

CHILD PROTECTIVE SERVICES
STEPS TOWARD EFFECTIVE
LEARNING:
PROCEDURES DESIGNED FOR CPS STAFF
TO TRANSFER LEARNING TO
ACTUAL IMPLEMENTATION

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STATE DOCUMENTS

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I. INTRODUCTION

What does it take for Child Protective employees (trainees), to gain a sense of ownership on the job? What does it take for employees (trainees) to successfully carry out the agency's mission? "Child Protective and Preventive Services are offered to families by the South Carolina Department of Social Services which is mandated by law to protect children from abuse or neglect within their families, in foster care, or by persons responsible for the child's welfare as defined by statute. Services are provided to strengthen families; to enable children to remain safe in the home; to temporarily remove from parental custody, a child who is at imminent risk of harm; or to pursue termination of parental rights and assure the child permanency in a substitute family if the custodial family cannot be preserved without serious risk to the child."¹

Primary elements of this mission include:

1. Providing services intended to minimize harm to children and maximize the ability of families to protect and care for their own children.
2. Providing services for children and their families on the principle that the best child welfare is good family welfare.
3. Assessing allegations of abuse or neglect of children to determine if they are in need of protection. Where abuse or neglect is substantiated, these services should assure the support necessary to enable adequate family functioning or to intervene to protect children until parents are able to do so.

¹ South Carolina Department of Social Services. "Mission statement for Child Protective and Preventive Services", Family Preservation and Child Welfare Services Policy and Procedure Manual. (July 02): 11-12.

4. Recognizing that Child Protective and Preventive Services are child centered and family focused. They are designed to ensure that reasonable efforts are made to maintain children safely in their own home, to reunite the family as soon as possible if removal of a child or parent is necessary, and to assure permanency in an adoptive home or other permanent situation if parental rights must be terminated.²

From the time an employee is hired, if given the understanding and resources to do the job, just think how awesome it would be for the employee to receive job satisfaction and be able to provide an optimal delivery of services to the customers we are to serve and at the same time meet the agency's outcomes. The State Department of Social Services has developed criteria for particular job functions based on education and experience. Employees are hired for the job. Particularly in the area of CPS, training is specifically designed encompassing a wide range of training i.e. understanding the mission of the agency, policy, procedure and the law. Child Welfare training and additional advanced training is provided throughout the year. The training is mandated. The training consists of subject matters directly focusing on engaging families, defining abuse and neglect, and other related topics. When employees return to the office even after one year of the additional training very few of the employees (statewide) are able to transfer their learning to the actual implementation on the job. The problem is the employees are not able to use the training in the workplace context. They become frustrated and leave creating consistent vacancies, hardships on the remaining of

² Ibid., pg. 12.

the employees and ultimately an optimal delivery of services is not offered to the customer. What can we do to change this? Training is defined as pertinent information to be received by the worker from the time of employment throughout the life of the employee's employment at the agency for the purpose of being able to transfer learning to actual implementation on the job.

This 4-step procedure is similar in concept to the widely used quote originated by poet Mayo Angelou and used by Senator Hillary Clinton. "It takes a village to raise a child." The implementation of these steps/procedures will provide a foundation for employees to transfer their learning to actual implementation on the job. Simply, the employees will be able to use the training in the workplace context. The steps designed are steps toward effective learning.

II. STUDY PROCEDURES

Numerous books were read in determining procedures necessary for employees to context training into the workplace. However, the information is primarily the opinion of the writer and collecting and using data from staff employed at the Pickens County Department of Social Services (DSS). Through 20 years of experience and trainings being employed for the South Carolina Department of Social Services, specifically at the Pickens County Department of Social Services, as a caseworker, supervisor and program coordinator, sheer observation afforded the writer an opportunity to become an expert in the area of Child Protective Services and conclude what works and what does not work in the area of transferring learning to actual implementation on the job.

A. Methodology

The methodology encompasses reviewing the roles and responsibilities of all employees involved in Child Protective Services on the State and local level employed by The South Carolina Department of Social Services. Presently, the State Department of Social Services bears sole responsibility for protecting children. Others involved in Child Protective Services include the legislature, public and private agencies, organizations, and individuals that can join in

carrying out the agencies missions and outcomes. The heart of these procedures is a partnership for Child Protective Services.

This partnership aids in defining “who’s responsible” and what does it take to learn the job. This partnership aids worker’s within the system to transfer the learning, [?]context training into the workplace and ultimately provide an optimal delivery of services to the customer’s the department serves. Once the method is established, states and communities create agency-based services that reach to the families, provide a greater understanding from all partners, the role and responsibilities of each partner, and ensure that many people work together to promote child safety. These procedures may vary from agency to agency, and county to county, however progress will be made toward meeting the agencies outcomes if everyone works together. The method also includes collecting information from staff employed at Pickens County DSS from the years, 2000-2002. ✓ The information will consist of analyzing the results of staff after completing the CWS training, advanced training, continual training at the local level, coaching from the supervisor and sharing of information with external / internal partners. Was staff able to context training in all areas into the workplace?

B. Procedures and Steps

The first step for legislators, and other policy makers is to recognize that the State Department of Social Services cannot successfully protect children and train workers alone. Legislators are to convene task forces to review the Department of Social Services system. Careful negotiations with the Department of Social Services, other agencies, private providers, independent agencies, and advocates is necessary to sustain understanding what changes would need to occur. Building consensus engages the public in setting direction and defining roles and responsibilities of each agency involved.

Experience denotes that if legislative and judicial constituents become involved from the onset, the level of understanding is greater. Without the support of elected officials and the judiciary, any effort to make any change is futile. The law defines and dictates agency policy and procedures. The Law defines what is abuse and neglect. Clearly defining abuse and neglect aides the Department of Social Services and other partners to work collaboratively, provides continual education and professional growth for the worker's employed by the Department of Social Services, ultimately enabling employees to transfer the learning into the workplace.

The second step would be to involve community agencies. The community is defined as everyone. Key partners are neighborhood organizations, recreation

centers, daycares, families, hospitals, schools, law enforcement agencies, the courts, mental health and substance abuse facilities, churches, and economic/welfare agencies. The process is to be generated statewide and locally. All participants must become active in not only the design of the change but also the participation of the change.

All participants are required to understand the mission of the Department of Social Services, roles and responsibilities of the agency, policy and procedure and the outcomes the agency is seeking to accomplish. Broadening the horizons of all participants and emerging partnerships make a huge difference in the lives of the clients we serve.

Let's talk about the agency's role. What does it take for Child Protective employees (trainees), to gain a sense of ownership on the job? What does it take for employees (trainees) to successfully carry out the agency's mission? The third step involves appointment of the State Director, and hiring of staff at the state level that shares, understands and can implement laws regarding Child Protective Services. These commonalities have a "domino effect". The mission and consistency amongst all participants as to how local agencies will carry out the functions of the agency is essential. The sharing of this process is a "trickling effect". The information is fully shared from the top of the agency to

the bottom of the agency. This “trickling effect” also involves sharing of information from the bottom of the agency to the top of the agency.

The State Department of Social Services Division of Human Resources along with other entities have the responsibility of developing criteria specifically for persons employed as Human Service Workers. This criteria is designed for the purpose of choosing the right people and creating a supportive work environment in order to perform the job duties and responsibilities. The position description is designed outlining the worker’s specific job duties. It should also suggest what skills are required of the worker in order to perform at a level of sufficiency.

This criteria is to consist of training for new workers and supervisors. Staff Development and Training began to look at the training of the Human Service worker’s, supervisors and county directors. The training curriculum covers all aspects of the human service divisions and to look at interdisciplinary training which would involve other state agencies. In January 2000 the Child Welfare Academy training was implemented. Training consists of basic, intermediate and advanced professional development for the purpose of enhancing their professional development. The duration of these training sessions range from one day to three weeks with the focus on social work skills that enhance job performance. The Department of Social Services collaborated with the

University of South Carolina to develop the curriculum for the intermediate and advanced training. The training division works cooperatively with other agencies to maximize the benefits of existing training resource.

The required basic training is delivered over a three-week timeframe in a classroom setting. This is mandatory for all child welfare workers before taking on case management. Training is based on best practice providing basic skills to conduct the job. The worker's are actively involved in learning the concepts of assessment, risk and safety and developing a good case plan. This training has been revised over the years to be consistent to the changes in the law and outcomes of the agency.

The Problem

The course of instruction begins at the county level with on-site orientation. The counties then enroll the worker in the three-week curriculum. The courses are as outlined:

- Week One: Interpersonal Skills
 How to engage a family
 Art of Casework Management
 Assessing an Intake
- Week Two: Assessment Process
 Actively involving a family in assuring safety
 Assessing Risk and Safety in a family
 Concepts of Maltreatment
 Foster Care/Adoptive Placement (Concurrent Planning)
- Week Three: Preparing Family/Child Plan
 Working with a Family
 Referrals to therapeutic services
 Adoption Services
 Assessing Placement Needs

Case Closure

Intermediate and advanced training are conducted in a classroom setting three days out of the month for eight months after basic training. The remainder of each month is spent ~~on-the-job~~ training. Each advanced training reinforces the requirements of the job. Each year, an average of 90 percent of the workers return to complete the advanced training. Child Protective Service workers are the majority of the new workers coming through basic welfare training. Due to shared responsibilities at the local level, basic training covers all aspects. The advanced training is broken down to the different divisions (Fostercare, CPS, Treatment, Adoption and Managed Treatment Services). The training in this area is as follows:

- Technical writing for Court
- Child Growth and Development
- Adolescent Grow and Development
- Advanced Sexual Maltreatment
- DSM-IV Child
- Psychopharmacology
- Reading Psychological Evaluations
- Subclass and Educational (504)
- Non-Violent Crisis Intervention

Presently, there is a formal competency based test that measures the basic training curriculum. This test has been revised over the past two years to fit into compliance of the law and policy changes. The scores of the test average around an 80 –86%. If a worker fails the first test then they are tutored in the

areas that were weak and the test is administered again. If the worker fails a second time then they are enrolled into the three-week basic training a second time. Staff and Development Training average approximately 280 workers a year that complete basic child welfare training. Staff are required to receive continuous education hours yearly.

The turnover rate effects training at all levels. Staff Development and Training is always looking at enhancing the effectiveness of the training. Technology has become more proficient and the trainers are taking advantage of the advanced programs such as Power Point, On-line Registration and developing a web based module.

The fourth step involves continual training on the local level. It is at the county levels that transferring of what the worker has learned thus far as to their ability to context what they learned into the workplace. This consists of communicating, receiving and disseminating information primarily by three roles within the agency. The county director, the supervisors and the worker jointly play an integral part of carrying out the agency's mission. It is essential that these players are playing with the same deck of cards. All players may not receive the information the same way, however, it is important that the outcome is the same.

The county director sets the tone for the agency. The role of the county director is to understand the State Department of Social Services missions, goals, and expected outcomes. The county director is to have a clear understanding of the law, policy and procedure. The county director is to believe in these goals themselves. The county director is to share this vision with staff, and outline clear expectations of how the vision will be carried out and be able to measure how each goal and outcome is to be accomplished. How the vision should be implemented is to involve all the staff at the local level. Each person is to provide input into the mechanics of how the agency should operate. The director needs to also share the vision, the agency's goals and outcomes the State Department is seeking to accomplish with other community partners. The county director needs to obtain an abundance of management skills and have the understanding that the director needs the staff more than the staff needs the director. The director needs to understand that they cannot get the job done without the staff.

