

Request for Action (RFA) Process

This section provides instruction in the following four areas:

1. Job Class and Security User Group in FSFN
2. Creating a Case Note without an RFA in an Open or Closed Case
 - Search by Person or Case
 - Create a Case Note
3. Updating a Case Note or Creating a Case Note with an RFA in an Open Case
 - Search by Person or Case
 - Assignment to Case
 - Create a Case Note or
 - Update a Case Note
 - End Assignment
4. Updating a Case Note or Creating a Case Note with an RFA in a Closed Case
 - Re-Open Case for Administrative Purposes
 - Create a Case Note or
 - Update a Case Note
 - Closing a Case

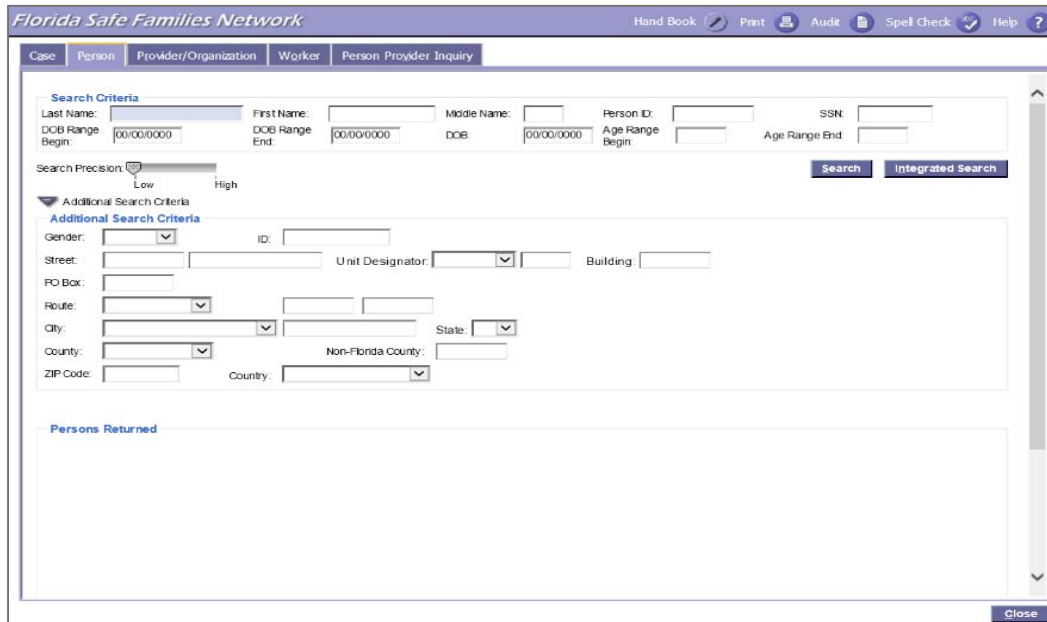
Job Class and Security Profile

There are several Job Class and Security User Group combinations that will allow users to complete the activities described in this document. **Try these (specifically Assignment to a Case and Re-open Case for Administrative Purposes) using your current FSFN profile. If you get a Security error, follow local security protocols for adding the following to your FSFN profile:**

- DCF Staff: DCF Program Specialist Job Class and DCF Program Specialist Security User Group
- CBC Staff: Child Case Specialist Job Class and Child Case Specialist Security User Group

Search by Person

Log in to FSFN and Click the *Search* Icon. Select the *Person* tab. Enter as much information known on person and click *Search*.



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Hand Book / Print / Audit / Spell Check / Help ?

Case Person Provider/Organization Worker Person Provider Inquiry

Search Criteria

Last Name: First Name: Middle Name: Person ID: SSN:
 DOB Range Begin: DOB Range End: DOB: Age Range Begin: Age Range End:

Search Precision: Low High

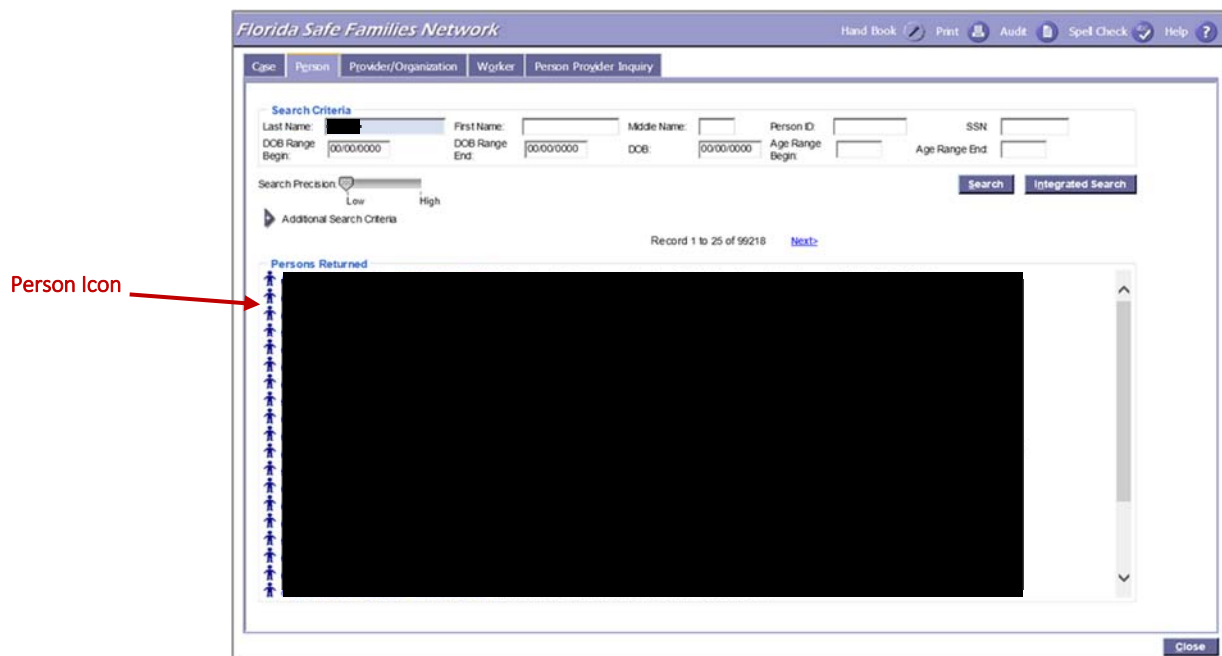
Additional Search Criteria

Gender: ID:
 Street: Unit Designator: Building:
 PO Box:
 Route:
 City: State:
 County: Non-Florida County:
 ZIP Code: Country:

Persons Returned

Close

Click the *Person* Icon to select the appropriate person.



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Case Person Provider/Organization Worker Person Provider Inquiry

Search Criteria

Last Name: First Name: Middle Name: Person ID: SSN:
 DOB Range Begin: DOB Range End: DOB: Age Range Begin: Age Range End:

Search Precision: Low High

Additional Search Criteria

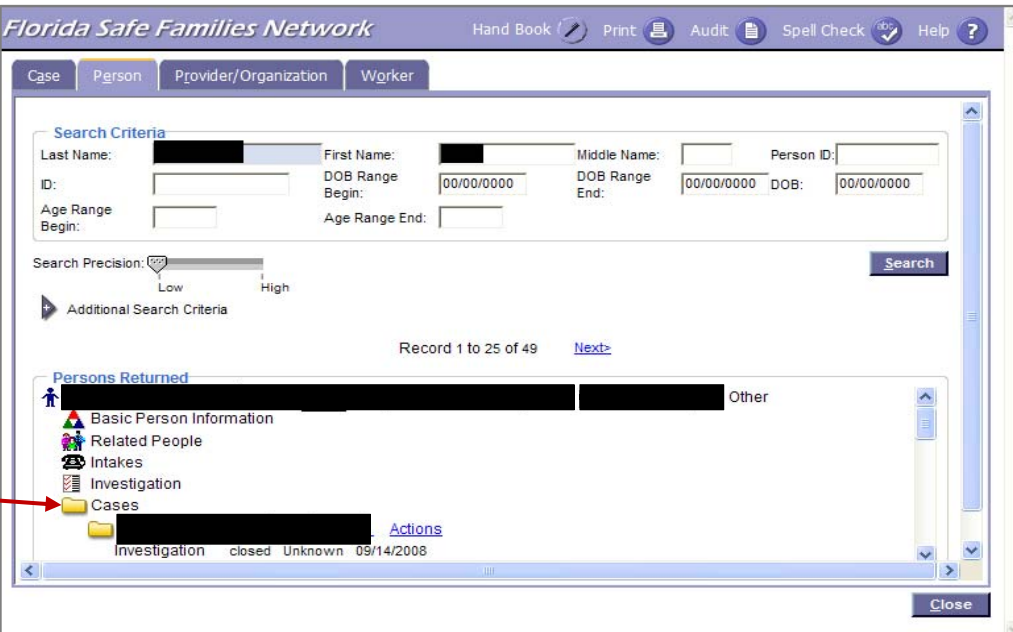
Record 1 to 25 of 99218 [Next](#)

Persons Returned

Person Icon

Close

Click the *Case* Icon to view all cases associated with the person.



Florida Safe Families Network

Hand Book | Print | Audit | Spell Check | Help

Case | Person | Provider/Organization | Worker

Search Criteria

Last Name: [Redacted] First Name: [Redacted] Middle Name: [Redacted] Person ID: [Redacted]
ID: [Redacted] DOB Range Begin: 00/00/0000 DOB Range End: 00/00/0000 DOB: 00/00/0000
Age Range Begin: [Redacted] Age Range End: [Redacted]

Search Precision: [Low/High slider] **Search**

Additional Search Criteria

Record 1 to 25 of 49 [Next>](#)

Persons Returned

[Icon] [Redacted] Other

- [Icon] Basic Person Information
- [Icon] Related People
- [Icon] Intakes
- [Icon] Investigation
- [Icon] Cases

[Actions](#)

