



Chapter 4

Managing Child Safety In and Out of Home

Section 9: Monitor the Child Welfare Case Plan Through Required Contacts

Monitor the Child Welfare Case Plan Through Required Contacts

Face-to-Face and Other Contact

The caseworker is responsible for 30-day face-to-face contacts. Frequent contact is a part of the caseworker's role in managing child safety. The caseworker is also responsible for:

- I. Monitoring the changes in the family;
- II. Continually assessing protective capacity;
- III. Always ensuring Child Welfare interventions are the least intrusive means of keeping the child safe; and
- IV. Making adjustments to Child Welfare's interventions whenever indicated.

Procedure

- I. The caseworker must have the following contacts:
 - A. Face-to-face contact with the child monthly.
 - B. Face-to-face contact with the parents, guardians, or Indian Custodian monthly.
 - C. Contact with the safety service providers monthly.
 - D. Contact with the substitute caregiver monthly when a child is in substitute care.
 - E. Face-to-face contact with the substitute caregiver in the home or facility of the substitute caregiver every 60 days.
 - F. Contact with the service providers a minimum of once every 90 days.

Monitor the Ongoing Safety Plan

Procedure

The caseworker reviews the ongoing safety plan monthly to confirm it is sufficient, and if not sufficient, updates the ongoing safety plan accordingly. y. The caseworker adjusts to either increase or decrease intrusiveness of Child Welfare intervention as necessary to manage child safety. For detailed procedures on confirming the ongoing safety plan, refer to Section 4 of this chapter.

Contact with a Parent, Guardian, or Indian Custodian and Child When a Child is in an In-Home Safety Plan

Procedure

- I. The caseworker must have face-to-face contact with the parents, guardians, or Indian Custodian and the child at least monthly to monitor the child's safety. This contact should occur in the home of the parent, guardian, or Indian Custodian where the child resides. Face-to-face contacts should be more frequent when needed to ensure child safety. Part of the visit should include time with the child away from the parents, guardians or Indian Custodian. During each face-to-face contact, monitor the child's safety by:
 - A. Looking for and evaluating any changes (increases and decreases) in the parents', guardians', or Indian Custodian's protective capacity and changes in the parents', guardians', or Indian Custodian's ability or willingness to keep the child safe.
 - B. Confirming the Ongoing Safety Plan's sufficiency (refer to Section 4 of this chapter).
 - C. Confirming a safe environment.

Monitoring Infant Safe Sleep Practices During Parent, Guardian, or Indian Custodian and Child Contacts

During each face-to-face contact in the home of a parent, guardian, or Indian Custodian with children under the age of 12 months, the caseworker has the responsibility of observing the sleeping arrangements of any infant in the home and engaging and educating the parents, guardians, or Indian Custodians on how to reduce high risk infant sleep practices.

Procedure

- I. As part of the activities required during each face-to-face contact in the home of a parent, guardian, or Indian Custodian with an infant, the caseworker must:
 - A. Observe the home and assess the sleep environment of the infant;
 - B. Inquire about the sleep practices the family uses any time or place the infant is laid down to sleep for nap time or nighttime. Does the family know how the infant is laid down to sleep when at childcare or with a babysitter or relative?
 - C. Provide education on safe sleep recommendations to all caregivers in the home.
 1. Provide both written information and a verbal explanation:
 - Written information may include the "Safe Sleep for Babies" brochure (OHA 8213) or other written resources depending on the needs, the languages used, and the learning styles of the parent or caregiver. Brochures demonstrating rather than describing safe sleep may be preferable to some families.
 - Consider the family's culture or heritage when providing information. There are brochures available for focused outreach to different cultures or populations, like African American, American Indian or Alaska Native, or even grandparents.
 - Incorporate and acknowledge familial and cultural preferences.
 2. Engaging all caregivers in the home, includes mothers, fathers, grandparents, or any person in the home who provides care for the infant. If, for example, the father is not at the home make a plan for how the information will be shared.
 - D. Support the family in problem solving to reduce sleep related risk. Check with the family's support network or local organizations to secure a safe sleep surface (crib, bassinet, pack-n-play). Request

funds to pay for a safe sleep surface if one is not available through other resources or create a sleep plan with the family.

