIONAL PERMANENCY NOTES**

OTHER:

- **VISITATION**
 - Assess and discuss how the child's visits with parents and/or siblings are proceeding, and address any issues or concerns (e.g., missed visits, transportation issues, and/or lack of sibling visits).

- **COURT**
 - Discuss upcoming court hearings or actions, inform parties of the next court date, and obtain signatures on the notification letter.

- **RECORD KEEPING**
 - Obtain a current photograph of the child for the case file.
 - Review, provide copies, and/or obtain signatures on updated case documents as needed (e.g. Case Plan, CANS, Indiana Bill of Rights for Youth in Care, Acknowledgement of Receipt of Information About Various Educational Programs, and Authorizations).

Signature of Family Case Manager	Printed Name of Family Case Manager	Date (<i>month, day, year</i>)
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