

Random Moment Sample System  
 Child Welfare Survey Form  
 Office of Financial Services, Cost Allocation Unit

Fax to: 503-947-5480  
 Email to: RMSS@dhsosha.state.or.us

**BEFORE COMPLETING THIS FORM, PLEASE NOTE the following:**

Surveys received with incomplete or conflicting information will not be entered into RMSS until the issues are resolved. Surveys must be received by the end of the following business day of the scheduled survey in order to be accepted for entry. Exceptions for late submission may be granted for system outages, internet or RMSS connectivity issues, weather related circumstances that curtail business operations, or other issues as determined by the Central Office RMSS coordinators.

**Participants must sign surveys;** excluding selections in section 1, and training selections 4A13, 4A14, and 4A15.

Survey changes ***must include all of the required information, including the reason for corrections.*** Corrections to surveys must be received no later than five working days after the end of the month of the scheduled survey.

**Please mark one of the reasons below to explain why you're using this survey update form:**

- Participant is experiencing computer technical issues, internet issues, participant unable to log in.
- Survey is due today, but participant is leaving for the day and will not be in the office on the next working day to complete the survey online.
- Survey was due yesterday and participant is on leave.
- Participant working in remote location without access to complete the survey online, and will not return to office in time to complete it before the deadline.
- Updating/Changing/Correcting a previously completed survey.
- Other – please explain \_\_\_\_\_

<b><u>RMSS</u> Participant Name:</b>	<b>Survey Date:</b>
<b>Six-digit Survey ID #:</b>	<b>Survey Time:</b>
<b>Branch Coordinator:</b>	<b>PDC:</b>

**Survey Section 1 - Activity Category**  
 (May Select Only One Response)

**1. A Program Activity:**

- 1.A.1 Child Welfare
- 1.A.2 Self-Sufficiency
- 1.A.3 Seniors & People with Disabilities

**1. B Non-Program Activity:**

- 1.B.1 Paid Break
- 1.B.2 **Deactivated** (See section 4 for 'Training' activity code selections)
- 1. B.3 General Administrative or Clerical Activity (non-case/provider related activity: Reception duties, general copying, reading non-case/provider specific email, non-program related meetings, etc.) **INCLUDE NARRATIVE.**

**1. C Non-Work Activity:**

- 1.C.1 Lunch Break
- 1.C.2 Leave Status (annual leave, sick leave, or other leave)
- 1.C.3 Sample Occurred Outside of Participant Work Schedule (do not select this activity if you are working overtime)

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- 1. C.4 Participant No Longer In Sampled RMSS Position.** (This selection is only to be completed by the RMSS Branch Coordinator and requires a comment in the narrative field.)

Coordinator EIN/OR#: \_\_\_\_\_

Narrative: \_\_\_\_\_

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**Survey Section 2 - Client Identification  
(May Select Only One Response)**

**2.A Case Type Selection:**

- 2.A.1 Non-Case or Non-Provider specific** (activity was not related to a specific case/client)  
➤ Complete Section 4 (Section 3 NOT valid with this code)
- 2.A.2 Case or Provider specific** (activity pertained to a specific case/client)  
➤ Identify Case Type/enter appropriate Case Number  
➤ Select Case Placement (2B)  
➤ Complete Section 3 (Eligibility) **OR** Section 4 (Program Related Activity)

**Case Type/Number (enter ONE relevant case identifier(s)):**

\_\_\_\_\_ <sup>1</sup>Case Number and Person Letter:

\_\_\_\_\_ <sup>2</sup>OR Kids Case Number and <sup>3</sup>ORKids Person (Child) ID:

\_\_\_\_\_ <sup>4</sup>Prime Number:

\_\_\_\_\_ <sup>5</sup>OR-Kids Provider Number:

\_\_\_\_\_ New Case / Not Assigned: (Enter narrative)

<sup>1</sup>Format: ABC1234; AB12345; AB123C4; 1234567 plus Person Letter <sup>2</sup>Format: 6 numerical digits <sup>3</sup>Format: 7 numerical digits <sup>4</sup>Format: ABC1234D; AB12345C; AB123C4D; 1234567A <sup>5</sup>Format: 5 to 7 numerical digits

**2.B Placement Categories** (required with 2.A.2 Case or Provider specific)  
**Required for Section 3 or section 4**  
**2.B Non-Placement Categories**

- 2.B.1 Sub-care Care Case Management** Use Activity 4.A.1, 4.A.2, 4.A.3, 4.A.4  
 **2.B.2 Sex Trafficking Case Management** Use Activity 4.A.11  
 **2.B.3 Pre-Finalized Adoption Case Management** Use Activity 4.A.8  
 **2.B.4 Pre-Finalized Guardianship Case Management** Use Activity 4. A.12

