CHILD PROTECTION SERVICES CASE REVIEW

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
CHILDREN AND FAMILY SERVICES
SFN 496 (Rev. 10-2009)

Clear Fields

SECTION I: DEMOGRAPHIC INFORMATION

1. County:	2. Case Number:
3. File Name:	
4. Social Worker:	
4a. Certification completed within timeframe? ☐ Yes ☐ No	
4b. If no, enrollment planned? ☐ Yes ☐ No	Date:

SECTION II: ASSESSMENT INFORMATION

5. Date of Report:	6. Date report received by county:
7. Case Category (Check): ☐ A ☐ B ☐ C ☐ Unknown	7a. Was assessment initiated within timeframe for category? ☐ Yes ☐ No
7b. If no, number of days to initiation.	
8. Face-to-face contact with victim within: ☐ 24 hrs ☐ 3 days ☐ 14 days ☐ Other	
8a. Face-to-face contact made by: ☐ CPS Social Worker ☐ CW Social Worker ☐ Law Enforcement ☐ Medical ☐ Juvenile Court ☐ Military FA	
9. Was report received by HSC within 5 days? ☐ Yes ☐ No	
10. Was there an agency records check? ☐ Yes ☐ No	
11. If Category A, was law enforcement contacted? ☐ Yes ☐ No	
12. Date of contact with victim:	13. Date of contact with parent:
14. Date of contact with subject:	15. Caregiver role of subject:
16. If subject was not interviewed, was an explanation provided? ☐ Yes ☐ No	
16a. Is explanation adequate? ☐ Yes ☐ No	
17. Appropriate collaterals contacted? ☐ Yes ☐ No	
18. Was a home visit made? ☐ Yes ☐ No	
18a. If no, was reason documented? ☐ Yes ☐ No	
18b. If no, was reason adequate? ☐ Yes ☐ No	
19. COMMENTS:	

SECTION III: ASSESSMENT DECISION INFORMATION

20. Safety, Strengths, Risk Assessment (SSRA) form completed? ☐ Yes ☐ No	
20a. If SSRA was completed, were comments adequate? ☐ Yes ☐ No	
20b. If SSRA was not completed, was reason adequate? ☐ Yes ☐ No	
21. Documentation case was staffed: ☐ CPS Team ☐ Internally ☐ No Documentation	
22. Assessment decision made? ☐ Yes ☐ No	
23. Parents notified of decision? ☐ Yes ☐ No	
24. Subject notified of decision? ☐ Yes ☐ No	Date(s):
25. Subject given appeal rights? ☐ Yes ☐ No	
26. Notification was made: ☐ In Person ☐ By Telephone ☐ By Letter ☐ Other	
27. Form 961 and assessment report sent to HSC within 62 days of initial report? ☐ Yes ☐ No	
27a. If not, was a written extension requested ☐ Yes ☐ No	
27b. If an extension was requested, what was the reason given?	
27c. If overdue and no extension requested, why?	
28. Mandated reporter notified? ☐ Yes ☐ No ☐ NA (Reporter not mandated)	

29. Comments on Assessment:

SECTION IV. SERVICE INFORMATION (where the answers are "no", please comment in the "comments" section)

30. Decision on this case? ☐ Services Required ☐ No Services Required

31. If "Services Required", documentation of a request for Juvenile Court action?	☐ Yes ☐ No
32. If "Services Required", documentation of a request to Case Manager for wrap around services?	☐ Yes ☐ No
33. If "Services Required", documentation of referral to DD Services for child under 3 years of age	☐ Yes ☐ No ☐ NA
34. Is there a service plan?	☐ Yes ☐ No
35. Does Service Plan address what behavior needs to change?	☐ Yes ☐ No
36. Does Service Plan establish appropriate goals?	☐ Yes ☐ No
37. Does Service Plan contain useful tasks related to the goals?	☐ Yes ☐ No
38. Were family members involved in service planning?	☐ Yes ☐ No
39. Does Service Plan contain specific time frames?	☐ Yes ☐ No
40. Did the Social Worker maintain regular contact with family?	☐ Yes ☐ No
41. Did the Social Worker manage the service plan appropriately?	☐ Yes ☐ No
42. Case closure based on reduced risk to child(ren)?	☐ Yes ☐ No

43. Comments on Service Plan:

SECTION V. OVERALL IMPRESSION OF WORK ON CASE AND RECOMMENDATIONS

44. General Comments:

Reviewer's Signature:	Date: