

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
 - o Search by Person or Case
 - o Create a Case Note
- 3. Updating a Case Note or Creating a Case Note with an RFA in an Open Case
 - o Search by Person or Case
 - o Assignment to Case
 - o Create a Case Note or
 - o Update a Case Note
 - o End Assignment
- 4. Updating a Case Note or Creating a Case Note with an RFA in a Closed Case
 - o Re-Open Case for Administrative Purposes
 - o Create a Case Note or
 - o Update a Case Note
 - o 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
- o 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*.

Search Criteria Last Name: Prst Name: Mdde Name: Person D. SSN. DCB Range DCB Range DCB Range Age Range Age Range Begin: Age Range Age Range Age Range Age Range * actor Precision Low High Search Integrated Search * Additional Search Criteria Gender: Unit Designator: W Building: Street Unit Designator: W Building: V V Rotte: State: V State: V V State: V County: Von-Fbrida County: V Von-Fbrida County: V Von Von Fbrida County: Von Von Fbrida County: Von Von Fbrida County: Von Von Fbrida County: Von Fbrida County: Von Von Fbrida County: Von Von Fbrida County:	e Perso	Provider/Organi	zation Worke	Person Provider	Inquiry						
Search Precision Low High Additional Search Criteria Gender: U ID: Unit Designator. V Building: PO Box: Route: V ID: State: V Route: V ID: State: V County: V Non-Florida County: V ZIP Code: County: V	Search Cl ast Name: OOB Range Begin:	riteria	First Name: DOB Range End:	00/00/0000	Middle Name: DOB	00/00/0000	Person ID: Age Range Begin	Age Ran	SSN: ge End		
Additional Search Criteria Additional Search Criteria Gender: ID: ID: For Context Route: County: Non-Florida County: ZIP Code County: County: County: County: County: Co	earch Precis	ion 🐨	ab						Search	Integrate	d Search
Additional Search Criteria Gender: V ID: Unit Designator: Street: V Po Box: V Route: V Gty: V State: V County: Non-Florida County: ZIP Code County:	Additiona	al Search Criteria	911								
Gender: V ID: Street: Unit Designator: W PO Box: Building: For Box: State: Othy: State: County: Non-Flonda County: ZIP Code: County:	Additional	I Search Criteria									
Street Unit Designator: W Building: PO Box: Po Box: Guy: Non-Florida County: ZIP Code: County: W	Gender:	~	ID:	-							
PO Box: Route: Oty: State: Non-Florida County: IP Code: County:	Street:			Unit Designator	~	В	uilding				
aute:	O Bax:										
atiy: State: V Sounty: V Non-Florida County: 21P Code: Country: V	Route:	~									
Zounty: V Non-Florida County: IP Code: Country: V	Caty:		~		State:						
ZIP Code: Country.	County:	~		Non-Florida County:							
	ZIP Code:		Country:	~							

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

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1	Case Person Provider/Organization Worker Person Provider Inquiry	
	Search Criteria First Name Midde Name: Person ID D06 Range 00000000 D06 Range 000000000 Age Range Begin: 00000000 D06 000000000 Age Range	SSN Age Range End
	Search Precision Content High	Search Integrated Search
	Record 1 to 25 of 59218 Next>	
Person Icon	Persons Keturned	
		~
	L	Close



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

	Search Criteria Last Name: First Name: DOB Range 00/00/0000 Begin: 00/00/0000 Age Range Age Range End:
	Search Precision: Low High Additional Search Criteria Record 1 to 25 of 49 <u>Next></u>
ase Icon	Persons Returned Conter Cont
	Actions



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.

	Florida Safe Families Network Print 🕘 Audt 📋 Spell Check 🌍 Help ?
Uncheck this box	Case Person Provider/Organization Wayter Search Criteria Intake # County: Intake # Intake # County: Intake # Search Intake # County: Intake # Search Additional Search Criteria Record 1 to 2 of 2 Search Investigation Status: Open 07/16/2007 Investigation Status: Open 07/16/2007
	Close

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

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	Case Person Provider/Organization Worker
	Search Criteria Last Name: First Name: Case D: Intake #: County: Image: County: Image: County: Image: County: Image: County: Image: County: Image: County: County: Image: County: County: Image: County: County: Image: County: County
	Date Restricted Participant View Search Precision:
	Record 1 to 13 of 13
Case Icon	Cases Returned Accepted Actions Service Referral Status: Reopened 06/08/2011 Actions Investigation Status: Closed 02/06/2001 Actions Investigation Status: Closed 02/15/2002 Actions Investigation Status: Closed 08/29/2004



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.

- Search Criteria								^
Last Name:		First Name:		Middle Name:		Person II	D:	
ID:		DOB Range	00/00/0000	DOB Range	00/00/0000	DOB:	00/00/0000	
Age Range Begin:		Age Range End:		End.				
Search Precision: 🅎							Search	
1								
Additional Search Cr	High							
Additional Search Cr	High teria							
Additional Search Cr	High iteria	Rec	ord 1 to 25 of 49	<u>Next></u>				
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Additional Search Cr	High iteria	Rec	ord 1 to 25 of 49	<u>Next></u>			-	
Additional Search Cr	High Iteria Iformation	Rec	ord 1 to 25 of 49	<u>Next></u>				
Additional Search Cr	High Iteria Information	Rec	ord 1 to 25 of 49	Next> Actions			<	I
Additional Search Cr Persons Returned Basic Person I Related People Dirackes Investigation Cases	High teria nformation	Rec	ord 1 to 25 of 49	Next> Actions Hyperlinl	5			#
Additional Search Cr	High Iteria 1formation }	Rec	ord 1 to 25 of 49	Next> Actions Hyperlinl	(

Select the Create Case Note radio button and click Continue.

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Select Action Create Case Note Case Note Criteria Search Create Meeting Launch Iudicial Overview	Continue



Case Note ID:					
case note D.	Version Number:	Date Entered:		Other	
Note Information	/				
			Participants:		
Contact Begin Date: 100/00/0000 10	CAM CPM				
Contact End Date: 00/00/0000 0	0:00 C AM C PM				
Category:		~			
Type: Adult Investiga	tion				
Case	lion		Add Face-to-Face Cont	multi-selection acts	
Case Reviews	linn				
Federal Fundin	g Reviews				
nvs/Assessment Nu Independent Li	ving	×			
Worker Activity Code Special Condition	ons	~			
	NUMBER OF THE OWNER				

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

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.

ase Name:		Worker Creating Note		Worker Making Contact: Search
ase Note ID:	12	Version Number:	Date Entered:	□ Other
Note Information	n			
				Participants:
ontact Begin Date:	00/00/0000	00:00 C AM C PM		
ontact End Date:	00/00/0000	00:00 CAM C PM		
ategory:	Case Review	vs	~	
vpe:			~	
				Hold down the 'Ctrl' key for multi-selection
Request for Ar	Death Review QA-API Review	ew		
Mequest in At	QA-CBC Bas	e Review		
vs/Assessment N	QA-CPI Revie	e Review		
/orker Activity Cod	QA-In Depth I	Review		
Narrativo	QA-Side-by-S	Side Review		
Mariauve	QA-Special R	Review		
				A



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.

ana Mamai	Worker Creation Note:	Worker Making Co	astact Search
ase Name.	worker creating wote.	worker making co	Search
case Note ID:	Version Number:	Date Entered:	Other
Note Inform	ation		
		Participants:	
Contact Begin Date:	00/00/0000 00:00 C AM C PM		
Contact End Date:	00/00/0000 00:00 C AM C PM		
ategory:	Case Reviews	~	
ype:	QA-CBC Case Review	Hold down the 'Ctrl' key fo	r multi-selection
	5	Add Face-to-Face Con	tacts
Request for	or Action.		
	Sr Action.		
Request		Resolution:	
Request	y resolved: Yes Yes No portorood		
Request Safe FSFN	Resolved: Cres CNo 00/00/0000	Resolution:	No Request for Action

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.

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Contact Begin 00/00/0 Date: Contact End 00/00/0 Date: Category: Case R	0000 00:00 C AM C PM 0000 00:00 C AM C PM Reviews	Participants:		1. Scroll Down
Type: QA-CB Request for Action. Request for Action Safety Resc	BC Case Review	Hold down the 'Ctrl key for muti-selection Add Face-to-Face Contacts Resolution:		
Admin Rose Invs/Assessment Numbe Worker Activity Code:	er:	Resolution:	ter Case Note	
Narrative				3. Click Close



Update an RFA/Case Note

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

	Case Person Provider/Organization W	/ <u>o</u> rker	
	Search Criteria Last Name:	First Name:	Case ID:
	Date Restricted Participant View	Search Precision:	High
			Re
Narrative Icon ———	Cases Returned Cases Returned Actic Investigation Status: Reopened 06/02/20 Related People Case Reviews Case	e erlink	C/O: ,

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

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Note Informa Contact Begin Date: Contact End Date:	06022011 0125 C AM PM 00000000 00:00 C AM PM	Participants:	
Category:	Case Reviews		
Type:	QA-CBC Case Review	Hold down the 'Ctrl' key for multi-selection	
Request fo Request fo Safet FSFN Admin	yr Acton. or Acton. y Resolved: ^(C) Yes ^(C) No ⁽⁰⁶⁰⁶⁶²⁰¹¹⁾ I Resolved: ^(C) Yes ^(C) No ⁽⁰⁰⁰⁰⁰⁰⁰⁰⁾ n Resolved: ^(C) Yes ^(C) No ⁽⁰⁰⁰⁰⁰⁰⁰⁰⁾	Resolution: Test In Request for Action Resolution:	
invs/Assessme Worker Activity	nt Number:	2. Update the Narrative	



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:	<u>S</u> earch
1. Click Here	Record 1 to 1 of 1	
	Cases Returned Actions	<u> </u>
2. Click Here	Investigation Status: Open 03/22/2011 , FL Related People Pintakes 3. Click Here	
	Actions	
	Child Investigations Secondary 04/29/2011 11:47 AM 05/05/2011 11:48 AM	
		~

Select Continue.

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© Create Assignment	Con <u>t</u> inue <u>C</u> lose



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.

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RTERS 00		Assignmer Category: Type: Responsibility Role:	nt Definition Case Ongoing S Case Mana Secondary	ervices v agement v		1. Select	
		View By Workers the Current Wo C End Assi	for Unit C County Orker Status gnment	C State	2. Cl	lick	
00000		Assignmer Worker: For: Participant: Start Date:	nt Details 06/07/2011	Search End Date:			
00	~						
						<u>A</u> ssign	<u>C</u> lose

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*.

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2. Radio	Search Criteria Last Name: First Name: Employee D: Begin Date: O0/00/0000 End Date: Search Precision:
Button 🔨	Low High Record 1 to 2 of 2 Workers Returned Active DCF Program Specialist Active C Acting Supervisor Active
	Conținue <u>C</u> lose



Click Assign.

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— Assignment Defi	nition				
Category:	Case				
Туре:	Ongoing Services	~			
Responsibility:	Case Management	*			
Role:	Secondary 💙				
C View By					
Workers for Unit	C County C State				
Current Worker	Status				
C End Assignment	Do Not Clo	se			
Assignment Deta	ils		_		
Worker:	Search				
For:					
Participant:					
Start Date:	End Date	:			
		с	lick Here		
				<u>A</u> ssign	<u>C</u> lose





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.

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Assignment Definition Category: Case Type: Ongoing Services Responsibility: Case Management Role: Secondary	1. Click Here Status C Open © End Assignment
Assignment Details Worker: Location: 200000 HEADQUARTERS For: Assigned By: Participant: Start Date: 06/07/2011 End Date:	2. Click Here
	<u>Reassign</u> Reassign <u>A</u> ll <u>Save</u> Close



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 FSFN 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.

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Search Criteria Last Name: ID: Age Range Begin:	First Name: DOB Range Begin: 00/00/0000 Age Range End:	Middle Name: F DOB Range End: 00/00/0000 [Person ID: 00/00/0000	1. Enter Person Information	2) -
Search Precision:	' ^I High		2. Click Sear	rch <u>S</u> earch Clear Fields	
L		Record 1 to 1 of 1			
Select A		, Other			Ĩ
3. Click Select		4. Click Add Participar	nt		
Participants			Add Participant	t(s) Participants (1) <u>Create</u> <u>Unknown</u>	
Participant Name	DOB	Status			
			5. Click Con	tinue	
				Con <u>t</u> inue <u>C</u> lose	



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.

and a state of the							
erral Name :		Worker :	Search V	Norker County :	R/T :	Special Har	ndling: 🗖
e/Time Intake Received :	06/02/2011		Number :	- inta	ke Number :	Туре	Service Referral - Initial
Participants	Relationship	Servi	ces V	ictim/Child Location	P <u>r</u> ior Intakes Investigations/Re	and ferrals	D <u>e</u> cision
Intake Participants							_
Vames	Person ID	Gender DOB	Estimated	Race	Ethnicity	(Roles
			Age		Other		Roles
Referral Information						Add/Edit Addre	ss C <u>o</u> py
Referral Information 💙							^
Referral Information 💙		First Name:		Middle Name:		Suffix:	~
Referral Information 💙 Last Name: Report Method: PI	hone 💙	First Name:		Middle Name: Reporter Caller ID:		Suffix:	×
Referral Information 💙 Last Name: Report Method: Reporter Requests Con	hone 💙	First Name:	۱ ۱	Middle Name: Reporter Caller ID:		Suffix:	•
Referral Information	hone 💙	Caller ID N/A Reporter Type Call/FAX Tracking Number:		Middle Name: Reporter Caller ID: FAX Subject Line:	×	Suffix:	
Referral Information	hone 💌	Caller ID IVA Repeder Type Call/FAX Tracking Number: Work Phone:		Middle Name: Reporter Caller ID: FAX Subject Line: Other Phone:		Suffix:	×
Referral Information	hone 🔽	Caller ID N/A Repeder Type. Call/FAX Tracking Number: Work Phone:		Middle Name: Reporter Caller ID: FAX Subject Line: Other Phone:		Suffix:	

Roles				
Select	Roles Description	Code		
	Child In Home	СН		
	Household Member	HM		
Γ	Identified Child	IC		
	Referral Name	RN	>	
Γ	Non-Household Member	NM		
	Parent/Caregiver	PC		
	Significant Other	SO		

APPENDIX 7



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.

erral Name :	ed: 06/02/2011	Worker :	Search Worker County :	R/T :	Special Handling : Type : Service Referral -
<u>P</u> articipants	Relationship	Services	Tictim/Child Location	Prior Intakes and Investigations/Referrals	Decision
Service Type Services Referral:	Out-o-State Request		×		
Specific Service No Specific Services	Diversion DJJ ICPC ICPC-Priority Out-of-State Request Re-Open Closed Case For Adl Relinquished Infant Request from Adoptive Parent Rule Violation Supervision Reinstated	ninistrative Purposes			
Investigative Sub Type:	In-Home 💌				
Narrative Describe					<u>></u>
					~



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 Leferral Name : Late/Time Intake Receive	v ed : 06/02/2011 06:00 @	Vorker : Se AM C PM Cal Nur	arch Worker County : Record	R/T : V	Special Handling:	rral -
<u>P</u> articipants	Relationship	Ser <u>v</u> ices	Victim/Child Location	Prior Intakes and Investigations/Referral	s D <u>e</u> cis	ion
Recommendation Name: Reason: Explain:	C Screen	In C Screen Out	Pending	Date/Time Decision Made:		
Decision Name: Reason: Screen In - Explain:	C Screen	in C Screen Out	C Pending	Date/Time Decision Made:		
Primary Language: - CI Unit Documentatio		¥	☐ Inter	preter Needed? C Law Enforcem	ent Notified	
Background Summary:						
ns:	<u>G</u> o				Refresh <u>S</u> ave <u>(</u>	lose

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.

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Investigation 02/26/2007 Investigation 02/26/2007			Closed Open		
			Link	C <u>r</u> eate <u>C</u> lose	

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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.

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<u>Cr</u> eate <u>Maintain Utilities</u> Help	
Desktop - UNIT001	FSFN Messages and Links
 Ticklers My Ticklers Manual Ticklers Escalated Ticklers 	Pre-Payment Authorization Report Pending Invoice Report FSFN Website
Cases Actions Investigation 06/02/2011 Assessment. Child (8000020) Actions Investigation 10/01/2010	Unit Messages and Links
Available Six (8000003) Actions	



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.

Flor 🕥 Sate Fa 😑 lies Netwo 🤝	Search 🔾 Refresh 🗢 Print 昌 Help ? Logout 🕕
Create Maintain Utilities Help	
Desktop - UNIT001	FSFN Messages and Links
Ticklers My Ticklers Manual Ticklers Escalated Ticklers	Pre-Payment Authorization Report Pending Invoice Report FSFN Website ck Here
Cases Actions Investigation 06/02/2011	Unit Messages and Links
Assessment, Child (8000020) Actions Investigation 10/01/2010	۹ .

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



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

ase Name:	Case Number:	Open Date: 06/02/2011	
Closing Information	re la		
losure Status: No Request 4. Click He	Closed Date:	2. Select	
Request For Closure	Reason:	Administrative Closure —	→ ×
Check Here If Closing Checklist is Not Applicab	le Closing Checklist:	¥	
Closure Summary escribe the closure process with the family and s ehaviors or conditions judged to be at a level whe itigated by other resources/supports.	ervice providers and the family's pre safety is not assured or risk of	lan for meeting future service needs. Describe how a maltreatment is a concern will be managed or sufficie	any ently
Closure Summary escribe the closure process with the family and s ehaviors or conditions judged to be at a level whe itigated by other resources/supports. 3. Enter a brief Closure Summary	service providers and the family's ere safety is not assured or risk of	an for meeting future service needs. Describe how a maitreatment is a concern will be managed or sufficie	any ently
Closure Summary escribe the closure process with the family and s ehaviors or conditions judged to be at a level whe itigated by other resources/supports. 3. Enter a brief Closure Summary	ervice providers and the family's are safety is not assured or risk of	lan for meeting future service needs. Describe how a maltreatment is a concern will be managed or sufficie	any ently
Closure Summary escribe the closure process with the family and s ehaviors or conditions judged to be at a level whe itigated by other resources/supports. 3. Enter a brief Closure Summary	service providers and the family's pre safety is not assured or risk of	lan for meeting future service needs. Describe how a maîtreatment is a concern will be managed or sufficie	any ently

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

Case Name:	Case Number:		Open Date: 06/02/2011	
Closing Information Closure Status: Closure Requested		Closed Date:		
Request For Closure		Reason:	Administrative Closure	~
Check Here If Closing Checklist is Not Appli	icable	Closing Checklist:	~	
Closure Summary lescribe the closure process with the family a ehaviors or conditions judged to be at a level v	nd service provide where safety is no	rs and the family's pl t assured or risk of r	an for meeting future service needs. Descri natreatment is a concern will be managed o	ibe how any or sufficiently
Closure Summary Describe the closure process with the family a hehaviors or conditions judged to be at a level v nitigated by other resources/supports. Test	nd service provide where safety is no	rs and the family's pl t assured or risk of r	an for meeting future service needs. Descri naltreatment is a concern will be managed o	be how any or sufficiently
Closure Summary Describe the closure process with the family a hehaviors or conditions judged to be at a level v nitigated by other resources/supports. Test	nd service provide where safety is no	rs and the family's pi t assured or risk of r	an for meeting future service needs. Descri naltreatment is a concern will be managed o	ibe how any or sufficiently



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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Case ast/Provider:		CLS Case Name: Middle Name:		Case	D: D: Date: 06/02/2011	Status: Reoper Program Code:	n Uni : Child	it:	
Participants	s R <u>e</u>	lationships <u>A</u> do	dress	Professional/Otl	her Contacts		Clos	ing History	
Case History						、 、			_
Open Date	Closed Date	Reason							
06/02/2011		Administrative Closure			Pending				
Married Cases									
Merged Cases Open Date	Merced Date	Former Case Number	Reason						
Merged Cases Open Date	Merged Date	Former Case Number	Reason			-			

Once the hyperlink shows Accepted, click the Accepted hyperlink.

Case						
ast/Provider:		CLS Case	e Name:	Case ID:		Status: R
irst:	Middle Name:		Open Date: 06/02/2011		1 Program	
Participan		eletionehine			0	
		elationsnips	Address	Professional/Other	Contacts	
Case History Open Date	Closed Date	Reason	Address	Protessional/Other	Contacts	
Case History Open Date 06/02/2011	Closed Date	Reason Administrative Closu	Address	Protessional/Other	Contacts	Click H
Case History Open Date 06/02/2011 06/02/2011	Closed Date	Reason Administrative Closu Closing Disrupted	Address re	Protessional/Other	Contacts	Click H
Case History- Open Date 06/02/2011 06/02/2011 09/14/2008	Closed Date 06/06/2011 09/30/2008	Reason Administrative Closu Closing Disrupted Investigation Comple	Address re ted - No action needed	Protessional/Other	Contacts	-Click H
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From the Options drop down box select Approval and click Go.

Case Name:	Case Number:	Open Date: 06/02/2011	
Closing Information	Closed Bate:		
Request For Closure	Reason:	Administrative Closure	~
Check Here If Closing Checklist is Not A	Applicable Closing Checklist:	×	
Closure Summary			
Describe the closure process with the fam behaviors or conditions judged to be at a le	nily and service providers and the family's evel where safety is not assured or risk of	plan for meeting future service needs. Desc maltreatment is a concern will be managed	or sufficiently
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Under Approval Decision group select the Approve radio button and click Continue.

FSFN				Print 📳	Audit 📋	Spell Check 🌚	Help 🥐
Document Info Case: Type: Case Closu Date: 06/07/2011 Approval Decis Approve Supervisor App You have complet wish to route this no, please select " Supervisor:	re sion Reroute ed and are work to the 'Other" to s	Recall/Return C N e about to approve this e supervisor listed belo select the appropriate p	lot Approve piece of wo w for future arty.	<u>Clear</u> rk. Do you approval? If			
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This will return you to the Case Closure screen. The Closure Status will say Closure Accepted, click Close.

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Closing Information			
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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 Numb	per (when applicable):	_
Program:	Adoption PS In-Home PS Ou	t-of-Home 🔲 Licensed FC
	Independent Living Child Protectiv	e Investigation 🗌 Post Placement Supervision
CBC Agency:		
Circuit:	Unit/County:	/
Presenting Co	oncern(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.

Date

Submitted by: ______ Quality Assurance Reviewer

Date

Reviewed by: _____ Quality Assurance Reviewer

Agency: _____

Agency: _____