

CPS Quality Contacts Desk Reference Guide

Documentation Directions

Each month the Caseworker will document the following case activity and contacts must be a separate case recording in TFACTS:

- Initial ACV Interview/Observation, ACV Interview/Observation, and/or Good Faith Efforts of attempted face to face contact with the ACV;
- Home Visit (may be included in another type of case recording, but location must be "family home");
- Parent/Guardian interview(s);
- Alleged Perpetrator interview(s);
- Child and Family Team Meeting (CFTM);
- Referent Interview;
- Sibling interview(s);
- Administrative Reviews;
- MSW consult;

Caseworkers will also provide additional documentation within the *Monthly Case Summary* contact type due along with other documentation requirements each month. This note is a "catchall" location for staff to capture all other notes in one place that do not require a compliance count like those listed above.

Topics covered here include:

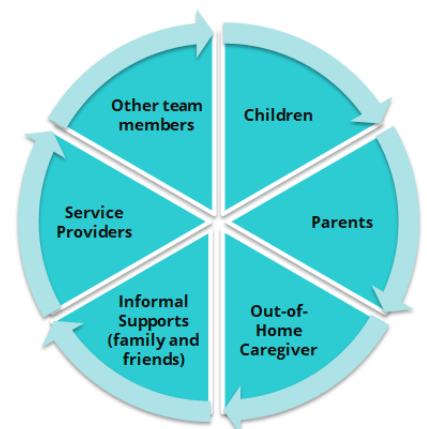
- Contacts with "other" case participants and service providers;
- Service referral information and quality contacts with service providers;
- Notations;
- Emails, phone call, fax and text correspondence;
- Notifications such as to the Juvenile Court, District Attorney or etc.;
- Legal consultations –no details needed.
- Anything else pertinent

Monthly Quality Practice and Documentation Expectations

Who?

Each month the caseworker needs to ensure a comprehensive quality contact with each case member including, but not limited to:

- Each child – including a private contact
- Each biological and legal parent or caregiver
- Relatives and kin- informal supports



- Out-of-home caregivers – safety placement caregivers, kinship caregivers and foster parents
- Service Providers including those arranged by DCS and those pre-existing
- Other team members – attorneys, CASA, church members, teachers, mentors, etc.

How?

Each month the caseworker needs to ensure their efforts to implement all components of the practice wheel occur and are reflected in their documentation.

How the worker **ENGAGES** each case member (above) to:

- Share their story;
- Provide an update on how things are going;
- Participate in assessing what's working and what's not working;
- Developing ideas for solutions to problems;
- Contribute to decision making;



How the worker develops a **TEAM** to ensure case members will be:

- Invited and their schedule considered for attendance at CFTMs;
- Prepared by the worker for teaming touch points such as CFTMs, FCRBs, Court, etc.;
- Engaged in sharing their story, views and ideas for solutions in meetings during meetings;

How the worker **ASSESSES** to ensure:

- Discussion at every contact with **each case participant** to gather global assessment;
- Use of Motivational Interviewing skills to elicit global assessment;
- Global Assessment is used to complete the CANS or FAST;
- Other formal assessments, such as psychological and parenting assessments are collected.

How the worker **PLANS** with the team to:

- Develop formal plans that address the depth of need identified in global assessment (this may not happen monthly).
- Information outlined in formal assessments such as CANS, FAST, psychological, parenting, etc. are addressed and recommendations are implemented.
- Develop informal plans to ensure case progress continues.

How the worker **IMPLEMENTS** to ensure:

- Services are put in place that will address areas of concern uncovered by global assessment.
- Communication with service providers ensure shared assessment and progress updates

The worker **TRACKS AND ADJUSTS** to ensure:

- The team works to address areas that are not improving, services that are not working to develop new plans

- Progress made, areas of stability, or areas of lack of progress on areas identified in assessments are updated monthly.

What?

Assessment of Safety:

Summarize the following:

- Formal and informal assessments of the family, including all children who have access to the AP.
- Description of new/worsening injuries, changes in the home environment
- New information gained from contacts with ACV, parent/caregiver, and/or AP that may change case direction or decisions.
- Notifications to CPIT, DA, and Juvenile Court completed
- Parent/caregiver's plan to ensure the child's safety and access to the alleged perpetrator
- Any impairment, substance abuse, or mental health issues gathered from both formal and informal assessments that may affect the immediate safety of the child.
- Criminal activities or domestic violence and how it affects the immediate safety of the child
- Non-offending parent/caregiver's response to allegations and protective capacity
- How medical information informs safety decisions for drug affected infants
- Consults completed (legal or other DCS staff)



Assessment of Risks:

Summarize the following:

- Holistic picture of the family, including the recognition of underlying issues
- History of parent/caretaker's emotional instability, substance abuse
- History or ongoing family conflict or domestic violence
- Connection between the DCS history with the child and family and the current situation
- Parent/caregiver's level of attachment to the child
- Description of the parent/caregiver's parenting skills as it relates to discipline, supervision and meeting basic need
- Notation of the parent/caregiver's willingness to accept services
- Discussion with the parent/caregiver/child(ren) regarding their cognitive, physical and emotional capacity to participate in services
- Documentation of safe sleep with parent/caregiver regarding infants as applicable
- Consults with MSW regarding trauma reduction on removals
- Consults with Regional Psychologist and/or Safety Nurse

Effective Engagement with Child & Family:

Summarize the following:

- Changes in the family composition and/or household members to include everyone living in the home and any other relevant family members living outside of the home
- Description of child's current placement as it relates to permanency
- Ongoing efforts to locate the family, relatives, and absent parents
- Child(ren)'s current physical/dental, mental, educational, and social wellbeing within the home as well as school and community
- Summarize the child and family strengths, needs, health, and safety
- Summarize changes to financial status, family dynamics/culture, community resources and/or other natural support systems
- Discussion/completion of family permanency plan with the family regarding drug affected infants
- Update the child and family's desired outcomes and next steps

Identifies and Initiates Services:

Summarize the following:

- How the formal and informal assessments support decisions for the child and family
- Services and/or resources offered and the family's response to the services (are then benefitting/meeting their needs). Efforts to engage should be tailored to fit each family's unique needs/progress.
- CFTM planning with the child and family
- Family Permanency Plan and/or IPA creation/revisions and progress that may change case direction or decisions
- Referrals to identified service providers and the need to continue or discontinue services
- Implementation and follow up of recommended/required services
- Implementation and monitoring of family plan which includes obtaining medical records, communicating with service providers and ensuring appropriate services are provided for infant/family
- The family's thoughts on current case progress and/or the need for case closure

Evidence Supports Allegation Classification:

Summarize how this information supports the allegation(s) classification:

- Interviews of all relevant witnesses/collaterals
- Update the drug screen results when substance abuse allegation(s) are reported
- Changes of the home conditions

- Relationship between the concerns/injuries to the child and alleged perpetrator's explanation of how the situation/injuries occurred
- Medical records and/or medical expert opinion
- Relevant information documented from a review of external assessments, evaluations, police reports, witness statements and/or confessions
- Relevant information documented from a DCS history check
- Recognition of severe abuse

Other case activities and related tasks:

- Any other case related tasks/activities completed within the past 30 days (attempted tasks, phone calls, notifications, conferences/consults, collaboration with partners, notations, correspondence, requests for records)

Supervision

Each month, supervisors should select one case to coach and mentor their staff on for the month. The same case should be reviewed at least 2-3 consecutive months to review for improvements are made.



Family Permanency Plan and/or IPA creation/revisions and progress that may change case direction or decisions									
Referrals to identified service providers and the need to continue or discontinue services									
Implementation and follow up of recommended/required services									
The family's thoughts on current case progress and/or the need for closure									
Well-being									
Child(ren)'s current physical/dental, mental, educational, and social wellbeing within the home as well as school and community									
Implementation and monitoring of family plan which ensuring appropriate services are provided for children/family									
Informal supports									
Extracurricular activities, hobbies, etc.									
Evidence Supports Allegation Classification:									
Interviews of all relevant witnesses/collaterals									
Updated the drug screen results when applicable									
Changes of the home conditions									
Relationship between the concerns/injuries to the child and alleged perpetrator's explanation of how the situation/injuries occurred									
Medical records and/or medical expert opinion									
Relevant information documented from a review of external assessments, evaluations, police reports, witness statements, etc.									
Relevant information documented from a DCS history check									
Recognition of severe abuse									
Any other case related tasks/activities completed within the past 30 days									