

## Family Preservation Supervision Log

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**Completed log of supervision session should be entered into case file.**

### **A. Guide for Supervisory Review:**

#### **1. Review**

- ☐ Reason for referral
  - Referral (PPS 5000 or PPS 4200), Petition (if court involvement), DCF Family-Based Assessment
- ☐ Genogram, EcoMap (should be started at beginning of case and develop over time as supports increase)
- ☐ Family strengths and protective factors
- ☐ Evidence-based Assessment Information and Practice Tips (optional)
  - Trauma: CSDC-DC, CROPS, CECI
  - Parent Functioning/Stress: PSI/SIPA
  - Child Functioning: ASQ-SE, CAFAS/PECFAS
  - Safety & Risk: SDM, Safe & Connected Framework, NCFAS-G

#### **2. Discuss**

- ☐ Current safety concerns (required)
- ☐ Risk concerns (required)
- ☐ Were all subsequent reports not assigned for further assessment by KPRC addressed? Is any follow-up needed?
- ☐ Frequency and duration of sessions needed to ensure timely/continued permanency/children's safety (*based on referral reason, assessment data and family's response to support provided*)
- ☐ Other services/providers/referrals needed
- ☐ Interventions provided and family's response
- ☐ Celebrate Success (*family and worker efforts and accomplishments*)
- ☐ Discuss remaining goals/tasks that need to be completed in order for family to be safe and stable enough for:
  - 1. Permanency to be achieved/Children to be maintained safely in home
  - 2. Transition of intensive services to less intensive services, (only for cases referred prior to 1/1/2020)
  - 3. Transition to a different tier of services or
  - 4. Case closure.

#### **3. Plan**

- ☐ What additional supports, community resources and skills are needed by the family to ensure children's safety and lasting permanency mitigate the risk of out of home placement?
- ☐ Are there any systemic barriers that are placing children at risk of removal at this time?

- ☐ Does staff member need additional supervisory/agency support to complete next steps (*such as role play skill or interaction, supervisor to attend upcoming session/meeting, supervisor advocacy*)? If so, make plan and document below.

**B. Identifying Information:**

**Case Head Name:**

**FACTS Number:**

**Provider's Case Number:**

**Date of Staffing:**

**C. All Staff Participating in Staffing:**

Name: Title: Date:

Name: Title: Date:

Name: Title: Date:

Person Completing Form:

**D. Detailed Summary of Discussion (required): (*Include Reason for Supervisory Staffing*)**

**E. Next Steps:**

Who will do what?	For what purpose? ( <i>safety, increasing support, teaching skill, removing a risk, lack of contact with family, unable to locate, transition in intensity of services, etc.</i> )	By what time?	How will change be measured? ( <i>improved assessment score, safety achieved/maintained, parent report, etc.</i> )
1.			
2.			
3.			

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**F. Date copy of Next Steps provided to participating CWCMP staff:**

