YOU ARE THINKING IT – THIS IS HOW YOU DOCUMENT IT

**(This is worth reviewing, and will positively impact your file reviews)**

**What should be in a Quality Caseworker Visit case note:**

*Introduction to and friendly reminders for, documenting case worker visits in accordance with Division 31-320.* The following pages are examples of documentation for three different interactions with different aged children, who are all in out-of-home care. These are snapshots of cases, intended to guide caseworkers in their documentation efforts. There is not currently a standard template for case worker documentation, as each case and child are different. However, the following things should be clearly documented and regularly addressed through the life of the case.

**Areas of focus for interactions with Foster Children and Non-Minor Dependents:**

* Case planning discussion: regular updates provided to the youth regarding placement, next steps, and timelines.
  + Ongoing dialog in regularly scheduled Child Family Team Meetings.
* Assessment of safety in the foster home, on visits with the parents, with others in the home.
* Assessment of suitability and sustainability in the foster home/with the foster parent/with others in the home.
* What assessment was used and what were the results of the assessments?
* Was there follow up from last visit? (what things did caseworker say they were going to follow up on, etc.)
* How are the child’s services addressing his/her needs, from the child’s and foster parent’s perspectives?
  + Collateral contacts should be documented in CMS/CWS and narratives of interactions should be thorough.
* Inquire about who is important to the child (prior to entry into care) and is the child connected to those individuals.
* Other siblings in care: if not in the same home, contact and visitation should be documented.
* Family-finding efforts.
* Assessing relatives that child could be placed with or at the very least visit or call with; for example, asking the child who is important to them.
* Check in regarding effectiveness of visits – what would make them better, does child need or want something different for visits, etc.
* Well-being: education, health, dental, mental health (check in with child and foster parents)

**These areas should be regularly discussed and thoroughly documented throughout the life of a case.**