

CLOSURE REQUIREMENTS FOR SOCIAL WORKERS

Client Demographics	<ul style="list-style-type: none"> <input type="checkbox"/> Fill in the full client screen (everything in yellow must be entered) <input type="checkbox"/> Update address and telephone numbers
Reporting Source	<ul style="list-style-type: none"> <input type="checkbox"/> At least two attempts must be made over the course of the referral <input type="checkbox"/> If there is a link, at least two attempts must be made to reach the new Reporting Source
FACES Search	<ul style="list-style-type: none"> <input type="checkbox"/> Merge client IDs <input type="checkbox"/> Needs to be completed on the front end in order to complete a 4+ Staffing in the first 10 days <input type="checkbox"/> Must include the disposition/outcome for each referral listed in the search
Child Assessments	<ul style="list-style-type: none"> <input type="checkbox"/> Thorough response to the allegation(s) <input type="checkbox"/> Must have been seen within 30 days prior to closure <input type="checkbox"/> Visual observation of child's body to determine if there are any current or previous physical injuries <ul style="list-style-type: none"> <input type="checkbox"/> Also document if (1) a nurse or other professional is present or (2) a child refuses
Parents Assessments	<ul style="list-style-type: none"> <input type="checkbox"/> Thorough response to the allegation(s) – dive deeper to the underlying issue(s) <input type="checkbox"/> Include social history within their contact, not just in the notes section <input type="checkbox"/> Document that services were offered if they decline (in their contact as well as the intervention plan) <input type="checkbox"/> Obtain their supports: full name, DOB and address/general location <input type="checkbox"/> Document the family's contingency plan
Household Members	<ul style="list-style-type: none"> <input type="checkbox"/> Two attempts to interview each household member regarding the allegation(s) <input type="checkbox"/> If they refuse, document the attempt <input type="checkbox"/> Obtain their basic information: full name, DOB and phone number
Home Assessment	<ul style="list-style-type: none"> <input type="checkbox"/> To be included in the parent contact <input type="checkbox"/> Sleeping arrangements, safe sleep education, rent, type of housing, utilities, water, food, environmental concerns
ACEDS	<ul style="list-style-type: none"> <input type="checkbox"/> Information must be documented. If DSU cannot locate the family in DCAS, document the attempt
Educational	<ul style="list-style-type: none"> <input type="checkbox"/> Quickbase results for each child. If cannot be located in the system, document the attempt <input type="checkbox"/> Grades and attendance for each child; two attempts to obtain <input type="checkbox"/> Contact with school personnel and a discussion to determine whether the school has any concerns or further information regarding child(ren) – two attempts to make contact with personnel <ul style="list-style-type: none"> <input type="checkbox"/> If the child is not school age and attends daycare, the same applies

Medical	<input type="checkbox"/> Immunizations for each child <input type="checkbox"/> The last physical date for each child – two attempts to obtain <input type="checkbox"/> 0-3 referrals for children under the 2 years and 10 months mark; submit within 5-7 business days of receipt of referral <input type="checkbox"/> Nurse referral – submit within 5-7 business days of receipt of referral <input type="checkbox"/> Include all tracking number in the contact for medical referrals		
Intervention Plan	<input type="checkbox"/> Document in an individual contact <input type="checkbox"/> Referrals identified in the intervention plan must be submitted within 24-48 hours after the development of the plan		
Safety Plan	<input type="checkbox"/> Document in an individual contact		
Collaterals/Supports	<input type="checkbox"/> Contact all collaterals – two attempts for each <input type="checkbox"/> Enter their information in the Collaterals screen; enter the family’s contingency plan	<table border="1"> <tr> <td data-bbox="1606 470 2020 852"> <p align="center">Collaterals to Explore</p> Mental health providers Neighbor/kin/relatives/supports Anyone noted to have knowledge of the incident or family concerns Community Caseworker Probation Officer School personnel Coaches Religious community/member </td> </tr> </table>	<p align="center">Collaterals to Explore</p> Mental health providers Neighbor/kin/relatives/supports Anyone noted to have knowledge of the incident or family concerns Community Caseworker Probation Officer School personnel Coaches Religious community/member
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Law Enforcement/YID	<input type="checkbox"/> Outcomes must be entered (TOT (turned over to) vs. investigation result)		
Assessments	<input type="checkbox"/> Safety and Danger Assessment <input type="checkbox"/> Caregiver Strengths and Barriers Assessment <ul style="list-style-type: none"> ○ Enter blurb into contacts section as well as Notes <input type="checkbox"/> SDM Risk Assessment <ul style="list-style-type: none"> ○ If Intensive, must submit for a FTM 		
Other	<input type="checkbox"/> Separate contacts for each task <ul style="list-style-type: none"> ○ <i>For example: all medical and educational contacts or attempts should not be within one contact. Quickbase results, grades and attendance should be two separate contacts. Same applies for Immunizations, contact with medical facility to obtain last physical dates and medical referrals.</i> <input type="checkbox"/> Ensure all first assessments with individuals are listed as ‘initial assessment’ in FACES. <input type="checkbox"/> Attempted vs. Completed <ul style="list-style-type: none"> ○ <i>For example: Placing a phone call and leaving a voicemail is an attempt. Seeing a child while attempting to get into the home, but being denied access by the parent is an attempt as an assessment did not take place.</i> <input type="checkbox"/> Parent’s other children must be accounted for. All efforts must be exhausted to verify that they are where the parents states they are located. <input type="checkbox"/> Do not list a parent on the intervention plan that does not reside in the home/is not in the home at the time of addressing the allegation. Everyone who is participating in the plan should sign the plan. <input type="checkbox"/> Spell check! Type in Word Pad, if not, fix your typos!		