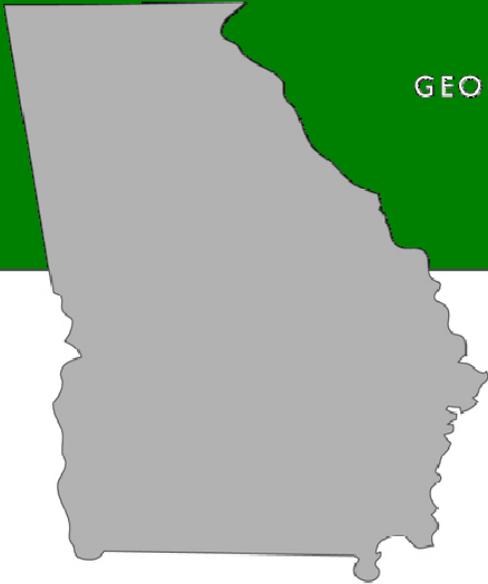


EDUCATION & TRAINING  
*Services Section*

GEORGIA DEPARTMENT OF HUMAN RESOURCES  
DIVISION OF FAMILY & CHILDREN SERVICES



Social Services  
Documentation  
**Electronic Participant  
Guide**



# AGENDA

## Day One

Introductions

[Expectations](#)

How to use the Electronic Participant Guide

[Functions of a Case Record](#)

Writing “My Documentation Sample”

[Chapter 80 Review](#)

[Abbreviations](#)

Basic Writing Skills

Unclear Writing

[Pronouns Practice](#)

Apostrophe, Quotation Marks

Run-on Sentences, Writing Numbers

Examining “My Documentation Sample” for Abbreviations and Pronouns, Apostrophe, Quotation Marks,, Run-on Sentences, Writing Numbers

[Tone](#)

Clarity and Accuracy

Can You Understand Me Now

Jeopardy

# LEARNING OBJECTIVES

At the completion of the training participants will be able to:

- State the importance of effective, timely documentation
- Identify areas of personal strengths and needs in regard to Chapter 80 documentation standards
- Identify strategies for meeting documentation requirements
- Use proper spelling, grammar, sentence and paragraph structure within case documentation.
- Recognize how cultural background influences writing styles and case documentation.
- Choose the words to write with, not just how they place them in a sentence.
- Record what is pertinent to a case record and why.
- Identify and state case facts instead of worker opinion
- Use the Tablet to take notes and complete documentation

August 23, 2006

**EDUCATION AND TRAINING SERVICES SECTION**

**DIVISION OF FAMILY AND CHILDREN SERVICES**

**TRAINING PROGRAMS**

**CLASSROOM STANDARDS, EXPECTATIONS**

**AND ATTENDANCE POLICY**

---

As professional employees with the Department of Human Resources (DHR), Division of Family and Children Services (DFCS), all participants in any DFCS training programs must abide by the DHR Standards of Conduct, which set forth acceptable and unacceptable conduct toward peers, supervisors, managers, and clients. Trainees are encouraged to review the DHR Standards of Conduct found at:

<http://www2.state.ga.us/departments/dhr/ohrmd/Policies/1201.pdf>

The standards and expectations for the professional behavior of trainees in the classroom are as follows:

When Division employees are in training, their conduct must reflect their commitment and service to DHR and DFCS. Time spent in the classroom and in field practice is a normal workday.

Trainers serve in a supervisory role in the classroom. Responding to the trainer in accordance with the DHR Standards of Conduct is standard operating procedure.

Trainees are expected to complete written tests that cover material presented in class.

Trainees are expected to behave in a respectful manner. Examples of behaviors that are unacceptable and will not be tolerated include the following:

- inattentiveness during classroom time as exhibited by holding side conversations, conducting personal business, reading outside material or sleeping
- personal attacks, use of offensive language, argumentativeness, or excessive talking
- use of the Internet for reasons other than classroom activity
- eating food while in the computer lab
- use of cell phones, radios or beepers during class. All such devices must be turned off during class and replies to calls must be made during official breaks.

Engaging in these behaviors or in any behavior deemed disruptive or inappropriate by the trainer may result in an immediate conference with the trainer, notification to the trainee's immediate supervisor, administrator or director, or expulsion from class. The trainer will confer with the appropriate authority prior to expelling a trainee from class.

August 23, 2006

Trainees are expected to dress in accordance with Personal Appearance During Work Hours per section IV of the DHR Employee Handbook as follows:

*While the Department does not specify a Department-wide dress code, employees are expected to be clean and neat in appearance during work hours. As representatives of the State, employees should present a business-like professional image. Dress code policies may be established by DHR organizational units. In certain types of jobs, employees may be required to wear uniforms.*

*DHR organizations units may designate specific days as “casual days”. Dress on casual days may be less formal, but should always be clean, neat and suitable for the work place.*

*If lettered or illustrated clothing is worn, it should not promote a particular political, moral, religious, personal or other opinion. Clothing which is obscene, vulgar, offensive or inflammatory is prohibited. Employees may be required to change inappropriate dress or instructed not to wear the same or similar clothing in the future. Employees who do not comply with established dress code standards may be subject to disciplinary action up to and including separation.*

Trainees are encouraged to review the DHR Employees Handbook at:

<http://www2.state.ga.us/departments/dhr/ohrmd/Publications/index.html>

In addition to adhering to the Classroom Standards and Expectations, the following attendance policies apply to all staff while engaged in any training:

Trainees are expected to arrive on time and adhere to the time allotted for breaks and lunch. If an emergency arises that warrants arriving late or leaving early, the trainee must address the emergency with the trainer in concert with approval from the supervisor.

Annual leave should not be requested and cannot be approved during training. Any exceptions must be discussed with the appropriate authority prior to training. The only acceptable excuses for being absent from classroom training are the following:

Sick leave (e.g. emergency illness or medical appointments for acute illnesses). In the case of sick leave, trainees must notify their immediate supervisor in the county office as soon as possible to report their absence from classroom training.

OR

Court leave (e.g. subpoena to court, unexcused jury duty). In the case of court leave, trainees must obtain prior approval from their immediate supervisor in the county office as soon as possible in order to be absent from classroom training.

The county supervisor or administrator is the only employee who can approve a trainee’s leave request. For Centralized Hire trainees, the administrative supervisor is the only employee authorized to approve a trainee’s leave request. The trainer/facilitator **will NOT** approve any leave.

The county supervisor must notify the appropriate authority as soon as possible that a trainee will be absent from class due to sick or court leave. The appropriate authority will notify the trainer of the absence.

*Trainees absent from class due to approved sick or court leave may be required to make up all or part of the course depending on the length of the absence and the length of the course. This may affect time frames for their completion of training. The appropriate authority will determine with the trainer whether a trainee will continue a course, after consultation with the trainee's supervisor.*

For the purposes of determining expulsion from a class, notification regarding leave or continuation in a class, the appropriate contact via an e-mail is:

- For attendance at any Office of Financial Independence training e-mail: [OFItraining@dhr.state.ga.us](mailto:OFItraining@dhr.state.ga.us)
- For attendance at any Social Services training e-mail: [SStraining@dhr.state.ga.us](mailto:SStraining@dhr.state.ga.us)

I \_\_\_\_\_ have read and understand the Classroom Standards, Expectations and Attendance Policy for DFCS training programs.

Signature \_\_\_\_\_ Date \_\_\_\_\_



# Ink Annotations Practice



# Social Services Documentation Requirements

## CHAPTER 80

### DOCUMENTATION

#### TABLE OF CONTENTS

| SECTION              | HEADING  | PAGE  |
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| <a href="#">80.1</a> | Case Recording Content   | 10-10 |
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#### APPENDICES

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| <b>Appendix A</b> | <b>Subjective, Vague, and Judgmental Terms</b> |
| <b>Appendix B</b> | <b>Glossary of Abbreviations</b>               |



# What are the functions of the case record?

Provides a history of case activity for the future

Documents how a family has responded in the past to agency intervention

Documents decision making

Measures client progress

Means of communication to future case managers

Evidence in court testimony

Supports case manager in the event of client challenges

Assures services to the child

Provides means of supervision

Allows case manager opportunity to process case decisions

Allows case manager to look for patterns

Provides information in the absence of a case manager

**The Georgia Shines case record becomes the source for Federal and State Reports.**

ADDITIONAL FUNCTIONS:



## CHILD and FAMILY SERVICES REVIEW

The qualitative review process, using the Federal Child and Family Services Review guide and ratings, focuses on the quality of case management in each program area and measures the effectiveness of the agency's involvement in each case reviewed. CFSR is looking more in depth at how families are progressing with agency involvement.

### QUALITY:

- Did documentation support decisions and were contacts sufficient to provide and/or follow up w/support services?
- Were all needs identified and services provided timely to meet those needs?

CFSR is looking for case record documentation to address specifics, rather than friendly visits, in the areas listed below.

### SAFETY:

- Were all risks identified/assessed and was DFCS policy followed in all program areas?
- Were screen outs and diversions appropriate and all criteria considered; did documentation support the decision?
- Was all risk thoroughly assessed and safety provided in 6 investigations? (Reasonable efforts?)
- Were assessments completed and services provided to prevent further risk? WAS FOLLOW UP DOCUMENTED?
- Was risk continually assessed with each contact?
- Were placements monitored/visited adequately to meet the child's needs and assure ongoing safety?
- Was there appropriate follow up for subsequent reports of maltreatment?
- Was there supervisory involvement; conferences, approval signatures, etc.?
- Was there documentation to indicate attempts to find parents?
- Was there documentation to indicate safety plans were being monitored?
- When safety issues are identified, does documentation include how the agency plans to address those issues?

### PERMANENCY:

Do children have permanency, stability and continuity in their living situation?

- How effectively and timely is the Agency moving children toward permanency?
- Are permanency goals appropriate?
- What services are being provided to assist in achievement of those goals?

- Are placements stable or are moves in child's best interest? Does documentation indicate reason for moves?
- What is the agency doing to maintain connections for child w/family, culture and community? What specific activities?
- What are barriers to permanency?
- Were attempts to find relatives documented?
- Was there agency effort to prevent unnecessary moves?
- What efforts are being made to finalize adoptions timely according to ASFA regulations?
- Does documentation indicate why child is not placed w/siblings?
- Does documentation indicate a provider's involvement? Are providers being monitored for specific progress with family?

### **WELL BEING:**

Do families and children have adequate services to meet their needs?

- What support did the agency provide for the placement?
- Were children's, parents and foster parents' needs assessed and identified?
- Were there unidentified needs?
- What kind of assessments was completed? (CCFA, psych evals, etc.) Does documentation indicate FOLLOW UP?
- Were appropriate services provided to address all identified needs?
- Were visitations w/parents and siblings facilitated by agency?
- Were the child's educational, physical and mental health needs assessed when appropriate? (if relevant in CPS but mandated in PLC.)
- Did the agency provide follow up to ALL recommendations?
- Were child and family involved in development of case plan? (In placement we are looking for involvement beginning w/age 8 if child is mentally capable of understanding. In CPS, only if child is directly involved in reason case is open such as involvement in family counseling, behavioral problems etc.)
- Were worker contacts made according to needs in CPS and Placement? Was there documentation to indicate interaction between worker and child and/or parents on home visits? Were case plan goals and progress (or lack of) addressed w/each visit?
- What is agency doing to move family toward achievement of case plan goals?
- Are case reviews updated with new information?
- How is the agency advocating for child's educational needs?
- Does documentation indicate how agency is meeting child's physical and mental health needs?
- Does documentation include specific agency support for foster parents?

# CHAPTER 80 REVIEW

## DOCUMENTATION

1. List the two primary components of the case record.
2. List the four types of information to be included in documentation.
3. Mrs. White called the office today and asked for child care services for her children while she is in substance abuse treatment is an example of a \_\_\_\_\_.
4. Mrs. June Allen, aunt, reported seeing Jack playing in the street at 5 P.M. is an example of an \_\_\_\_\_.
5. The client reported she frequently has to leave work to return home to see about her children because her husband leaves them alone. It is the opinion of the case manager that Mrs. Christian needs childcare, as she has no one to care for her children while she is at work is an example of an \_\_\_\_\_.
6. \_\_\_\_\_ are based on program policy and best practices.
7. What should all narratives include?
8. T or F A correctly written date would be “by next week.”
9. In the statement, “Mrs. Jones will obtain adequate housing” the word adequate is a \_\_\_\_\_ word.
10. T or F “The family is dysfunctional” is a judgmental term..
11. T or F Avoid words/phrases such as “appeared”, “seems to be”, “apparently”, which may indicate observations are uncertain.



12. T or F Labels such as “alcoholic”, “schizophrenic” and “mentally retarded” may be used by the case manager without a medical diagnosis.
13. Case records are professional documents subject to \_\_\_\_\_.
14. Notes written on Post-its or other pieces of paper and notes glued or taped in the record are not \_\_\_\_\_ forms of case recording.
15. Documentation entries must reflect the individual and/or family’s \_\_\_\_\_ in following the safety plan and achieving the case plan goals.
16. T or F Mandated face to face monthly contacts with the family do not have to be documented..
17. What are the timeframes for having documentation completed in
  - a. Foster Care \_\_\_\_\_
  - b. CPS Investigation \_\_\_\_\_
  - c. CPS Ongoing \_\_\_\_\_
18. The medical abbreviation AMA stands for\_\_\_\_\_.
19. \_\_\_\_\_ format is a specific narrative of facts, observations, interpretations and/or decisions written in chronological order.
20. Differences of opinions in case decisions, directives and/or recommendations from the supervisor or designee, multi-disciplinary teams and/or panels \_\_\_\_\_ be included in the case record.
21. Adult’s names shall be documented in the case narratives by first and last name at least \_\_\_\_\_ in each entry.
22. How do we refer to ourselves as the writer?
23. T or F When making changes in the case record a case manager can erase information and write new information.
24. Cluttered and offensive are examples of \_\_\_\_\_ terms.
25. Provocative is an example of a \_\_\_\_\_ term.



## Documenting a contact in Georgia Shines

Select the Type of Contact/Summary

**SHINES Field Training** [Log Off] [?] [ ] [ ] [IDS] [GHP]

My Tasks | Case | Search | Intake | Financial | Reports | Resources

Case Summary | Review Investigation | Person | **Contacts/ Summaries** | Service Authorization | Legal | Assessments | Family Plans | Custody | Case Management

Contact Search List | Protective Service Alert

**Contact Detail** \* required field  
‡ conditionally required field

**Contact/Summary Type**

\* Type:

- Contact
- Parent/Child Visitation**
- Physician Taking Child into Custody
- Safety Resource Assessment
- TCM
- Transfer Summary

Select the Time and Date

**SHINES Field Training** [Log Off] [?] [ ] [ ] [IDS] [GHP]

My Tasks | Case | Search | Intake | Financial | Reports | Resources

Case Summary | Review Investigation | Person | **Contacts/ Summaries** | Service Authorization | Legal | Assessments | Family Plans | Custody | Case Management

Contact Search List | Protective Service Alert

**Contact Detail** \* required field  
‡ conditionally required field

**Contact Information**

Contact/Summary Type: Parent/Child Visitation

Contacted By: Smallwood, Glenn

Title: Social Services Case Manager

\* Contact Date:   \* Time:  AM  Attempted

\* Purpose:

\* Method:

Location:

‡ Others Contacted:

Name of Agency:

Permission to cross county lines

**Principals/Collaterals Contacted**

| Name  | Role      | Relation/Interest   |
|---|-----------|---------------------|
| <input type="checkbox"/> Culhane03, Marcie  | Principal | Alleged Perpetrator |
| <input type="checkbox"/> Culhane03, Heather | Principal | Designated Victim   |
| <input type="checkbox"/> Avers03, Murray    | Principal | Alleged Perpetrator |
| <input type="checkbox"/> Culhane03, Ashley  | Principal | No Role             |

Today: Apr 22, 2009

## Select Purpose

Case Summary | Review Investigation | Person | **Contacts/ Summaries** | Service Authorization | Legal | Assessments | Family Plans | Custody | Case Management

Contact Search List | Protective Service Alert

\* required field  
‡ conditionally required field

### Contact Detail

**Contact Information**

Contact/Summary Type: Parent/Child Visitation

Contacted By: Smallwood, Glenn **Select Staff**

Title: Social Services Case Manager

\* Contact Date:   \* Time:  AM  Attempted

\* Purpose:

\* Method: 

- Adoption - Child Specific Interview
- Case Manager Child Visit
- Case Planning
- Child Daily Routine
- Child Preparation
- Child Religious Practices
- Child Special Skills/Achievements
- Collateral
- Court Action
- Courtesy Interview
- Diligent Search
- Diligent Search for Runaway
- Facility Visit
- Family Moves During Investigation
- Family Team Meeting
- Foster Parent/Biological Family
- Home Assessment
- Initial Placement
- Law Enforcement
- Legal Trial Preparation
- MDT
- Medical
- Monitoring
- Notification
- Other
- Parent Child Visit
- Placement
- Pre-Placement
- Review

Location:  Agency:

‡ Others Contacted:  Permission to cross county lines

**Principals/Collaterals Contact**

| Name  |
|---|
| <input type="checkbox"/> Culhane03, Marcie  |
| <input type="checkbox"/> Culhane03, Heather |
| <input type="checkbox"/> Avers03, Murray    |
| <input type="checkbox"/> Culhane03, Ashley  |

**Relation/Interest**

- Primary Caretaker
- Daughter
- Paramour
- Daughter

**Narrative** **Save**

## Select Method of Contact

Contact Search List | Protective Service Alert

\* required field  
‡ conditionally required field

### Contact Detail

**Contact Information**

Contact/Summary Type: Parent/Child Visitation

Contacted By: Smallwood, Glenn **Select Staff**

Title: Social Services Case Manager

\* Contact Date:   \* Time:  AM  Attempted

\* Purpose:

\* Method: 

- Announced Face to Face
- Correspondence
- E-mail
- Other
- Telephone Call
- Unannounced Face to Face

Location:  Name of Agency:

‡ Others Contacted:  Permission to cross county lines

**Principals/Collaterals Contact**

| Name  | Type      | Role                | Relation/Interest |
|---|-----------|---------------------|-------------------|
| <input type="checkbox"/> Culhane03, Marcie  | Principal | Alleged Perpetrator | Primary Caretaker |
| <input type="checkbox"/> Culhane03, Heather | Principal | Designated Victim   | Daughter          |
| <input type="checkbox"/> Avers03, Murray    | Principal | Alleged Perpetrator | Paramour          |
| <input type="checkbox"/> Culhane03, Ashley  | Principal | No Role             | Daughter          |

**Narrative** **Save**

Select Location of Contact

Contact Search List | Protective Service Alert

**Contact Detail** \* required field  
‡ conditionally required field

**Contact Information**

Contact/Summary Type: Parent/Child Visitation  
 Contacted By: Smallwood, Glenn **Select Staff**  
 Title: Social Services Case Manager  
 \* Contact Date: [ ] [ ] [ ] [ ] [ ] [ ] \* Time: [ ] AM [ ]  Attempted  
 \* Purpose: [ ]  
 \* Method: [ ]  
 Location: [ ] Name of Agency: [ ]  
 ‡ Others Contacted: [ ]  Permission to cross county lines

**Principals/Collaterals Contacted**

| Name  | Role                | Relation/Interest |
|---|---------------------|-------------------|
| <input type="checkbox"/> Culhane03, Marcie  | Alleged Perpetrator | Primary Caretaker |
| <input type="checkbox"/> Culhane03, Heather | Designated Victim   | Daughter          |
| <input type="checkbox"/> Avers03, Murray    | Alleged Perpetrator | Paramour          |
| <input type="checkbox"/> Culhane03, Ashley  | No Role             | Daughter          |

**Save**

**Narrative**

Select Who was contacted

**Contact Information**

Contact/Summary Type: Parent/Child Visitation  
 Contacted By: Smallwood, Glenn **Select Staff**  
 Title: Social Services Case Manager  
 \* Contact Date: [ ] [ ] [ ] [ ] [ ] [ ] \* Time: [ ] AM [ ]  Attempted  
 \* Purpose: [ ]  
 \* Method: [ ]  
 Location: [ ] Name of Agency: [ ]  
 ‡ Others Contacted: [ ]  Permission to cross county lines

**Principals/Collaterals Contacted**

| Name  | Type      | Role                | Relation/Interest |
|---|-----------|---------------------|-------------------|
| <input checked="" type="checkbox"/> Culhane03, Marcie | Principal | Alleged Perpetrator | Primary Caretaker |
| <input type="checkbox"/> Culhane03, Heather           | Principal | Designated Victim   | Daughter          |
| <input type="checkbox"/> Avers03, Murray              | Principal | Alleged Perpetrator | Paramour          |
| <input type="checkbox"/> Culhane03, Ashley            | Principal | No Role             | Daughter          |

**Save**

**Narrative**

You must save before you can select Narrative

Add  
your  
Narrative

**Contact Information**

Contact/Summary Type: Parent/Child Visitation  
Contacted By: Smallwood, Glenn  
Title: Social Services Case Manager

\* Contact Date:

\* Purpose:

\* Method:

Location:

‡ Others Contacted:

**Principals/Collaterals**

**Name**

- Culhane03, Marcie
- Culhane03, Heathe
- Avers03, Murray
- Culhane03, Ashley

**Narrative**

The screenshot shows a Microsoft Internet Explorer browser window titled "Contact Visitation Narrative 1.0.0 - Microsoft Internet Explorer". The address bar displays the URL: <https://uatshines.dhr.state.ga.us:445/document/DocumentConversation/showDocument>. The browser's menu bar includes File, Edit, View, Favorites, Tools, and Help. The toolbar contains icons for Back, Forward, Stop, Refresh, Home, Search, Favorites, and Print. The main content area displays a form titled "Visitation Narrative". The form includes a radio button selection for "Client On Time For Visitation:" with "Yes" selected. Below this is a text input field with the placeholder text "Comment on the visitation, including quality of interaction, or explain reason why scheduled visitation did not occur:". To the left of the browser window, a sidebar contains a list of names with checkboxes, where "Culhane03, Marcie" is checked. A "Narrative" button is visible at the bottom of the sidebar.

