**CALIFORNIA**

**SDM® FAMILY REUNIFICATION REVIEW**

## Supervisory Case Reading Tool

**Referral Name:** Click or tap here to enter text. **Referral Number:** Click or tap here to enter text.

**Referral Date:** Click or tap here to enter text. **Review Date:** Click or tap here to enter text.

**Worker Name:** Click or tap here to enter text. **Reviewer Name:** Click or tap here to enter text.

**First Face-to-Face Contact:** Click or tap here to enter text. **Referral Close Date:** Click or tap here to enter text.

**SERVICE PERIOD CASE NOTE REVIEW**

**1. Does each case note show evidence that worker explained the method for reassessment?\***

[ ]  Yes.

[ ]  No. *Provide details:*

|  |
| --- |
| Click or tap here to enter text. |

[ ]  Area of strength

[ ]  Area of opportunity

[ ]  Area of demonstrated growth

*Details:*

|  |
| --- |
| Click or tap here to enter text. |

**2. Does the case note show evidence of the reunification reassessment structure?\***

[ ]  Yes.

[ ]  No. *Provide details:*

|  |
| --- |
| Click or tap here to enter text. |

[ ]  Area of strength

[ ]  Area of opportunity

[ ]  Area of demonstrated growth

*Details:*

|  |
| --- |
| Click or tap here to enter text. |

\*Refer to enhanced practice elements and pay careful attention to definitions when evaluating this item.

**3. Does each case note show evidence of engagement strategies?\***

[ ]  Yes.

[ ]  No. *Provide details:*

|  |
| --- |
| Click or tap here to enter text. |

[ ]  Area of strength

[ ]  Area of opportunity

[ ]  Area of demonstrated growth

*Details:*

|  |
| --- |
| Click or tap here to enter text. |

\*Refer to enhanced practice elements and pay careful attention to definitions when evaluating this item.

**REUNIFICATION REASSESSMENT**

**1. Was the tool completed according to policy?**

[ ]  Yes. Completed according to policy.

[ ]  No. *Provide details:*

|  |
| --- |
| Click or tap here to enter text. |

**2. Were the reunification reassessment questions completed correctly based on record narrative?\***

[ ]  Yes. All items marked are supported by narrative.

[ ]  No. Narrative does not support marked items.

[ ]  No. Narrative includes information indicating that an item should have been marked, but it was not.

[ ]  No. *Provide details:*

|  |
| --- |
| Click or tap here to enter text. |

[ ]  Area of strength

[ ]  Area of opportunity

[ ]  Area of demonstrated growth

*Details:*

|  |
| --- |
| Click or tap here to enter text. |

**3. Is the final tool recommendation correct?**

[ ]  Yes. The final tool recommendation is correct.

[ ]  No. *Provide details:*

|  |
| --- |
| Click or tap here to enter text. |

**4. Does the tool recommendation match the action taken?**

[ ]  Yes.

[ ]  No. *Provide details:*

|  |
| --- |
| Click or tap here to enter text. |

\*Refer to enhanced practice elements and pay careful attention to definitions when evaluating this item.

**5. Was there another household receiving reunification services?**

[ ]  Yes.

[ ]  No. *Provide details:*

|  |
| --- |
| Click or tap here to enter text. |

**5a. If yes, was another reunification reassessment completed?**

[ ]  Yes.

[ ]  No.

**6. Is there evidence in the record that the worker discussed reunification reassessment results with the family?\***

[ ]  Yes.

[ ]  No. *Provide details:*

|  |
| --- |
| Click or tap here to enter text. |

[ ]  Area of strength

[ ]  Area of opportunity

[ ]  Area of demonstrated growth

*Details:*

|  |
| --- |
| Click or tap here to enter text. |

**7. Was a new FSNA needed to update the case plan?**

[ ]  Yes.

[ ]  No.

**If yes, was a new FSNA completed?**

[ ]  Yes. *If yes, complete the FSNA portion of this tool*.

[ ]  No.

**8. Was a case-closing safety assessment needed?**

[ ]  Yes.

[ ]  No.

**If yes, was the case-closing safety assessment completed?**

[ ]  Yes. *If yes, complete the safety assessment portion of this tool.*

[ ]  No.

\*Refer to enhanced practice elements and pay careful attention to definitions when evaluating this item.

**FSNA**

**1. Was the tool completed according to policy?**

[ ]  Yes. Completed according to policy.

[ ]  No. *Provide details*:

|  |
| --- |
| Click or tap here to enter text. |

**2. Were the FSNA domains completed correctly based upon record narrative?\***

[ ]  Yes. All items marked are supported by narrative.

[ ]  No. Narrative does not support marked items.

[ ]  No. Narrative includes information indicating that an item should have been marked, but it was not.

[ ]  No. *Provide details*:

|  |
| --- |
| Click or tap here to enter text. |

[ ]  Area of strength

[ ]  Area of opportunity

[ ]  Area of demonstrated growth

*Details:*

|  |
| --- |
| Click or tap here to enter text. |

**3. Is the final assessment recommendation correct?**

[ ]  Yes. The final assessment recommendation is correct.

[ ]  No. *Provide details*:

|  |
| --- |
| Click or tap here to enter text. |

**4. Does the assessment recommendation match the action taken?**

[ ]  Yes. Case plan addresses all priority need areas AND builds on strengths.

[ ]  No. Case plan does not address priority needs, AND/OR strengths were not considered.

[ ]  No. Case plan includes objectives that are unrelated to priority needs.

[ ]  No. *Provide details:*

|  |
| --- |
| Click or tap here to enter text. |

\*Refer to enhanced practice elements and pay careful attention to definitions when evaluating this item**.**

**4a. Does the case plan show evidence of behaviorally descriptive objectives and/or a goal statement that is relevant to safety threats and risk?\***

[ ]  Yes.

[ ]  No. *Provide details:*

|  |
| --- |
| Click or tap here to enter text. |

[ ]  Area of strength

[ ]  Area of opportunity

[ ]  Area of demonstrated growth

*Details:*

|  |
| --- |
| Click or tap here to enter text. |

\*Refer to enhanced practice elements and pay careful attention to definitions when evaluating this item.