

Social Worker Name: _____
 District Office: _____

Date of Hire: _____
 Supervisor Name: _____

Field-Based Practice Requirements for New Social Workers

The purpose of the field-based practice category is for new social workers to gain field experience through observation, peer mentoring, coaching, document review and documentation practice. This provides an opportunity for new Social Workers to “learn the ropes”, ask questions and test their understanding of the connection between knowledge and practice.

Job Shadows

Child Safety Interventions

Relevant Paperwork

Relevant Policies – Policy #52,

- Job shadow **3 Child Safety Interventions.** To the extent possible, shadow one assessment and one investigation from start to finish. Shadow each discrete task of the CSI process a minimum of 3 times. Discrete tasks that should be included in this shadowing experience include the following:

- Commencement [Date _____; Date _____; Date _____]
- Child interview
- Parent Interview(s)
- Alleged Perpetrator Interview
- Required Collateral Interviews
- Attendance at MDT or other Case Staffing Meeting that includes law enforcement and State's Attorney
- Identification of Resources and Referrals
- Initial Home Visit
- Completion of Corresponding Paperwork (Case Determination, I/A Summary)
- Completion of Danger/Safety Assessment and Risk Assessment
- Development of Safety Plan

Documentation of the interviews and contacts should ideally be completed by the new Social Worker and reviewed by the CSI Social Worker and the Supervisor before being included in the file.

Date(s) of job shadow _____ SSMIS # _____ Supervisor Initials and Date _____
 Date(s) of job shadow _____ SSMIS # _____ Supervisor Initials and Date _____
 Date(s) of job shadow _____ SSMIS # _____ Supervisor Initials and Date _____

- Review documentation of **4 complete Child Safety Interventions.** Discuss with Supervisor.

Date(s) of job shadow _____ SSMIS # _____ Supervisor Initials and Date _____
 Date(s) of job shadow _____ SSMIS # _____ Supervisor Initials and Date _____
 Date(s) of job shadow _____ SSMIS # _____ Supervisor Initials and Date _____
 Date(s) of job shadow _____ SSMIS # _____ Supervisor Initials and Date _____

- Job shadow **1 Pickup Order/Removal**

Documentation of the contact should be completed by the new Social Worker and reviewed by the Social Worker and Supervisor before being included in the file.

Date(s) of job shadow _____ SSMIS # _____ Supervisor Initials and Date _____

- Job shadow **1 Emergency Placement and Complete Placement Packet.**

Date of job shadow _____ SSMIS # _____ Supervisor Initials and Date _____

VT DCF Family Services Division
 Foundations for Vermont Child Welfare and
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Ongoing Casework

Paperwork
 Policies

- Job shadow **3 Monthly Face-to-Face Contacts**. This should include at least one at the home of the foster/kin caregiver.

Documentation of the contact should be completed by the new Social Worker and reviewed by the Social Worker and Supervisor.

Date of job shadow _____ SSMIS # _____ Supervisor Initials and Date _____
 Date of job shadow _____ SSMIS # _____ Supervisor Initials and Date _____
 Date of job shadow _____ SSMIS # _____ Supervisor Initials and Date _____

- Job shadow **2 Family Meetings** such as: Family Safety Planning Meeting (FSP), Family Group Conference, Shared Parenting Meeting.

Documentation of the meeting should be completed by the new Social Worker and reviewed by the Social Worker and the Supervisor before being included in the Case Notes.

Date(s) of job shadow _____ SSMIS ## _____ Supervisor Initials and Date _____
 Date(s) of job shadow _____ SSMIS ## _____ Supervisor Initials and Date _____

- Job shadow completion of **2 Risk Re-Assessments**

Documentation of the contact should be completed by the new Social Worker and reviewed by the Social Worker and Supervisor).

Date(s) of job shadow _____ SSMIS # _____ Supervisor Initials and Date _____
 Date(s) of job shadow _____ SSMIS # _____ Supervisor Initials and Date _____

- Job shadow **1 Family Time Coaching Session** with *preference* given to Social Worker Observation and discuss with Supervisor.

Date of job shadow _____ SSMIS # _____ Supervisor Initials and Date _____

- Job Shadow **1 Placement Change.**

Date of job shadow _____ SSMIS # _____ Supervisor Initials and Date _____

- Draft **1 Case Plan.** Review and discuss with Supervisor.