# ABBREVIATIONS ACTIVITY

## Abbreviations Glossary

The 72 hour hearing for the Hillard case was heard in the Juv Ct \_\_\_\_\_ room of Judge Peters; Chn \_\_\_\_\_ were ordered to the custody of DFCS. The final disposition on Dgt \_\_\_\_\_ will be held on July 7. Judge inquired if chn had been placed together; CM \_\_\_\_\_ informed Court that the chn will be moved this afternoon into a County Family FH \_\_\_\_\_ together. CM informed Judge that BMo \_\_\_\_\_, age 17, was not attending to her proper Med. \_\_\_\_\_ Care, had not obtained GA \_\_\_\_\_, had not arranged CC \_\_\_\_\_, was not paying CS \_\_\_\_\_ on other chn, was receiving FS \_\_\_\_\_ fraudulently, none of her relatives named had an approved H/Eval \_\_\_\_\_, BMo was not cooperating with ILC \_\_\_\_\_ who found her a position that would provide her paid OJT \_\_\_\_\_, currently there was an open EA \_\_\_\_\_ and PA \_\_\_\_\_ INV \_\_\_\_\_ in our office in regards to oldest ch \_\_\_\_\_ with BMo named as Maltx \_\_\_\_\_.



# Unclear Writing

*Sentences taken from actual letters received by a welfare department in application for financial support.*

- I am forwarding a marriage certificate and six children. I have seven, one died which are baptized on a half sheet of paper.
- I am writing the Welfare Department to say that my baby was born two years old.
- I can not get sick pay. I have six children. Can you tell me why?
- I am glad to report that my husband who was missing is dead!
- In answer to your letter, I have given birth to a boy weighing 10 pounds. I hope this is satisfactory.
- I am forwarding my marriage certificate and five children, one of which is a mistake as you can see.
- In accordance with your instructions, I have given birth to twins in the enclosed envelope.

*The following sentence was written by a case manager in a case record.*

- CM was informed last night that Marvin had his teeth knocked out by Supervisor Stewart.



# PRONOUNS PRACTICE

**DIRECTIONS:** Rewrite the following sentences using pronouns correctly.

## Example 1

*Lori called upset that her mother had told her that we didn't believe her regarding the incident. She stated that we felt she made it up and now she doesn't know what to do next. She said that she feels like hurting herself over this. I stated that with her history, she shouldn't believe everything she hears.*

## Example 2

Stephanie stated that her father doesn't like her boyfriend because he never finished high school.



## USING PRONOUNS CLEARLY

Because a pronoun REFERS BACK to a noun or TAKES THE PLACE OF that noun, you have to use the correct pronoun so that your reader clearly understands which noun your pronoun is referring to. Therefore, pronouns should:

### 1. AGREE IN NUMBER

If the pronoun takes the place of a singular noun, you have to use a singular pronoun.

*If a student parks a car on campus, he has to buy a parking sticker.*

NOT: *If a student parks a car on campus, they have to buy a parking sticker.*

REMEMBER: The words EVERYBODY, ANYBODY, ANYONE, EACH, NEITHER, NOBODY, SOMEONE, A PERSON, etc. are singular and take singular pronouns.

*Everybody ought to do his best. (NOT: their best)*

*Neither of the girls brought her umbrella. (NOT: their umbrellas)*

### 2. AGREE IN PERSON

If you are writing in the “first person” (I), don’t confuse your reader by switching to the “second person” (you) or “third person” (he, she, they, it, etc.). Similarly, if you are using the “second person”, don’t switch to “first” or “third”.

*When a person comes to class, he should have his homework ready.*

NOT: *When a person comes to class, you should have your homework ready.*

### 3. REFER CLEARLY TO A SPECIFIC NOUN

Don’t be vague or ambiguous

NOT: *Although the motorcycle hit the tree, it was not damaged. (Is “it” the motorcycle or the tree?)*

NOT: *If you put this sheet in your notebook, you can refer to it. (What does “it” refer to, the sheet or your notebook?)*

Resources:

Purdue University Online Writing Lab (OWL). <http://owl.english.purdue.edu> , 226 Heavilon Hall, Purdue University.

The Pennsylvania Child Welfare Training Program 315: Writing Skills for Case Documentation **Handout #4**



## The Apostrophe

The apostrophe has three uses: 1) to form possessives of nouns, 2) to show the omission of letter, and 3) to indicate plurals of letters, numbers, and symbols. Do not use apostrophes for possessive pronouns or for noun plurals.

### 1. To show possession:

To see if you have a possessive, turn the phrase around and make it an “of the...” phrase: the boy’s hat = the hat of the boy

#### To place the apostrophe correctly to show possession:

Add ‘s to the singular form of the word (even if it ends in –s):

The owner’s car

Add ‘s to the plural forms that do not end in –s:

The children’s game

Add ‘ to the end of plural nouns that end in –s:

Three friends’ letters

Add ‘s to the end of compound words:

My brother-in-law’s money

### 2. To show omission of letters

Who’s = who is

He’ll = he will

### 3. To form plurals of letter, numbers, and symbols:

There are three 5’s on my license plate.

I got two A’s on my report card.

**NOTE: Don’t use apostrophes for possessive pronouns or for noun plurals.**

**Wrong:** his’ book

**Correct:** his book

Resources:

Purdue University Online Writing Lab (OWL). <http://owl.english.purdue.edu> , 226 Heavilon Hall, Purdue University.

The Pennsylvania Child Welfare Training Program 315: Writing Skills for Case Documentation **Handout #5**



## Quotation Marks

Direct quotations are another person's exact words—either spoken or in print—incorporated into your own writing. The following are general rules to know when using quotation marks in your work.

- ☆ Use a set of quotation marks to enclose each direct quotation included in your writing.
- ☆ Use a capital letter with the first word of a direct quotation of a whole sentence. Do not use a capital letter with the first word of a direct quotation of part of a sentence.
- ☆ If the quotation is interrupted and then continues in your sentence, do not capitalize the second part of the quotation.
- ☆ Indirect quotations are not exact words but rather re-phrasings or summaries of another person's words. Do not use quotation marks for indirect quotations.
- ☆ If you leave words out of a quotation, use an ellipsis mark to indicate the omitted words. If you need to insert something within a quotation, use a pair of brackets to enclose the addition.
- ☆ Use quotation marks to indicate words used ironically, with reservations, or in some unusual way.
- ☆ Put commas and period within closing quotation marks. Put colons and semicolons outside quotation marks.

## Writing Dialogue

Write each person's spoken words, however brief, as a separate paragraph. Use commas to set off dialogue tags such as "she said" or "he explained." Closely related narrative prose can be included in a paragraph with dialogue. If one person's speech goes on for more than one paragraph, use quotation marks to open the speech and at the beginning—but not the end—of each new paragraph in the speech. To close the speech, use quotation marks at the end of the final paragraph.

Purdue University Online Writing Lab (OWL). <http://owl.english.purdue.edu> , 226 Heavilon Hall, Purdue University.

The Pennsylvania Child Welfare Training Program 315: Writing Skills for Case Documentation **Handout #6**



## Run-on Sentences

Run-on sentences are terms describing 2 independent clauses which are joined together with no connecting word or punctuation to separate the clauses. The best way to avoid run on sentences that are not punctuated correctly is to use one or the other of these rules.

1) Join two independent clauses with a coordinating conjunction (and, but, for, or, not, so yet), and use a comma before the connecting word.

\_\_\_\_\_, and \_\_\_\_\_.

(He enjoys walking through the country, and he often goes backpacking on his vacations.)

2) When you do not have a connecting word or when you use a connecting word other than and, but, for, or not, so or yet between the 2 independent clauses, use a semicolon (;).

\_\_\_\_\_ ; however, \_\_\_\_\_.

(He often watched TV when there were only reruns; however, she preferred to read instead.)

Resources:

Purdue University Online Writing Lab (OWL). <http://owl.english.purdue.edu> , 226 Heavilon Hall, Purdue University.

The Pennsylvania Child Welfare Training Program 315: Writing Skills for Case Documentation **Handout # 7**



## Writing Numbers

Although usage varies, most people spell out numbers that can be expressed in one word or two and use figures for other numbers, such as:

### Written out:

Over two pounds  
Four million dollars  
Thirty-one years ago  
Fifty people came

### Figures:

After 126 days  
Only \$31.50  
4.78 liters

The most important thing to remember when writing numbers is clarity for the reader.

- Numbers in series should be consistent:
  - Two apples, six oranges, and three bananas
  - The vote was 9 in favor and 6 against
- Write out numbers beginning sentences:
  - Six percent of the group failed.
- Use a combination of figures and words for numbers when such a combination will keep your writing clear:
  - There were five 13-year-olds in the foster home.

### Resources:

Purdue University Online Writing Lab (OWL). <http://owl.english.purdue.edu> , 226 Heavilon Hall, Purdue University.

The Pennsylvania Child Welfare Training Program 315: Writing Skills for Case Documentation **Handout #8**



# TONE

**REWRITE the narrative below changing the tone.**

Mrs. Smith again wasn't home for our scheduled appointment. She shows no respect for me and I did not get any messages from her canceling the appointment. It is clear that she has no desire to work on trying to get her children home. This case manager left her a note informing her that again she has wasted my time and because of that I will not be scheduling any visits for her with her children until she meets with me.



# AGENDA

## Day Two

What to Record

[Separating Fact from Opinion](#)

[Vague Terms](#)

[“My Documentation Sample” Review](#)

Losing Isaiah, SHINES Documentation

External Documentation

Using the Tablet to Document

What is E & R looking for in Documentation

Tips for Managing Time

[More Documentation Tips](#)

Program Specific Policy Review

[Chapter 80 Application Activity](#)

[Final “My Documentation Sample” Review](#)

Main Ideas from Training

Closing/ Evaluation

[Bingo](#)

# What to Record

- ✓ **Statements made by contacts during the course of case assessment or case planning.**
- ✓ **Information which is used in the development or refinement of an assessment.**
- ✓ **Information from any contact regarding the health, safety, welfare, or situation of a child.**
- ✓ **Information relating to the success or failure to achieve or perform activities.**
- ✓ **Changes in household composition, address, or living arrangements.**
- ✓ **Information affecting eligibility for services.**
- ✓ **Marked changes in appearance or functioning.**
- ✓ **All “in-person” or phone contacts with your client. Note the date and topic. Unsuccessful attempts to make contacts should also be recorded.**
- ✓ **Phone contacts made and received about your client.**
- ✓ **Correspondence sent out about your client or received from others about your client. Note the date and purpose; refer to file.**
- ✓ **Efforts to make referrals and the results of such efforts.**
- ✓ **All legal activities.**
- ✓ **Information acquired from staffings, team meetings and other meetings concerning the client.**

Reference: “Case Documentation”, SUNY Research Foundation c. 1994





4. The clothing in which Mrs. Smith had dressed the baby was not appropriate.

5. A family foster home is not appropriate for Ian

6. Jenny is a happy child.



# *Vague Terms*

**Assigned Term:** \_\_\_\_\_

**Behaviorally Descriptive Terms:**

Normal stage of development  
Hyperactive  
Sexually acting out  
Poor attitude  
Immature behavior  
Poor parenting skills  
Filthy  
Lazy  
Dysfunctional family  
Pothead  
Hostile  
Unmotivated  
Obviously  
Tidy

Adequate  
Neat  
Acting out  
Apparently  
Appropriate  
Healthy  
Messy  
Abusive  
Hysterical  
Regular meal  
Angry  
Cluttered  
Neglectful  
Upset



# EXTERNAL Documentation

## Georgia Voicemail

If you have Georgia Voicemail, you have already registered at their site:

[www.gavoicemail.com/](http://www.gavoicemail.com/)

When you register, you are assigned a fax number.

James McAleer | 404.463.7280  
Voicemail Access | 877.635.1499  
Fax | 770.342.7896

inbox | contacts | directory | distributions | options | help | support | sign off

manage | compose | reply | reply all | forward | delete | move | refresh | preview

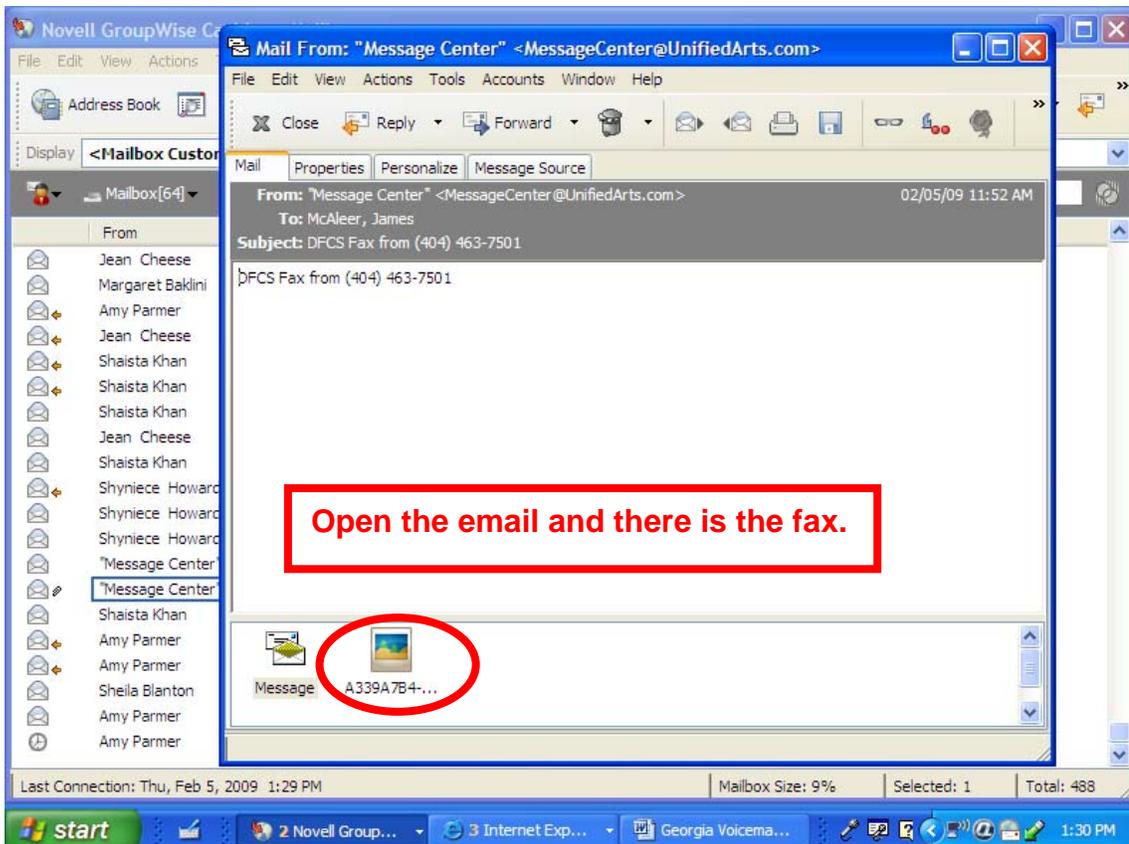
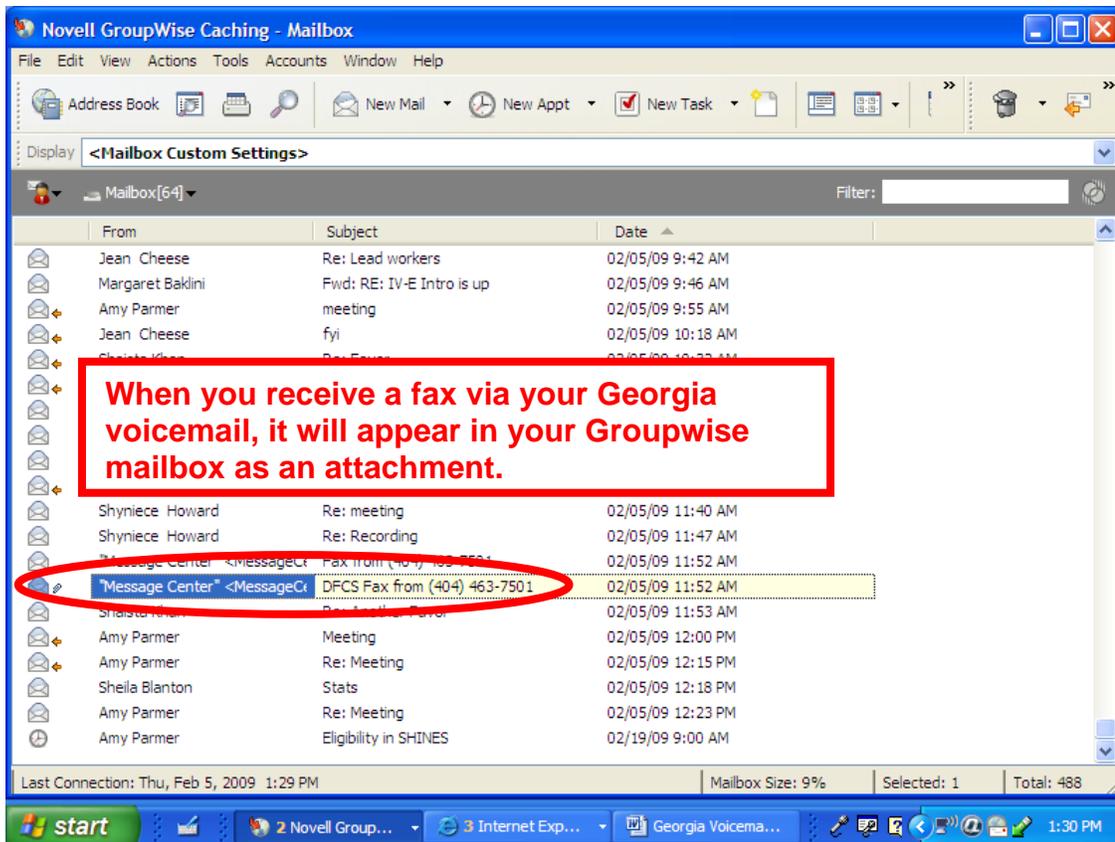
| FOLDER | MESSAGES   | subject       | size | date/time    |
|--------|------------|---------------|------|--------------|
| Inbox  | 4044637501 | Fax : 3 pages | 87K  | 2/5/09 9:27A |
| Drafts | 4046574058 | Fax : 2 pages | 2K   | 2/5/09 8:31A |
| Saved  | 4046574058 | Fax : 1 pages | 2K   | 2/5/09 8:09A |
| Sent   | 4046574058 | Fax : 1 pages | 8K   | 2/5/09 7:53A |
| Trash  | 4046574058 | Fax : 1 pages | 11K  | 2/5/09 7:25A |
|        | 4046574058 | Fax : 1 pages | 3K   | 2/5/09 7:24A |
|        | 4046574058 | Fax : 1 pages | 1K   | 2/5/09 7:22A |

