

Ensuring Safety, Permanency and Well-Being: Suggestions for Conducting Contacts with Children and Caregivers

Toddlers (18-36 months)

Reviewing Safety with Caregivers

Basic Safety

- Did this child have any serious injuries, either before or since coming into your care?
- Does your child have any chronic health conditions? Do you have all the necessary medication and supplies?
- Do you have a First Aid Kit in your home?

Things to Check For:

- Are TVs and other pieces of standing furniture secured so that they cannot be pulled over?
- Are exposed wires or appliance cords in reach of children?

Preventing Falls

- Are there child safety window guards on all windows above the first floor?
- Are safety gates installed at the top and bottom of all staircases?

Bath Safety

- What do you do if the telephone or doorbell rings while you are giving your child a bath?
- Do you use bathtub seats with suction cups?
- Do you check the water temperature to make sure that the bath is not too hot or too cold?

Sleep Time Safety

- Please show me where the child sleeps. What do you do if the child has trouble falling asleep? Does the child have nightmares?
- When you put your child to sleep, do you put him/her on his/her stomach or back? (Sleeping on back is recommended.)
- What type of bedding do you use for the child? (Avoid soft bedding or pillows.)
- Does your child ever sleep in bed with you or with other children?
- Are there any window blinds or curtain cords near your baby's crib or other furniture?

- Does your child use a pacifier? Do you attach the pacifier to the child? How? (Should not tie anything to the child using string or ribbon.)
- Do you ever cover mattresses with plastic or a plastic bag? (Avoid plastics that could interfere with breathing.)

Bed Safety

- Check for the following types of issues regarding the place where the child sleeps:
 1. Does the crib have any missing, loose, improperly installed or broken hardware?
 2. Are crib slats more than two and three-eighths inches apart?
 3. Are there any corner posts over the end panels of the crib?
 4. Do the headboards or footboards have any cutout areas?
 5. Is paint cracked or peeling?
 6. Are there any splinters or rough edges?
 7. Are the top rails of the crib less than $\frac{3}{4}$ of the child's height?
- Does the child climb out of bed/crib? What do you do to prevent the child from falling or getting into an unsafe situation?

Child Care Safety

- Who takes care of your child when you are not home? How do you know this person? How old is this person? Is there a way for your child to reach you when you are away from home?
- Is there a list of phone numbers for your doctor, local hospital, police, fire department, poison control center and a friend or neighbor near the phone?
- Does this child go to daycare or pre-school? If so, how many hours per week? Who is responsible for drop-off and pick-up?

Safety Outside

- How do you watch your child when s/he plays outdoors?
- What does your child do if a stranger talks to him or her?

Safety suggestions are NOT requirements for birth parents.

Reviewing Safety with Toddlers

- Do you ever stay at home by yourself without any grown ups there?
- Who takes care of you if _____ (caregiver's name) is not at home? Do you feel happy or sad when _____ (caregiver's name) is not at home? Do you feel happy or sad when _____ (babysitter's name) comes to stay with you? Why?

- Do you ever sleep over at somebody else's house? Do you like this? Do you do this a little or a lot?
- Do you go to school or day care? Who takes you to school? Who picks you up from school?
- When you go outside, who is with you?
- Do you know what to do if a stranger talks to you and _____ (caregiver's name) is not there?

Reviewing Well-Being & Permanency with Caregivers

Living Arrangements:

- Show me the child's personal things, toys, books or other things s/he plays with. How does this child comfort himself/herself?
- Show me the child's bedroom? Who else lives in this room? How does the child get along with the others in the family?

Daily Routine:

- Describe a typical day for this child.
- If you had to teach this child a new skill, like picking up his/her toys, how do you do that? If the child does not follow rules, what do you do? How does the child respond to this?
- Describe a typical time when the child did not follow a rule. How does this child comply with your requests and demands? When the child does not follow family rules, what type of discipline do you use?

Social/Emotional:

- Have you seen any signs that the child is feeling grief, loss, or is traumatized by the events in his/her life? What are they? How have you tried to help the child handle this? Have the behaviors/emotions gotten better or worse?
- Describe how the child transitioned into your home/family. What have you been able to do to help the child transition (i.e. cook food s/he is familiar with, have pictures of his/her family in the bedroom, have books or music from the child's home, etc.)?
- How does this child show warmth and affection? What does s/he do when s/he is happy? How does the child show that s/he is upset, hurt, sad or other emotions?
- Who does this child seek comfort from when s/he is hurt, frightened, or ill?
- Is this child able to seek you out and accept your help when needed?
- Does this child show preference for a particular adult?
- What does this child do when upset? How easy is it to soothe this child when s/he is upset?

- How does this child comply with your requests and demands?
- How has this child changed since coming here? What do you think about that? In what ways has the child adjusted to this placement?
- Is this child involved in any religious activities? Any cultural activities?

Family and Friends:

- Have you met the child's parents/siblings/family? What happened when you meet them? Do you have any concerns or questions about the family?
- Who does the child talk to, play with, or spend time with? Is the child's behavior different with these people than with you? In what ways?
- Is the child allowed to call family from your home?

Special Interests:

- What kinds of things does this child like to do?
- What do you do to support the child in being involved in things s/he likes to do? Do you need any help to do this?

