



Pennsylvania  
Department of Public Welfare  
Office of Children, Youth and Families

# Quality Services Review Instrument

- Review Instrument, Instructions and Codes
- Summary of Findings
- Stakeholders Interview Questions
- Case Rating Summary Sheet

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<b>Case Name:</b>		<b>County:</b>	
<b>Case Type:</b>		<b>QA Review Level: 1 2</b> <small>(please initial following QA review level)</small>	
<b>Debriefed: Yes <input type="checkbox"/> No <input type="checkbox"/></b>		<b>Period Under Review:</b>	

## Review Instrument with Instructions and Codes

**Case Summary**

**Case Name:**

Read through the case record and summarize the case by answering the following questions:

- Why did the family come to the agency's attention?
- How were the needs addressed?
- What types of services were provided?
- What is the current status of the case?
- What are the future prospects (optional)?

<b>Period Under Review: Quick Reference</b>		
<b>Case Type</b>	<b>Case Selection Dates</b>	<b>Period Under Review Dates</b>
In-Home Cases	April 1 – September 30 Or October 1 – March 30	April 1 To Present date or date case closed, whichever is earlier Or October 1 to present date or date case closed, whichever is earlier
Placement Cases	April 1 – September 30 Or October 1 – March 30	April 1 To Present date or date case closed, whichever is earlier Or October 1 to present date or date case closed, whichever is earlier
<b>Period for Specific Questions</b>		
<b>16 – 20</b>	Safety	All referrals made within the three years prior to the date of the review (April 1 three years ago or October 1 three years ago to present)
<b>21, 23 – 29</b>	Safety	Most recent referral
<b>22</b>	Safety	Second most recent referral
<b>30</b>	Safety	Period under review and three years prior to the date of the review
<b>31 – 34</b>	Permanency	Most recent removal episode
<b>35a</b>	Permanency	Period under review
<b>35c – 44</b>	Permanency	Most recent permanency plan or the last permanency plan if discharged from substitute care
<b>45, 52 – 53</b>	Permanency	Most recent placement
<b>46 – 50</b>	Permanency	Most recent three months or last three months if discharged from substitute care
<b>54</b>	Permanency	Period under review or in relation to the current placement
<b>55</b>	Permanency	Period under review
<b>56 – 59</b>	Well-being	Initial service plan
<b>60 – 77</b>	Well-being	Most recent service plan
<b>78 – 84</b>	Well-being	Past three months
<b>85 - 88</b>	Well-being	Most recent service plan
<b>90</b>	Well-being	Period under review

Please see the Quality Services Review Procedures Manual for detailed instructions on how to rate or score each item and outcome.

**FACE SHEET**

1. Enter the appropriate federal FIPS code for the county from the list below.

001 Adams	047 Elk	093 Montour
003 Allegheny	049 Erie	095 Northampton
005 Armstrong	051 Fayette	097 Northumberland
007 Beaver	053 Forest	099 Perry
009 Bedford	055 Franklin	101 Philadelphia
011 Berks	057 Fulton	103 Pike
013 Blair	059 Greene	105 Potter
015 Bradford	061 Huntingdon	107 Schuylkill
017 Bucks	063 Indiana	109 Snyder
019 Butler	065 Jefferson	111 Somerset
021 Cambria	067 Juniata	113 Sullivan
023 Cameron	069 Lackawanna	115 Susquehanna
025 Carbon	071 Lancaster	117 Tioga
027 Centre	073 Lawrence	119 Union
029 Chester	075 Lebanon	121 Venango
031 Clarion	077 Lehigh	123 Warren
033 Clearfield	079 Luzerne	125 Washington
035 Clinton	081 Lycoming	127 Wayne
037 Columbia	083 McKean	129 Westmoreland
039 Crawford	085 Mercer	131 Wyoming
041 Cumberland	087 Mifflin	133 York
043 Dauphin	089 Monroe	
045 Delaware	091 Montgomery	

2. Record the County's Case Name and Case No. Enter the county-specific Case No. from the list of cases selected for the sample.

3. Record your name.

- 4a. Record the date of review as mm/dd/yy.

- 4b. Record the start and end date of the period under review as mm/dd/yy. Refer to the list of sample cases to identify the start date. The end date is today or the date the case was closed.

5. Record the name of each child in the case or family. For each substitute care case, identify the child selected for your review by placing a "1" to the right of the child's last name. When answering questions in Section II Permanency, refer to the child identified.

6. Enter the race code(s) for each child from the list below. Enter all that apply.

- 1 American Indian or Alaskan Native
- 2 Asian
- 3 Black/African American
- 4 Native Hawaiian or Other Pacific Islander
- 5 White
- 9 Unable to determine

Enter the ethnicity code for each child

- 1 Hispanic origin
- 0 Not Hispanic origin

7. Record the date of birth for each child as mm/dd/yy.

8. Record the code which best describes the type of case, referring to the definitions below:

- 1 Substitute Care – Child selected for review was in placement for all or some portion of the review period.
- 2 Child Protective Services – Initial referral included an allegation of physical or sexual child abuse and no child(ren) in the family was in substitute care for any portion of the review period.
- 3 General Protective Services – Initial referral did not include an allegation of physical or sexual child abuse and no child(ren) in the family was in substitute care for any portion of the review period.
- 4 Adoption – Child selected for review has a permanency goal of adoption.
- 5 Shared Case Management – Child selected for review has a Shared Case Management court order, JPO/CYF.



- 9 - 13. Record each date as mm/dd/yy following the instructions provided on the review instrument.

For Question 9, refer to the *most recent referral* which caused the case to be open prior to and including the last day of the sample review period. A referral is a report of abuse and/or neglect.

