



Caseworker and child visits best practice guide

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Background

The Caseworker and Child Visits Best Practice Guide was developed for county and tribal social service agencies responsible for child welfare case management. The guide promotes best practices to help improve frequency and quality of caseworker visits with children.

Federal law [[45 Code of Federal Regulations, 1355.44 \(f\)\(6\) and \(7\)](#)] requires monthly caseworker visits with children in out-of-home placement. The [Child and Family Services Improvement Act of 2006](#) implemented legislation for monthly caseworker standards to require that each state's [Child and Family Services Plan](#) (CFSP) describes standards for the content and frequency of caseworker visits for children and youth in foster care. In addition to this Act, the [Child and Family Services Improvement Act of 2011](#) included additional provisions that require each state to take necessary steps to ensure that the total number of visits made by caseworkers on a monthly basis to children in foster care is at a rate of no less than 95%. County and tribal agencies are expected to see children in 95% or more of required months that children are in out-of-home care. **Caseworker visits affect Minnesota's receipt of Title IV-B funds.** [[Section 424 \(f\) of the Social Security Act](#)]

To meet federal requirements, [Minn. Stat., section 260C.212, subd. 2, 4a \(a\)\(1\)](#), requires that every child in foster care or co-located with a parent shall be visited by a child's caseworker or another person who has responsibility for managing a child's placement on a monthly basis, with the majority of visits occurring in child's residence. When a child remains in the home while protective services are being provided, [Minn. Admin. Rule 9560.0228, subp. 4](#), provides guidance about contact standards to ensure compliance with the protective services plan.

Tribes under the [2007 Tribal/State Agreement, DHS-5022 \(PDF\)](#), are responsible for ensuring monthly contact with children in out-of-home care; visits conducted by primary responsible caseworkers assigned by both tribal and county agencies count toward meeting requirements. [[Minn. Stat., section 256.01, subd. 14b](#)]

The federal Administration for Children and Families, Children's Bureau, conducts [Child and Family Service Reviews](#) (CFSRs) of each state's child welfare system and progress on their Child and Family Services Plan. The reviews are authorized by the 1994 amendments to the Social Security Act, structured to help state agencies identify strengths and areas that need improvement in specific program areas. Goals of the CFSR are to help state agencies improve child welfare services, and achieve positive outcomes for children and families served, as identified in a state's CFSP. The Children's Bureau assesses state performance on seven federally defined safety, permanency and well-being outcomes, as well as seven systemic factors.

The frequency and quality of visits between caseworkers and child/ren are part of Well-being Outcome 1: Families have enhanced capacity to provide for their children's needs, item 14 in the CFSR. It may be referenced in the [Child and Family Service Review Quick Reference Items List \(PDF\)](#). The CFSR assesses face-to-face visits with children in both in-home and out-of-home care (foster care) cases. It is important to note that the CFSR includes all cases in child welfare, not just child protection.

Introduction

Minnesota's child welfare system is committed to improving safety, well-being and permanency for children. A significant component to help achieve the above outcomes is the frequency and quality of caseworker visits with children. Visits must assess safety, permanency, and well-being to promote achievement of case goals. Quality contacts go beyond a "friendly visit to chat about how the children are doing," and represent a professional consultation. [National Resource Center for Family-Centered and Permanency, 2008] It is a well planned visit with child/ren's or youth's best interest in mind, with continuous quality case planning and services.

Visiting children face to face each month in their home, or more often as needed, per case plan allows caseworkers to ensure that children are safe and that their evolving needs are being met. Visits allow continual assessment of children's or youth's emotional, physical and social well-being. It focuses on pertinent issues and allows children or youth to be engaged in case planning discussions and decisions.

Who makes the home visits?

The caseworker who has responsibility for managing a child's foster care placement case as assigned by the responsible child welfare agency conducts the monthly visits. [[Minn. Stat., section 260C.212 4a \(a\)\(3\)](#)]

When a child remains in their home while protective services are being provided, the assigned caseworker is responsible to meet with family and child. [[Minn. Admin. Rule 9560.0228, subp. 4](#)]

Purpose

This guide addresses caseworker visits for children receiving child welfare services, including in-home and foster care services. It also applies to children that receive children's mental health or disability services in out-of-home care and the child welfare agency has placement and care responsibilities.

The purpose of the Caseworker and Child Visits Practice Guide is to clarify requirements and improve the quality and frequency of caseworker visits with children statewide.

Caseworkers meet with child and youth to:

- Assess ongoing service needs
- Assess permanency goal and other options
- Engage children when age and developmentally appropriate in developing case plans
- Ensure that children receive and benefit from necessary services
- Monitor safety and well-being
- Monitor progress toward established case plan goals.

Frequency

How often should visits occur?

Caseworker visits must occur a minimum of monthly, but depending on circumstances, it may be necessary to meet with a child multiple times a month. The frequency of visits are based on many factors, such as safety concerns, level of risk, the needs of child and/or caregiver, and presenting issues or circumstances in a child’s or youth’s situation. Caseworkers will determine visitation frequency as they continue to work with a child and family. The frequency of visits and type of contacts between a caseworker and child or youth should be documented in the case plan.

Caseworkers have multiple competing job tasks and it may be challenging to complete timely visits. It is important to plan for visits and coordinate times that work best with child or youth and their family. Sometimes visits may have to happen outside normal work hours, or could require traveling a distance to complete visits.

If a caseworker is on extended leave, the child welfare agency should re-assign cases to a new primary caseworker. If it is a short-term leave, a secondary worker with responsibility for making monthly face-to-face contacts could be assigned to cases.

Structured Decision Making

[The Structured Decision Making System for Child Protective Services \(PDF\)](#) (SDM) provides guidance for family services standards, which can help guide decisions and planning in child protection cases. See the SDM guidance on contact standards in the tables below.

Family service standards table

Risk level	Caseworker minimum contact service standards, parent/caregiver and child contacts
Low	One face-to-face per month with parent/caregiver and child One collateral contact
Moderate	Two face-to-face per month with parent/caregiver and/or child Two collateral contacts
High	Three face-to-face per month with parent/caregiver and child; contact may be together or separate Three collateral contacts

Additional considerations table

Term	Definition
Contact definition	During the course of a month, each parent/caregiver and each child in the household shall be contacted at least once
Designated contacts	<p>The caseworker/supervisor/service team may delegate face-to-face contacts to providers with a contractual relationship to the agency and/or other county/city agency staff.</p> <p>However, the caseworker must always maintain at least one face-to-face contact with the caregiver and child per month as well as monthly contact with the service provider designated to enhance the caseworker’s face-to-face contacts.</p>

Child service standards table

Location type	Child location	Child contact service standard
Location type one	Residential treatment centers, group homes, hospitalization longer than 30 days	<p>Two face-to-face contacts within first 30 days and monthly thereafter</p> <p>One collateral contact monthly</p>
Location type two	<p>First 60 days in a licensed placement, including licensed foster homes or long- term foster care placements</p> <p>First 60 days of reunification</p> <p>Temporary shelter placements must be seen weekly—Hennepin only.</p>	Two face-to-face contacts every month and two collateral contacts in that month. This includes licensed placements
Location type three	Licensed placements, two months or longer.	<p>One face-to-face contact every 30 days</p> <p>One collateral contact every 30 days</p>

Quality matters

Quality visits are purposeful interactions between caseworkers and children to produce positive outcomes, contributing to accurate assessments and case planning processes. [Capacity Building Center for States. Quality Matters Improving Caseworker Contacts with Children, Youth and Families, nd] Quality visits are face to face, occurring in a setting a child is most comfortable in, to have an open, honest, thorough conversation. The length of time spent during a visit may vary at every visit, depending on current issues.

What is a quality visit?

Quality contacts incorporate the following:

- Preparation and planning of a visit that is specifically tailored to child and their circumstances
- Assessment of safety, risk, permanency and well-being
- Assessment of progress toward individual case goals by sharing and explaining the case plan in a developmentally appropriate way to allow for questions and expression of viewpoints
- Engagement of child through use of empathy, genuineness, and respect to show interest, building rapport
- Dialogue that values child's voice and addresses strengths, needs and concerns
- Dialogue and awareness to support child's cultural beliefs, values and customs
- Follow up on tasks or concerns discussed previously
- Decision making and problem solving to address needs and move case plan forward
- Documentation to support monitoring and follow up.

[Capacity Building Center for States. Quality Matters Improving Caseworker Contacts with Children, Youth and Families, nd]

Child focus and engagement

A child-focused visit is based on current needs and addresses case plans to meet a child where they are at the present time. The way in which caseworkers conduct a visit will depend on the age and developmental ability of child or youth. For infants or non-verbal children, it may be an observation or playing beside them with their toys, or interacting in other activities that a child may enjoy.

A caseworker's willingness to be transparent, providing as much detail as possible about the case plan, gives children a sense of what is going on to help decrease worries or anxiety. It also gives them a voice to express their needs and encourages engagement. Decisions made by caseworkers, and others involved in a case, have a major impact on children's lives. It is extremely important to be mindful of and engage children for input if they are able to express themselves. Quality visits with children can also include time to observe their interactions with caregivers and others in the home. A private, individual one-on-one meeting with child alone, can help them express concerns or issues that they may not want to discuss with other adults or individuals.

It is important to be aware of a child's or youth's cultural beliefs, values and customs. Awareness may help with understanding behaviors and actions. Every child or youth and family is unique in their culture, history and identity.

During alone time with child, caseworkers can explore the following:

- Whether child feels safe in the home or placement setting
- Determine child's needs, wants, and progress in case plan
- Understand the relationships between children, parent/s and caregiver/s
- Discover child's important relationships, connections to the community and cultural needs
- Learn about child's participation in school and age-appropriate activities
- Determine child's need for medical or other social services.

Children should feel comfortable in a visit setting with caseworker. If not, caseworkers can explore other viable options. There may be situations where a visit does not occur in the home, but in another setting such as a neighborhood park, school, library, restaurant, parental home, or other settings that are deemed appropriate.

Developmentally appropriate visits

A child's age and developmental level should be considered during caseworker visits. The trauma and stress a child experiences caused by abuse and neglect can weaken the architecture of their developing brain, with long-term consequences for learning, behavior, and both physical and mental health. Age, type of trauma, and developmental levels can affect a child's or youth's memory, comprehension, sense of time, language ability, attention span, and other factors may be affected. Quality caseworker visits take into consideration the words children speak, in addition to non-verbal cues observed during a visit, or observations of a child's or youth's demeanor and interactions with caregiver/s and other children. This will ensure that discussion topic areas will be communicated in an age and developmentally appropriate way.

Trauma and developmental behaviors

It is important that caseworkers have a general understanding of the effects of abuse and neglect on children's development. Early childhood, about birth through preschool years, is crucial for development of brain pathways that:

- Help children process what they see and hear
- Enable children to recognize, analyze, and respond to emotional cues
- Enable children to become attached to their primary caregiver
- Enable children to use their primary caregiver for co-regulation.

Children who experience trauma during early childhood may:

- Experience feeding or sleeping disturbances
- Be excessively fussy or have excessive tantrums
- Cry often with little ability to be consoled

- Be particularly sensitive to loud noises
- Reject contact and avoid being touched
- Have a heightened startle response
- Be confused about what's dangerous and whom to go to for protection
- Be clingy and resist being separated from family adults or place where they feel safe.

During school years, the brain starts building pathways that help children do more conscious, rational processing of their experiences, enabling them to:

- Manage fears, anxieties and aggression
- Focus their attention on learning and solving problems
- Control their impulses and manage physical reactions.

School-aged children who have experienced trauma may:

- Have mood swings, for example, shifting between being shy and withdrawn to being aggressive
- Have difficulties in school and other learning situations
- Demand a lot of attention
- Revert to 'younger' behaviors such as baby talk or wanting adults to feed or dress them.

During adolescence, the brain continues to build connections and pathways that enable youth to:

- Think abstractly
- Imagine the future and anticipate and consider the consequences of their behaviors
- Make realistic appraisals of what's dangerous and what's safe
- Alter their current behaviors to meet longer-term goals.

Adolescents who experienced trauma may:

- Have difficulty imagining or planning for any kind of future, instead "living in the moment" without regard to consequences
- Have trouble accurately assessing risk, either over or under estimating the danger of a situation or activity
- Engage in aggressive or disruptive behaviors
- Engage in reckless or self-destructive behaviors such as drug or alcohol use, or cutting themselves
- Become isolated and experience high levels of depression and anxiety.

Birth to age 2 (pre-verbal)

Caseworker visits at this age focus on observations of a child, paying attention to their physical development, appearance, and interactions with other children and adults in their life. It is encouraged that caseworkers simply observe caregiver's responses to their child's cues, such as if they are hungry, crying, in need of a diaper change, or other needs that occur during a visit. This displays how attentive a caregiver is to their child's needs,

and caseworker is not disrupting the caregiving relationship. Caseworkers also ensure that safe sleep practices are being met.

Early childhood (2-3 years)

Caseworker visits at this age may include playing while engaging in conversations, as a child is able. It is essential to ensure children understand all words and questions used by adults, and to understand these children tend to over-generalize word meaning. For example, a child at this age may refer to all four-legged animals as puppies. Using non-traditional methods to gather information, such as drawing or coloring, is encouraged. Be prepared to answer questions in words and language understood by a child. Children at this age struggle with understanding ambiguity and unknowns, especially in foster care placements.

Preschool/middle childhood (4-6 years)

At this age it continues to be important to keep vocabulary simple with short sentences. Open-ended questions may be difficult for these children, while using yes/no or multiple questions could provide more response. At this stage, children often see adults as authority figures and try to please them and may answer a question in the way they think a caseworker wants them to. It is encouraged to use non-traditional methods to gather information such as drawing, coloring, writing, telling stories, or other ways to communicate. Be prepared to answer questions in words and language understood by a child as they may have “why” questions surrounding their placement, searching for concrete answers.

School age/late childhood (7-12 years)

Youth at this age are able to understand more elaborate sentences and questions. The use of open-ended questions is suitable. These types of questions give an opportunity to provide information freely and often leads to gathering more information than expected. Be prepared to answer questions in words and language understood by a youth. They may know information that a caseworker otherwise did not think they had knowledge about, such as what drugs are. Caseworkers should be prepared to respond appropriately.

Youth (13 and older)

Depending on specific youth, caseworkers may have little to no struggle engaging in conversation, whereas other youth may refuse to talk. Caseworkers may need to be patient and have intentionality behind their words to encourage engagement in conversation. Youth this age will also need assurance that they are being listened to and are able to express their opinions. Youth may be more vocal about their emotions related to their case details, so caseworkers may need to be prepared to support them with their emotions.

For information about trauma and development reference Harvard University’s [Center on the Developing Child](#) and [The National Child Traumatic Stress Network](#) web pages.

Safety

Child safety is the protection from verbal and physical threats of harm and danger. Child safety promotes a sense of security while utilizing culturally supported protective factors and capacities.

Protective capacities are caregiver characteristics directly related to child safety. A caregiver with these characteristics ensures the safety of their child, and responds to threats in ways to keep a child safe from harm. Building protective capacities contributes to a reduction in risk. [Capacity Building Center for States. Protective Factors and Protective Capacities: Common Ground for Protecting Children and Strengthening Families, 2016]

Protective capacities include:

- Cognitive protective capacity: Knowledge, understanding, and perceptions that result in protection against danger
- Emotional protective capacity: Feelings, attitudes, and identification with a child that result in protection against danger
- Behavioral protective capacity: Actions and performance that result in protection against danger.

Protective factors are conditions or attributes of individuals, families, communities, or larger society that reduce risk and promote healthy development and well-being of children and families, today and in the future. [Capacity Building Center for States. Protective Factors and Protective Capacities: Common Ground for Protecting Children and Strengthening Families, 2016]

Protective factors include:

- Nurturing and attachment
- Knowledge of parenting and child development
- Parental resilience
- Social connections
- Concrete supports in times of need
- Social and emotional competence

A safety plan is a written agreement that caseworkers develop with a family that clearly describes safety services that will be used to manage threats to a child's safety. This plan is different from a case plan, as it is designed to control safety threats and have an immediate effect, while a case plan is designed to create change over time to reduce risk and increase family's capacity to protect their child. Safety services help families to engage in actions or activities that may logically eliminate or mitigate threats to their child's safety. These activities must be planned realistically so that they are feasible and sustainable for a family over time. Safety plans clearly outline what these actions and activities are, who is responsible for undertaking them, and under what conditions they will take place. It is designed to control threats to a child's safety using the least intrusive means possible. Most important, everyone who is part of a safety plan understands their role, and is able and willing to carry out their responsibilities. [Child and Family Services Review, Child and Family Services Review Information Portal. Safety Plan, 2019]

It is important to consider the current status of a plan and the action steps to be taken by each key individual who plays a part in a case when safety is threatened. During visits, caseworkers monitor adherence to the safety plan and may identify gaps or become aware of new incidents requiring changes or modifications to a plan.

Observation

Observation is a visual assessment of a child's or youth's home life and/or facility environment. Each individual's perception and belief of what is acceptable or appropriate is different from others. It is important for caseworkers to suspend personal biases and avoid judgments. Understanding child's or youth's family dynamics, issues and concerns can help gauge what they are experiencing. This helps caseworkers assess the environment to ensure that child's or youth's needs are met, including developmental needs.

Observing all children in the home is necessary to ensure all are safe, regardless of whether they are subjects of an open case. Per the Child and Family Service Review, all children in a family are to be observed. This includes siblings and/or other children residing in the home.

Private one-on-one contact with child or youth alone provides an opportunity to express feelings, concerns, and any possible questions that they may have. A child may feel more comfortable without the presence of other individuals or caregivers.

Caseworker visits are necessary to observe a child's living environment and to observe interactions between family members or others that may live in the home. Caseworker visits in the home rather than in the community may offer a better lens of family functioning. Benefits may include:

- Additional privacy
- Access to the entire family
- Comfort for families
- A view of the physical home environment.

Consider safety factors and the safety plan when determining what areas of a home will be observed, while being respectful of a family's privacy and willingness to allow caseworkers into their home. The areas of a home a caseworker views depends on the situation. If a report was regarding failure to provide necessary shelter (due to environmental hazards), a worker may want to observe the entire residence. Play areas and bedrooms may also need to be viewed. For a child or youth in foster care, this will ensure there is adequate sleeping arrangements, reasonable space for movement, and storage space for personal belongings.

Observation of a child's or youth's physical health, appearance, behavior, and environment can be indicators of how they are doing in the home. However, not all behaviors and appearances are used to assess the overall situation, as other factors should be taken into consideration.

Physical and behavioral considerations

- Physical development
- Level of energy

- Nourishment
- Grooming and personal hygiene
- Physical trauma
- Mood and affect
- Level of comfort in the home (joy, intimidation, fearfulness).

Environmental considerations

- Safety hazards such as exposed wiring, broken glass, blocked exits, feces, spoiled food, infestations
- Excessive clutter/blocked exits
- Disposition and number of pets
- Safety gates or other safety equipment
- Escape route and smoke detector proximity.

Sleeping space considerations

- Safe sleeping area for infants which follow safe sleep standards
- Bedtime and nap routines
- Adequate bedding and designated sleeping space for each child or youth that reside in the home.

