**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:*

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

Area of strength

Area of opportunity

Area of demonstrated growth

*Details:*

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| --- |
| 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:*

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

Area of strength

Area of opportunity

Area of demonstrated growth

*Details:*

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| --- |
| 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:*

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| --- |
| 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:*

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| --- |
| 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:*

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| --- |
| 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:*

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

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