

| CASE NAME: | | INVESTIGATION ID# |
|--------------------------|--|---------------------------|
| 7 DAY CHECKPOINT | | |
| DONE | ACTION | POLICY CITATION |
| <input type="checkbox"/> | Commencement within priority response | PSM 713-01 |
| <input type="checkbox"/> | Face to face forensic interview with each child victim within priority response (If joint investigation with LE, do not forensically interview without LE permission) <input type="checkbox"/> Meeting with designated staff member if at school <input type="checkbox"/> Notify a parent that the child was interviewed within 24 hours <input type="checkbox"/> Document safety plan if one is developed and upload into MISACWIS | PSM 713-01 |
| <input type="checkbox"/> | Photographic evidence (bruises, suspicious marks, scene pictures, etc.) <input type="checkbox"/> Take picture of the child and then the mark/bruise (making two pictures total) <input type="checkbox"/> Use scale in picture if possible (ruler, business card, quarter) | PSM 713-01 |
| <input type="checkbox"/> | Request Medical Exam (when required by policy) <input type="checkbox"/> Contact physician who will be doing exam to discuss concerns (SANE exam where appropriate) | PSM 713-04 |
| <input type="checkbox"/> | Within 24 hours, send LEN to APA and upload into MISACWIS | PSM 712-3 |
| <input type="checkbox"/> | Within 24 hours, send LEN to LE and upload into MISACWIS | PSM 712-3 |
| <input type="checkbox"/> | Document LEN in social work contact and be sure to select box in SW contact | PSM 712-3 |
| <input type="checkbox"/> | Follow up with LE regarding LEN | PSM 712-3 |
| <input type="checkbox"/> | Inquire who lives in perpetrator and primary household (verify ID – first, middle, last names, aliases, maiden names) | |
| <input type="checkbox"/> | Complete and document the Criminal History Check (DHS 269) for each alleged perpetrator(s) adult living in the home of alleged perpetrator(s), (if different home and be sure to select box in SW contact. (Physical abuse, sexual abuse, human trafficking) <input type="checkbox"/> Check criminal history box in SW contact | PSM 713-01, SRM 700 |
| <input type="checkbox"/> | Run public record to verify LEIN information (ICHAT, Court Records, etc.) | SRM 700 |
| <input type="checkbox"/> | Upload signed 269 into MISACWIS documents | SRM 700 |
| <input type="checkbox"/> | Document CPS history under history & trends and in SW contact <input type="checkbox"/> Document first, last, and other aliases/maiden names/other names <input type="checkbox"/> All those responsible for child's care and well-being, perpetrators, and child victims | PSM 713-01 |
| <input type="checkbox"/> | Review and document FC files-out of home placements <input type="checkbox"/> With prior terminations, must complete threatened harm assessment | PSM 713-01 |
| <input type="checkbox"/> | Contact and document previous states CPS/FC history for all alleged perpetrators | PSM 713-01, PSM 713-08 |
| <input type="checkbox"/> | Inquire about NA heritage and document the response, if yes: <input type="checkbox"/> Document NA heritage in MISACWIS person profile and ICWA details <input type="checkbox"/> Contact tribal representative to verify enrollment <input type="checkbox"/> Send DHS 5598 | PSM 713-01, NAA 200 |
| 14 DAY CHECKPOINT | | |
| DONE | ACTION | POLICY CITATION |
| <input type="checkbox"/> | Obtain parental consent to interview/verify the wellbeing of other children <input type="checkbox"/> If parental consent given, verify the well-being of the other children, check verify wellbeing and complete a forensic interview <input type="checkbox"/> If parental consent is not given, document barriers to interview and verify the well-being of the other children by collateral contact | PSM 713-01 |
| <input type="checkbox"/> | Contact and interview all parents, perpetrators, and adult household members (if joint investigation with law enforcement, do not proceed without their permission) <input type="checkbox"/> Follow absent parent protocol <input type="checkbox"/> Ask policy questions (see policy) <input type="checkbox"/> Document any safety plans or safety plan updates; if safety plan is not needed, document that safety plan is not needed and why <input type="checkbox"/> If interviews were not completed, document why | PSM 713-01 |
| <input type="checkbox"/> | Drug screen completed (if applicable) and results documented in SW contact and uploaded | PSM 716-7 |
| <input type="checkbox"/> | Provide community resources and DHS 1450 (w/FOC involvement) to each parent or caretaker | PSM 713-01 |

| | | |
|---------------------------|---|------------------------------------|
| <input type="checkbox"/> | Worker may verify prescription medication if there are concerns in the case about substance abuse, or mental health | PSM 713-11, PSM 716-7 |
| <input type="checkbox"/> | Home assessment completed on investigation household and primary residence <input type="checkbox"/> Document the conditions of the home environment <input type="checkbox"/> Sleeping arrangements for household members <input type="checkbox"/> Food, utilities, safety concerns <input type="checkbox"/> Safe sleep information for children under 12months of age to all care providers observe and document safe sleep environment (verbal and/or photo) <input type="checkbox"/> If safe sleep environment not appropriate, document efforts to rectify the situation | PSM 713-01 |
| <input type="checkbox"/> | Collateral Contacts (examples: witnesses, support persons, central dispatch, service providers) | PSM 713-01 |
| <input type="checkbox"/> | Vulnerable Child Assessments (Under 2 or child at any age physical/mental health/development diagnosis) <input type="checkbox"/> Inquire about concerns regarding potential child abuse or neglect <input type="checkbox"/> Inquire about caregiver's ability to meet the needs of the child <input type="checkbox"/> Inquire about If the child has any unmet medical, mental health or safety needs | PSM 713-04 |
| <input type="checkbox"/> | Document medical exam if one was required <input type="checkbox"/> Call doctor; discuss findings, recommendations, diagnosis <input type="checkbox"/> Upload 1163M in MISACWIS as well any medicals and/or photographs <input type="checkbox"/> Needs to be documented, and summarized in SWC | PSM 713-04 |
| <input type="checkbox"/> | Exception request (document when, what, where) – Diligent efforts need to be completed and documented prior to request | FOM 722-03E |
| <input type="checkbox"/> | Tribal (If it applies) <input type="checkbox"/> DHHS 121A, 123, 5598 (if petition court- involvement) <input type="checkbox"/> Implement NAA 225 <input type="checkbox"/> Seek tribal input during voluntary safety plan | PSM 713-01, NAA 200, NAA 225 |
| 30 DAY CHECKPOINT | | |
| ALL CATEGORY CASES | | |
| DONE | ACTION | POLICY CITATION |
| <input type="checkbox"/> | Safety assessment (what is documented in safety assessment should be supported in social work contacts) | PSM 713-11, PSM 713-01 |
| <input type="checkbox"/> | Safety plan, if needed, added under protecting interventions. If not, document why the safety plan is not needed | PSM 713-11 |
| <input type="checkbox"/> | Risk Assessment(s) (what is documented in safety assessment should be supported in social work contacts) A separate risk assessment must be completed on all households with perpetrators or if services are being provided. What is documented in risk should be reflected in social work contacts | PSM 713-11 |
| <input type="checkbox"/> | Assess historical threatened harm Complete threatened harm assessment if applicable | PSM 713-11 |
| <input type="checkbox"/> | Case Conference with supervisor and document in social work contact | PSM 713-01 |
| <input type="checkbox"/> | Completed Dispositional Findings <input type="checkbox"/> Preponderance/No Preponderance <input type="checkbox"/> Name of Perpetrator/Victims <input type="checkbox"/> Allegations investigated including types of abuse/neglect <input type="checkbox"/> Summary of findings (do not cut and paste entire interviews) must be supported by what is documented in social work contacts <input type="checkbox"/> Verification of all children, forensic interviews, safety plans if applicable, petitions if applicable <input type="checkbox"/> Category <input type="checkbox"/> Risk level/Overrides <input type="checkbox"/> Services being offered/Recommendations <input type="checkbox"/> Central Registry Placement | PSM 713-01 |