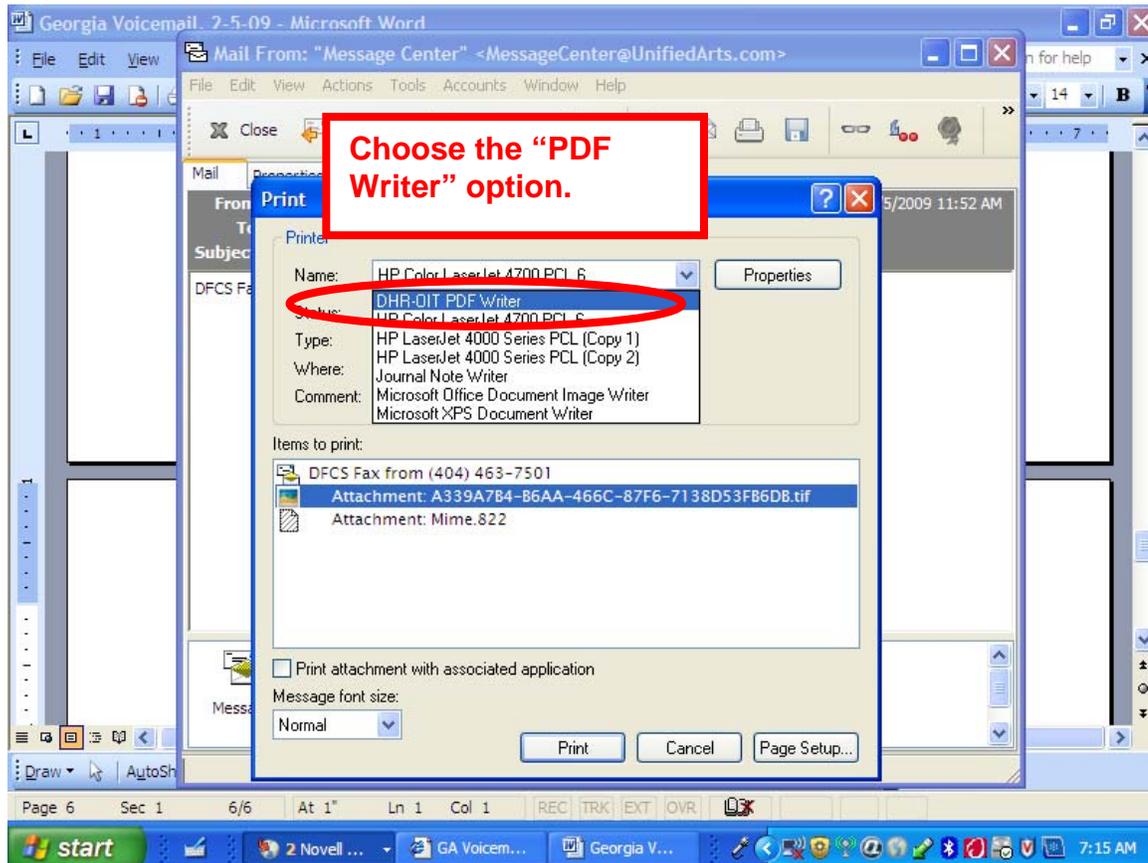
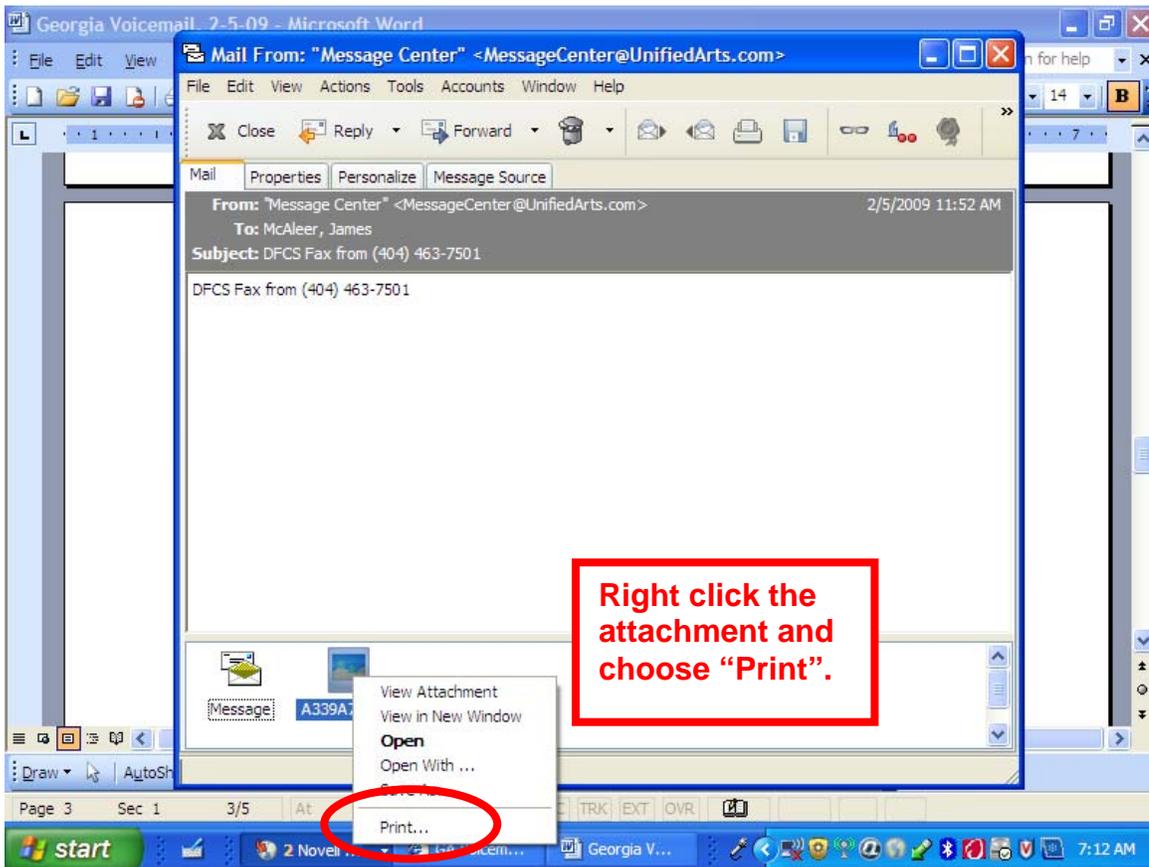
select all | clear all | Inbox: displaying 1—7 of 7 items

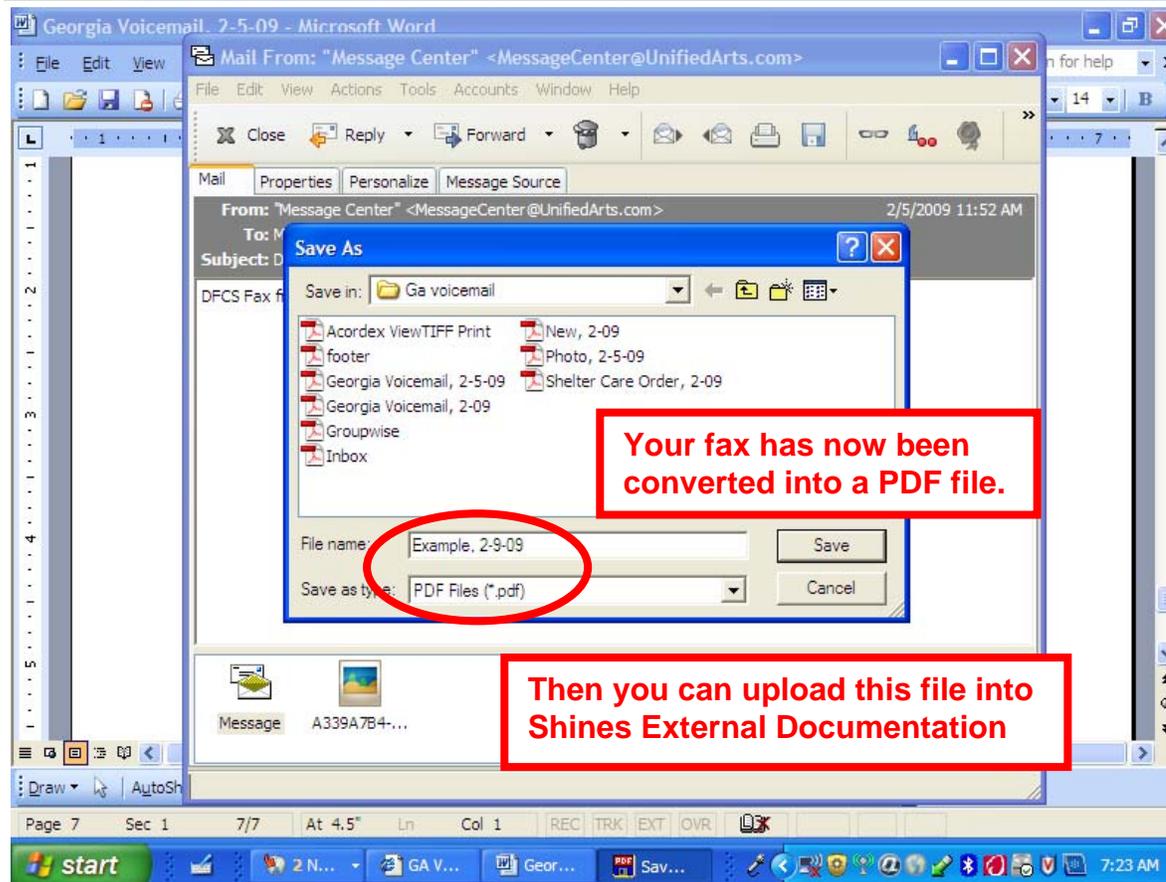
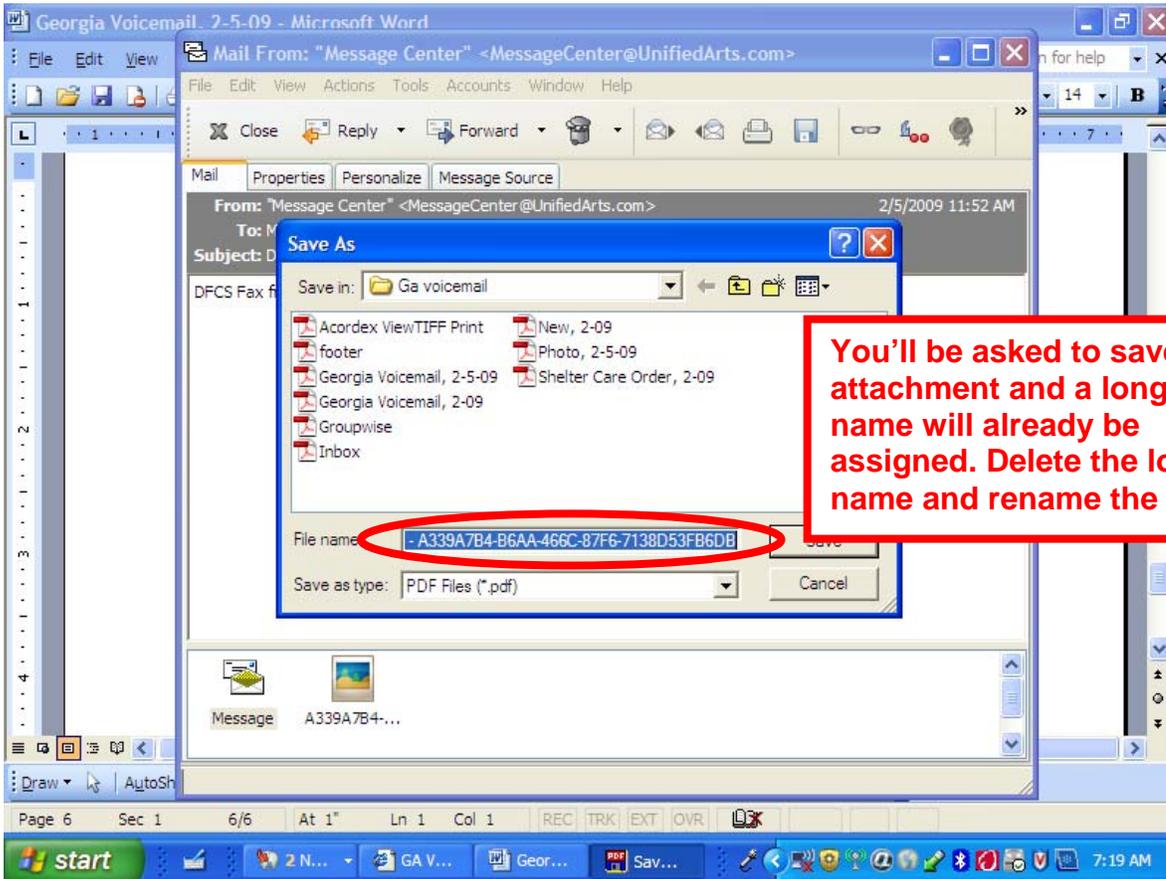
© 2009 Unified Arts. All rights reserved.

Here is how you make your voicemails and faxes appear in your Groupwise mailbox. Under Options, choose message forwarding, and click “enable” and “include file”.

The screenshot shows the Georgia Groupwise interface. At the top, the Georgia logo is on the left, and contact information for James McAleer (404.463.7280) is on the right. Below this is a navigation bar with links for inbox, contacts, directory, distributions, options, help, support, and sign off. The 'options' link is circled in red. The main content area is titled 'message forwarding - updated'. On the left, a sidebar lists various options, with 'message forwarding' highlighted and a red arrow pointing to it. The main content area has an 'ABOUT' section explaining message forwarding and a 'SETTINGS' section. The 'SETTINGS' section includes a table with columns for 'email address', 'enable', and 'include file'. The first row shows the email address 'jgmcalee@dhr.state.ga.us' with both 'enable' and 'include file' checkboxes checked. The 'enable' and 'include file' headers and their corresponding checkboxes in the first row are circled in red. A 'save' button is located to the right of the settings table. At the bottom of the page, there is a copyright notice: © 2009 Unified Arts. All rights reserved.







**Then you can upload this file into Shines External Documentation**

## Documentation Checklist

This checklist can be used to review documentation to ensure it meets policy standards. Each county may require the inclusion of items not listed here. If so, this list will need to be changed to include county requirements.

- Month, Day and Year of contact? (80.1.2, 80.2.2)
- Full name of the SSCM on each page? (80.1.2, 80.2.2)
- Type of activity? (EX: HV, FV, etc) (80.1.2, 80.2.2)
- Location where contact took place? (80.1.2, 80.2.2)
- Who was contacted? (80.1.2, 80.2.2)
- Relationship of contact to child (80.7)
- Purpose of contact? Is this a TCM contact? (80.1.2, 80.2.2)
- References to previous entries made for repeated information? (80.1.3)
- Vague or subjective terms clarified by clear descriptions? See Appendix A for list. (80.1.5)
- Judgmental terms not used? See Appendix A for list. (80.1.6)
- Avoided use of “appeared”, “seems to be” and “apparently”? (80.1.7)
- Avoided using labels that are not diagnosed by a certified professional? (80.1.8) (EX. alcoholic, schizophrenic and mentally retarded)
- Date of documentation is within maximum days of occurrence per program policy. (80.3)
- All abbreviations used are from the official Glossary of Abbreviations or from your county list. See Appendix B. (80.4)
- Documentation is in one of the approved formats? (80.5)
- First and last names of all adults are used according to policy? (80.7.1)
- Relationship titles are preceded by stating the first and last name at least once in the entry. (80.7.1)
- Professional titles are used when known? (80.1.3)
- All facts are straightforward descriptions of circumstances. (80.1.1)
- Observations are recorded notes about circumstances witnessed by the case manager or reported to the worker by others with the source of the information recorded. (80.1.1)
- Interpretations are identified as interpretations and evidence to support them is recorded.
- Decisions are based on program policy and good practice principles, supported by documented facts, observations and interpretations and supervisor’s consultation is recorded.
- Pages of narratives are numbered and are in chronological order? (80.8)
- All correction are made using a single line drawn through entry with CM initials and date in margin? (80.9)

- Observations are recorded notes about circumstances witnessed by the case manager or reported to the worker by others with the source of the information recorded. (80.1.1)
- Interpretations are identified as interpretations and evidence to support them is recorded.
- Decisions are based on program policy and good practice principles, supported by documented facts, observations and interpretations and supervisor's consultation is recorded.
- Pages of narratives are numbered and are in chronological order? (80.8)
- All correction are made using a single line drawn through entry with CM initials and date in margin? (80.9)
- Included diligent search efforts in the case record? Established paternity?
- Verified Native American heritage?
- Included copies of letters and other materials from collateral contacts in the case record? Included medical records, birth certificates, and school records in the case record?
- Collected all important case information about family background, interaction patterns, visitations, diligent searches?
- Documented missed contacts or visits that were not the family's fault?
- Fairly and accurately documented parts of the service plan that the family is not in agreement with, but with which they are expected to comply?
- Indicated what type of contact occurred, i.e. home visit, office visit, telephone contact, collateral contact?
- Included accurate information that supports the activities outlined in the most recent Service Plan?
- Described observations and contacts in factual and behavioral terms?
- Documented the quality of parent-child visits in behavioral terms?
- Included specific information about family strengths?
- Checked spelling, grammar and punctuation? Checked that the progress notes are written in clear, concise and understandable language? Checked that the progress notes are jargon-free?
- Assured that someone other than yourself could pick up the case record and readily understand the decisions about Family Plans / Safety Plans, and progress based on the plans and progress notes for this particular case?**

*Adapted from Kriya Associates and People Potential - St Christopher Otilie, Families Together Project*

## *Using your Tablet for Documentation*

1. Use ink annotations feature to jot down observations while you wait for your appointment. (Tablet Tutorial available)
2. While on the telephone, open a word document and begin taking notes.
3. Before you go out on a visit, save a copy of all the forms, you will need signed to the desktop of the computer for quick access during your visit. Use the ink annotations feature to obtain the necessary signature.
4. Create electronic files for each case and save completed forms including a copy of the case plan to each file. This creates a mobile case file that you can take with you anywhere.
5. Save a copy of the case plan to your desktop to ease review and updating while at the visit with the parent.
6. Use Windows Journal to take notes (Tablet Tutorial available)
7. Use the sticky note function to set reminders of phone call, appointments, home visits, staffings etc. (Tablet Tutorial available)
8. Use the Voice Recognition tool to record notes (Tablet Tutorial available)

Additional Ideas:



## DOCUMENTATION TIPS FOR MANAGING YOUR TIME

- Organize your work and office.
- Do your documentation during the time of day when you have your highest energy level.
- Use a daily “To Do List” and mark off tasks as they are completed.
- Maintain and use a calendar.
- Know and adhere to deadlines for reports.
- Plan for the unexpected. Backdate deadlines. If something is due the 20<sup>th</sup>, plan to complete it by the 18<sup>th</sup>.
- Avoid Procrastination.
- Adhere to Program Policy (CPS, FC, and Adoption).
- Keep accurate records, using policy as your guide.
- Maintain a running log of all telephone calls for reference.
- Maintain essential information in contact notebook divided out by case name. In addition, include all essential forms, addresses and telephone numbers.
- Take a copy of the case plan goals and steps to use with the client during the visit.
- Allow foster parents or other professionals to document what child/client told them. (For example, what child reported or what was observed during a visit.) The case manager verifies by interviewing the child/client and documents information is consistent with that documented by (enter name of person).
- Use checklist that identifies what is to be done on cases and time frame
- Have specific guidelines regarding what and what not to include in documentation – learn to shorten narrative yet be thorough.
- Document immediately after the contact/visit. For example, park the car and do documentation of that contact (or write notes using the ink annotations function of your tablet. In doing this, you can clear your mind before making the next contact and give that contact you full attention.
- While waiting on your court case to be called, complete your documentation or update case plans.
- Develop forms to help with documentation and prevent duplication.
- File case narratives daily in the record.
- With supervisory approval work on Saturday/Holiday when there are no interruptions
- Obtain permission to leave the building in order to be free of interruptions.
- Keep your manager informed. If necessary, put it in writing.



# MORE DOCUMENTATION TIPS



**DIVERSION  
CFSR Documentation Checklist**

**Outcome S1: Children are, first and foremost, protected from abuse and neglect**

**Item 1**

- Did the Intake decision clearly state that Diversion decision met protocol?
- Was the response time met?
- If maltreatment identified, was a CPS referral made immediately?

**Item 2:**

- Were all screenings and prior history reviewed and documented?

**Outcome WB1: Families have enhanced capacity to provide for their children's needs**

**Item 17:**

- Was information obtained from and shared with OFI?
- Were parents contacted and provided an explanation of concerns?
- Was the frequency and quality of contacts with the parent/caregiver purposeful?
- Were referrals made to community resources

**Item 18:**

- Were the frequency and quality of contacts with the children purposeful?

**Outcome WB2: Children receive appropriate services to meet their educational needs**

**Item 21:**

- How were educational needs assessed? If identified as a need were needs addressed?

**Outcome WB3: Children receive adequate services to meet their physical and mental health needs**

**Item 22:**

- How were physical and dental health assessed? If identified as a need, how is the need being addressed?

**Item 23:**

- How was mental health assessed? If identified as a need, how is the need being addressed?

# Investigation CFSR Checklist

## Outcome S1: Children are, first and foremost, protected from abuse and neglect

### Item 1

- Was response time met? If not, why and are attempts well documented?
- Is documentation clear that separate face-to-face interviews occurred with each parent and all allegations discussed? What were the parent's responses
- Did a face-to-face interview occur with the perpetrator to discuss all allegations? What was the response?
- Were each of the children who is in the home (including those there only on weekends) observed and interviewed? Their responses?
- If physically abused or under 1, was child examined for injuries?

### Item 2:

- Were all screenings and prior history reviewed and documented as part of the assessment?

## Outcome S2: Children are safely maintained in their homes whenever possible and appropriate

### Items 3 and 4

- Were professional collaterals interviewed? What and what was stated?
- Is Safety Assessment appropriate?
- Does Safety Plan address issues?
- What were the reasonable efforts?
- Was safety resource assessed?

## Outcome WB1: Families have enhanced capacity to provide for their children's needs

### Item 17:

- If professional collaterals not used, who was used as a collateral how are they related and what was stated?
- If not opened for Family Pres, were linkages made to community resources? If so, where? If not, why not?

## Outcome WB2: Children receive appropriate services to meet their educational needs

### Item 21:

- How were educational needs assessed? If identified as a need, how is the need being addressed?

## Outcome WB3: Children receive adequate services to meet their physical and mental health needs

### Item 22:

- How were physical and dental health assessed? If identified as a need, how is the need being addressed?

### Item 23:

- How was mental health assessed? If identified as a need, how is the need being addressed?

# CFSR Family Preservation Checklist

## Outcome S1: Children are, first and foremost, protected from abuse and neglect

### Item 1:

- Did a new referral come in on the family this month? If yes, was the investigation initiated timely?

### Item 2:

- Was a new referral substantiated this month on this family?

## Outcome S2: Children are safely maintained in their home whenever possible and appropriate

### Item 3:

- Are the children in a safety resource? If so, was a home assessment completed?
- How long have the children been in the safety resource? When were visits made to the safety resource this month and what was discussed?