**Non-Placement Categories**

- 2. B.5 In-home Case Management** Use Activity 4.A.1, 4.A.2, 4. A.3or 4.A.7  
 **2.B.6 Protective Services Investigation- No Safety Plan or Protective Action Plan** Use 4A3; 4A.5; 4A7  
 **2.B.7 Adoption and Foster Care Recruitment and Certification** Use Activity 4.A.9  
 **2.B.8 Used by a FRS or Caseworker providing information to a FRS or IV-E Specialist** Use Activity from Section 3.A

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**Survey Section 3 - [Eligibility/Re-Eligibility Activities](#)**

(May Select Multiple Programs-Not valid (DO NOT SELECT) with 2.A.1 Non-Case Specific)

This section deals with the **determination or redetermination of a child's eligibility status** for various eligibility programs (example: Title IV-E, Medical (Title XIX), TANF).

**3.A Eligibility / Re-Eligibility:**

- 3.A.1 Title XIX – Medicaid eligibility determination
- 3.A.2 Title IV-A - Temporary Assistance to Needy Families (TANF) eligibility determination
- 3.A.3 Title IV-E - Foster Care (Title IV-E eligibility determination)
- 3.A.5 IV-E Adoptions Program eligibility determination
- 3. A.6 IV-E Guardianship Assistance Program eligibility determination

**Survey Section 4 - All Program Related Activities**

(May Only Select ONE Activity Code)

**Note: If you complete Section 4, do not complete Section 3.** Use this section when performing non-eligibility/non-re-eligibility determination program activities.

**4. A All Non-Eligibility/Non-Re-Eligibility:**

- 4. A.1 [Birth Control | Reproduction Counseling](#): Use **only** if the activity is related to birth control, sexual activity and behavior or reproduction, per Agency standards as laid out in the Oregon Safety Model and Child Welfare Policy Manual, policy and practice. **Valid with 2.A.1 or 2.A.2 with 2.B.1 or 2.B.2 placements**
  - 4.A.1a Contact with Youth or Parent by phone, visit or appointment
  - 4.A.1b Counseled Youth or Parent
  - 4.A.1c Referral for Youth or Parent
- 4. A.2 [Transportation for Medical, Dental , Mental Health Services ONLY](#): Use **only** if the activity is related to transporting **children** for the purpose of **health related** activities, per Agency standards as laid out in the Oregon Safety Model and Child Welfare Policy Manual, policy and practice (**Valid with 2.A.1 or 2.A.2. with 2.B.1 or 2.B.2 placement**)
  - 4.A.2a Contact to Arrange Health Related Transportation
  - 4.A.2b Referral to Volunteer Program to Arrange Health Related Transportation
  - 4.A.2c Transport Child for Health Related Appointment
- 4. A.3 [TCM](#) (Targeted Case Management): Child *is in-home or in foster care*. Activities **LINK child to resources that provide the needed, medical, social, educational, counseling or other services.** (**Valid only with 2.A.2 and 2.B.1, 2.B.2, 2.B.4 placement**) **NOTE: Court/Visitation activities for Sub-care are documented in 4.A.4**
  - 4.A.3a Case Planning Activity
  - 4.A.3b Contact by phone or appointment
  - 4.A.3c Referring/Evaluating for Medical, Dental or Mental Health Services
  - 4.A.3d Referring/Evaluating for Social, Educational or Counseling Services
  - 4.A.3e Transportation (for health related-USE 4.A.2, for visitation & court-USE 4.A.4)