SSMIS # _____ Supervisor Initials and Date _____

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Court and Legal

Paperwork
 Policies

- Job shadow **1 Temporary Care Hearing** and discuss with Supervisor.
 Date of job shadow _____ SSMIS # _____ Supervisor Initials and Date _____
- Job Shadow **1 Merits Hearing** and discuss with Supervisor.
 Date of job shadow _____ SSMIS # _____ Supervisor Initials and Date _____
- Job shadow **1 Disposition Hearing** and discuss with Supervisor.
 Date of job shadow _____ SSMIS # _____ Supervisor Initials and Date _____
- Job shadow **1 Permanency Hearing** and discuss with Supervisor.
 Date of job shadow _____ SSMIS # _____ Supervisor Initials and Date _____
- Job Shadow **1 TPR Hearing** and discuss with Supervisor.
 Date of job shadow _____ SSMIS # _____ Supervisor Initials and Date _____
- Job shadow **1 Case Plan Review** (*Disposition Case plan if possible*) and discuss with Supervisor.
 Date of job shadow _____ SSMIS # _____ Supervisor Initials and Date _____
- Review **2 Affidavits** and highlight relevant information. Discuss with Supervisor.
 Date of Document Review _____ SSMIS # _____ Supervisor Initials and Date _____
- Practice drafting **1 Affidavit**. Review and discuss with Supervisor.
 Date of Document Drafting _____ SSMIS # _____ Supervisor Initials and Date _____

Miscellaneous

- Job Shadow/Interview 1 CIES staff person for 2-3 hours???**
- Interview 2 colleagues in your office who are in a role other than Social Worker** in order to understand their role/responsibility and how to collaborate with them.
 Date of Interview _____ Role _____ Name _____
 Date of Interview _____ Role _____ Name _____
- Attend 1 Multi-Disciplinary Team or Act 264 meeting.** Discuss with Supervisor.
 Date of job shadow _____ SSMIS # _____ Supervisor Initials and Date _____
- Interview a minimum of **(3) Community Partners** in order to understand the role of the agency and the connection/relationship to child welfare & youth justice work.
Possible partners/ roles to interview: States Attorney, Central Office Consultants, CFS contract staff, Youth Development Program staff, local mental health agency staff, etc...
 Discuss and plan with your Supervisor about how and when to complete this item.

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Date of Interview _____ Agency _____ Name _____
 Date of Interview _____ Agency _____ Name _____
 Date of Interview _____ Agency _____ Name _____

Additional Job Shadows required for those new Social Workers who will carry a Juvenile Services Caseload.

- Job Shadow **1 Delinquency Hearing** and discuss with Supervisor.
 Date of job shadow _____ SSMIS # _____ Supervisor Initials and Date _____
- Job Shadow **1 8-Day Hearing** and discuss with Supervisor.
 Date of job shadow _____ SSMIS # _____ Supervisor Initials and Date _____
- Job Shadow **1 YASI Pre-Screen Assessment Interview** and discuss with Supervisor.
 Date of job shadow _____ SSMIS # _____ Supervisor Initials and Date _____
- Job Shadow **1 YASI Full Screen** Assessment and discuss with Supervisor.
 Date of job shadow _____ SSMIS # _____ Supervisor Initials and Date _____

Signed Agreements:

- Computer Users Agreement (where to find this?)
- Employees' Confidentiality (where to find this?)
- Ethics Document? Social workers should be notified that all computer entry can be tracked as to their usage.
- AHS Privacy Statement (where to find this?)

Onboarding Review and Feedback Meeting

The Social Worker, Supervisor and Child Welfare Training Partnership Training Coordinator will meet to discuss the Social Worker's experience with the onboarding experience and develop an Individualized Learning Plan that includes both Classroom and Coaching components for continued learning and development. Once the requirements have been completed cases may be assigned to the social worker. It is required that the Social Worker's Supervisor accompany the new worker on their first assessment/family visits assuming the role of observer and assisting the social worker as needed. This of course does not prevent additional job shadowing/observations in the field from taking place.

 Social Worker Signature

 Date

 Supervisor Signature

 Date

 District Director Signature

 Date

 Child Welfare Training Partnership Training Coordinator

 Date

 Operations Manager Signature

 Date

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Three and Six Month Performance Evaluation Checklist

Three Month Performance Evaluation Checklist: *Date completed:* _____

Six Month Performance Evaluation Checklist: *Date completed:* _____

Comments:

Training Requirements Completion Checklist

Foundations – Online (link to the online program)

Instructor-Led Classes

- Child and Adolescent Development*
- Case Documentation*
- Self-Care and Secondary Traumatic Stress*
- Collaboration and Teamwork*

Self-Directed Classes

- Introduction to YASI*
- Intercultural Responsiveness*
- Substance Abuse for the Child Welfare Professional*
- Permanency in Child Welfare & Youth Justice*

Foundations – Classroom (link to Classroom registration)

- Week 1
- Week 2
- Week 3
- Week 4
- Week 5
- Week 6

Family Services Division Orientation – Online

Agency Requirements and Orientation Sessions

- AHS Employee Orientation – Classroom
- DCF New Employee Orientation – Classroom
- Mandatory Reporting - Online
- HIPPA – Classroom
- Introduction to Domestic Violence - Online