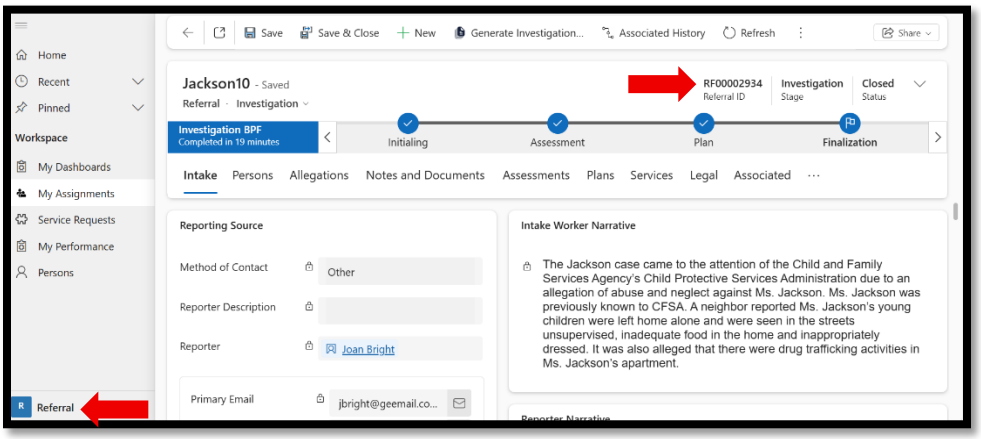
STAAND Mapping Document
CARA Review

Created: October 2, 2025

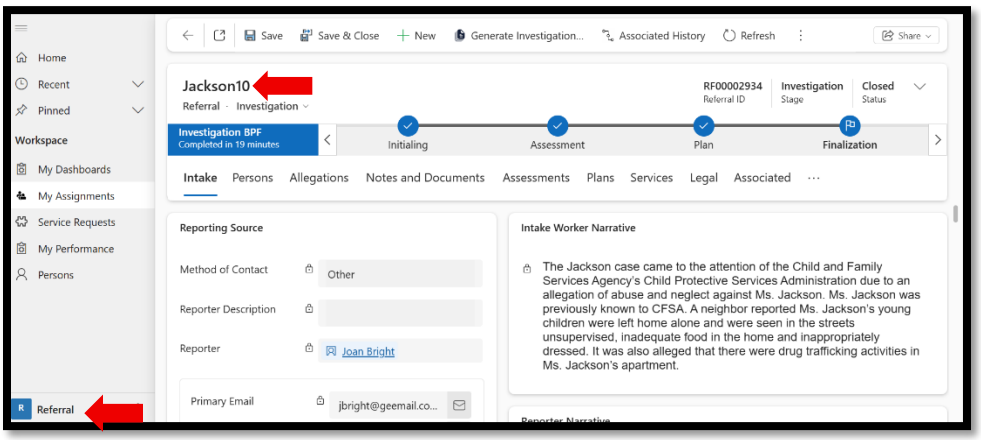
Referral Number

Referral→Referral Number



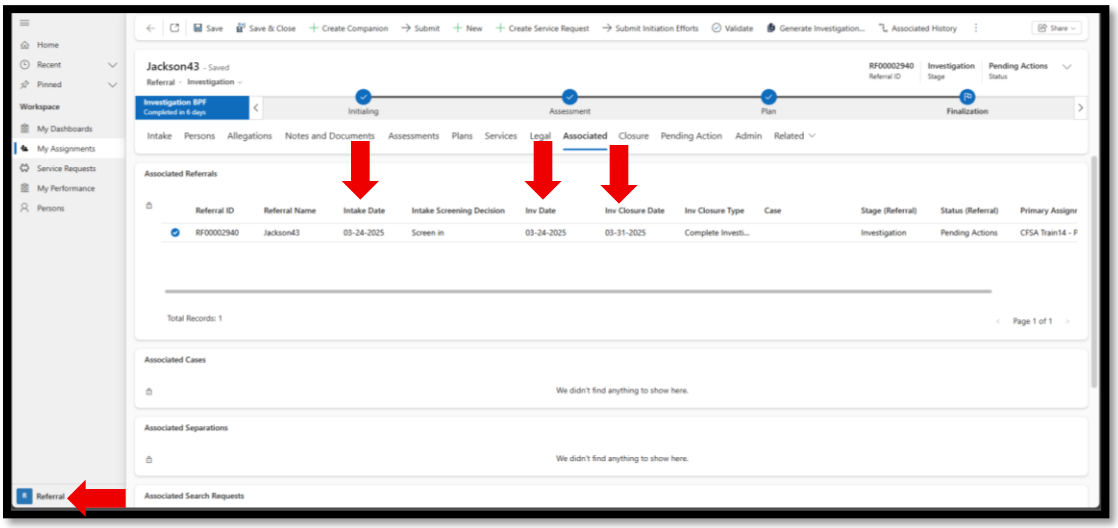
Referral Name

Referral → Referral Name



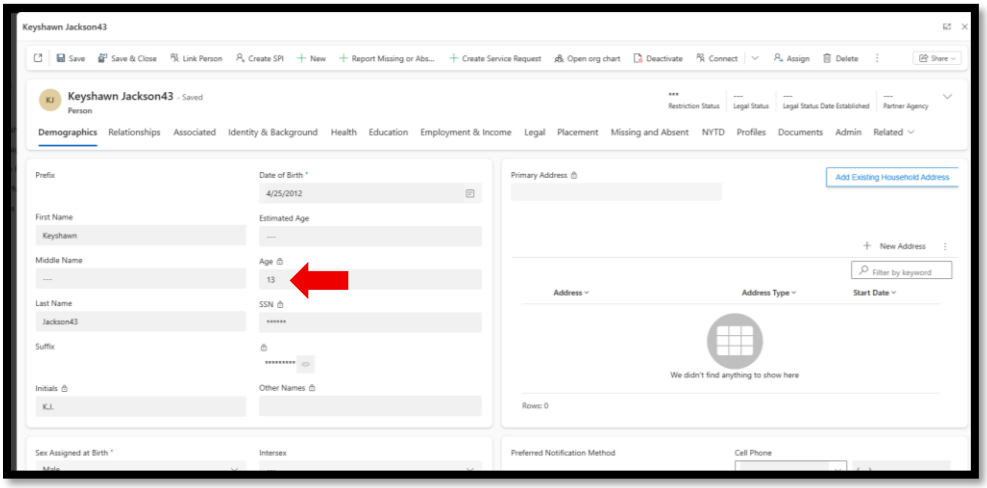
Referral Date

Referral→ Associated tab → Referral Date



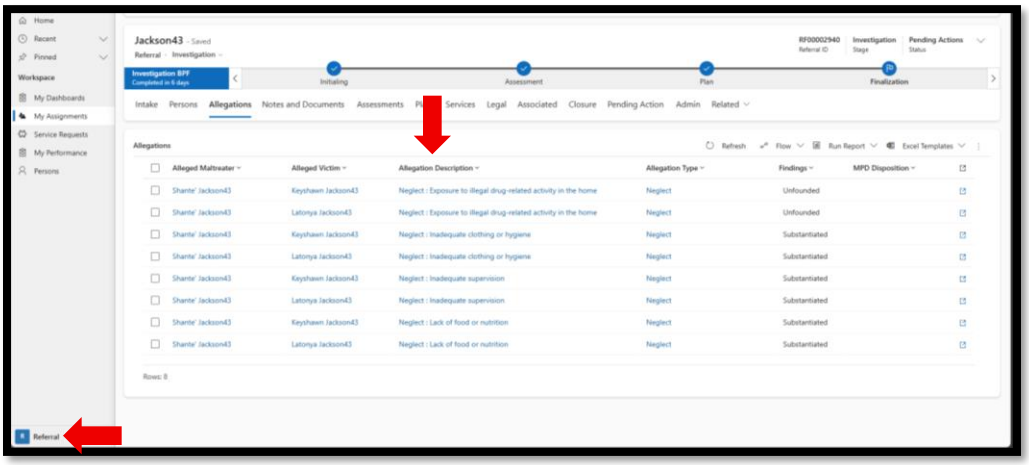
Child's age at Referral (In Days)

Referral → Persons→ Select Child →click on child's name → Child's age at Referral (In Days)



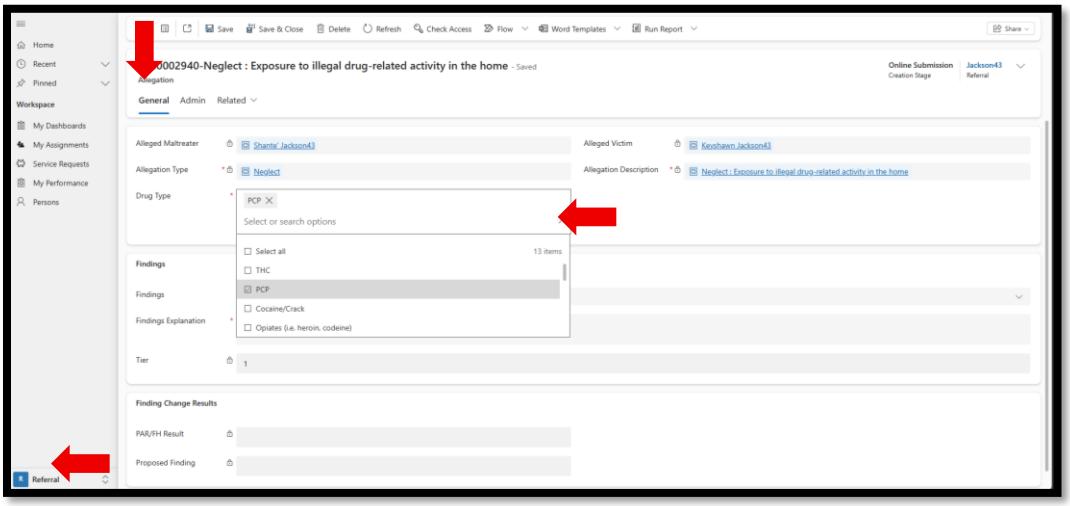
Maltreatment Type

Referral → Allegations→ Allegation Description (Maltreatment Type)



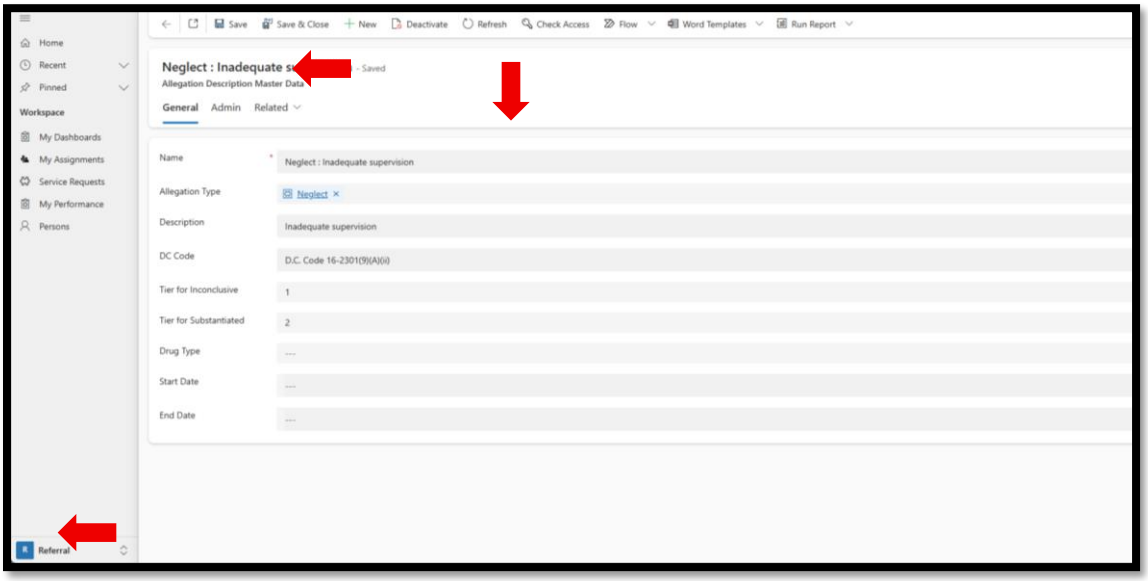
Drug Type(s) - Check all that apply:

Referral → Allegations→ General → Drug Type(s) - Check all that apply:



Allegation Description Master Data

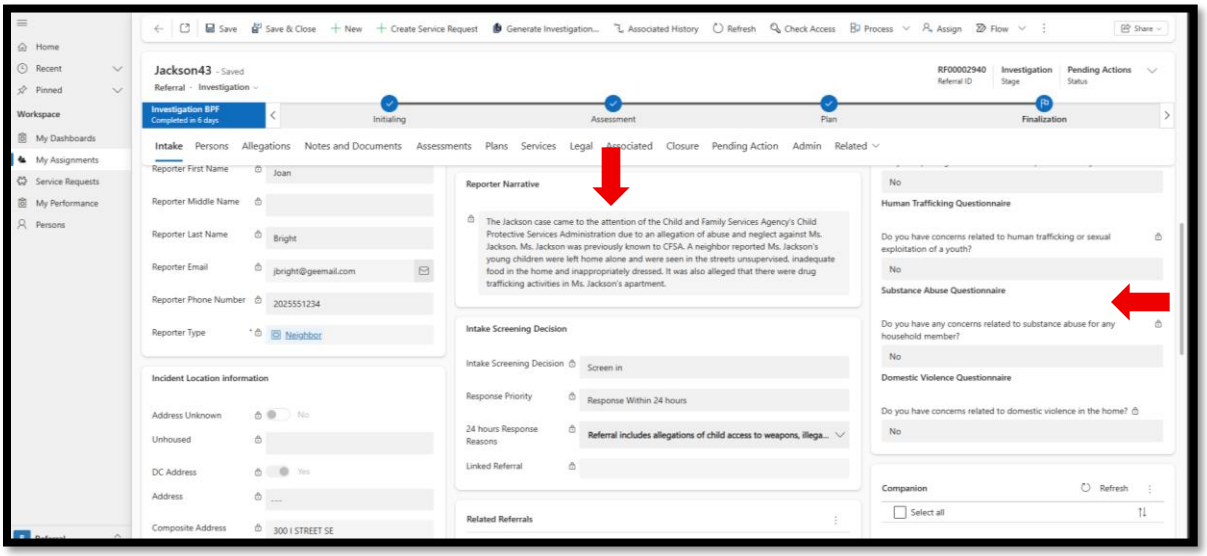
Referral → Allegations→ click on Allegation type → Allegation Description Master Data

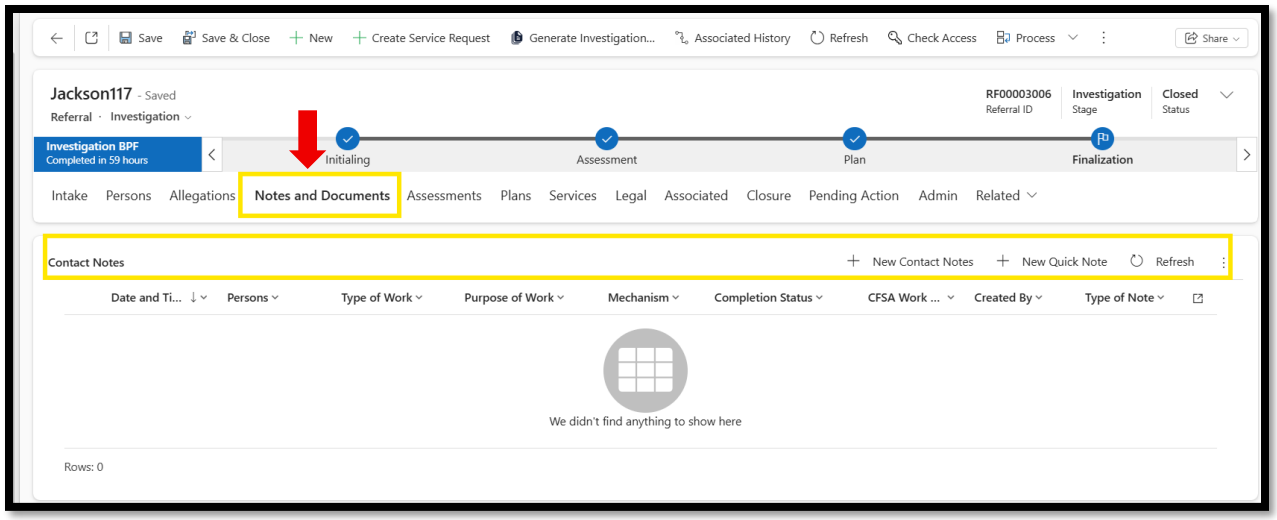


If THC only, please note the mother's stated reason for usage

Referral → Intake→ Reporter Narrative → Reporter Substance Abuse Questionnaire

- asked/answered in intake and/or reporter narratives under **Intake** tab; may be found in contact note with parent under **Notes and Documents** tab/**Contact Notes**; May generate Investigation Summary to view narratives and contact notes for reasons if provided.




