



**Series:** Operating Procedures COA: RPM 7.01, 7.02, 7.03, 7.04, 7.05, CM 8, FPS 9

**Procedure Name:** Documentation

**Procedure Number:** OP BC 1008

**Revision #/Date:** (1)11/12/2012, (2) 6/26/2017, (3) 03/12/2021

**Effective Date:** 01/15/2009

**Applicable to:** Brevard C.A.R.E.S. Staff

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**SUBJECT:** Brevard C.A.R.E.S., Inc. Program Procedure for Documentation

**PURPOSE:** To outline Brevard C.A.R.E.S., procedure for the documentation of activities with families served at Brevard C.A.R.E.S. To outline the protocols and steps to be taken by the Brevard C.A.R.E.S staff to ensure the proper application of this procedure and that Brevard C.A.R.E.S., meets its commitment to care for families using the strength based wraparound principles of care. Brevard C.A.R.E.S. staff will ensure clear, ongoing communication and understanding, that all contacts with clients, service providers, and other involved parties be documented in the client's file.

**PROCEDURE:**

**References:**

Brevard C.A.R.E.S. Operating Procedures: OP BC 1001, OP BC 1002, , OP BC 1004, OP BC 1005, OP BC 1006, OP BC 1012, OP BC 1026, OP BC 1034, OP BC 1040, OP BC 1047, OP BC 1045

FL Statutes 839.13, 39

**Case Record Guideline and Best Practice Standards**

Brevard C.A.R.E.S. maintains a case record for each family served through Brevard C.A.R.E.S. Case records comply with all legal requirements and contain information necessary to provide services. In addition, Brevard C.A.R.E.S. complies with the following case record guidelines and best practice standards related to documentation of case elements:

1. All decisions made regarding case closure or redirection, along with the rationale for the decisions reached, is clearly documented in the case record and identified Brevard C.A.R.E.S. database.
2. All decisions made regarding services and compliance is clearly documented in the case record and identified Brevard C.A.R.E.S. database.
3. All contact with clients, including telephone conversations and visits are clearly documented in the case record and identified Brevard C.A.R.E.S. database.
4. Case records contain all essential legal and medical information as applicable such as; psychological, psychiatric, and medical or other evaluations deemed necessary and

appropriate for families.

5. Any applicable court reports or documents of guardianship or legal custody, power of attorney or legal directives related to the service being provided.
6. Recording should be accomplished no later than 48 hours of the activity.
7. Progress notes are printed at a minimum of weekly and filed in the case record.
8. Documentation includes:
  - a. Demographic and contact information;
  - b. The reason for requesting or being referred for services;
  - c. Up to date assessments;
  - d. The service plan (Care Plan) including mutually developed goals and objectives;
  - e. Copies of all signed consent forms;
  - f. A description of services provided directly or by referral;
  - g. Routine documentation of ongoing services;
  - h. Documentation of regular supervisory reviews;
  - i. Discharge, transition or after care plan;
  - j. Recommendations for ongoing and/or future service needs and assignment of aftercare or follow up responsibility;
  - k. A discharge summary entered within 30 days of termination of services;
  - l. Case chronological information that include:
    - m. Who was present;
    - n. Where the meeting and contact occurred;
    - o. Type of contact;
    - p. The nature of the meeting and content of discussion;
    - q. Date of meeting/contact (day, month and year.
9. Among the activity that should be documented includes::
  - a. The Strength and Cultural Discovery;
  - b. The family vision statement;
  - c. The safety plan and/or crisis plan if applicable;
  - d. The care plan;

- e. All releases of information that were executed:
  - f. Signed HIPAA forms:
  - g. All necessary consent forms;
  - h. Team member sign in;
  - i. Satisfaction surveys;
  - j. Wraparound Observation Form.
10. There should be evidence of contact with families, at a minimum, every four weeks and Family Team Conferences held based on family acuity but no less frequent than every 30 days/more frequently based on case track and monthly evidence of contact with team members to ensure the plan is progressing and tasks assigned are being fulfilled. Contact with families should also be received via weekly or monthly progress reports received from the informal or formal service providers working with the family.
11. Any persons who knowingly falsifies, alters, destroys, defaces, overwrites, removes, or discards an official record relating to an individual in the care and custody of a state agency, which act has the potential to detrimentally affect the health, safety, or welfare of that individual, commits a felony of the third degree as defined by laws in the state of Florida.

BY DIRECTION OF THE EXECUTIVE  
DIRECTOR:



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KATHRYN PARKER  
Executive Director  
Brevard C.A.R.E.S., Inc.

APPROVAL DATE: 03/12/2021