

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

Pre-School (3-6 years old)

Reviewing Safety with Caregivers

Basic Safety

- Did this child have any serious injuries, either before or since coming into your care?
- Does the child have any chronic health conditions? Do you have all the necessary medications 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 the child a bath?
- Do you check the water temperature to make sure that the bath is not too hot or too cold?

Child Care Safety

- Who takes care of the child when you are not home? How do you know this person? How old is this person? Is there a way for the child to reach you when you are away from home?
- Is there a list of phone numbers for your doctor, local hospital, police department, 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? How does the child get there? Who is responsible for drop-off and pick-up?

Safety in the Streets

- How do you watch this child when s/he plays outdoors?
- What does this child do if a stranger talks to him or her?
- Does this child know your address and phone number? (Kids this age may know only part of the answer to these questions.)

Safety suggestions are NOT requirements for birth parents.

Reviewing safety with Preschoolers

- Do you know the name of the street that _____ (caregiver's name)'s house is on? Do you know the address for _____ (caregiver's name)'s house? Do you know the telephone number at _____ (caregiver's name)'s house? Can you tell me what it is?
- Do you ever stay by yourself at home without any grown ups around?
- Who takes care of you if _____ (caregiver's name) is not at home? What is it like when this person stays with you? Do you like it? What kinds of things do you do with this person?
- If something really bad or scary happened, like if there was a fire, what would you do?
- Do you ever sleep over at somebody else's house? Do you like this? Do you do this a lot?
- Are you able to call _____ (caregiver's name) when they are not at home? How do you do this?
- Do you go to school/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 on the street or asks you to go somewhere with him/her?
- What is your favorite toy? Can you show me?

Reviewing Well-Being & Permanency with Caregivers

Living Arrangements:

- Show me the child's personal belongings, 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 would you do that?
- 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? How does the child respond to this?

Social/Emotional:

- Have you seen any signs that the child is feeling grief or 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? (For example, 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 met 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 are this child's special talents?
- 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 typical or not? Can you give me examples of his/her behaviors/skills/developmental progress or regression? Do you think the child needs any help with 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 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?

Case Planning:

- Is this child receiving any educational, medical and/or psychological services? Which ones? How often? What do you think/feel about these services? 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 the goals? What makes them 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 of 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 Pre-schoolers

Living Arrangements:

How is it for you living at _____'s house?

Who else lives here with you? What do you think about the other people who live here? Do you like living with them? How come?

Do you know why you are living here with _____(caregiver's name)?

Do you like _____ (caregiver's name)? How come?

Do you think that _____likes you? How come?

Where do you sleep? Do you share a room with anyone? If so, ask: Who? Do you like sharing a room with this person? How come?

Are there things that you can and can't do at _____'s house? What are some of these things?

What happens if you do something that you are not supposed to do? Does this happen a little or a lot?

Daily Routine:

Describe what happened since you woke up today.

Do you wake up by yourself in the morning or does someone else wake you up?

If it's someone else, ask: Who?

What do you do in the morning to get ready for school? Does anybody help you? If so, what do they do? What do you do by yourself to get ready in the morning?

Does anyone make breakfast for you? Who? What are some things that you eat for breakfast?

If child goes to school: Do you bring your lunch with you to school or do you get lunch at school? What are some things that you eat for lunch? Where do you go after school? How do you get there? What do you do after school? Do you like what you do after school?

Who makes you dinner? What are some things that you eat for dinner? What are some things that you do after you eat dinner?

What time do you go to bed? Does anyone help you to get ready for bed? If so, what do they do to help you?

What do you do on Saturday and Sunday? Who do you do this with? What do the other people in _____'s house do on Saturdays and Sundays? If applicable: Is this the same as what you used to do on weekends when you lived with _____(previous guardian) or is it different? What is different about it?

Special Interests:

What kinds of things do you like to do for fun? (For example, sports, music, art, video games, etc.) Do you do these things while you are living with _____?

Are there any things that you'd really like to be doing that you aren't doing now? What do you miss?

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

What is your favorite toy? Can you show me?

Education:

Do you go to school? If so, do you like it? How come?
What do you do at school? Who do you do this with?

If child goes to school: What are some of the things that you like the most about school? What are some of the things that you don't like so much about school?

Can you show me something you learned at school?

Family and Friends:

Do you get to see your mom, dad, grandma, pets, etc.? How is this for you? Do you see your brothers and/or sisters? What kinds of things do you do together?

Who are some of your friends? What do you do with them? Where do you see them?

Is there anyone you want to see or talk to?

Social/Emotional:

Does _____ (caregiver's name) ever get mad at you? What happens if _____ gets mad at you? Does this happen a lot of the time or a little of the time? What do you feel like when _____ gets mad?

Does _____ (caregiver's name) ever get mad at someone else who lives in the house with you? Does this happen a lot of the time or a little of the time? What do you feel like when _____ gets mad at these other people? What are some of the things that s/he gets angry at other people about?

Tell me one time when you felt sad, mad or scared about something that happened at _____'s house. What did you do? What did the adults do?

Who do you go to when you need help?

Is there anyone at _____'s house or anywhere else who makes you feel scared? Are there any grown ups or kids who do things that make you feel sad, mad, or scared?

Do you ever get scared when you are playing outside or walking around by _____'s house? If yes, what are the things that make you scared? Can you talk to someone about this? If so, who?

What is the best thing about living with _____? Is there anything bad about living here?

Do you have a favorite thing you do when you feel sad? Do you have a favorite thing that helps you feel happy? (For example, a toy, stuffed animal, or blanket.)

Do you ever get scared at night? If so, ask: What do you do when this happens? Do you ever go into _____'s room when this happens? If so, ask: What do they do?

Do you ever wake up in the middle of the night? If so, ask: What do you do when this happens?

If something is really worrying or bothering you, who can you talk to? If you want to talk to me, do you know how you can do that?

Health:

Are you ever sick? Tell me about what happened when you felt bad.

Have you been to see a doctor since you've been living with _____? What did you see this doctor for? Have you been to any other doctors? If so, why did you go to them?

Have you seen a dentist since you've been living with _____?

Sources:

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