For Question 10, refer to the *most recent case opening* which follows the *most recent referral* date (Question 9). Case opening refers to the opening of a case for service regardless of whom within the family a service was authorized for or what that service was.

For Question 11, case closed refers to the date the case was actually closed, not the date the child was returned home if type of case is substitute care.

For Question 12, if type of case is Substitute Care or Adoption, refer to the *most recent date* prior to and including the last day of the sample review period.

For Question 13, the date the child returns home refers to the date the child was returned home if type of case is substitute care.

<p>9. Date of most recent referral:     __ / __ / __</p> <p>10. Date of most recent case opening:     __ / __ / __</p> <p>11. Date case closed (<i>if applicable</i>):     __ / __ / __</p>	<p>12. Date of most recent removal from home prior to review start date (<i>substitute care and adoption cases only</i>):     __ / __ / __</p> <p>13. Date child returned home from most recent substitute care episode (<i>substitute care cases only</i>):     __ / __ / __</p>
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14. Identify the specific allegation(s) from the list of codes below each allegation type listed a through c.

**a. CPS (Child Protective Services)**

- |                               |   |
|-------------------------------|---|
| 01 Burns/Scalding             | 18 Serious Mental Injuries                  |
| 02 Fractures                  | 19 Rape                                     |
| 03 Skull Fractures            | 20 Statutory Rape                           |
| 04 Subdural Hematoma          | 21 Incest                                   |
| 05 Bruises                    | 22 Deviate Sexual Intercourse               |
| 06 Welt/Ecchymosis            | 23 Sexual Assault                           |
| 07 Laceration/Abrasions       | 24 Promoting Prostitution                   |
| 08 Puncture/Bites             | 25 Pornography                              |
| 09 Brain Damage               | 26 Malnutrition                             |
| 10 Poisoning                  | 27 Failure to Thrive                        |
| 11 Asphyxiation/Suffocation   | 28 Lack of Supervision – Physical Condition |
| 12 Internal Injury/Hemorrhage | 29 Medical Neglect – Physical Condition     |
| 13 Dismemberment              | 30 Other Physical Neglect                   |
| 14 Sprains/Dislocations       | 31 Imminent Risk – Serious Physical Abuse   |
| 15 Drug/Alcohol               | 32 Imminent Risk – Sexual Abuse             |
| 16 Drowning                   | 33 Student Abuse – Sexual                   |
| 17 Other Physical Injuries    | 34 Student Abuse – Physical                 |

**b. GPS (General Protective Services)**

- |   |  |
|---|--|
| 41 Inadequate Shelter                     | 59 Sexual Abuse by Non Caregiver                         |
| 42 Inadequate Food                        | 60 Corporal Punishment                                   |
| 43 Inadequate Clothing                    | 61 Tying/Close Confinement                               |
| 44 Inadequate Health Care                 | 62 Inappropriate Discipline                              |
| 45 Inadequate Hygiene                     | 63 Environmental Toxic Substance                         |
| 46 Lack of Education                      | 64 Placed for Care/Adoption in Violation of the Law      |
| 47 Failure to Protect From Others         | 65 Caretaker's Inability to Cope                         |
| 48 Lack of Caregiver                      | 66 Lack of Parental Care                                 |
| 49 Abandonment                            | 67 Conduct of Parent/Caretaker that Placed Child At Risk |
| 50 Child Behavioral Problems              | 68 Parent Substance Abuse                                |
| 51 Ungovernable                           | 69 Abandoned Infant                                      |
| 52 Truancy                                | 70 Lack of Supervision                                   |
| 53 Parent/Child Conflict                  | 71 Parental Care – Moral                                 |
| 54 Child Substance Abuse                  | 72 Parental Care – Mental                                |
| 55 Child Sexually Acting Out              | 73 Parental Care – Physical                              |
| 56 Mental Health Cons Child               | 74 Runaway   |
| 57 Mental Health Cons Parent              | 75 Other (Specify____)                                   |
| 58 Delinquent Act by Child Under 10 Years |  |

**c. JPO (Juvenile Probation Offense)**

- |                       |                                   |
|-----------------------|-----------------------------------|
| 81 Arson              | 88 Falsification and Intimidation |
| 82 Assault-Physical   | 89 Firearms                       |
| 83 Assault-Sexual     | 90 Robbery                        |
| 84 Bribery            | 91 Theft                          |
| 85 Burglary           | 92 Other (Specify____)            |
| 86 Disorderly Conduct |                                   |
| 87 Drug Offenses      |                                   |

14d. Record the code which best describes the most important cause of agency involvement in d from the list of codes recorded in a through c.

14. For each potential cause of agency involvement, in the space provided below record the appropriate code(s) which best describes the reason for agency involvement. (See *Code Sheet for Specific Allegation(s)*) Record the code which best describes the most important cause of agency involvement in d from the list of codes recorded in a through c below.

a. CPS

\_\_\_\_ \_

b. GPS

\_\_\_\_ \_

Specify (if Other) \_\_\_\_\_

c. JPO

\_\_\_\_ \_

Specify (if Other) \_\_\_\_\_

d. Record the primary cause of agency involvement: \_\_\_\_\_

- Check here if unable to identify primary cause

15. From the case record list persons interviewed. Identify the most recent caseworker, the caseworker's supervisor, the current substitute care provider (*if applicable*), other service provider (*if applicable*) and the child(ren)'s parent(s). List each individual's name (*first, last*) and the code from the list which best represents his or her relationship to the child or family selected for review.

- 1 Caseworker
- 2 JPO
- 3 Caseworker's Supervisor
- 4 Child
- 5 Parent
- 6 Substitute Care Provider
- 7 Service Provider
- 8 Other (*Specify in the space provided*)

Upon completion of the interview with each individual, record the date of the interview as mm/dd/yy and, from the list below, enter the code which describes the type of interview conducted.

- 1 In-person
- 2 Telephone

15. List below persons interviewed. Identify each person's relationship to the child or family, the date of the interview and the type of interview conducted. (See Code Sheet for Relationship Type/Type of Interview Conducted)

Name (First Name, Last Name)	Relationship of Individual to Child or Family	Date of Interview	Type of Interview Conducted
_____	_____ (_____)	___/___/___	_____
_____	_____ (_____)	___/___/___	_____
_____	_____ (_____)	___/___/___	_____
_____	_____ (_____)	___/___/___	_____
_____	_____ (_____)	___/___/___	_____
_____	_____ (_____)	___/___/___	_____
_____	_____ (_____)	___/___/___	_____

## SECTION I: SAFETY

*This section should be completed for all sample cases.*

16. Identify all of the referrals made in the past three years, working backwards from the initial date of the review period. If information is not available or you are unable to determine the answer, please write NA for Not Available. In the columns provided, record the following information:

**Referral Date:** Record the date of each referral. Dates should be listed as mm/dd/yy in chronological order beginning with the most recent referral first.

**Allegation(s):** Refer to the allegation types identified in question 14, a through c, to record the appropriate code which best describes the type of allegation for each referral.

**Priority Level Response Time:** Record the appropriate code which best describes the time in which the agency *was to have* responded to the referral based on the facts of the case *not* what was assigned by the supervisor from the list below.

- |                          |                           |
|--------------------------|---------------------------|
| 1 Immediate              | 4 Within 10 Calendar Days |
| 2 Within 24-hours        | 5 Other (Specify)         |
| 3 Within 5 Calendar Days |                           |

**Date Investigation Assigned:** Using the format mm/dd/yy, record the date the referral was assigned to the investigative caseworker.

**Date Investigation Initiated:** Using the format mm/dd/yy, record the date the investigation was initiated by the investigative caseworker.

**Date and Time of First Contact with Parent:** Record the date and time of the first face-to-face contact made with the parent or guardian. The date should be formatted as mm/dd/yy and the time as hh:mm. Insert an "A" for AM or a "P" for PM in the space provided after the time slot.

**Date and Time of First Contact with Child:** Record the date and time of the first face-to-face contact made with the child(ren). The date should be formatted as mm/dd/yy and the time as hh:mm.

Insert an "A" for AM or a "P" for PM in the space provided after the time slot.

**Relationship of Alleged Perpetrator:** Record the appropriate code which best describes the relationship of the alleged perpetrator from the list below.

- 1 Parent
- 2 Paramour of parent
- 3 Individual (age 14 or older) residing in the same home as the child
- 4 Person responsible for the welfare of the child
- 5 School Employee
- 6 Self (JPO where he or she was the offender)
- 7 Other (Specify\_\_\_\_\_)

**Disposition of Investigation:** Record the appropriate code which best describes the disposition of the investigation from the list below.

- |                     |                                 |
|---------------------|---------------------------------|
| 1 Founded (CPS)     | 7 Pending Juvenile Court Action |
| 2 Unfounded (CPS)   | 8 Pending Criminal Court Action |
| 3 Indicated (CPS)   | 9 Unable to Complete            |
| 4 Validated (GPS)   | 10 Probation Supervision        |
| 5 Invalid (GPS)     | 11 Adjudicated Delinquent       |
| 6 Closed/No Finding | 12 Consent Decree               |
|                     | 13 Other (Specify _____)        |

**Date of Disposition:** Using the format mm/dd/yy, record the date of the disposition of the investigation

## SECTION I: SAFETY

**Outcome S1: Children are, first and foremost, protected from abuse and neglect.**

**Item 1. Timeliness of Initiating Investigations of Reports of Child Maltreatment**

16. List all the referrals received in the past three years, working backward from the start date of the review. List the referrals in chronological order beginning with the most recent referral first. (See Code Sheet for Allegation/Response Time/Relationship/Disposition)

Referral Date	Allegation(s)	Priority Level Response Time	Date Investigation Assigned	Date Investigation Initiated	Date and Time of First Face-to-Face Contact with Parent	Date and Time of First Face-to-Face Contact with Child	Relationship of Alleged Perpetrator	Disposition of Investigation	Date of Disposition
__/__/__	-- --	—	__/__/__	__/__/__	__/__/__ :--:--	__/__/__ :--:--	—	—	__/__/__
__/__/__	-- --	—	__/__/__	__/__/__	__/__/__ :--:--	__/__/__ :--:--	—	—	__/__/__
__/__/__	-- --	—	__/__/__	__/__/__	__/__/__ :--:--	__/__/__ :--:--	—	—	__/__/__
__/__/__	-- --	—	__/__/__	__/__/__	__/__/__ :--:--	__/__/__ :--:--	—	—	__/__/__
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__/__/__	-- --	—	__/__/__	__/__/__	__/__/__ :--:--	__/__/__ :--:--	—	—	__/__/__

- 17 – 20. Drawing information from the table for question 16, respond to questions 17 through 20 by entering the correct numeric answer in the spaces provided. For question 17b consider all reports screened out in the past three years, working backwards from the initial date of the review period. For example, if the review period were October 1, 2004 to March 30, 2005 and you were reading an open case on June 17, 2005, you would check reports from October 1, 2001 (or later if the case started after that) to June 17, 2005.
- 21 – 22. Using the data collected in the table for question 16, respond to questions 21 through 22 by placing a *check mark* in the box which best answers the question.
23. Only answer question 23, a through d, if the allegation(s) involved an allegation of physical or sexual abuse for the *most recent referral* received during the review period.