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- 4. A.4 Sub-care Case Management: [Awaiting placement](#); [sub-care visitation](#) and [sub-care court](#):** Child is in foster care. Activities **LINK child to resources that provide the needed, social, educational or other services. Valid only with 2.A.2 and 2.B.1 placement. NOTE: All Sub-care Court/Visitation activities are documented here.**
- 4.A.4a Case Planning Activity
  - 4.A.4b Contact by phone, visit or appointment
  - 4.A.4c Referring/Evaluating for ANY services (social, medical, dental, mental health, educational, counseling)
  - 4.A.4d Court Related
  - 4.A.4e Transportation-(for health related USE 4.A.2)
  - 4.A.4f Visitation
  - 4.A.4g Awaiting placement
- 4.A.5 Protective Services Investigation – No Safety Plan or Protective Action Plan:** Investigation ONLY. **If you have determined that the child is unsafe: for a child remaining in the home use activity 4.A.7 (In-home Placement Prevention); or if the child is being removed from the home use 4.A.3 (Targeted Case Management). (Valid with 2.A.1 and 2.A.2 and 2.B.4 Placement)**
- 4.A.5a Review Records
  - 4.A.5b Contact collateral sources or other work entities
  - 4.A.5c CPS Assessment
  - 4.A.5d Screening
- 4. A.6 Deactivated**
- 4. A.7 In-home Placement Prevention Case Management – Safety Plan or Protective Action Plan** (*Candidate for Foster Care*): **Child is at immediate risk of removal if preventive services are not provided.** Use this only when there is imminent risk of removal and this it documented in the Assessment/Case Plan. **Valid only with 2.A.2 and 2.B.2 or 2.B.4 placement)**
- 4.A.7a Case Planning Activity
  - 4.A.7b Contact by phone or appointment
  - 4.A.7c Referral for Preventive/Safety Services preventing the placement of the child outside of home
  - 4.A.7d Transportation *other* than health related (use 4.A.2)
  - 4.A.7e Safety Planning Activity (Assessment for child at risk)
  - 4.A.7f Visitation with other parent/family (In-home child ONLY)
  - 4.A.7g Court Related (In-home child ONLY)
- 4. A.8 Pre-Finalized Adoption Assistance Case Management:** Activities related to case management for a legally free child who is in a designated adoptive home. The Certification of Special Needs and Title IV-E Adoption Assistance Determination is complete.
- 4.A.8a Case Planning Activity
  - 4.A.8b Contact by phone, visit or appointment
  - 4.A.8c Court Related Activity
  - 4.A.8d Referral for Services
  - 4.A.8e Transportation
- 4. A.9 Adoption and Foster Home Recruitment and Certification:** Activities include completing home studies, recruitment of foster/adoptive parents, and contact with prospective foster/adoptive parents, participating in adoption staffing and adoption consultation for other DHS staff. **(Valid only with 2.A.1, 2.A.2 and 2.B.7)**
- 4.A.9a Recruitment of foster/adoptive parents
  - 4.A.9b Completing the certification process for foster/adoptive homes
  - 4.A.9c Completing home studies for foster/adoptive homes

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- 4.A.9d Preparation of Adoption Bulletins and the Life Story Books
- 4.A.9e Providing information, training and resources to the Foster/Adoptive parent
- 4.A.9f Consulting with Central Office, legal staff, AG and/or AAG
- 4.A.9g Participate in rate setting, adoption committees or other meetings/staffing related to foster care or adoption
  
- 4. A.10 Caseworker providing counseling, child care or, homemaker services (Valid with 2.A.1 or 2.A.2 with any 2.B Placement)**
  
- 4. A.11 Sex Trafficking Case Management: (Valid with 2.A.2 and 2.B.2 Placement)**
  - 4.A.11a Conducting human trafficking screenings
  - 4.A.11b Referral for services for individuals identified as such victims
  - 4.A.11c Completing reports required for law enforcement and ACF
  - 4.A.11d Screening child to identify if the child is a possible sex trafficking victim
  - 4.A.11e Attempting to locate a child missing from care
  - 4.A.11f Determining the primary factors that contributed to the child running away
  - 4.A.11g Determining the child’s experiences while absent from foster care
  - 4.A.11h Reporting information to the appropriate authorities
  
- 4. A.12 Pre-Finalized Guardianship Assistance Case Management: Case management for a child where the court has approved the plan of Guardianship. Per Agency standards as laid out in the Oregon Safety Model and Child Welfare Policy Manual, policy and practice and related to Case Planning. (Valid with 2.A.1 or 2.A.2 with 2.B.7 placement)**
  - 4.A.12a Case Planning Activity
  - 4.A.12b Contact by phone, visit or appointment
  - 4.A.12c Referral for Services
  - 4.A.12d Transportation
  
- 4. A.13 Program Related Training (program specific training such as, casework, placement/referral, recruitment/retention, and eligibility practices). **Narrate name of training.** (Valid only with 2.A.1)**
  
- 4. A.14 Staff Development Training (employee training and development such as, personnel policy and procedure (security and privacy), stress management, safe driving skills, other job performance enhancement skills) **Narrate name of training.** (Valid only with 2.A.1)**
  
- 4. A.15 General Training (protective service investigation training for CPS workers, mandatory reporting, and clerical training) **Narrate name of training.** (Valid only with 2.A.1)**

**Section 5 General Narrative:** \_\_\_\_\_

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**Signature (required):** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*Participant signature required for all Section 3 or Section 4 entries, excluding training selections 4A13, 4A14, and 4A15 where the Branch Coordinators are authorized to sign for the participant.  
Section 1.B or 1.C may be signed by Participant or Branch Coordinator.*