Save
Save & Close
New
Create Service Request
Generate Investigation...
Associated History
Refresh
Check Access
Process
Share
Jackson117 - Saved
Referral · Investigation
RF00003006
Referral ID
Investigation
Stage
Closed
Status
Investigation BPF
Completed in 59 hours
Initialing
Assessment
Plan
Finalization
Intake
Persons
Allegations
Notes and Documents
Assessments
Plans
Services
Legal
Associated
Closure
Pending Action
Admin
Related
Contact Notes
New Contact Notes
New Quick Note
Refresh
Date and Ti...
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Type of Work
Purpose of Work
Mechanism
Completion Status
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Created By
Type of Note
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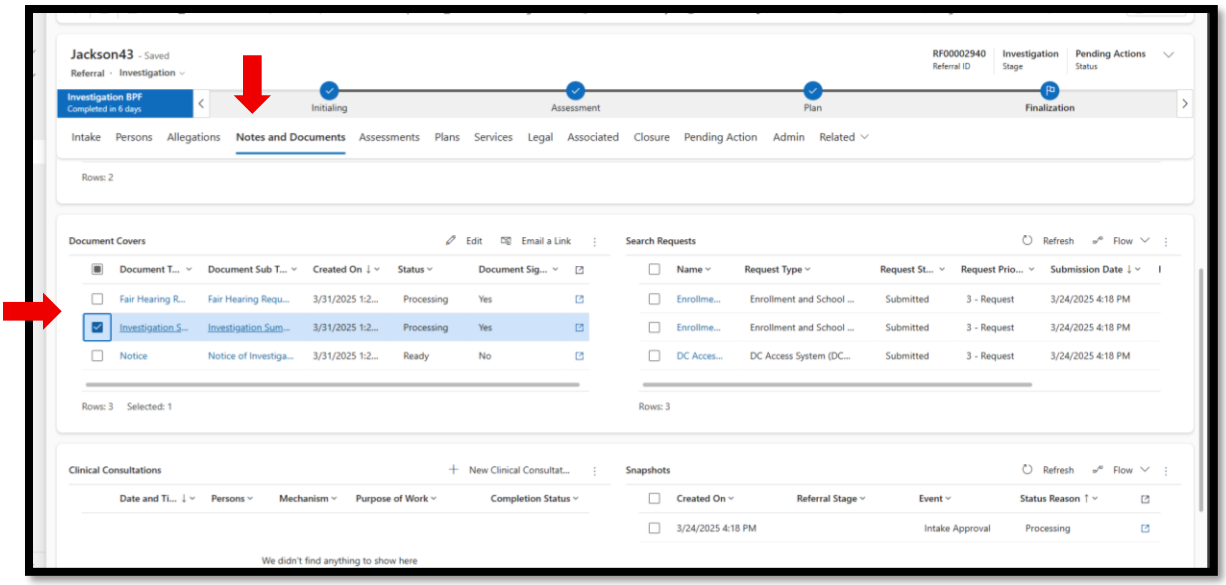
Jackson43 - Saved
Referral · Investigation
RF00002940
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Investigation
Stage
Pending Actions
Status
Investigation BPF
Completed in 6 days
Initialing
Assessment
Plan
Finalization
Intake
Persons
Allegations
Notes and Documents
Assessments
Plans
Services
Legal
Associated
Closure
Pending Action
Admin
Related
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Edit
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Document Sub T...
Created On
Status
Document Sig...
Fair Hearing R...
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3/31/2025 1:2...
Processing
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Investigation S...
Investigation Sum...
3/31/2025 1:2...
Processing
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Notice
Notice of Investiga...
3/31/2025 1:2...
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Rows: 3
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3 - Request
3/24/2025 4:18 PM
Enrollme...
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3 - Request
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3 - Request
3/24/2025 4:18 PM
Rows: 3
Clinical Consultations
New Clinical Consultat...
Date and Ti...
Persons
Mechanism
Purpose of Work
Completion Status
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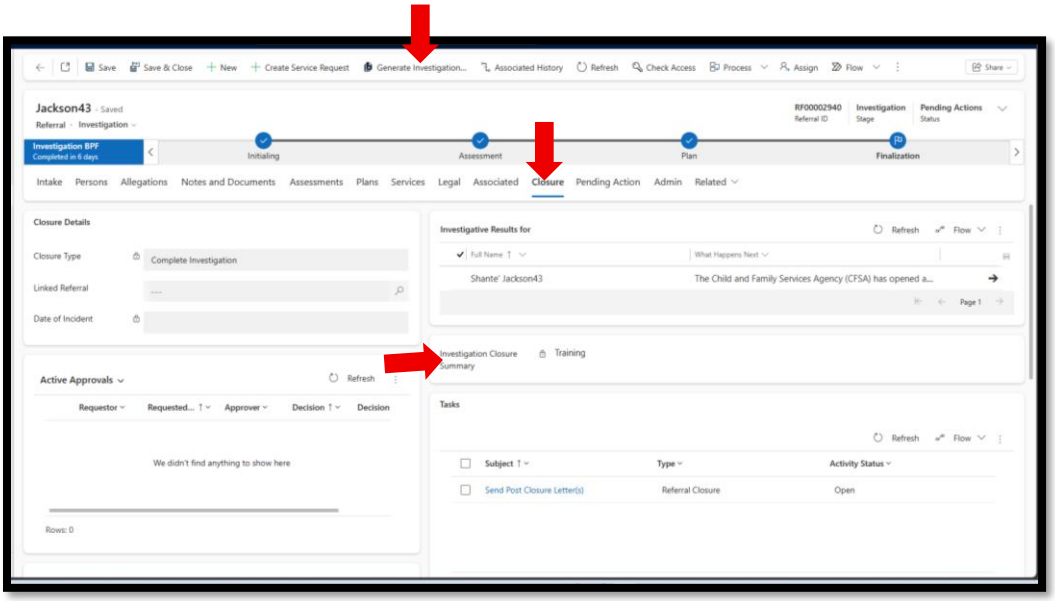
Snapshots
Refresh
Flow
Created On
Referral Stage
Event
Status Reason
3/24/2025 4:18 PM
Intake Approval
Processing

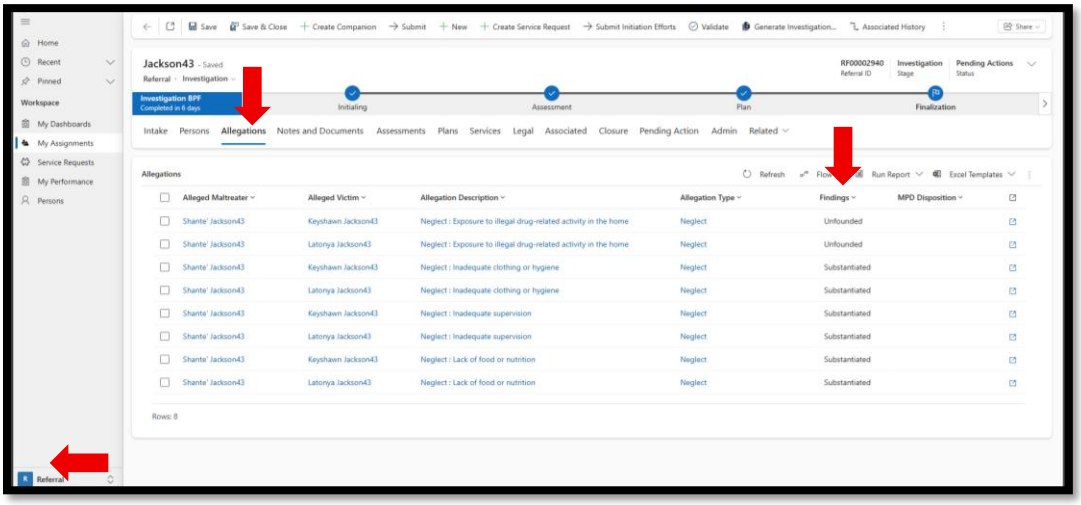
What was the overall disposition of the CPS - Investigation referral?

Referral → Closure tab, Investigation Closure Summary

- Generate Investigation Summary to view findings of allegations/Investigation Closure Summary;

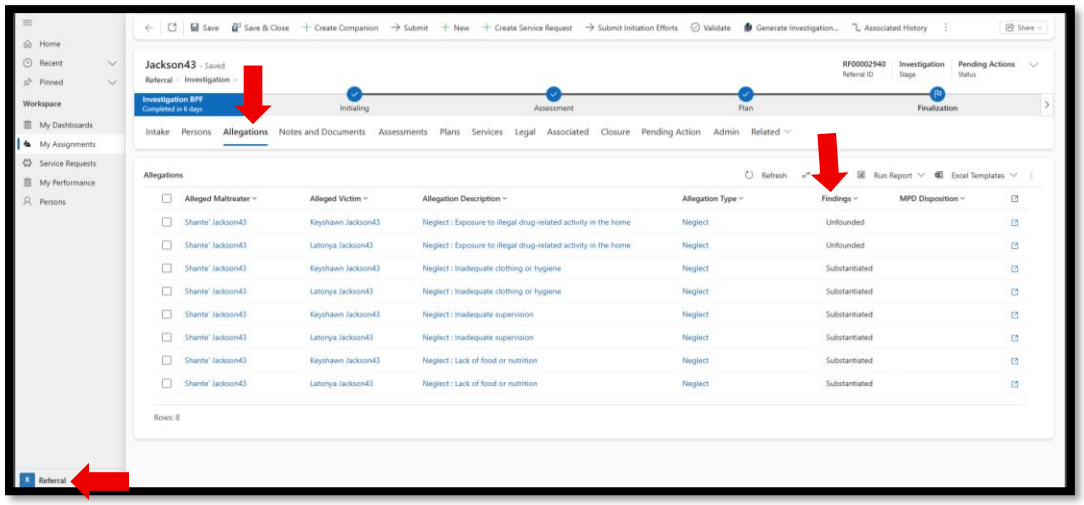


Allegations tab - view **Findings** of Allegations and **Findings Explanation Summary**



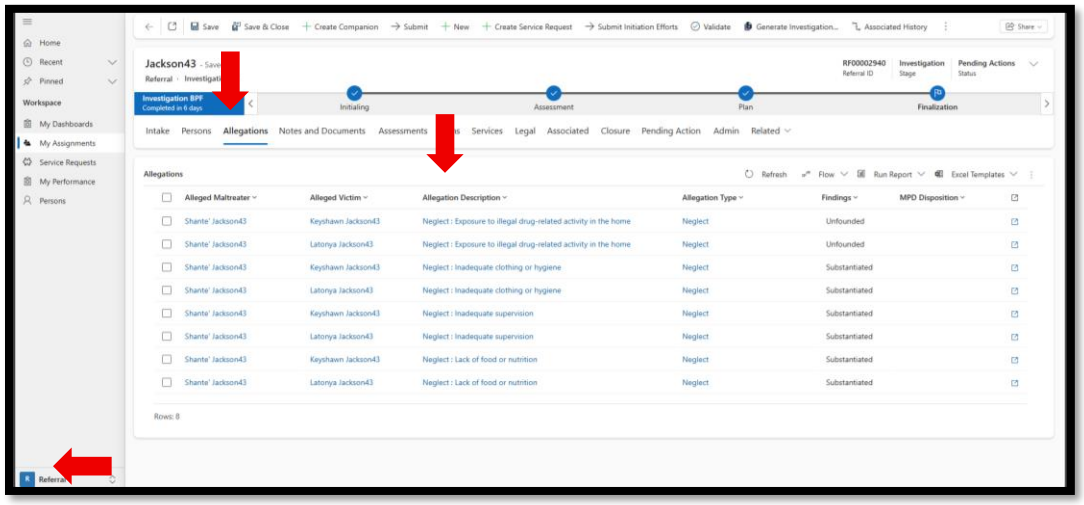
What was the finding of the CPS - Investigation for Positive Tox or FASD?

Referral → Allegations→ Allegation Description → Findings



Did this referral include any additional substance abuse related allegations other than positive tox and FASD?