The Department of Social Services organizational structure involves middle management. Middle management is defined as the supervisor. The supervisor is to have the same skills, and understanding of the agencies mission as the county director. However, additional skills are necessary to include problem solving skills, a solid knowledge base of policy, procedure and the law,

deductive reasoning and preventive management. It is the supervisor's responsibility to manage performance. " Management is doing those things necessary to deny people who work for you the unpleasant opportunity of failing."³ It is the supervisor's responsibility to orient staff into the workplace, provide staff with continual training, updating staff with agency changes, being involved with the day to day decisions, supporting staff with decisions they are able to make based on policy, procedure and the law, maintain a positive work environment, and provide resources for staff, empower the staff to work independently, develop in-house procedures for easy and smooth transitioning of casework, educate community partners, guide, facilitate as applicable and be a link between internal partners i.e. the director, the staff attorney, etc... It is the supervisor's job to assist the staff in understanding the importance of what they are supposed to be doing. Does the staff know and understand how the identified tasks relate and impacts on they're total job, other staff members, other customer's and the agencies mission? The supervisor is to assist the staff with overcoming obstacles that prevent learning that may occur within the agency's guidelines. One vital role of the supervisor is the ability of the supervisor to assess the level of understanding of the staff at all times and provides the necessary coaching for the staff to effectively perform on the job.

³ Ferdinand F. Fournies. "Why Employees Don't Do What They're Suppose To Do and What To Do About It", (New York: McGraw-Hill). 1994.

In order to facilitate the staff to make sound decisions on cases whether it is at case decision, court preparation, reviews or closures, checklists were designed for the sole purpose of assisting the worker with gathering pertinent information. The checklist guides the worker in applying necessary information or transferring the information we receive or gather into case specifics, and determining what is abuse/neglect. These checklists are not to be used as the primary source of gathering information. There may be additional sources of information to be gathered. (Checklist I-X)

In addition to developing checklist for staff to reference in gathering pertinent information in order to meet the agency's outcomes and transfer learning to job performance, the supervisor and/or program coordinator can execute functions involving the following to accomplish the work of the agency through the staff.

- Identify staff strengths and help them develop those strengths, assess the knowledge skills and learning style of new staff
- Modify plans and methods to adjust to crisis and changes such as caseloads, staffing and new requirements. Present in a manner to staff that promotes understanding implementation and/or resolution.
- Help staff to understand roles and parameters across units/agency's in the community.

- Assure that orientation occurs timely and includes agency structure, culture and values, knowledge of the community, legal mandates, job responsibilities, various programs provided by the agency, policies and procedures, etc...
- Provide/assure ongoing training regarding agency, policy and procedure and caseworker practice to include periodic reviews of the plan with staff and make adjustments as appropriate.
- Support/model/mentor and encourage staff to achieve their goals and continued growth and development. Promote independence in caseworker based on policy and procedure.
- Assist staff in case assessment including identifying the presenting problem, the dynamics underlying the problems, the strategies for intervention and development of the plan. Discuss the entire caseload at least quarterly.
- Assist staff in depersonalizing conflict.
- Increase awareness of having one personality and work style affect staff.
- Establish and maintain weekly conferences.

As noted previously, the job cannot function without the staff. The staff is the central core of the agency. The staff is people doing the job. The staff needs to be the most appreciated people in the agency. The staff, like the director and the

supervisor, needs to understand the mission of the agency, understand policy, procedure and the law and obtain clear guidance and expectations as to how to implement tasks in the county. The staff needs to be involved in local decisions. Mutual planning is highly recommended. Allow staff to provide input whether they can make a difference or not. The discussion, the ability to provide information is worth a million dollars. The staff is to be vested and committed to the agency. Staff must care and want to do a great job. The staff needs to utilize the training, and education they have received and skills acquired to effectively do the job. Staff is to receive resources for treatment services, checklist, time management tools, manuals, the law, etc... to reference in doing the job.

C. Results

A total of fifteen (15) staff was employed during the years of 2000-2002. Two (2) staff were hired as supervisors and thirteen (13) were hired as direct case staff. All thirteen (13) of the staff completed the Basic Child Welfare Training. Six (6) of the staff completed the advanced training. During this period of time, the agency had one (1) director. All thirteen (13) of the staff passed the test given after competency-based training. The evaluation tool utilized the agency (SD&T) indicated neither staff during this period of time demonstrated an inability to learn nor were there any significant barriers noted that was a red

flag. The staff that did not complete the academy training seven (7) out of thirteen (13) lacks a full understanding of why all areas of training is needed. They lacked linking all areas together and understanding what impact these areas have on understanding the dynamics of working with abusive and neglectful parents; therefore there was difficulty in being able to identify safety and risk issues on cases.

Training gaps occurred during various intervals of the staff employment history. Staff that obtained a solid knowledge base maintained work standards regardless of when there was a change in policy/procedure, a new director, a new supervisor or any change. Gaps occurred and training was not transferred on the job primarily when there was a change in supervision. This occurred in the foster care unit two (2) times, under the directorship of one (1) director. Each supervisor and director interpreted the mission of the agency and how staff was to carry out the mission on a day to day basis differently.

Data collected indicates major gaps where training was not transferred back on the job was in the direct supervision by the supervisor. All two (2) supervisors had difficulty with understanding the desired results themselves; therefore it was difficult to provide clear directions to staff in order for staff to complete the work as defined by the agency. It was difficult for the supervisors to continuously assess the level of the workers and aide in professional growth of

the staff. One (1) out of two (2) supervisors completed the supervisory training offered by the State Department of Social Services, SD&T.

During this two (2) year period, a total of six (6) staff resigned from the agency, four (4) workers and two (2) supervisors. The Human Resource management divisions exit interview questionnaire indicated the following.

The questionnaire consists of seventeen (17) issues:

- Communication between myself and the supervisor
- Relationship with my supervisor
- Guidance from my supervisor
- Relationship with co-workers
- Advancement opportunities
- Rate of pay for my job
- Cooperation and team work
- Resolving complaints or problems
- Working conditions
- Employee Performance Management System (EPMS) program
- Fair and equal treatment
- Agency recognition program
- Communication within the agency
- Communication within my division

- Agency training programs
- Orientation
- State government benefit package.

The following rating scale is used to record responses: 1) excellent, 2) good, 3) fair, 4) poor, 5) no opinion. Refer to Appendix A.

Please find below comments by the staff submitted to the Human Resource Department after departure from the agency. In summary, based on the rating scale used to record responses, rating in the “poor” area, number four (4) were in the areas of communication between myself and the supervisor, relationship with my supervisor and guidance from my supervisor. Other issues particularly, agency training program was not noted as a barrier or hindrance to staff not being able to use the training in the workplace context. Again, gaps occurred and training was not transferred on the job primarily in the area of coaching (supervision). The impact of staff turnover directly affects why staff has difficulty in transferring learning to actual implementation in the workplace.

III. CONCLUSION

The State Department of Social Services has made numerous changes in an effort to employ the right people from the state office level to the local levels with the education, experience and the commitment to do the job. In order for staff to transfer their learning to actual implementation on the job, ultimately to context training into the workplace, requires an understanding and implementation of all persons involved as noted in the 4 steps outlined. Again, training being defined as pertinent information to be received by the worker from the time of employment throughout the life of the employee's employment at the agency for the purpose of being able to transfer learning to actual implementation on the job. These 4 steps require teamwork, development of criteria for the "perfect person" to include education and experience, training on the casework process, supportive state, county managers, particularly the supervisors and/or program coordinators to include providing staff a clear understanding of the desired results and gaining staff participation and a collaborative effort from various partners internally and externally, legislative and other community partners. With all components working together for the sake of the customers we serve, all Department of Social Services can provide an optimal service delivery to the customers, ultimately meeting the agency's mission and desired outcomes. Does it take a village to raise a child? To

raise a child involves a lot of people working together. Particularly for a Department of Social Services worker these steps promote effective learning.

Additional steps recommended would include development of an evaluation method that could be used in order to measure improvement. The evaluation would monitor the quality, quantity and timeliness of staff performance, ultimately creating a sense of achievement and satisfaction by the staff. If these steps were followed, this would increase staff motivation to perform.

After staff returns to the office, it is recommended that the agency develop and implement methods of assessing and tracking staff performance. Methods are to be developed that demonstrate staff's ability to transition continuously throughout their employment. Monitoring of the evaluation would primarily be the responsibility of the worker's direct supervisor.

IV. SOURCES CONSULTED

Ferdinand F. Fournies. Coaching for Improved work performance. Revised Edition. New York, New York: McGraw-Hill, 2000.

Ferdinand F. Fournies. Why Customers Don't Do What You Want Them to Do About It. Revised and updated edition. (New York: McGraw-Hill, 1999).

Stephen R. Covey. Principle – Centered Leadership. (Simon & Schuster: New York, 1990, 1991).

Stephen R. Covey. The 7 Habits of Highly Effective People. (Simon & Schuster Inc: New York, New York, 1989).

Alfred Kundahin. Supervision in Social Work. (Columbia University Press 1976).

South Carolina Department of Social Services. Family Preservation and Child Welfare Services Policy and Procedure Manual. (South Carolina: July 02).

Eilien Flanigan, Jon Scott. Process Improvement Enhancing Your Organization's Effectiveness. (California: Crisp Publications, Inc., 1995).

Kouzes, James M. and Barry Z. Posner. The Leadership Challenge: How to Keep Getting Extraordinary Things Done in Organizations. Second Edition. San Francisco, California: Jossey – Bass Inc., Published, 1995.

V. CHECKLIST

- I. Child Protective Services / Face Sheet**

- II. Assessment / Investigation**
 - a. TCM Requirements
 - b. Checklist

- III. Treatment**
 - a. TCM Requirements
 - b. Timeline – CPS – Assessment / Treatment

- IV. APS**
 - a. TCM Documents
 - b. Timeline

- V. Foster Care**
 - a. TCM Requirements
 - b. Timeline

- VI. SER Checklist**

- VII. Staffing Sheet Agenda**

- VIII. Staffing Sheets**

- IX. End of the Month Reminders**

- X. On Call Responses**

VI. APPENDIX A

Refer to Appendix A

South Carolina Department of Social Services

Exit Interview for Employees

Appendix A

South Carolina Department of Social Services
EXIT INTERVIEW FOR EMPLOYEES

DEPARTING EMPLOYEE: Your answers and comments regarding this exit interview are important to us. Please complete the form and mail it to the Human Resource Management Division in the attached postage paid business reply mail envelope.

Name: _____ SSN: _____ Division/County: _____

Job Title: _____ Hire Date: _____ Last Day of Employment: _____

Section I (Completed by Departing Employee)

1. Please indicate your reason for leaving: _____

- 2. Did you understand the mission of the agency? Yes No
- 3. Did you ever offer suggestions, relate problems, seek advice or request information from management? Yes No
- 4. If yes, was management responsive? Yes No
- 5. Were you kept informed regarding changes in policies, procedures and practices of the agency? Yes No
- 6. Would you consider returning to work for this agency? Yes No
- 7. Were the duties and responsibilities of your position clearly explained to you? Yes No
- 8. Do you feel you received adequate training to perform your job responsibilities? Yes No
- 9. Check the one that best describes your workload:
 - Too much for one person.
 - Occasionally heavy, but just about right most of the time.
 - Just right, not really over or under worked.
 - Not enough, did not fully take up my time.

