

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

Infants: (0-18 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 of 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?

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, toys or pillows in the crib.)
- ✓ 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.)

Crib Safety

- ✓ Check for the following types of issue 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 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 top rails of crib less than $\frac{3}{4}$ of the child's height?

Bath Safety

- ✓ What do you do if the telephone or doorbell rings while you are giving your child a bath?
- ✓ What type of bathtub seat do you use? (Check for suction cups.)
- ✓ How 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 your child when you are not home? How do you know this person? How old is this person? Is there a way for that person 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? If so, how many hours per week? How does your child get there? 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 Well-Being & Permanency with Caregivers

Living Arrangements:

- Show me the child's personal things, toys, comfort item (like a blanket) 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?

Daily Routine:

- Describe a typical day for this child.
- If you had to teach this child a new skill, like walking, how do you do that?
- Describe the child's sleeping pattern. Describe the child's feeding pattern, habits, favorite food, etc.

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 or child?
- What does this child do when upset? How easy is it to soothe this child when s/he is upset?
- How has this child changed since coming here? What do you think about that? In what ways has the child adjusted to this placement?

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?

Special Interests:

- What kinds of things does this child like to do?

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 in any developmental skills?
- Does this child go to day care? Who is her/his teacher(s)?

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?
- Has the infant been developing typically? What major milestones have occurred recently? (Talking, walking, roll-over, eating solid food, etc.)

Case Planning:

- Is this child receiving any developmental, medical and/or other 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 this child returning home? What is your greatest fear if this 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 those 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 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?

Sources:

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