Nourishment considerations

- Adequate food
- Accessible food available to children or youth throughout the day
- Established meal and snack times
- Sanitary food storage and meal prepping areas.

Supervision

It is important to have a conversation with caregiver/s about supervision and safety of their child. A child's abilities and development may impact the need for supervision. Ensure there is appropriate supervision in the home and identify who has responsibility. [The Minnesota Child Maltreatment Intake, Screening and Response Path Guidelines, DHS-5144 \(PDF\)](#), pages 49 and 50 may prompt a discussion about a supervision plan. [[Minn. Stat., 626.556, subd. 2\(g\)\(3\)](#)]

Ask questions about supervision such as:

- Who are the primary caregivers responsible for daily care?
- What is the supervision plan?
- Is there respite care?
- Who are additional caregivers?
- What is the substitute or back up plan?

For foster care, a child's need for supervision is assessed as part of the Minnesota Assessment of Parenting for Children and Youth (MAPCY) in Domain C: Supervision, Guidance and Structure regarding supervision in the home and community. It is important to know if parent practices for supervision has changed based on a child's current needs. Ask caregiver/s if they are experiencing any challenges to keep child safe in the home. For information, see the [Minnesota Assessment of Parenting for Children and Youth Practice Guide, DHS-7060 \(PDF\)](#).

Household

Familiarity with the composition of a household and all who may live there should be taken into account. Household members include all residents in a household (siblings, parent/step-parent, extended relatives, foster parents or any other individuals who live or stay intermittently or regularly in the same residence). The role they play when it comes to interaction and care of a child is imperative for assessing ongoing safety and risk, as well as inclusion in case planning.

Ask child or youth who they have a good relationship with in the home, and who they would go to if they need help or have concerns. Inquire if they feel comfortable with people in the home and if it is a stable environment. If a child is not of developmental level to have this conversation, utilize observations of child's relationships with household members to gather this information.

Discipline plan

In consideration of the parent/s or caregiver/s plan for discipline, it is important to consider a child's or youth's trauma and abuse history and their needs related to age, development, cultural beliefs, disability and gender.

Questions to consider and ask child or youth:

- What do they say happens when they act out, and how do caregivers deal with that behavior?
- What do they say happens when they have done well, and how do caregivers respond to that behavior?
- What is going well in the home? What is working or not working?
- Who do they have a relationship with outside the home, and who is it with? Who do they count on for support?

Licensed foster parents agree to follow a child foster care discipline policy. [\[Minn. Stat., part 2960.3080, subp. 8\]](#)

During visits, caseworkers can ensure that the established discipline plan correlates to what a child or youth is describing. Have a conversation with caregivers to help get a sense of what is going well or not so well in the

home for both child or youth and caregivers. It is important to acknowledge and validate feelings, challenges, and concerns anyone may have as they are all adjusting their lives.

Domestic violence

Research shows that trauma caused by maltreatment and exposure to domestic violence results in widely varying outcomes in children. The effects of trauma depend on the presence of protective factors in a child's life. As protective factors in a child's life increase, the impact of trauma decreases. Research consistently shows that the most important protective factor in the life of a child exposed to domestic violence is the bond between child and the parent or caregiver experiencing domestic violence.

Because children's safety is connected to their parent's or caregiver's safety, it is essential for caseworkers to work collaboratively with parents or caregivers who are experiencing domestic violence. To do so, caseworkers should consult [Minnesota's Best Practice Response to the Co-occurrence of Child Maltreatment and Domestic Violence, DHS-3490 \(PDF\)](#), which includes detailed protocols on partnering with parents or caregivers experiencing domestic violence, as well as engaging alleged offenders in accountability and behavior changes.

Substance abuse

During visits, caseworkers must be observant of potential substance abuse. Possible signs of drug use may include drug paraphernalia in plain sight or a caregiver appearing to be under the influence while caring for a child. Access to medications may pose a safety risk, depending on the age and vulnerability of a child.

Caseworkers must also be observant of potential substance abuse with youth. Having conversations about drug or alcohol use can help with early detection or intervention if there is indication of use. Children and youth who experienced abuse or neglect are at higher risk of mental health and substance use problems because of their stressful family and environmental situations. They have a higher likelihood of abusing substances than other youth. [Substance Abuse and Mental Health Services Administration. Identifying Mental Health and Substance Use Problems of Children and Adolescents: A Guide for Child-Serving Organizations, 2011] For information, see the [Child Welfare Information Gateway, Assessing Children and Youth Substance Use Disorders](#) web page.

Minnesota Statutes were amended in 2014 to protect foster children from the effects of second-hand smoke by establishing smoke-free foster care home requirements. The [Children in Foster Care: Smoke-free child foster homes, 18-68-09 \(PDF\)](#), bulletin defines policy and child welfare practice requirements. [[Minn. Stat., section 260C.215, subds. 4 \(5\) and 9](#)]

Setting types

The [Quality matters](#) section of this guide can be used to assess visits within setting types, identified below.

In-home cases

In-home cases are comprised of services provided to children and families who were reported to child protective services (CPS) for possible child abuse or neglect, and assessed as being able to benefit from services in the home. These are generally families with an “open case” in the child welfare agency, whose children remain at home or returned home from out-of-home care. Services may be voluntary or court ordered, and encompass an array of interventions and supports provided directly by, or on behalf of, a child welfare agency to all children in a family to ensure safety and promote well-being. [Children’s Bureau, Child Welfare Information Gateway, 2014]

Per [Minn. Admin. Rule, 9560.0228, Protective Services, subp. 4, Monitoring Services](#), child welfare agencies shall monitor provision of services in accordance with items A to C to assure compliance with a written protective services plan. When children remain in the home while protective services are being provided, caseworks shall:

- Meet with the family at least monthly, or
- Contact family at least monthly and ensure that a service provider meets with them at least monthly, and
- Consult with other service providers, if any, at least quarterly.

In-home cases may also include case management services provided by a child welfare agency to children and families receiving services such as mental and chemical health, developmental disabilities assistance, preventative services or other child welfare supports.