Education:

- Would you describe this child as developmentally normal or not? Can you give me examples of his/her behaviors/skills/developmental progress or regression? Do you think the child needs any help in any developmental skills?
- Does this child go to school or day care? Who is her/his teacher(s)? Have you gone to a school conference or received any reports from school? Can I see them so I can make a copy of the file? If the child were to have troubles at school, who would you contact?
- How has the child transitioned into his//her new school?

Health:

- Who is taking the child to medical examinations? Who decides what type of medical care (even routine care such as immunization shots) the child should have? Does the child have any special medical problems? Do you know how to provide the care for this type of condition? Where do you keep the child's medical records? Show me any recent medical report so I can have a copy for the child's records.
- Describe the child's sleeping pattern. Describe the child's eating habits.
- Have you seen any weight changes since this child has been with you? Any other type of changes?
- What developmental milestones has the toddler achieved?

Case Planning:

- Is this child receiving any developmental, medical and/or psychological services? Which ones? How often? What do you think/feel about these? Do you think that the services are meeting this child's needs? Are there any other services that you think this child needs?

- What is your greatest fear about your child returning home? What is your greatest fear if your child does not return home?
- When the child visits his/her parents or other family members, what happens? How does the child behave before or after the visit? What do you think of the family visits with the child?
- What are the case goals for this child and his/her family and what do you think/feel about that? What makes that okay; not okay?
- If the child goes home, how do you imagine you might still be involved with the child and his/her family? If the child cannot go home to any family member, how might you imagine being involved with the child?
- What is the permanency goal for this child? What do you think/feel about this? What makes it okay; not okay?
- How have you been included in the family conferences/treatment/team case planning meetings? What is your role in achieving the case goals?
- What do you need to know or tell me about the child that would help all of us do a better job making this child safe and getting him/her a permanent family?

Self Care:

- On a scale of one to ten with ten being the easiest child you have ever cared for – how easy is it to parent this child? Describe who this child is. What about the child is easiest and most pleasurable? What is the most difficult aspect of this child for you to deal with? What are the things about this child that you think will help him/her in the future? What do you think might be harder for him/her?
- Tell me how you handle the stress of having this child in your home? What do you do to take care of yourself?
- What are your concerns right now? How can I help you?
- What was/is it like for you to care for this child? What has been the effect on your family of having this child placed in your home? What did you expect it to be like? Help me understand what it has been like for you dealing with this child?
- To whom do you go if things aren't going too well?
- What things do you need to support your continued care of this child?

Reviewing Well-Being & Permanency with Toddlers

Living Arrangements:

Do you like living at _____'s (caregiver's name) house? What is the best thing? What is the worst thing?

Does anybody else live at _____'s (caregiver's name) house besides you and _____? If so, ask: Do you like living with _____? (Ask by individual names that the child mentions.) Why (or why not)?

Where do you sleep? Do you share a room with anyone? Who? If so, ask: Do you like sharing a room with _____? Why (or why not)?

Do you share a bed with anyone else? If yes ask, who? Do you like sharing a bed with _____? Why (or why not)?

Are there things that you can't do at _____'s house? What happens if you do something that you are not supposed to do?

Special Interests:

Do you play with toys? What toys do you like playing with? Does anyone else play with toys with you? Do you have a favorite toy?

Do you like to have stories/books read to you? Who reads stories/books to you? Can you tell me the name of a book that you really like?

Do you like to make pictures?

What's your favorite food? When do you get to eat that?

What is your favorite toy? Can you show me?

Social/Emotional:

If you are sad, mad or scared about something that happens at _____'s house, do you tell anyone? Who?

Do you ever get scared at night? If so, ask: What do you do when you feel scared at night?

Does _____ (caregiver's name) ever get mad at you? What happens if _____ gets mad at you? If _____ gets mad, do you feel sad, mad or scared?

Does _____ (caregiver's name) ever get mad at anyone else who lives with you?

Is there anyone at _____'s house who makes you feel scared?
Is there anyone at school who makes you feel scared?

Do you ever get scared when you are playing outside? If yes, ask: How come?
Do you tell anyone when you feel scared? Who?

Are there any grown ups or kids who do things that make you feel happy?

Are there any grown ups or kids who do things that make you feel sad? Are there any grown ups or kids who do things that make you feel mad?

What to you like to do? What are you good at? If appropriate: Can you show me that?

Education:

If child goes to school or is some form of child care: Do you go to school/day care? If so, ask: Do you like it? Why (or why not)?

What do you like to do at school/day care? Is there anything that you don't like about school/day care?

Can you show me something you learned at school?

Friends and Family:

Who do you play with? What do you do when you play with other kids?

Do you get to see your mommy and/or daddy? Do you like seeing them? What kinds of things do you do with them?

Do you see your brothers and/or sisters? Do you like seeing them? What kinds of things do you do with them?

Is there anyone or anything you miss (friend, family, pet, belonging)? Who would you like to see?

Health:

Does your stomach or head ever feel bad? Tell me what happens when you feel bad.

Have you been to see a doctor since you've been living with _____? If so, ask: How come? Can ask: Were you sick or did you need to get a shot?

Have you been to see a dentist (a special doctor who looks at your teeth) since you've been living with _____?

Sources:

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