- E. At each subsequent home visit, assess the sleeping conditions and engage the parents, guardians, or Indian custodian on how to reduce the risks of unsafe sleep situations. Consider including other community partners in these conversations with the family, such as experts on substance use disorders, safe sleep or infant health, or culturally specific providers or experts. Consider connecting the family with providers they trust and who would have credibility on the topic, such as their pediatrician.
- F. When educating parents, guardians, or Indian Custodians about the risks involved with sharing a sleep surface with an infant there may be resistance to change. There are a lot of reasons caregivers choose to share a sleep surface and, while it should always be discouraged, it is important to understand how to reduce risk when a caregiver chooses to continue the practice. Consider sharing information about what practices make sharing an adult bed, couch, or armchair with an infant even more dangerous:
 1. Very High Risk:
 - The sleep surface is soft, such as a waterbed, old adult mattress, couch, or armchair.
 - The caregiver is very tired, taking medication that makes them drowsy, or using substances like alcohol, or their ability to respond is affected in some way.
 - The caregiver smokes cigarettes or uses tobacco products even if they do not smoke in the bed.
 2. High Risk:
 - Infant is younger than 4 months old.
 - The adult is a caregiver other than the infant's parent, such as a grandparent or sibling.
 3. Higher-than-normal-risk:
 - Baby was born preterm (before 37 weeks) or at a low birth weight.
 - The sleep area includes unsafe items, such as pillows or blankets.
- G. Sometimes an infant's sleep practices are part of a safety plan, such as when there are concerns about a caregiver using substances sharing a sleep surface or an infant who is at higher risk for sleep related infant death. It's critical in these situations to make sure safety services providers know what steps to take to manage safety when the infant is laid down to sleep.
- H. Bottle propping also increases risk to an infant.
 - It is not recommended to put an infant to sleep with a bottle propped in their mouth. It is a choking hazard and can lead to bottle rot as teeth come in.
 - The items typically used to prop a bottle, such as blankets or stuffed animals, pose a suffocation risk.
 - An infant eating unsupervised is unsafe as it increases risk for choking or aspiration.
- I. To further understanding of how to support families in laying their infants safely to sleep, access training on infant safe sleep available in Workday.

Documentation

- I. Document observations of the sleep environment, information gathered from the parent or caregiver on their sleep practices, whether written information on safe sleep was provided and any efforts to reduce risk. Include the parent or caregiver reasons for their practices; for example, a Tribal family using traditional child rearing practices such as a baby board.
- II. Document the above information using the Safe Sleep Checklist (ODHS 2362) at first in-home contact with the family and any subsequent in-home contacts when there is a change in sleep practices. The completed checklist must be uploaded into the OR-Kids file cabinet. When there is no change in sleep practices, document this information in the case note already created for the face-to-face contact.

Safety Service Provider Contact (Every Participant in an Ongoing Safety Plan)

Procedure

- I. The caseworker must have contact with each safety service provider in the ongoing safety plan monthly. This contact does not need to be face to face. Through this contact with the safety service provider in the ongoing safety plan, the caseworker must determine whether:
 - A. Safety service providers in the ongoing safety plan are engaged and active in the safety activities.
 - B. The parents are cooperating with the safety services.
 - C. The safety service providers report that the interventions are effective.
 - D. The safety service provider agrees that the level of intervention ensures the ongoing safety of the child.
- II. The caseworker must evaluate the ongoing safety plan and feel confident the services are the least intrusive available to ensure the child's safety.
 - A. Revise the ongoing safety plan if less intrusive actions are appropriate.
 - B. Revise the ongoing safety plan if the current plan is insufficient to manage child safety.

Monitor Action Agreements

Procedure

- I. The caseworker must contact the service providers in an action agreement a minimum of once every 90 days. However, more frequent contact is recommended, including email and phone communication, to get updated information on parents', guardians', or Indian Custodian's involvement and progress. The contact is a tool used to determine whether:
 - A. The service provider is actively engaged with the family and providing the agreed upon services.
 - B. The parents, guardians, or Indian Custodian are making progress toward meeting the expected outcomes in a timely manner.
 - C. The current action agreement is not working, and alternate strategies should be implemented to facilitate change.

