

SSA On-Ramp Completion Checklist

SSA / Case Aide Name:

Start Date:

Supervisor:

SSA On-Ramp Activity	Shadow (Date)	Shadow (Date)	Conduct (Date)	Conduct (Date)	Complete (Supervisor Signature)
Communicate visitation expectation to caregiver, the child, and / or biological family members before visits					
Transport children from substitute care placement to the visitation site					
Implement the individual visitation agreement by meeting with the caseworker, client, and caregiver					
Supervise Visitation between parents and children in the custody of DHS / CW					
Gather Case Information from providers, clients, family members, schools, etc.					
Escort Children to Medical, Dental, Mental Health, or other appointments					
Prepare notes for Court Testimony					
Conduct Monthly Face to Face Contact					

A copy of this completed checklist must be kept in employee's file, and the employee must acknowledge completion of on-ramp in iLearn

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SSS1 On-Ramp Completion Checklist

Caseworker Name: _____ Start Date: _____ E.E. Start Date: _____ Supervisor: _____

SSS1 On-ramp Activity	Shadow (Date)	Shadow (Date)	Conduct (Date)	Conduct (Date)	Complete (Supervisor Signature)
Supervised Visit and Documentation of Casenote					
Build Case Chronology Group Activity					
Home Visits					
CPS Assessment					
Group Supervision					
Court Hearings					
Preparation and Agreement Meetings or Transfer Staffing					
Family Engagement Meeting or Child Safety Meeting and Oregon Family Decision Meeting					

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MAPS On-Ramp Completion Checklist

MAPS Name:	Start Date:	Pre-Service Training Date:	Supervisor:
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MAPS On-ramp Activity	Shadow (Date)	Shadow (Date)	Conduct (Date)	Conduct (Date)	Complete (Supervisor Signature)
Conduct Orientation					
Review Work of Assigned Caseworkers					
Accompany and Coach New Workers in the Field					
Faciliate Group Supervision					
Develop a Training Plan					
Facilitate a Training					

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PEMC On-Ramp Completion Checklist

PEMC Name:

Start Date:

Pre-Service Training
Date:

Supervisor:

PEMC On-ramp Activity	Shadow (Date)	Shadow (Date)	Conduct (Date)	Conduct (Date)	Complete (Supervisor Signature)
Provide Group Supervision					
Provide Clinical Supervision					
Staff Coordination					
Organizational Audits and Case Reviews Per Program Area					
Develop a Training Plan					
Branch, State, and Community Collaboration					
Management Activities					

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