| <input type="checkbox"/> | Generate, Save, document, & send letter to Mandated Reporter (DHS-1224) <input type="checkbox"/> Add to SW Contact that the referral source letter will be sent upon disposition approval | PSM 713-01 |

SPECIAL INVESTIGATIVE SITUATIONS – ADDITIONAL STEPS TO COMPLETE

| <input type="checkbox"/> NA Substance Abuse Cases (Positive Infant) | | |
|---|--|------------------------|
| DONE | ACTION | POLICY CITATION |
| <input type="checkbox"/> | Generate and Save Early-On Referral Sent and documented in SW contact | PSM 716-7 |
| <input type="checkbox"/> | Drug screen results uploaded (if applicable) | PSM 716-7 |
| <input type="checkbox"/> | Contact Medical staff to obtain the following information (if available) Contact with medical staff to obtain the following information, if available: <input type="checkbox"/> Results of medical tests indicating infant exposure to substances and/or alcohol <input type="checkbox"/> The health and status of the infant <input type="checkbox"/> Documented symptoms of withdrawal experienced by the infant <input type="checkbox"/> Medical treatment the infant or mother may need <input type="checkbox"/> Observations of the parent’s care of the infant and the parent's response to the infant's needs | PSM 716-7 |
| <input type="checkbox"/> | Interview with the infant's parents and any relevant caregivers to assess the need for a referral for substance use disorder prevention, treatment, or recovery services | PSM 716-7 |
| <input type="checkbox"/> | Complete substance abuse assessment as defined within the substance abuse policy (10 questions specific from policy) | PSM 716-7 |
| <input type="checkbox"/> | Contact with substance use treatment providers, if parent reports involvement, to determine the parent's level of participation | PSM 716-7 |
| <input type="checkbox"/> | Develop and document infant plan of safe care that addresses the following <input type="checkbox"/> The health and safety needs of the infant <input type="checkbox"/> The substance use treatment needs of the mother <input type="checkbox"/> The needs of other household members | PSM 716-7 |
| <input type="checkbox"/> | Document one of the following services that must be provided to the infant and family in the newborn toxicology section located in CPS history and trends <input type="checkbox"/> Early On <input type="checkbox"/> Home visitation program <input type="checkbox"/> Substance use disorder prevention, treatment, or recovery <input type="checkbox"/> Family preservation | PSM 716-7 |
| <input type="checkbox"/> NA Domestic Violence Cases | | |
| DONE | ACTION | POLICY CITATION |
| <input type="checkbox"/> | Must interview the alleged domestic violence offender, the non-offending parent/partner, and alleged child victim(s) separately | PSM 713-08 |
| <input type="checkbox"/> | Complete Domestic Violence Assessment Per Policy | PSM 713-08 |
| <input type="checkbox"/> | Engage and consult with the non-offending parent/partner to develop a safety plan to ensure all potential household victims are safe if future incidents of domestic violence occur. | PSM 713-08 |
| <input type="checkbox"/> | Provide the non-offending parent/partner with information about local domestic violence shelters and other local services, supports, or resources that may assist the family | PSM 713-08 |
| <input type="checkbox"/> NA Child Death Cases | | |
| DONE | ACTION | POLICY CITATION |
| <input type="checkbox"/> | Obtain and utilize DHS 2096 – Child Death Investigation Checklist | PSM 713-08 |
| <input type="checkbox"/> | Notify Centralized Intake and complete 4712-M | PSM 713-08 |
| <input type="checkbox"/> | Collaborate with law enforcement | PSM 713-08 |
| <input type="checkbox"/> | Observe the scene | PSM 713-08 |
| <input type="checkbox"/> | Document, photograph, and observe any objects potentially involved in the child’s death | PSM 713-08 |
| <input type="checkbox"/> | Secure, safety plan, and complete a trauma tree for any surviving children | PSM 713-08 |
| <input type="checkbox"/> NA EXTENSION REQUESTS | | |
| <input type="checkbox"/> | Supervisory Case Conference completed and documented with reason for extension | PSM 713-01 |
| <input type="checkbox"/> | Safety Assessment Completed (at request) and one for every 30 days thereafter | PSM 713-01 |
| <input type="checkbox"/> | Extension Request Completed in MISACWIS documenting the reason for extension | PSM 713-01 |

| | | |
|---|--|---------------------------|
| <input type="checkbox"/> | Face-to face contact with each alleged child victim (30 days from the date of the complaint and within every 30 days thereafter) | PSM 713-01 |
| <input type="checkbox"/> | Collateral contact with parent/caretaker of each victim (30 days from the date of the complaint and within every 30 days thereafter) | PSM 713-01 |
| CHECKLIST FOR OPEN CASES | | |
| <input type="checkbox"/> NA CATEGORY III CASES | | |
| DONE | ACTION | POLICY CITATION |
| <input type="checkbox"/> | If FOC is involved, DHS 729 sent to FOC; Document in SW contact, and upload DHS 729 | PSM 713-08 |
| <input type="checkbox"/> | Document DHS 847 (a or c, where applicable) will be sent via certified restricted mail and upload signed copy of DHS 847 | PSM 713-13 |
| <input type="checkbox"/> | Update ongoing shell case members/households prior to disposition | PSM 714-1 |
| <input type="checkbox"/> | If CAT III remains open, make face to face with all household members within 7 business days of submitting ISP | PSM 714-1 |
| <input type="checkbox"/> | Service referrals made and entered into MISACWIS | PSM 714-1 |
| <input type="checkbox"/> | Schedule FTM/Complete Pre-FTM and document in social work contacts | PSM 714-1, FOM 722-06B |
| <input type="checkbox"/> | Complete FTM, document under the FTM tab and in social work contacts (upload 1105) | PSM 714-1 |
| <input type="checkbox"/> NA CATEGORY II CASES | | |
| DONE | ACTION | POLICY CITATION |
| <input type="checkbox"/> | If FOC is involved, DHS 729 sent to FOC; Document in SW contact, and upload DHS 729 | PSM 713-08 |
| <input type="checkbox"/> | Document DHS 847 (a or c, where applicable) will be sent via certified restricted mail and upload signed copy of DHS 847 | PSM 713-13 |
| <input type="checkbox"/> | DHS 154 to prosecutor for Central Registry Cases Only (sexual abuse, and physical) (Redact for RS and identifying information) | PSM 712-3 |
| <input type="checkbox"/> | Update ongoing shell case members/households prior to disposition | PSM 714-1 |
| <input type="checkbox"/> | Make face to face with all household members within 7 business days of submitting ISP | PSM 714-1 |
| <input type="checkbox"/> | Service referrals made and entered into MISACWIS | PSM 714-1 |
| <input type="checkbox"/> | Schedule FTM/Complete Pre-FTM and document in social work contacts | PSM 714-1, FOM 722-06B |
| <input type="checkbox"/> | Complete FTM, document under the FTM tab and in social work contacts (Upload DHS 1105) | PSM 714-1 |
| <input type="checkbox"/> NA CATEGORY I CASES | | |
| DONE | ACTION | POLICY CITATION |
| <input type="checkbox"/> | File court petition in accordance with Child Protection Law | PSM 715-3 |
| <input type="checkbox"/> | Document DHS 847 (a or c, where applicable) will be sent via certified restricted mail and upload signed copy of DHS 847 | PSM 713-13 |
| <input type="checkbox"/> | DHS 154 to prosecutor for Central Registry Cases Only (sexual abuse, and physical) (Redact for RS and identifying information) | PSM 712-3 |
| <input type="checkbox"/> | If FOC is involved, DHS 729 sent to FOC; Document in SW contact, and upload DHS 729 | PSM 713-08 |
| <input type="checkbox"/> | If removal occurs, documented alternatives to removal and how they were ruled out | PSM 714-1, PSM 715-3 |
| <input type="checkbox"/> | Schedule FTM/Completed Pre-FTM and document in social work contacts | PSM 714-1, FOM 722-06B |
| <input type="checkbox"/> | Complete FTM, document under the FTM tab and in social work contacts | PSM 714-1 |
| <input type="checkbox"/> | If removal occurs, complete (within 5 business days), document, and upload 5-day packet | PSM 715-4 |
| <input type="checkbox"/> | If in home jurisdiction or removal occurs <input type="checkbox"/> Update ongoing shell case members/households prior to disposition/adding relationships <input type="checkbox"/> Make face to face with all household members within 7 business days of submitting ISP | PSM 714-1 |