Key Elements to Successful Documentation

- Discuss assessment and manifestation of present danger and/or impending danger
  - Safety and permanency
  - Cleanliness and hazards
  - Description of the child's room
- Discuss the safety plan (if any)
  - Have there been changes in the home that would require a change in the plan?
- Discuss whether caregiver (parent, RCG, non-RCG, FP, Residential staff) protective capacities are present or not
  - Are they following up with medical/dental/mental health appointments
  - Do they demonstrate appropriate parenting skills?
- Discuss child functioning (strengths & needs)
  - Interaction between caregivers and children
  - Document the follow up phone call or face to face regarding the appointments
  - School discussion: Report cards, behaviors, areas of struggle? What is being done to address these areas?
- Discuss Stages of Change
  - Discuss Case Plan compliance and progress on goals
  - Are there any barriers? If yes, what was discussed that can overcome these barriers.
- Evaluate quality of family time
  - Does the child respond to the parent?
  - Is there a bond developing?
- Discuss indicators of progress
  - Assess if services that were arranged for parents, caregivers, and children appear to be demonstrated and the progress made

Various Types of Documentation

Visitation:

- Always document whether a visit is announced or unannounced
- When conducting supervised visits: documentation should be detailed with discussions regarding quality of behaviors, interaction between children and parents, concerns observed, kinds of interactions, children's reaction to parents
- Even if the caregivers are allowed to supervise visits, do not rely completely on their opinion; be present for some of the visits.

Provider/Caregiver Contact:

- Focus on documenting conversations with providers (day care workers, schools, doctors, caregivers)
- Include the providers' opinion of how the family is receiving services, their strengths and needs as well as progress.
- Monthly reports and/or certificates of completion alone may not provide an accurate picture, so a face to face or phone call may be necessary

- Document whether children are interviewed separate from the caregiver for at least part of the visit

Diligent Searches and Runaways:

- Document attempts to locate parents and runaway children.
- These attempts should be thoroughly documented on a regular basis.

Referrals:

- Document date referrals are provided to the parents, caregivers, or children and the desired outcome

Court Dates:

- Document the type of hearing , attendees, summary of the hearing (including court orders or recommendations) and date of next hearing

Staffings:

- Document staffing attendees, summary of staffing (including recommendations/tasks) and date of next staffing, if scheduled

Documentation Reminders

- Write enough to make your point; Do not "over document" with irrelevant detail
- Use correct grammar and spelling *Lack of writing skills could decrease your credibility*
- Document what you know (direct observation) not your opinion. Avoid phrases, such as "I suppose, "I believe" or "I feel"
- Avoid general characterizations, such as "drunk," or "combative". Instead use precise description and specific language such as "mother appeared under the influence as evidenced by the smell of alcohol on her breath and her slurred speech"
- Avoid acronyms and abbreviations and "text talk" or relying heavily on communication via social media
- Document timely to preserve accurate recollection (Administrative Code states that case activities should be documented in FSFN **no later than two business days**)

Ethical and Professional Aspects of Documentation

- Do not display bias
- Do not engage in defamation of character
- Do not tamper with or alter records
- Do not document interventions before they occur
- Do not document problems in staffings or interdepartmental issues