### Item 4:

- Are the children safe? How did you determine this? What is the risk to the children?

## Outcome P1: Children have permanency and stability in their living situations

### Item 8:

- What is the permanency plan for the children?

## Outcome WB1: Families have enhanced capacity to provide for their children's needs.

### Item 17:

- Was a FTM held within 45 days of the initial staffing? What is the date of the documentation?
- What are the strengths and needs of the family?
- Did the risk assessment take place within 90 days? When was it and what is the date of the documentation? Was the family involved?
- Who were your collaterals this month and what did they state?

### Item 18:

- Who participated in the development of the family plan (please identify adult, child)
- When did the parents get a copy of the plan?
- Are all required signatures on the plan in the file?

### Item 19:

- What dates were visits made with the children this month? What was discussed?

### Item 20:

- What dates were visits made with the parents this month? What was discussed?

## Outcome WB2: Children receive appropriate services to meet their educational needs

- When were the educational needs of the child assessed?
- If the child has needs, are records in the file?
- What did the counselor state this month

**Outcome WB3: Children receive adequate services to meet their physical and mental health needs**

**Item 22:**

When were the physical health of the children assessed? If needs identified, what did collaterals state?

**Item 23:**

When were the mental health of the children assessed? If needs identified, what did collaterals state?

# CFSR Placement Checklist

## Outcome S1: Children are, first and foremost, protected from abuse and neglect

### Item 1:

- Did a new referral come in on the family this month? If yes, was the investigation initiated timely?

### Item 2:

- Was a new referral substantiated this month on this family?

## Outcome S2: Children are safely maintained in their home whenever possible and appropriate

### Item 3:

- Are the children in a safety resource? If so, was a home assessment completed?
- How long have the children been in the safety resource?
- When were visits made to the safety resource this month and what was discussed?

### Item 4:

- Are the children safe? How did you determine this? What is the risk to the children?

## Outcome P1: Children have permanency and stability in their living situations

### Item 6:

- Did the child move this month? Why? How is in the best interest of the child?

### Item 8:

- What is the permanency plan for the children?

## Outcome P2: The Continuity of family relationships and connections is preserved for the children

### Item 11:

- Where are the children placed? Are efforts being made to move to home county, if not, why not?

### Item 12:

- Are the siblings placed together? If not, why not?

### Item 13:

- When did the parent and children visit this month?

### Item 14:

- How was the child's connection to the community maintained this month?

### Item 15:

- Is the child in a relative placement? Is there an approved home evaluation in the record?

### Item 16:

- Was the parent invited to medical appointments this month? Did the parent attend the child's school functions this month?

**Outcome WB1: Families have enhanced capacity to provide for their children's needs.**

**Item 17:**

- Was a FTM held ? What is the date of the documentation?
- What goals have the parent achieved?
- What goals are the parents working on?

**Item 18:**

- Who participated in the development of the family plan (please identify adult, child)
- When did the parents get a copy of the plan?
- Are all required signatures on the plan in the file?

**Item 19:**

- What dates were visits made with the children this month? What was discussed?

**Item 20:**

- What dates were visits made with the parents this month? What was discussed?

**Outcome WB2: Children receive appropriate services to meet their educational needs**

- When were the educational needs of the child assessed?
- If the child has needs, are records in the file?
- What did the counselor state this month

**Outcome WB3: Children receive adequate services to meet their physical and mental health needs**

**Item 22:**

- When were the physical health of the children assessed?
- If needs identified, what did collaterals state?

**Item 23:**

- When were the mental health of the children assessed. If needs identified, what did collaterals state?

## Policy Surrounding Documentation in CPS

These policy excerpts were current on 3/5/09. Do not rely on these pages as containing current policy. To ensure that you are referring to current policy review all manual transmittals and ODIS.

### 2105.4 Face-to-Face Contacts

#### Requirement

Meet minimum monthly face-to-face contact requirements with parents and with each at-risk child.

#### Procedures/Practice Issues

Consider individual case circumstances when determining when, where and how often to see children.

- Children often need to be seen more than once every month, e.g. young children or children with disabilities who are in abusive or very neglectful homes where the risk level is high and where other responsible family members, neighbors, teachers, etc., who would report concerns to CPS, are not available to see the children on a regular basis.
- See children within the home setting, as this is where most family interactions take place and is therefore the location where the most accurate observations of parent/child interactions are likely found. This is especially important for contacts with young children and for situations where serious neglect is substantiated.
- See children who are considered vulnerable because of age or disability and who are part of a household with an active CPS case, even though not the subject of a substantiated incident of maltreatment.

Observe children in the presence of parents because this allows for:

- **Direct observation of parent and child interactions:** What is the quality of the parent and child bonding? Does the parent engage the child in developmentally stimulating activities? Does the parent handle the child roughly or is there an apparent comfort level in providing for the child's needs? Does the parent identify the child's needs and respond to them in a nurturing way?
- **Hearing and seeing how the parent and child communicate:** Is communication verbal, non-verbal, physical, positive, negative, passive, more negative than positive?
- Determining progress on the specified steps of the case plan are met: What changes in the parent's interaction with a child are observed since the previous meeting? Is the parent learning and practicing better ways of parenting?

These are only a few of the many insights that may be gained from direct observation of parent and child interactions. Using what is directly observed as a major component of case decision making is vital. **A case decision based only on what is reported by the parent is never sufficient.** This is especially true for CPS where the ultimate goal of all case plans is to change the behaviors that led to child maltreatment and placed a child at risk.

Seeing a child away from the parent is advantageous. A child is often hesitant to talk in the presence of parents. Note when, from direct observation, the child appears hesitant or unwilling to talk because of a parent's controlling actions (e.g. using eye contact to "dare" a child to talk, not allowing the child to be alone with the case manager, etc.). Although it is advisable to sometimes see some children away from the parent, plan some joint contact with both the parent and child present to gauge the case plan's effectiveness.

When an out-of-home placement results in parents and children living in separate counties, the county of the parent's residence has case management responsibility. This includes:

- Complying with the monthly face-to-face contacts with parents;

- Requesting the county of child's residence to provide services to the child, including the required monthly face-to-face visit with the child and documenting this for the county with case management responsibility; and,
- Encouraging parents to maintain ongoing visits their children.

## 2105.5 Collaterals

### Requirement

Make monthly collateral contacts as required by the assigned risk level (See [2105.3](#)). Make additional collateral contacts, as needed, to obtain information from all service providers who work with the family in the various case plan components (See [2104.21](#)).

### Procedures/Practice Issues

Contact requirements for collaterals remain in place until the risk level changes or the case is closed. Select collaterals based on the different types of information they can provide. Neighbors often have the best knowledge about children's supervision; medical providers provide better knowledge about how a child's medical needs are met, etc. When selecting collaterals, consider the case plan steps and who can most accurately provide feedback on progress toward meeting the case plan steps.

Obtain a variety of information from several collaterals to fully gain a clearer picture of family dynamics. Collateral contacts need not be face-to-face. Some examples of collateral contacts are talking with a teacher, a school counselor, family service worker, parent aide or Homestead vendor, an extended family member or a service provider.

If there is active involvement of medical providers, school personnel, outside vendors, etc., scheduling a staffing or team meeting is an effective way to bring these professionals together. This allows persons closely involved with the family to evaluate a child's current safety level, case plan progress or lack of progress and ways to further assist the family move toward goal accomplishment. For situations where a decision is made to file a deprivation complaint, the team is the prime source for witnesses who can provide evidence to support the complaint.

Mandated reporters who continue to have involvement with a child are an excellent resource for discussing changes they have observed (See [2104.21](#)).

When using a family member or a neighbor as a collateral, select persons who will not give a biased opinion or information based on what a parent might have instructed this collateral to share. Interview collaterals, living in the home, out of the presence of parents and children being investigated.

The same collateral may be used for more than one monthly contact; however, contact this person at different times in the month (e.g. talking with a child's teacher two times in the same month but with an interval of a couple of weeks between contacts). Using the same collateral in a time frame so short that the collateral's information is based on the same observations does not meet the collateral requirement.

If a child receives services through Babies Can't Wait (BCW), the case manager will have at a minimum monthly contact with the BCW coordinator. Note: The birth parent must sign FC Release of Information- see [www.georgia.gov](http://www.georgia.gov) - forms on line authorizing BCW to share information. Information to obtain from a collateral includes:

Information to obtain from a collateral includes:

- What is the collateral's current knowledge of the situation?
- When did the collateral last see the child?
- What changes has the collateral seen in the child, in the parent and in family functioning?
- Are these changes positive or negative?
- What is the collateral's opinion about the child's care, protection and safety?
- Does the collateral have any recommendations?

## Collateral Contacts via Email and Written Documents

### Requirement

E-mails and written documentation may be used with professionals as a source for collateral contacts in CPS ongoing cases. Case managers are to ensure that collateral contacts contain the following information and that said information is relevant to the case plan:

- Month, day and year of contact.
- Who was contacted? (include courtesy and/or professional title i.e., Dr. Jones, Dr. John Jones)
- Street and/or mailing address and phone number for collateral
- Purpose of contact (Example: Contacting Dr. John Jones, therapist for William Smith, to assess progress in family relations counseling)
- What is the collateral's current knowledge of the situation?
- When did the collateral last see the child?
- What changes has the collateral seen in the child, in the parent and in family functioning?
- Are these changes positive or negative?
- What is the collateral's opinion about the child's care, protection and safety?
- Does the collateral have any recommendations?

**To gather information for collaterals through email or as a written document, the case managers must discuss through verbal, written or an email discussion with the collateral the information needed to ensure all required documentation is provided.**

If information gathered through an email or written documentation collateral contact determines that safety and/or risk factors exist, the case manager is required to immediately involve the supervisor for directions on how best to proceed. Copies of e-mail collateral contacts must be filed in the case record of the family in accordance with Social Services Policy 80.3 (Time Frames for Documentation).

# Policy Surrounding Documentation in Foster Care

These policy excerpts were current on 3/5/09. Do not rely on these pages as containing current policy. To ensure that you are referring to current policy review all manual transmittals and ODIS.

|   |  |  |
|---|--|--|
|  | <b>Division of Family and Children Services</b><br><b>Child Welfare Manual</b> | <b>Chapter 5:</b><br><b>Effective Date:</b><br>4/20/09 |
|   |  | <b>Previous Policy #:</b>                              |

**POLICY TITLE: PURPOSEFUL VISITATION REQUIREMENTS  
(SOCIAL SERVICES CASE MANAGER AND CHILD)**

**POLICY NUMBER: 5.X**

**CODES**

Child and Family Services Improvement Act of 2006: P.L. 109-288

**REQUIREMENT**

The Division of Family and Children Services (DFCS) assigned Social Services Case Manager (SSCM) must ensure a face-to-face purposeful visit is made every calendar month with:

1. Children in foster care.<sup>1</sup>
2. Children in a pre-adoptive placement.

The local DFCS county director may grant a waiver to allow a designee<sup>2</sup> to conduct the monthly purposeful visit. It is strongly recommended that these case management or visitation responsibilities be designated to a DFCS SSCM or supervisor. All waiver requests should be evaluated on a case by case basis and should only be granted when exigent circumstances prevent the assigned SSCM from completing the required visit. Conditions which may necessitate a designee waiver include, but are not limited to, staff shortages, emergency or medical leaves, suspensions or reassignments necessary to ensure the timely completion of full case management and visiting responsibilities for all children in care.

The DFCS SSCM or their designee must conduct a face to face purposeful visit every calendar month with children in DFCS custody placed outside of Georgia via an approved Interstate Compact on the Placement of Children (ICPC).

<sup>1</sup> "In foster care" as defined by 45 CFR 1355.20. This includes, but is not limited to, placements out of county, placements in foster family homes, foster homes of relatives, unpaid relative placements, group homes, emergency shelters, residential facilities, child care institutions, and pre-adoptive homes.

<sup>2</sup> Any caseworker/ private provider or other party, whether in-state or out-of-state, which DFCS has assigned/contracted case management or visitation responsibilities.



DFCS must ensure that at least fifty percent (50%) of all purposeful visits occur in the child's residence.<sup>3</sup> The DFCS SSCM or designee may alternate the visit location, between the child's residence and an alternative location, ensuring that at least fifty percent of the visits occur in the child's residence. When not visiting in the child's residence consider having the visit in a child friendly setting (e.g. visitation center, recreational areas, restaurants, parks, etc.)

**NOTE:** For school age children, If at all possible, visits should not take place at school. The SSCM presence at school may be socially awkward and embarrassing to the child and can interfere with the educational process.

Each purposeful visit will focus on safety, permanency and/or well-being to facilitate:

1. Service coordination and delivery; or
2. One or more case planning goals.

#### **PROCEDURE**

The DFCS SSCM or designee will follow the four-step process when conducting a purposeful visit with children in care.

##### **1. Preparation**

- a. Schedule the monthly visits with the child and their resource provider in advance, unless an unannounced visit is more appropriate. Make specific arrangements and confirm the date, time and place
- b. Choose a setting that affords the child an opportunity to speak freely. Ensure that some portion of every purposeful visit with a child age three and older occur in private, and away from the presence of the foster parent, relative, facility staff or siblings.
- c. In preparation for the visit the SSCM **should** complete the following:
  - i. Review the case; including the case plan and any documentation from previous visits.
  - ii. Review the child's most recent assessments/evaluations.
  - iii. Identify priorities, areas of concerns or barriers to progress.
  - iv. Prepare a visit agenda.

##### **2. Engagement**

- a. Be genuine, empathetic and respectful at all times.
- b. Review the agenda with the child/youth and establish the purpose of the visit. Request feedback from the child on the agenda, adding or amending topics based on the child's or youth's feedback.
- c. Confirm the time frame for the visit (duration).
- d. Engage the child during the visit by asking developmentally appropriate questions with the focus on assessing safety, permanency and well-being (See Reference Section/Tool: Age Appropriate Interview Questions to Assess Safety, Permanency

<sup>3</sup> "In foster care" as defined by 45 CFR 1355.20. This includes, but is not limited to, placements out of county, placements in foster family homes, foster homes of relatives, unpaid relative placements, group homes, emergency shelters, residential facilities, child care institutions, and pre-adoptive homes.

and Well-Being).

- i. Document any concerns and develop a plan for follow up.
- e. If age appropriate<sup>4</sup>, review the permanency plan (linear or concurrent) and discuss progress toward achieving permanency (See Reference Section/Tool: Age Appropriate Interview Questions to Assess Safety, Permanency and Well-Being).
- f. Review case progress or challenges since the last visit.
- g. Address immediate needs and/or concerns
- h. Utilize the case plan as a basis for the discussion with the child.  
Engage the child in case planning by soliciting their input on their case plan goals, progress made or assessment of areas where a lack of progress is identified. Review, as appropriate, progress made by the child's parent/guardian/custodian in meeting case plan goals and the progress made toward permanence for the child.
- i. Discuss with the child;
  - i. Any issues or concerns the child has identified about the placement.
  - ii. Supports/services needed by the child to meet their physical, emotional, or developmental needs.

### **3. Assessment/Commitments**

- a. Review with the child the information covered during the visit.
- b. If discussed during the visit, summarize the strengths and challenges faced in achieving the goals identified in the case plan and any new strategies discussed during the visit.
- c. Review any agreed upon commitments and confirm future visits (date, times, locations).
- d. Review with the resource provider:
  - i. Any concerns regarding the placement.
  - ii. Any additional supports/services needed to assist the resource provider in meeting the needs of the child.

### **4. Next Steps**

- a. Make case planning decisions as needed to address information or concerns identified during the visit.
- b. Consult with a supervisor or other subject matter experts as needed.
- c. Implement any needed services.
- d. Follow up on commitments.
- e. Begin preparation for next visit.
- f. Document the visit in GA SHINES within 72 hours of visit completion.

**For children placed outside of Georgia on an approved ICPC, the SSCM will:**

1. Request monthly purposeful visits by submitting the 100B with a cover letter to the state office ICPC unit.
2. Maintain monthly contact with the child via phone or e-mail.
3. Review the monthly progress reports and consult with the caregiver via phone or e-mail.

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<sup>4</sup> The SSCM should consider the child's chronological age (at least age 5) and the child's mental, developmental and emotional status. This is a critical decision that should be made by the SSCM and, if needed, may be staffed with the supervisor.

4. Review the quarterly progress report to ensure that the child is being visited monthly.
5. Within 3 business days of learning that the receiving state is **not** conducting the minimum purposeful visits; contact the Georgia State ICPC office to resolve the visitation issue.

**The SSCM will document the monthly visits in Georgia SHINES within 72 hours of visit completion. All visits must be documented in the narrative section of the contact tab and must include, at a minimum:**

1. The contact type.
2. The date the contact occurred.
3. The name and title of who conducted the visit:
  - a. If a non-DFCS designee conducts the visit choose the assigned SSCM's name from the drop down as the person conducting the visit. The SSCM **MUST** document in the narrative section the name of the non-DFCS person who was designated to conduct the visit. This information should be documented at the beginning of the narrative.
  - b. If an alternative DFCS SSCM or supervisor has been designated to conduct the visit their name should be chosen from the "contacted by" drop down box.
4. Person(s) present at the visit
5. Purpose of the visit
6. What was discussed
7. Where the visit occurred
8. Whether the child was interviewed privately. If the child was not interviewed privately document the reasons why this did not occur.
9. Summary of information- What happened at the visit.
  - a. Safety, permanency and well-being issues discussed.
  - b. Child's involvement in case planning.
  - c. Child's developmental progress.
10. Any concerns or red flags identified.
11. Next steps, the plan for addressing identified issues or concerns and documentation of issue resolution.

**PRACTICE GUIDANCE**

All contacts between the SSCM and child provide an opportunity to build a trusting and supportive relationship. However, contacts are more than friendly visits. There must be a clear purpose in mind that is reflected in the contact narrative such as:

1. Assessing the child's adjustment to placement.
2. Discussing the child's feeling around loss and separation and the reasons for removal.
3. Engaging the child in service planning.
4. Ensuring that the child's health, educational, mental health and other needs are being met, including those outlined in the case plan.
5. Discussing referrals being made for any necessary evaluations, assessments and services.
6. Reviewing the progress being made by the parents on the case plan

- goals, including the permanency plan.
7. Working with the child in beginning or updating a life book.
  8. Preparing the child for transfer of the SSCM or other changes in case management that impact the child.

When the SSCM conducts purposeful visits, they are better positioned to:

1. Assess children's risk of harm and need for alternative permanency options, and
2. Identify and provide needed services, and engage children and parents in planning for their future.

**Family Team Meetings (FTMs)** are goal oriented and focused on case planning in regards to the safety, permanency and well-being of children. Therefore FTMs may also be considered a purposeful visit if the child is seen by a SSCM or SSCM designee, separate and away from the presence of their parents, caretakers, and siblings, for a portion of the contact. In this instance, the FTM must be documented on both the FTM page and the Contacts page in Georgia SHINES, in accordance with case documentation requirements, referenced above in the PROCEDURE section.

## REFERENCES

### Tools

1. Age Appropriate Interview Questions to Assess Safety, Permanency and Well-Being  
[http://www.pssfnet.com/docs/ECEM2008/SafetyChecklist\\_AllAges.pdf](http://www.pssfnet.com/docs/ECEM2008/SafetyChecklist_AllAges.pdf)
2. Supervisory Binder  
<http://www.pssfnet.com/docs/ECEM2008/SupervisorBinder.pdf>
3. Interviewing Children  
[http://www.pssfnet.com/docs/ECEM2008/InterviewTips\\_AllAges.pdf](http://www.pssfnet.com/docs/ECEM2008/InterviewTips_AllAges.pdf)

## CONTACT STANDARDS FOR PARENTS OF CHILDREN IN CARE WITH A PLAN OF REUNIFICATION

### 1006.10

#### Requirement

When the child's permanency plan (or concurrent plan) is **reunification**, the SSCM maintains a casework relationship with the parent to monitor the progress being made toward completion of the permanency plan goals and to continually assess the family's readiness for reunification.

***At a minimum, a face-to-face contact between the parent and the SSCM occurs as frequently as is needed, but no less frequently than once each month.*** Every other month, the contact with the parent must take place in the residence of the parent. When such contact standard cannot be met; e.g., parent's whereabouts unknown, parent lives in temporary housing (shelter or motel), parent resides out-of-state, parent is incarcerated or hospitalized, etc., and then approval to waive the contact must be obtained in writing from the County Director/designee and placed in the record.

Contacts must be documented with sufficient detail to determine, at a minimum, the following information: type of contact, when it occurred, who was there, what happened (purpose in relation to Case Plan goals/steps), and where it occurred.

### 1006.10 PRACTICE ISSUES

1. The SSCM needs to impress upon parents the importance of keeping the county department informed of any moves/changes of address. When a child's parent resides in another county, the county of legal custody requests the other county to work with the parents in providing "Placement Services to Parents." (See Chapter 60, IDS definition.) A copy of the child's Case Plan accompanies any request for another county to provide services to the parent.
2. If contacts with the parent are being made by outside providers (e.g., Comprehensive Child and Family Assessment (CCFA) Wrap-Around Service providers), documentation of such contacts in the case record via progress notes and/or Wrap-Around Services Documentation Report, will NOT substitute for the SSCM's monthly face-to-face contact standard.
3. If it appears that there is a strong likelihood of early reunification, more frequent face-to-face contacts, especially in the parent's home, are encouraged. In most cases, parents who have the most contact with their SSCM are more likely to remain motivated and engaged in the achieving the Case Plan goals.
4. Purposeful, meaningful contacts with the parent may involve the following activities:
  - Dealing with parental feelings about separation from the child and visitation;
  - Discussing information about the child to assist the parent in understanding what will be required to meet the child's needs;
  - Keeping the parent focused on the reality of the situation and on the major tasks needing attention;
  - Assessing that services identified in the Case Plan are being provided and continue to be relevant and appropriate to the identified needs;
  - Assisting the parent in better utilizing or developing informal support groups, such as neighbors, relatives, faith community, etc.;

- Obtaining signed releases so that service providers can forward timely progress reports for documentation in the case record;
- Supporting the progress being made toward accomplishing established goals;
- If applicable, addressing the lack of progress and any problems/barriers the parent is encountering in achieving the identified goals/steps in the Case Plan. If progress is not consistent and ongoing, or if the parent is ambivalent about parenting role, then again advising the parent of alternative permanency planning for the child; and/or
- Reminding the parent of the “Permanency Time Line” for achieving Case Plan goals and the outcome for permanency.

## **DOCUMENTATION of SERVICES**

### **1006.11**

#### ***Requirement***

The Case Manager carefully and accurately documents the services offered and provided and the family’s response to the services, including level of compliance and progress.

### **1006.11 PRACTICE ISSUES**

1. Documentation is critical to building a case for sound decision-making, regardless of the permanency outcome; i.e., reunification, adoption, or any other permanent placement outcome.

Copies of reminder letters to parents, referrals to providers, progress reports, collateral contact entries, etc., are examples of key documentation for the record and the court. See Chapter 80, Social Services Documentation Requirements (Rev 8/02), for additional suggestions for documentation.

## **CONTACT STANDARDS for MONITORING the CHILD in CARE**

### **1011.15**

#### ***Requirement***

The SSCM maintains a relationship with the child in care and monitors the child’s safety and well-being. Purposeful, frequent and meaningful contacts are to occur no less frequently than are stated in the “*Minimum Contact Standards for Children in Care.*” Contacts must be documented with sufficient detail to determine the following: type of contact, when it occurred, who was there, what happened (purpose), and where it occurred (if not in the least restrictive setting, then an explanation must be given as to why not).

When a child is in the care of a private agency/facility, the record needs to document that the private provider adequately monitors the safety and well-being of the DFCS child. Progress notes and/or any other reports prepared on behalf of the child by private agency/facility staff, contract providers, etc., must be requested for the SSCM to review and file in the case record.

The SSCM shall ensure that:

1. Children who experience a **new** placement are seen more frequently at the onset of the placement:
  - A face-to-face visit in the home or facility with the child and caregiver within the first week of any new placement . (If a face to face visit does not occur within the first week, telephone contact is made with the SS Supervisor's approval.)
  - **A face-to-face visit in the home or facility with the child and caregiver occurs within the second week of placement, if telephone contact was made the first week.**
1. Quarterly contact with the child occurs every three months.
2. The child placed in a facility (Child Caring Institution) is observed in his/her living environment.
3. When a child is placed out-of-county and the boarding county has agreed to provide supervision that the boarding county case manager agrees to meet the contact requirements and provide quarterly documentation to the legal county case manager. Note: The legal county case manager must meet the contact standards for children placed in private agency foster homes and facilities where the home/facility is located.
4. The case record documents how the child is being supervised/monitored by both DFCS and the private agency/facility. Progress notes and/or summaries concerning the child are requested from the Child Placing Agency (CPA) or CCI and filed. Note: The SSCM must be notified of any placement change prior to the move or in emergency situations within 24 hours of the placement move.
5. A request is made for children placed in out-of-state settings to be monitored/supervised by agency or facility staff in the "receiving" state. A request for monthly contact with the child in the home is made using the ICPC 100B, once the placement is approved. Quarterly progress reports are required per the ICPC 100B. The reports are received and reviewed/filed in the case record. Requests for information on the child are filed in the case record. If the "receiving" state does not comply with the DFCS agency's request, the Georgia ICPC Office is contacted for assistance

## MINIMUM CONTACT STANDARDS FOR CHILDREN IN CARE

*Placement Type  
Contact  
Standard*

|   |  |
|---|--|
| PARENT  | <i>(1) Face-to-face contact with child and family per month. Every other month, contact with the child and family must take place in the home.</i>   |
| RELATIVE HOME   | <i>(1) Face-to-face contact with the child and family per month. Every other month, contact with the child and family must take place in the home.</i>   |
| <b>RELATIVE FOSTER HOME</b>                                 | <i>(1) Face-to-face contact with the child per month. Every other month, contact with the child must take place in the relative foster home.<br/>(1) Face-to-face contact with the relative foster parent (primary caregiver) per month.</i>   |
| FAMILY FOSTER HOME<br>(DFCS)                                | <i>(1) Face-to-face contact with the child per month. Every other month, contact with the child must take place in the foster home.<br/>(1) Face-to-face contact with the foster parent (primary caregiver) per month.</i>   |
| FAMILY FOSTER HOME<br>(Private Agency)                      | <i>(1) Face-to-face contact with the child per quarter in the foster home. Contacts via phone, mail or e-mail with child and/or agency staff monitoring the placement required in "off" months when there is no face-to-face contact. Note: The SSCM must obtain a copy of progress reports/notes from the agency to review and file in the case record.</i>                   |
| GROUP HOME and/or<br><br>CHILD CARE<br>INSTITUTION<br>(CCI) | <i>(1) Face-to-face contact with the child per quarter at the group home or CCI. Contacts via phone, mail or e-mail with the child and/or facility staff monitoring the placement required in the "off" months when there is no face-to-face contact. Note: The SSCM must obtain copies of progress reports/notes from the facility to review and file in the case record.</i> |
| ADOPTIVE HOME   | <i>Contact (preferably face-to-face) with family on the day following the placement. During the post-placement period, (1) face-to-face per month with the child and family. After petition filed, (1) face-to-face contact per quarter in the home until the adoption is finalized. Monthly phone contact must be made between quarterly face-to-face contacts.</i>           |
|   |  |

|  |  |
|--|--|
| <p><b>OUT-OF-STATE<br/>(Home or Facility)</b></p>      | <p><i>Request a monthly face-to-face contact in the home with the child placed in an ICPC placement, using an ICPC 100B and documentation of such contacts from the “receiving state”. Review and file the documentation in the case record.</i></p>   |
| <p><b>HOSPITAL</b></p>                                 | <p><i>(1) Face-to-face contact with the child per quarter. Contacts via phone or mail with the child and/or treatment staff required monthly when there is no face-to-face contact made. Note: The SSCM must obtain copies of treatment summaries to review and file in the case record.</i></p>                                       |
| <p><b>RUNAWAY</b></p>                                  | <p><i>Document ongoing efforts to locate the whereabouts of the missing youth via phone, letter, or other means. Efforts may include statewide alerts, contacts with law enforcement, the court, runaway hotlines, allied agencies, friends, relatives, and/or others the youth is likely to contact.</i></p>                          |
| <p><b>RYDC or YDC</b></p>                              | <p><i>(1) Face-to-face contact with the child per quarter. Contacts via phone or mail with the child and/or facility staff required in the “off” months when there is no face-to-face contact. Note: The SSCM must obtain copies of progress reports/notes maintained by facility staff to review and file in the case record.</i></p> |
| <p><b>LONG-TERM FOSTER CARE<br/>(w/ Agreement)</b></p> | <p><i>(1) Face-to-face contact with the child and foster parent every other month. Contact with the child must take place in the foster home, visiting the child alone and in the presence of the foster parent(s).</i></p>  |
| <p><b>Specialty Hospitals</b></p>                      | <p><i>(1) Face-to-face contact with the child per quarter. Contacts via mail, phone or e-mail made with the child, family and treatment provider required monthly. The SSCM must obtain copies of treatment summaries to review and file in the case record.</i></p>   |

;  
**PRACTICE ISSUES**

The frequency and intensity of contacts with the child, including face-to-face visits, shall be determined by the individual needs of the child. However, contacts must occur no less frequently than those stated in the “Standards.” When a child experiences a placement move, the SSCM must ensure that the contact standard for the month has been made. Remember that face-to-face contacts may include periodic case reviews, court hearings, parent-child visits, etc., if there is an opportunity for a SSCM to visit with the child.

There are critical times when contacts should be increased in frequency such as when the child is

- Experiencing adjustment problems in a placement; and/or
  - Being prepared for reunification or other permanent setting.
3. All contacts with a child (age three and older) should include an opportunity to meet privately with the child away from the foster parent or facility staff person. This “private time” allows the child to more openly share any concerns about the placement as well as to discuss the treatment and care that the child is receiving. The SSCM should be mindful of safety and protection issues during these child contacts. Any concerns about discipline policy violations need to be brought to the attention of the supervisor.
  4. When a child is placed with a private child-placing agency or in a child-caring institution, the SSCM still maintains responsibility for the child’s care, safety and well-being. Contacts via face-to-face visits continue, along with other means of expression such as telephone calls, correspondence, e-mails, birthday cards, etc. The quarterly face-to-face shall take place in the home or at the facility. The private agency/facility also shares the responsibility for monitoring/supervising the DFCS child placed in their care as required in the *Rules and Regulations of DHR, Office of Regulatory Services*. The minimum contact requirements for private agencies/facilities are:
    - Monthly contact is required for child-placing agencies, at which time both the child and at least one foster parent must be seen.
    - For child-caring institutions, progress notes and information about the child in placement and his/her needs must be documented by direct care staff and/or professional staff involved in monitoring the placement.
  5. Other professionals and DFCS staff are sometimes involved in monitoring children in placement. The case record must reflect all contacts made with the child; e.g., Utilization Review reports, Wrap-Around Documentation Reports submitted by private providers, etc.
  6. Contacts with children shall be meaningful and focused. Ideally, visits should take place in the “least restrictive” setting possible. The following guidelines are suggested:
    - (a) Document the location of all visits in the case record.
      - If the visit occurs in the foster home, visit with child outside the presence of the foster parent to assess the child’s needs, relationships, adjustment and/or any problems in the home.
      - On alternate months (if visits are not held in the foster home), consider having visits in “child-friendly” settings such as visitation centers (where available), recreational areas, restaurants, parks, etc. If at all possible, visits with children should not take place at school where the presence of the SSCM may be disruptive and/or socially awkward and embarrassing to the child. The agency office should be a “last resort” setting.
    - (b) All contacts provide an opportunity for the SSCM and the child to build a trusting and supportive relationship. However, contacts are more than “friendly visits.” There must be a clear purpose in mind that is reflected in the case narrative such as to:
      - Assess the child’s adjustment to placement;
      - Discuss the child’s feelings around loss and separation and the reasons for removal;
      - Engage the child in service planning;
      - Ensure that the child’s health, educational, mental health and other needs are being met, including those outlined in the Case Plan;
      - Discuss referrals bring made for any necessary evaluations, assessments and services;

- Review the progress being made by the parent on the case plan goals, including the permanency plan;
- Work with the child in beginning (or updating) a Life book (See 1011); and/or
- Prepare the child for transfer of the SSCM, termination of contact or any other change in case management that impacts the child.



# Policy Surrounding Documenting in Adoptions

These policy excerpts were current on 3-5-09. Do not rely on these pages as containing current policy. To ensure that you are referring to current policy review all manual transmittals and OTIS.

## Presenting The Child To The Adoptive Family

The Placement Planning Letter (Form 414) and a copy of the Life History of the child **must** have been received by the family worker prior to the presentation. (Refer to [Section 1004.6 in the Foster Care Manual](#) for foster/adopt placement planning and preparation.)

### 105.4

#### **Requirement:**

A formal face to face presentation of the child(ren)'s Life History must be made to the adoptive family. This must be done even if the foster or foster/adopt parents are adopting the child(ren). Full disclosure of information, other than identifying information, shall be orally presented to the adoptive family.

#### **105.4 Procedures:**

1. Notify the family that they have been tentatively selected for a child(ren) and set up an appointment to discuss the Life History.
  - A. Give only basic information over the phone, the family should hear details about the child(ren) in person.
  - B. It is best for only the parent(s) to be present for the presentation of the Life History.
2. The family's worker should be knowledgeable about the Life History of the child(ren) to be presented.
3. During the presentation interview the following must be discussed:
  - A. Physical description of child(ren) including photographs.
  - B. All information that is known regarding the child(ren)'s health, emotional or educational needs. (be prepared to discuss any medical conditions)
  - C. Any special care or resources needed.
  - D. Reason why child(ren) is in custody of the agency.
  - E. Number of prior placements and reasons for moves.

- F. If there are siblings being placed separately, an explanation of the reasons for separation and recommendations for continued contact.
  - G. Child(ren)'s current foster family lifestyle, composition of family, length of placement in home.
  - H. Child(ren)'s special talents, interests, hobbies.
  - I. Typical daily routine of child(ren).
  - J. How child(ren) is disciplined and rewarded and his/her reaction.
  - K. Child(ren)'s eating and sleeping habits.
  - L. Detailed physical characteristics of biological family.
  - M. All information that is known regarding the health history of biological family.
  - N. All other background information that is known to the agency.
  - O. Any information concerning incestuous relationships or sexual abuse occurring in the child(ren)'s family background.
  - P. All information that is known related to any type of abuse of the child(ren).
  - Q. Anticipated behavior of child(ren) and possible ways to react and handle.
  - R. Preparation and readiness of child(ren) for adoptive placement.
  - S. Availability of Adoption Assistance.
4. Suggest the family return home and think about the information and any questions they may have before making the final decision to proceed with placement visits.
  5. If the family decides to proceed, explain to them what will occur during the staffing, who will be present and when and where it will occur.
  6. The family's worker must record the presentation interview immediately as a copy must reach the child(ren)'s worker, respective County Directors/Designees prior to the staffing.
  7. Pictures or videos of the family, house, pets, neighborhood, school, etc. must be taken to the staffing for the child(ren)'s worker to use in preparing the child for the specific family's visits.

## **Involvement Of Foster Parents**

### **105.5**

#### **Requirement**

**The Foster Parents shall be kept informed of the placement plans for the child(ren) at every step of the process.**

#### **105.5 Procedures:**

1. Inform the foster parents when an adoptive home is selected.
2. Involve foster parents in the staffing unless this is not indicated.

#### **Staffing**

### **105.6**

#### **Requirement:**

**A staffing is required on a child over the age of eighteen (18) months or a child with special needs of any age. (Refer to [Section 104.20](#) for procedures in Foster Parent Adoption)**

#### **105.6 Procedures:**

1. Participants in the staffing shall include:
  - A. Child 's Case Manager and family's Case Manager.
  - B. Appropriate supervisors from each county/private agency.
  - C. Foster parents. (It may be more appropriate for the foster parents to attend only part of the staffing; however, they have a lot of information about the child that could be useful at this time.)
  - D. Adoptive parents.( It may be appropriate for the adoptive parents to attend only a part of the staffing.)
2. The following items should be thoroughly discussed during the staffing:
  - A. Review the child's Life History and the family's Assessment in terms of the following areas:

- 1) Needs of the child.
- 2) Capability and willingness of family to accept and meet the child's needs.
- 3) Needs of the family.
- 4) What supports will be needed by the child and family during the post placement period?
  - a) Medical (Who, if any, are the medical providers, including specialists; physical and occupational therapists; medical equipment providers; etc? What is the frequency of medical/therapy appointments? Will special medical training be required?)
  - b) Educational (What is the child's school placement? Will supportive services be needed? If school transfer is necessary, will transfer information be provided prior to placement?)
  - c) Emotional (Who are the therapeutic providers? What are the ongoing therapeutic needs of the child? Will respite and community support services be accessible to the family if needed?)
  - d) Social (What are the current faith-based practices of the child? Will there be a continuing need for involvement in the community? What extracurricular activities are important to the child?)
  - e) Parent groups (What support groups are available in the family's area?)
  - f) Adoption Assistance (How soon after placement will benefits begin? Does the child have any specific needs prior to placement e.g., clothing, medical equipment, etc.?)
- 5) Need for child's continuing contact with siblings, other birth relatives, foster parents, and significant others.
- 6) Any other questions around child's Life History or family's Assessment.
- 7) Child's readiness to make move or length of time needed to prepare him/her.
- 8) Make sure all questions of the adoptive family have been answered fully and honestly.

3. If decision is made to proceed with placement:

- A. Discuss and set tentative dates for pre-placement visits depending on time needed for child preparation (Refer to [Section 106.3](#) for guidelines).

- B. Discuss the length and number of visits it is anticipated will be needed. (A visit with siblings and their caretakers should be a part of the pre-placement period if possible).
  - C. Discuss the need for overnight visit(s) in adoptive home prior to final placement.
  - D. Discuss the need for a meeting and visit in the foster home.
  - E. Discuss the need for a goodbye time with the foster family prior to the final move.
  - F. Develop a preliminary plan for ongoing contact with siblings and significant others following placement.
  - G. Discuss and write out a calendar of events for the placement. Make sure everyone knows that this will be shared with the child and as few changes as possible should be made after that time.
  - H. Child's Case Manager should receive family pictures at this time to use for preparation toward this specific family.
  - I. Family Case Manager should set time to discuss any additional questions that the family might think of after the staffing.
  - J. Make sure everyone knows what they are expected to do and their time frames. It is important for the family Case Manager to get to know the child and the child get to know the "new" Case Manager during the placement process.
4. The child's Case Manager shall record the results of the staffing, including dates for placement, within three (3) days and send copies to the family's Case Manager, County Directors/Designees/or private agency director.
  5. A copy of the placement schedule should be provided to all Case Managers, adoptive and foster parents.
  6. If the decision is made not to proceed with the placement:
    - A. Record the results of the staffing including the specific reasons it was decided not to proceed.
    - B. Send copies to the family's Case Manager, County Director/Designee and or private agency director.
    - C. Send one copy to the Adoption Exchange/Office of Adoptions.

## **Preparing The Child(ren) For The Specific Family**

### **105.7**

#### **Requirement:**

**The Case Manager shall inform the child(ren) as soon as possible about the family selected and the plans for placement.**

#### **105.7 Procedures:**

1. Preparation now moves from general discussion and work around adoption to the specifics concerning the adoptive family selected.
2. In talking with the child, the Case Manager must take responsibility for selecting the family.
3. Using the Life Book, discuss again the reasons for placement .
4. Share pictures of adoptive family and talk about each individual family member including close extended family and pets.
5. Numerous visits and discussions with the child(ren) will be necessary.
6. Set up a calendar of visiting plans for the child(ren) in order that he/she can understand the process and time frames. Explain that there may be some minor changes in the plans but assure him/her that he/she will be involved and informed at all times.

# CHAPTER 80 APPLICATION

| CASE NAME: Prissy Rich                  | CASE ID No:   |
|---|---|
| <p>5/23/2006<br/>Busy Worker<br/>OV</p> | <p>Prissy was in the office this date to discuss her plan to move to another county. CM asked when she planned to move and she did not know but agreed to let CM know in advance. CM asked where she planned to move and prissy said she did not know yet but that she was sick of living in this county as everybody was against her and she wanted DFCS out of her life. CM told her we just wanted to help and Prissy said we could help if we would just go away. CM acknowledged that it must be hard to have extra people coming and going from her home. Prissy said that she actually liked Ms. Jones, the parent aide. CM asked how Ms. Jones was helpful to her and Prissy said that Ms. Jones had been teaching her things about how to care for the baby. CM asked what kind of things and Prissy said that Ms. Jones told her babies needed to be held when they took a bottle and that she had been holding the baby when she fed her. CM told her that was great and asked if she liked holding the baby to feed her. Prissy said she thought it was a waste of time but that the baby was eating better and she thought the baby was starting to gain weight. Discussion continued about child care and Prissy moved past her complaints about DFCS. CM asked her where the baby was and she said in the car.</p> <p>CM asked who was with the baby and Prissy said no one because the baby was asleep and always slept for at least an hour and she had only been at the office for about 30 minutes. CM immediately escorted Prissy out to get the baby and instructed Prissy to bring her into the office. The baby seemed fine- but CM asked the Supervisor to join them in the CM's office. CM and Supervisor talked to Prissy about never leaving the baby alone in a car and explained all of the things that could happen. She acted like she understood but this CM is still very uncomfortable about the fact that she was allowed to leave with the baby and did not agree with the Supervisor's decision to just do a safety plan. CM thinks this child should be in foster care.</p> |

**CASE NAME: Katie Sudds**

**CASE ID No: 456321**

3/2/2006

CM went to foster home to see child. CM saw child and foster parent. FP stated that things were going well. Child was dressed appropriately for the weather. FP said school going well- no problems at all. CM asked child how she was doing. Child stated that she wanted a new Barbie for her birthday. CM told her to make her mother aware of that on her next visit. Child wanted to know when she could see her mom. CM told her we have not heard from her mom this month but that maybe she would call soon and request a visit. CM told them both to call if they had any problems and that CM would see them next month.

**CASE NAME: Murphy Broadback**

**CASE ID NO: 313242**

4/6/2006  
Silvia Hardwork  
FV

CM went to group home for quarterly face-to-face contact with Murphy Broadback. Murphy has been at the group home for almost a year and all reports are that he is doing well. See copy of monthly reports in CORR section of case record.

CM met with counselor at the home prior to meeting with Murphy. The counselor reported that Murphy had made much progress in his therapy group this quarter. She had reported at previous quarterly meeting that Murphy had not wanted to share any of his issues with the group and just sat there until the time was up and then left. During this quarter, he has begun to really open up about his feelings regarding his birth father and his anger that his sister is still at home with their adoptive family. The therapist began meeting with him individually a few months ago and that one-on-one has given him the encouragement to share with the group. The counselor warned CM that Murphy would want to discuss his desire to return to the adoptive family as soon as possible. Counselor reported that the adoptive family has remained very committed and that they attend all family functions even though it is a 4 hour drive for them.

CM met with Murphy alone then to discuss his progress over the last quarter. He reported that he is feeling good about everything these days and just wants to go home. He wanted to know when that could happen. CM told him it was not just a CM decision but that we would get together with a group to discuss exactly what needed to happen before that could occur. Murphy wanted to know a date and time when that meeting would happen. CM told him that she did not know and he became very angry and started acting out. The counselor came in and was able to get him to calm down without assistance. Murphy seems scary when he gets really mad. CM decided to leave at that point and told counselor that CM would call about another appointment.

**CASE NAME: Maggie Riggs**

**CASE ID NO: 123456**

4/06  
S. Walker  
HV

Home visit to see the Riggs family for monthly contact. Saw mom and all 4 children. Mom had agreed to parenting classes but missed the first class due to lack of transportation. She said she would try to get there next week. I reminded her that it was in her case plan to complete the course. I don't really think she intends to go.

All of the children were dressed appropriately and appeared clean. The house was dirty. I reminded mom that keeping a clean house is also a part of her case plan. I think that is a wasted effort.

Mom stated that she was still looking for a job but did not see how she could work without child care. She said she is dating a new man and that he had offered to move in and support her and the children. She said that would probably work out better than her getting a job without child care.

I asked if the school age children had been attending regularly and she stated that they had not missed a day since DFCS got involved. I asked about report cards and she said they have not received them. I happened to know report cards went out last week.

I told mom I would need to walk through the house to look for safety issues. She agreed and took me to the kitchen. She had an adequate supply of food and other supplies. The electricity and water were working and she had a way to cook. I noticed she had not put the safety covers on the electrical sockets that I brought her last month.

I told mom to keep up the good work and I would see them next month.



## Documentation Checklist

This checklist can be used to review documentation to ensure it meets policy standards. Each county may require the inclusion of items not listed here. If so, this list will need to be changed to include county requirements.

- Month, Day and Year of contact? (80.1.2, 80.2.2)
- Full name of the SSCM on each page? (80.1.2, 80.2.2)
- Type of activity? (EX: HV, FV, etc) (80.1.2, 80.2.2)
- Location where contact took place? (80.1.2, 80.2.2)
- Who was contacted? (80.1.2, 80.2.2)
- Relationship of contact to child (80.7)
- Purpose of contact? Is this a TCM contact? (80.1.2, 80.2.2)
- References to previous entries made for repeated information? (80.1.3)
- Vague or subjective terms clarified by clear descriptions? See Appendix A for list. (80.1.5)
- Judgmental terms not used? See Appendix A for list. (80.1.6)
- Avoided use of “appeared”, “seems to be” and “apparently”? (80.1.7)
- Avoided using labels that are not diagnosed by a certified professional? (80.1.8) (EX. alcoholic, schizophrenic and mentally retarded)
- Date of documentation is within maximum days of occurrence per program policy. (80.3)
- All abbreviations used are from the official Glossary of Abbreviations or from your county list. See Appendix B. (80.4)
- Documentation is in one of the approved formats? (80.5)
- First and last names of all adults are used according to policy? (80.7.1)
- Relationship titles are preceded by stating the first and last name at least once in the entry. (80.7.1)
- Professional titles are used in when known? (80.1.3)
- All facts are straightforward descriptions of circumstances. (80.1.1)
- Observations are recorded notes about circumstances witnessed by the case manager or reported to the worker by others with the source of the information recorded. (80.1.1)
- Interpretations are identified as interpretations and evidence to support them is recorded.

- Decisions are based on program policy and good practice principles, supported by documented facts, observations and interpretations and supervisor's consultation is recorded.
- Pages of narratives are numbered and are in chronological order? (80.8)
- All correction are made using a single line drawn through entry with CM initials and date in margin? (80.9)
- Included diligent search efforts in the case record? Established paternity?
- Verified Native American heritage?
- Included copies of letters and other materials from collateral contacts in the case record? Included medical records, birth certificates, and school records in the case record?
- Collected all important case information about family background, interaction patterns, visitations, diligent searches?
- Documented missed contacts or visits that were not the family's fault?
- Fairly and accurately documented parts of the service plan that the family is not in agreement with, but with which they are expected to comply?
- Indicated what type of contact occurred, i.e. home visit, office visit, telephone contact, collateral contact?
- Included accurate information that supports the activities outlined in the most recent Service Plan?
- Described observations and contacts in factual and behavioral terms?
- Documented the quality of parent-child visits in behavioral terms?
- Included specific information about family strengths?
- Checked spelling, grammar and punctuation? Checked that the progress notes are written in clear, concise and understandable language? Checked that the progress notes are jargon-free?
- Assured that someone other than yourself could pick up the case record and readily understand the decisions about Family Plans / Safety Plans, and progress based on the plans and progress notes for this particular case?**

*Adapted from Kriya Associates and People Potential - St Christopher Otilie, Families Together Project*

# CHILD AND FAMILY SERVICE REVIEW FINDINGS

## SAFETY OUTCOME 1

- Timeliness of initiating investigation
- Problems with intake in recording and responding to reports
- Seeing children in a timely manner during Investigations
- Law enforcement in coordinating on reports that require police investigation
- Challenges with regard to maltreatment recurrences

### Item 1: Timeliness of initiating investigations of reports of child maltreatment

- Face-to-face contact was not established within the required timeframes
- Cases mistakenly closed in error without supervisory approval or contact with the victim prior to the investigation
- Open case on the family at the time that the allegation was received
- Multiple maltreatment reports on families during the life of the case, most of which were not substantiated or indicated
- Children in the home who were not the subject of the report were not seen or interviewed
- Safety assessments were not completed
- Delays in case assignment of investigations
- Minimal or no documentation to support critical decisions about closing the case

### Item 2 Repeat maltreatment *IDENTIFIED AS A STRENGTH*

## SAFETY OUTCOME 2

- Challenges with regard to assessing risk and safety and providing appropriate services to prevent removal or re-entry of children into foster care
- Inappropriate initial and ongoing risk and safety assessment
- Inappropriate identification of service needs
- Inadequate provision of services to reduce risk of harm
- Variations across the three sites with regard to providing services to prevent children's entry or re-entry into foster care

### Item 3 Services to family to protect child(ren) in home and prevent removal

- Lack of assessment to determine the types of services needed by the family
- No services were provided, and the children remained at risk in the home
- No services were provided after reunification to ensure the child's ongoing safety and to prevent re-entry
- Lack of contact with families
- Lack of thorough and consistent assessments
- Inconsistent follow through on service referrals or service provider recommendations

### Item 4 Risk of harm to child

- There was risk of harm to the child in the home and the services necessary to reduce that risk were not provided
- Safety and risk were not appropriately assessed or addressed for children in foster care or safety resource settings
- Cases closed prematurely without assessing safety and risk
- Safety and risk assessments were done to address safety concerns for the target foster child, but there were no safety or risk assessments done on the target child's siblings who remained in the home
- Inadequate assessment of the safety resource before the child was placed and the case was closed
- Risk of harm to the child during visitation, but the court ordered unsupervised visitation
- Safety plans for "safety resources" in order to keep children out of foster care, services are not always provided to parents, children, and safety resources, and there is no court oversight to protect the interests of all parties involved in these circumstances
- Investigations and service referrals are not happening consistently
- Closing cases when safety risks have not been addressed

## **PERMANENCY OUTCOME 1**

- Challenges with regard to the timely establishment of permanency goals for children in foster care
- Inconsistently meeting ASFA requirements
- Not filing for TPR in a timely manner
- Inconsistent achievement of the permanency goals of reunification, guardianship or permanent placement with relatives
- Not completing adoptions in a timely manner
- Inconsistently assisting youth in achieving the goal of permanent placement or a permanent foster care placement

### **Item 5 Foster care re-entries *IDENTIFIED AS A STRENGTH***

#### **Item 6 Stability of foster care placement**

- Child in multiple placement settings during the period under review
- Placement change was not planned by the agency to further attain the child's permanency goal
- Inappropriate placement matching
- Youth reported that they would prefer to have open discussions and decision-making opportunities with staff about their placement options and permanency goals
- Lack of placement resources for adolescents and for children with special needs
- Increased number of children with delinquent backgrounds from the Department of Juvenile Justice (DJJ) that need placements in the DFCS system
- Children are inconsistently transitioned out of intensive treatment services when they no longer need that level of care

#### **Item 7 Permanency goal for child**

- Child's permanency goal was not established in a timely manner
- Child's goal was not appropriate to the needs of the child
- Goal not realistic with respect to the potential for achievement
- No reason identified for not filing for TPR, although the 15-month criterion had been met
- Concurrent planning is part of the KEYS pre-service training, however, it is inconsistently used in practice
- Concurrent planning policies do not provide enough direction and are easily misunderstood

#### **Item 8 Reunification, Guardianship, or Permanent Placement with Relatives**

- Lack of consistent transitional planning and visiting for children who are reunifying with their families
- Relative placements are not being conducted in a timely manner both within and across counties, leading to delays in stable and/or permanent placements for some children
- Lack of substance abuse and mental health services can have a negative impact on achievement of timely reunification
- Placement with a "Fit and Willing Relative" is sought only when reunification, adoption, and guardianship are not viable options for children in foster care

#### **Item 9: Adoption**

- Delays related to incorrect birth certificates for the child
- Confusion regarding subsidy options for the pre-adoptive parent
- Agency delays in acquiring the signed adoption order from the judge
- Attorney not filing TPR timely and the court not ruling timely
- Lack of concerted efforts to locate a potential adoptive resource and file for TPR
- Lack of transportation for birth parents to present in court causes continuances
- Late public notifications to missing parents causes continuances
- Practice of concurrent planning is inconsistent across the State
- Some judges across the State who will not file for TPR unless there is an adoptive resource available for a child
- Shortage of adoptive homes to meet the needs of children of different racial and ethnic backgrounds and for children who speak languages other than English
- Lack of adoptive homes for children with intensive physical or mental health needs

### **Item 10 Permanency goal of other planned permanent living arrangement**

- No formal agreement that the current foster parent would care for the child until the age of majority
- Agency not providing the child with sufficient services to assist in transitioning to independent living
- Child was 16 years of age or older with a goal of APPLA
- APPLA goal was established when they were younger than age 16
- Emancipation and long-term living arrangements are not being handled consistently across the State
- Many eligible youth who are not receiving independent living services
- Waiting lists for youth to receive ILP services
- ILP Coordinators are not recruiting enough eligible children to receive independent living services

### **PERMANENCY OUTCOME 2**

- Insufficient visitation (or other forms of contact) between children in foster care and their parents and siblings
- Lack of consistency in promoting visitation between children and their fathers
- Lack of consistency with regard to supporting children's connections with extended family, siblings, school, and community connections
- Agency policies often inhibit the ability of youth in foster care to preserve connections socially and with extended family members
- Insufficient efforts made to place children with their maternal relatives, and in particular, there were insufficient efforts made to place children with paternal relatives
- Timeliness of relative searches and the engagement of paternal relatives are lacking
- Insufficient support of the parent's relationship while the children were in foster care
- Inconsistent efforts to promote the bonds of children with both parents, there was less attention to children's bonds with their fathers

### **Item 11 Proximity of foster care placement *IDENTIFIED AS A STRENGTH***

#### **Item 12 Placement with siblings**

- Foster homes are caring for overly large numbers of foster children in order to accommodate sibling groups, other foster children, and the foster parents' own children
- Additional foster homes are needed for larger sibling groups
- Need for more tailored supports for foster parents who care for large sibling groups

#### **Item 13 Visiting with parents and siblings in foster care**

- No concerted efforts to promote visitation with mothers, fathers and/or siblings
- No concerted efforts to locate or contact an absent father or a father in prison to involve him in visitation
- Lack of visitation with fathers due to fathers' lack of involvement with their children or the agency's lack of knowledge of the father's residence

#### **Item 14 Preserving connections**

- No facilitation of child's connections to extended family members and siblings who are not in foster care
- No facilitation of the child's connections to friends and community
- No facilitation of the child's connections to cultural and religious heritage
- No facilitation to the child's connections to school
- No facilitation to the child's connections to a tribal affiliation
- Connections for youth are not consistently preserved due to restrictive agency policies and untimely permission and approval processes
- Youth do not see extended family members enough
- Burdensome approval processes for going on overnight trips in another county or in another state
- Youth in group homes need permission for activities such as walking in the neighborhood, going to the movies or making phone calls to family members, and these restrictions inhibit feelings of normalcy

#### **Item 15 Relative placement**

- No diligent efforts to search for either maternal or paternal relatives
- Efforts to search for maternal relatives but did not make efforts to search for paternal relatives
- Placed the child with a relative, but the placement is neither stable nor appropriate for the child
- Inconsistencies across the State with regard to the timely completion of relative searches and the regularity with which paternal relatives are sought

### **Item 16 Relationship of child in care with parents**

- No concerted efforts to support positive relationships with the mother or father
- Challenges in promoting bonds between very young children and their parents and between children and parents who are incarcerated
- Some school systems are reluctant to allow non-custodial parents to visit the school or attend school-related activities without DFCS present

## **WELL-BEING OUTCOME 1**

- Lack of consistency in assessing and meeting the services needs of parents (particularly fathers) and children
- Challenges in appropriate matching of needs to services
- Mental health services, therapeutic foster homes, substance abuse services, and transportation are not widely available to meet the service needs of families in all locales across the State
- Adequate involvement of families in case planning continues to be a challenge for the State
- Insufficient involvement of parents (particularly fathers) and children in the case planning process
- Degree to which parents and children are involved in case planning varies across the State
- Adequate caseworker visits with parents continue to be a challenge for the agency
- Insufficient caseworker visits with parents, particularly with fathers
- Efforts to engage fathers in frequent, quality visits are lacking

### **Item 17 Needs and services of child, parents, foster parents**

- Inadequate assessment of needs or inadequate services to meet identified needs
- Ineffective in meeting the needs of parents and children in the in-home and foster care cases
- Ineffectively assessing and meeting the service needs of fathers
- CCFA process is not tailored to the individual family
- CCFA not completed in a timely manner by the service provider
- CCFA Assessment information is not always transferred or captured in case planning
- CCFA assessment process needs to emphasize the identification of youth needs
- Once service recommendations and referrals are made, there is no consistent follow through on assessing service participation and progress
- Services are not always appropriately coordinated and matched to family needs, perhaps due to a shortage of certain services
- A lack of transportation, substance abuse treatment (especially for methamphetamine use), therapeutic foster homes, supportive services for foster parents, Spanish speaking services/service providers, and community dentists and doctors
- Foster parents do not have the fundamental contact with DFCS caseworkers that is necessary to assess their needs
- Service providers are not receiving the number of referrals they would expect to see from the agency
- FTMs have not been conducted in a timely manner
- Problems related to the quality and the completion rates of the CCFA reports within the 30 days required
- MDT meetings are reportedly delayed when CCFA assessments are not completed in a timely manner
- Inadequate number of substance abuse treatment programs, independent living services for adolescent parents, affordable homes, and mental health services for children whose behaviors indicate the need for intensive treatment but who do not yet have the qualifying diagnosis for such services
- Challenges in successfully assessing and providing services to families with domestic violence
- Wrap-around services and after-care services including in-home support services and economic assistance with food and housing are available, although service providers are not available in every part of the State, and funds for these services are usually depleted toward the end of the State fiscal year
- Available services are not always accessed by families
- Discharge planning meetings and after care visits are not occurring consistently for all children exiting care

- Improvements are needed in ensuring that case transfer procedures between CPS Investigations, Family Preservation, and Placement are efficient to ensure that family assessments, service referrals and service monitoring are occurring

### **Item 18 Child and family involvement in case planning**

- Determined that the agency had not made concerted efforts to involve the mother, father, and/or child (when age appropriate) in the case planning process
- Parents and children are not as involved as they could be in the development of their case plan
- FTMs are inconsistent since the meetings are not always scheduled in a timely manner, and when they are scheduled caseworkers are not always present
- Case plans are too lengthy, they are inconsistently signed, they often include boiler point language, and they may contain standardized service requirements which may not be particularly relevant to the individual needs of the family
- CPS cases containing case plans that had not been reviewed or discussed with families, and many lacked a parent's signature or any other indication of parent involvement in plan development
- Initial case plans were not developed within 3 months
- Interpreters were not used in developing case plans with families for whom English is not their first language
- Parents felt that the agency did not adequately address their progress on case plans
- Parents also indicated there were services and or supports they needed but did not receive

### **Item 19 Worker visits with child**

- Caseworker did not conduct visits with the child during the period under review
- Frequency of visits was not sufficient to meet the needs of the child, and the visits did not focus on issues pertinent to case planning, service delivery, and goal attainment
- Combination of high case loads and frequent contact requirements has negatively impacted the quality of visits and the prioritization of other case work needs
- Youth feel that their caseworkers do not consistently return phone calls
- Cases identified as having areas in need of improvement, there were 3-month gaps in caseworker visits, and visits did not focus on achievement of case-plan goals
- Lack of contacts may be associated with staff turnover and subsequent vacant caseloads
- CPS documentation requirements are burdensome and inhibit more frequent contact with families
- No automated process for monitoring caseworker contacts so placement supervisors are using manual processes
- Contact standards have not been established for the Family Preservation Services Pilot which is currently operating in 19 counties, and this creates confusion on how to monitor the contacts associated with these cases

### **Item 20 Worker visits with parents**

- Visits with the father were not of sufficient frequency or quality
- Visits with the mother were not of sufficient frequency or quality
- Visits with the mother were of sufficient frequency, but not quality
- Visits with the father were of sufficient frequency, but not quality
- Visits with the child's guardian were not of sufficient frequency or quality
- Frequent quality visits with birth fathers are lacking
- When home was a two-parent home, only one birth parent was visited
- Diligent search efforts were not done in cases where parent's whereabouts were unknown
- Periods of no contacts documented
- Visits with parents were not of sufficient quality to address case plan goals
- Often gaps in documentation for several months existed

## **WELL-BEING OUTCOME 2**

- Challenges in ensuring that children's educational needs are met
- Unaddressed educational needs involving truancy, developmental disability assessments, school enrollment and tutoring needs
- Children with changes in foster care placements are not consistently given the opportunity to remain in their schools
- Educational needs were not consistently addressed in case plans

### **Item 21 Educational needs of the child**

- Not addressed educational issues related to truancy, developmental disability assessments, school enrollment and tutoring needs
- Educational needs of children are not prioritized, and the biggest challenge relates to foster children who change placements and are not given the opportunity to remain in their prior schools
- Schools will provide transportation for youth to remain in their schools upon placement, DFCS may choose instead to enroll children in schools near the home of the foster parent
- Educational needs were identified in the investigation, but not addressed in the ongoing work with the family
- Recommendations from the CCFA were not followed or addressed
- Truancy issues were not addressed
- Failed to provide adequate supports around needed programs inclusive of tutoring, after school programs, mentors or camps
- Need for resources to support children's involvement in extracurricular and recreational activities
- Youth need greater flexibility to be able to participate in school activities such as proms, clubs and sports
- Youth requested that a statewide policy make clear which educational opportunities the State will provide
- Youth do not want to move or change schools when they are close to finishing school
- Youth need more internships, jobs, and career exploration opportunities

## **WELL-BEING OUTCOME 3**

- Meeting the health needs of children was a greater challenge in the in-home cases than in the foster care cases
- Lack of dental health care, particularly orthodontic providers, across the State
- Struggle to meet the mental health needs of children, and meeting the mental health needs of children was a greater challenge in the in-home cases than in the foster care cases
- Shortage of certain services as well as ongoing changes to the mental health/behavioral health system
- Shortage of substance abuse services, intensive mental health services, residential treatment, therapeutic foster care, and transportation services across the State

### **Item 22 Physical health of the child**

- Child's health needs were inadequately assessed
- Did not ensure that child's Medicaid card was activated
- No assessment of the child's health or medication needs completed upon leaving a residential treatment facility
- Foster parents do not consistently receive the health information of the children in their care
- Identified dental needs were not met
- Physical health of the children was not assessed despite medical neglect
- Comprehensive Child and Family Assessment (CCFA) recommendations for medical services were not followed

### **Item 23 Mental health of the child**

- Mental health needs were neither assessed nor addressed
- Mental health needs were assessed but not met
- Mental health services are not sufficient to meet the needs of children and families
- Home-Based Mental Health (including wrap around services) and behavioral Link services are not available in all locations in the State
- Current emphasis is on short-term and crisis-oriented mental health, despite the fact that preventative mental health is also a need

- Families must travel long distances for services
- Capacity and quality of local mental health centers is reportedly compromised by the limited services provided and the lack of needed mental health providers in any given area of the State
- DFCS providers who are not licensed to provide therapeutic care are often called upon to care for these children without psychological health information
- Needs for mental health assessments, counseling, domestic violence assessments and medications were identified but not provided

