|  |  |  |  |
| --- | --- | --- | --- |
| **FRAME #** |  | **Zone**  |  |
| County |  |
| **Case Name** |  | **Caseworker** |  |
|  Email |  |
|  Phone Number |  |
| **Date of Current Case Opening\*** |  | **Supervisor** |  |
|  Email |  |
|  Phone Number |  |
| **Date of Current Case Closure\*** *(If Applicable)* |  | **Regional Rep** |  |
|  Email |  |
|  Phone Number |  |

*\*Date of Current Case Opening is the date the 960 is received. If multiple reports were combined into an assessment, use the earliest report date. If the case was opened for reasons other than a CPS assessment, typically the opening date is the date of the corresponding program’s start date in FRAME. \*Date of Case Closure is when the agency officially closes the case.*

|  |
| --- |
| **CHILDREN TABLE** |
| *\*List all minor children in the family home during the PUR. Additional rows can be added by pressing “tab” in the last column/row.* |
| **Name(s)***First Last* | **Race/Ethnicity** | **DOB** | **Gender** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| **PARENTS/OTHER ADULTS TABLE** |
| *\*Please provide details if parent was not living with the child but is involved in the child’s life/they have a relationship, if the parent should be involved due to case circumstances, if whereabouts were unknown during the period under review (PUR), if it was not in the child’s best interest for the parent to be involved, if parent indicated he/she does not want to be involved, or if parent is deceased.**\*Please list all parents for the children in the family home. In the comments box, specify children for the parental relationship.*  |
| **Role** | **Name***First Last* | **Lived in the Family Home when Agency Opened Case?** | **With Whom the Children will Remain?** | **Comments** |
| Choose an item. |  | [ ] Yes [ ] No | [ ] Yes [ ] No |  |
| Choose an item. |  | [ ] Yes [ ] No | [ ] Yes [ ] No |  |
| Choose an item. |  | [ ] Yes [ ] No | [ ] Yes [ ] No |  |
| Choose an item. |  | [ ] Yes [ ] No | [ ] Yes [ ] No |  |

|  |
| --- |
| **OTHER KEY CASE PARTICIPANTS TABLE** |
| **Role** | **Name***First Last* | **Role** | **Name***First Last* |
| *\*Key Case Participants always include the mother(s), father(s), all children in the home, and caseworker(s) during the PUR.  As needed, on a case-by-case basis, other individuals who have relevant information about the case also may be interviewed, Supervisor, CPS Worker during the PUR, or others to speak to child/parental perspective.**\*Have there been any other caseworkers assigned to this case during the PUR? If so, are they still employed with your agency?* |
| Choose an item. |  | Choose an item. |  |
| Choose an item. |  | Choose an item. |  |
| Choose an item. |  | Choose an item. |  |
| Choose an item. |  | Choose an item. |  |
| **Comments** |

|  |
| --- |
| **CASE OVERVIEW** |
| **What is the reason for the agency’s involvement?** *Check all that apply.* |
| [ ] Physical abuse | [ ] Abandonment | [ ] Substance abuse by child |
| [ ] Sexual abuse | [ ] Mental/physical health of parent | [ ] Domestic violence in home |
| [ ] Psychological maltreatment | [ ] Mental/physical health of child | [ ] Child in juvenile justice system  |
| [ ] Neglect (not medical neglect) | [ ] Substance abuse by parent(s) | [ ] Other (specify) |
| [ ] Medical neglect | [ ] Child’s behavior |

|  |
| --- |
| **CASE NARRATIVE***(Narrative boxes are expandable)* |
| **What do you think has gone well in working this case?** |
|  |
| **What challenges have you experienced in working this case?**  |
|  |
| **Briefly summarize the family’s involvement with the agency since case opening. Please identify the involvement of the mother(s) and father(s) as applicable to the case. Include where and with whom the children were living during the PUR.** |
|  |
| **How did in-home case management assess safety and risk concerns for the family throughout the entire PUR? Note safety and risk concerns identified by the agency, if applicable.** |
|  |
| **Were safety services provided to the family? Safety services are intense and immediate with the explicit goal of ensuring the child’s safety to prevent children’s entry into foster care.** |
|  |
| **If safety concerns were present, did the agency develop a safety plan with the family? Was it continually monitored and updated as needed?**  |
|  |
| **Please list any services that your agency provided for the child(ren)’s social/emotional needs during the PUR. Also list any services that were needed but not provided/not available.**  |
|  |
| **Please list any services that your agency provided for the mother(s) and father(s) during the PUR. Also list any services that were needed but not provided/not available.** |
|  |
| **Please summarize any court involvement during the PUR, if applicable.** |
|  |
| **Briefly describe how the agency involved the child(ren) in case planning during the PUR.** |
|  |
| **Briefly describe how the agency involved the mother(s) and father(s) in case planning during the PUR.** |
|  |
| **Briefly describe the face-to-face visits with the child(ren) during the PUR. Were there conversations outside the presence of a parent or substitute caregiver at least once a month?** |
|  |
| **Child(ren)’s Educational Needs**If educational needs of one or more of the children required agency intervention, briefly describe the agency’s involvement in meeting the child(ren)’s educational needs. |
|  |
| **Child(ren)’s Physical & Dental Health During the PUR** If physical or dental health of one or more of the children required agency intervention, briefly describe the agency’s involvement in meeting the child(ren)’s physical or dental needs. |
| Child(ren)’s physical & dental health needs:  |
| Date(s) of Health Tracks screenings, immunizations, and other physical health appointments, please specify: |
| Date(s) of dental appointments:  |
| Date(s) of vision services, if needed:  |
| **Child(ren)’s Mental/Behavioral Health During the PUR** If mental or behavioral health needs of one or more of the children required agency intervention, briefly describe the agency’s involvement in meeting the child(ren)’s mental or behavioral health needs. |
| Child(ren)’s mental/behavioral health needs: |
| Date(s) of mental health assessment(s), if applicable: |
| Dates(s) of other mental or behavioral health services, please specify:  |

|  |
| --- |
| **GENOGRAM** |
| Please include a genogram for the family. It can be added into this document or on a separate document. If it is helpful, instructions for completing a genogram can be found on the ND OCR Genogram Resource.  |