Out-of-home care

Children enter out-of-home care by court order or a voluntary placement agreement, as follows:

- A court order is made by a juvenile state court or tribal court ordering a child into temporary or permanent custody of a county or tribal agency. A placement may initially be based on a 72-hour emergency hold. [Social Security Act, sections [471](#) and [472](#); Minn. Stat., sections [260C.178](#), [260C.201](#) and [260C.515, subd. 5](#)]
- A Voluntary Placement Agreement (VPA) is signed by a child’s parent/s and responsible social services agency before or on the day of a child’s placement. A VPA is effective until the continuous placement ends, or a court order changes the legal disposition. [[Social Security Act, section 472 \(a\)](#); [Minn. Stat., sections 260C.227](#), [260C.451](#) and [260D.03](#)]
- A child in voluntary foster care for treatment is an agreement that is established between a child welfare agency and child’s parent/s. This is to receive necessary treatment for an emotional disturbance, developmental disability, or related condition as determined by a mental health professional. [[Minn. Stats., sections 260D.01](#) and [260D.03](#)]

Out-of-home care is when children are removed from their home. Before a decision is made to remove a child, a caseworker must make reasonable or active efforts to safely maintain children with their families through family preservation or in-home services. If efforts were made and safety concerns still exist, the court may order that a child be removed from their home and placed in foster care. Once removed, shelter and daily care of children

are provided by foster or kinship families, or residential/group staff. These caregivers undergo assessments, licensing or certification processes, as well as undergo background studies to ensure their suitability as caregivers. While in out-of-home care, services are provided to children and their parents to address problems that led to removal so they may achieve family reunification or other permanency as quickly as possible.

[Children's Bureau, Child Welfare Information Gateway. Out-of-home Care Overview, nd]

All children in out-of-home care are required to have monthly face-to-face caseworker visits, applicable to all types of cases, including:

- Child protection
- Children's mental health
- Child welfare
- Developmental disabilities
- Delinquency cases, in some situations

In some cases, multiple staff and service providers may be involved with children and their families. The responsible child welfare agency may assign tasks, supports, services or case responsibilities to a contracted agency per an agreement. However, these visits are not a substitute for caseworker visits with children, as a contracted agency does not have legal responsibility for a child's foster care placement, and cannot fulfill the monthly visit requirement. [[Minn. Stats., sections 260C.212, subd. 4a \(a\)\(3\), and 260C.007, subd. 27a](#)]

Foster care home visits

Caseworkers must have at least one monthly face-to-face contact with children, the majority of visits occurring in the home. [[Minn. Stat., section 260C.212 4a](#)] This ensures safe placements for children in the least restrictive, most family-like settings.

The way in which caseworkers conduct visits depends on the age and developmental ability of a child. For infants or non-verbal children, an observation in the environment or interacting in play provides an idea of how they are developing and doing with the caregiver. For verbal and older youth, a private one-on-one conversation provides opportunities to express feelings, concerns or ask questions they may have about their situation, case plan, or other topics of interest.

There may be conversations with children or youth who express unhappiness in their placement. Their reasons may be due to various factors ranging from trying to adjust to a new home to not getting along with the caregiver. Validating their feelings, concerns and struggles will help recognize and acknowledge them as important. Ask for additional information as to why they are feeling that way and what can be done to preserve a placement. If after all supports and options have been explored and exhausted, a change of placement may need to occur. Sometimes a placement simply may not work out as intended. But multiple placement moves keep children in limbo, increasing the chance of extending their time in care, as well as the likelihood of aging out of care without the support of a lifelong family. Reducing the number of moves can help promote placement stability. [Casey Family Programs. Can We Improve Placement Stability for Children in Foster Care? 2018]

No matter how welcoming a foster home is, children may have to adjust to traditions and rules that they are not familiar with. During visits, engage in conversations with children or youth about familial cultural traditions and customs they may practice. The continuation of cultural traditions and practices helps them achieve a sense of positive cultural identity, and gives a sense of normalcy. Also engage caregivers in conversations and identify ways to incorporate and promote children's values and beliefs in everyday life while in foster care. This preserves children's cultural norms and values, helping to develop self-esteem and respecting their culture, history and identity.

During visits, caseworkers must ensure there is support in a foster home for age and developmentally appropriate activities for children and youth. This helps to support children's emotional and developmental growth. Allowing them to participate in extracurricular, social, and cultural activities, or events that are generally accepted as suitable for the same chronological age, or developmentally appropriate based on cognitive, emotional, physical, and behavioral capacity typical for an age group, helps to achieve healthy development and reduce trauma by participating in activities that help them feel normal. Also, ask if they feel comfortable and welcome as part of the family. [[Minn. Stat., section 260C.212, subd. 14](#)] Also see [Minnesota's Reasonable Prudent Parent Standard Guidance, DHS 7684 \(PDF\)](#).

A specified [case plan](#) may be referenced to help guide discussion topics, as a caseworker's focus is on areas of care and case planning during visits. Items in a plan are topics a caseworker must be aware of to support children's individual goals, and services addressing safety, permanency and well-being. For youth who are age 14 or older, an independent living plan shall be developed in consultation with them. [[Minn. Stats., sections 260C.212, subd. 1 \(c\)\(12\), and 260C.452, subd. 2](#)]

It is best practice to observe children's or youth's sleeping space in the home to assess:

- Adequate sleeping arrangement to ensure a designated sleeping space for them that is age appropriate. During visits ask children where they sleep and to show it to the caseworker. If non-verbal, ask caregiver's permission to observe the sleeping space. For older youth, it may be appropriate to have their own bedroom for privacy.
- Adequate storage space for personal belongings.
- That safe sleep standards are ensured for all infants as identified in [Safe Sleep Standards and Training Requirements for Child Care, DHS-7703 \(PDF\)](#), are being met in a foster home.

In situations where visits cannot occur in the home during a given month, the face-to-face visit requirement could be met in alternative ways, such as, but not limited to, meeting children in the community, their school, or other settings deemed appropriate. It is important that it should be a setting where a child or youth is comfortable in, and a caseworker has purposeful interactions and private conversations.

Extended foster care visits

Caseworker visits are the same for youth in extended foster care. The only difference is the setting in which a youth is living. Some examples of a supervised independent living setting are their own apartment, college dorm, or other approved settings.

Trial home visits

In trial home visits, children reside with parent/s from whom they were removed. These placements are considered foster care, as the legally responsible child welfare agency continues to have placement, care and supervision of a child or youth, not to exceed six months. [\[Minn. Stat., section 260C.201, subd. 1 \(3\)\]](#) Monthly home visits are required.

It is important to consider that during a trial home visit, families are re-adjusting after months of separation. Adjustments and/or behavioral issues may be present, as child or youth lived with other caregivers. The daily routine and environment may be different and challenging for a family, as everyone is trying to adjust to a new normal. It is an important time in which caseworkers can build rapport, engage and provide as much support and services to help a family achieve the goal of full reunification.