## SYSTEMIC FACTORS

### STATEWIDE INFORMATION SYSTEM

**Item 24 State is operating a statewide information system that, at a minimum, can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care IDENTIFIED AS A STRENGTH**

### CASE REVIEW SYSTEM

**Item 25 Provides a process that ensures that each child has a written case plan to be developed jointly with the child's parent(s) that includes the required provisions**

- Lack of joint case-plan development between DFCS and parents, children and youth
- Quality of case plans is not adequate
- Need to focus on engaging parents and children in the case planning process, and in particular, need to focus on engaging fathers in the case planning process
- Significant lack of parental attendance and participation in FTM and MDT's
- Family participation at FTMs is inconsistent, children who are old enough are not regularly included
- FTMs are more often used to respond to a crisis rather than for short-and long-term case planning
- Parents and children are not often involved in the development of their case plans
- Staff feel the case plan is lengthy and cumbersome to use and likely intimidating to parents
- CPRS would be more user friendly if specific case plans could be more easily accessed for review or if party relevant goals and activities could be more efficiently culled from the plan
- Case plans are inconsistently signed and may not be routinely updated
- Case plans contain standardized service requirements which may not be tailored to the individual needs of the family,
- Case plans predominantly utilize "boiler plate" language which parents and children may not understand

**Item 26 Provides a process for the periodic review of the status of each child, no less frequently than once every 6 months, either by a court or by administrative review**

- Caseworkers may not consistently enter AFCARS data, and this may adversely impact timely scheduling
- Not all courts are using this network to acquire case plan information
- Mechanism for periodically reviewing cases varies by county
- Reviews are not happening consistently
- Increasing number of reviews that have had to be postponed due to lack of caseworker attendance
- When reviews do occur they are not productive
- CPRS forms that are used to capture the review information that is shared with the court may not be adequate
- Judges may not be receiving the information they need
- Confusion as to whether the commencement date for the 6-month review timeframe is the removal date or the adjudicatory hearing date

**Item 27 Provides a process that ensures that each child in foster care under the supervision of the State has a permanency hearing in a qualified court or administrative body no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter**

- Lack of consensus between DFCS and the Juvenile Courts on permanency plans
- Time constraints often obstruct coordination between DFCS and SAAGs
- Court continuances associated with parents not being present in court
- TPR related delays
- Scheduling conflicts due to the private law practices of some SAAGs
- High staff turnover causes many court continuances related to caseworkers' absenteeism
- Agency has had to station DFCS employees in court to ensure that DFCS caseworkers are present for court proceedings
- Caseworkers have also been subpoenaed in order to ensure their presence in court
- Court process was slow to determine when the agency has made reasonable efforts, and this impacts timely achievement of permanency for children
- After 12 months of jointly serving children in the custody of the Department of Juvenile Justice, DFCS no longer claims IV-E reimbursement for these children, and there is no longer a SAAG available to the Department of Juvenile Justice This results in a lack of 12-month judicial reviews for these children
- Courts are not consistently addressing whether the agency has made reasonable efforts to achieve permanency for children
- More consistent in evaluating permanency plans prior to hearings
- Service providers need to provide more constructive information about the needs of children
- Courts need to be more consistent in thoroughly reviewing case plans and permanency goals

**Item 28 Provides a process for termination of parental rights proceedings in accordance with the provisions of the Adoption and Safe Families Act**

- Caseworkers need additional training in documentation of "compelling reasons"
- No formalized judicial or agency system in place that tracks the timeliness of the TPR Process
- Mediating factors such as appeals, public searches for absent parents, criminal dispositions, and immigration issues, may bring on hearing delays
- Delays which relate to the needs of court personnel
- Delays when judges are newly assigned to a case upon recusal of a prior judge
- Delays when judges do not know the case history
- Court's reluctance to TPR young parents or parents with mental health problems
- Lack of support for concurrent planning, particularly for children younger than three and for cases involving chronic substance abuse
- Lack of support for early petitions when parents are not making progress six months into the case
- Misperceptions about filing for TPR when there is no adoptive resource (due to impressions of a recent overturning of a TPR petition)
- Need training on relevant policy issues or areas of concern at judges orientation and bi-annual trainings
- Inconsistencies across the State in filing for TPR when a child has been in care for 15 of 22 months
- Attorney representation for parents, children, and the agency is not guaranteed in all regions of the State, and this is a particular challenge in some rural areas
- Backlog of cases where TPR must be filed, and this may be attributed to a need for more judges and attorneys
- Court continuances related to lack of transportation to court for birth parents
- Court continuances due to late public announcements for missing parents
- Court continuances due to parents being given extensive opportunities to meet case plan goals
- Judge must approve of the goal of adoption in order to move forward with TPR, and this can cause delays in achieving the goal of adoption
- Judges who will not proceed with TPR unless there is an identified adoptive resource
- Inconsistent understanding of ASFA requirements and "compelling reasons" amongst agency staff and attorneys, and it was noted that the Juvenile Courts have not been trained on "compelling reasons"

## **Item 29 Provides a process for foster parents, pre-adoptive parents, and relative caregivers of children in foster care to be notified of, and have an opportunity to be heard in, any review or hearing held with respect to the child**

- Inconsistencies in the manner in which foster and pre adoptive parents are notified of reviews and hearings and afforded the opportunity to be heard
- Foster and pre-adoptive parents are inconsistently receiving notification of upcoming hearings and/or reviews across the State
- Foster parent notification methods vary
- Whether or not foster parents are heard in reviews and hearings also varies by county
- Differences of opinion amongst judges about the circumstances in which foster parents should be heard in court
- DFCS discouragement of foster parent participation in hearings
- Opinions of foster parents are not routinely sought in hearings or reviews
- Foster Parents are only heard in court if they request to be heard through the child advocate

## **QUALITY ASSURANCE SYSTEM**

**Item 30 The State has developed and implemented standards to ensure that children in foster care are provided quality services that protect the safety and health of the children IDENTIFIED AS A STRENGTH**

**Item 31 The State is operating an identifiable quality assurance system that is in place in the jurisdictions where the services included in the CFSP are provided, evaluates the quality of services, identifies strengths and needs of the service delivery system, provides relevant reports, and evaluates program improvement measures implemented IDENTIFIED AS A STRENGTH**

## **IV TRAINING**

**Item 32 The State is operating a staff development and training program that supports the goals and objectives in the CFSP, addresses services provided under titles IV-B and IV-E, and provides initial training for all staff who deliver these services IDENTIFIED AS A STRENGTH**

- Caseworkers lack knowledge of service options for families, and supervisors are not adequately preparing staff for court

**Item 33 The State provides for ongoing training for staff that addresses the skills and knowledge base needed to carry out their duties with regard to the services included in the CFSP IDENTIFIED AS A STRENGTH**

- Supervisory training that is available is repetitive, and the activities are not specifically relevant to child welfare supervision

**Item 34 The State provides training for current or prospective foster parents, adoptive parents, and staff of State licensed or approved facilities that care for children receiving foster care or adoption assistance under title IV-E that addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children IDENTIFIED AS A STRENGTH**

IMPACT training could be improved if:

- Located in individual counties and held on days and times that are convenient for foster families
- Case managers could be included so that they would understand the training needs and associated stressors of foster parents and so that the caseworker/foster parent relationship could be improved
- A resource section could be included so that foster families could better understand available resources for themselves and the children they foster
- More opportunities were provided to connect seasoned foster families with new foster families
- More trainings were available on children with special needs, parental visits, cross-cultural care-giving, teenage transitional needs, and behavior issues

- Training on behaviorally challenging children and enhancement of the behavior component in IMPACT
- Training that is tailored to the individual needs of the foster family
- More training, support and mentoring for new foster parents, foster parents with children with intensive special needs (including medical), and foster parents with teenagers

## **V SERVICE ARRAY**

### **Item 35 The State has in place an array of services that assess the strengths and needs of children and families and determine other service needs, address the needs of families in addition to individual children in order to create a safe home environment, enable children to remain safely with their parents when reasonable, and help children in foster and adoptive placements achieve permanency**

- Service gaps such as a lack of therapeutic placements, substance abuse treatment services, and public mental health services
- Lack of therapeutic placements often necessitates children leaving their Region to access them
- Increased number of children in foster care due to manufacture and abuse of methamphetamine within some Regions
- Availability of affordable inpatient and outpatient substance abuse programs, especially for males, does not meet the Regional demand
- Increase in the number of children with mental health and addiction problems, and there are not enough services to address these needs
- Parents did not receive services for children with disability-related needs
- Lack of mental health services
- Lack of caseworker support (communication, information, responsiveness, and paperwork)
- Financial issues (pay, per diem, late payments/reimbursements)
- Transportation
- Public mental health services available, but they are not sufficient to meet the demand
- Substance abuse service array is lacking
- Certain counties are challenged to meet the needs of a growing Hispanic population, and there are not enough bilingual services or culturally relevant foster homes to meet the need
- Independent living services are available, but they are of inconsistent quality, and they are only serving half as many youth as they could be serving
- Shift to a fee-for-service, local, mental health system has disrupted the therapeutic foster care system and decreased the length of time that service providers spend with children and families
- Lack of services needed to support long-term residential placements being reintroduced into the community
- Gaps in services are occurring when DFCS depletes certain funding streams
- Confusion about the degree to which DFCS contracted service providers are evaluated for the effectiveness of the services they provide
- Section 8 housing (particularly in Fulton County, this was cited as a barrier to reunifying families)
- Services for children with developmental disabilities
- Long-term therapeutic treatment services, group homes, therapeutic foster homes and ethnic and racially diverse foster homes
- Resources for the increasing number of DJJ youth being served by DFCS
- Targeted educational services to support foster children
- Dental and orthodontic care services that accept Medicaid
- Educational services for teens with sex offense histories
- Homeless shelters
- Emergency funds for the needs of foster children and youth (i.e., clothes, furniture)
- Services for adoptive parents
- Adolescent services, services for adolescent mothers
- Services tailored to support fathers
- Child care for parents with overnight work schedules
- Services for young juvenile offenders (8-14 yrs)

- More Medicaid covered health services for youth in foster/residential care
- Services for youth with dual-diagnosis

**Item 36 The services in item 35 are accessible to families and children in all political jurisdictions covered in the State's CFSP**

- Service availability varies by region and county
- Services are less available for localities that are not situated in or around the Atlanta metro area
- Not a sufficient number of service vendors or qualified service providers to meet the needs in rural areas
- Lack of attorneys and psychologists in rural areas
- Long waiting lists for certain services:
  - Subsidized housing
  - Services for children with developmental disabilities
  - In-patient treatment services
  - Transitional housing for older youth
  - Anger management services
- Services available in some Regions while not available in others:
  - Post-adoption services
  - Recreational services for children and youth
  - Placement resources to accommodate sibling groups (so children are not placed outside the county)
  - Child Advocacy Centers
  - Drug Courts

**Item 37 The services in item 35 can be individualized to meet the unique needs of children and families served by the agency**

- Limited capacity in serving Spanish-speaking families
- Limited capacity in providing well-matched foster care placements
- Ensuring that appropriate services meet the identified needs of families
- Case plans tend not to reflect the diversity of family needs and may too often be "one size fits all"
- Parents and children are not consistently involved in the case planning process, and as such, families' needs in these circumstances are inappropriately assessed
- Caseworkers are not consistently following up to determine if services are appropriate. As a result, determinations cannot be made about whether or not services were appropriately matched in the first place
- Children are placed in settings that are not appropriate to meet their needs when appropriate placement resources are not available
- Difficult for parents and children in ongoing cases to receive the individualized services they need because there are limited funds for mental health services available
- Families with court ordered services are likely to be prioritized

**AGENCY RESPONSIVENESS TO THE COMMUNITY**

Entire area cited as a Strength no need to address in the PIP

**Item 38 In implementing the provisions of the CFSP, the State engages in ongoing consultation with tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies and includes the major concerns of these representatives in the goals and objectives of the CFSP *CITED AS A STRENGTH***

**Item 39 The agency develops, in consultation with these representatives, annual reports of progress and services delivered pursuant to the CFSP**

- Continues to be a need for consistent consultation and collaboration with courts in developing the annual reports of progress and services pursuant to the Child and Family Services Plan

**Item 40 The State's services under the CFSP are coordinated with services or benefits of other Federal or federally assisted programs serving the same population *CITED AS A STRENGTH***

## **VII FOSTER AND ADOPTIVE PARENT LICENSING, RECRUITMENT, AND RETENTION**

- Current recruitment mechanisms have not addressed the need for ethnic and racially diverse foster homes
- Delays in facilitating cross-jurisdictional placements in a timely manner

**Item 41 The State has implemented standards for foster family homes and child care institutions which are reasonably in accord with recommended national standards  
*CITED AS A STRENGTH***

**Item 42 The standards are applied to all licensed or approved foster family homes or child care institutions receiving title IVE or IV-B funds *CITED AS A STRENGTH***

**Item 43 The State complies with Federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children *CITED AS A STRENGTH***

**Item 44 The State has in place a process for ensuring the diligent recruitment of potential foster and adoptive families that reflect the ethnic and racial diversity of children in the State for whom foster and adoptive homes are needed**

- Current recruitment mechanisms have not addressed the need for ethnic and racially diverse foster homes reflective of the current State population
- Not enough Hispanic and bilingual foster and adoptive homes to meet the need
- Foster parents do not necessarily know how to provide culturally appropriate care to the children in their homes
- More homes for Hispanic children as well as for adolescents across the State, there are not enough of these homes at present to meet the need
- DFCS retention rates of foster homes are low
- Supports for foster parents are not consistently available across the State
- Communication between foster parents and the agency in some areas of the State has been consistently very poor

**Item 45 The State has in place a process for the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children**

- Situations in which relatives reside out of the State, the Interstate Compact on the Placement of Children (ICPC) is a lengthy and time-consuming process
- ICPC cases continue to create long delays in placing children out of state
- Differences in type and quality of required home studies that can be difficult to resolve across States
- Problems with facilitating relative placements in other state jurisdiction in a timely manner
- Differences in type and quality of required home studies that can be difficult to resolve across State
- Process for securing cross-county placements for children is slow, and there is a need for increased coordination across counties to make these placements happen more quickly for children
- Particular challenges when home studies must be conducted for relatives who live in alternate counties
- Requesting county must have permission from the county of the relative's residence in order to conduct a home study, and the relative caregiver's county does not necessarily act with urgency upon these requests

# MAIN IDEAS FROM TRAINING

- ★ Value good case documentation. It may save you or a child that you work with.
- ★ Take time to write correctly, you never know who will be reading your work.
- ★ Write facts, not opinion
- ★ Record information in a clear, concise, and sequential manner
- ★ Write not as you speak, but as you would like to read.



# DOCUMENTATION BINGO

|  |                   |  |
|--|-------------------|--|
|  |                   |  |
|  | <b>Free Space</b> |  |
|  |                   |  |

- Vague terms
  - Foster Father
  - Isolation
  - Process
  - Case narrative and required forms
  - Month/Day/Year
  - First person "I", Case Manager or CM, Worker
  - Purpose & Next Step
  - Maternal Grandmother
  - Process, Summary and Combination
  - Facts, Observations, Interpretations, Decisions
- Observation
  - Interpretations
  - Quoting
  - Judgmental Terms
  - Putative Father
  - Full Name
  - Optional
  - Birth Parent
- Sexual Abuse
  - First Name
  - Supervisors



**This document is for training purposes only. Case Manager should always refer to the Policy Manual or ODIS for the most current policy.**

## **Social Services Documentation Requirements**

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### **APPENDICES**

- Appendix A**            **Subjective, Vague, and Judgmental Terms**  
**Appendix B**    **Glossary of Abbreviations**

# CHAPTER 80

## DOCUMENTATION

### 80.0 INTRODUCTION

The case record is the official comprehensive account of activities relating to a specific client or family unit. Two primary components of the record are:

- (1) The case narrative, which is the written documentation of case contacts by case managers, supervisors and other agency personnel and
- (2) Required forms, formal assessments (such as family assessments, psychological test, case plans) and information related to medical, psychological, legal and financial aspects of the case.

The case record serves as an administrative tool used to provide information concerning the case to state and county administrators. It is also a vital resource for the agency in providing continuity of service to the family and as a resource if the case requires court action. The case record may also be seen by auditors, the legal community and, in some instances, the media. Therefore, accurate, timely documentation significantly impacts the credibility of the worker as a professional and the agency as a responsible institution.

### 80.1 CASE RECORDING CONTENT

#### REQUIREMENT

Documentation shall include the following types of information:

- Facts
- Observations
- Interpretations
- Decisions

#### 80.1 PROCEDURES

1. Documentation of facts, observations, interpretations and decisions in case recording:

**Facts** are client activities, agency actions or information from official records or documents. In addition, facts may be straightforward descriptions of circumstances.

**Example:** Mrs. White called the office today and asked for childcare services for her children while she is in substance abuse treatment.

**Observations** are recorded notes about the client, condition of the home, physical injury and/or behavior seen by the case manager or seen and reported to the worker by others. When recording observations, the source of the information must be clear.

**Example:** The case manager observed Mrs. Lee crying and clenching her fist.

**Example:** Ms. June Allen, aunt, reported seeing Jack playing in the street at 5 P.M.

**Interpretations** are the case manager's opinions or conclusions, based on facts and observations. When recording an opinion, document clearly that this is an opinion and supply ample evidence to support it.

**Example:** The client reported she frequently has to leave work to return home to see about her children because her husband leaves them alone. It is the opinion of the case manager that Mrs. Christian needs childcare, as she has no one to care for her children while she is at work.

**Decisions** in cases are based on program policy and good practice principles. They are supported by documented facts, observations and interpretations. It is also important to document supervisory consultation and approval, staffings, and other consultation received in making a decision. The four-step assessment process of 1) gathering information 2) analyzing information 3) drawing conclusions and 4) making decisions would be applied in this process. These decisions provide the basis for actions in a case.

2. All narratives shall include:

- Month, day and year of contact
- Case Manager's full name on each page (or for each entry if more than one person documents on a page of Form 452)
- Type of activity (telephone contact, home visit, visit to school, etc.) and where it occurred. Use words to indicate who initiated the contact, such as "to", "from", "received", "sent"
- Who was contacted (see 80.7)
- Purpose of contact
- Significant information or observations

3. It is not necessary to repeat what has been said in previous entries or is recorded on intake or assessment forms. The documentation may refer to previous entries or to a form for information not included on the Form 452.

**Example:** “The condition of the home as observed on 01/10/02 (page 9) remains the same.”

**Example:** “Case Manager met with Ms. Jones on this date as planned to complete the CPS Investigation. We discussed (and then list the items). See Form 454 for additional information obtained.”

4. When documenting **dates**, enter the month, day and year.

**Example:** “by 9/01/01”, not “by next week.”

5. Subjective or vague terms are not to be used in isolation. If used, vague or subjective terms must be clarified by clear descriptions.

**Example of using descriptive terms rather than a vague word:** Instead of recording, “Mrs. Jones will obtain adequate housing”, record, “ Ms. Jones will obtain adequate housing that at a minimum has running water, electricity, two bedrooms, bathroom and kitchen.”

**See Appendix A** for a list of vague terms.

6. Judgmental terms shall not be used in case recording. **Exception:** Judgmental terms may be used ONLY when quoting someone.

**Example of Avoiding Judgmental Terms:** Instead of saying, “The family is dysfunctional”, say, “I observed Mr. and Mrs. Guy and children, Lauren, Jason, and Mark yelling and screaming at each other.”

**See Appendix A** for a list of judgmental terms.

7. Avoid words/phrases such as “appeared”, “seems to be”, “apparently”, which may indicate observations are uncertain. These words may infer confusion or uncertainty later or in court.

8. Labels such as “alcoholic”, “schizophrenic” and “mentally retarded” shall be used **ONLY** when a certified or licensed professional has made such a diagnosis or when quoting someone.

**Example:** Instead of saying, “Mrs. Rush is an alcoholic”, it is better to say, “CM observed that Mrs. Rush staggered when she walked, her speech was slurred and difficult to understand, her breath smelled of alcohol and her eyes were red.” **Example:** “Julie's grandmother said, 'It is embarrassing to have a mentally retarded grandchild.' ”

## 80.1 PRACTICE ISSUES

1. Black ink shall be used for forms and case recording.
2. Entries must be legible, including signatures. If the case manager's signature is not legible, the name must be printed under it. When the name of the recorder is typed, it is to be initialed by that person.
3. Case records are professional documents subject to subpoena. Documentation in the case record shall be done in a professional manner by adhering to program policy and Chapters 70 and 80. Recording shall be as brief as possible, but as detailed as necessary, to achieve the purpose of the documentation.
4. Notes written on Post-its or other pieces of paper and notes glued or taped in the record are not permanent forms of case recording. **Exception:** Notes written by others may be affixed to a blank Form 452 or sheet of paper and included in the appropriate section of the record.  
**Examples:** Notes from a child's teacher, a physician's instructions or comments written on a prescription sheet.

**Note:** It may be necessary for the case manager to add explanatory comments to the page on which such notes are attached. These should be cross-referenced on the 452 by date.

## 80.2 CASE RECORDING AFTER THE DEVELOPMENT OF SAFETY PLAN AND CASE PLAN

### REQUIREMENT

Documentation entries must reflect the individual and/or family's progress in following the safety plan and achieving the case plan goals. Should there be changes or an amendment to the case plan, this must be documented. In court-ordered case plans, the necessary steps to obtain the court's approval of such changes must be documented as well.

### 80.2 PROCEDURES

All mandated face-to-face monthly contacts with the family should include:

- Month, day and year of contact
- Worker's full name on each page (or for each entry if more than one person documents on a page of Form 452)
- Type of activity (telephone contact, home visit, visit to school, etc.) and where it occurred. Use words to indicate who initiated the contact, such as "to", "from", "received", "sent".
- Who was contacted (see 80.7)

- Purpose of the contact
- Significant information or observations
- Assessment of the progress on case plan goals
- Safety issues/effectiveness of protection plan
- The result of the contact and when applicable, the plan for the next contact
- Specific program policy requirements for case documentation

### 80.3 TIME FRAMES FOR DOCUMENTATION

#### REQUIREMENT

All case events must be recorded on appropriate forms within a maximum of 30 days of occurrence. **Exception:** All documentation of a CPS investigation shall be completed within the 30-day investigation period (See CPS Manual 2104.39).

### 80.3 PRACTICE ISSUES

The following special circumstances may effect time frames for completion of documentation:

- Waivers for completion of a CPS Investigation (see CPS Manual 2104.28)
- Child death or serious injury (see CPS Manual 2108.4)
- Requests to inspect records under the Open Records Act (see CPS Manual 2109.4)

### 80.4 USE OF ABBREVIATIONS

#### REQUIREMENT

The use of abbreviations in case recording is optional. Any abbreviation used shall be from the official Glossary of Abbreviations (see **Appendix B**) and/or from a local list developed by the county. **(The county list must not conflict with the Appendix B list).**

### 80.5 FORMATS

#### REQUIREMENT

The following formats are approved for case record documentation and may be used unless program requirements dictate otherwise:

- Process
- Summary
- Combination

### 80.5 PROCEDURES

#### 1. Process Format

**Process** is a specific narrative of facts, observations, interpretations, and/or decisions written in chronological order. The documentation includes who, what, when, where, how and why. The sequence of events and timing are important in this format. The question/answer investigative style (such as that used by law enforcement) is a form of Process Format.

**Examples of occasions when Process Format may be used:**

- Initial interview with a child or disabled adult alleged to be a victim of abuse or neglect.
- Interview with parents when assessing whether the safety plan is controlling high-risk situations.
- Presentation of a child to a potential adoptive resource

2. **Summary Format**

**Summary** is an organization of facts, observations, interpretations, and/or decisions collected from one or more contacts. The documentation includes who, what, where, when, how and why. However, rather than giving a chronological account (as in Process Format), Summary pulls together multiple contacts in one narrative entry or organizes material from one or more contacts under written topics.

**Examples of occasions when Summary Format may be used:**

- Family Assessment
- Child(ren) Study
- Series of activities necessary to accomplish a task, such as completion of a referral to home health
- OTI or other home evaluation
- The same information was obtained from two or more people, such as from collaterals.
- Multiple contacts with the same individual
- Several individuals reporting the same information
- Multiple contacts with different people and different content, organized under topics.

3. **Combination Format**

**Combination** is utilizing summary and process formats together.

**Examples of occasions when Combination Format may be used:**

- Initial assessments in CPS and APS
- When needing to verify that a series of tasks were carried out in a timely manner even though the results were not accomplished, e.g., a referral was in time for the client to make necessary arrangements, yet she still did not keep the appointment.

## 80.5 PRACTICE ISSUES

### Issues to Consider When Determining The Format To Use:

- How the information will be used now and over the life of the case
- Fulfillment of policy and statutory requirements
- Whether the source of the information, how the information was requested/obtained, and the sequencing and time frames would affect the actual meaning of the content.  
**Example:** In a sexual abuse investigation, a chronological record (Process Format) of the sequence of events can be crucial in preparing for court testimony.
- The experience and skill level of the staff person completing the documentation. Supervisors must determine if the case manager has the necessary knowledge and skills to use Summary Format. New workers, especially, should use this format only when their process dictation demonstrates accuracy: 1) in recording information; 2) in drawing conclusions based on information obtained and recorded and 3) in making sound decisions consistent with the information and conclusions recorded.

## 80.6 DOCUMENTING DECISIONS

### REQUIREMENT

1. Case decisions, directives and/or recommendations made by the supervisor or designee, consultants, multi-disciplinary teams and/or panels **shall be** documented in the case record.
2. Differences of opinions in case decisions, directives and/or recommendations from the supervisor or designee, multi-disciplinary teams and/or panels **shall not** be included in the case record.

## 80.6 PROCEDURES

If there is a disagreement with other professionals regarding a case decision, the case manager should discuss with the supervisor professional ways to document this and the appropriate place for this documentation.

## 80.7 NAMES, COURTESY AND PROFESSIONAL TITLES

### REQUIREMENT

1. Adults' names shall be documented in case narratives as follows:
  - By first and last name **at least once in each entry**  
**Example:** Ms. Sue Smith  
**Example:** Dr. John Jones

- Thereafter, courtesy title and last name may be used unless another individual in the household or interview could be confused for that person.  
**Example:** Ms. Smith  
**Example:** Dr. Jones
- Relationship titles such as “mother”, “grandmother”, “father”, “grandfather”, “aunt”, “uncle”, etc. may also be used after stating the first and last name at least once in each entry.
- Documentation shall **not** refer to an adult by first name only, unless this is the only information available.

**Exception: The first name may be used for children who remain in foster care after age 18.**

2. First names may be used to document names of children in case narratives. The term “child” may also be used to refer to a child in case recording, unless to do so would make the narrative unclear.
3. When known to the worker, professional titles shall be used in the case recording.  
**Example: Professor John Landers**

## **80.7 PROCEDURES**

1. When using relationship terms, the case manager must clearly state to whom the party is related.
2. When there is only one individual in the case or in the interview, it is acceptable to use “client” or “customer” to refer to that individual.
3. Nicknames shall not be used in case recording unless quoting someone. Nicknames shall be noted on the Form 450, next to the legal name, for reference.
4. Use of the first person pronoun “I”, “case manager (CM)”, “worker”, and “family service worker (FSW)”, are acceptable ways to refer to the writer in the case recording.

## **80.8 PAGE NUMBERING**

### **REQUIREMENT**

All pages of Form 452 must be numbered and in chronological order in the case record.

### **80.8 PROCEDURES**

1. Each time the case is opened the numbering on the Form 452 shall begin with “1” and continue consecutively until closed.
2. In already existing cases, the next time documentation is done, note the date the numbering system is beginning on Form 452 and begin with number “1”.

3. When the case record is in more than one binder/folder, each binder/folder must be labeled on the outside cover with dates of coverage for that binder.

**Example:** Volume 1: 2/17/01–8/10/01, Volume 2: 8/11/01–7/20/02, etc.

The numbering of Form 452 in each volume shall begin with “1”.

4. When documenting on the reverse side of the Form 452, both front and back pages are numbered consecutively.
5. If additional pages of Form 452 need to be added to the already existing case recording use the same page number where the information is to be inserted along with a letter of the alphabet (beginning with the letter “a”).

**Example:** If three additional pages were inserted after page 52, the numbering would be “52a, 52b, and 52c”.

## **80.9 MAKING CORRECTIONS / CHANGES / INSERTING INFORMATION IN CASE RECORDING; FALSIFICATION OF RECORDS REQUIREMENT**

Administrative Services County Letter 94-12 states, “If any employee shall, outside established regulations, steal, alter, corrupt, falsify, forge, remove or destroy any record, document, correspondence, contract, conveyance, minutes, books, sound recordings, processing records of or belonging to the Department of Human Resources, or if any employee shall cause to be committed or procure the commission of any of these offenses, he shall be subject to disciplinary action up to and including immediate dismissal by the Department in addition to any civil actions which may be brought against such employee for such acts. Penalty for falsification of any record where the falsification presents the potential for endangerment of safety or security of a client or any person shall be immediate dismissal.”

## 80.9 PROCEDURES

1. When correcting or making changes in the case record the following shall be done: Draw a single line through the original entry so it can still be read, and make the correction above the case recording. In the margin, where the correction starts, initial and enter the date the change is made. **NEVER USE WHITE-OUT/COLOR OUT WHEN MAKING CORRECTIONS.**
2. When inserting additional information or out-of-place entries onto a Form 452, write the entry in the next available space on the 452. Cross-reference this out-of-place entry and the place on the 452 in which it should have been recorded by noting in the margin by each, "misplaced entry".

## APPENDICES

### APPENDIX A

#### SUBJECTIVE, VAGUE AND JUDGMENTAL TERMS

The following lists give examples of subjective, vague terms and judgmental terms (these are not all inclusive lists). Subjective, vague terms are not to be used in isolation. If used, clarify by using descriptive words. Judgmental terms are used ONLY when quoting someone.

#### SUBJECTIVE, VAGUE TERMS

|                            |                |
|----------------------------|----------------|
| Abusive                    | Messy          |
| Acting Out                 | Neat           |
| Adequate                   | Neglectful     |
| Angry                      | Nervous        |
| Apparently                 | Nurturing      |
| Appeared                   | Obviously      |
| Appropriate                | Offensive      |
| As soon as possible        | Physical       |
| Clean/dirty                | Proper         |
| Cluttered                  | Quality        |
| Good/poor/housekeeping     | Regular        |
| Good/poor/parenting skills | Seems to be    |
| Happy/sad                  | Suitable       |
| Healthy                    | Stable         |
| Hostile                    | Unmotivated    |
| Hyper                      | Upset          |
| Hysterical                 | Verbal         |
| Immediately                | Tidy           |
| Loud                       | Well cared for |

#### JUDGMENTAL TERMS

|               |             |
|---------------|-------------|
| Dysfunctional | Filthy      |
| Junky         | Lazy/Sorry  |
| Nasty         | Obnoxious   |
| Promiscuous   | Provocative |
| Slob          | Ugly        |
| Druggie/Doper | Crack head  |

## APPENDIX B

### GLOSSARY OF ABBREVIATIONS

#### FAMILY RELATIONSHIPS

|        |                       |
|--------|-----------------------|
| AMo    | Adoptive Mother       |
| AFa    | Adoptive Father       |
| BFa    | Birth Father          |
| BMo    | Birth Mother          |
| BP     | Birth Parent          |
| Fa     | Father                |
| FFA    | Foster Father         |
| FMo    | Foster Mother         |
| Leg/Fa | Legal Father          |
| Leg/Mo | Legal Mother          |
| Mo     | Mother                |
| PFa    | Putative Father       |
| SFa    | Step-Father           |
| SMo    | Step-Mother           |
| Dgt    | Daughter              |
| Bro    | Brother               |
| Sib    | Sibling(s)            |
| Sis    | Sister                |
| MGFa   | Maternal Grandfather  |
| MGMo   | Maternal Grandmother  |
| MGP's  | Maternal Grandparents |
| PGFa   | Paternal Grandfather  |
| PGMo   | Paternal Grandmother  |
| PGP's  | Paternal Grandparents |
| M/A    | Maternal Aunt         |
| M/U    | Maternal Uncle        |
| P/A    | Paternal Aunt         |
| P/U    | Paternal Uncle        |
| Fa/L   | Father-in-Law         |
| Mo/L   | Mother-in-Law         |
| Dgt/L  | Daughter-in-Law       |
| Son/L  | Son-in-Law            |
| Bro/L  | Brother-in-Law        |
| Sis/L  | Sister-in-Law         |

## GENERAL TERMS

|           |  |
|-----------|--|
| Adop/Asst | Adoption Assistance                                |
| ADL       | Activities of Daily Living                         |
| AFCARS    | Adoptive and Foster Care Analysis Reporting System |
| AH        | Adoptive Home                                      |
| A.K.A.    | Also known as                                      |
| AL        | Annual Leave                                       |
| ALJ       | Administrative Law Judge                           |
| ANE       | Abuse, Neglect, Exploitation                       |
| AHV       | Announced Home Visit                               |
| AOD       | Alcohol and other Drugs                            |
| Appt.     | Appointment  |
| APS       | Adult Protective Services                          |
| ASAP      | As soon as possible (requires a date)              |
| Assm.     | Assessment   |
| Asst.     | Assistance   |
| @         | At   |
| Attn.     | Attention  |
| Atty.     | Attorney   |
| Auth.     | Authorized/Authorization                           |
| BC        | Birth Certificate                                  |
| BSW       | Bachelor of Social Work                            |
| CAN       | Child Abuse and Neglect                            |
| CAPS      | Child Care and Parent Services                     |
| CASA      | Court Appointed Special Advocate                   |
| CC        | Child Care   |
| Ch        | Child  |
| Chn       | Children   |
| Cl        | Client   |
| COB       | Close of Business                                  |
| Col/C     | Collateral Contact                                 |
| Cont.     | Continued  |
| corr.     | Correspondence                                     |
| CP        | Case Plan  |
| CPR       | Citizen Panel Review                               |
| CPS       | Child Protective Services                          |
| CR/A      | Case Review – Administrative                       |
| CR/J      | Case Review – Judicial                             |
| CM        | Case manager                                       |
| CS        | Child Support                                      |
| CSEU      | Child Support Enforcement Unit                     |
| CG        | Caregiver  |
| CT        | Caretaker  |
| Cust      | Customer   |

|          |  |
|----------|--|
| DFCS     | Division of Family and Children Services         |
| DHR      | Department of Human Resources                    |
| DJJ      | Department of Juvenile Justice                   |
| DMA      | Department of Medical Assistance                 |
| DOAS     | Department of Administrative Services            |
| DOB      | Date of Birth                                    |
| DOD      | Date of Death                                    |
| DOL      | Department of Labor                              |
| EA       | Emotional Abuse                                  |
| EAP      | Emergency Assistance Program                     |
| EEA      | Emergency Energy Assistance                      |
| EMRG/A   | Emergency Assistance                             |
| EMRG/PLC | Emergency Placement                              |
| EOM      | End of Month                                     |
| EPSDT    | Early Periodic Screening Diagnosis and Treatment |
| ESC      | Emergency Shelter Care                           |
| FBI      | Federal Bureau Investigation                     |
| FC       | Foster Care                                      |
| ESC      | Emergency Shelter Care                           |
| FFC      | Family Foster Care                               |
| IFC      | Institutional Foster Care                        |
| REL      | Relative Foster Care                             |
| REL/H    | Relative Home                                    |
| RFC      | Regular Foster Care                              |
| FH       | Foster Home                                      |
| FHFV     | Foster Home Field Visit                          |
| TFC      | Therapeutic Foster Care                          |
| FLSA     | Fair Labor Standards Act                         |
| FP       | Foster Parent                                    |
| FS       | Food Stamp                                       |
| FSW      | Family Service Worker                            |
| FV       | Field Visit                                      |
| GA       | General Assistance                               |
| GBI      | Georgia Bureau Investigation                     |
| GCIC     | Georgia Crime Information Center                 |
| GSP      | Georgia State Patrol                             |
| HB       | House Bill (should be followed by a number)      |
| H/Eval   | Home Evaluation                                  |
| Hm St    | Home Study                                       |
| HV       | Home Visit                                       |
| Hx       | History  |
| IA       | Independent Adoption                             |
| ICF      | Intermediate Care Facility                       |
| ICPC     | Interstate Compact Placement of Children         |
| IDS      | Internal Data System                             |
| IEP      | Individualized Education Plan                    |

|          |  |
|----------|--|
| IL       | Independent Living   |
| ILC      | Independent Living Coordinator   |
| ILP      | Independent Living Program   |
| INS      | Immigration and Naturalization Services  |
| INV      | Investigation  |
| JJ       | J.J. vs. Ledbetter   |
| JL/JR    | DFCS policy/procedure on the admission, treatment, and release of children from state operated psychiatric hospitals |
| Juv Ct   | Juvenile Court   |
| LCC      | Local Coordinating Council   |
| LCSW     | Licensed Clinical Social Worker  |
| LOC      | Level of Care  |
| LTC      | Long Term Care   |
| LTFC     | Long Term Foster Care  |
| LWOP     | Leaving Without Pay  |
| Maltx    | Maltreater/Maltreatment  |
| MAPP     | Model Approach to Partnership in Parenting   |
| GPS      | Group Preparation and Selection  |
| DT       | Deciding Together  |
| MATCH    | Multi-Agency Team for Children   |
| MH/MR/SA | Mental Health-Mental Retardation-Substance Abuse   |
| Misc     | Miscellaneous  |
| MOU      | Memorandum of Understanding  |
| MSW      | Masters of Social Work   |
| Negl     | Neglect  |
| N/AP     | Not Applicable   |
| N/AV     | Not Available (Needs to be followed by efforts Made or plan to obtain information)                                   |
| NCIC     | National Crime Investigation Clearinghouse   |
| NET      | Non-Emergency Transportation   |
| NH       | Nursing Home   |
| NHV      | Nursing Home Visit   |
| O.C.G.A. | Official Code of Georgia Annotated   |
| OSAH     | Office of State Administrative Hearings  |
| OFA      | Office of Fraud and Abuse  |
| OJT      | On the Job Training  |
| Ong      | Ongoing  |
| ORS      | Office of Regulatory Services  |
| OTI      | Out of Town Inquiry  |
| OV       | Office Visit   |
| PA       | Physical Abuse   |
| PCR      | Panel Case Review  |
| PCH      | Personal Care Home   |
| PIC      | Private Industry Council   |
| PIP      | Preventing Inappropriate Placements  |

|          |   |
|----------|---|
| PL       | Public Law (needs to be followed by a number)     |
| PLA      | Placement of adults                               |
| PLC      | Placement (includes Foster Care, Adoptions, etc.) |
| PMF      | Performance Management Form                       |
| PMP      | Performance Management Process                    |
| POB      | Place of Birth                                    |
| PPST     | Psychological, Psychiatric or Speech Therapy      |
| Pre-K    | Pre-Kindergarten                                  |
| PRV      | Preventive  |
| PSDS     | Protective Services Data System                   |
| Psy      | Psychological                                     |
| PUP      | Prevention of Unnecessary Placement               |
| Rec'd    | Received  |
| Ref/s    | Referral Source                                   |
| Rep.P    | Representative Payee                              |
| RD       | Resource Development                              |
| RDS      | Random Drug Screen                                |
| RIF      | Reduction In Force                                |
| RMSS     | Random Moment Sample Study                        |
| ROI      | Release of Information                            |
| RSDI     | Retired Survivors Disability Insurance            |
| RSM      | Right from the Start Medicaid                     |
| SA       | Sexual Abuse                                      |
| SAAG     | Special Assistant to the Attorney General         |
| SB       | Senate Bill (should be followed by a number)      |
| Sched    | Schedule  |
| SV       | School Visit                                      |
| SL       | Sick Leave  |
| Soc St   | Social Study                                      |
| SP       | Safety Plan                                       |
| SSA      | Social Security Administration                    |
| SSBG     | Social Services Block Grant                       |
| SSI      | Supplemental Security Income                      |
| SSCL     | Social Services County Letter                     |
| SSMT     | Social Services Manual Transmittal                |
| SSN      | Social Security Number                            |
| Sub A    | Substance Abuse                                   |
| Supv     | Supervisor  |
| SW       | Social Worker (non-DFCS)                          |
| TANF     | Temporary Assistance for Needy Families           |
| TC       | Telephone call/contact                            |
| TCM      | Targeted Case Management                          |
| Title VI | Part of the Civil Rights Act of 1964              |
| TPR      | Termination of Parental Rights                    |
| Tx       | Treatment   |
| UHV      | Unannounced Home Visit                            |

|      |  |
|------|--|
| VA   | Veterans Administration                        |
| VR   | Vocational Rehabilitation Services             |
| W/   | With   |
| W/O  | Without  |
| WIC  | Women, Infant, and Children                    |
| WRTI | Without Regard to Income                       |
| WTLP | Written Transitional Living Plan               |
| Yrs. | Year(s) old                                    |
| IV-B | Title IV-B (State Funding Source-Some Federal) |
| IV-D | Title IV-D (State Child Support Program)       |
| IV-E | Title IV-E (a Federal Funding Source)          |

### **MEDICAL**

|         |  |
|---------|--|
| ADD     | Attention Deficit Disorder               |
| ADHD    | Attention Deficit Hyperactivity Disorder |
| AIDS    | Acquired Immune Deficiency Syndrome      |
| AMA     | Against Medical Advice                   |
| ARBD    | Alcohol Related Birth Defect             |
| C/Dep.  | Chemical Dependence                      |
| CNA     | Certified Nursing Assistant              |
| CVA     | Cardiovascular Accident (stroke)         |
| FAS     | Fetal Alcohol Syndrome                   |
| FDP     | Factious Disorder by Proxy               |
| FTT     | Failure to Thrive                        |
| FX      | Fracture                                 |
| HBP     | High Blood Pressure                      |
| HD      | Health Department                        |
| HHN     | Home Health Nurse                        |
| HIV     | Human Immunodeficiency Virus             |
| Med     | Medical                                  |
| Meds/Rx | Medication                               |
| MI      | Myocardial Infarction                    |
| MSP     | Munchausen Syndrome by Proxy             |
| PHN     | Public Health Nurse                      |
| RN      | Registered Nurse                         |
| Rx      | Prescription                             |
| SIDS    | Sudden Infant Death Syndrome             |
| SUID    | Sudden Unexplained Infant Death Syndrome |
| SNF     | Skilled Nursing Facility                 |