

Quality Visit Guidelines



Essentials of Quality Contacts

Preparation	Investigation	Unsafe (In-Home/Out-of-Home/Judicial/Non-Judicial)
<ul style="list-style-type: none"> • Review all case documents prior to meeting with the family. • Consult with your supervisor and CLS when required and as often as necessary to support your decision making. • Be prepared for tough conversations and follow-up discussions with the family. 	<ul style="list-style-type: none"> • Requires the child(ren) to be seen alone, if the child is older than an infant. • All children in the home must be assessed for risk and safety including those not under agency supervision. • Discussion topics include child’s needs, service delivery to ensure those needs are met, goal achievement, and case planning at developmentally appropriate levels. 	
	<ul style="list-style-type: none"> • Utilize parent and caregiver contact to focus on issues pertinent to child safety, case planning, service delivery, and goal achievement. • All parents must be included, including those on the Case Plan and those not on the Case Plan, “non-offending,” or any other designation. • Discussion should also include barriers to child safety, increasing caregiver protectives capacities, understanding parent needs and provisions required for meeting those needs. 	
	<ul style="list-style-type: none"> • Location of visits should be in a place conducive to open, honest conversation, such as a private home, rather than a public environment, such as a courthouse or restaurant. 	

Child Visits

Children in the home should be visited and assessed as frequently as needed, but no less than once every 30 days. Child Welfare Professionals should assess for safety, permanency, and well-being. During each visit, always keep in mind the following:

- Must be interviewed alone
- Child understands reason for agency involvement
- Substance abuse assessments and treatment needs
- Mental/behavioral health assessments and treatment needs
- Educational assessments and treatment needs
- Professional assessments and evaluations used to facilitate treatment
- Developmental milestones
- Relationship with caregivers
- Parent/child interactions should be observed and assessed to evaluate caregiver protective capacities
- Conditions for return

Parent Visits

Should occur as frequently as needed based on the case-specific circumstances, but no less than once every 30 days. Child Welfare Professionals should assess the parents for social, emotional, and behavioral capacities to support/identify when agency intervention is no longer needed:

- Discuss and address barriers to service provision
- Counseling/therapy
- Substance abuse assessments and treatment needs
- Mental health assessments and treatment needs
- Parenting education and support
- “Bundled” providers that encompass many services
- Professional assessments and evaluations used to facilitate treatment
- Services that support treatment delivery (e.g., transportation, legal fees, supervised visitation, respite care)

Caregiver Visits

Assessments and services provided to the caregiver ensure certain desired conditions in the life of the child are present and the caregiver’s needs are met in effort to support the placement:

- Counseling and therapy
- Professional assessments and evaluations used to facilitate a child’s treatment
- Assessments to identify what the caregiver needs to enhance their capacity to provide appropriate care of the child (e.g., transportation, child care, supervised visitation, respite care, post-adoption services after finalization, education and training)
- If child is placed with a relative or non-relative, inquire at every visit if they are interested in becoming a Level I Foster Parent

Case Plan and Safety Plan Effectiveness: Should be assessed at each visit and modified when required.

Frequency and Quality: Should be reflected in and easily discerned from the case notes in FSFN.