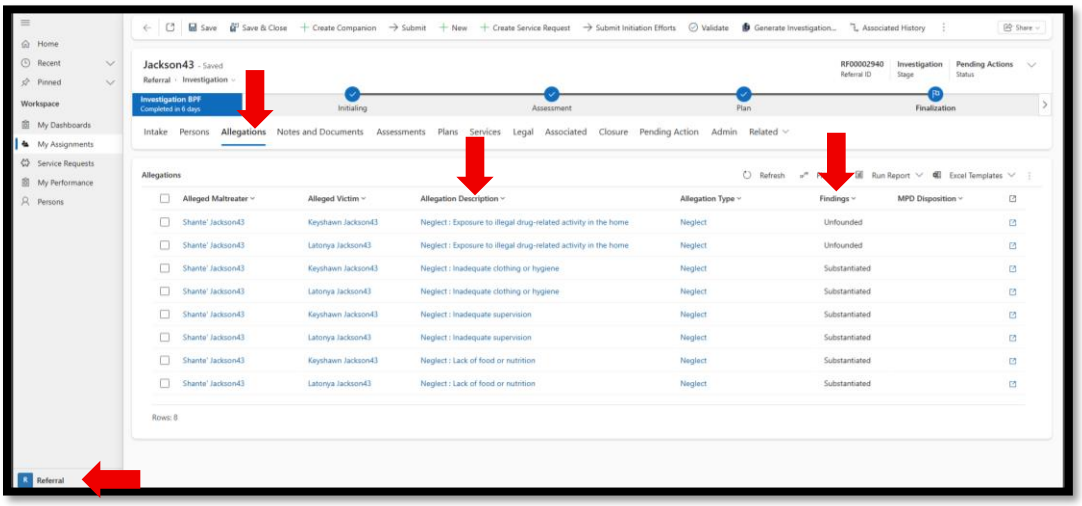
Referral → Allegations→ Allegation Description



If yes, indicate which substance abuse allegation(s) and the respective finding: Controlled substance in the system of a child

Referral → Allegations→ Findings

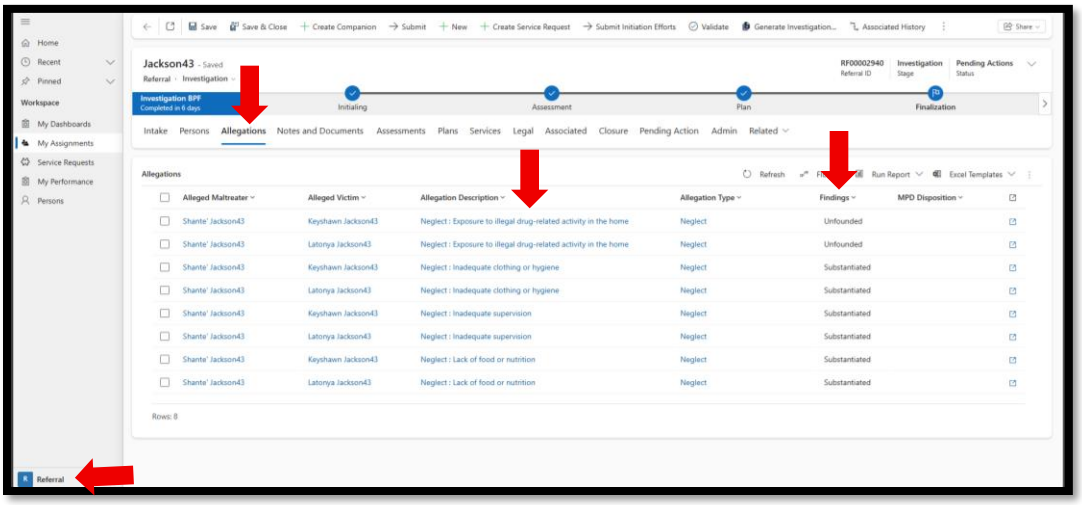
- View **Allegations** tab, view allegation for *Positive Toxicology of a Newborn* or *Harmful Substance in the system of a child*; view findings



If yes, indicate which substance abuse allegation(s) and the respective finding: Exposure to illegal drug-related activity in the home

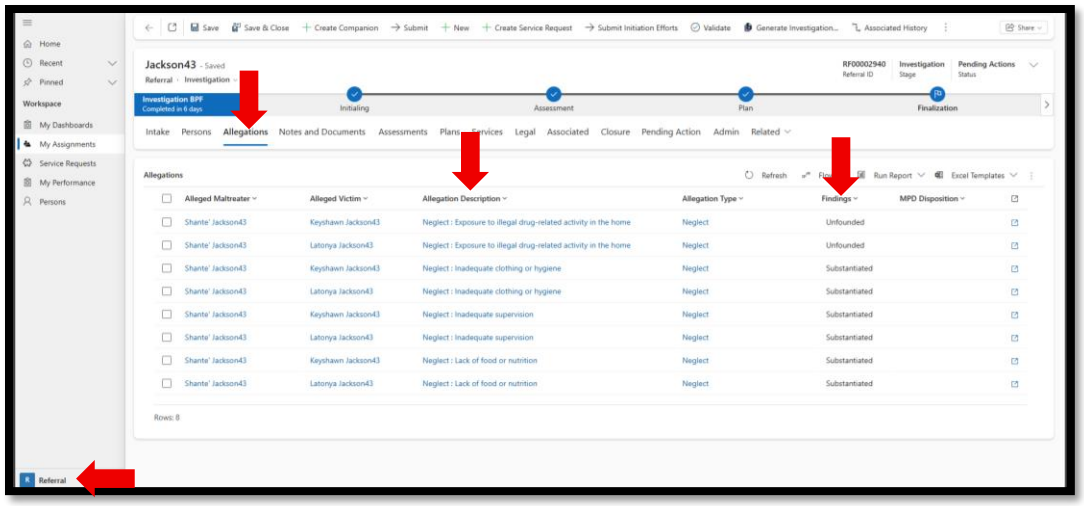
Referral → Allegations→ Findings

- **Allegations** tab, view allegation of same name, *Exposure to illegal drug-related activity in the home*; view finding

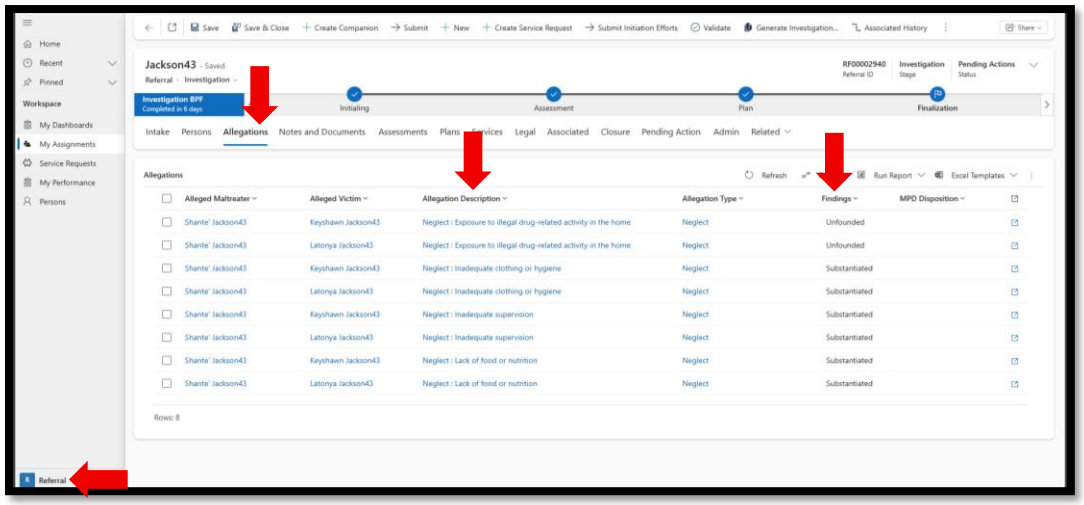


If yes, indicate which substance abuse allegation(s) and the respective finding: Substance use by a parent, caregiver, or guardian
Referral → Allegations→ Findings

- **Allegations** tab, view allegation *Caregiver Substance Use*; view finding

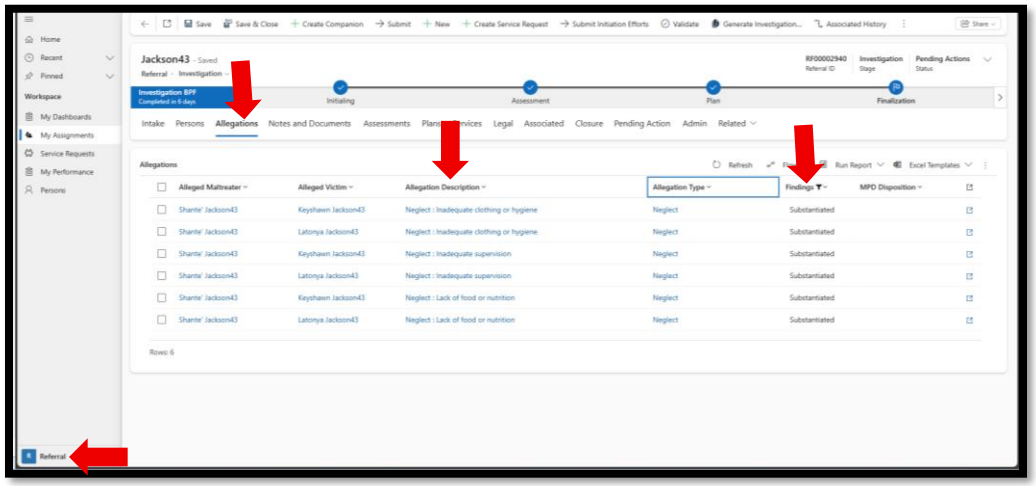


If yes, indicate which substance abuse allegation(s) and the respective finding: Other if substance abuse -related (specify in comment box)
Referral → Allegations→ Findings



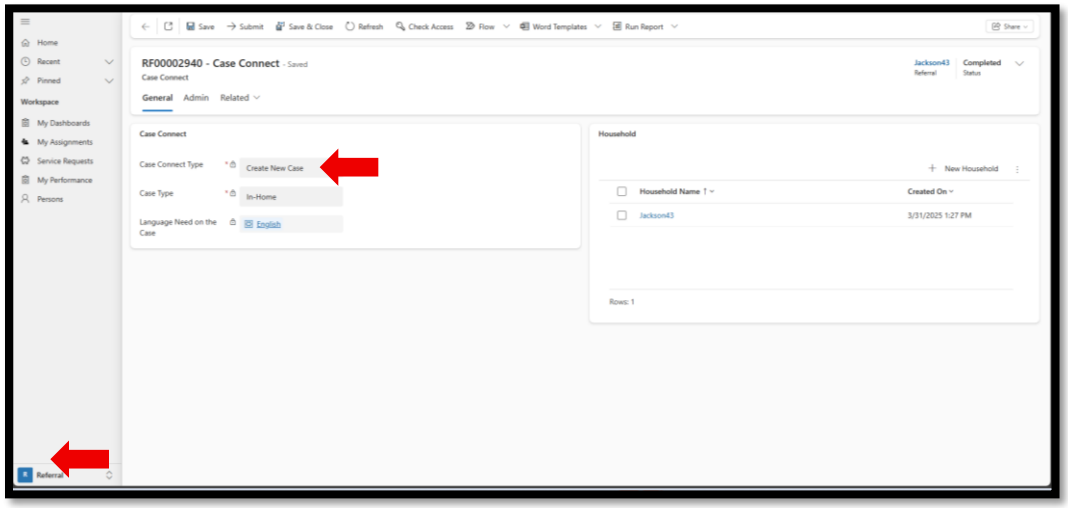
Please provide any Non-Substance Abuse related allegations that were substantiated (check all that apply):

Referral → Allegations→ Allegation Description→ Findings

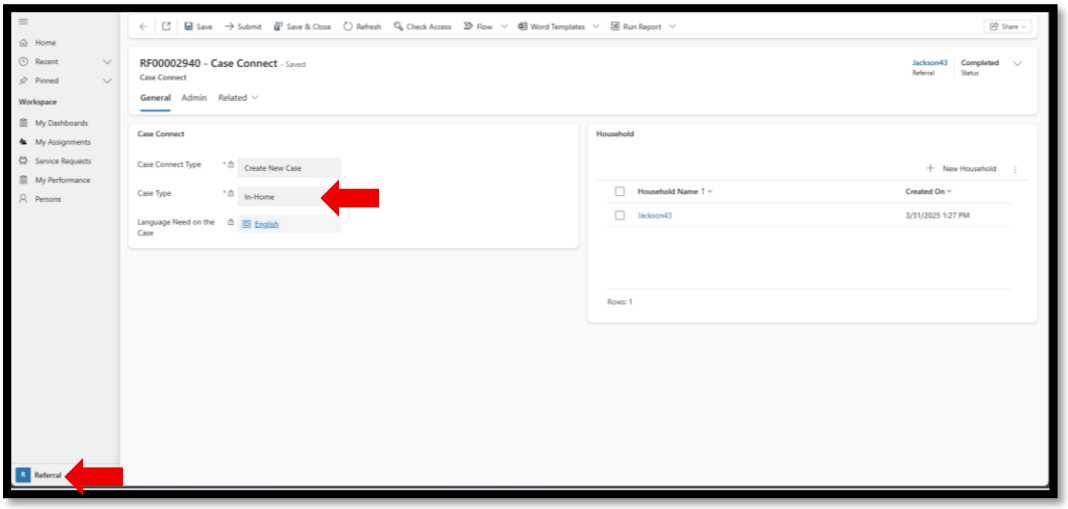


Did this referral result in an open case?

Referral → Closure→ Case Connect→ Case Connect Type

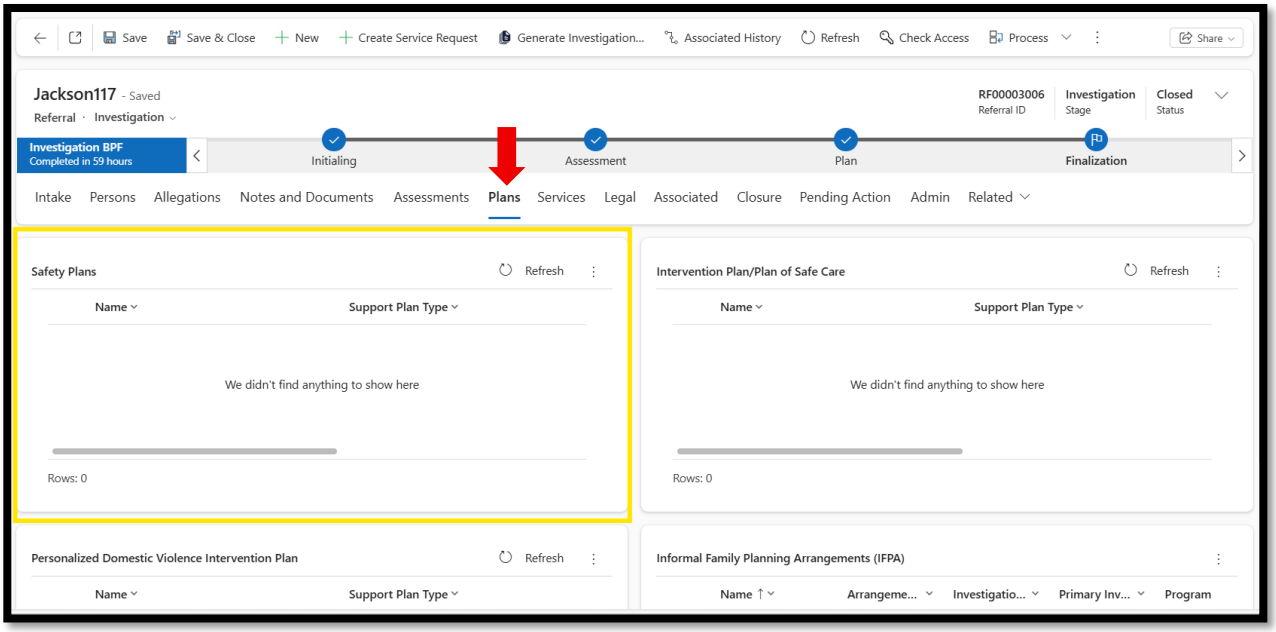


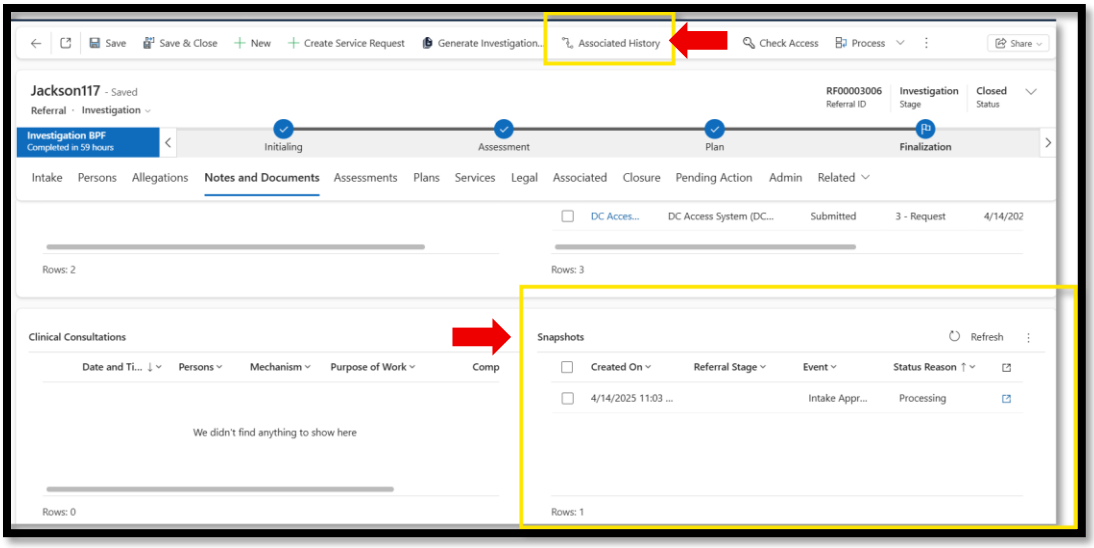
If yes or linked, indicate which administration the case was transferred/linked to:
Referral → Closure→ Case Connect→Case Type



If a case was opened, did the infant have additional safety needs beyond what the referral detailed?

