

## UNITY CHEATSHEET/HANDOUT

### Oversight Monitoring of Caseworker Contact to ensure federal compliance

**Documentation:** Meeting all other criteria, a valid Caseworker Contact Case Note requires the following documentation:

- 1) Must be assigned to the child's case in UNITY at any point during the month(s) a contact was required, or the assigned supervisor of the UNITY assigned worker, or the supervisor of the organization unit in the chain of command hierarchically above the unit the assigned worker (on the list above) per chart below:

**Qualified Staff Assignment Type in UNITY:**

Staff Assignment Type (Drop Down Value in UNITY)	Long Description
PRIMARY	PRIMARY CASE MANAGER
INVESTIGATOR	INVESTIGATIVE WORKER
OUT OF HOME WRK	OUT OF HOME PERMANENCY WORKER
IN-HOMESERVICES	ONGOING IN-HOME WORKER
COURTESY SPRVSN	COURTESY SUPERVISION WORKER
IFS REUNIFICAT	REUNIFICATION WORKER
ILIP WORKER	INDEPENDENT LIVING WORKER
ICPC WORKER	INTERSTATE COMPACT CASE WORKER
ADOPTION WORKER	ADOPTION CASE MANAGER
ICJPAROLEOFFICR	ICJ PAROLE OFFICER
YOUTH PAROLE OFF	YOUTH PAROLE OFFICER

**Note:** Call the DCFS Helpdesk at 775-687-9010 during normal business hours if you need assistance determining your supervisory chain of command. If a caseworker writes the note and is later assigned to the case, if they are assigned in the month under review (when the contact is required) then the caseworker contact note will count for the compliance report.

- 2) Select the child's (or children's) name in the "Contact With" box.
- 3) IF the child(ren) are out of state the Note Type of "**NON-NV WORKER**" must be selected (There are no requirements for a Note Type for child(ren) in state).
- 4) Select a Contact Type of "**INPERSON-HOME**", "**INPERSON-OFFICE**", or "**INPERSON-OTHER**". When checking the "**Saw Child At Placement Location**" Checkbox the Contact Type should always be "**INPERSON-HOME**".
- 5) Select "**Saw Child At Placement Location**" checkbox ONLY when the visit occurred in the placement Location.
- 6) Complete other data entry fields as necessary to save the note.

# FOR IN STATE YOUTH

**Case Note**

**Case Information**  
Name: [REDACTED] Case Number: [REDACTED]

**Note Information**  
Note Identifier: [REDACTED] Created By: [REDACTED]

**Note**

Start Date: 06-15-2017

Start Time: [REDACTED]

End Date: 06-15-2017

End Time: [REDACTED]

Travel Time: [REDACTED] hrs [REDACTED] minutes

Contact Type: **B** INPERSON-HOME

Travel Time: [REDACTED] hrs [REDACTED] minutes

Saw Child At Placement Location **C**  
 Unscheduled Visit

Text: [REDACTED]

**Note Type:**

- 21DAYSPRVSRVW
- 45DAYSPRVSRVW
- 7DAYSPRVSRVW
- ADOPARCONTAC
- ADOPREF
- ADOPREVTEAM
- AG CONTACT
- ATTYCONTACT
- AWOLP
- BACKGROUND CHK
- CAREPROVIDER
- CASA/COURTAPPNT
- CASECONFERNC
- CASEPLANMTG
- CASESTAFFRV
- CFT MEETING
- CH CALL IN
- CH CALL OUT
- CH OBSERVATIONS
- CH VISIT RULES
- CH VISITATION
- CHILDCONTACT
- CLOSING SUMMARY
- COLLATERAL
- COURTHEARING
- CPS ADMINCONTCT

**Contact About:**

- CHLD - [REDACTED]
- CHLD - [REDACTED]
- CHLD - [REDACTED]
- CHLD - [REDACTED]
- PRNT - [REDACTED]
- PRNT - [REDACTED]

**Contact With:**

- A** CHLD - [REDACTED]
- CHLD - [REDACTED]
- CHLD - [REDACTED]
- PRNT - [REDACTED]
- PRNT - [REDACTED]

**TCM Activity:**

- ASSESS NEEDS
- CASEPLN DEVEL
- MONITOR CASEPLN
- NONE
- REASSESS NEEDS
- REFERRAL

**Legend:**

- ATTEMPTED
- E-MAIL
- FAX
- B** INPERSON-HOME
- INPERSON-OFFICE
- INPERSON-OTHER
- LETTER
- OTHER
- PHONE
- TEXT

# FOR OUT OF STATE YOUTH

**Case Note**

**Case Information**  
Name: [REDACTED] Case Number: [REDACTED]

**Note Information**  
Note Identifier: [REDACTED] Created By: [REDACTED]

**Note**

Start Date: 06-15-2017

Start Time: [REDACTED]

End Date: 06-15-2017

End Time: [REDACTED]

Travel Time: [REDACTED] hrs [REDACTED] minutes

Contact Type: **C** INPERSON-HOME

Travel Time: [REDACTED] hrs [REDACTED] minutes

Saw Child At Placement Location **D**  
 Unscheduled Visit

Text: [REDACTED]

**Note Type:**

- A** NON NV WORKER
- 21DAYSPRVSRVW
- 45DAYSPRVSRVW
- 7DAYSPRVSRVW
- ADOPARCONTAC
- ADOPREF
- ADOPREVTEAM
- AG CONTACT
- ATTYCONTACT
- AWOLP
- BACKGROUND CHK
- CAREPROVIDER
- CASA/COURTAPPNT
- CASECONFERNC
- CASEPLANMTG
- CASESTAFFRV
- CFT MEETING
- CH CALL IN
- CH CALL OUT
- CH OBSERVATIONS
- CH VISIT RULES
- CH VISITATION
- CHILDCONTACT
- CLOSING SUMMARY
- COLLATERAL
- COURTHEARING

**Contact About:**

- CHLD - [REDACTED]
- CHLD - [REDACTED]
- CHLD - [REDACTED]
- CHLD - [REDACTED]
- PRNT - [REDACTED]
- PRNT - [REDACTED]

**Contact With:**

- B** CHLD - [REDACTED]
- CHLD - [REDACTED]
- CHLD - [REDACTED]
- PRNT - [REDACTED]
- PRNT - [REDACTED]

**TCM Activity:**

- ASSESS NEEDS
- CASEPLN DEVEL
- MONITOR CASEPLN
- NONE
- REASSESS NEEDS
- REFERRAL

**Legend:**

- ATTEMPTED
- E-MAIL
- FAX
- C** INPERSON-HOME
- INPERSON-OFFICE
- INPERSON-OTHER
- LETTER
- OTHER
- PHONE
- TEXT