Contact With the Child Placed in Substitute Care

Contacts with the child in out of home care involve not only confirming the substitute caregiver's participation in the ongoing safety plan as a resource but confirming the substitute care environment is safe for the child, and the child's needs are being met while there. It includes monitoring services provided to the child (education, physical and mental health, cultural or other treatment needs), the child's adjustment to substitute care, and the ability of the substitute caregiver to provide a safe environment for the child.

Procedure

During each face-to-face contact, the caseworker must monitor the safety of the child by:

- I. Assessing the progress in and adjustment to the placement of the child.
- II. Receiving updates from the child and the substitute caregiver.
- III. If the child has a supervision plan, ensuring it continues to meet the child's enhanced supervision needs as identified by the CANS and making adjustments with the substitute caregiver as necessary.
- IV. If the child is receiving personal care services, ensuring the Personal Care Services Plan is meeting the child's additional service needs. If it is unclear whether the plan is meeting the child's needs, consult with a supervisor. If a supervisor approves, consult with the child's physician or the personal care nurse manager regarding any concerns about the child's medical needs.
- V. Assessing the safety and well-being of the child by determining whether each of the following conditions exist in the home:
 - A. The child is comfortable, and the environment of the home is supportive and safe.
 1. The caseworker should talk to the child alone and, if the child is able to answer, ask questions about how the child feels in the placement, and whether they feel comfortable in the home
 2. Are they aware of the Oregon Foster Children's Bill of Rights and having their rights and needs met as outlined in the document?
 - B. Adults in the home take an active role in caring for and supervising the child.
 1. The caseworker should talk to the child, if the child is old enough to communicate, about who takes care of them, what they do, etc.
 - C. Adult family members possess the physical, emotional and cognitive capacity to sufficiently care for the child.
 1. The caseworker should assess whether the child is:
 - Getting to medical and other appointments.
 - Getting to school on time.
 - What treatment providers for the child report about whether child's needs are being met.
 - D. Family members and the child have contact with others in the community.
 1. The caseworker should ask the substitute caregiver and the child what they do for recreation and

whether they attend school functions, church, other neighborhood events, etc.

- E. The child is considered part of the household.
 - 1. The caseworker should ask questions about where the child eats, where they spend their time in the home (e.g., is much of the home restricted to the child?), and whether the child participates in family activities with the substitute caregiver.
- F. The substitute caregiver understands and is attentive to the child's vulnerability and need for protection.
 - 1. Is the substitute caregiver attending to the child's special circumstances and protective of the child when they may be fearful or sensitive to the special issues a victim of child abuse may need to address?
- G. The substitute caregiver is amenable to Child Welfare oversight and willing to partner with Child Welfare.
 - 1. Is the substitute caregiver following the Child Welfare case plan, including the family time and contact plan? Does the substitute caregiver share negative information about the case with the child?
- H. If the child is placed with a relative caregiver, the child's parents, guardians, Indian Custodian and other family understand the role of the relative caregiver in managing safety as a substitute caregiver.
 - 1. The child's parents, guardians, or Indian Custodian may not support the placement, but their opinion is a factor to consider in the quality of the placement. In addition, consider whether other extended family members can support the relative caregiver.
- I. The child has a sufficiently positive relationship with the substitute caregiver's own children who live in the home.
 - 1. The caseworker should talk to the child about interactions with the resource parents' own children, whether they play together or if they fight or argue.
- J. The substitute caregiver is caring for children matching the preferences and experience of the family.
 - 1. The caseworker should talk with the substitute caregiver about how they are managing the care of the children in their home. Are they stressed, or do they feel overwhelmed?
- K. The interactions between the child and other children placed in the home are sufficient to ensure safety.
 - 1. The caseworker should talk to the child about the interactions with other children in the home. Do they play together, argue or fight, or generally get along?
- L. The present demands do not exceed the ability of the substitute caregiver to provide safe and protective care.
 - 1. The caseworker should talk to the substitute caregiver about their stress level, how they handle stress, whether they get breaks, if they enjoy being a resource parent, and how are circumstances in their own lives affecting the children in the home?