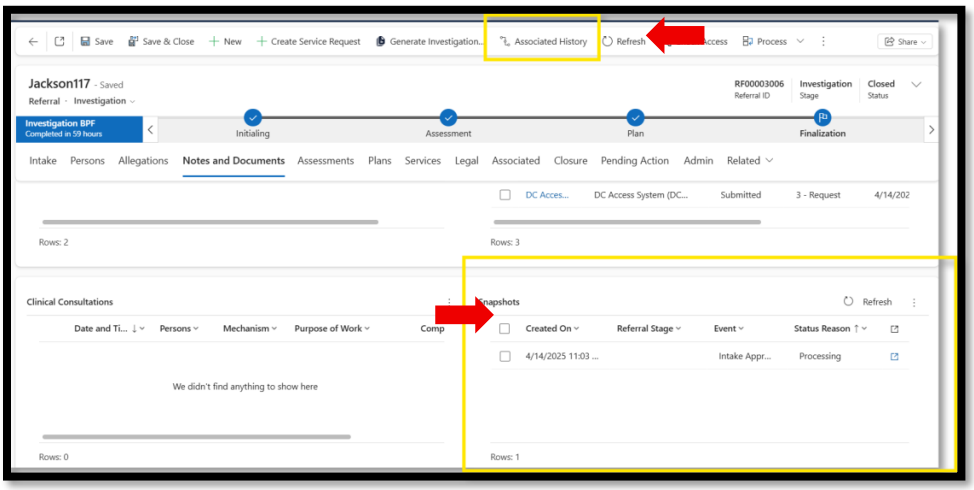
- Generate Investigation Summary for Investigation Closure Summary, contact notes, support plans; Go to **Plans** tab to view Support Plan in place to address safety needs.





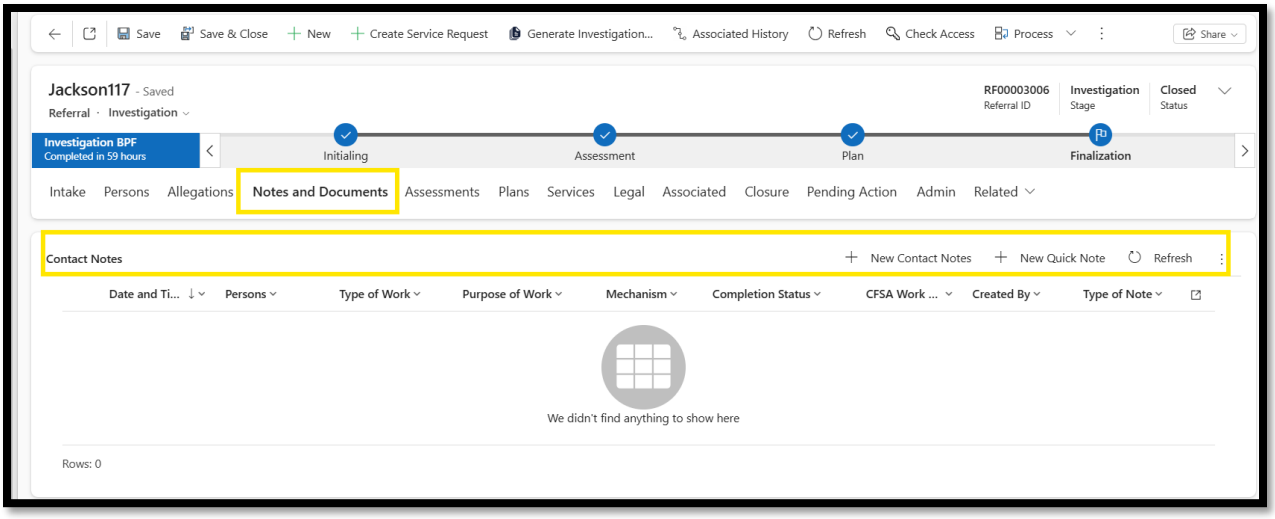
If yes, provide date of most recent referral of Positive Tox or FASD:

- Generate **Associated History Report**, view in **Snapshots** section of **Notes and Documents** tab, allegations/findings will display for prior investigation referrals and cases opened in chronological order to view dates; Dates not available on Person Record.



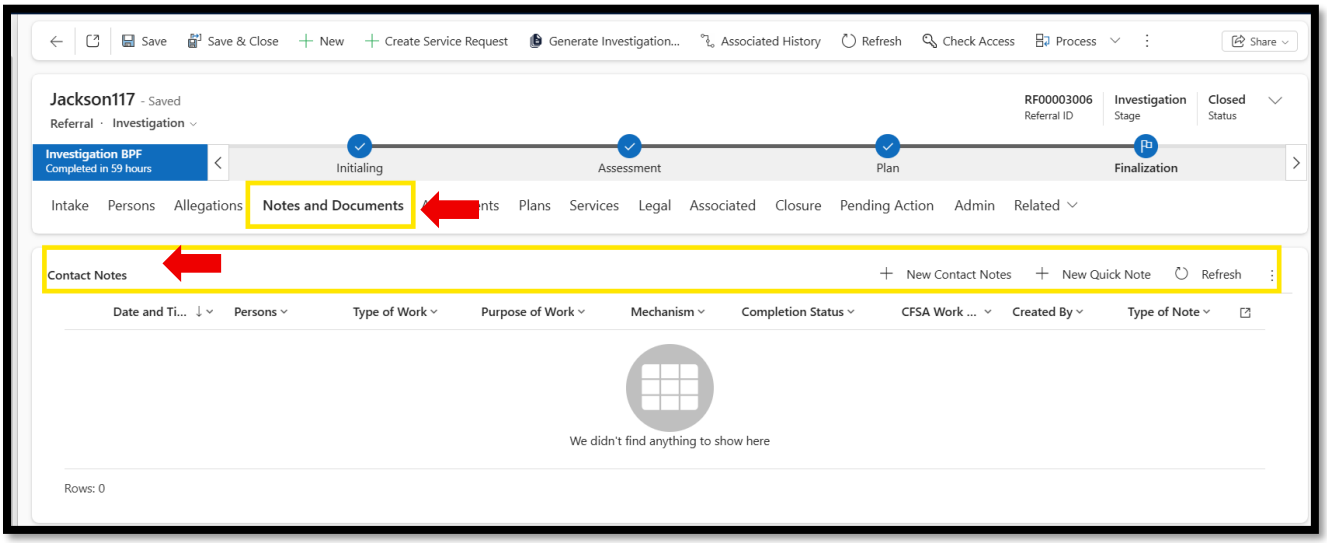
Did the SW meet with the family, including the affected parent/caregiver to assess for safety?

- Select **Notes and Documents** tab to view Contact Notes with parent/caregiver under **Contact Notes;** generate Investigation Summary to view contacts with parent/caregiver.



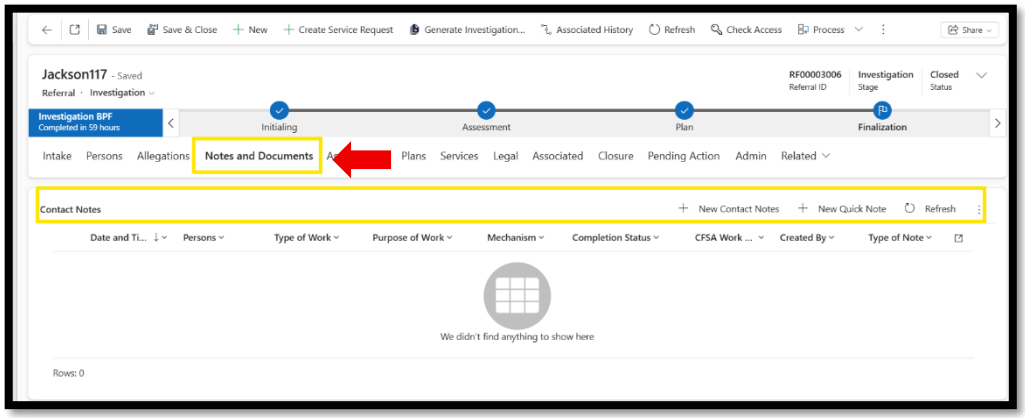
Did the SW visit all substance-exposed infants and assess for safety?

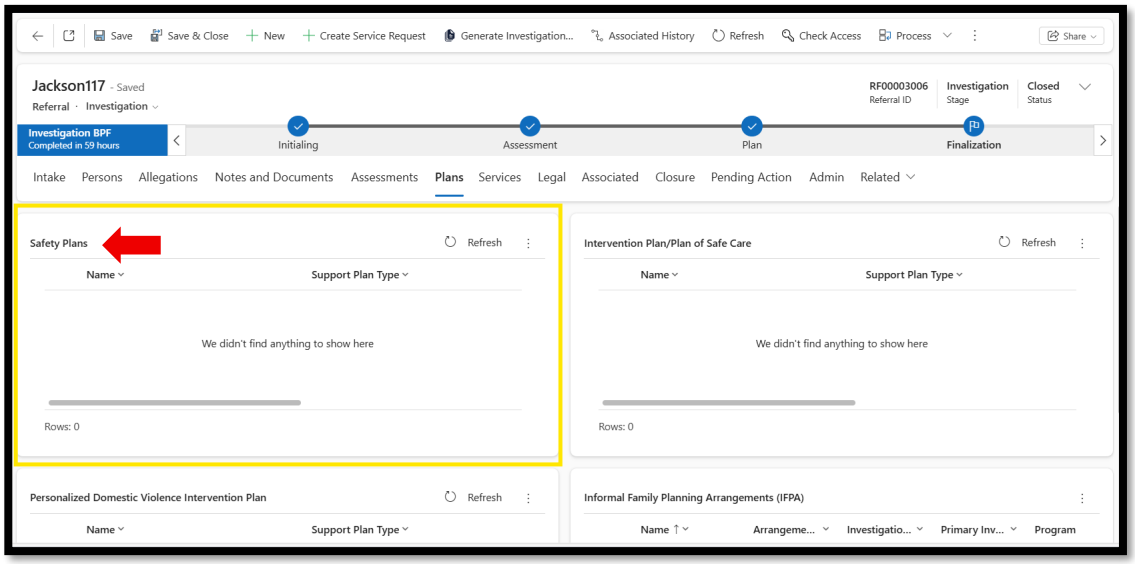
- Select **Notes and Documents** tab to view Contact Notes with infant under **Contact Notes;** generate Investigation Summary to view contacts with infant.



Did SW or Nurse have discussion about safe sleeping practices w/caregiver:

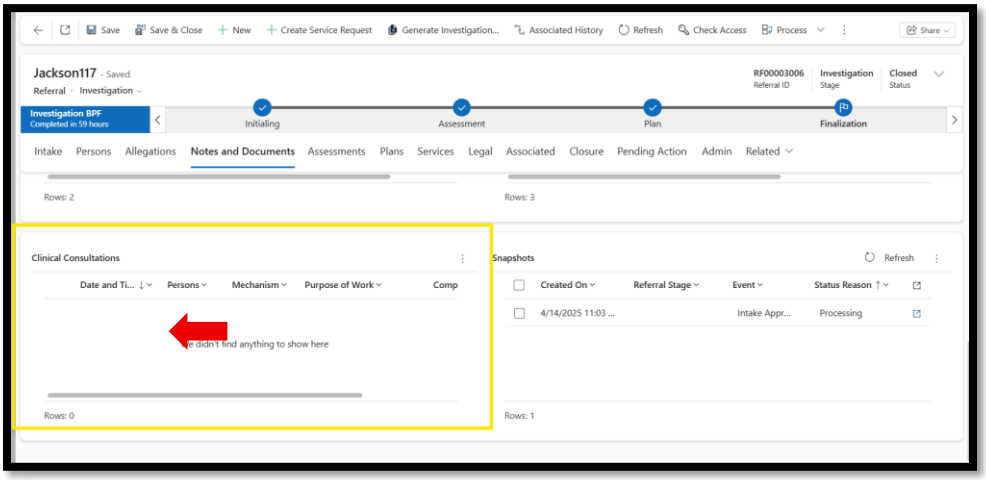
- Select **Notes and Documents** tab to view **Contact Notes** with parent/caregiver by SW or Nurse; view Support Plan under **Plans** tab for discussion of safe sleeping practices; generate Investigation Summary and view contact notes with parent/caregiver by SW or Nurse OR view Support Plans.

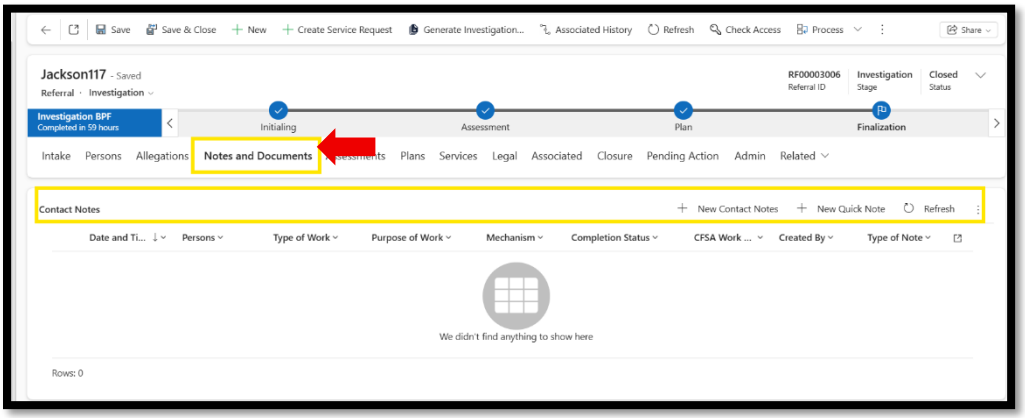




Did the SW consult with their supervisor to discuss the investigation?:

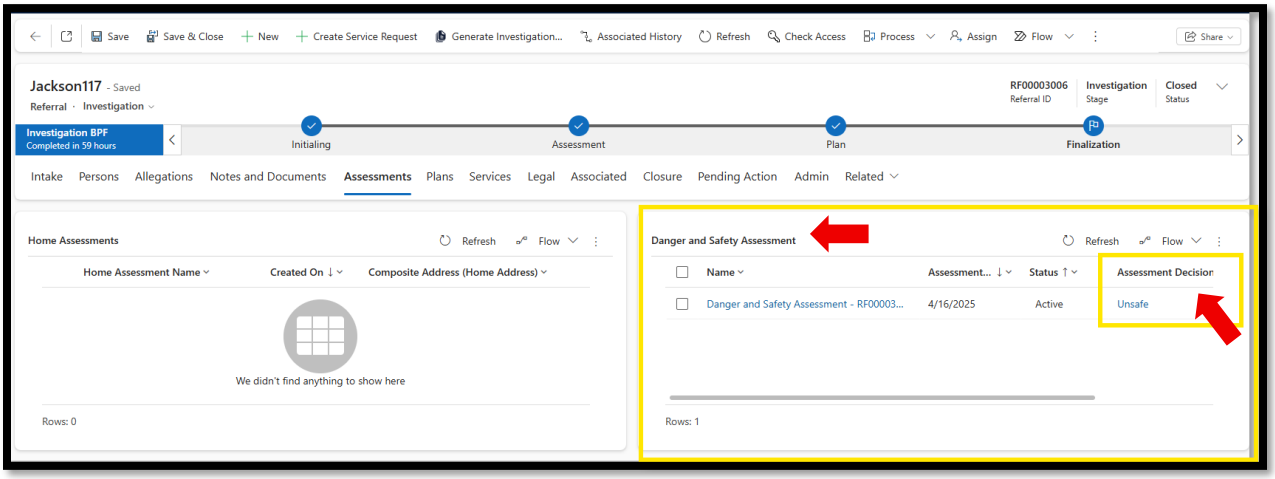
- Select **Notes and Documents** tab, select **Clinical Consultations** or may view **Contact Notes** for supervisory notes