As caseworkers assess safety, permanency and well-being of children in this setting, they may be focused on the type of supports in place for parent/s to be successful. This can include help with, but not be limited to, providing adequate shelter, clothing, food, transportation, supervision, medical, dental, additional in-home services, and other needs to alleviate reasons for which a child or youth came into care. Visits within this setting give caseworkers opportunities to observe how child or youth is adjusting in the parental home and the family dynamics. It is important to remember that every family functions differently. They may have different cultural practices, beliefs and traditions. It is important to set aside personal biases and understand how a family works and lives together. Observations and assessments, which address strengths as well as weaknesses, are documented to support achievement of permanency goals. This will also help guide decisions about whether to return a child or youth back to a foster care setting.

The [Out-of-home Placement Plan – Trial Home Visit \(PDF\)](#) is a reference to guide discussion topics, as a caseworker's focus is on areas of care and case planning during visits. Items in case plans are topics caseworkers must be aware of to support safety, permanency and well-being.

Consideration of additional visits to a home may depend on other possible safety or risk factors that may arise during a trial home visit. Caseworkers may need to complete more than the minimum monthly face-to-face visits. Frequency of visits may vary case by case as needed to ensure the safety and well-being of children, as well as a family, but must occur a minimum of monthly.

Residential facility visits

When youth are in a residential facility placement, monthly visits need to be made by the assigned responsible child welfare agency caseworker who manages a child's foster care placement. [\[Minn. Stat., section 260C.212 4a \(a\)\(1\), \(2\) and \(3\)\]](#) Visits should be well planned, with arrangements to complete visits. The residential treatment or other contracted providers who work directly with a youth while in treatment do not meet the monthly visit requirement.

Although treatment providers may see a youth face to face every month, reporting to caseworker on progress and well-being, or communicating other updates, does not constitute a federal mandated monthly visit.

The [Family First Prevention Services Act of 2018 \(P.L. 115-123\)](#) amended Title IV-E of the Social Security Act, effective Oct. 1, 2018, to allow a child to be in foster care when co-located with a parent in a setting where parent is receiving inpatient treatment for substance abuse. The decision to place a child in foster care and co-locate them with a parent in a treatment setting is made on a case-by-case basis by the placing child welfare agency to meet the best interests, safety, and needs of a child. The [Title IV-E Foster Care Maintenance Payments for Children Placed with a Parent in Residential Substance Use Disorder Treatment #18-68-19 \(PDF\)](#) bulletin provides information on foster care placements with parents in substance use/disorder treatment facilities.

Interstate Compact on the Placement of Children (ICPC) visits

The Interstate Compact on the Placement of Children (ICPC) establishes uniform legal and administrative procedures governing the interstate placement of children. This agreement is to ensure that any child placed out of state will be assured the same protections and services as if they remained in their home state.

Visits for this type of placement are to occur at least once every month. Supervision must begin when a child is placed in the receiving state pursuant to an approved placement by the receiving state’s ICPC office. The majority of visits must occur in a child’s home. Face-to-face visits must be conducted by a child welfare caseworker in the receiving state. The purpose of face-to-face visits is to ensure the on-going safety and well-being of children, and to gather relevant information to include in written reports.

Caseworkers assigned to supervise a child placed in the receiving state shall complete a written supervision report at least once every 90 days and submit it to the sending state’s ICPC office. Progress reports should include details of face-to-face visits. The sending state should record the contacts made by the supervising child welfare agency in SSIS. For information on what should be included in written reports see:

<https://aphsa.org/AAICPC/AAICPC/Resources.aspx>, scroll down to ICPC Regulation 11.

For information on the department’s policies and procedures, see the web page on [Interstate Compact on the placement of children](#).

Legally and financially responsible agencies

Usually, one child welfare agency is legally and financially responsible for a child in placement, though there may be different staff or units within that agency that handle legal and financial aspects. In some cases, a child may be served by two different agencies — one being financially responsible while the other is legally responsible for a case. Visits conducted by the primary caseworker from each agency count towards meeting the monthly face-to-face visit requirement, but the financially responsible agency will be required to ensure the monthly face-to-face visit is recorded in SSIS. The financially responsible agency maintains the case of record.

See the example below regarding when two agencies are involved (agency A and agency B).

- Agency A is the legally responsible agency – meaning it is responsible for child’s placement, care and supervision. It is the agency responsible for making monthly caseworker and child visits.

- Agency B is the financially responsible agency – meaning that it is responsible for the financial pieces. This agency is also responsible for entering child’s placement and permanency planning information in SSIS, and maintains the case of record. This includes documentation of caseworker and child face-to-face visits. This agency gets its information from agency A.

For information on legally and financially responsible agency roles, refer to, [Legally and Financially Responsible Agency Roles Under Northstar Care for Children, DHS-3822 \(PDF\)](#). For information on adding external caseworkers, refer to the [SSIS Time Entry for External Workers \(PDF\)](#).

The noncustodial parent

When a child or youth is living with their noncustodial parent under protective supervision, the child protection caseworker shall:

- Meet with the family at least monthly, or
- Contact family at least monthly and ensure that a service provider meets with them at least monthly, and
- Consult with other service providers, if any, at least quarterly.

[\[Minn. Admin. Rule 9560.0228\]](#)

Although this guide focuses on visits in the primary home, it is also necessary to include caseworker visits with a child and noncustodial parent, as these parents are part of their family. Including noncustodial parents in caseworker visits may strengthen safety plans by promoting protective capacities and building on safety networks.

Family resource caseworker visit tool

The [Resource Family and Caseworker Visit Discussion Tool, #19-68-10 \(PDF\)](#) bulletin and [Resource Family and Caseworker Visit Discussion Tool, DHS-7889 \(PDF\)](#), was developed as part of the Child and Family Service Review, Program Improvement Plan. Resource families have an important role in meeting the needs of children placed in their care. Communication between resource families and children’s caseworkers is essential to ensure children’s needs are met and resource families are receiving the support and services they need.

The tool is a guide to lead discussions between caseworkers and caregivers. It is **not** required, but made available to support quality visits. Caregivers fill out the tool prior to scheduled home visits, or use during a visit. It gives caregivers a chance to reflect, write down information to share about a child or youth, and communicate new or updated information. It describes services that are working or not working for a child, and helps with on-going case planning. It is an opportunity for caregivers to provide feedback on issues, concerns, or request additional services.

The tool focuses on areas of care and case planning that caseworkers must be aware of to support safety, permanency and well-being. It helps caregivers prepare for visits and provides them an outline to address all service and case planning items.

Ways the tool can be used include:

- Part of a child’s case file as documentation of topics discussed during visits (foster parent or caseworker files)
- Utilized during caseworker and supervisor monthly case reviews
- A resource for preparing court reports
- Part of an orientation packet for new:
 - Foster parents to understand the role of caseworker visits, or
 - Caseworkers to understand their role during home visits.