VI. If the child makes a statement about their sexual orientation, gender identity, or gender expression (SOGIE), follow procedure regarding the protection of that statement and information as indicated in the documentation portion of this section and in Chapter 1 Section 5. If consent is not granted by the child or their attorney, staff

with a supervisor if an exception is needed. Follow guidance regarding Supporting and Providing Services for Children and Young Adults with Diverse Sexual Orientation, Gender Identity, and Expression (Chapter 5, section 41), when applicable.

- VII. If any of the above conditions do not exist in the home, and the caseworker cannot confirm the safety and well-being of the child, the caseworker must:
 - A. Assess child safety immediately to determine if there is a safety threat.
 1. If there is an evident safety threat, the caseworker must immediately:
 - Consult with the a supervisor to determine any immediate protective action required to ensure the child's safety, or
 - Any action required to ensure the child's safety.
 - Contact a screener and report the identified safety threat to the child.
 - B. Document the behaviors, conditions, or circumstances observed in the home and any immediate protective actions in the Child Welfare electronic data system.
- VIII. When the child is currently safe in the home, but a certification rule is being violated or, for other reasons, the caregiver is struggling with the responsibilities of caregiving, the caseworker must:
 - A. Document date, time, location, and current behaviors, conditions, or circumstances observed in the home in the Child Welfare electronic information system. Notify the certifier or certifier's supervisor within one day.
 - B. The caseworker must have face-to-face contact with the substitute caregiver within the next 30 days, and the visit must occur in the home. The caseworker must observe the behaviors, conditions, or circumstances of the substitute caregiver, the child, and other children in the home, as well as conditions in the home.
 - C. When the caseworker can confirm that the child is safe, current conditions in the home provide safety and well-being for the child, and the certification violation has been remediated or, for other reasons, the caregiver's struggles with caregiving have been resolved, the caseworker must:
 1. Document the date, time, location, and observations of the condition of the environment in the Child Welfare electronic information system.
 2. Notify the certifier of the improved behaviors, conditions, or circumstances in the home.
 - D. When the caseworker can confirm the child is safe but cannot confirm that the certification standard has been remediated, or if the caregiver continues to struggle with the responsibilities of caregiving, the caseworker must:
 1. Consult with the supervisor to determine whether to recommend implementing a Placement Support Plan (refer to Chapter 8 for detailed procedures regarding the Placement Support Plan) to the certifier, or whether the child should no longer remain in the home because the conditions necessary to provide safety and well-being cannot be sustained in this home.
 2. Notify the certifier of the behaviors, conditions, or circumstances in the home.
 3. Document the date, time, location, and the behaviors, conditions, or circumstances in the home in the Child Welfare electronic information system.

4. During each face-to-face contact in the home of a certified family providing care for an infant in the care or custody of the Department, the caseworker must:
 - Observe and assess the sleep environment of the infant;
 - Inquire as to the sleep practices the certified family uses anytime the infant is laid down to sleep;
 - Engage and educate the certified family on safe sleep practices, as needed;
 - Document observations of the sleep environment, any information gathered from the certified family on their sleep practices and whether written information on safe sleep was provided in the Department's electronic information system; and
 - Refer to Chapter 8, Section to for more information on safe sleep in resource homes.

Contact With a Child Placed with a Provider

A provider is defined as a “person approved by a licensed private child-caring agency to provide care for children or an employee approved by a licensed private child-caring agency.” In other words, it is a placement in a residential treatment facility or a resource home licensed or approved by someone other than a Child Welfare certifier.

Procedure

During every contact with a provider, the caseworker must:

- I. Assess the progress in and adjustment to the placement of the child.
- II. Receive updates from the child and from the provider.
- III. Assess the safety of the child in the home or facility by determining whether each of the following conditions exists:
 - A. The child is comfortable, and the environment is supportive and safe.
 1. The caseworker should talk to the child alone and, if the child is able, ask them questions about how they feel in the placement, and whether they feel comfortable.
 - B. Adults take an active role in caring for and supervising the child.
 1. The caseworker should talk to the child, if the child is old enough to communicate, about who takes care of them, what they do, etc.
 - C. Adults possess the physical, emotional, and cognitive capacity to sufficiently care for the child.
 1. The caseworker should assess:
 - Whether the child is getting to medical and other appointments.
 - Whether the child is getting to school on time.
 - What the treatment service providers for the child report about whether the child's needs are being met.
 - D. The child has formal and informal contact with others in the community.
 1. The caseworker should ask the substitute caregiver and the child what they do for recreation and

whether they participate in school functions, church, other neighborhood events, etc.