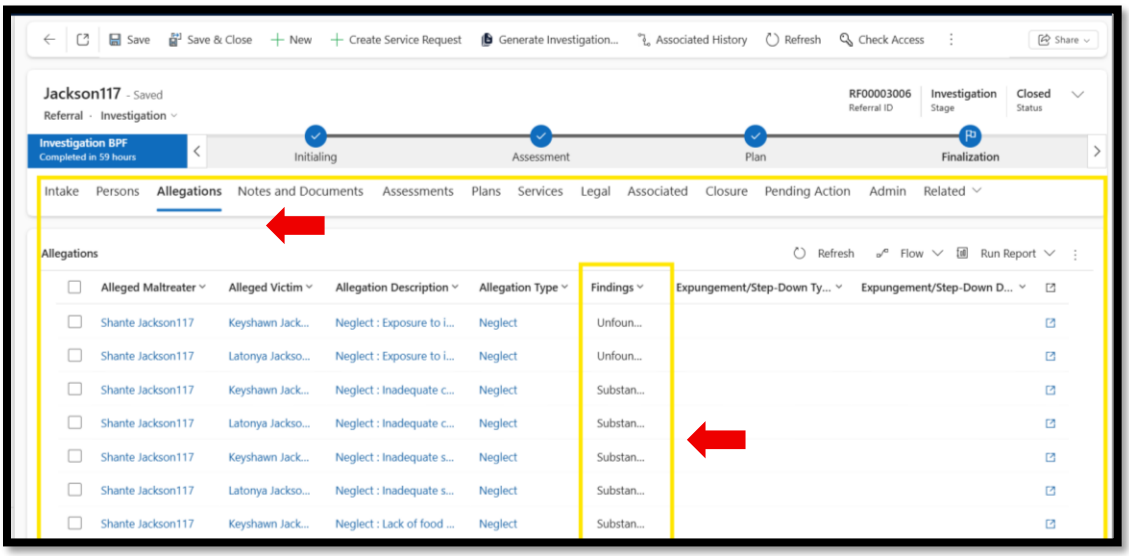
What was the outcome of the DSA?:

- Select **Assessments** tab, view **Danger and Safety Assessment** section, **Assessment Decision Outcome**



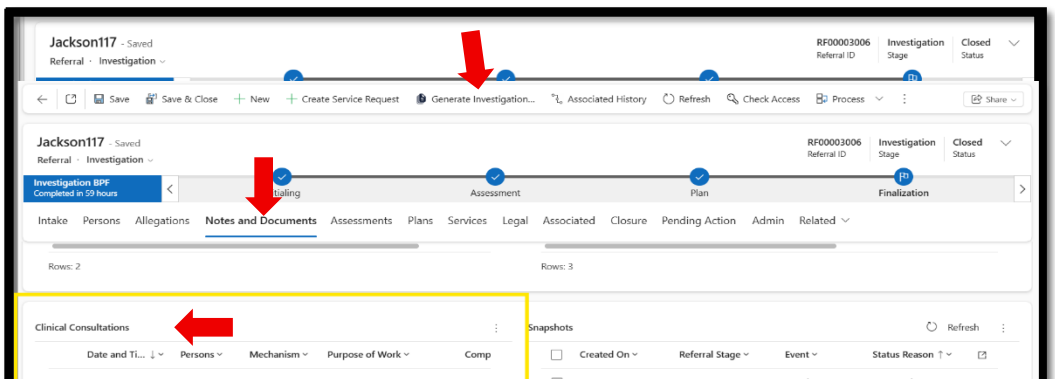
What was the finding of the CPS Investigation for Positive Tox or FASD?

- **Allegations** tab, view **Findings** for these allegations



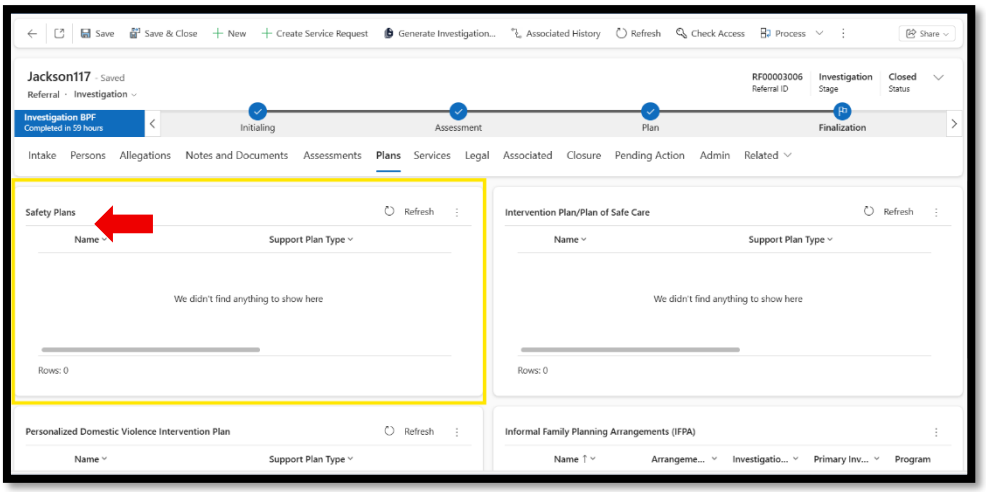
If there were any other risk/safety concerns identified, did investigator/supervisor document an adequate response:

- Select **Notes and Documents** section, view **Contact Notes** by SW or Supervisor, or in **Clinical Consultations**; generate investigation summary to view contact notes by SW/Supervisor



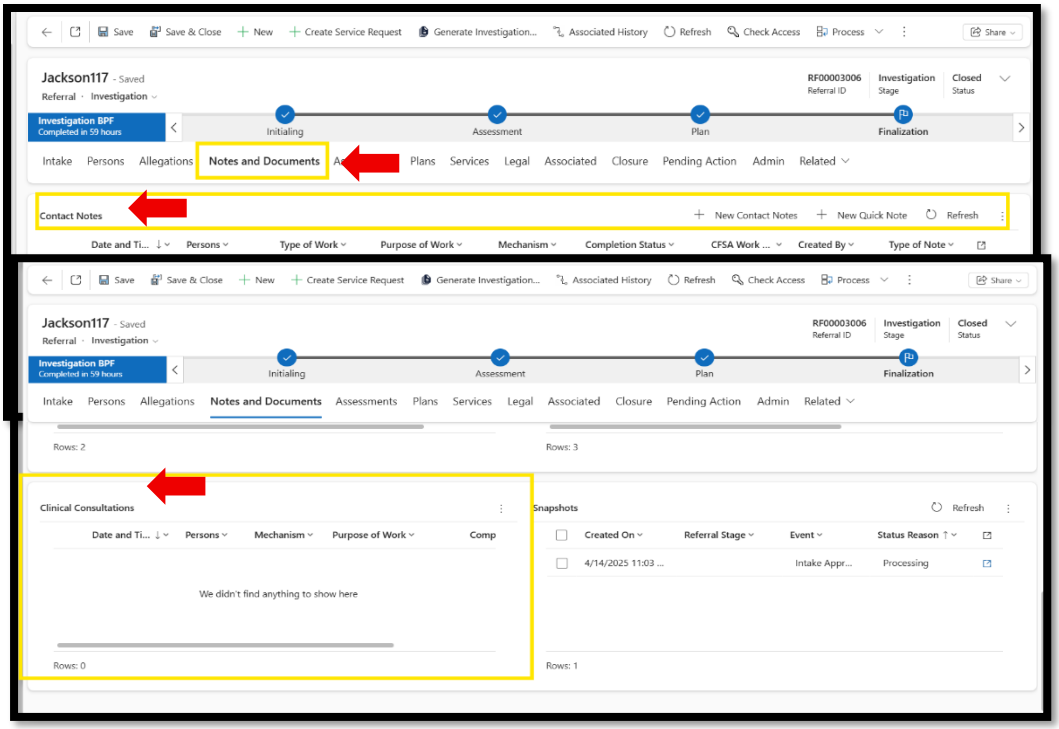
Did investigator document that they created an intervention plan jointly with the parent/caregiver?

- Intervention Plans can ONLY be created with the participation of the parent/caregiver, View **Plans** tab, view **Support Plans** - *Intervention Plan/Plan of Safe Care* or *Safety Plan*; Generate Investigation Summary to view **Support Plans** - *Intervention Plan/Plan of Safe Care or Safety Plan*



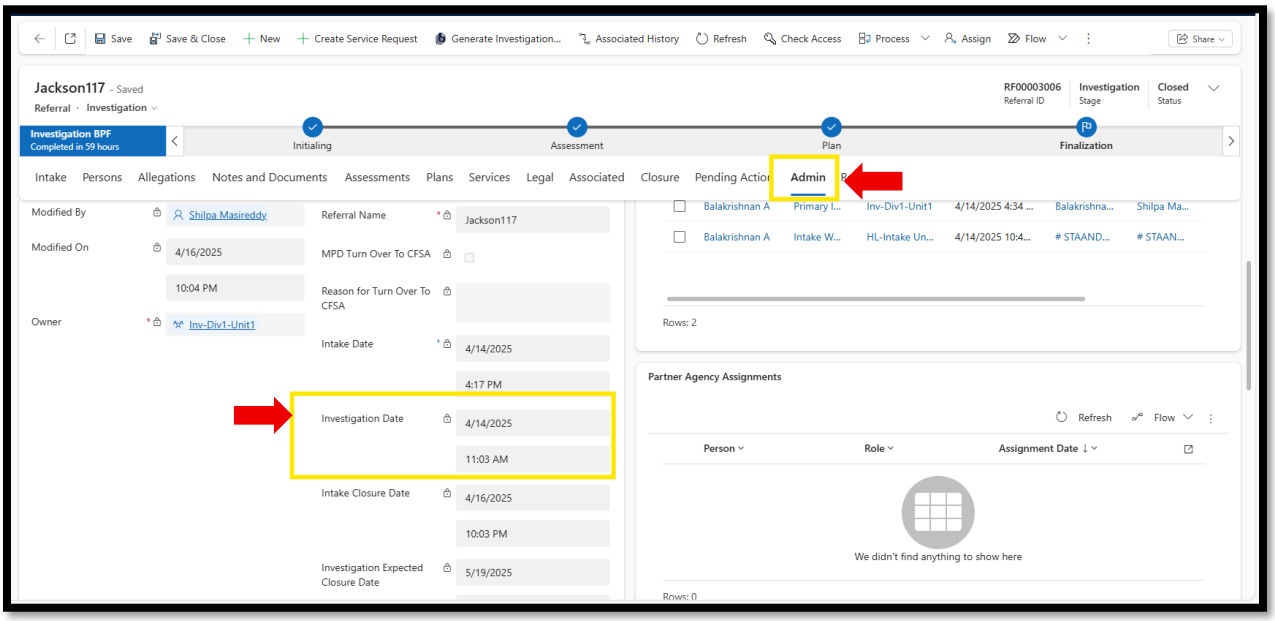
If no joint intervention plan was done, identify the reason:

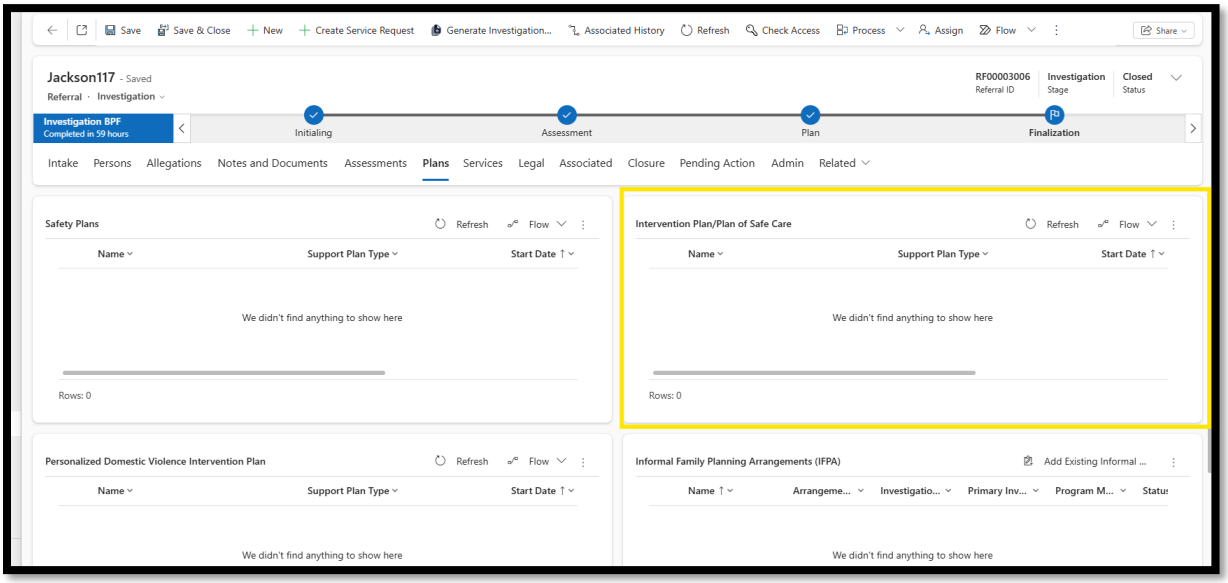
- Select **Closure** tab, view **Investigation Closure Summary;** generate investigation summary to view Investigation Closure Summary, contact notes by SW/Supervisor; Select **Notes and Documents** to view **Contact Notes** by SW/Supervisor or **Clinical Consultations** section



Within 24 hrs of the initial assessment/visit with the family, did the SW document the intervention plan?