Section II

Please use the following rating scale to record your responses in this area.
 1 - Excellent 2 - Good 3 - Fair 4 - Poor 5 - No Opinion

1. Communication between myself and the supervisor	1	2	3	4	5	10. EPMS program	1	2	3	4	5
2. Relationship with my supervisor	1	2	3	4	5	11. Fair and equal treatment	1	2	3	4	5
3. Guidance from my supervisor	1	2	3	4	5	12. Agency recognition program	1	2	3	4	5
4. Relationship with co-workers	1	2	3	4	5	13. Communication within the agency	1	2	3	4	5
5. Advancement opportunities	1	2	3	4	5	14. Communication within my division	1	2	3	4	5
6. Rate of pay for my job	1	2	3	4	5	15. Agency training programs	1	2	3	4	5
7. Cooperation and teamwork	1	2	3	4	5	16. Orientation	1	2	3	4	5
8. Resolving complaints or problems	1	2	3	4	5	17. State government benefits package	1	2	3	4	5
9. Working conditions	1	2	3	4	5						

Do you have any suggestions for improving the above? _____

What did you like about your job and the agency? _____

Please share any additional comments or suggestions by using the reverse side of this form.

 Signature of Departing Employee

 Date

VI. APPENDIX A

Refer to Appendix A

South Carolina Department of Social Services

Exit Interview for Employees

I.

CHILD WELFARE SERVICES FACE SHEET

Date Case Opened for Service: _____

PARENT/CAREGIVER

NAME & RELATIONSHIP TO CHILDREN	DATE OF BIRTH	SOCIAL SECURITY NUMBER	EMPLOYER/INCOME AMOUNT	ON AFDC?	INSURANCE/MEDICAID NUMBER
			Employer:		
			Income Amount:		
			Employer:		
			Income Amount:		
			Employer:		
			Income Amount:		
			Employer:		
			Income Amount:		

CHILDREN

FULL NAME				
AKA NAME				
DATE OF BIRTH				
SOCIAL SECURITY #				
DISTINGUISHING MARKS, I.E., BRUISES, WELTS, BIRTHMARKS, EYE COLOR, HAIR COLOR, HEIGHT, WEIGHT (PICTURE AS APPLICABLE)				
MEDICAID #				
IV-E STATUS & DATE				
AWARD NUMBER				
INCOME & SOURCE				
SCHOOL / GRADE				

ADDRESSES

DATE	NAME	ADDRESS	TELEPHONE	DIRECTIONS

I.

CHILD WELFARE SERVICES FACE SHEET

Date Case Opened for Service: _____

ADDRESS				
DATE	NAME	ADDRESS	TELEPHONE	DIRECTIONS

OTHER INVOLVED PARTIES

NAME	ROLE	ADDRESS/LOCATION	TELEPHONE

II. a.

TCM DOCUMENTS INITIAL ASSESSMENT / INVESTIGATION

Refer to Assessment / Investigation Checklist

NOTE

- ❖ At any time you enter the court system, you must exit the court system (Go to court - go back to court to close / transfer); all cases are to be staffed prior to a complaint being filed!
- ❖ All ongoing treatment cases where child(ren) enter care requires closure (treatment case) documents.
- ❖ Signatures of documents are due in the month required!
- ❖ All case activity is to be placed in CAPSS i.e. telephone calls, receipt of progress reports, medical reports, written or received correspondence, TCM documents, etc...
- ❖ Please refer to Chapter 7: CPS Manual for elaborate and specific instructions regarding procedures and or purpose and how and when to complete the forms.

II. b.

INVESTIGATION / ASSESSMENT CHECKLIST

INTAKE

<input type="checkbox"/> DSS Intake Form CAPSS and handwritten copy (3027)	
<input type="checkbox"/> Complete all sections of intake handwritten copy and CAPPS copy to include Allegations, Children's school information, Victim's unique attributes, Alleged perpetrator Unique attributes, client characteristics, Environmental Factors, Caretaker Characteristics, Social Economic Factors and additional risk factors.	
<input type="checkbox"/> Records Check; search CAPPS (done by intake worker) <input type="checkbox"/> Records Check search CHIPS (done by clerical staff) <input type="checkbox"/> Records Check form is thoroughly completed <input type="checkbox"/> Research form information written onto Intake correctly <input type="checkbox"/> Records check done on inquiry <input type="checkbox"/> Records check done on screen out <input type="checkbox"/> Records check done on report	
<input type="checkbox"/> DSS 1600: Correspondence with ES	
<input type="checkbox"/> Review previous old case	
<input type="checkbox"/> Flex Funds Form (30157)	
<input type="checkbox"/> Copy of Intake Form made for assessment worker	
<input type="checkbox"/> Copy of Intake sent to local police or LE based on jurisdiction (as needed)	
<input type="checkbox"/> Supervisor review	
<input type="checkbox"/> Log cases (CAPPS numbers)	
<input type="checkbox"/> Assign to investigator/assessment using black assessment binder	

ASSESSMENT / INVESTIGATION

<input type="checkbox"/> Review old case, information, and ES contacts	
<input type="checkbox"/> Respond within 24 hr; modify intake form-correct information CAPPS	
<input type="checkbox"/> Make information permanently assign in CAPPS <input type="checkbox"/> Ensure head of household is correct in CAPPS	
<input type="checkbox"/> Interview victim within 24 hours <input type="checkbox"/> (Document in a SER)	
<input type="checkbox"/> Interview sibling and other household children within 24 hours <input type="checkbox"/> (Document in a SER)	
<input type="checkbox"/> Interview Perpetrator within 24 hours <input type="checkbox"/> (Document in a SER)	
<input type="checkbox"/> Interview parents / protector within 24 hours <input type="checkbox"/> (Document in a SER)	
<input type="checkbox"/> Interview extended family members, community leaders in 24 hours <input type="checkbox"/> (Document in a SER)	
<input type="checkbox"/> Give client Family Assessment Services Parent/ Attorney Guide Brochures <input type="checkbox"/> (Document in a SER)	

II. b.

INVESTIGATION / ASSESSMENT CHECKLIST

<input type="checkbox"/> Assess risk to child(ren) removal <input type="checkbox"/> Safety Assessment Worksheet - complete all lines <input type="checkbox"/> Safety Plan (3087A-General): Discuss safety issues/ identify protector; (3087-highrisk) <input type="checkbox"/> Complete Immediate safety assessment place in Supervisor's door within 24 hours <input type="checkbox"/> Affidavit for Alternative Placement and alternative caregiver site visit as applicable <input type="checkbox"/> (Document in a SER)	
<input type="checkbox"/> Rights/Roles/Responsibility pamphlet revised with clients documented &/or 3034 (investigations); HIPPA document explained / signed <input type="checkbox"/> (Document in a SER)	
<input type="checkbox"/> Complete Comprehensive Family Worksheet (Part I) / Assessment within three days in WORD, cut and paste and place in CAPPs <input type="checkbox"/> Document in CAPPs in a (SER's) <input type="checkbox"/> Format SER's-utilizing Family Assessment instructions	
<input type="checkbox"/> Use TCM Guidelines for documentation	
<input type="checkbox"/> Medical Exam for physical / sexual abuse (MANDATORY)	
<input type="checkbox"/> Psychological evaluation as necessary	
<input type="checkbox"/> Other relevant referral letters; arranges medicals, etc...of family members as MANDATED within 5 days. <input type="checkbox"/> Document in a (SER)	
<input type="checkbox"/> Release for information signed <input type="checkbox"/> Document in a (SER)	
<input type="checkbox"/> DSS Brochure 2416 Civil Rights Pamphlet given <input type="checkbox"/> Document in a (SER)	
<input type="checkbox"/> Fund Request competed - Flex funds amount to be put into the computer <input type="checkbox"/> Document in a (SER)	
<input type="checkbox"/> Medicaid eligible (Yes or NO); what type Medicaid?	
<input type="checkbox"/> Photos (2 sets) (Mandatory)	
<input type="checkbox"/> collateral contacts (including LE, FI/FS, Medicaid and professionals) <input type="checkbox"/> Document any contacts in a (SER)	
<input type="checkbox"/> Criminal background check / central registry	
<input type="checkbox"/> Request / Review relevant physical / social / educational / medical / psychological, criminal or LE records or other	
<input type="checkbox"/> 5 day staffing with supervisor (Mandatory), utilize transfer/staffing form <input type="checkbox"/> Document in a (SER)	
<input type="checkbox"/> convene a family unity meeting / conference of community and family members <input type="checkbox"/> Document in a (SER)	
<input type="checkbox"/> Utilize tool box to include eco-map, substance abuse, sexual abuse, self sufficiency and domestic screening <input type="checkbox"/> Document in a SER	
<input type="checkbox"/> utilize staffing forms for various staffing in knowing what information is needed.	
<input type="checkbox"/> Documentation to be completed 3 days after activity (Mandatory)	

II. b.

INVESTIGATION / ASSESSMENT CHECKLIST

ASSESSMENT / INVESTIGATION DETERMINATION

<input type="checkbox"/> 15 day extension as needed (staff with supervisor first)	
<input type="checkbox"/> Document in a (SER) and in CAPPS, case determination.	
<input type="checkbox"/> Decision staffing (30) days (collaterals, parents, extended family, FI, GAL, Staff Attorney, Food Stamp, etc.) to be involved in the meeting	
<input type="checkbox"/> Genogram	
<input type="checkbox"/> Document in (SER)	
<input type="checkbox"/> Do letters of invitation to case decision if case to be indicated one week in advance.	
<input type="checkbox"/> Comprehensive Family Assessment worksheet - Part I <input type="checkbox"/> Comprehensive Family Assessment worksheet - Part II updated and placed in CAPPS	
<input type="checkbox"/> Conduct case decision with Supervisor if case to be unfounded	
<input type="checkbox"/> Document in (SER)	
<input type="checkbox"/> Prepare staffing sheet in advance.	
<input type="checkbox"/> Document in CAPPS in (SER)	
<input type="checkbox"/> Conduct case decision with family (always done in person if indicated) with all parties involved to be invited if case indicated. At case decision all supporting documentation should be available such as school records, medical records, psychologicals, reports from providers, old records, etc.	
<input type="checkbox"/> Case plan to be developed with the family at case decision if not sooner	
<input type="checkbox"/> Prepare staffing sheet	
<input type="checkbox"/> Document in CAPPS in (SER) that case decision occurred and that case plan was developed with family.	
<input type="checkbox"/> Give the family a copy of case plan and document in (SER) that copy was given.	
<input type="checkbox"/> Case determination done in CAPPS (printout)	
<input type="checkbox"/> Statement / documentation of fact done in CAPPS	
<input type="checkbox"/> Document in CAPPS under Case Determination	
<input type="checkbox"/> Complete Maltreatments, Disabilities, Characteristics, circumstances, and services planned in CAPPS response to each question is required. Must yes, no or unknown	
<input type="checkbox"/> Close case in CAPPS if unfounded	
<input type="checkbox"/> Close assessment in CAPPS if indicated and open treatment case	
<input type="checkbox"/> Place in (SER) in CAPPS statement that case determination was completed and closed and routed to Supervisor for review.	
<input type="checkbox"/> Case determination letter and determination fact sheet to be given to family personally at case decision if indicated.	
<input type="checkbox"/> Case determination letter an determination fact sheet to be mailed to family if unfounded.	
<input type="checkbox"/> Notify FI/FS of case determination (1600) form	
<input type="checkbox"/> Face Sheet completed with correct information	
<input type="checkbox"/> Index sheet form 320P completed	

II. b.

INVESTIGATION / ASSESSMENT CHECKLIST

<input type="checkbox"/> Referral to other relevant services as needed in addition to original referrals.	
<input type="checkbox"/> Close Flex funds in CAPPs as applicable	
<input type="checkbox"/> Intervention complaint (Mandatory on all Sex Abuse cases and Drug baby cases where the baby or mother test positive at birth or both.	
<input type="checkbox"/> If unfounded, address envelopes to mail letters to client. Make two copies of letter, sign and route case to Supervisor.	

