Case Transfer Staffing Checklist

(PI Completes Part A; Part B is Completed by CMA PD at CTS)

FSFN# _____

Part A

Describe any safety plans that have been implemented or are necessary to protect the child. Identify how plan is being monitored currently. Attach any written safety plans the family has agreed to, including Family Safety Plan (aka sexual safety plan).

What is necessary to change to meet Conditions for Return?

Complete in Out-of-Home Care Cases ONLY

Conditions for Return (Complete for any child currently in an out of home placement)

1. The parent/legal guardians are willing for an in-home safety plan to be developed and implemented and have demonstrated that they will cooperate with all identified safety service providers. ○ Yes ○ No Explain:

2. The parent/legal guardian's home environment is calm and consistent enough for an in-home safety plan to be implemented and for safety service providers to be in the home safely. ○ Yes ○ No Explain:

3. Safety services are available at a sufficient level and to the degree necessary in order to manage the way in which impending danger is manifested in the parent/legal guardian home. ○ Yes ○ No Explain:

4. The parent/legal guardians have a residence in which to implement an in-home safety plan. ○ Yes ○ No Explain:

5. An in-home safety plan and the use of in-home safety services can sufficiently manage impending danger without the results of scheduled professional evaluations. ○Yes ○ No Explain:

If "Yes" to all above –recommend a reunification staffing be held within 10 business days.

If "No" answered to any question above- Discuss and document what actions still need to be addressed to return the child safely to the home:

Complete in Licensed Out-of-Home Care Cases ONLY

List all known relatives, identify if placement has been explored, and if ruled-out reason for decision:

Name / Relation	Placement Explored	Phone #	Notes/Reason for Decision
/	☐ YES ☐ NO		
/	☐ YES ☐ NO		
/	☐ YES ☐ NO		
/	☐ YES ☐ NO		

Part B

TO BE COMPLETED BY PROGRAM DIRECTOR LEAD AT STAFFING

Implications of prior interventions (reports/services):

Current service level negotiated:

☐ Non-Judicial In-Home ☐ In-Home Judicial ☐ Relative/Non Relative Out of Home Care* ☐ Licensed Out of Home Care

*If this is a relative/non-relative placement is the UHS completed and approved AND are background checks present or noted?
☐ Yes ☐ No If no, then add to Next Steps below.

Justification for current service level:

Next Steps (Who, What, When)

Who:	Activity	When

Next Court Hearing:

Date:	Type:

Participant(s) at Staffing:

Name/Signature	Title/Role:	Date