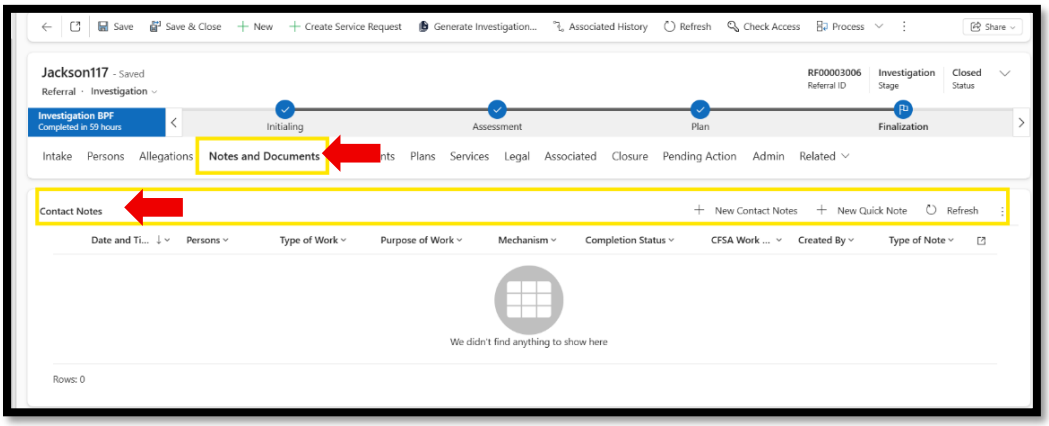
- View **Admin** tab for *Investigation Date*, select **Plans** and *Intervention Plan/Plan of Safe Care* to view date

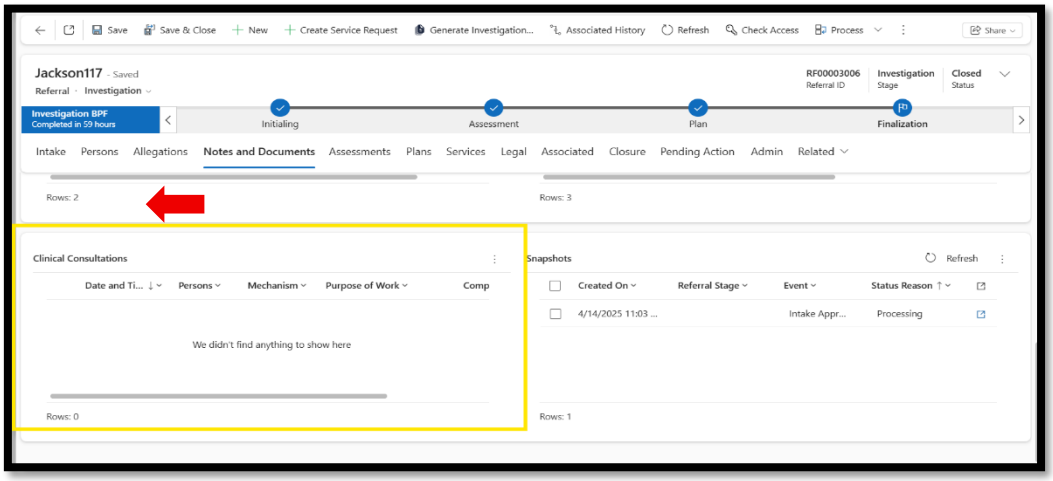




In instances where there is no documents intervention plan for positive toxicology referrals, did the supervisor SW provide a written explanation in the contact notes:

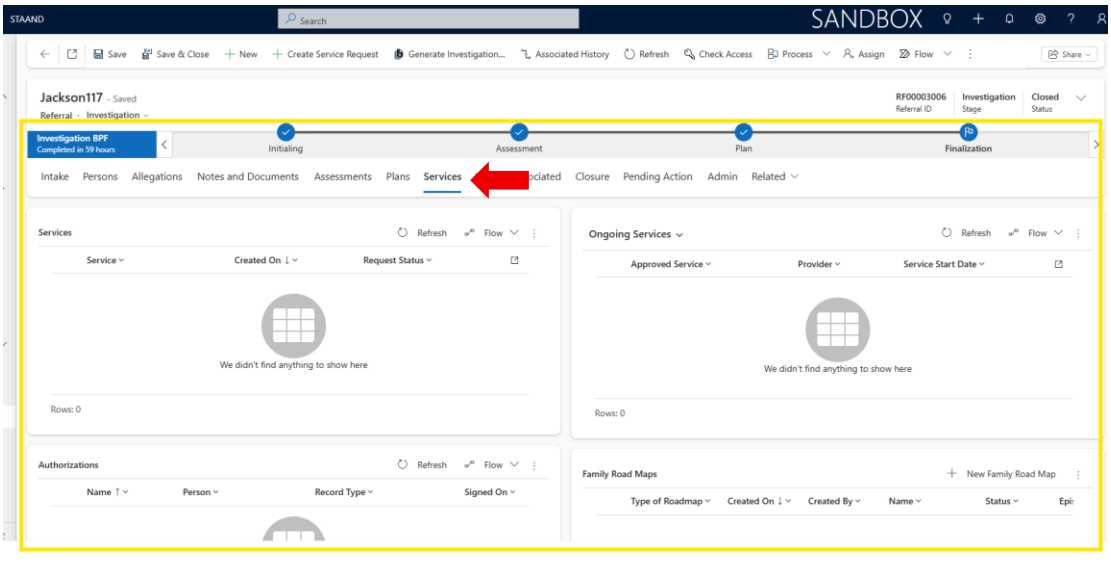
- View **Notes & Documents** tab, supervisory contact note will be under **Contact Notes** section or **Clinical Consultations** section





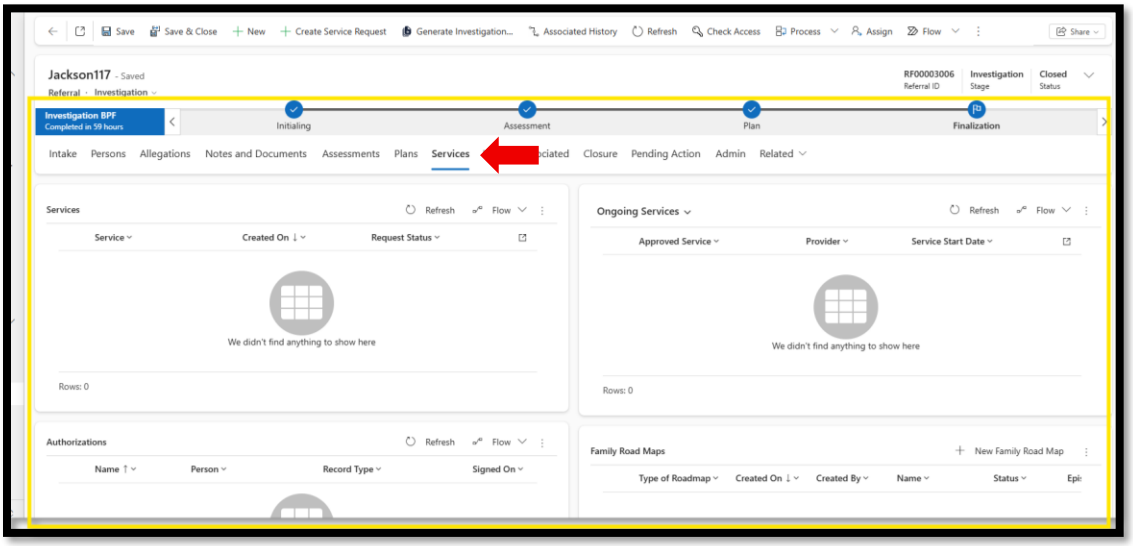
Did the SW submit the 5 mandatory service referrals?

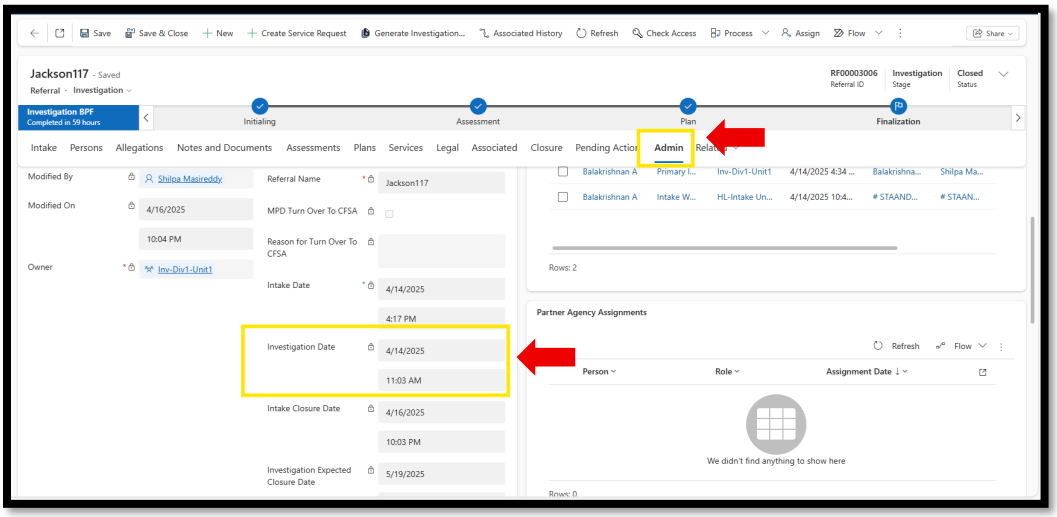
- CPS Nurse Referral (w/in 72 hrs of contact) View **Services** tab, view service referral under **Services** section with *Created On* Date OR view service referral under **Ongoing Services** section with *Service Start Date*, compare either date to *Investigation Date* on **Admin** tab



Did the SW submit the 5 mandatory service referrals?

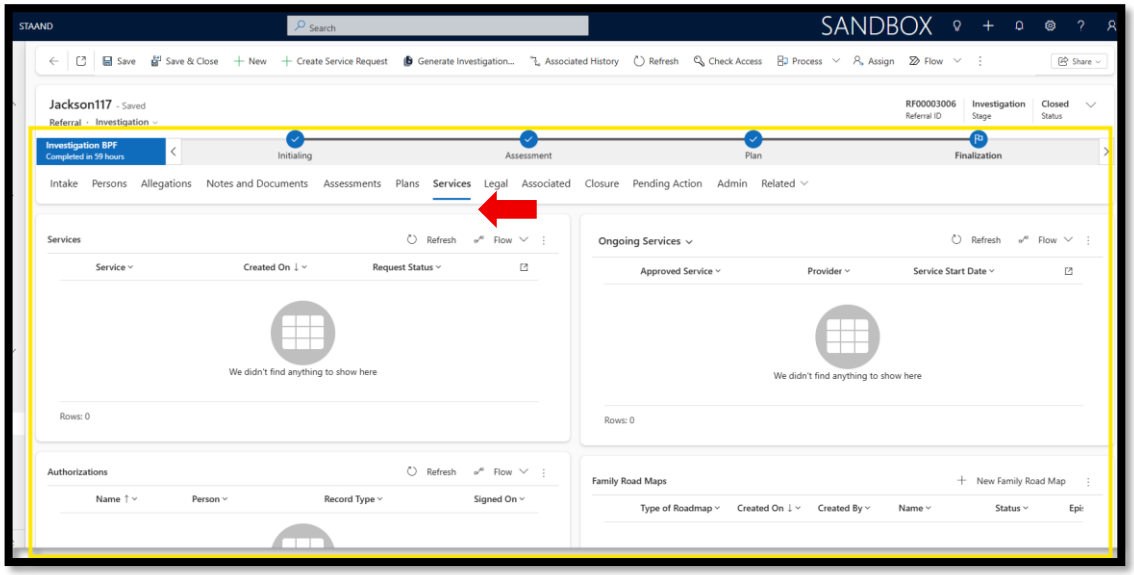
- 0-3 Early Intervention Referral (w/in 72 hrs of contact) View **Services** tab, view service referral under **Services** section with *Created On Date* OR view service referral under **Ongoing Services** section with *Service Start Date,* compare either date to I*nvestigation Date* on **Admin** tab

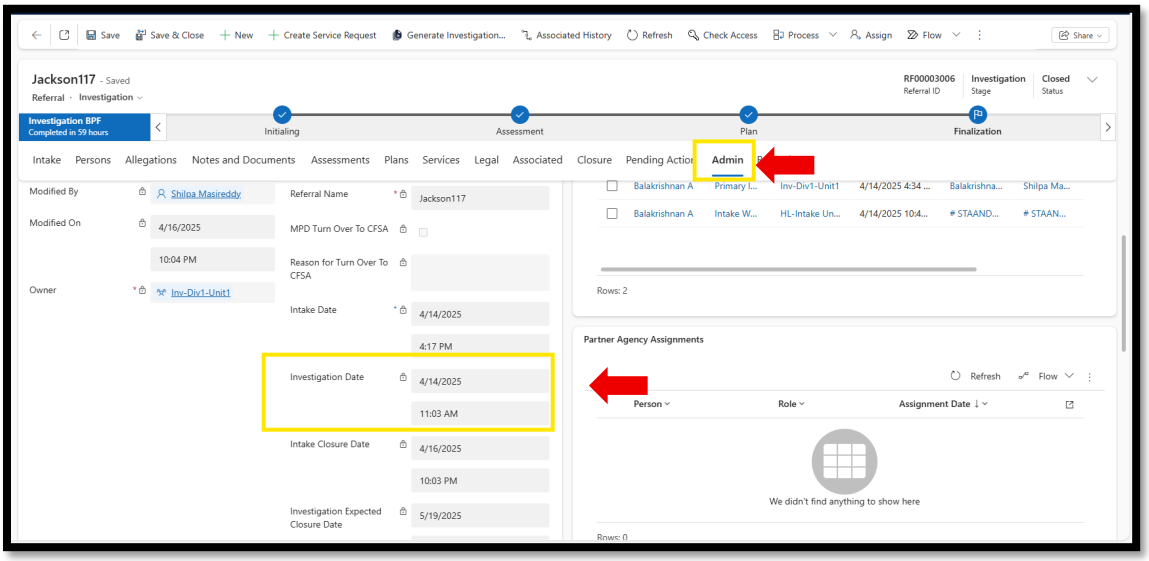




Did the SW submit the 5 mandatory service referrals?

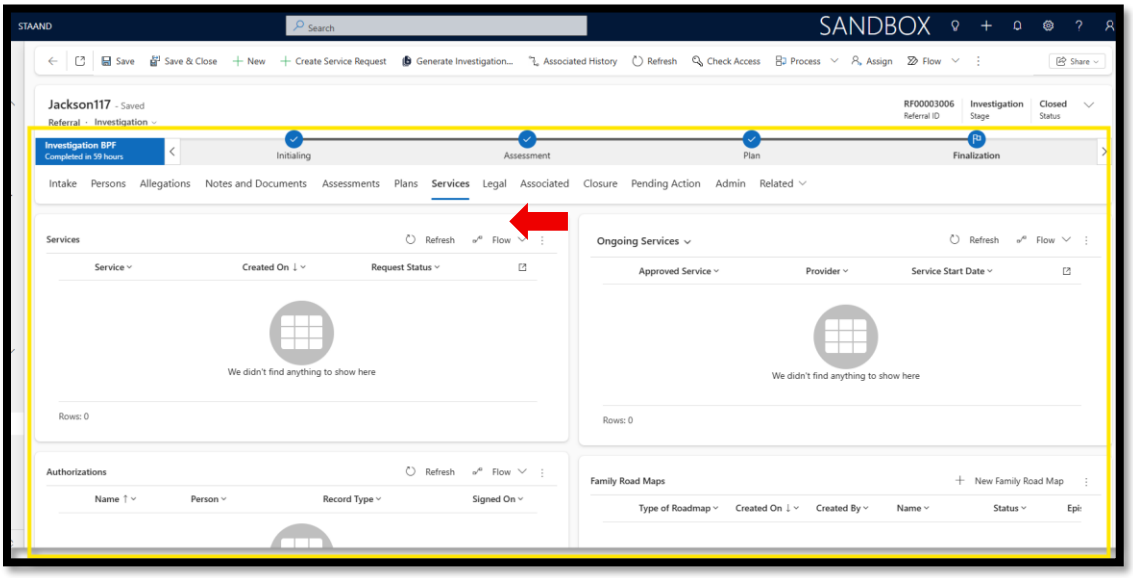
- Substance Use Referral (w/in 72 hrs of contact) View **Services** tab, view service referral under **Services** section with *Created On Date* OR view service referral under **Ongoing Services** section with *Service Start Date,* compare either date to *Investigation Date* on **Admin** tab.

