

In-Home Family Services Supervisor Consultation Log

PRIMARY CLIENT			
FACTS CASE NUMBER:		FACTS EVENT NUMBER:	

DATE/ TIME	STAFF PARTICIPATING		
	Full Name	Position	Relationship to the Case

<u>Type of Consultation:</u>
<input type="checkbox"/> Routine monthly <input type="checkbox"/> Immediate safety/ high risk <input type="checkbox"/> Follow-up <input type="checkbox"/> Other If "Other" (specify):

Content of Consultation:

(The following guide for the consultations. If the area was not required and discussed during the consultation, mark the N/A box)

1. Reason for involvement- Intake/Referral (PPS 1000 series, PPS 4005)
<input type="checkbox"/> N/A for this consultation
Discussion:
Conclusions/follow-up:

2. Family History (may include DCF history, genograms, ecomaps, etc.)
<input type="checkbox"/> N/A for this consultation
Discussion:
Conclusions/follow-up:

3. Family/Child Visits- (Appendices 2F Six Areas of Family Life for Assessment, 2H Risk and Safety Assessment Guide, and 2I Interview Guide for Runaway and Truant Children, Appendix 2J Caregiver Protective Capacity)
<input type="checkbox"/> N/A for this consultation
Discussion (Evaluate information gathered and documented for contacts with children and caregivers. Is there sufficient information gathered for formal and informal safety/risk assessments? Is the documentation sufficient?):
Conclusions/follow-up:

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4. Safety Assessment/Concerns (PPS 2030B, PPS 2035, other safety assessment instruments)		
<input type="checkbox"/> N/A for this consultation (Required for Immediate Safety/Risk Consultation)		
Discussion- Include severity of harm to the child, imminent danger types and other safety concerns, child vulnerability, and caregiver protective factors. (Appendices 2H, 2I, 2J, and 2F may be used as guides)		
A. Have safety concerns been identified?	<input type="checkbox"/> No	<input type="checkbox"/> Yes **If Yes, a monitoring plan #9 is required
B. IF YES, discuss whether there is a responsible adult in a caregiving role who demonstrates sufficient capacity to protect the child? What controlling safety interventions are needed, or already in place?		
C. If safety concerns are identified and controlling safety interventions are not sufficient to protect the child, discuss what protective actions will take place to protect the child.		
Follow up needed:	Responsible Person:	Target Date:

5. Risk Assessment/Concerns (PPS 2030D/ PPS 2030C/ PPS 2035/ Other risk assessment instruments)		
<input type="checkbox"/> N/A for this consultation (Required for Immediate Safety/Risk Consultation)		
Discussion- Include parent or caregiver factors, family factors, child factors, and environmental factors. (Appendices 2H, 2I, 2J, and 2F may be used as guides)		
A. Have high risk concerns been identified?	<input type="checkbox"/> No	<input type="checkbox"/> Yes **If Yes, a monitoring plan #9 is required
B. If YES, what community services, resources, or supports are needed by the family to mitigate the risk concerns? Are there any barriers? What is the family's willingness to participate? What are the family strengths which mitigate the concerns?		
C. Who will do what to ensure the needs are met?		
Follow up needed:	Responsible Person:	Target Date:

6. Subsequent Reports- Ensure all subsequent reports not assigned for further assessment by KPRC were addressed in the current open case. Discuss how the report was addressed with the family and determine if follow-up is needed. Ensure all subsequent reports have been addressed prior to case closure.
<input type="checkbox"/> N/A for this consultation
Discussion:

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Conclusions/follow-up:

6. Other Assessments/Screening Tools

<input type="checkbox"/> N/A for this consultation
Discussion:
Conclusions/follow-up:

7. Progress- (Safety plans/Case plans goals and tasks)

<input type="checkbox"/> N/A for this consultation
Discussion:
Conclusions/follow-up:

8. Other

<input type="checkbox"/> N/A for this consultation
Discussion:
Conclusions/follow-up:

9. Supervisor Monitoring Safety Concerns and/or High Risk Concerns Identified
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<input type="checkbox"/> N/A for this consultation
Discussion- Develop a plan for monitoring when safety concerns and/or high risk concerns have been identified. Include how frequently will the supervisor and CPS specialist/case manager staff this case?

A. How will the identified concerns be monitored?		
Follow up needed:	Responsible Person:	Target Date:

<input type="checkbox"/> *REQUIRED: Copy of consultation log is provided to DCF Administrator/ Next level of management above supervisors.

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