****NOTES****

- ☺ All of the above information can be expanded on in your Chapter 7 Manual Section 719
- ☺ ALL SERS ARE TO BE INITIALED
- ☺ ALL FORMS REQUIRING SIGNATURES NEED TO BE SIGNED.
- ☺ YOUR SIGNATURE is REQUIRED on this form when turning in an Assessment / Investigation. THIS INDICATES THAT YOU HAVE COMPLETED ALL OF THE ABOVE AS IT APPLIES TO YOUR CASE.

CASEWORKER

III. a.

TCM DOCUMENTS **TREATMENT**

BEFORE / ON OR AT CASE DECISION

- ◆ Case plan
- ◆ Case plan attachment
- ◆ Referral Letter to provider / client
- ◆ Flex funds (to be put in CAPPS) as applicable
- ◆ SER's on all case activity
- ◆ Progress reports

ONGOING TREATMENT CASE (high risk) 3 months

- ◆ Updated case plan
- ◆ Updated Comprehensive Family Assessment worksheet (Part II) & Child Worksheet
- ◆ Case evaluation
- ◆ SER's on all case activity
- ◆ Progress reports

ONGOING TREATMENT CASE (3 months)

- ◆ Review case plan
- ◆ Review Comprehensive Family Assessment worksheet (Part II) & Child Worksheet
- ◆ Complete case evaluation
- ◆ SER's on all case activity and progress reports

ONGOING TREATMENT CASE (6 months)

- ◆ Update case plan
- ◆ Update Comprehensive Family Assessment worksheet (Part II) & Child Worksheet
- ◆ Complete case evaluation
- ◆ SER's on all case activity
- ◆ Progress reports

CLOSURE (TREATMENT CASE)

- ◆ Updated Comprehensive Family Assessment worksheet (Part II) & Child Worksheet
- ◆ Complete case evaluation
- ◆ Close treatment case in CAPPS
- ◆ Progress reports
- ◆ Family unity meeting
- ◆ SER's on all case activity

NOTE

- ❖ At any time you enter the court system, you must exit the court system (Go to court - go back to court to close / transfer); all cases are to be staffed prior to a complaint being filed!
- ❖ All ongoing treatment cases where child(ren) enter care requires closure (treatment case) documents.
- ❖ Signatures of documents are due in the month required!
- ❖ All case activity is to be placed in CAPSS i.e. telephone calls, receipt of progress reports, medical reports, written or received correspondence, TCM documents, etc...
- ❖ Please refer to Chapter 7: CPS Manual for elaborate and specific instructions regarding procedures and or purpose and how and when to complete the forms.

III. b.

TIMELINE - CPS - ASSESSMENT

Case Name: _____

Assessment Worker: _____

Case #: _____

Treatment Worker: _____

Transfer Staffing / Time	
Indication Date / Time	
Typology	
Court Referral	

DUE COMPLETED CASE NOTES

Complete Case Plan review (follow-up plan)	6TH MONTH	6 TH MONTH
Complete Comprehensive Family Assess. Wrksht (Part II)		
Case Evaluation		
Staffing (family meeting)		
Review Case Plan	7 TH MONTH	7TH MONTH
Comprehensive Family Assess. Wrksht (Part II)		
Case Evaluation - as applicable		
Review Service Plan	8 TH MONTH	8TH MONTH
Comprehensive Family Assess. Wrksht (Part II)		
Case Evaluation - as applicable		
Complete Case Plan Review (high risk)	9 TH MONTH	9TH MTH FROM SUBSTANTIATED DETERMINATION
Complete Comprehensive Family Assess. Wrksht (Part II)		IF HIGH RISK
Case Evaluation		REQUIRED QUARTERLY
Staffing (family meeting)		IF HIGH RISK
Review Case Plan	10TH	10TH MONTH
MONTH		
Comprehensive Family Assess. Wrksht (Part II)		
Case Evaluation - as applicable		
Review Service Plan	11TH MONTH	11 MONTH
Comprehensive Family Assess. Wrksht (Part II)		
Case Evaluation - as applicable		
Merits / Judicial Review - as applicable		
Closure - as applicable		
Complete Case Plan review (follow-up plan)	12 TH MONTH	12 MNTH FROM SUBSTANTIATED DETERMINATION
Complete Comprehensive Family Assess. Wrksht (Part II)		
Case Evaluation		
Staffing (family meeting)		
Merits / Judicial Review - as applicable		
Closure - as applicable		

* Cut / paste - Part II in CAPPS

* Note: Any staffing, family meeting, etc.... Is to include the family, extended family, significant others, community support persons, service providers and supervisors.

III. b.

TIMELINE - CPS - ASSESSMENT DUE DATES

Case Name: _____

Assessment Worker: _____

Case #: _____

Treatment Worker: _____

Transfer Staffing / Time	
Indication Date / Time	
Typology	
Court Referral	

DUE COMPLETED CASE NOTES

Referral / Research form (3027)		DATE OF INTAKE
Safety Plan (high risk or general)		INITIAL CONTACT WITHIN 24 HOURS OF REFERRAL
Safety Assessment Worksheet		INITIAL CONTACT WITHIN 24 HOURS OF REFERRAL
Comprehensive Family Assessment Worksheet (Part I)		WITHIN 3 DAYS OF ACTIVITY
SERS (Cheat Sheet in case)		WITHIN 3 DAYS OF ACTIVITY
5 day supervisor staffing (transfer/staffing form) (3026)		WITHIN 10 DAYS
Referral letter to provider / client		WITHIN 3 DAYS OF INTAKE
Participation - family meeting	1. What family needs 2. Final outcome / behavior change 3. Identification of service providers	WITHIN 5 DAYS OF INTAKE - ONGOING (AS NEEDED)
Update Comprehensive Family Assess. Wrksht (Part I / Part II)		ONGOING
Complete Assessment Evaluations tools - as applicable		AS APPLICABLE
Invitation to staffing for case decision (written corresp.)		5 DAYS PRIOR TO CASE DECISION
Update Final Comprehensive Family Assess. Wrksht (Part I)		AT CASE DECISION
Update Final Comprehensive Family Assess. Wrksht (Part II)		AT CASE DECISION
Assessment of Child's Needs / Case Plan		AT CASE DECISION
Case Plan / Treatment Services		AT CASE DECISION
Case Plan Attachment		AT CASE DECISION
Case decision		DATE PLACED ON STAFFING BOARD
Review Case Plan	1ST MONTH	1ST MNTH FROM SUBSTANTIATED DETERMINATION
Comprehensive Family Assess. Wrksht (Part II)		
Case Evaluation - as applicable		
Review Service Plan	2ND MONTH	2ND MONTH
Comprehensive Family Assess. Wrksht (Part II)		
Case Evaluation - as applicable		
Complete Case Plan Review (high risk)	3RD MONTH	3RD MONTH - IF HIGH RISK
Complete Comprehensive Family Assess. Wrksht (Part II)		IF HIGH RISK
Case Evaluation		REQUIRED QUARTERLY
Staffing (family meeting)		IF HIGH RISK
Review Case Plan	4TH MONTH	4TH MONTH
Comprehensive Family Assess. Wrksht (Part II)		
Case Evaluation - as applicable		
Review Service Plan	5TH MONTH	5TH MONTH
Comprehensive Family Assess. Wrksht (Part II)		
Case Evaluation - as applicable		

III. b.

TIMELINE - CPS - ASSESSMENT

Case Name: _____

Assessment Worker: _____

Case #: _____

Treatment Worker: _____

Transfer Staffing / Time	
Indication Date / Time	
Typology	
Court Referral	

DUE COMPLETED CASE NOTES

Complete Case Plan review (follow-up plan)	6TH MONTH			
Complete Comprehensive Family Assess. Wrksht (Part II)				
Complete Case Evaluation				
Staffing (family meeting)				
Review Case Plan	7 TH MONTH			
Comprehensive Family Assess. Wrksht (Part II)				
Case Evaluation - as applicable				
Review Service Plan	8 TH MONTH			
Comprehensive Family Assess. Wrksht (Part II)				
Case Evaluation - as applicable				
Complete Case Plan Review if high risk	9 TH MONTH			
Complete Comprehensive Family Assess. Wrksht (Part II)				
Complete Case Evaluation (required quarterly)				
Staffing (family meeting)				
Review Case Plan	10TH MONTH			
Comprehensive Family Assess. Wrksht (Part II)				
Case Evaluation - as applicable				
Review Service Plan	11TH MONTH			
Comprehensive Family Assess. Wrksht (Part II)				
Case Evaluation - as applicable				
Merits / Judicial Review - as applicable				
Closure - as applicable				
Complete Case Plan review (follow-up plan)	12 TH MONTH			
Complete Comprehensive Family Assess. Wrksht (Part II)				
Case Evaluation				
Staffing (family meeting)				
Merits / Judicial Review - as applicable				
Closure - as applicable				

* Cut / paste - Part II in CAPPS

* Note: Any staffing, family meeting, etc.... Is to include the family, extended family, significant others, community support persons, service providers and supervisors.

IV. a.

TCM DOCUMENTS

APS

INVESTIGATION

- ◆ Intake form
- ◆ Notification to LEC (as applicable)
- ◆ Risk assessment (1565 and/or risk assessment (caregiver and perpetrator))
- ◆ Face sheet
- ◆ Service Agreement (as applicable)
- ◆ 1595 with case determination
- ◆ Case activity (ongoing)
- ◆ Court referral as applicable

ONGOING TREATMENT CASE

- ◆ Updated risk assessment
- ◆ Case evaluation (1599)
- ◆ Service Agreement
- ◆ Court referral custody (update)
- ◆ Case activity (ongoing)

CLOSURE

- ◆ Updated risk assessment
- ◆ Case evaluation (1599)
- ◆ 1595 Central registry form
- ◆ Court referral custody update (as needed)

NOTE

- ❖ At any time you enter the court system, you must exit the court system (Go to court - go back to court to close / transfer); all cases are to be staffed prior to a complaint being filed!
- ❖ Signatures of documents are due in the month required!
- ❖ Please refer to Chapter 4 - APS manual for elaboration and specific instructions regarding procedures and/or purpose and how/when to complete the forms.
- ❖ All case activity is to be placed in CAPSS i.e. telephone calls, receipt of progress reports, medical reports, written or received correspondence, TCM documents, etc...

IV. b.

TIMELINE - APS TIMEFRAMES / DUE

Case Name: _____

Case No.: _____

Intake Date:	
Indication Date:	
Typology:	
Court Referral:	
Subpoena:	

	due	completed	case notes
Intake Form (1559)	DATE OF INTAKE		
Open case in CAPPS	DATE OF INITIAL CONTACT		
SCDSS (APS) Notification to LEC	WITHIN 3 DAYS FROM INTAKE DATE		
Risk Assessment 1565 (Client or Risk Assessment 1656S (Caregiver and Perpetrator)	WITHIN 45 DAYS OF INTAKE		
Face Sheet	WITHIN 45 DAYS OF INTAKE		
Family Meeting	WITHIN 45 DAYS OF INTAKE		
Release of Information	DAY OF INTAKE		
Service Agreement (at the point the case is substantiated)	AT CASE DECISION		
1595 with Case Decision	AT CASE DECISION		
Case decision (print) CAPPS	AT CASE DECISION		
Updated Risk Assessment	EVERY 6 MONTHS		
Case Evaluation Form (1599)	EVERY 6 MONTHS		
Service Agreement	EVERY 6 MONTHS		
Court Referral custody update	EVERY 6 MONTHS		
Family meeting	EVERY 6 MONTHS		
Updated Risk Assessment Form	EVERY 6 MONTHS / ANNUAL		
Case Evaluation Form (1599)	EVERY 6 MONTHS / ANNUAL		
Service Agreement	EVERY 6 MONTHS / ANNUAL		
1595 Central Registry Form	EVERY 6 MONTHS / ANNUAL		
Court referral custody update	EVERY 6 MONTHS / ANNUAL		
Family meeting	EVERY 6 MONTHS / ANNUAL		
Updated Risk Assessment Form	EVERY SIX MONTHS		
Case Evaluation Form (1599)	EVERY SIX MONTHS		
Service Agreement	EVERY SIX MONTHS		
Court referral custody update	EVERY SIX MONTHS		
Family meeting	EVERY SIX MONTHS		
Updated Risk Assessment form	EVERY SIX MONTHS / ANNUAL		
Case Evaluation Form (1599)	EVERY SIX MONTHS / ANNUAL		
Service Agreement	EVERY SIX MONTHS / ANNUAL		
1595 Central Registry Form	EVERY SIX MONTHS / ANNUAL		
Closure	EVERY SIX MONTHS / ANNUAL		
Court referral custody update	EVERY SIX MONTHS / ANNUAL		
Family meeting	EVERY SIX MONTHS / ANNUAL		

IV. b.

TIMELINE - APS

Case Name: _____

Case No.: _____

Intake Date:	
Indication Date:	
Typology:	
Court Referral:	
Subpoena:	

	due	completed	case notes
Intake Form (1559)			
Open case in CAPPS			
SCDSS (APS) Notification to LEC			
Risk Assessment 1565 (Client or Risk Assessment 1656S (Caregiver and Perpetrator)			
Face Sheet			
Family Meeting			
Release of Information			
Service Agreement (at the point the case is substantiated)			
1595 with Case Decision			
Case decision (print) CAPPS			
Updated Risk Assessment			
Case Evaluation Form (1599)			
Service Agreement			
Court Referral custody update			
Family meeting			
Updated Risk Assessment Form			
Case Evaluation Form (1599)			
Service Agreement			
1595 Central Registry Form			
Court referral custody update			
Family meeting			
Updated Risk Assessment Form			
Case Evaluation Form (1599)			
Service Agreement			
Court referral custody update			
Family meeting			
Updated Risk Assessment form			
Case Evaluation Form (1599)			
Service Agreement			
1595 Central Registry Form			
Closure			
Court referral custody update			
Family meeting			

IV. b.

TIMELINE - APS TIMEFRAMES / DUE

Case Name: _____

Case No.: _____

Intake Date:	
Indication Date:	
Typology:	
Court Referral:	
Subpoena:	

	due	completed	case notes
Intake Form (1559)	DATE OF INTAKE		
Open case in CAPPs	DATE OF INITIAL CONTACT		
SCDSS (APS) Notification to LEC	WITHIN 3 DAYS FROM INTAKE DATE		
Risk Assessment 1565 (Client or Risk Assessment 1656S (Caregiver and Perpetrator)	WITHIN 45 DAYS OF INTAKE		
Face Sheet	WITHIN 45 DAYS OF INTAKE		
Family Meeting	WITHIN 45 DAYS OF INTAKE		
Release of Information	DAY OF INTAKE		
Service Agreement (at the point the case is substantiated)	AT CASE DECISION		
1595 with Case Decision	AT CASE DECISION		
Case decision (print) CAPPs	AT CASE DECISION		
Updated Risk Assessment	EVERY 6 MONTHS		
Case Evaluation Form (1599)	EVERY 6 MONTHS		
Service Agreement	EVERY 6 MONTHS		
Court Referral custody update	EVERY 6 MONTHS		
Family meeting	EVERY 6 MONTHS		
Updated Risk Assessment Form	EVERY 6 MONTHS / ANNUAL		
Case Evaluation Form (1599)	EVERY 6 MONTHS / ANNUAL		
Service Agreement	EVERY 6 MONTHS / ANNUAL		
1595 Central Registry Form	EVERY 6 MONTHS / ANNUAL		
Court referral custody update	EVERY 6 MONTHS / ANNUAL		
Family meeting	EVERY 6 MONTHS / ANNUAL		
Updated Risk Assessment Form	EVERY SIX MONTHS		
Case Evaluation Form (1599)	EVERY SIX MONTHS		
Service Agreement	EVERY SIX MONTHS		
Court referral custody update	EVERY SIX MONTHS		
Family meeting	EVERY SIX MONTHS		
Updated Risk Assessment form	EVERY SIX MONTHS / ANNUAL		
Case Evaluation Form (1599)	EVERY SIX MONTHS / ANNUAL		
Service Agreement	EVERY SIX MONTHS / ANNUAL		
1595 Central Registry Form	EVERY SIX MONTHS / ANNUAL		
Closure	EVERY SIX MONTHS / ANNUAL		
Court referral custody update	EVERY SIX MONTHS / ANNUAL		
Family meeting	EVERY SIX MONTHS / ANNUAL		

IV. b.

TIMELINE - APS

Case Name: _____

Case No.: _____

Intake Date:	
Indication Date:	
Typology:	
Court Referral:	
Subpoena:	

	due	completed	case notes
Intake Form (1559)			
Open case in CAPPS			
SCDSS (APS) Notification to LEC			
Risk Assessment 1565 (Client or Risk Assessment 1656S (Caregiver and Perpetrator)			
Face Sheet			
Family Meeting			
Release of Information			
Service Agreement (at the point the case is substantiated)			
1595 with Case Decision			
Case decision (print) CAPPS			
Updated Risk Assessment			
Case Evaluation Form (1599)			
Service Agreement			
Court Referral custody update			
Family meeting			
Updated Risk Assessment Form			
Case Evaluation Form (1599)			
Service Agreement			
1595 Central Registry Form			
Court referral custody update			
Family meeting			
Updated Risk Assessment Form			
Case Evaluation Form (1599)			
Service Agreement			
Court referral custody update			
Family meeting			
Updated Risk Assessment form			
Case Evaluation Form (1599)			
Service Agreement			
1595 Central Registry Form			
Closure			
Court referral custody update			
Family meeting			

V. a.

TCM DOCUMENTS
FOSTER CARE

Refer to Foster Care Timeline

NOTE

- ❖ At any time you enter the court system, you must exit the court system (Go to court - go back to court to close / transfer); all cases are to be staffed prior to a complaint being filed!
- ❖ All ongoing treatment cases where child(ren) enter care requires closure (treatment case) documents.
- ❖ Signatures of documents are due in the month required!
- ❖ All case activity is to be placed in CAPSS i.e. telephone calls, receipt of progress reports, medical reports, written or received correspondence, TCM documents, etc...
- ❖ Please refer to Chapter 7: CPS Manual for elaborate and specific instructions regarding procedures and or purpose and how and when to complete the forms.

TIMELINE - PERMANENCY PLANNING

V. b.
Case Name: _____

Case #: _____

Assessment Worker: _____

Treatment Worker: _____

CHILD(REN) ENTERED CARE:	DUE	COMPLETED	CASE NOTES
CWS Face Sheet (3091) / Continuation			
Placement Staffing/Time (3062)			
Contact with child/Placement in foster home placement			
Placement Info. Sheet (404)			
Initial Comprehensive Medical Assessment (3057)			
Medical Visa			
Child's Placement Plan (30138)			
Child's Development History (DSS 1576)			
Foster Parent Contract (1531) 1569)			
Protocol (written referral)			
Notify Martha when child comes into care			
SSBG (2503)-3600			
Diligent Search for Absent Parent			
Medicaid Packet (3068) / Social Security Card			
Sign 1740, 3800, 2738; IV-E Checklist			
School Records Transferred			
SSBG 3600 to 2700 as applicable			
Foster Parent Board Contract			
Foster Care Placement (CAPPS)			
72 Hour Hearing			
Referral to Attachment and Bonding Project as applicable			
*1st Week Planning Conf./ Time/Visit with parents/begin search			
Contact with child / placement			
* Special Needs Application / Accelerated board application			
* Proviso (results of information (protocol))			
Case Resolution Committee as applicable			
Case Decision/Case Transf/Case Staffing (3062)			
Family Assessment Matrix (3077)			
Assessment Analysis (3078)			
Placement/Treatment Plan (30131 p. 1-6; 30132 p. 1-2)			
Referral letter to client			
Referral letter to provider			
Contact with child(ren) /placement in foster home placement			
Merits (35 Day Hearing)			
Notify foster parents/placement of the results of court (merits)			
Case Decision/Case Trans./ Case Staffing			

* As Needed

**ALL CHILDREN ARE TO BE SEEN IN THEIR PLACEMENT OR AT HOME (IF NOT IN CARE) MONTHLY
 © EXCEPTION REPORTS (IF ANY) ARE TO BE SUBMITTED MONTHLY**

V. b.

DUE COMPLETED

CASE NOTES

Family Unity Meeting	3rd mth			
Progress reports from providers				
Case Evaluation / DSS 30133				
* Foster Care Tracking/Changes in CAPPS as applicable				
* Special Needs Application as applicable				
Continuum of Care Packet(ISADHEC)/case resolution as applicable				
Address concerns of foster parents, bio parents, GAL				
Monthly visits(outcomes)-social,physical,educational, medical needs				
Family Assessment Matrix (Rev.) (3077)	6th mth			
Family Unity Meeting				
Case Evaluation DSS 30133				
Placement/Treatment Plan (30131 p. 1-6; 30132 p. 1-2)				
F.C.R.B. Check List 1597 A / CAPPS system				
Progress reports from providers				
* F.C. Tracking - Changes / Placement / legal / CAPPS system				
* Special Needs as applicable				
* Continuum of Care Packet (ISADHEC as applicable)				
* Address concerns of foster parents, bio parents, GAL				
Monthly visits(outcomes)-social,physical,educational, medical needs				
Family Unity Meeting	9th mth			
Progress reports from providers				
Case Evaluation / DSS 30133				
* Foster Care Tracking/Changes in CAPPS as applicable				
* Special Needs Application as applicable				
Continuum of Care Packet(ISADHEC)/case resolution as applicable				
* Address concerns of foster parents, bio parents, GAL				
Monthly visits(outcomes)-social,physical,educational, medical needs				
Family Assessment Matrix (Rev.) (3077)	12th mth			
Family unity meeting				
Case Evaluation 30133				
Placement/Treatment Plan (30131 p. 1-6; 30132 p. 1-2)				
Permanency Planning hearing				
F.C.R.B. Check List / 1597 B				
Progress reports from providers				
* F.C. Tracking - Changes / Placement / legal / CAPPS system				
* Special Needs as applicable				
Continuum of Care Packet (ISADHEC) as applicable				
Address concerns of foster parents, bio parents, GAL				
Monthly visits(outcomes)-social,physical,educational, medical needs				
Closure				