- E. The child is considered part of the household or facility.
 1. The caseworker should ask questions such as:
 - Where the child eats,
 - Where they spend their time in the home or facility (are there restrictions placed on the child?), and
 - Whether the child routinely participates in activities with the substitute caregiver.
 - F. The provider understands and is attentive to the vulnerability and need for protection of the child.
 1. Is the substitute caregiver attending to the child's special circumstances and protecting the child when the child may be fearful? Is the substitute caregiver sensitive to the special issues that a victim of child abuse may need to address?
 - G. The provider is amenable to Child Welfare oversight and willing to partner with Child Welfare.
 1. Is the substitute caregiver following the Child Welfare case plan, including the family time and contact plan? Does the substitute caregiver share negative information about the case with the child? Is the substitute caregiver ensuring the child is receiving the treatment services they need?
 - H. The child has a sufficiently positive relationship with other children in the home or facility of the provider.
 1. Observe the child in the home or facility. Ask about their relationships with others, the friends they have developed, and what relationships are meaningful to the child.
 - I. The substitute caregiver is caring for children matching the caregiver's preferences and experience.
 1. The caseworker should talk to the child about the interactions with other children in the home. Do they play together, argue or fight, or generally get along?
 - J. The interactions between the child and other children placed in the home or facility sufficiently ensures safety.
 1. Observe the care provided to all the children in the home or facility. Do people seem to get along? Is everyone valued as a member of the group? Do caregivers appear to possess the knowledge and skills needed to care for the child and other children in the home?
 - K. The present demands of the home or facility do not exceed the ability of the substitute caregiver to provide safe and protective care.
 - L. The substitute caregiver is attentive to the cultural needs of the child or young adult including specific cultural practices such as not cutting an Indian child's hair without parental consent.
- IV. Document the date, time, location, and observations of the environment's condition in the Child Welfare electronic information system.
 - V. If any of the above conditions do not exist in the home or facility and the caseworker cannot confirm the safety and well-being of the child, the caseworker must:
 - A. Assess child safety immediately to determine if there is a safety threat.
 1. If a safety threat exists, the caseworker must immediately:

Consult with a supervisor to determine any immediate protective action required to ensure the child's safety or any action required to ensure the child's safety.

Contact a CPS screener and report the identified safety threat to the child.

- B. Document the behaviors, conditions, or circumstances observed in the home or facility and any immediate protective actions in the Child Welfare electronic information system.

VI. When the child is currently safe in the home or facility, but the conditions described above are not fully met, the caseworker must:

- A. Contact the child caring agency's management to report the conditions of the home or facility and request additional supportive resources for the provider.
- B. Document in the Child Welfare electronic information system case notes the contact with the child caring agency's management.
- C. Have face-to-face contact with the provider and the child within the next 30 days. The visit must occur in the home or facility. The caseworker must observe the behaviors, conditions, or circumstances of the home or facility and the child and other children in the home or facility.
- D. When the caseworker can confirm that current conditions in the home or facility provide safety and well-being for the child, the caseworker must:
 - 1. Document the date, time, location, and observations of the condition of the environment in the Child Welfare electronic information system.
 - 2. Contact the child caring agency's management and report the improved behaviors, conditions, or circumstances in the home.
- E. When the caseworker can confirm the child's safety but cannot confirm that current conditions in the home or facility meet the requirements in OAR [413-080-0059](#) (3)(a)(D), the caseworker must:
 - 1. Consult with a supervisor to determine whether an immediate protective action is required to ensure the child's safety or any other action is required to ensure the child's safety; or
 - 2. Whether it is necessary to consult with the child caring agency's management to provide additional support and ensure child safety.
 - 3. Document the date, time, location, and the behaviors, conditions, or circumstances in the home or facility and any actions in the Child Welfare electronic information system.
 - 4. Document contact with the child caring agency's management.