Documentation and timely entry in SSIS

Documentation by caseworkers ensures accountability to children and families being served. Documentation that accurately describes specific observations and conversations that address safety, permanency and well-being is how quality and frequency of visits can be measured. It is necessary to have a record of activities, and is especially critical if court or other entities become involved.

To meet the federal mandate, monthly caseworker visits with a child or youth must be documented in the Social Service Information System (SSIS). As required, the department submits an annual report to the federal Children’s Bureau on the frequency of caseworker visits for all children in out-of-home care. Data for the report is pulled from SSIS. Best practice is to enter information as soon as possible in SISS. Timely entry can help capture specific details of events or conversations, as it is recent, whereas information that is not documented as soon as possible, over time, critical information may be forgotten.

All children in out-of-home care require monthly face-to-face visits. Example one below has a case note documentation of a face-to-face visit from a children’s mental health workgroup. It is important to note that to have face-to-face contact completed correctly in contact notes, the child or youth with whom the visit occurred is selected in the “Contact With” field. The visit must be “completed” and recorded in contact notes. In the “Location” field, the majority of visits should occur in the residence where child is currently living.

Example one

The screenshot displays the SSIS software interface for case management. The left sidebar shows a tree view with categories like 'Case Details', 'Staff Assignments', and 'Chronology'. The main window shows a table of activities and a detailed form for a 'Face to Face Meeting' on 12/17/2018. The 'Note' field is highlighted with a red box, and a callout bubble points to it with the text: "The information entered within the 'Note' section of a Time Activity is also saved as a case note."

Type	Long Description	Date	Setup Complete
Contact	ff	12/13/2018 4:01:00 AM	
Contact	initial child interview	12/13/2018 10:00:00 AM	
Contact	PI	12/13/2018 10:15:00 AM	
Contact	Face to Face Meeting	12/17/2018 2:00:00 PM	

Note:
Face to Face with Anna today to discuss how things are going with her, her service providers, as well as future services that Anna may benefit from. Updated Anna's service plan with Anna and her parents present and included current and future recommendations and family preferences.

The responsible child welfare agency and the assigned caseworker is able to enter visits in SSIS on behalf of a contracted or courtesy caseworker. They are responsible for recording any visits made by contracted caseworkers, probation officer, and supervising agencies from other states, etc. This also includes a child welfare agency that has a Title IV-E agreement with a corrections department; these placements must be entered in SSIS and monthly caseworker visits are required.

It is important to note the distinctions between Targeted Case Management contacts and the federal requirement of seeing only the child face to face every month. For more on Child Welfare – Targeted Case Management see the section below.

Child Welfare – Targeted Case Management (CW – TCM)

Child Welfare – Targeted Case Management provides Medical Assistance reimbursement for eligible contacts with children and other relevant persons (collaterals) identified as necessary for development and implementation of a child's goals in their service plan. A CW – TCM contact will meet caseworker visit requirements when face-to-face contact is with a child and a case management activity is documented. CW – TCM may also be claimed for telephone contacts for two consecutive months, when children are in placement 60 miles or more from the county or reservation boundary. Not all CW – TCM contacts meet the federal mandate of seeing a child face to face on a monthly basis. For information, see the department's [Child Welfare –](#)

[Targeted Case Management Policy Guidelines, #17-68-17 \(PDF\)](#) bulletin and the [Child Welfare – Targeted Case Management \(CW – TCM\) Provider Manual](#) web page.

A Children’s Mental Health – Targeted Case Management (CMH-TCM) contact may also meet caseworker visit requirements when contact is face to face with child and a case management activity is documented. For information regarding CMH – TCM, see the [Children’s Mental Health – Targeted Case Management Provider Manual](#).

Minnesota data

Monitoring performance on caseworker visits with children in out-of-home care

The department provides data on a number of key child welfare measures on the [Child Welfare Data Dashboard](#). The dashboard is available to the public, providing information on aggregate performance, both at the state and county levels. Caseworker visits with children in out-of-home placement is one of the state measures included on the dashboard.

To provide county and American Indian Child Welfare Initiative (AICWI) tribal social service agencies with additional tools for monitoring performance on caseworker visits with children in out-of-home care, the department also provides case-level performance information through a secure Tableau dashboard. County and tribal supervisors and caseworkers can access this information from their SSIS administrators. It can be accessed, with valid log-in credentials, using <https://viz.portal.mn.gov/#/signin>. There are a small number of reports on this Tableau server (e.g., underlying performance measure case details, frequently-requested child welfare statistics by agency, etc.). Division staff has started increasing both the amount of content and the capacity of users working with data.

SSIS out-of-home data measures

The caseworker visits with children in out-of-home care performance measure is based on specific fields within SSIS. Caseworkers need to enter face-to-face visits for children into this system to be included in calculations.

Caseworkers should remember to:

- See children face to face for each month they are in care for the entire month
- Identify contacts as “completed”; “attempted” contacts are not included in the measure
- Identify a contact as a face-to-face visit; other contact methods are not included in the measure
- Identify all children seen face to face during a visit
- Close continuous placement episodes for children who were discharged from care to avoid incorrect calculations.

See the screen shot example from a children’s mental health workgroup on page 25.

In-home performance measure monitoring

As part of the state's federal performance improvement plan, department staff (as of November 2018) created an additional performance measure to monitor visits for children receiving in-home case management services. This measure will mirror the out-of-home measure, but will include those children who a) Were not in out-of-home care for any part of the month, and b) Were receiving case management services for the entire month. Visits will count toward a child welfare agency's performance if made during the month, they are completed visits, and are made face to face with child.

Appendix

Federal and state citations

The [Code of Federal Regulations, section 1355.44 \(f\)\(6\) and \(7\), Out-of-home care data file elements](#) requires that each established permanency plan documents caseworker visit dates and locations. A visit date is the date in which a caseworker had an in-person, face-to-face visit with a child, consistent with section [422 \(b\)\(17\) of the Social Security Act](#). Indicate the month, day and year of each visit. Visit location is where each in-person, face-to-face visit between a caseworker and child occurred. Indicate “child’s residence” if a visit occurred at the location where child is residing, such as the current foster care provider’s home, child care institution or facility. Indicate “other location” if a visit occurred at a location other than where child currently resides, such as child’s school, a court, a child welfare office or in the community.

[Section 424 \(f\)\(2\)\(A\) of the Social Security Act](#) requires that each state shall take such steps as are necessary to ensure that not less than 50 percent of the total number of visits made by caseworkers to children in foster care under the responsibility of the state during a fiscal year occur in the residence of the child involved.