* As Needed

V. b.

		<u>DUE</u>	<u>COMPLETED</u>	<u>CASE NOTES</u>
Family Unity Meeting	15th mth			
Progress reports from providers				
Case Evaluation / DSS 30133				
* Foster Care Tracking/Changes in CAPPS as applicable				
* Special Needs Application as applicable				
Continuum of Care Packet(ISADHEC)/case resolution as applicable				
* Address concerns of foster parents, bio parents, GAL				
Monthly visits(outcomes)-social,physical,educational, medical needs				
Family Assessment Matrix (Rev.) (3077)	18th mth			
Family unity meeting				
Case Evaluation 30133				
Placement/Treatment Plan (30131 p. 1-6; 30132 p. 1-2)				
Permanency Planning hearing				
F.C.R.B. Check List / 1597 B				
Progress reports from providers				
* F.C. Tracking - Changes / Placement / legal / CAPPS system				
* Special Needs as applicable				
Continuum of Care Packet (ISADHEC) as applicable				
Address concerns of foster parents, bio parents, GAL				
Monthly visits(outcomes)-social,physical,educational, medical needs				
Family Unity Meeting	21st mth			
Progress reports from providers				
Case Evaluation / DSS 30133				
* Foster Care Tracking/Changes in CAPPS as applicable				
* Special Needs Application as applicable				
Continuum of Care Packet(ISADHEC)/case resolution as applicable				
* Address concerns of foster parents, bio parents, GAL				
Monthly visits(outcomes)-social,physical,educational, medical needs				

* As Needed

V. b.

	DUE	COMPLETED	CASE NOTES
Family Unity Meeting	15th mth		quarterly
Progress reports from providers			monthly
Case Evaluation / DSS 30133			quarterly
* Foster Care Tracking/Changes in CAPPS as applicable			as may be needed
* Special Needs Application as applicable			as may be needed
Continuum of Care Packet(ISADHEC)/case resolution as applicable			as may be needed
* Address concerns of foster parents, bio parents, GAL			monthly
Monthly visits(outcomes)-social,physical,educational, medical			monthly
Family Assessment Matrix (Rev.) (3077)	18th mth		every 6 months from date of placement
Family unity meeting			quarterly
Case Evaluation 30133			quarterly from date of placement
Placement/Treatment Plan (30131 p. 1-6; 30132 p. 1-2)			every 6 mths from placement as long as plan is to return
Permanency Planning hearing			12 months from placement
F.C.R.B. Check List / 1597 B			every 4 to 6 months
Progress reports from providers			monthly
* F.C. Tracking - Changes / Placement / legal / CAPPS system			as needed
* Special Needs as applicable			as needed
Continuum of Care Packet (ISADHEC) as applicable			as needed
Address concerns of foster parents, bio parents, GAL			monthly
Monthly visits(outcomes)-social,physical,educational, medical needs			monthly
Family Unity Meeting	21st mth		quarterly
Progress reports from providers			monthly
Case Evaluation / DSS 30133			quarterly
* Foster Care Tracking/Changes in CAPPs as applicable			as may be needed
* Special Needs Application as applicable			as may be needed
Continuum of Care Packet(ISADHEC)/case resolution as applicable			as may be needed
* Address concerns of foster parents, bio parents, GAL			monthly
Monthly visits(outcomes)-social,physical,educational, medical needs			monthly

* As Needed

V. b.

DUE COMPLETED

CASE NOTES

Family Unity Meeting	3rd mth		quarterly / as needed
Progress reports from providers			monthly / as needed
Case Evaluation / DSS 30133			as may be needed
* Foster Care Tracking/Changes in CAPPs as applicable			as may be needed
* Special Needs Application as applicable			as may be needed
Continuum of Care Packet (ISADHEC)/case resolution as applicable			as may be needed
* Address concerns of foster parents, bio parents, GAL			monthly
Monthly visits(outcomes)-social,physical,educational, medical needs			monthly
Family Assessment Matrix (Rev.) (3077)	6th mth		every 6 months from date of placement
Family Unity Meeting			quarterly
Case Evaluation DSS 30133			quarterly from date of placement
Placement/Treatment Plan (30131 p. 1-6; 30132 p. 1-2)			every 6 mths from placement as long as plan is to return
F.C.R.B. Check List 1597 A / CAPPs system			every 4 to 6 months
Progress reports from providers			monthly
* F.C. Tracking - Changes / Placement / legal / CAPPs system			as needed
* Special Needs as applicable			as needed
* Continuum of Care Packet (ISADHEC as applicable)			as needed
* Address concerns of foster parents, bio parents, GAL			monthly
Monthly visits(outcomes)-social,physical,educational, medical needs			monthly
Family Unity Meeting	9th mth		quarterly
Progress reports from providers			monthly
Case Evaluation / DSS 30133			quarterly
* Foster Care Tracking/Changes in CAPPs as applicable			as may be needed
* Special Needs Application as applicable			as may be needed
Continuum of Care Packet (ISADHEC)/case resolution as applicable			as may be needed
* Address concerns of foster parents, bio parents, GAL			monthly
Monthly visits(outcomes)-social,physical,educational, medical needs			monthly
Family Assessment Matrix (Rev.) (3077)	12th mth		every 6 months from date of placement
Family unity meeting			quarterly
Case Evaluation 30133			quarterly from date of placement
Placement/Treatment Plan (30131 p. 1-6; 30132 p. 1-2)			every 6 mths from placement as long as plan is to return
Permanency Planning hearing			12 months from placement
F.C.R.B. Check List / 1597 B			every 4 to 6 months
Progress reports from providers			monthly
* F.C. Tracking - Changes / Placement / legal / CAPPs system			as needed
* Special Needs as applicable			as needed
Continuum of Care Packet (ISADHEC) as applicable			monthly
Address concerns of foster parents, bio parents, GAL			monthly
Monthly visits(outcomes)-social,physical,educational, medical needs			monthly
Closure			quarterly

* As Needed

V. b.

TIMELINE - PERMANENCY PLANNING

Case Name: _____

Case #: _____

Assessment Worker: _____

Treatment Worker: _____

CHILD(REN) ENTERED CARE:	DUE	COMPLETED	CASE NOTES
CWS Face Sheet (3091) / Continuation			will be completed by clerical from the intake
Placement Staffing/Time (3062)			within 24 hours
Contact with child/Placement in foster home placement			within 1st working day
Placement Info. Sheet (404)			within 3 days of placement
Initial Comprehensive Medical Assessment (3057)			within 5 days or as needed
Medical Visa			1st 10 days of child entering care
Child's Placement Plan (30138)			within 3 days of placement / prior to 72 hour hearing
Child's Development History (DSS 1576)			within 3 days of placement / update as moves occur
Foster Parent Contract (1531) 1569)			date of placement
Protocol (written referral)			within 24 hours
Notify Martha when child comes into care			date of placement
SSBG (2503)-3600			date of placement
Diligent Search for Absent Parent			immediately upon knowledge of absent parent
Medicaid Packet (3068) / Social Security Card			by end of working day following removal
Sign 1740, 3800, 2738; IV-E Checklist			by end of working day following removal
School Records Transferred			within 3 days
SSBG 3600 to 2700 as applicable			as applicable
Foster Parent Board Contract			within 5 work days following removal
Foster Care Placement (CAPPS)			within 5 work days following removal
72 Hour Hearing			within 72 hours
Referral to Attachment and Bonding Project as applicable			as needed
*1st Week Planning Conf./ Time/Visit with parents/begin search			within 5 days of placement
Contact with child / placement in foster home placement			within 1st week of placement
* Special Needs Application / Accelerated board application			within 5 days of placement or as needed
* Proviso (results of information (protocol))			as needed
Case Resolution Committee as applicable			as needed
Case Decision/Case Transf/Case Staffing (3062)			within 30 days or prior to merits
Family Assessment Matrix (3077)			prior to initial tx plan / within 30 days or prior to merits
Assessment Analysis (3078)			prior to initial tx plan / within 30 days or prior to merits
Placement/Treatment Plan (30131 p. 1-6; 30132 p. 1-2)			within 30 days or prior to merits
Referral letter to client			in conjunction with development of treatment plan
Referral letter to provider			in conjunction with development of treatment plan
Contact with child(ren) /placement in foster home placement			within 30 days of placement
Merits (35 Day Hearing)			40 days of child entering care
Notify foster parents/placement of the results of court (merits)			within 2 days of court
Case Decision/Case Trans./ Case Staffing			after merits for debriefing

* As Needed

ALL CHILDREN ARE TO BE SEEN IN THEIR PLACEMENT OR AT HOME (IF NOT IN CARE) MONTHLY
© EXCEPTION REPORTS (IF ANY) ARE TO BE SUBMITTED MONTHLY

VI.

**SOUTH CAROLINA
DEPARTMENT OF SOCIAL SERVICES
WORKER ACTIVITY AND CONTACTS
ASSESSMENT/INVESTIGATION
SER'S**

CHEAT SHEET

PAGE

JOHN DOE
(Case Name)

39000
(Case Number)

**CONTACTS TYPE: HV=Home Visit; OV=Office Visit; TC=Telephone Call; S=Staffing; FV=Field Visit (state where);
CT=Court; AR=Administrative Review; P=Paperwork**

YEAR: 2003

DATE	TYPE	TIME SPENT	RECIPIENT NAME/AKA	ACTIVITY
01/01/03	P	0.25	JOHN	Worker received assessment at 10:45 a.m. Worker to respond to assessment. worker reviewed 3027, records check, did case as applicant. <i>W. Debnam 01/01/03</i>
01/01/03	IC	0.25	JOHN	Worker reviewed concerns received and made initial contact at 11:30 a.m. on 01/01/2003 in the home of the family. Worker coordinated a family friendly meeting. Present were the child(ren) (list), parents, M/M____ and relatives/ friends or family's counselor from _____. Worker informed family of concerns. It was discovered that a release of information was needed as _____. M/M____ consented to signing the release of information. worker was/was not able to fully discuss problems in the home with the family. Issues needing to be addressed on a safety plan was discussed. M/M____ signed the safety plan. The family agreed/disagreed to treatment services. worker to continue to assess any problems in the home, arrange and assist family to _____, conduct additional interviews with other collateral's, obtain school records, accompany family to their doctor, consult physician, etc. <i>W. Debnam 01/01/03</i>
01/01/03	IC	3.00	JOHN	Worker interviewed victim (name), parents (names), and/or perpetrator (name). M/M____ reviewed rights, roles and responsibilities pamphlet / and Civil Rights Pamphlet with family, M/M____ signed the 3072 and/or completed the information specific to the report on 3034 and gave the brochure to the family. Photos were taken of the child: medical exam was/was not pertinent. Worker completed funds request as applicable safety assessment worksheet. <i>W. Debnam 01/01/03</i>
01/02/03	P	1.00	JOHN	Worker received additional information regarding family, made corrections in the CAPSS system/database system. Worker to staff case with supervisor Debnam. Worker to complete Safety Assessment worksheet Worker to follow up with recommendations <i>W. Debnam 01/02/03</i>
01/07/03	S	1.00	JOHN	Worker held staffing in consultation with the supervisor to determine if necessary. Please refer to staffing sheet. worker coordinated a reviewed relevant and appropriate case information with involved, LE, other professionals, FI/FS staff, etc...to ensure the sharing of information and coordination of service delivery. Worker to gather information to complete the data forms required by policy. Referral letter was completed to resource. <i>W. Debnam 01/07/03</i>
01/20/03	S	3.00	JOHN	Worker continued assessment of case. Worker to determine whether to convene a meeting/conference of community and family members to assess the service needs of the family and safety of the child. Meeting/conference to be held _____. All parties invited through correspondence/homevisit, etc.. The family participated in the decision making. <i>W. Debnam 01/20/03</i>
01/21/03	S	1.00	JOHN	In consultation with supervisor, decisions made and agreed upon by family, community resources, etc... Case substantiated / negatively determined. Document family meeting in the case record, update/reassess substantiated letter/negative determination category I/II/III/ worker completed and documented SERS, statement and documentation of fact. Completed case routed to supervisor for review and sign off on the case determination. FI/FS as applicable notified (1600 form) <i>W. Debnam 01/21/03</i>

**PICKENS COUNTY DSS
STAFFING SCHEDULE
FOR COURT _____
(date of staffing)**

TIME	CASE NAME	TYPE STAFFING	LOCATION	WORKER(S) Casemanager/ Treatment / FI / etc...	STAFF ATTORNEY TO ATTEND YES OR NO	GUARDIAN AD LITEM TO ATTEND YES OR NO	STAFF INVITED Treatment/Fi/ Food Stamp/ Medicaid
9:00			BOARD ROOM				DEBNAM/WOODS/ROBISON
9:30			BOARD ROOM				DEBNAM/WOODS/ROBISON
10:00			BOARD ROOM				DEBNAM/WOODS/ROBISON
10:30			BOARD ROOM				DEBNAM/WOODS/ROBISON
11:00			BOARD ROOM				DEBNAM/WOODS/ROBISON
11:30			BOARD ROOM				DEBNAM/WOODS/ROBISON
1:00			BOARD ROOM				DEBNAM/WOODS/ROBISON
1:30			BOARD ROOM				DEBNAM/WOODS/ROBISON
2:00			BOARD ROOM				DEBNAM/WOODS/ROBISON
2:30			BOARD ROOM				DEBNAM/WOODS/ROBISON
3:00			BOARD ROOM				DEBNAM/WOODS/ROBISON
3:30			BOARD ROOM				DEBNAM/WOODS/ROBISON

- IN ORDER TO PREPARE FOR WEEKLY STAFFINGS, PLEASE BE SURE YOU ARE PREPARED PRIOR TO THE STAFFING. DECISIONS CANNOT BE MADE ON CASES WITHOUT THE PERTINENT INFORMATION WHICH INCLUDES: SCHOOL RECORDS, PSYCHOLOGICALS, PROGRESS REPORTS FROM PROVIDERS, MEDICALS, ETC. PLEASE BE SURE YOU HAVE READ AND REVIEWED INFORMATION FROM OLD RECORDS, PREVIOUS CASES. UTILIZE THE STAFFING "CHEAT" SHEETS TO GATHER AND ANALYZE THE MATERIAL OR INFORMATION GATHERED.
- ALL CASE DECISIONS, REVIEWS, REASSESSMENTS, CLOSURES, ETC.. REQUIRE STAFFING TO INCLUDE THE PARENTS, ADULT HOUSEHOLD MEMBERS, EXTENDED FAMILY, PROVIDERS, RESOURCES, COLLATERALS. FI. ECONOMIC SERVICE WORKERS, ETC..
- AT COURT-PREP STAFFINGS, WHICH IS NOT CASE DECISION, WE HAVE ALREADY HAD CASE DECISION STAFFING. THEREFORE, CASE TREATMENT PLANS, SUPPORTING DOCUMENTATION, ETC.. HAS ALREADY BEEN SUBMITTED. AT COURT PREP STAFFINGS YOU ARE REVIEWING THE MATERIAL/DOCUMENTS, WITNESS LIST ETC...PREPARING FOR THE CASE. AT COURT PREP STAFFING, ALL CASE TREATMENT PLANS (SIGNED/DATED), HOME EVALUATIONS (SIGNED/DATED), SCHOOL RECORDS, PROGRESS REPORTS, PSYCHOLOGICALS, WITNESS LIST (SUBPOENAED), COURT SUMMARIES (ADDENDUMS), INCIDENT REPORTS, MEDICALS, AFFIDAVIT (ANY AND ALL SUPPORTING DOCUMENTS) NEED TO BE REVIEWED. AGAIN ALL SHOULD HAVE ALREADY BEEN SUBMITTED TO THE STAFF ATTORNEY. SUGGESTIONS: SUBMIT WITH COURT PACKET.
- IF NOT ALREADY SUBMITTED, PLEASE SUBMIT THEM AT THIS STAFFING. (TWO WEEKS BEFORE COURT) NOT THE WEDNESDAY MORNING BEFORE COURT.
- *PLEASE REMEMBER DO NOT USE COURT PREP TIME UNLESS NOTED THAT YOU CAN ON STAFFING SHEET!

VII.

VIII.

- **Attach affidavit of due diligence (absent parent) as necessary**
- **Does Staff Attorney have court summary - signed & dated , Service Agreement - signed & dated , Case Treatment Plan - signed & dated, home evaluation - signed & dated? Is the Case Treatment Plan consistent with what is pled in the complaint? If not, amend Case Treatment Plan (signed & dated by worker, supervisor, client)**
- **Attach school records, incident reports, correspondence from professionals, FCRB recommendations, medicals, sex assessments, home evaluation (signed & dated) etc... All pertinent information that seems as evidence that substantiate the case**
- **Was the custodian of the record subpoenaed?**
- **Is the 19-1180 (Notice of Intent) necessary?**

VIII.

COURT PREPARATION STAFFING

DATE

- **Genogram**
- **Document case decision**
- **Identify collaterals / professionals / witnesses to support case decision and what can they testify to**
- **Involve guardian ad litem in planning conference**
- **Review witness list / list witnesses needing subpoenaed, where they are (address), telephone number. What witnesses will require expert funds approved.**
- **Is court packet completed to include court summary?**
- **Is a court summary addendum needed based on additional information received?**

VIII.

REVIEW STAFFING

DATE

- **Genogram**
- **Purpose of staffing - List appropriate persons invited to the staffing**
- **Intake date / allegations received**
- **Document findings / case decisions**
- **List strengths**
- **Document services offered to the family / and family's compliance with services**
- **Document educational, social, medical and emotional needs of all parties involved.**
- **Review documents from professionals, collateral's regarding educational, social and medical needs**
- **Is it necessary to complete a court action, intervention, rule/review, to have Case Treatment Plan ordered or request sanctions for noncompliance**
- **Does the Case Treatment Plan need to be changed**
- **List monthly contacts and what you monitored.**
- **List what you will do as a case manager to remedy conditions noted at case decision**
- **Plan of action / time frame**
- **Does the client receive economic assistance? Invite worker to staffing.**
- **Recommendations**

- ★ **Review - needed at specific intervals during treatment process planning conference, discuss strengths, needs, resources.**

VIII.

- **Does the client receive economic assistance? Invite worker to staffing.**
- ♦ **Copy of staffing sheet to staff attorney (if attorney not present - if court intervention is necessary)**
- ★ **Treatment staffing - needed for case decision and to begin treatment plan.**

VIII.

- ♦ **List supporting documents that aide in case decision.**

- **Identify the collaterals / professionals / witnesses to support case decision and what can they testify to.**

- **Involve guardian ad litem in planning**

- ♦ **Who would be listed as the custodian of the record?**

- **Based on cooperation of parents, is court intervention necessary**

- **List biological parents and where are they**

- **Document treatment issues to be addressed on Case Treatment Plan based on investigation, reports on child(ren), parents**

- **Does an aide need to be assigned to the case**

- **Was child (ren) / parent(s) referred to counseling during investigation?**

VIII.

TREATMENT / REVIEW STAFFING

DATE

- **Genogram**
- **Purpose of the staffing**
- **List resources / collaterals / parents / relatives invited to the staffing**
- **Previous DSS involvement**
- **Recent allegations**
- **Document initial findings**
- **Information received that supports abuse / neglect**
- **Evidence that supports allegations to make a case decision / recommendation to the court. What is the case decision ?**

VIII.

INVESTIGATION / ASSESSMENT / REVIEW STAFFING

DATE

- **Genogram**
 - **Intake / Date / Allegations received**
 - **Document initial findings**
 - **Information received that supports abuse / neglect**
 - **Identify collaterals / witnesses that can testify to abuse / neglect**
 - **Review Assessment checklist**
 - **Plan of action / time frame**
 - **Does the case need to be bumped into investigation?**
 - **Recommendations**
-
- ★ **Assessment staffing - needed for input before case decision**

VIII.

PLACEMENT / REVIEW STAFFING

DATE

- **Genogram**
 - **Purpose for the staffing.**
 - **List resources / collaterals / parents, relatives invited to the staffing.**
 - **Involve guardian ad litem in planning review**
 - **Previous DSS involvement.**
 - **Recent allegations.**
 - **List barriers / obstacles why child(ren) cannot remain in the home**
 - **Plan of action / time frame**
 - **Does the client receive economic assistance? Invite worker to staffing.**
 - **Copy of staffing sheet to staff attorney (if attorney is not present)**
 - **Recommendations**
- ★ **Placement staffing - needed when a removal has occurred or is being considered**

DURING COURT

DATE OF HEARING: _____

PRESENT AT HEARING:

DEFENDANTS: _____

ATTORNEYS: _____ for _____

_____ for _____

GUARDIAN AD LITEM: _____ GUARDIAN'S ATTORNEY: _____

OTHER: _____

TYPE OF HEARING: _____

1. STATE THE FINDING RECEIVED, IF ANY: _____

2. CONTINUED? YES or NO REASON: _____

3. IF RESCHEDULED, DATE JUDGE SET HEARING: _____

4. AGREEMENT: _____ or CONTESTED: _____

5. CHILD SUPPORT ORDERED: YES or NO AMOUNT: _____

6. WAS TREATMENT PLAN ADOPTED? YES or NO

7. IF TREATMENT PLAN CHANGED, HOW? _____

DOES THE WORKER HAVE TO SUBMIT A NEW TREATMENT PLAN WITHIN TEN (10) DAYS? YES or NO

8. CASE STATUS? OPEN COURT ORDERED REVIEW (TIME FRAME _____)

CLOSED TRANSFER TO: _____

9. DID JUDGE TAKE CUSTODY OF THE CHILDREN OR MAKE A PLACEMENT? YES or NO

10. WHO HAS CUSTODY OF THE CHILDREN AFTER THE JUDGE HAS RULED? _____

11. ARE THERE ANY HOME STUDIES ORDERED? YES or NO

12. WERE THERE NEW DEVELOPMENTS IN THE CASE? IF SO, WHAT? _____

13. WHAT NEW INFORMATION DID ANY PARTY BRING TO THE COURT THAT YOU DID NOT KNOW WHEN YOU WENT? _____

14. IS A STAFFING NECESSARY TO DISCUSS WHAT OCCURRED IN COURT? YES or NO

15. UPON RECEIPT OF THE ORDER, DID IT REFLECT WHAT YOU HEARD AND UNDERSTOOD IN COURT?

DOES THE COURT ORDER NEED AMENDING? YES or NO

* PLEASE FORWARD ONE COPY TO APPROPRIATE SUPERVISOR AND ONE COPY TO ANNETTE DICKARD

DURING COURT

*** IF ANY, STATE THE FINDING RECEIVED.**

*** WAS TREATMENT PLAN ADOPTED? CHANGED?**

***WHAT IS CASE STATUS?**

*** WAS THE MERITS HELD OR CONTINUED? CONTINUANCE TO BE RESCHEDULED, MERITS TO BE RESCHEDULED?**

*** WHO HAS CUSTODY OF THE CHILDREN AFTER THE JUDGE HAS RULED? DID JUDGE TAKE CUSTODY OF THE CHILDREN OR MAKE A PLACEMENT PENDING A HOME STUDY?**

*** WERE THERE NEW DEVELOPMENTS IN THE CASE? IF SO, WHAT? WHAT NEW INFORMATION DID ANY PARTY BRING TO THE COURT THAT YOU DID NOT KNOW WHEN YOU WENT?**

*** IS A STAFFING NECESSARY TO DISCUSS WHAT OCCURRED IN COURT? NEW DEVELOPMENTS?**

*** UPON RECEIPT OF THE ORDER, DID IT REFLECT WHAT YOU HEARD AND UNDERSTOOD IN COURT? DOES THE ORDER NEED AMENDING?**

*** WHAT DID THE COURT ORDER DSS TO DO? IS THERE ANYTHING DSS NEEDS TO DO IMMEDIATELY?**

*** DID JUDGE CLOSE THE CASE? DOES DSS WORKER HAVE TO MAKE NEW T.P.? DID JUDGE TRANSFER THE CASE?**

**DURING COURT
72 HOUR PROBABLE CAUSE / MERITS HEARING**

DATE

- **If any, state the finding received?**
- **Was CTP adopted? changed?**
- **What is case status?**
- **Was the merits held? Continuance to be rescheduled, pretrial set, merits to be scheduled?**
- **Who has custody of the child(ren)**
- **Were there new developments in the case? If so, what?**
- **Is a staffing necessary to discuss changes? New developments?**
- **Upon receipt of order, did it reflect what you heard and understood in court? Does the Order require amending?**
- **What did the court order DSS to do?**
- **Are there any immediate actions that the court requested DSS to do?**

*** At the 72 hour or merits, the foster care worker (removal) and removing worker is required to attend. Court ordered service may have been ordered that needs attending to quickly.**

**CASE REVIEW
CASES WITH COURT INTERVENTION**

DATE

- **Genogram**
 - **Purpose of staffing**
 - **List resources / collaterals / parents / relatives invited to the staffing (all parties need to be invited). Solicit information and assistance from all involved parties**
 - **Review previous order**
 - **What are the initial reasons or DSS intervention?**
 - **Is the customer compliant / non compliant to services?**
 - **Has the customer reached a level of minimal sufficiency?**
 - **Can the children be protected and provided for in the home?**
 - **What is the plan of care for the children.**
 - **List supporting documents that aides in the case decision.**
 - **Identify collaterals / professionals / witnesses to support case decision and what they testify to.**
 - **Custodian of record?**
- ★ **The case is to be staffed prior to making a decision, completing the court packet with the staff attorney.**

IX.

- Are the cases being coded correctly in CAPPS - initial contact, staffings, etc.
- Is there a need for a social service aide via DSS? Was the case staff?
 - Is the necessary paperwork opened / closed / or updated?
- Are referral letters being completed upon receipt of a service the provider?
- Are we recording home studies in CAPPS and logging them appropriately?
- Have we completed and submitted monthly calendars to include intake, on call, home visits, initial assessment (45 days) and reassessments?
- Are we prepared for court preparation? (Please review staffing schedule for preparation instructions.)
- Are we addressing the physical, medical, social and emotional needs of each person in the home individually?
 - Are we recording this in CAPPS?
- Are we monitoring compliance with court ordered treatment plans? Do we need to complete a rule packet?
- As a problem solving technique, are we utilizing family group conferences / family unity meeting.
 - Are we recording this in CAPPS?
- Have we notified our supervisor of the possibility of a child not being seen for assistance?
 - How could submitting exception reports be avoided?
 - Have exception reports been completed and submitted as required?
- Are we closing case as applicable in CAPPS - initial assessments / foster care / treatment / home studies?

AFTER YOU HAVE CHECKED OFF EVERYTHING, SIGN, DATE AND RETURN TO YOUR SUPERVISOR.

SIGNATURE

DATE

IX.

SUPERVISORY/CASEMANAGEMENT END OF THE MONTH REMINDERS

- Funds appropriated properly (prior approval)
 - A. Was the Pickens County DSS funds request 110 completed?
 - B. Was the Pickens County DSS 30156 request completed?
 - C. As applicable, attach bill, obtain supervisor approval
 - D. Upon approval of funds, enter payment into CAPPs
 - E. Submit 30156 and PCDSS form 110 to Martha (Rm. 106)
 - F. Record in CAPPs flex funds utilized

- Is documentation current / updated/ filed in cases / completed in CAPPs within three (3) working days of the activity?

- Are Judicial Reviews, Administrative Reviews, and Foster Care placements/FCRB changes keyed in the CAPPs system as the review or change occurred?
 - Are the Judicial Review / Intervention packets (any court action) that needs to be completed?
 - Were Judicial Review / Intervention packets..., done timely? - 3 months prior to the review

- In CAPPs, was APS cases opened up at the time of intake?
 - The CPS treatment cases opened at the date / time of case decision?
 - The PP cases opened up at the time a child entered care?

- Are all cases being served monthly, a billable service, and documented in SER's within three (3) days if the activity?
 - Are we checking that all cases (APS/CPS), foster care are recorded in case dictation, CAPPs?
 - Are initial assessments and reassessments completed timely? 45 days / 1 month (high risk) / 3 months
 - Is there a need to complete an exception report, 3600, 2700, 2600, 2200?
 - Is case management review due this months? (case management reports) - AFGARS, board payments, FCRB, legal updates, etc.

- Was there a billable service recorded in the case dictation (CAPPs)? In PP/CPS and APS? ---
Was the case billed under the appropriate service code?

- Are we approaching making a case decision within 30/45 days?
 - Does the case need to be staffed with treatment? If so, is the staffing set in a timely manner. Have all parties been invited?
 - Are you prepared to staff the case? Has all pertinent information been obtained per the staffing sheets (i.e., school records, psychologicals, medicals, progress reports, etc.)?

IX.

Supervisor End Of The Month Reminders

- Have we checked in CAPPs for a billable service code and case dictation for each caseworker?
- Have we received initial assessments in a timely manner? 5 day staffing / 45 day
- Have we received reassessments / signed / dated / completed within the month / maintaining timelines?
- Have we received calendars of job tasks / responsibility by the end of each month?
- Have we received notice of visits not being made in order to assist?
 - Have we received exception reports by the end of the month?
- Have we received the CTP (service plan) thirty (30) days of case decision or at the case decision staffing?
- Have we directed our response based on policy/procedure and the law?
- Are we continuously acting in appropriate roles of supervision? (ex: administrative / educational / supportive)
- Are we capturing outcome data monthly? (Please submit monthly report.)
- Are workers checking out cases properly (security purposes)?
- While performing in house responsibilities, are we reviewing inquiries, screen outs and intakes in a timely manner?
- Have we completed our TCM reviews for 2/3 cases per month / per worker? (Please submit log / sheets to supervisor.)
- Are we ensuring staff are returning telephone calls / corresponding to letters, etc...?
- Have we submitted monthly unit notes to supervisor?
- Are we dealing with personnel issues as problems occur?
- Follow-up / Follow-up / Follow-up?

SIGNATURE

DATE

ON-CALL RESPONSES

1. Calls not taken as a report (inquires) should be documented on worker activity forms or in memo style. Always obtain identifying information from caller. An agency records check should be requested at 8:30 a.m. the next working day and information should be added to the inquiry prior to submitting it to your supervisor. For cases that are currently open, you should write the information up as a case note and give to the worker's supervisor.
2. Calls taken as a CPS Report but "screened out" must be documented thoroughly on the Referral Form. An agency records check should be requested at 8:30 a.m. the next working days and information added to the referral form as necessary. Documentation of the rationale for screening out the report is important and must be completed prior to submitting the form to your supervisor. Please refer to the manual revision dated 05-08-02-Revision number 02-02 (policy changes regarding screenout information.)
3. Calls taken as a CPS Report that do require a response must be thoroughly documented on the Referral Form prior to 8:30 a.m. the next working day. The decision on appropriate response time will be very important. In consultation with supervisor, decides whether to accept the referral as a CPS report, not to accept, or place in pending status, and completes CAPSS intake process.

For Reports that DO NOT Require an Immediate Response

The On-Call worker should **not** respond to the report if the time frame of the required response will give reasonable notice for the assessment worker assigned the case the next working day. As long as an assessment worker has at least **4 hours** from the beginning of the work day to make the required initial contact - this will be considered reasonable notice. The on-call worker will need to request an agency records check promptly at 8:30 a.m. and give the completed Referral Form to the intake worker to assign. It will be very important for the forms to be completed in their entirety by 8:30 a.m. For calls received near the end of the work day, this same policy will apply. The only time the On-Call Worker will be assigned a report is if the response time

is such that it will not allow reasonable notice the next morning for the assigned assessment worker or the information received warranted an immediate response.

For Reports that DO Require An Immediate Response

The On-Call worker should respond to all calls that require an immediate response or to calls that require a response time-frame that does not meet the above condition. Again, it will be very important that we make proper decisions as to required response times. The response time will always be based on the safety and well being of the child/family.

For Reports Taken on Weekends

The On-Call worker will have to respond to reports taken over the weekend since the initial contact has to be made within 24 hours. The exception to this would be reports received late enough in the day on Sunday to allow reasonable notice for an assessment worker on Monday morning. In these situations, the On-Call worker will need to have completed the Referral Form prior to 8:30 a.m. Monday morning. An agency records check will need to be requested promptly at 8:30 a.m. and all information turned in to your supervisor.

4. All calls received by the On-Call worker should be staffed with your supervisor by 9:15 a.m. the next working day.
5. These responses are primarily for assessment cases. We are placing more emphasis on these cases to maintain continuity, look at the approach of one worker versus several workers, and to achieve comprehensive service delivery from beginning to end.
6. You will need to use more discretion regarding required response time when calls are regarding investigation cases.

Whoever makes initial contact on the case is to complete the initial assessment in it's entirety.