Monitor The Case Plan

Procedure

- I. The caseworker is responsible for continually monitoring all aspects of the Child Welfare case plan including:
 - A. The sufficiency of the ongoing safety plan;
 - B. The safety of the child;
 - C. That the interventions are the least intrusive available to keep the child safe;

- D. The parents', guardians', or Indian Custodian's progress in the activities and services focused on enhancing protective capacity and/or managing safety threats; and
 - E. The child's needs are being met.
- II. The contact requirements are the means by which a caseworker monitors the Child Welfare case plan. Consider the following questions:
- A. Is there confidence that the child is safe now?
 - B. Does the child report they are safe, and can a safe environment be observed in the home?
 - C. How are parents, guardians, or Indian Custodians progressing in enhancing protective capacity? What behaviors, conditions, or circumstances have been observed that indicate change is occurring?
 - D. What new things have been learned about the family that would indicate that the Child Welfare case plan or services should be modified to more specifically focus on the diminished protective capacities that make the child unsafe?
 - E. Are there ways services can be less intrusive and still keep the child safe?
 - F. Are the parents, guardians, or Indian Custodian making sufficient progress that work toward case closure can begin?
 - G. What do is needed to feel confident that child safety can be sustained without Child Welfare involvement?
- III. The caseworker should consult regularly with a supervisor on the case.

Documentation

- I. Document in the Child Welfare electronic information system case notes:
 - A. The date, type, and location of each contact with the child and parent, guardian or Indian Custodian;
 - B. The date and type of each contact with each participant in the in-home ongoing safety plan;
 - C. Observations and condition of the child during the home visit;
 - D. Observations and condition of each parent, guardian, or Indian Custodian during the home visit;
 - E. Changes observed in the ability of the parents, guardians, or Indian Custodian to provide protective care;
 - F. Observations or reports from ongoing safety plan participants and service providers;
 - G. How the ongoing safety plan or any revised safety plan (including the facts supporting the revision) continues to ensure the safety of the child; and
 - H. Any immediate protective action if required to ensure the safety of the child.
 - I. If a child makes a statement about their sexual orientation, gender identity or expression (SOGIE) during contact, complete the following documentation steps to ensure the information may be identified and protected in case of records disclosure or discovery:
 - Complete the SOGIE Confidentiality Consent form and upload the form into OR-Kids, as instructed in Chapter 1, Section 5: Confidentiality.

- Create a case note to reflect the contact with the child, that a SOGIE statement was made and the SOGIE Confidentiality and Consent form was completed and uploaded to the file cabinet.

What to Talk to a Child or Young Adult About?

Caseworkers tailor their contacts and conversations with children and young adults based on their specific needs. This includes the child or young adult's developmental level and case specific circumstances to assess and confirm the child's safety, wellbeing and cultural needs wherever they reside. There are tools available to assist caseworkers in having intentional contact with families to better understand child, adult, and family functioning. These tools can be found:

- I. On the CPS or Permanency Resources OWL pages.
- II. In Appendix 4.2 Face-to-Face Case Note Guide.
- III. On other accredited sites such as the Centers for Disease Control.

Engagement with children or young adults through contact and conversation happens in various settings such as in the home in which they reside, at school, or at extracurricular or cultural activities. It is important for a caseworker to connect in various locations to get a full picture of the child or young adult's safety, wellbeing, and cultural needs, and experiences. Varying engagement strategies may lead to deeper conversations on a variety different topics that may be important to the child and assist in building rapport.

For a toddler or a young child, the caseworker can observe the child to see how comfortable the child is in the home and around their parent, guardian or Indian Custodian or if in substitute care with their resource parent and/or other caregivers. The caseworker can ask the child simple questions such as what type of things they do, are there lots of people in their house, and if they feel safe, etc.

For an older child or young adult, the caseworker can ask specific questions such as how safe they feel, how they get to school, who is at the home when they are, what type of things they like to do, etc.

If the child makes a statement about their sexual orientation, gender identity, or gender expression (SOGIE), follow procedure regarding the protection of that statement and information as indicated in the documentation portion of this section and in Chapter 1 Section 5. If consent is not granted by the child or their attorney, staff with a supervisor if an exception is needed. Follow guidance regarding Supporting and Providing Services for Children and Young Adults with Diverse Sexual Orientation, Gender Identity, and Expression (Chapter 5, section 41), when applicable.

References

OARs

- I. OAR [413-015-0400 to 0485](#), CPS Assessment
- II. OAR [413-080-0040](#), Monitoring Child Safety