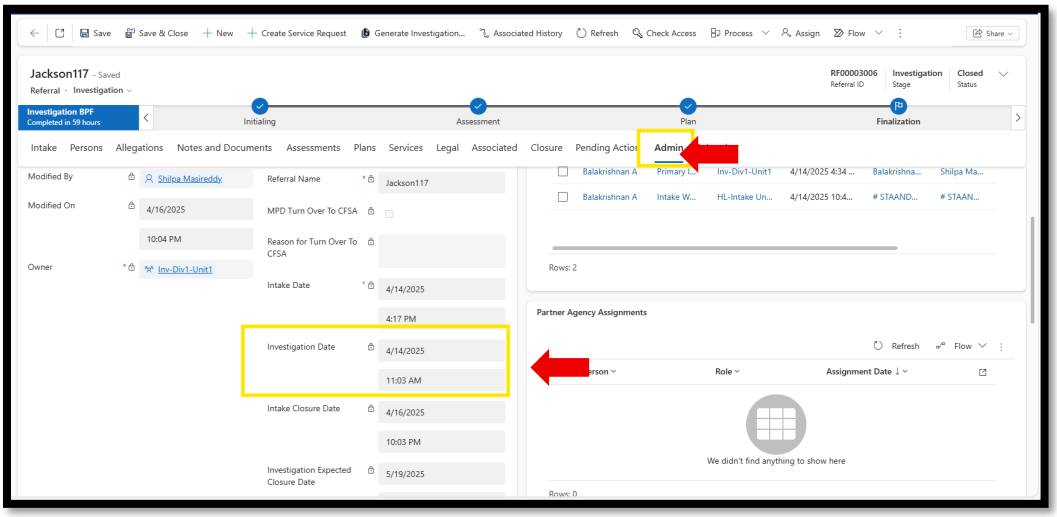




Did the SW submit the 5 mandatory service referrals?

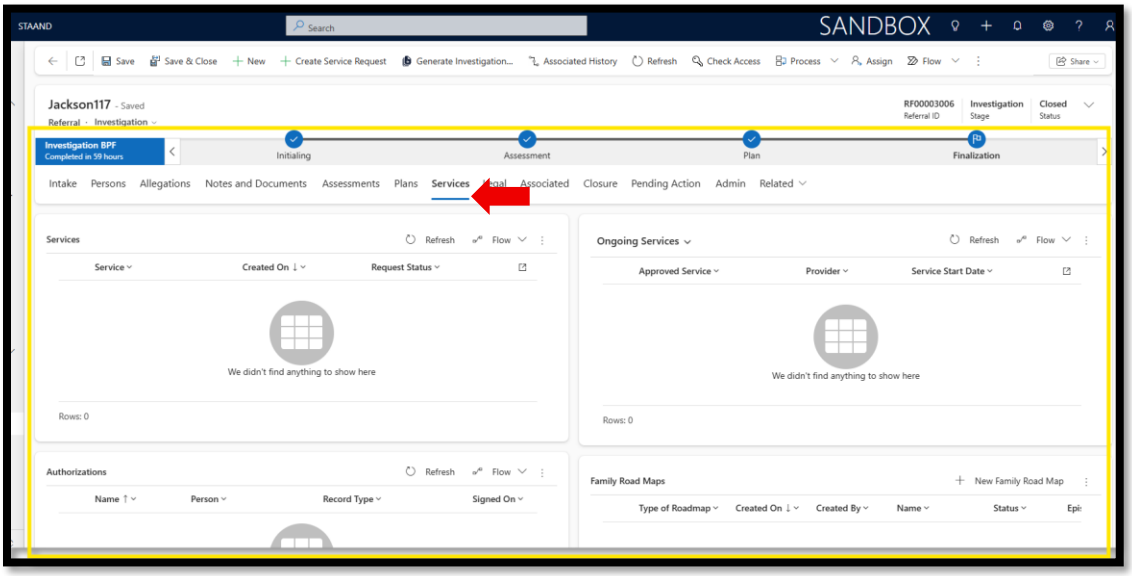
- At-Risk/Separation (No longer called Removal) FTM Referral (w/in 24 hrs of contact) View **Services** tab, view service referral under **Services** section with *Created On Date* OR view service referral under **Ongoing Services** section with *Service Start Date,* compare either date to *Investigation Date* on **Admin** tab.

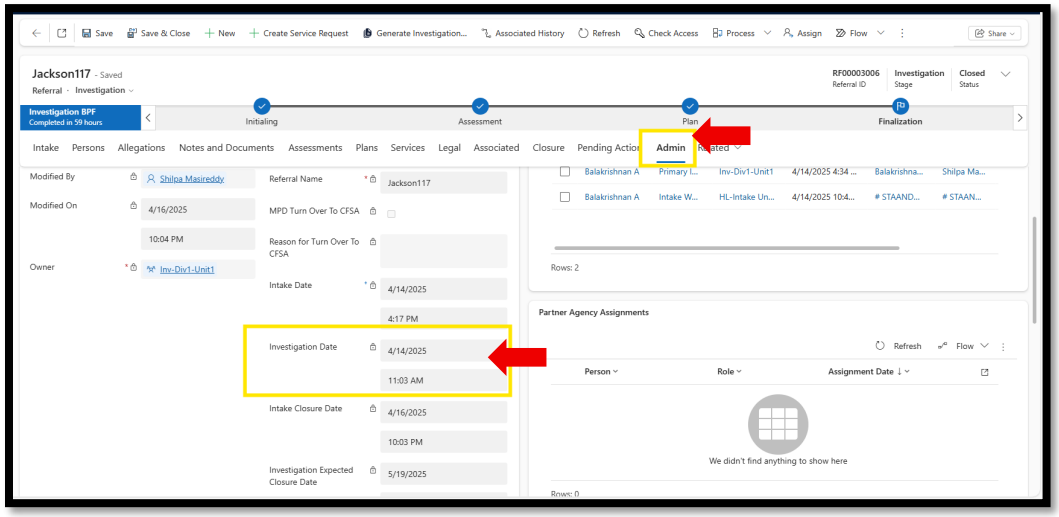




Did the SW submit the 5 mandatory service referrals?

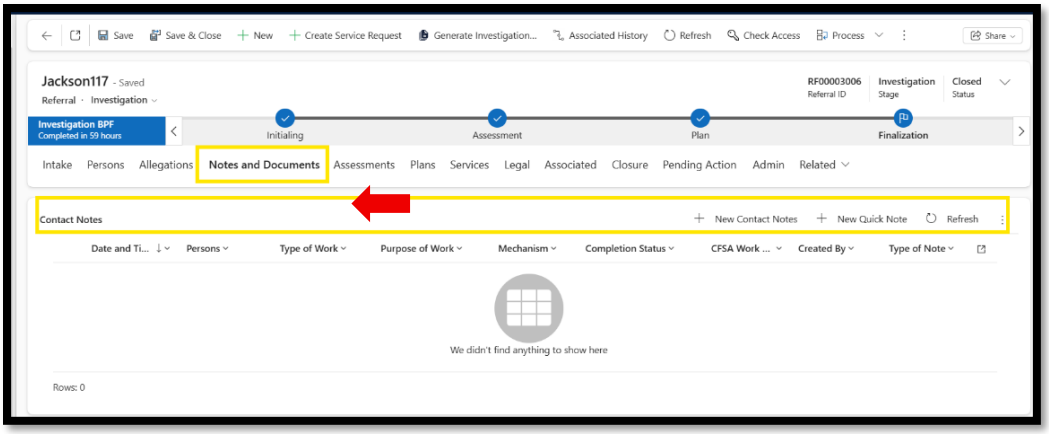
- At-Risk/Separation (No longer called Removal) Home Visitor Referral (w/in 72 hrs of contact) View **Services** tab, view service referral under **Services** section with *Created On Date* OR view service referral under **Ongoing Services** section with *Service Start Date,* compare either date to *Investigation Date* on **Admin** tab.

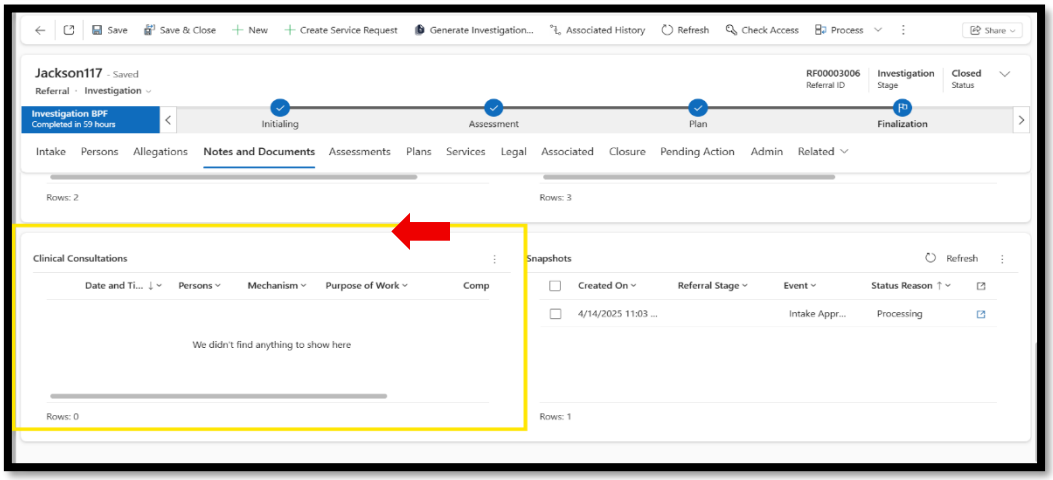




Did SW document specific steps, as needed, to followup on any referrals?

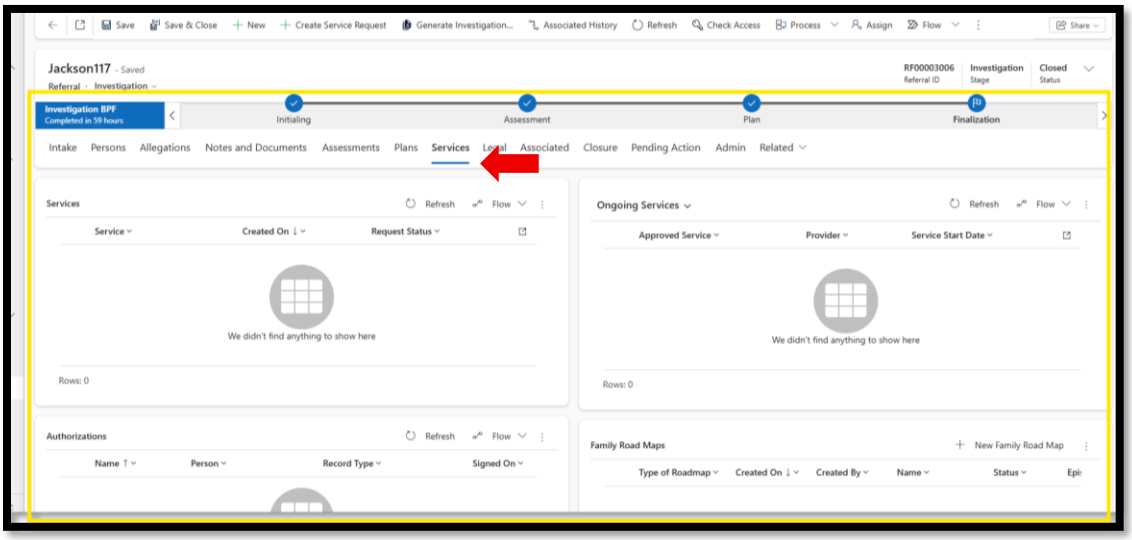
- View **Notes and Documents** tab, view **Contact Notes** section or **Clinical Consultations** section; View **Plans** section and view *Intervention Plan/Plan of Safe Care* OR *Safety Plan* to see if steps are noted; Generate Investigation Summary and view contact notes or support plans.





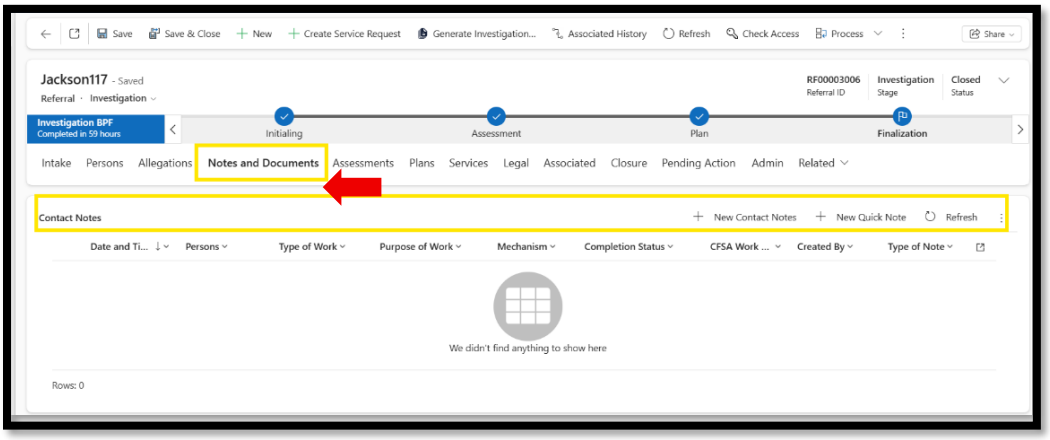
What additional service referrals, if any, did the Agency make for the family?

- View **Services** tab, view service referral under **Services** section OR view service referral under **Ongoing Services** section.



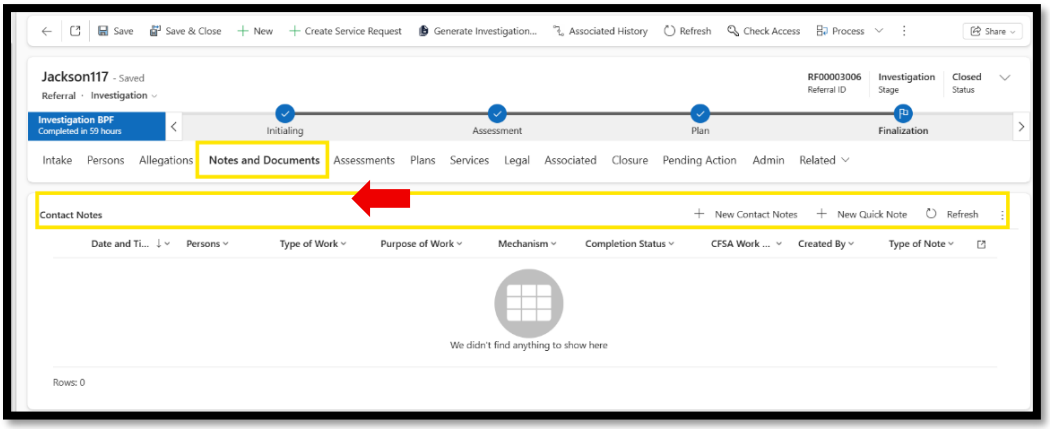
Were the 2 required nurse visits conducted?

- View **Notes and Documents** tab, view contact notes section, view any contact notes by Nurse (filter by name or medical).



