## TO DO LIST FOR ASSESSMENTS

NITIATION	CASE NAME			INTAKE ID	SACWIS ID	DATE/TIME OF INTAKE	
DATE   START TIME   END TIME   Phone   FTF   Attempt   N/A   FTF   Initiation   N/A   FTF   Attempt   N/A   FTF   Initiation   N/A   FTF   Attempt   N/A   FTF   Initiation   N/A   FTF   Attempt   N/A   FTF   Attempt   N/A   FTF   Initiation   N/A   FTF   N/A   FTF   Initiation   N/A   Attempt   N/A   FTF   Initiation   N/A   Attempt   N/A   FTF   Initiation   N/A   Attempt   N/A   TTF   Initiation   N/A   Attempt   N/A   TTME   Initiation   N/A   TTME   Initiation   N/A   TTME   Initiation   N/A   TTME   N/A   TTME   N/A   TTME   N/A   TTME   N/A   TTME   N/A   TTME   TTME   N/A   TTME							
DATE   START TIME   END TIME   Phone   FTF   Attempt   N/A   FTF   Initiation   N/A   FTF   Attempt   N/A   FTF   Initiation   N/A   FTF   Attempt   N/A   FTF   Initiation   N/A   FTF   Attempt   N/A   FTF   Attempt   N/A   FTF   Initiation   N/A   FTF   N/A   FTF   Initiation   N/A   Attempt   N/A   FTF   Initiation   N/A   Attempt   N/A   FTF   Initiation   N/A   Attempt   N/A   TTF   Initiation   N/A   Attempt   N/A   TTME   Initiation   N/A   TTME   Initiation   N/A   TTME   Initiation   N/A   TTME   N/A   TTME   N/A   TTME   N/A   TTME   N/A   TTME   N/A   TTME   TTME   N/A   TTME	INITIATION						
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ACV (CSR)							
OIC			CONTACTS	. —			
Referral Source -   N/A							
American Indian Heritage Documented   Safety Assessment Completed   Family Assessment Completed   HMG Referral   Yes   No   N/A (Child under age 3/AR/Unsubstantiated)	_					l <b>=</b>	
American Indian Heritage Documented  Safety Assessment Completed				∐Caretaker		☐TMC Checks	
Safety Assessment Completed    HMG Referral   Yes	☐AP (ASR)						
Safety Assessment Completed    HMG Referral   Yes	American Indian Heritage Documented						
HMG Referral   Yes   No   N/A (Child under age 3/AR/Unsubstantiated)							
ACV AP Caretaker Non-Custodial Parent Mandated Reporter - N/A  SAFETY PLAN  Documented in SACWIS N/A  Criminal Background Checks Submitted for Responsible Parties AND Email Sent to Data Management Responsible Parties Cleared in SACWIS  FTF Contacts Safety Plan Discontinued Letters Sent and Documented in SACWIS - N/A  Out of Home Safety Plan - Preliminary Home Study Completed  CASE OPENING CHECKLIST  Trauma Screen for Each Child - N/A All Children in Custody Family Service Plan in SACWIS - N/A Traditional Case Household Members Report (Crystal Report)  Custody Cases: Clinic Screen Placement Packet FTM Preliminary Home Study Educational Info - SACWIS S-Day Placement Visit Scheduled Supervisor Conference Date	l = '						
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Responsible Parties Cleared in SACWIS    FTF Contacts							
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Out of Home Safety Plan – Preliminary Home Study Completed  CASE OPENING CHECKLIST  □ Trauma Screen for Each Child - □ N/A All Children in Custody □ Family Service Plan in SACWIS - □ N/A Traditional Case □ Household Members Report (Crystal Report)  Custody Cases: □ Clinic Screen □ Parent Visit Scheduled □ Placement Packet □ FTM □ Preliminary Home Study □ Educational Info − SACWIS □ 5-Day Placement Visit □ Newborn Hospital Photo  Caseworker Supervisor Conference Date							
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□Trauma Screen for Each Child - □N/A All Children in Custody   □Family Service Plan in SACWIS - □N/A Traditional Case   □Household Members Report (Crystal Report)   Custody Cases: □Parent Visit Scheduled   □Clinic Screen □Parent Visit Scheduled   □Placement Packet □FTM   □Preliminary Home Study □Educational Info - SACWIS   □5-Day Placement Visit □Newborn Hospital Photo    Caseworker  Supervisor  Conference Date							
Family Service Plan in SACWIS - N/A Traditional Case Household Members Report (Crystal Report)  Custody Cases: Clinic Screen Parent Visit Scheduled Placement Packet FTM Preliminary Home Study Educational Info – SACWIS 5-Day Placement Visit Newborn Hospital Photo  Caseworker Supervisor Conference Date	<u> </u>						
Household Members Report (Crystal Report)  Custody Cases:  Clinic Screen  Parent Visit Scheduled  FTM  Preliminary Home Study  5-Day Placement Visit  Caseworker  Supervisor  Conference Date							
Custody Cases:  Clinic Screen Placement Packet Preliminary Home Study St-Day Placement Visit  Caseworker  Supervisor  Conference Date							
□ Clinic Screen       □ Parent Visit Scheduled         □ Placement Packet       □ FTM         □ Preliminary Home Study       □ Educational Info – SACWIS         □ 5-Day Placement Visit       □ Newborn Hospital Photo    Caseworker          Supervisor       Conference Date	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐						
□ Clinic Screen       □ Parent Visit Scheduled         □ Placement Packet       □ FTM         □ Preliminary Home Study       □ Educational Info – SACWIS         □ 5-Day Placement Visit       □ Newborn Hospital Photo    Caseworker          Supervisor       Conference Date	Custody Cases:						
☐ Preliminary Home Study     ☐ Educational Info − SACWIS       ☐ 5-Day Placement Visit     ☐ Newborn Hospital Photo       Caseworker     Supervisor       Conference Date							
Caseworker  Supervisor  Conference Date							
Caseworker  Supervisor  Conference Date	Prelim	inary Home	Study		☐Educational Info – SACWIS		
				Newborn Hospital Photo			
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	Caseworker			Supervisor		Conference Date	
Caseworker Supervisor Conference Date			Supervisor		John Chico Date		
Caseworker Supervisor Contended Date	Caseworker			Supervisor		Conference Date	
	Cascworker			Ouhei Ai201		Conference Date	
Caseworker Supervisor Conference Date	Caseworker			Supervisor		Conference Date	