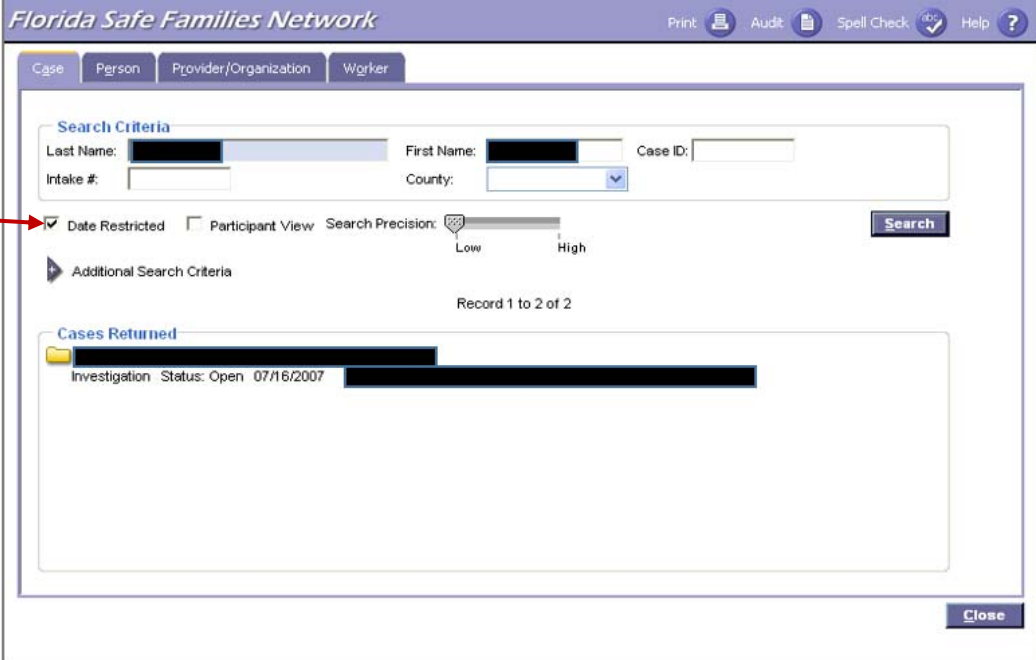
Investigation closed Unknown 09/14/2008

Case Icon →

Close

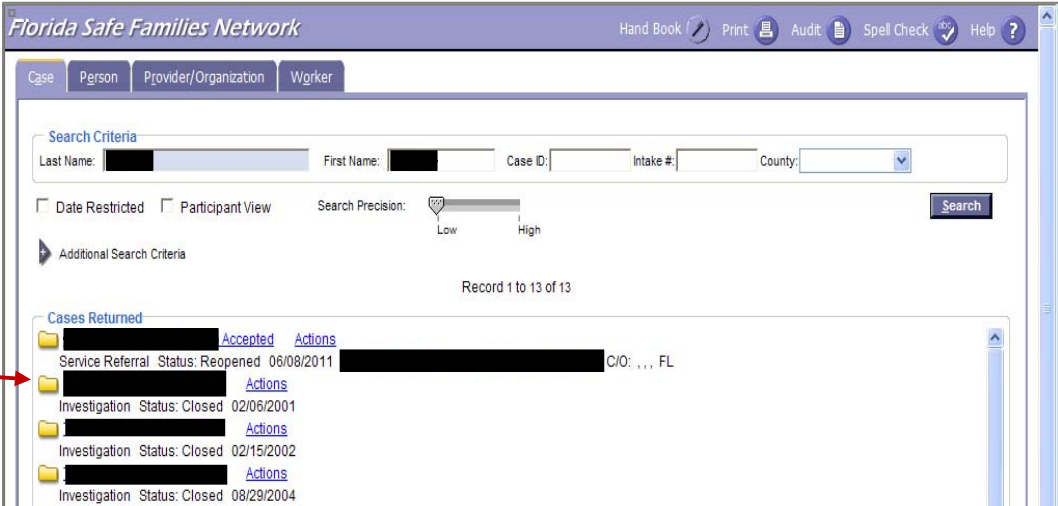
Search by Case

Log in to FSFN and Click *Search* Icon. Select the *Case* tab. Enter the *Case Name* (LN and FN), *Case ID*, or *Intake Number*. Uncheck the *Date Restricted* box to begin search.



Uncheck this box

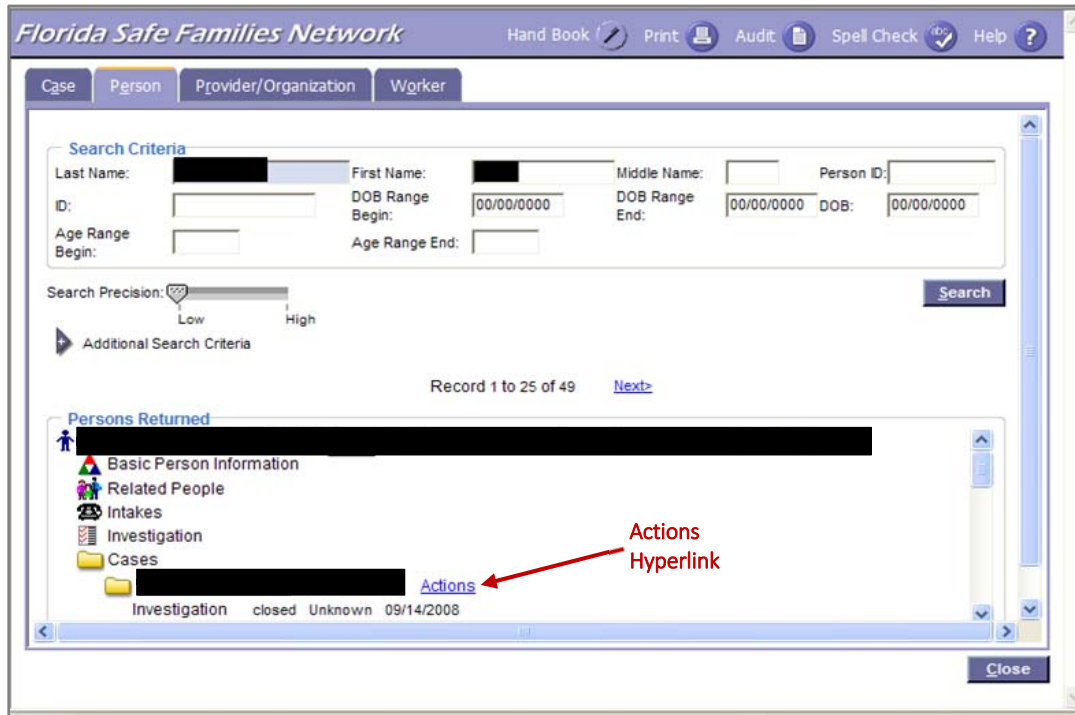
Click the *Case* Icon next to the desired Case to see casework activity.



Case Icon

Create an RFA/Case Note

The RFA is created in case notes through the *Actions* hyperlink. Click the *Actions* hyperlink next to the case in which the note is to be entered.



Florida Safe Families Network

Hand Book | Print | Audit | Spell Check | Help

Case | Person | Provider/Organization | Worker

Search Criteria

Last Name: [Redacted] First Name: [Redacted] Middle Name: [Redacted] Person ID: [Redacted]
 ID: [Redacted] DOB Range Begin: 00/00/0000 DOB Range End: 00/00/0000 DOB: 00/00/0000
 Age Range Begin: [Redacted] Age Range End: [Redacted]

Search Precision: [Low] [High] **Search**

Additional Search Criteria

Record 1 to 25 of 49 [Next>](#)

Persons Returned

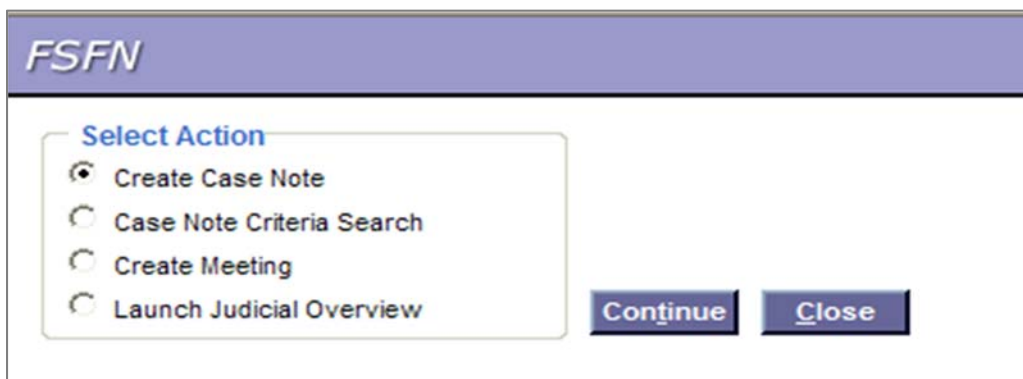
- Basic Person Information
- Related People
- Intakes
- Investigation
- Cases

[Redacted] [Actions](#) **Actions Hyperlink**

Investigation closed Unknown 09/14/2008

Close

Select the *Create Case Note* radio button and click *Continue*.



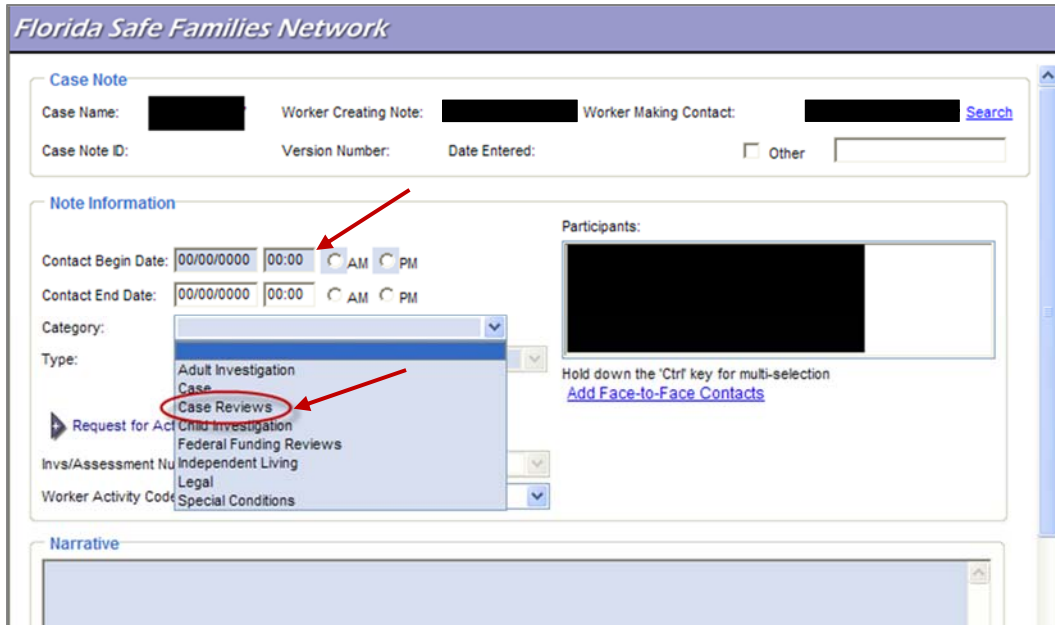
FSFN

Select Action

☒ Create Case Note
☐ Case Note Criteria Search
☐ Create Meeting
☐ Launch Judicial Overview

Continue **Close**

Enter the *Contact Begin Date and Time* and select *Case Reviews* from the *Category* drop down box.



Florida Safe Families Network

Case Note

Case Name: [Redacted] Worker Creating Note: [Redacted] Worker Making Contact: [Redacted] [Search](#)

Case Note ID: [Redacted] Version Number: [Redacted] Date Entered: [Redacted] ☐ Other [Redacted]

Note Information

Contact Begin Date: 00/00/0000 00:00 AM PM

Contact End Date: 00/00/0000 00:00 AM PM

Category: [Redacted] **Case Reviews**

Type: [Redacted]

Request for Action [Redacted]

Invs/Assessment Nu [Redacted]

Worker Activity Code [Redacted]

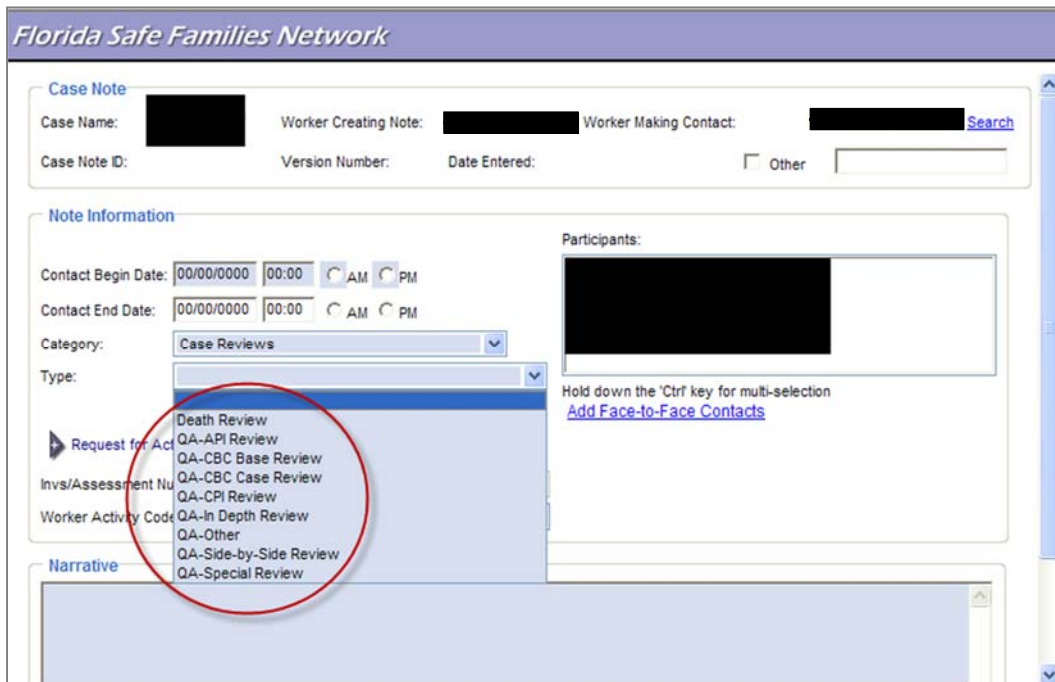
Participants: [Redacted]

Hold down the 'Ctrl' key for multi-selection
[Add Face-to-Face Contacts](#)

Narrative

Select the Review Type from the *Type* drop down box.

*NOTE- when you select a Review Type, the *Request for Action* section is automatically enabled.



Florida Safe Families Network

Case Note

Case Name: [Redacted] Worker Creating Note: [Redacted] Worker Making Contact: [Redacted] [Search](#)

Case Note ID: [Redacted] Version Number: [Redacted] Date Entered: [Redacted] ☐ Other [Redacted]

Note Information

Contact Begin Date: 00/00/0000 00:00 AM PM

Contact End Date: 00/00/0000 00:00 AM PM

Category: Case Reviews

Type: [Redacted]

Request for Action [Redacted]

Invs/Assessment Nu [Redacted]

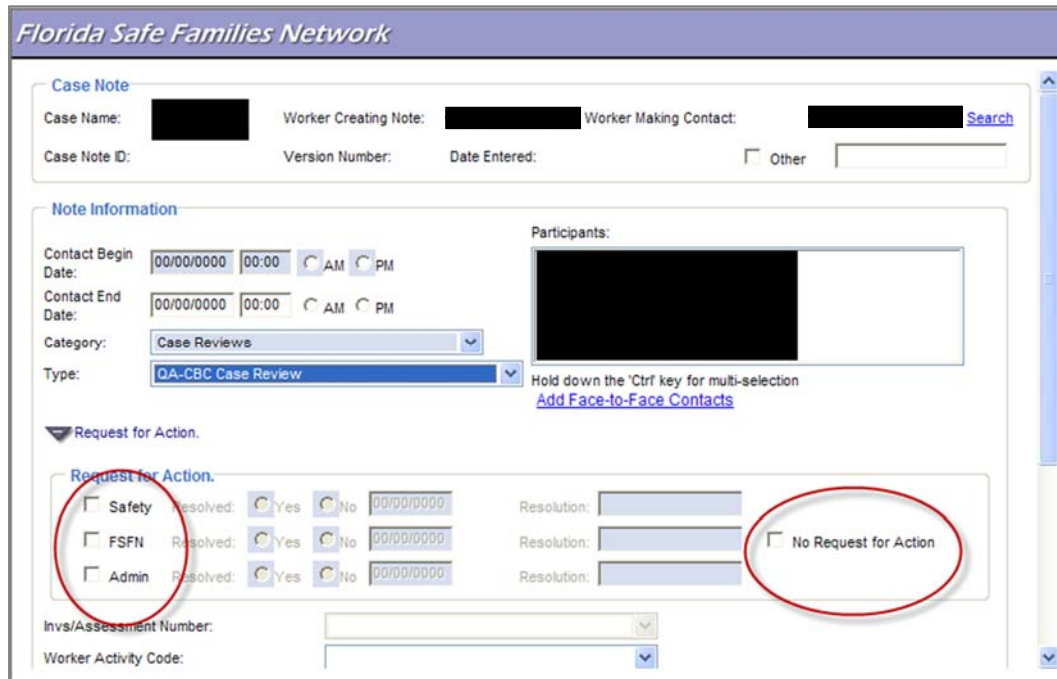
Worker Activity Code [Redacted]

Participants: [Redacted]

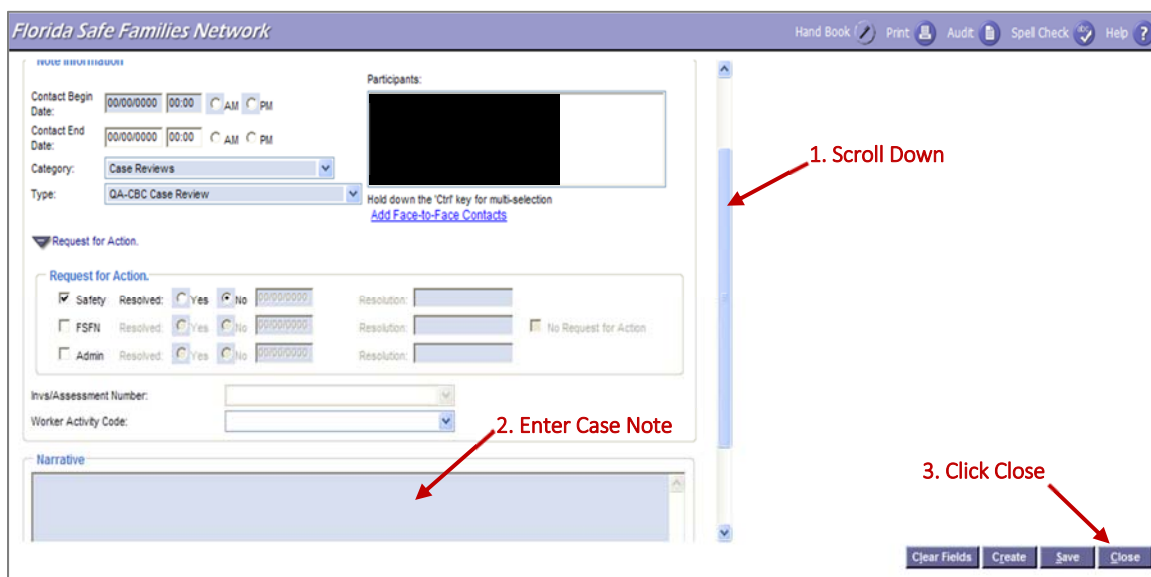
Hold down the 'Ctrl' key for multi-selection
[Add Face-to-Face Contacts](#)

Narrative

Select the appropriate RFA(s) or the *No Request for Action*. If you select an RFA, the *Resolved* radio button is enabled and defaults to *No*. If the RFA is resolved, click *Yes* and enter an explanation of the Resolution. If the RFA is resolved at a later date, the case note will need to be updated to *Yes* and an explanation of the Resolution must be entered upon resolution.

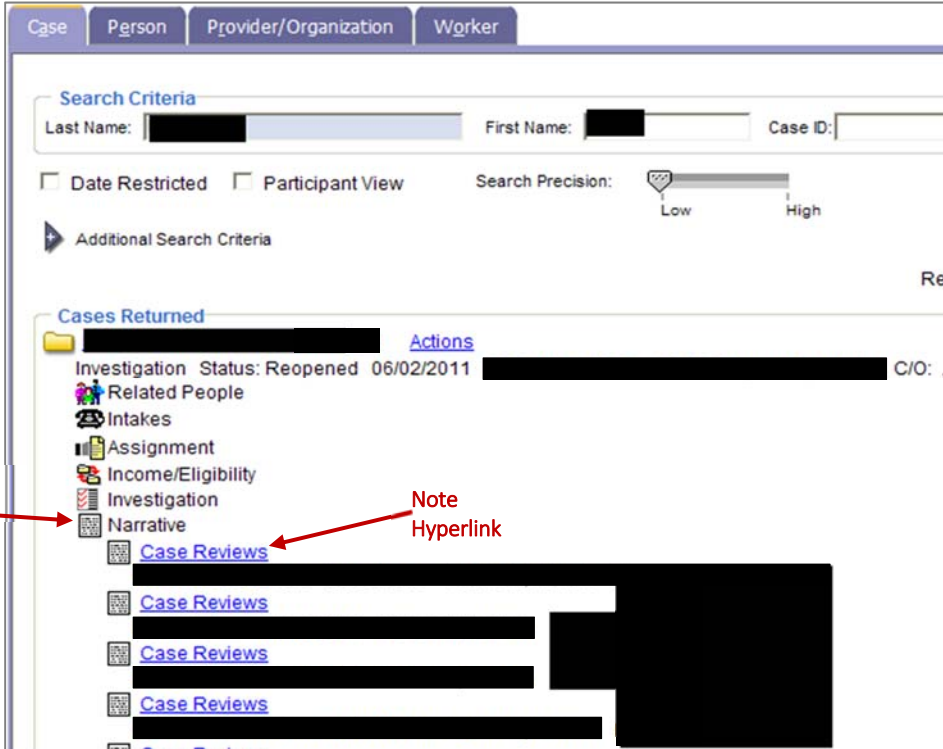


Scroll down to the *Narrative* section and enter the Case Note text. Click *Close*, and then *Yes* when asked if changes should be saved prior to closing.



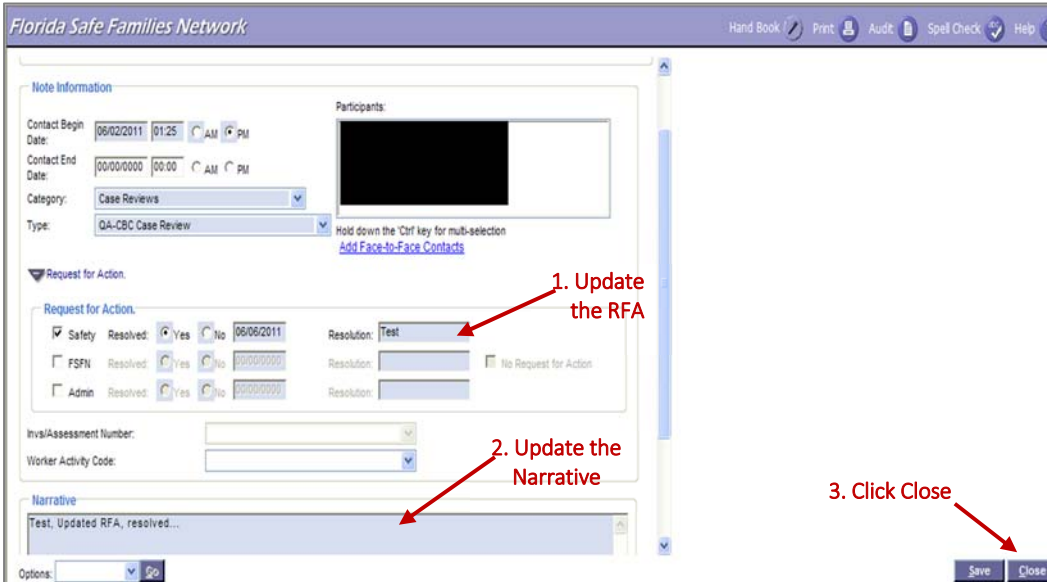
Update an RFA/Case Note

Click the *Narrative* Icon to display the Notes history. Click the hyperlink of the note you want to update.



The screenshot shows the 'Case Search Results' page. At the top, there are tabs for 'Case', 'Person', 'Provider/Organization', and 'Worker'. Below these are search criteria fields for 'Last Name', 'First Name', and 'Case ID'. There are also checkboxes for 'Date Restricted' and 'Participant View', and a 'Search Precision' slider set to 'Low'. A section titled 'Cases Returned' shows a list of cases. On the left sidebar, there are icons for 'Related People', 'Intakes', 'Assignment', 'Income/Eligibility', 'Investigation', and 'Narrative'. A red arrow points to the 'Narrative' icon. In the 'Cases Returned' list, there are several entries, each with a 'Case Reviews' hyperlink. A red arrow points to one of these hyperlinks.

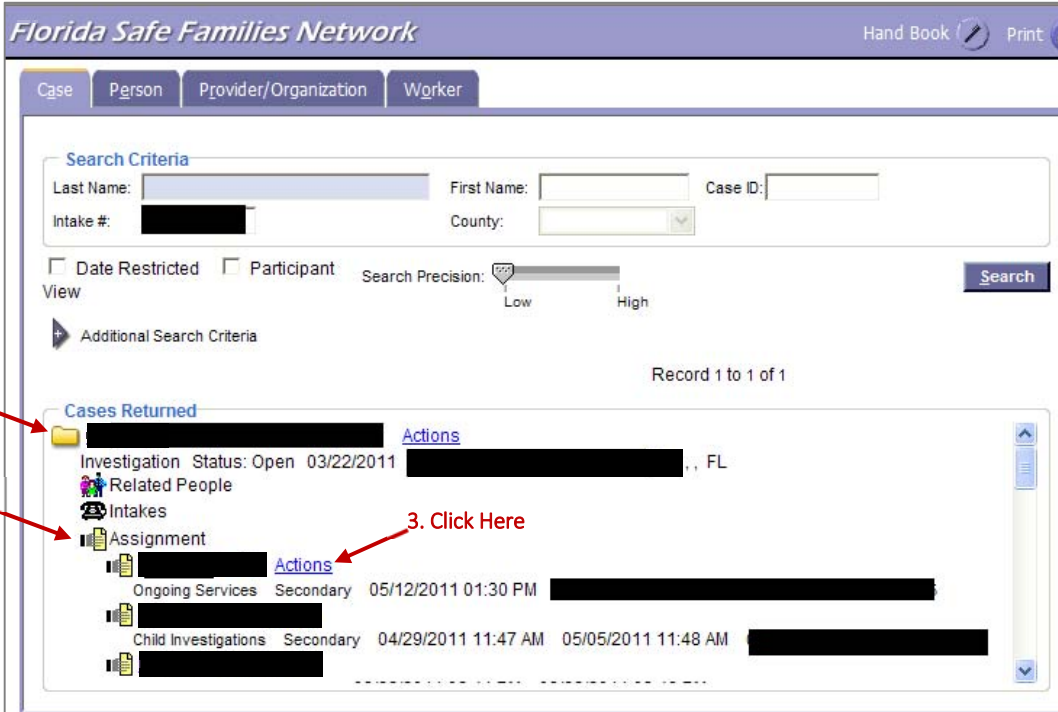
Update the Note as Appropriate and click *Close*. Select Yes when asked if you want to save changes.



The screenshot shows the 'Note Information' page. It has a title bar 'Florida Safe Families Network' and a menu bar with 'Hand Book', 'Print', 'Audit', 'Spell Check', and 'Help'. The page is divided into several sections. The 'Note Information' section includes 'Contact Begin Date' (06/02/2011 01:25 AM), 'Contact End Date' (00/00/0000 00:00 AM), 'Category' (Case Reviews), and 'Type' (QA-CBC Case Review). The 'Request for Action' section has a table with columns for 'Request for Action', 'Resolved', 'Yes', 'No', and 'Resolution'. The 'Narrative' section contains the text 'Test. Updated RFA, resolved...'. At the bottom right, there are 'Save' and 'Close' buttons. Red arrows point to the 'Update the RFA' button, the 'Update the Narrative' button, and the 'Close' button.

Assignment to a Case

Search for the case to which you want to be assigned. Click the *Case Folder* Icon. Click the *Assignment* Icon. Click the *Actions* hyperlink next to any active assignment.



Florida Safe Families Network Hand Book Print

Case Person Provider/Organization Worker

Search Criteria

Last Name: [] First Name: [] Case ID: []

Intake #: [] County: []

☐ Date Restricted ☐ Participant Search Precision: [] [Low] [High] **Search**

View Additional Search Criteria

Record 1 to 1 of 1

Cases Returned

[] [] **Actions**

Investigation Status: Open 03/22/2011 [] , FL

[] Related People

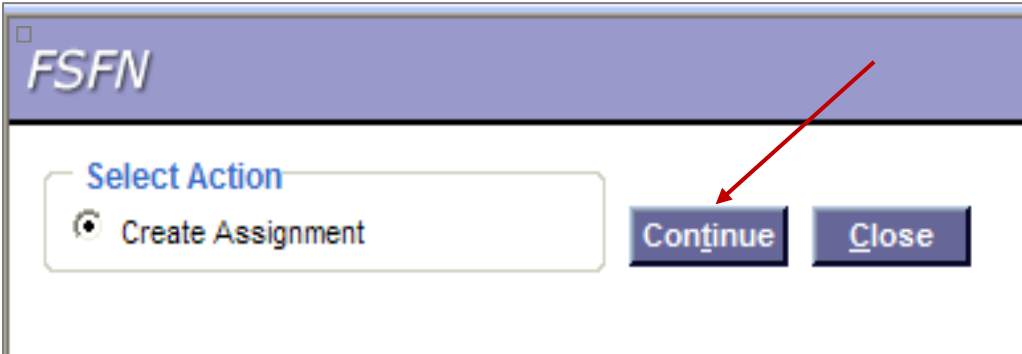
[] Intakes

[] Assignment **Actions**

[] Ongoing Services Secondary 05/12/2011 01:30 PM []

[] Child Investigations Secondary 04/29/2011 11:47 AM 05/05/2011 11:48 AM []

Select *Continue*.



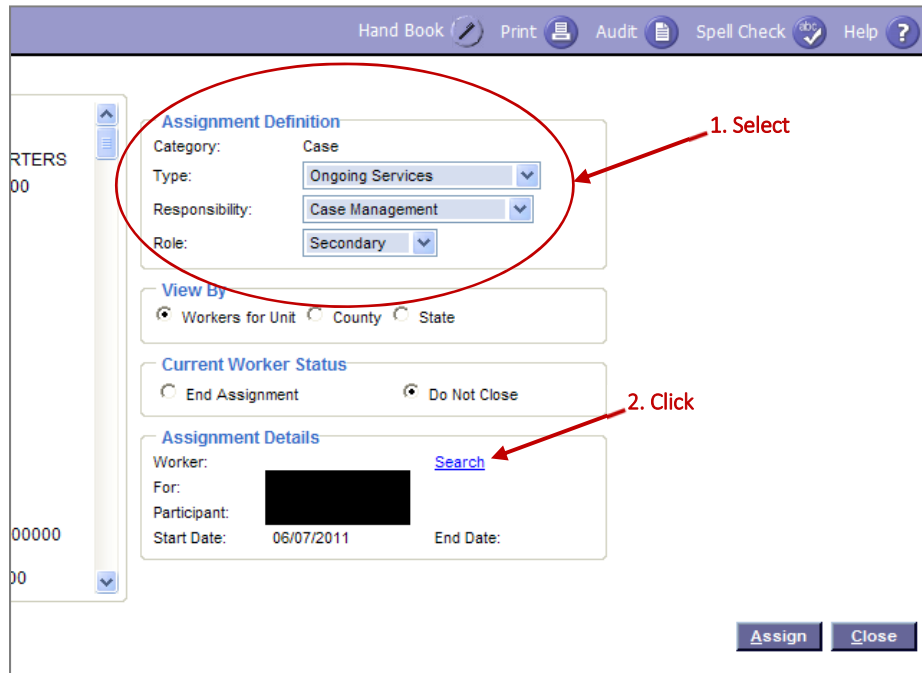
☐ **FSFN**

Select Action

☒ Create Assignment

Continue **Close**

In the *Assignment Definition* box, select *Ongoing Services* from the *Type* drop down box. *Case Management* from the *Responsibility* drop down box and *Secondary* from the *Role* drop down box. In the *Assignment Details* box, click the *Search* hyperlink. Ignore the *View By* and *Current Worker Status* sections.



Hand Book Print Audit Spell Check Help

Assignment Definition

Category: Case

Type: **Ongoing Services**

Responsibility: **Case Management**

Role: **Secondary**

View By

☒ Workers for Unit ☐ County ☐ State

Current Worker Status

☐ End Assignment ☒ Do Not Close

Assignment Details

Worker: [Redacted]

For: [Redacted]

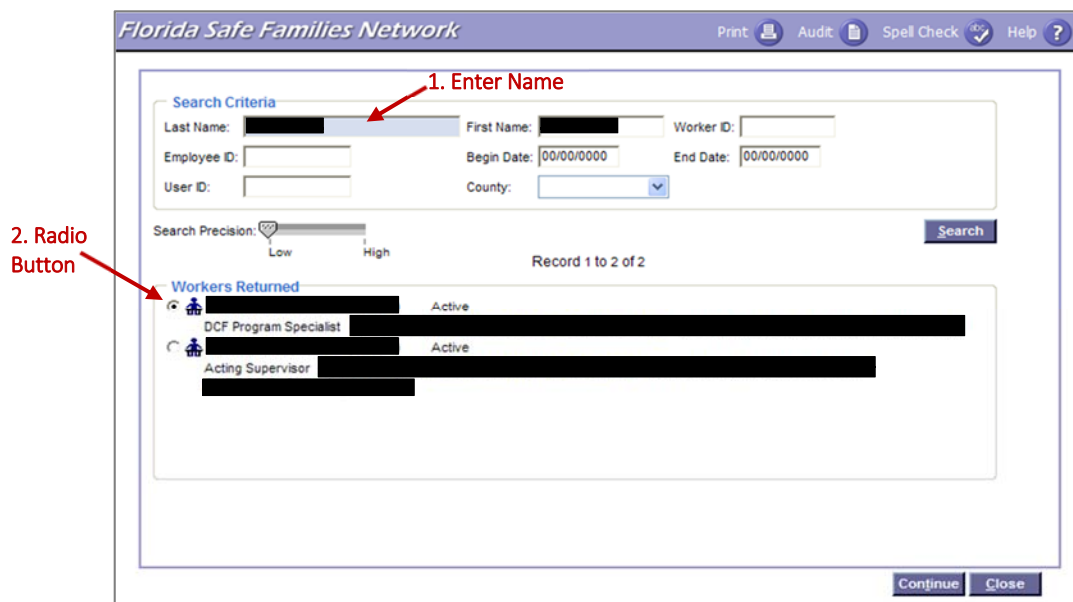
Participant: [Redacted]

Start Date: 06/07/2011 End Date: [Redacted]

[Search](#)

Assign Close

Enter your name in the *Search Criteria* box and click *Search*. Select the *Radio Button* next to the appropriate name/user profile and click *Continue*.



Florida Safe Families Network Print Audit Spell Check Help

Search Criteria

Last Name: [Redacted] First Name: [Redacted] Worker ID: [Redacted]

Employee ID: [Redacted] Begin Date: 00/00/0000 End Date: 00/00/0000

User ID: [Redacted] County: [Redacted]

Search Precision: ☐ Low ☒ High

Search

Record 1 to 2 of 2

Workers Returned

☒ [Redacted] Active






DCF Program Specialist [Redacted]

☐ [Redacted] Active

Acting Supervisor [Redacted]


Continue Close


Click *Assign*.


Hand Book /  Print  Audit  Spell Check  Help 

Assignment Definition

Category: Case

Type: 

Responsibility: 

Role: 

View By

☒ Workers for Unit ☐ County ☐ State

Current Worker Status

☐ End Assignment ☒ Do Not Close


Assignment Details

Worker: [Search](#)

For:

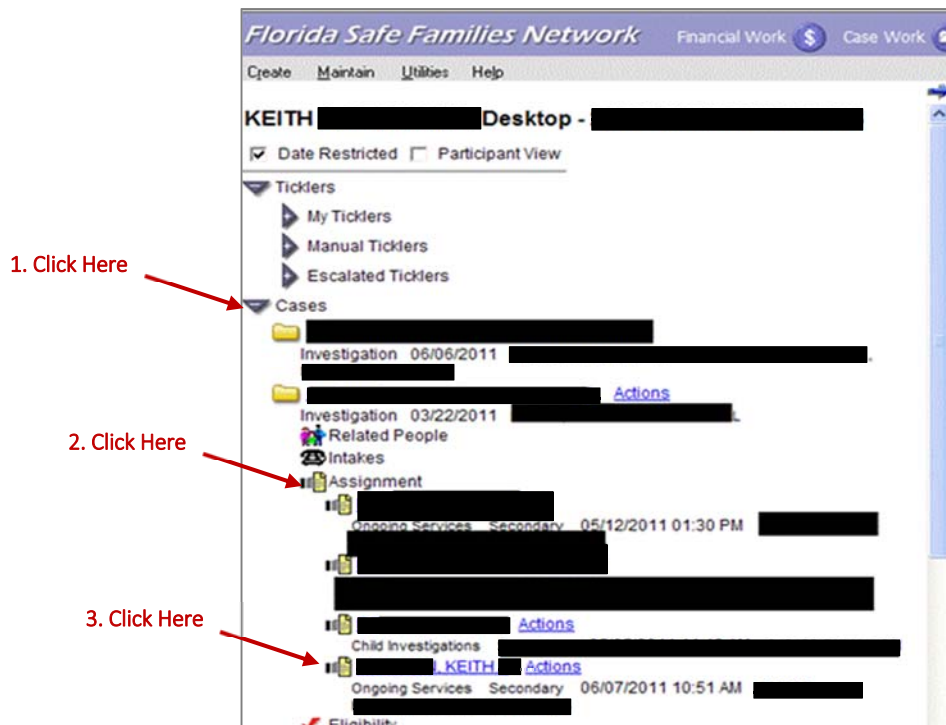
Participant:

Start Date: End Date:

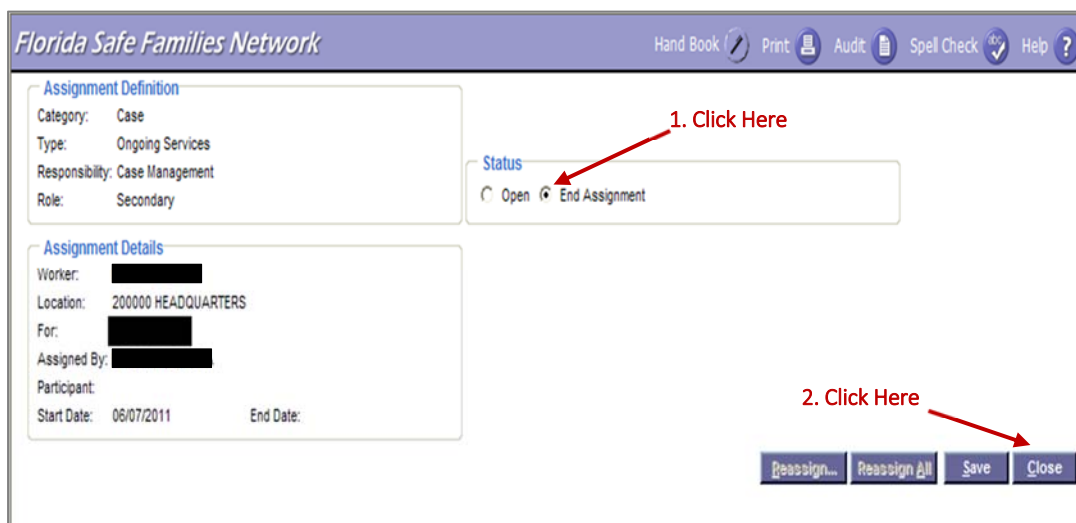
Click Here 

End Assignment

Click *Case Folder* Icon from FSFN desktop. Click *Assignment Folder*. Click your *name* hyperlink associated with your active assignment.



Select the *End Assignment* Radio Button and click *Close*. Click *Yes* when asked to save changes before closing page.

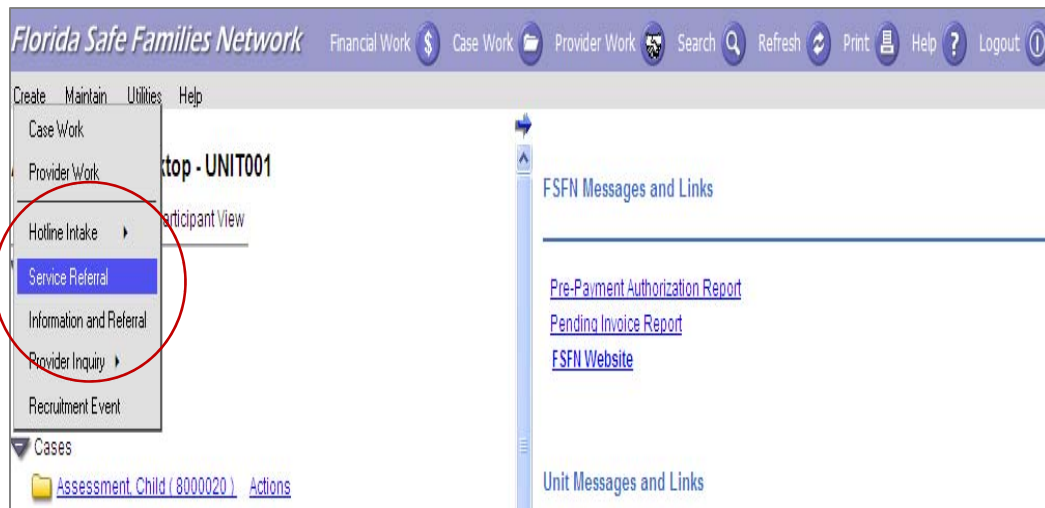


Re-Open a Case for Administrative Purposes

It is only necessary to Re-Open a closed case to enter a case note in the following circumstances:

- The case note includes an RFA (this will add the case to your FSN desktop), or
- The case note is being updated (it is not possible to update a case note in a closed case).

Click the *Create* menu item and select *Service Referral*.



Enter all known information on the participant and click the *Search* button. All matching results are returned within the *Persons Returned* group box. Click the *Select* hyperlink next to the applicable person; click the *Add Participants* button and click the *Continue* button.

Florida Safe Families Network Print Audit Spell Check Source

Search Criteria

Last Name: First Name: Middle Name: Person ID: **1. Enter Person Information**

ID: DOB Range Begin: 00/00/0000 DOB Range End: 00/00/0000 DOB: 00/00/0000

Age Range Begin: Age Range End:

Search Precision: Low Med High

2. Click Search Search Clear Fields

Record 1 to 1 of 1

Persons Returned

3. Click Select Select Other

4. Click Add Participant Add Participant(s) Participants (1) Create Unknown

Participants

Participant Name	DOB	Status

5. Click Continue Continue Close

In the *Intake Information* box, enter the current date and time, with AM/PM designation in the *Date/Time Intake Received* box and select the applicable *County*. In the *Participants* tab click the *Roles* hyperlink; select *Referral Name* and click the *Continue* button to return to the *Participants* tab. Open the *Referral Information* expand and select the *Caller ID N/A* check box.

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Hand Book | Print | Audit | Spell Check | Source

Intake Information

Referral Name: [Redacted] Workers: [Redacted] Search Worker County: [Dropdown] R/T: [Dropdown] Special Handling: ☐ Call Record Number: [Redacted] Intake Number: [Redacted] Type: Service Referral - Initial

Date/Time Intake Received: 06/02/2011 AM PM

Participants | Relationship | Services | Victim/Child Location | Prior Intakes and Investigations/Referrals | Decision

Intake Participants

Names	Person ID	Gender	DOB	Estimated Age	Race	Ethnicity	Roles
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	Other	Roles

Add/Edit Address Copy

Referral Information

Referral Information

Last Name: [Redacted] First Name: [Redacted] Middle Name: [Redacted] Suffix: [Dropdown]

Report Method: Phone ☐ Caller ID N/A Reporter Caller ID: [Redacted]

☐ Reporter Requests Contact Reporter Type: [Dropdown]

Manual-ACD Telephone/FAX: [Redacted] Call/FAX Tracking Number: [Redacted] FAX Subject Line: [Redacted]

Home Phone: [Redacted] Work Phone: [Redacted] Other Phone: [Redacted]

Options: [Dropdown] Go Refresh Save Close

FSFN

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Participant

Name: [Redacted]

Roles

Select	Roles Description	Code
<input type="checkbox"/>	Child In Home	CH
<input type="checkbox"/>	Household Member	HM
<input type="checkbox"/>	Identified Child	IC
<input type="checkbox"/>	Referral Name	RN
<input type="checkbox"/>	Non-Household Member	NM
<input type="checkbox"/>	Parent/Caregiver	PC
<input type="checkbox"/>	Significant Other	SO

Continue Close

Click the *Services* tab. From the *Services Referral* drop down box select *Re-Open Closed Case For Administrative Purposes*. Enter a brief narrative in the *Describe* text field; click *Save*.

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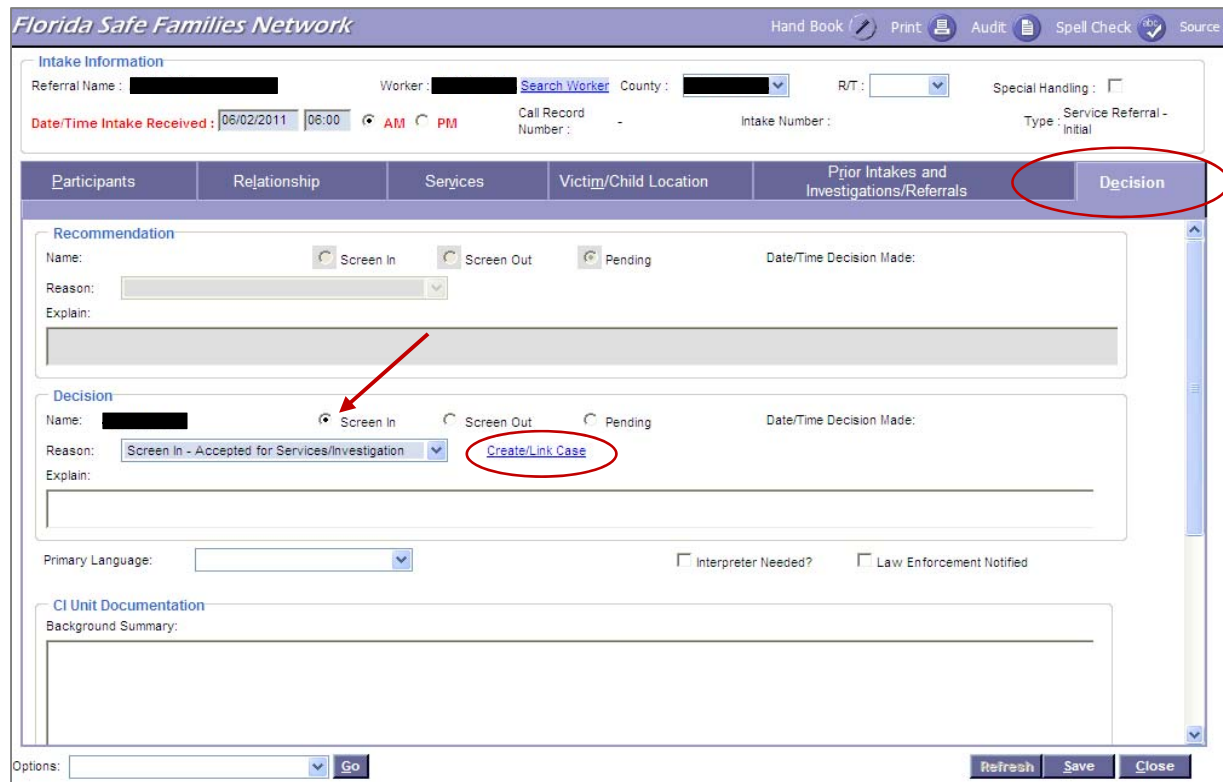
Intake Information

Referral Name : [Redacted] Worker : [Redacted] [Search Worker](#) County : [Dropdown] R/T : [Dropdown] Special Handling : ☐

Date/Time Intake Received : 06/02/2011 [Dropdown] AM PM Call Record Number : - Intake Number : Type : Service Referral - Initial

Participants	Relationship	Services	Victim/Child Location	Prior Intakes and Investigations/Referrals	Decision
<p>Service Type</p> <p>Services Referral: Out-of-State Request</p> <p>Specific Service: Diversion DJJ ICPC ICPC-Priority Out-of-State Request Re-Open Closed Case For Administrative Purposes Relinquished Infant Request from Adoptive Parent Rule Violation Supervision Reinstated</p> <p>Investigative Sub Type: In-Home</p> <p>Narrative</p> <p>Describe</p> <p>[Text Area]</p> <p>Options: [Dropdown] Go Refresh Save Close</p>					

Click the *Decision* tab. In the *Decision* box select *Screen In*. Click the *Create/Link Case* hyperlink; click *Yes* to the messages regarding saving and not compromising reporter identity.



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Intake Information

Referral Name: [Redacted] Worker: [Redacted] [Search Worker](#) County: [Redacted] R/T: [Redacted] Special Handling: ☐
 Date/Time Intake Received: 06/02/2011 06:00 AM PM Call Record Number: - Intake Number: Type: Service Referral - Initial

Participants | Relationship | Services | Victim/Child Location | Prior Intakes and Investigations/Referrals | Decision

Recommendation

Name: [Redacted] ☒ Screen In ☐ Screen Out ☐ Pending Date/Time Decision Made:
 Reason: [Redacted]
 Explain: [Redacted]

Decision

Name: [Redacted] ☒ Screen In ☐ Screen Out ☐ Pending Date/Time Decision Made:
 Reason: Screen In - Accepted for Services/Investigation [Create/Link Case](#)
 Explain: [Redacted]

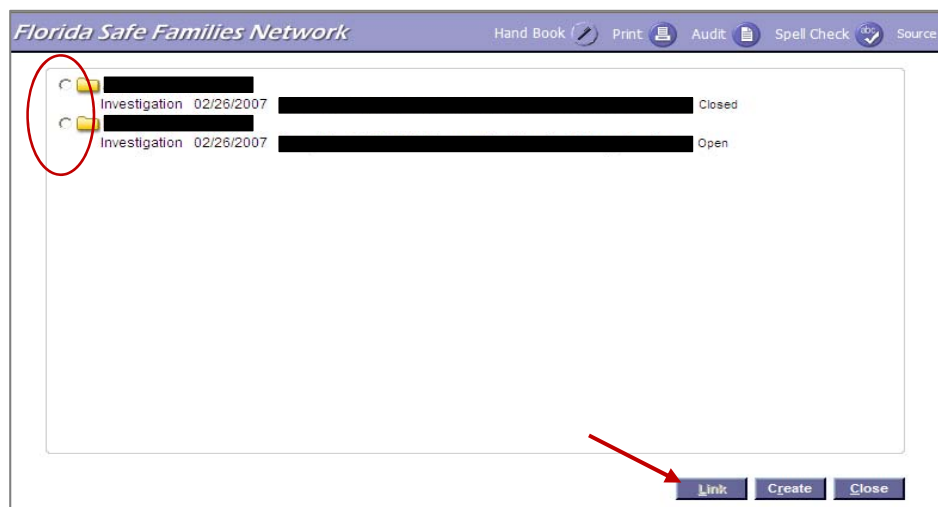
Primary Language: [Redacted] ☐ Interpreter Needed? ☐ Law Enforcement Notified

CI Unit Documentation

Background Summary: [Redacted]

Options: [Redacted] [Go](#) [Refresh](#) [Save](#) [Close](#)

All Cases in which the intake participant is a case participant are displayed. Select the applicable radio button and click the Link button, which only becomes enabled after selecting an applicable radio button. Upon selecting the Link button the Maintain Case page is displayed.



Florida Safe Families Network

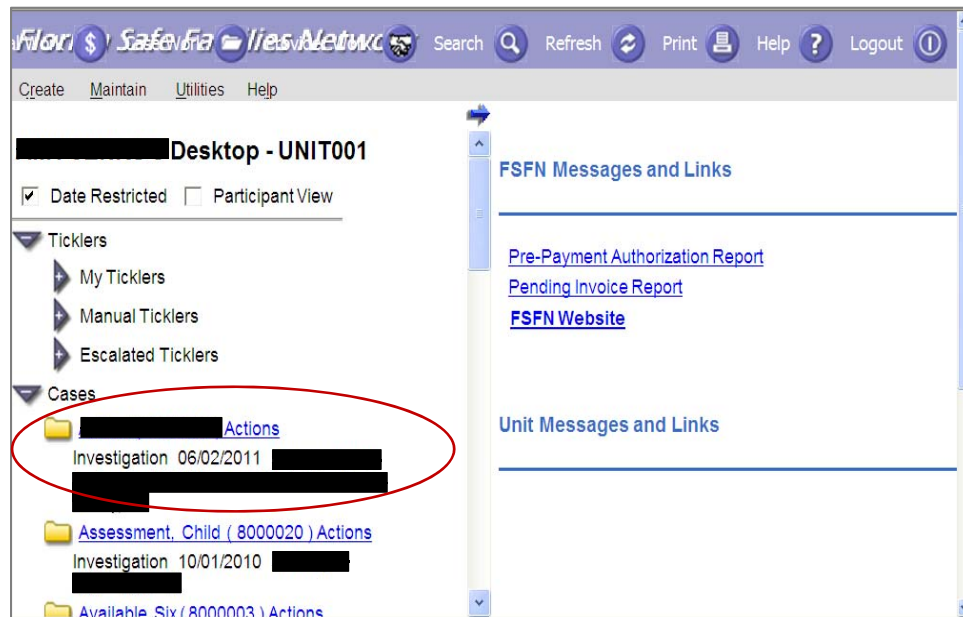
Hand Book | Print | Audit | Spell Check | Source

☒ [Redacted] Investigation 02/26/2007 [Redacted] Closed
☒ [Redacted] Investigation 02/26/2007 [Redacted] Open

[Link](#) [Create](#) [Close](#)

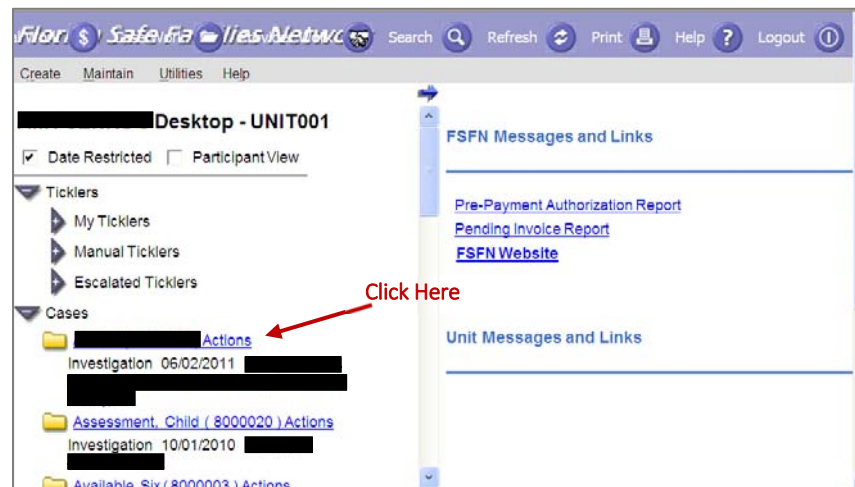
Maintain Case page

Please note that the Status of the Case, which was previously closed, now shows *Reopen*; click the *Save* button. If a message regarding updating participant addresses appears, select *No*; the case is now open and will display on your desktop, listing you as the Primary Worker. You may now create or update the Case Note.

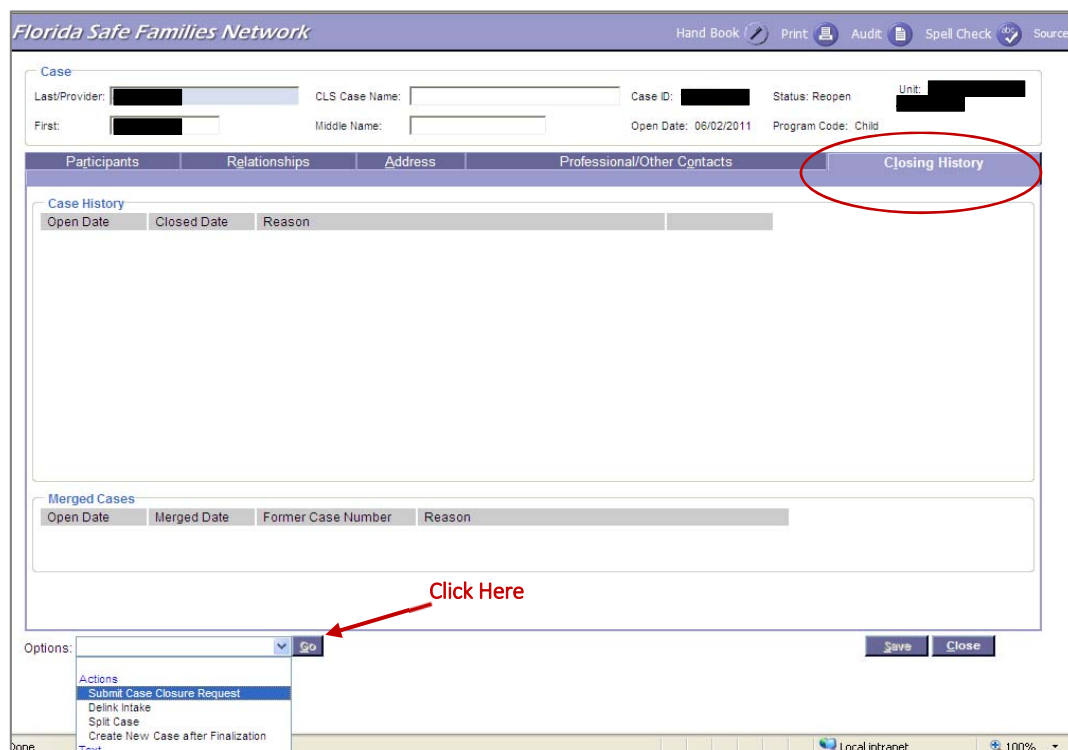


Closing a Case

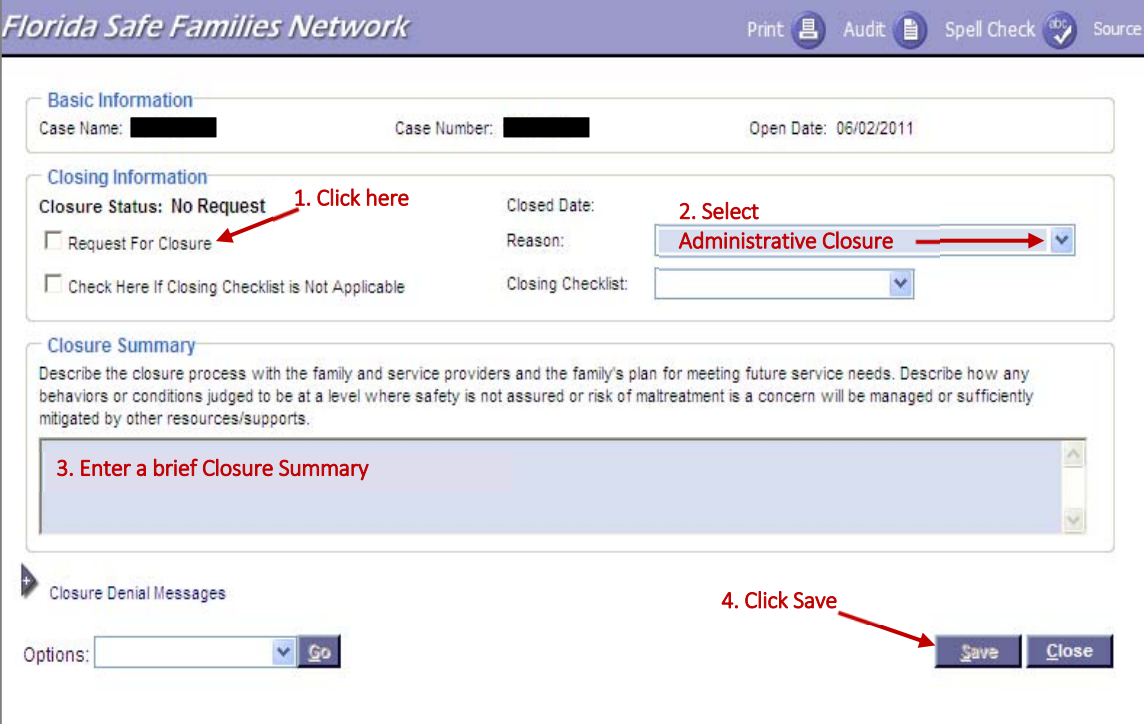
*NOTE- You should only close a case that you have re-opened to enter or update a case note. Do not close a case that you did not re-open. From your FSFN desktop, click the *Case Name* hyperlink of the case you want to close-this will take you to the Maintain Case page.



From the *Maintain Case* page click the *Closing History* tab. From the *Options* drop down box select *Submit Case Closure Request*; click *Go*.



Select the *Request for Closure* box and in the *Reason* dropdown box select *Administrative Closure*; enter a brief *Closure Summary*; click the *Save* button.



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Print Audit Spell Check Source

Basic Information
 Case Name: [REDACTED] Case Number: [REDACTED] Open Date: 06/02/2011


Closing Information
 Closure Status: No Request
☐ Request For Closure
☐ Check Here If Closing Checklist is Not Applicable
 Closed Date:
 Reason: Administrative Closure
 Closing Checklist:

Closure Summary
 Describe the closure process with the family and service providers and the family's plan for meeting future service needs. Describe how any behaviors or conditions judged to be at a level where safety is not assured or risk of maltreatment is a concern will be managed or sufficiently mitigated by other resources/supports.
 3. Enter a brief Closure Summary

Closure Denial Messages
 Options: [REDACTED] Go

Save Close

This will return you to the *Case Closure* screen. The *Closure Status* will say *Closure Requested*, click *Close*.



Florida Safe Families Network

Print Audit Spell Check Source

Basic Information
 Case Name: [REDACTED] Case Number: [REDACTED] Open Date: 06/02/2011

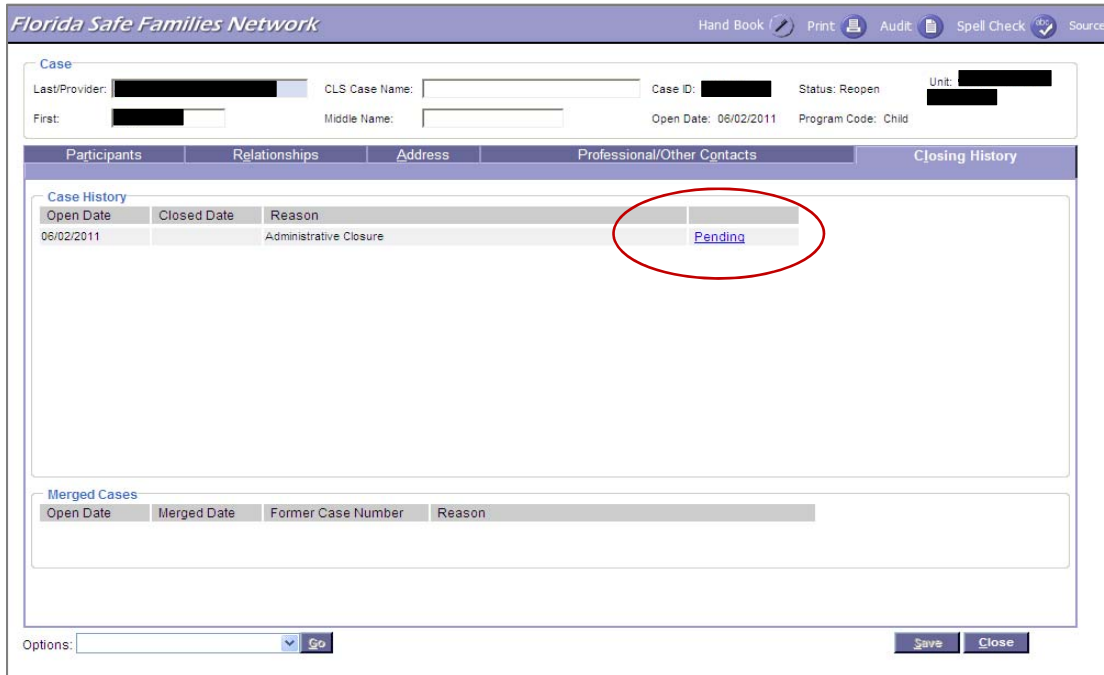
Closing Information
 Closure Status: Closure Requested
☒ Request For Closure
☐ Check Here If Closing Checklist is Not Applicable
 Closed Date:
 Reason: Administrative Closure
 Closing Checklist:

Closure Summary
 Describe the closure process with the family and service providers and the family's plan for meeting future service needs. Describe how any behaviors or conditions judged to be at a level where safety is not assured or risk of maltreatment is a concern will be managed or sufficiently mitigated by other resources/supports.
 Test

Closure Denial Messages
 Options: [REDACTED] Go

Save Close

A new row will be inserted in the *Case History* group box with an associated *Pending* hyperlink. Once it passes the necessary edits successfully the *Pending* hyperlink will change to an *Accepted* hyperlink (may take up to an hour).



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Hand Book Print Audit Spell Check Source

Case

Last/Provider: [Redacted] CLS Case Name: [Redacted] Case ID: [Redacted] Status: Reopen Unit: [Redacted]

First: [Redacted] Middle Name: [Redacted] Open Date: 06/02/2011 Program Code: Child

Participants Relationships Address Professional/Other Contacts Closing History

Case History

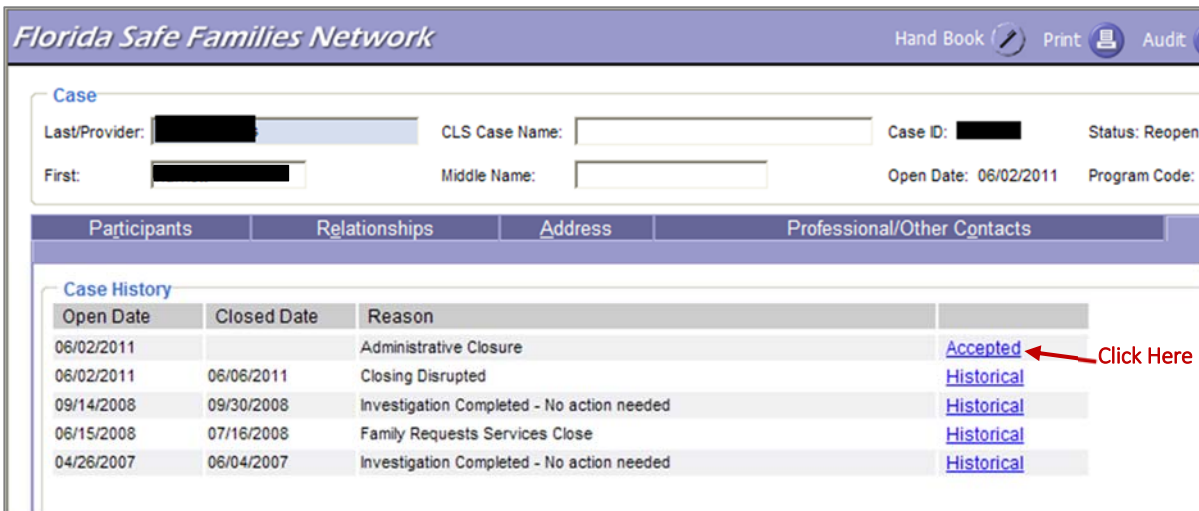
Open Date	Closed Date	Reason	
06/02/2011		Administrative Closure	Pending

Merged Cases

Open Date	Merged Date	Former Case Number	Reason
-----------	-------------	--------------------	--------

Options: [Dropdown] Go Save Close

Once the hyperlink shows *Accepted*, click the *Accepted* hyperlink.



Florida Safe Families Network

Hand Book Print Audit

Case

Last/Provider: [Redacted] CLS Case Name: [Redacted] Case ID: [Redacted] Status: Reopen

First: [Redacted] Middle Name: [Redacted] Open Date: 06/02/2011 Program Code:

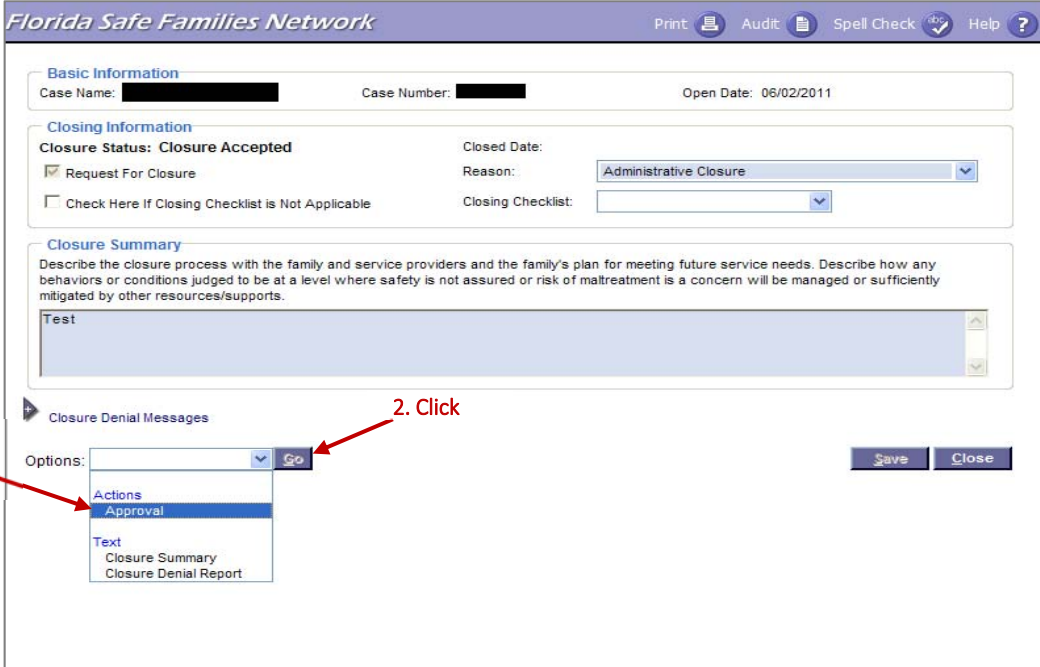
Participants Relationships Address Professional/Other Contacts

Case History

Open Date	Closed Date	Reason	
06/02/2011		Administrative Closure	Accepted
06/02/2011	06/06/2011	Closing Disrupted	Historical
09/14/2008	09/30/2008	Investigation Completed - No action needed	Historical
06/15/2008	07/16/2008	Family Requests Services Close	Historical
04/26/2007	06/04/2007	Investigation Completed - No action needed	Historical

Click Here

From the *Options* drop down box select *Approval* and click *Go*.



Florida Safe Families Network

Print Audit Spell Check Help

Basic Information
 Case Name: [REDACTED] Case Number: [REDACTED] Open Date: 06/02/2011

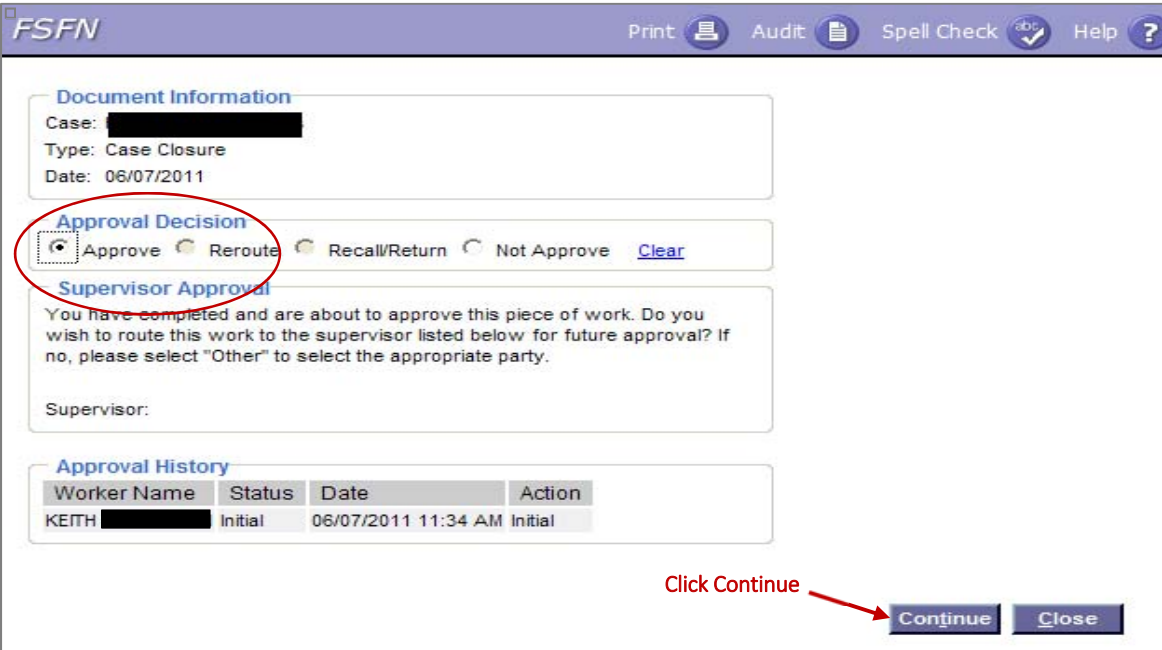
Closing Information
 Closure Status: Closure Accepted
 Request For Closure: ☒ Closed Date: [REDACTED]
 Reason: Administrative Closure
 Check Here If Closing Checklist is Not Applicable: ☐ Closing Checklist: [REDACTED]

Closure Summary
 Describe the closure process with the family and service providers and the family's plan for meeting future service needs. Describe how any behaviors or conditions judged to be at a level where safety is not assured or risk of maltreatment is a concern will be managed or sufficiently mitigated by other resources/supports.
 Text: [REDACTED]

Closure Denial Messages
 Options: [REDACTED] Go
 Actions
 Approval
 Text
 Closure Summary
 Closure Denial Report

Save Close

Under *Approval Decision* group select the *Approve* radio button and click *Continue*.



FSFN

Print Audit Spell Check Help

Document Information
 Case: [REDACTED]
 Type: Case Closure
 Date: 06/07/2011

Approval Decision
☒ Approve ☐ Reroute ☐ Recall/Return ☐ Not Approve Clear

Supervisor Approval
 You have completed and are about to approve this piece of work. Do you wish to route this work to the supervisor listed below for future approval? If no, please select "Other" to select the appropriate party.
 Supervisor: [REDACTED]





Approval History

Worker Name	Status	Date	Action
KEITH [REDACTED]	Initial	06/07/2011 11:34 AM	Initial

Click Continue

Continue Close



This will return you to the *Case Closure* screen. The *Closure Status* will say *Closure Accepted*, click *Close*.


Florida Safe Families Network Print  Audit  Spell Check  Help 



Basic Information
Case Name: [REDACTED] Case Number: [REDACTED] Open Date: 06/02/2011

Closing Information
Closure Status: Closure Accepted
☒ Request For Closure
☐ Check Here If Closing Checklist is Not Applicable
Closed Date:
Reason: Administrative Closure
Closing Checklist:

Closure Summary
Describe the closure process with the family and service providers and the family's plan for meeting future service needs. Describe how any behaviors or conditions judged to be at a level where safety is not assured or risk of maltreatment is a concern will be managed or sufficiently mitigated by other resources/supports.
Test

Closure Denial Messages
Options: [REDACTED]  

Click Close 

RFAs must be completed and tracked in FSFN. In the event a paper form is also needed, here is an example of a written RFA:

The designated liaisons as soon as the concern is noted. Circuit or CBC management staff must respond in writing to the QA team lead or manager no later than 48 hours upon receiving the concern.

Please Check One:

☐ Child Safety Concern

Response Due: _____

☐ Administrative Concern

Response Due: _____

QA Reviewer's Name: _____

Review Date: _____

Case Name: _____

Report Number (when applicable): _____

Program: ☐ Adoption ☐ PS In-Home ☐ PS Out-of-Home ☐ Licensed FC

☐ Independent Living ☐ Child Protective Investigation ☐ Post Placement Supervision

CBC Agency: _____

Circuit: _____ Unit/County: _____ / _____

Presenting Concern(s):



Recommended Action(s):

A written response is due by _____. Please document response on this form and submit to the Quality Assurance Manager identified below.

Submitted by: _____
Quality Assurance Reviewer Date

Agency: _____

Reviewed by: _____
Quality Assurance Reviewer Date

Agency: _____