[Section 422 \(b\)\(17\) of the Social Security Act](#) requires that each plan for child welfare services describe that state standards for the content and frequency of caseworker visits for children in foster care under the responsibility of the state, which, at a minimum, ensure that children are visited on a monthly basis and that caseworker visits are well-planned and focus on issues pertinent to case planning and service delivery to ensure the safety, permanency, and well-being of children.

[Minn. Stat., section 260C.212 4a \(a\)\(1\)](#), requires that every child in foster care or on a trial home visit shall be visited by their caseworker or another person who has responsibility for visitation of a child on a monthly basis, with the majority of visits occurring in child's residence.

[Minn. Admin. Rule 9560.0228, Protective Services, subp. 4., Monitoring Services A\(1\)\(2\)\(3\)](#), requires that the child welfare agency shall monitor provision of services when a child remains in the home while protective services are being provided, the child protection worker shall meet with the family at least monthly; or contact the family at least monthly and ensure that a service provider meets with the family at least monthly; and consult with service providers, if any, at least quarterly.

Definitions

Caregiver. For purposes of this guide, a caregiver is defined as licensed/unlicensed relatives, resource family (foster parents), unlicensed and unrelated caregivers, and noncustodial parents providing placement for a child in foster care.

Child’s caseworker. The person who has responsibility for managing a child's foster care placement case as assigned by the responsible social service agency. [[Minn. Stat., section 260C.212 4a \(a\)\(3\)](#)]

Child’s residence. The home where a child is residing, and can include a foster home, child care institution, or the home from which they were removed if on a trial home visit. [[Minn. Stat., section 260C.212 4a \(a\)\(4\)](#)]

Custodian. Any person who is under a legal obligation to provide care and support for a minor or who is providing care and support for a minor. This subdivision does not impose upon persons who are not otherwise legally responsible for providing a child with necessary food, clothing, shelter, education, or medical care a duty to provide that care. For an Indian child, custodian means any Indian person who has legal custody of an Indian child under tribal law or custom or under state law or to whom temporary physical care, custody, and control has been transferred by the parent of a child, as provided in section [260.755, subd. 10](#). [[Minn. Stat., section 260C.007, subd. 10](#)]

In-home case. Is comprised of services that are provided to children and families who were reported to child protective services for possible child abuse or neglect, and who are assessed as being able to benefit from services delivered in the home. [Children’s Bureau, Child Welfare Information Gateway, 2014]

Foster care. (a) Foster care means 24-hour substitute care for a child for whom a responsible social services agency has placement and care responsibility and:

- (1) who is placed away from the child’s parent or guardian in foster family homes, foster homes of relatives, group homes, emergency shelters, residential facilities not excluded in this subdivision, child care institutions, and pre-adoptive homes;
- (2) who is co-located with the child's parent or guardian in a licensed residential family-based substance use disorder treatment program as defined in subdivision 22a; or
- (3) who is returned to the care of the child's parent or guardian from whom the child was removed under a trial home visit pursuant to section 260C.201, subdivision 1, paragraph (a), clause (3).

(b) A child is in foster care under this definition regardless of whether the facility is licensed and payments are made for the cost of care. Nothing in this definition creates any authority to place a child in a home or facility that is required to be licensed which is not licensed. "Foster care" does not include placement in any of the following facilities: hospitals, inpatient chemical dependency treatment facilities, facilities that are primarily for delinquent children, any corrections facility or program within a particular correction's facility not meeting requirements for title IV-E facilities as determined by the commissioner, facilities to which a child is committed under the provision of chapter 253B, forestry camps, or jails. Foster care is intended to provide for a child's safety or to access treatment. Foster care must not be used as a punishment or consequence for a child's behavior. [[Minn. Stat., section 260C.007, subd. 18](#)]

Out-of-home care. Is a court-monitored process that encompasses the placements and services provided to children and families when children are removed from their home due to abuse and neglect. [Children’s Bureau, Child Welfare Information Gateway. Out-of-home Care Overview, nd]

Parent. (a) Parent means a person who has a legal parent and child relationship with a child which confers or imposes on the person legal rights, privileges, duties, and obligations consistent with sections [257.51](#) to [257.74](#) or [257.75](#). It includes the mother and child relationship and the father and child relationship. For matters governed by the Indian Child Welfare Act, parent includes any Indian person who has adopted a child by tribal

law or custom, as provided in section [260.755, subdivision 14](#), and does not include the unwed father where paternity has not been acknowledged or established.

(b) A legally recognized parent and child relationship is established for purposes of this chapter between:

(1) a child and a biological mother, by proof of her having given birth to the child, or under sections [257.51](#) to [257.74](#) or [257.75](#);

(2) a child and father when:

(i) there is a presumption of paternity under section [257.55, subdivision 1](#), paragraph (a), (b), or (c), and no action has been taken to declare the nonexistence of the father and child relationship;

(ii) there is a presumption of paternity under section [257.55, subdivision 1](#), paragraph (d), and there is an adjudication of paternity under sections [257.51](#) to [257.74](#), or the father and mother have signed a recognition of parentage having the effect of an adjudication under section [257.75](#);

(iii) there is a presumption of paternity under section [257.55, subdivision 1](#), paragraph (e), (f), (g), or (h), and there is an adjudication of paternity under sections [257.51](#) to [257.74](#);

(iv) there is no presumption of paternity under section [257.55](#), but the father has been adjudicated by court order under sections [257.51](#) to [257.74](#);

(v) there is no presumption of paternity under section [257.55](#), but the father and mother have signed a recognition of parentage having the effect of adjudication under section [257.75](#);

(vi) there is a positive test result under section [257.62, subdivision 5](#), and the father is adjudicated as the father of the child either by court order under sections [257.51](#) to [257.74](#), or because the father and the child's mother have signed a recognition of parentage having the effect of adjudication under section [257.75](#); or

(vii) the parent and child relationship is established under section [260.755](#), subdivision 14; or

(3) a child and an adoptive parent by proof of adoption. [[Minn. Stat., section 260C.007 subd. 25](#)]

Visit. Face-to-face contact between a child and their caseworker. [[Minn. Stat., section 260C.212 4a \(a\)\(1\)](#)] This is an in-person interaction. These interactions are often referred to as home-visits or caseworker visits. Other forms of technology to communicate, such as video conferencing, does not meet the federal requirements.

Visited on a monthly basis. At least one visit per calendar month. [[Minn. Stat., section 260C.212 4a \(a\)\(2\)](#)]

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