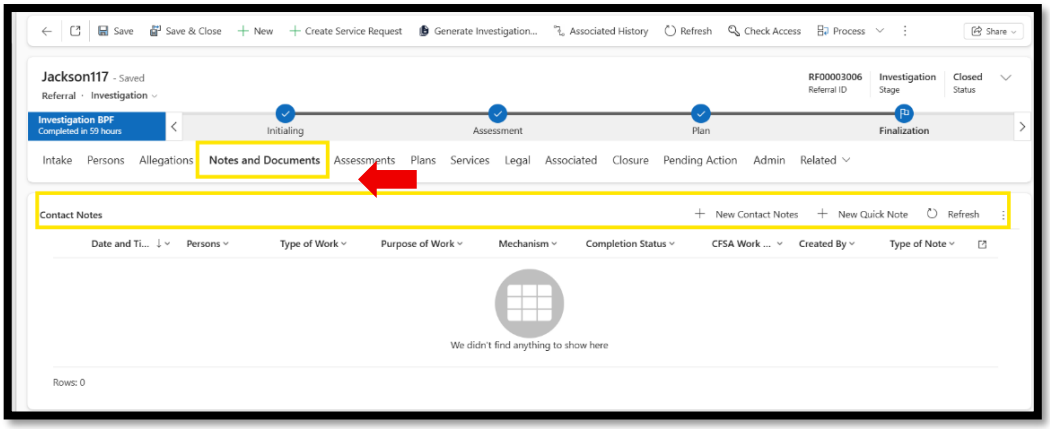
Of the nurse visits completed, indicate if any were a home and/or hospital visit:

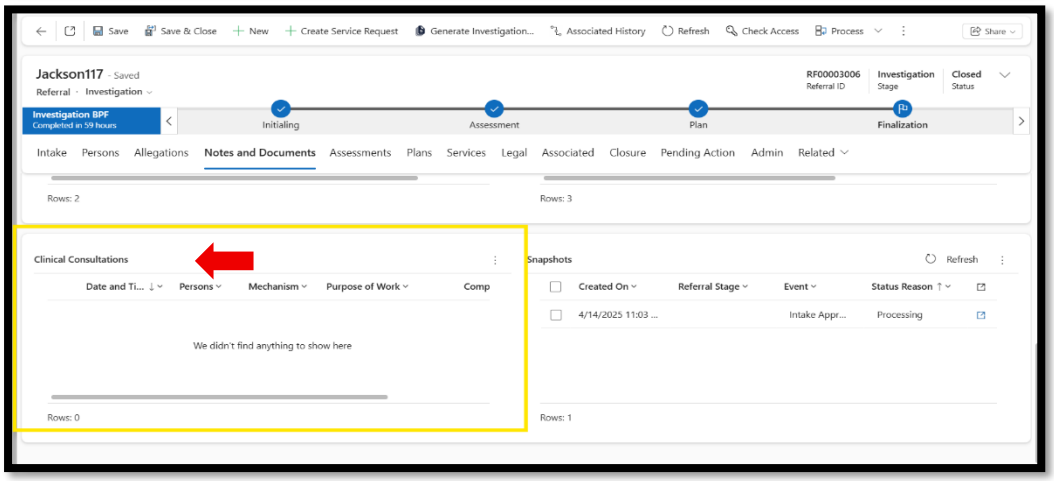
- View **Notes and Documents t**ab, view contact notes section, view any contact notes entered by nurse (filter by name or medical) regarding child to view *Mechanism/Location*.



If the baby was not seen in the hospital or home, please indicate why:

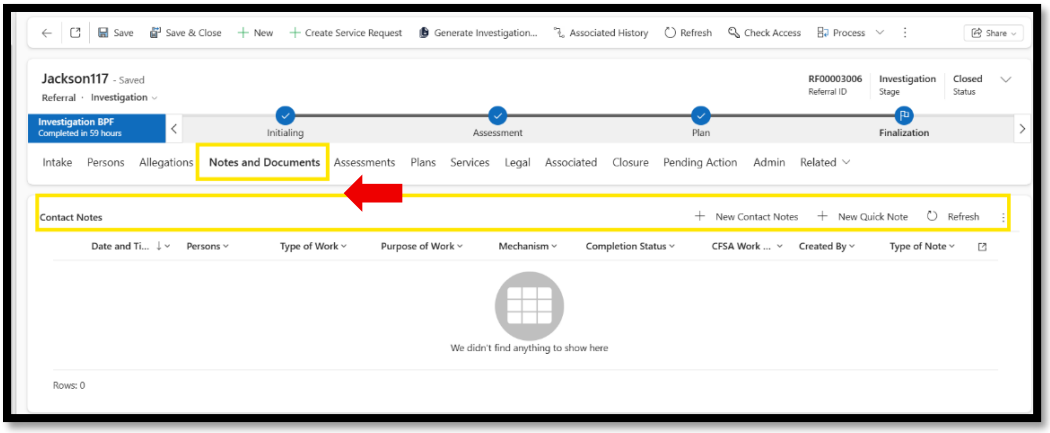
- View **Notes and Documents** tab, view contact notes section for contact notes by SW/Supervisor or **Clinical Consultations** section; Generate Investigation Summary and view contact notes by SW/Supervisor.

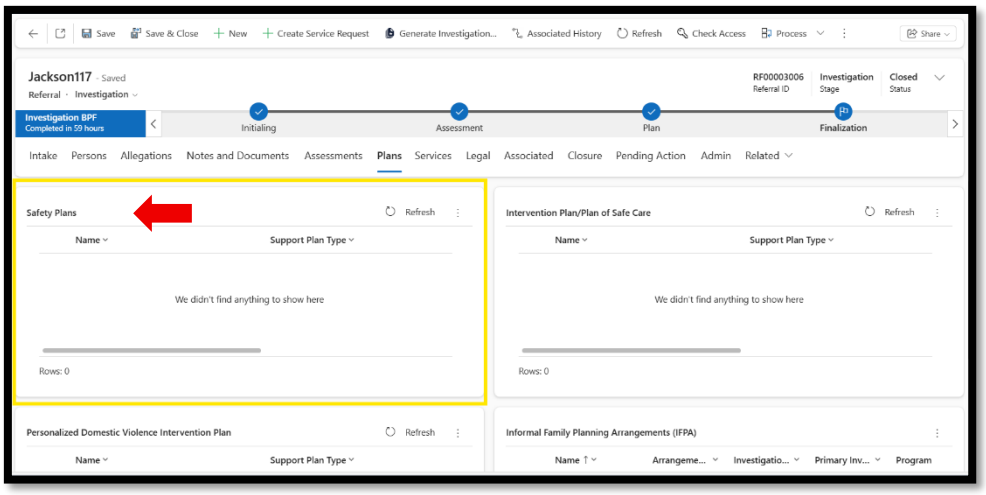




Did SW or nurse take any additional steps not already mentioned to address safety and wellbeing of infant and needs of caregivers?

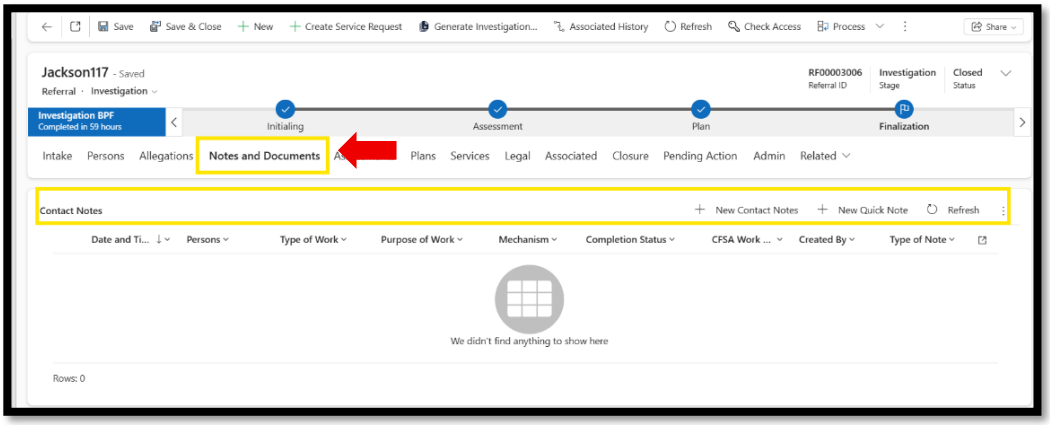
- View **Notes and Documents** tab, view **Contact Notes** section for contact notes by SW/Supervisor; Generate Investigation Summary to view Contact Notes by SW/Supervisor or Support Plans; View **Plans** tab to view **Support Plans.**

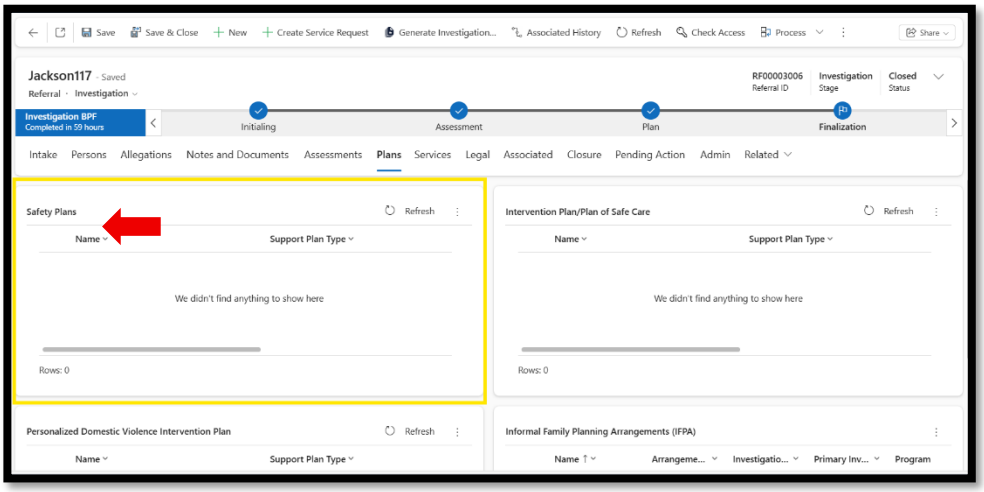




Indicate any family related factors that are documented in referral:

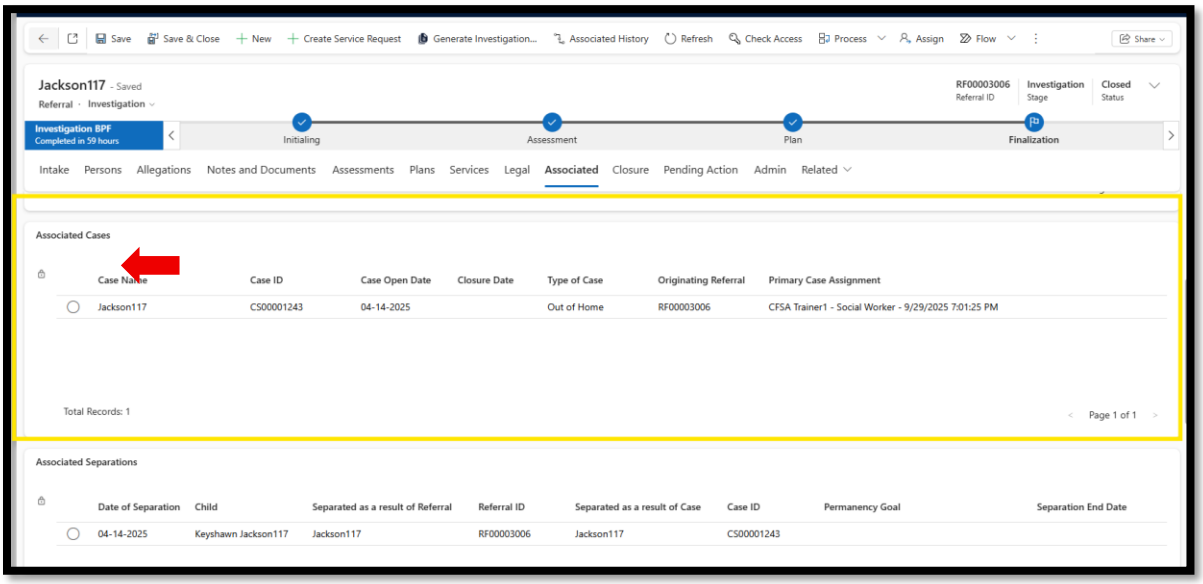
- View **Notes and Documents** tab, view **Contact Notes** section for contact notes by SW/Supervisor; Generate Investigation Summary to view Contact Notes by SW/Supervisor or Support Plans; View **Plans** tab to view **Support Plans.**





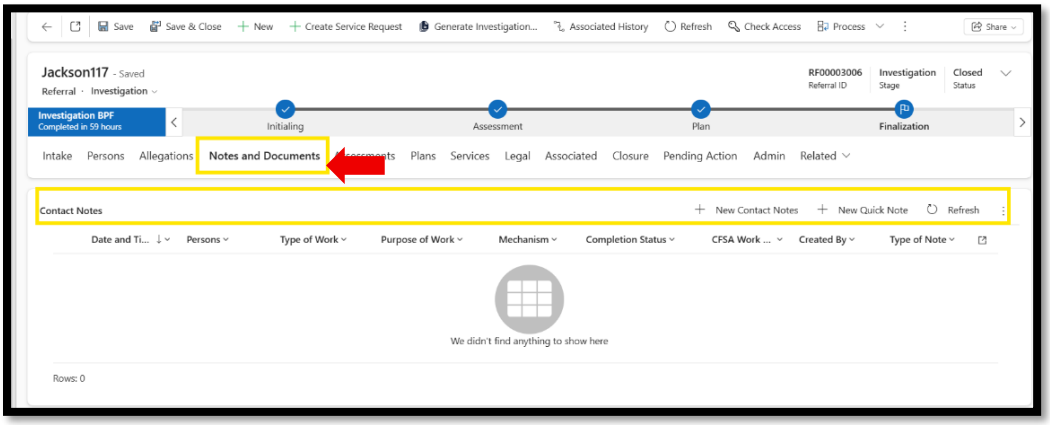
What case related factors if any did SW view as barriers to child safety and family wellbeing:

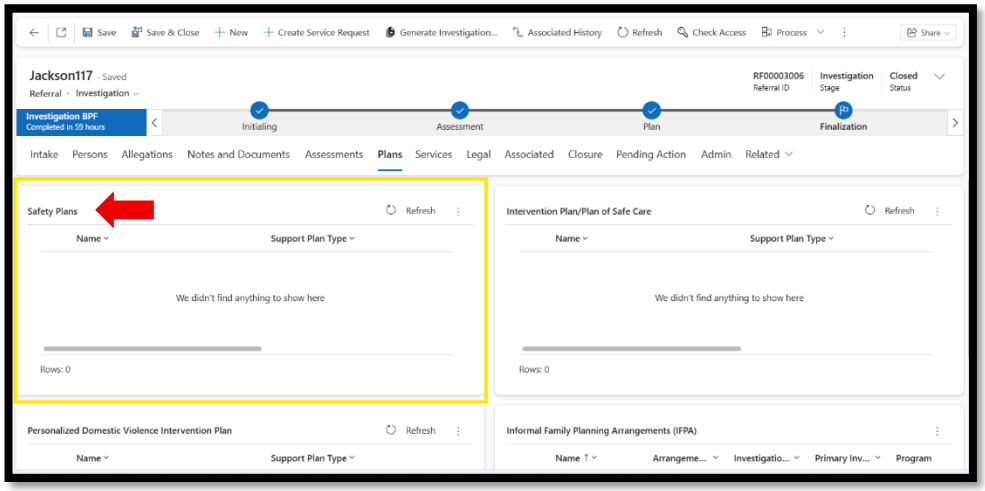
- View **Associated** tab and under *Cases*, select case opened/reopened due to this investigation, view **Case Transfer Summary** between Investigation SW/Supervisor and Case team, tabs will have details of case related factors.



How did the SW resolve/remove any barriers identified in previous question?

- View **Notes and Documents** tab, view **Contact Notes s**ection for contact notes by SW/Supervisor; Generate Investigation Summary to view Contact Notes by SW/Supervisor or Support Plans; View **Plans** tab to view **Support Plans.**





Provide any additional comments regarding the referral under review: