

VT DCF Family Services Division  
Foundations for Vermont Child Welfare and  
Youth Justice Casework Practice  
New Social Worker Training Program

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: See Intake and Investigation Forms Folder

##### Relevant Policies:

- [Policy 52](#): Child Safety Interventions – Investigations and Assessments
  - [Policy 68](#): Serious Physical Injury – Investigation and Case Planning
  - [Policy 57](#): Risk of Harm / Sexual Abuse Investigations
  - [Policy 61](#): Responding to Domestic Violence in Child Safety Interventions
  - [Policy 65](#): Substance Use Disorder Screening & Drug Testing for Caretakers
  - [Policy 55](#): Unaccepted Reports on Open Cases
  - [Policy 63](#): Investigating Reports of Methamphetamine Manufacturing and Caretaker Methamphetamine Abuse
  - [Policy 56](#): Substantiating Child Abuse and Neglect
- [Policy 60](#): Juvenile Proceedings Act – CHINS (C) and (D) Assessments
  - [Policy 179](#): Youth Risk Assessment
- [Policy 250](#): Staff Safety

##### Relevant Practice Guidance (<http://intra.dcf.state.vt.us/fsd/practice-guidance>):

- Child Safety Intervention – Assessment
- Child Safety Intervention – Investigation
- Child Safety Intervention Documentation
- [Planning Checklist for Home and Field Visits](#)
- [Safety Checklist for Home and Field Visits](#)

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

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**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 \_\_\_\_\_  
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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 \_\_\_\_\_

### Ongoing Casework

#### Relevant Paperwork:

- Placement Checklist
- Case Plan Template(s)

#### Relevant Policies:

- [Policy 69](#): Case Planning, Reassessment, Case Review and Closure
- [Policy 70](#): Frequency and Quality of Social Worker Visits
- [Policy 98](#): Reunification of Abused or Neglected Children and Youth
- [Policy 41](#): Case Notes
- [Policy 124](#): Family Time
- [Policy 94](#): Resource Family Care
- [Policy 91](#): Kinship Care
- [Policy 95](#): Respite Care
- [Policy 151](#): Educational Issues for Children in Custody
- [Policy 155](#): Runaway, Abducted and Missing Youth

#### Relevant Practice Guidance (<http://intra.dcf.state.vt.us/fsd/practice-guidance>):

- Case Planning Practice Guidance
- Family Safety Planning
- [Social Worker Checklist for Ongoing Assessment](#)
- Family Support Cases Practice Guidance
- Working with Youth with Sexually Harmful Behavior
- [Vermont Family Time Guidelines](#)

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- 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 \_\_\_\_\_

### **Court and Legal**

Relevant Paperwork:

- Case Plan Template(s)

### **Relevant Policies:**

- [Policy 82](#): Juvenile Court Proceedings – CHINS
- [Policy 83](#): Juvenile Court Proceedings – Delinquency
- [Policy 88](#): Establishing Parentage through Genetic Testing
- [Policy 89](#): Locating and Evaluating Suitability of Noncustodial Parents, Relatives and Others
- [Policy 85](#): Minor Guardianships Through the Probate Court
- [Policy 122](#): Case Plan Reviews and Permanency Hearings for Children and Youth in Custody
- [Policy 125](#): Permanency Planning for Children and Youth in DCF Custody
- [Policy 162](#): Youth Justice and Juvenile Probation
  - [Policy 164](#): Youthful Offender Status
  - [Policy 171](#): Woodside Admissions

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- **Policy 66: Interviewing Children in Custody**
- **Policy 196: Post-Adoption Contact Agreements**

- 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.  
Date of Interview \_\_\_\_\_ Agency \_\_\_\_\_ Name \_\_\_\_\_  
Date of Interview \_\_\_\_\_ Agency \_\_\_\_\_ Name \_\_\_\_\_  
Date of Interview \_\_\_\_\_ Agency \_\_\_\_\_ Name \_\_\_\_\_

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**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