Refer to the most recent referral received during the review period to respond to questions.

<b>Item 2. Repeat Maltreatment</b>	
<i>Using the information collected in the table for question 16, respond to questions 17 through 20.</i>	
17. a. How many referrals have been received over the past three years? ( <i>For referrals involving both CPS and GPS allegations, count as CPS.</i> )	a. CPS ___ b. GPS ___ c. JPO ___
b. How many reports were screened out during the time period referred to in question 16, that is in the past three years, working backwards from the initial date of the review period.	a. CPS ___ b. GPS ___ c. JPO ___
18. a. How many of the referrals containing a CPS allegation(s) were indicated/founded? b. How many of the referrals containing a GPS allegation(s) were validated? c. How many of the referrals containing a JPO allegation(s) were validated?	___ ___ ___
19. a. Of the indicated/founded referrals, how many involved the same type of CPS allegation(s)? b. Of the validated referrals, how many involved the same type of GPS allegation(s)? c. Of the validated referrals, how many involved the same type of JPO allegation(s)?	___ ___ ___
20. Of the indicated/founded referrals, how many involved the same specific perpetrator?	a. CPS ___ b. GPS ___
21. a. For the <i>most recent referral</i> identified, were face-to-face contacts made with every child in the household?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
b. Were all appropriate people with information regarding the incident interviewed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. If no, who should have been interviewed and why?	
22. For the <i>second most recent referral</i> received, were face-to-face contacts made with every child in the household?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
23. Answer questions a through e <i>only</i> if the allegation(s) involved a CPS allegation(s) of physical or sexual abuse for the <i>most recent referral</i> received:	
a. Was there an expert consultation and/or medical exam?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
b. Was the expert's consultation and/or medical exam found in the file?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
c. Were photographs pertaining to the victim child found in the file?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
d. Were all appropriate people with information regarding the incident interviewed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. If no, who should have been interviewed and why?	

## Summary of Findings

The purpose of the Summary of Findings is to record information obtained during the review applicable to the items and outcomes, including information obtained from reviewing the file and interviewing stakeholders.

The information recorded for each item or performance indicator should be judged by the reviewer taking into consideration the questions in the review instrument associated with each item as a Strength or as an Area Needing Improvement as well as the responses of the people interviewed. Each item should be specific, should substantiate the rating through the narrative and should note the source of information i.e., case reviews and stakeholder interviews.

### Instructions for Safety Summary: Outcome S1

#### Items 1 and 2

Select the rating for each item. Definitions for each of the Item Ratings are provided below.

**Strength:** Most or all items were marked Yes or Not Applicable. Interviews confirmed or supported information in the file.

**Area Needing Improvement:** Several items were marked No and/or the interviews raised concerns or demonstrated needs such that the item could not be scored as a strength.

**Not Applicable:** The item does not pertain to this case.

The reviewer should conclude for each outcome if it was substantially achieved, partially achieved or not being achieved or addressed by the agency. The reviewer should identify the specific item(s) or performance indicator(s) needing improvement for each outcome determined as not achieved or addressed. For Item 1 consider whether the investigation was initiated in the timeframe and whether the caseworker actually saw the children who were the subject of the report. For Item 2 the reviewer should consider whether the children have had multiple substantiated reports arising from the same general conditions or same perpetrator and whether these reports occurred during the period being assessed.

**Outcome Ratings:** Select the rating to identify the extent to which the intended outcome was achieved. Record the link between your rating on Item 1, timeliness of initiating investigations of reports of child maltreatment and Item 2, repeat maltreatment and the outcome of children are first and foremost protected from abuse and neglect.

Definitions for the Ratings are provided below.

**Substantially Achieved:** All the items associated with this outcome are marked as a Strength.

**Partially Achieved:** Some items were a Strength and some are an Area Needing Improvement.

**Not Achieved or Addressed:** All applicable items are rated as Areas Needing Improvement.

**Not Applicable:** Most or all items are Not Applicable

## Safety Summary: Outcome S1

<b>Item 1. Timeliness of Initiating Investigations of Reports of Child Maltreatment</b>	
Reason for rating:	<input type="checkbox"/> Strength <input type="checkbox"/> Area Needing Improvement <input type="checkbox"/> Not Applicable
<b>Item 2. Repeat Maltreatment</b>	
Reason for rating:	<input type="checkbox"/> Strength <input type="checkbox"/> Area Needing Improvement <input type="checkbox"/> Not Applicable

### **Outcome S1: Children are first and foremost protected from abuse and neglect.**

Reason for rating:	<input type="checkbox"/> Substantially Achieved <input type="checkbox"/> Partially Achieved <input type="checkbox"/> Not Achieved or Addressed <input type="checkbox"/> Not Applicable
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- 24 – 27. Respond to questions 24 through 27 referring to the *most recent referral* received per state regulations and best practice standards. Place a *check mark* in the box which best answers the question where a Yes or No response is required and record a date as mm/dd/yy. In some instances space has been provided for an explanation of the answer chosen.
- 28 – 29. Respond to questions 28 through 29 referring to the case management and supervision of the investigative case process. Refer to the *most recent referral* and place a *check mark* in the box which best answers the questions. In some instances space has been provided for an explanation of the answer chosen.

<b>Outcome S2: Children are safely maintained in their homes whenever possible and appropriate.</b>		
<b>Item 3. Services to Family to Protect Child(ren) In Home and Prevent Removal</b>		
24.	a. Were services provided with the intent of protecting the child (ren) in their own home and preventing placement?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
	b. If yes, please list what services were provided.	
25.	a. Was the risk of harm alleviated as a result of the services provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
	b. If no, why? What services were needed?	
<b>Item 4. Risk of Harm to Child(ren)</b>		
26.	a. For the <i>most recent referral</i> received, was the safety of the child (ren) assessed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
	b. Was a safety assessment documented and completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
	c. Record the date that safety was assessed after the most recent referral.	___/___/___
	d. Based on professional judgment, was the safety assessment thorough?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
	e. Was a determination made that the child (ren) were safe from immediate harm?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
	f. Were the actions taken (including the provision of services) consistent with the assessment?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
27.	a. For the <i>most recent referral</i> received, was the risk of harm to the child (ren) assessed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
	b. Was the risk assessment documented on a risk assessment form?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
	c. Record the date that risk was assessed after the most recent referral.	___/___/___
	d. Based on professional judgment, was the risk assessment thorough?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
	e. Was a determination made that there was risk to the child (ren)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
	f. Were the actions taken (including the provision of services) consistent with the assessment?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
<b>Case Management and Supervision</b>		
28.	Does the file reflect a supervisor's approval of the case disposition for the <i>most recent referral</i> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
29.	a. Was further action taken as a result of the investigation?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
	b. If no, does the case file indicate/document that the decision was justified?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
	c. Summarize the action taken.	

**Instructions for Safety Summary: Outcome S2**

The purpose of the Summary of Findings is to provide a format for recording information obtained during the onsite review applicable to the items and outcomes, including information obtained from reviewing the file and interviewing stakeholders.

The information recorded for each item or performance indicator should be judged by the reviewer taking into consideration the questions in the review instrument associated with each item as a Strength or as an Area Needing Improvement. Each item should be specific, should substantiate the rating through the narrative and should note the source of information i.e., case reviews and stakeholder interviews.

**Items 3 and 4**

Select the rating for each item. Definitions for each of the Item Ratings are provided below.

**Strength:** Most or all items were marked Yes or Not Applicable. Interviews confirmed or supported information in the file.

**Area Needing Improvement:** Several items were marked No and/or the interviews raised concerns or demonstrated needs such that the item could not be scored as a strength.

**Not Applicable:** The item does not pertain to this case.

The reviewer should conclude for each outcome if it was substantially achieved, partially achieved or not being achieved or addressed by the agency under review. The reviewer should identify the specific item(s) or performance indicator(s) needing improvement for each outcome determined as not achieved or addressed.

**Outcome Ratings:** Select the rating to identify the extent to which the intended outcome was achieved. Definitions for the Ratings are provided below.

**Substantially Achieved:** All the items associated with this outcome are marked as a Strength.

**Partially Achieved:** Some items were a Strength and some are an Area Needing Improvement.

**Not Achieved or Addressed:** All applicable items are rated as Areas Needing Improvement.

**Not Applicable:** Most or all items are Not Applicable

## Safety Summary: Outcome S2

<b>Item 3. Services to family to protect child(ren) in home and prevent removal</b>	
Reason for rating:	<input type="checkbox"/> Strength <input type="checkbox"/> Area Needing Improvement <input type="checkbox"/> Not Applicable
<b>Item 4. Risk of harm to child</b>	
Reason for rating:	<input type="checkbox"/> Strength <input type="checkbox"/> Area Needing Improvement <input type="checkbox"/> Not Applicable

**Outcome S2: Children are safely maintained in their own homes whenever possible and appropriate.**

Reason for rating:	<input type="checkbox"/> Substantially Achieved <input type="checkbox"/> Partially Achieved <input type="checkbox"/> Not Achieved or Addressed <input type="checkbox"/> Not Applicable
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## SECTION II: PERMANENCY

*This section should be completed for the **selected** child indicated in question 5.*

30. In the columns provided, record the date of removal, the reason(s) for removal, the date of discharge from care (if applicable) and the reason for discharge (if applicable) for each removal episode the selected child encountered during the period under review and for three years prior to the date of the review. List the removal episodes in chronological order beginning with the *most recent removal episode* first.

Enter the appropriate code from the *Reasons for Removal* and *Reason for Discharge* lists below to identify the reason(s) for removal and reason for discharge for each removal episode. Up to three reasons for removal may be listed; the primary reason for removal should be listed first.

### Reasons for Removal

- 01 Physical Abuse
- 02 Sexual Abuse
- 03 Neglect
- 04 Drug Abuse (Parent)
- 05 Alcohol Abuse (Parent)
- 06 Alcohol Abuse (Child)
- 07 Drug Abuse (Child)
- 08 Child's Disability
- 09 Child's Behavior Problem (includes Delinquent acts)
- 10 Death of Parent
- 11 Incarceration of Parent
- 12 Caretaker Inability to Cope
- 13 Abandonment
- 14 Relinquishment
- 15 Inadequate Housing
- 16 Other (Specify \_\_\_\_\_)

### Reasons for Discharge

- 1 Not Applicable
- 2 Reunification with Parent(s)  
or Primary Caretaker(s)
- 3 Living with other Relatives
- 4 Adoption
- 5 Emancipation
- 6 Guardianship (Permanent  
Legal Custodian)
- 7 Transfer to Another Agency
- 8 Runaway
- 9 Death of Child



31. In the columns provided record the date of placement, the placement type, the date of the placement change (if applicable) and the reason for placement change (if applicable) for the most recent removal episode. List the placement changes in chronological order beginning with the most recent.

Refer to the *Reasons for Placement Change* codes listed below and the *Reasons for Discharge* codes listed in question 30 to record the reason for the placement change for each placement episode.

Record the appropriate code which best describes the Placement Setting Type from the list below for each placement episode.

### Placement Type

- 1 Pre-adoptive Home
- 2 Foster Family Home (Relative)
- 3 Foster Family Home (Non-relative)
- 4 Group Home
- 5 Institution (includes Residential Treatment Facility, Secure Care and Detention)
- 6 Supervised Independent Living
- 7 Runaway
- 8 Trial Home Visit
- 9 Shelter
- 10 Secure facility (Detention)
- 11 Other (Specify\_\_\_\_\_)

### Reasons for Placement Change

- 01 Transfer to Higher Level of Care
- 02 Transfer to Lower Level of Care
- 03 Illness of Caregiver
- 04 Death of Caregiver
- 05 Trial Home Visit
- 06 Runaway
- 07 Reunification with Parent(s)/Caretaker(s)
- 08 Living with Other Relatives
- 09 Adoptive Home
- 10 Emancipation
- 11 Death of Child
- 12 Guardianship (Permanent Legal Custodian)
- 13 Other (Specify \_\_\_\_\_)

32. Record the total number of placement setting changes that occurred during the *most recent removal episode*.
33. Refer to the *most recent placement type* listed in question 31. Place a *check mark* in the box which best answers the question. Use Not Applicable if the child is in respite care, the hospital or other setting intended to be short term.
34. Place a check mark in the box which best answers the question.

Item 6. Stability of Substitute Care Placement			
31. Identify the <i>most recent removal episode</i> and list each placement in chronological order beginning with the <i>most recent</i> . Record the date of placement, the placement type, the date of the placement change ( <i>if applicable</i> ) and the reason for placement change ( <i>if applicable</i> ).			
Placement Date	Placement Type	Date of Placement Change	Reason for Placement Change
___/___/___	—	___/___/___	—
___/___/___	—	___/___/___	—
___/___/___	—	___/___/___	—
___/___/___	—	___/___/___	—
32. Record the number of placement setting changes that occurred during the <i>most recent removal episode</i> . ___			
33. Is the most recent placement stable, with no evidence or threat of disruption?			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
34. Are the identified needs of the child being met in the current placement?			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable

- 35a. For the period under review, list the date of each permanency plan for the selected substitute care child, the primary permanency goal and target date for achieving the primary permanency goal. Record the appropriate code for the child's permanency goal from the list below.

**Permanency Plan Goals**

- 1 Reunify with Parents or Principal Caretaker
- 2 Live with Other Relatives
- 3 Adoption
- 4 Long-term Substitute Care (Other Planned Permanent Living Arrangement)
- 5 Emancipation (Other Planned Permanent Living Arrangement)
- 6 Independent Living (Other Planned Permanent Living Arrangement)
- 7 Guardianship (Permanent Legal Custodianship)
- 8 Case Plan Goal Not Yet Established

- 35b. Record the concurrent planning permanency goal from the list above for the child (*if applicable*). Record the start and end dates to achieve the concurrent plan.
- 35c. For the most recent permanency plan or the plan in effect when the case was closed, place a check mark in the box which best answers if the permanency plan was appropriately matched to the child's needs for permanency and stability.
- 36a. Determine whether the child: 1) has been in foster care for 15 of the last 22 months; 2) is an abandoned child; 3) in a child whose parents have been convicted of one of the felonies designated in 475 (5)(E) of ASFA, i.e., committed murder of another child of the parent; committed voluntary manslaughter or another child of the parent; 3) aided, conspired or solicited to commit such a murder or voluntary manslaughter; or 4) committed felony assault that results in serious bodily injury to the child, another child or parent. Determine whether a TPR petition or an exception is/was required.

**Item 7. Permanency Goal for Child**

35. a. For the period under review to the present date, list the date of each primary permanency plan for the child, its respective primary permanency goal and date for achieving the goal. (See Code Sheet for Permanency Goals)

Date of Permanency Plan	Primary Permanency Plan Goal	Target Date for Completion
___/___/___	—	___/___/___
___/___/___	—	___/___/___
___/___/___	—	___/___/___
___/___/___	—	___/___/___
___/___/___	—	___/___/___
___/___/___	—	___/___/___

35. b. Record the concurrent plan permanency goal: (if applicable) \_\_; start date: \_\_\_/\_\_\_/\_\_\_; and end date: \_\_\_/\_\_\_/\_\_\_

35. c. Is the permanency goal (most recent or when the case was closed) appropriately matched to the child's needs for permanency and stability?  
 d. If no, how not?

Yes       No

36. a. If the child has been in foster care for 15 of the most recent 22 months or meets other criteria for termination of parental rights has the agency filed or joined a petition to terminate parental rights?

Yes     No     Not applicable

36. b. If no, is there a compelling reason why a petition has not been filed? Explain:

Yes     No     Not applicable

For the next three items, Item 8, Item 9 and Item 10, which encompass Questions 37 to 43, please address only the applicable Item based on the child's permanency goal. Write Not Applicable for the other items.

37 - 39. To respond to questions 37 through 39, refer to the *most recent permanency plan* for the child or the *last permanency plan* if the child has been discharged from substitute care Place a *check mark* in the box which best answers the questions. Space has been provided to describe the basis for your answer dependent on the answer chosen.

If the selected child's permanency goal is not adoption, choose "Not applicable" to respond to questions 37 through 39.

40-43 Answer questions 40 to 43 for children with a goal of adoption. Use "Not applicable" for all others. For question 43b, record the date in the format mm/dd/yy.

<b>Item 8. Reunification, Guardianship (Permanent Legal Custodianship) or Permanent Placement with Relatives</b>	
37. Has the child been in foster care for at least 12 months since his or her most recent entry?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
38. Has the child's permanency goal been achieved?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to determine <input type="checkbox"/> Not applicable
a. If yes, was the goal achieved within 12 months of the child's most recent entry into foster care?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
b. If no, what are the barriers to achieving the goal?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
c. What steps is the agency taking to achieve the goal? (Use Not applicable if the goal has been achieved.)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
39. Has the agency filed a petition to terminate the parental rights of both parents?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
a. If no, is there a compelling reason as to why a petition has not been filed? Explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
<b>Item 9. Adoption</b>	
40. If Adoption is the permanency goal, have parental rights been terminated?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
41. a. If Adoption is the permanency goal, has an adoptive family been identified?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
b. If no, what steps have been taken to find an adoptive family?	
42. a. If Adoption is the permanency goal, is the child currently living in the pre-adoptive home?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
b. If no, why not?	
43. a. If Adoption is the permanency goal, has the adoption been finalized?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
b. Record the date of finalization:      ___/___/___	
c. If no, what are the barriers?	

44. Refer to the most recent permanency plan or the last permanency plan for the selected child if discharged from substitute care to respond to questions 44 a through e. Place a check mark in the box which best answers the questions.

<b>Item 10. Permanency Goal of Other Planned Permanent Living Arrangement</b>		
44.	a. If 16 years or older, is the child working toward emancipation or another permanent planned living arrangement?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
	b. Is the goal appropriate for the child?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
	c. Are services in place to support this goal?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
	d. Are independent living services being provided consistent with the child's independent living needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
	e. What, if any, additional services should be offered?	

## Instructions for Permanency Summary: Outcome P1

The purpose of the Summary of Findings is to provide a format for recording information obtained during the onsite review applicable to the items and outcomes, including information obtained from reviewing the file and interviewing stakeholders.

The information recorded for each item or performance indicator should be judged by the reviewer taking into consideration the questions in the review instrument associated with each item as a Strength or as an Area Needing Improvement. Each item should be specific, should substantiate the rating through the narrative and should note the source of information i.e., case reviews and stakeholder interviews.

### Items 5-10

Select the rating for each item. Definitions for each of the Item Ratings are provided below.

**Strength:** Most or all items were marked Yes or Not Applicable. Interviews confirmed or supported information in the file.

**Area Needing Improvement:** Several items were marked No and/or the interviews raised concerns or demonstrated needs such that the item could not be scored as a strength.

**Not Applicable:** The item does not pertain to this case.

The reviewer should conclude for each outcome if it was substantially achieved, partially achieved or not being achieved or addressed by the agency under review. The reviewer should identify the specific item(s) or performance indicator(s) needing improvement for each outcome determined as not achieved or addressed.

**Outcome Ratings:** Select the rating to identify the extent to which the intended outcome was achieved. Definitions for the Ratings are provided below.

**Substantially Achieved:** Item 7 is a Strength plus Items 8, 9, or 10 are Strengths. Item 5 and/or 6 is a Strength and relevant items 8 and 9, 8 and 10, or 9 and 10 are Strengths.

**Partially Achieved:** Item 7 is a Strength plus Items 8, 9, or 10 are Strengths. Item 5 and/or 6 is an Area Needing Improvement or Item 7 plus 8, 9, or 10 are Areas Needing Improvement.

**Not Achieved or Addressed:** All applicable items are rated as Areas Needing Improvement.

**Not Applicable:** Most or all items were Not Applicable.

## Permanency: Outcome P1

<b>Item 5. Substitute Care Re-entries</b>	
Reason for rating:	<input type="checkbox"/> Strength <input type="checkbox"/> Area Needing Improvement <input type="checkbox"/> Not Applicable
<b>Item 6. Stability of substitute care placement</b>	
Reason for rating:	<input type="checkbox"/> Strength <input type="checkbox"/> Area Needing Improvement <input type="checkbox"/> Not Applicable
<b>Item 7. Permanency goal for child</b>	
Reason for rating:	<input type="checkbox"/> Strength <input type="checkbox"/> Area Needing Improvement <input type="checkbox"/> Not Applicable

<b>Item 8. Reunification, Guardianship or Permanent Placement with Relatives</b>	
Reason for rating:	<input type="checkbox"/> Strength <input type="checkbox"/> Area Needing Improvement <input type="checkbox"/> Not Applicable
<b>Item 9. Adoption</b>	
Reason for rating:	<input type="checkbox"/> Strength <input type="checkbox"/> Area Needing Improvement <input type="checkbox"/> Not Applicable
<b>Item 10. Permanency goal of other planned permanent living arrangement</b>	
Reason for rating:	<input type="checkbox"/> Strength <input type="checkbox"/> Area Needing Improvement <input type="checkbox"/> Not Applicable

**Outcome P1: Children have permanency and stability in their living situations.**

Reason for rating:	<input type="checkbox"/> Substantially Achieved <input type="checkbox"/> Partially Achieved <input type="checkbox"/> Not Achieved or Addressed <input type="checkbox"/> Not Applicable
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45. Refer to the *most recent placement* listed in question 31 to respond to questions a through g. Place a *check mark* in the box which best answers the questions. Use Not Applicable if the parents are deceased, their rights are terminated or their whereabouts are unknown.
- 45a. Consider if the placement is close enough for the child to maintain easy contact and connections. Each review team will discuss and determine how to define and apply proximity within the context of the county under review.
- 45f. If there are four children in the family and two are placed, this is still considered a “yes” and if most of the children are placed together, this is considered a “yes.”
- 46 - 50. Place a *check mark* in the box which best describes the visitation plan and the frequency of visits. Use the *most recent three months* (or last three months of out-of-home care if discharged from care) to identify a pattern of visits with the child selected and each family member listed.
51. Space has been provided to describe the type of family visitation support the agency provides.

**Outcome P2: The continuity of family relationships and connections is preserved for children.****Item 11. Proximity of Substitute Care Placement**

45. Refer to the *most recent placement* listed in question 31 to respond to questions a through g below.

- |  |  |
|--|--|
| a. Is the child placed in his/her natural community, in close proximity to the family?           | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable |
| b. If not close to the family, is the rationale documented and reasonable?                       | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable |
| c. Did the child attend the same school as prior to removal?                                     | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable |
| d. If placed outside the community was the reason related to helping achieve the case plan goal? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable |
| e. If placed outside the state was the child visited in the last 12 months by a caseworker?      | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable |

**Item 12. Placement With Siblings**

- |  |  |
|--|--|
| f. Were the siblings placed with the child in substitute care?           | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable |
| g. If not placed with siblings, is there a legitimate reason documented? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable |

**Item 13. Visiting with Parents and Siblings in Substitute Care**

- |  |   |
|--|---|
| 46. a. Is there a visitation plan in the file?   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable  |
| b. If yes, is the visitation plan consistent with the risk and safety assessments?   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable  |
| c. If yes, is the visitation plan consistent with state policy?  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable  |
| 47. How frequent are the visits to occur?  | <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly<br><input type="checkbox"/> Monthly <input type="checkbox"/> < Monthly<br><input type="checkbox"/> No visits planned               |
| 48. a. Are there other forms of contact between the child and his or her mother?   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable  |
| b. Are there other forms of contact between the child and his or her father?   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable  |
| 49. Are there other forms of contact between the child and their siblings?   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable  |
| 50. During the last three months of the review period, what is the most typical pattern of visits with the child? (Use NA if visits are determined to not be in the best interest of the child.) |   |
| Mother   | <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> < Monthly <input type="checkbox"/> No visits <input type="checkbox"/> NA |
| Father   | <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> < Monthly <input type="checkbox"/> No visits <input type="checkbox"/> NA |
| Siblings   | <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> < Monthly <input type="checkbox"/> No visits <input type="checkbox"/> NA |
| 51. How does the agency promote and support visitation ( <i>i.e.</i> , arranging transportation, actively encouraging visits, arranging for flexible meeting locations).                         |   |

Refer to the *most recent placement* listed in question 31 to respond to questions 52 through 55.

52 - 53. Place a *check mark* in the box which best answers the questions. In some instances space has been provided for explanation of the answer chosen.

52 d. Primary connections refer to ties to family members and other non-related individuals with whom the child in foster care has/had a significant, positive relationship before entering foster care.

52e. Cultural ties include religious ties, food requirements and clothing preferences.

54 a-d. These questions should be answered yes if relatives were identified and evaluated during the period under review.

55 a-d. Reviewers should consider what has happened during the period under review (or the date the child returned home).

<b>Item 14. Preserving Connections</b>	
52. a. Was the child's mother notified of the current location of the child and the names of foster family or agency responsible?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
b. Was the child's father notified of the current location of the child and the names of foster family or agency responsible?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
c. If this information was not disclosed, does the file reflect why?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
d. Are the child's primary connections being preserved through case planning and service delivery in the current placement during the review period?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
e. Have the child's cultural ties been maintained (consider religious, food and other traditions or habits)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
53. a. If the child was Native American was the tribe notified of child's involvement in a juvenile court proceeding (including dependency and delinquency)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
b. Was the child's tribe or extended family members given preference of placement?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
<b>Item 15. Relative Placement</b>	
54. a. If the child is not placed with relatives, were maternal relatives considered?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
b. If the child is not placed with relatives, were paternal relatives considered?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
c. Was the agency timely in identifying and evaluating relatives?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
d. If relatives were not considered, explain.	
<b>Item 16. Relationship of Child in Care With Parents</b>	
55. a. Is there evidence that the mother is emotionally supportive of the child in substitute care?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
b. Is there evidence that the father is emotionally supportive of the child in substitute care?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
c. Has agency made efforts to help develop a strong, supportive relationship?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
d. If parent/child relationship is not supportive or the agency's efforts are deficient, explain.	

## Instructions for Permanency Summary: Outcome P2

The purpose of the Summary of Findings is to provide a format for recording information obtained during the onsite review applicable to the items and outcomes, including information obtained from reviewing the file and interviewing stakeholders.

The information recorded for each item or performance indicator should be judged by the reviewer taking into consideration the questions in the review instrument associated with each item as a Strength or as an Area Needing Improvement. Each item should be specific, should substantiate the rating through the narrative and should note the source of information i.e., case reviews and stakeholder interviews.

### Items 11-16

Select the rating for each item. Definitions for each of the Item Ratings are provided below.

**Strength:** Most or all items were marked Yes or Not Applicable. Interviews confirmed or supported information in the file.

**Area Needing Improvement:** Several items were marked No and/or the interviews raised concerns or demonstrated needs such that the item could not be scored as a Strength.

**Not Applicable:** The item does not pertain to this case.

The reviewer should conclude for each outcome if it was substantially achieved, partially achieved or not being achieved or addressed by the agency under review. The reviewer should identify the specific item(s) or performance indicator(s) needing improvement for each outcome determined as not achieved or addressed.

**Outcome Ratings:** Select the rating to identify the extent to which the intended outcome was achieved. Definitions for the Ratings are provided below.

**Substantially Achieved:** No more than one item is an Area Needing Improvement (disregard Not Applicable).

**Partially Achieved:** Two or more but not all of the applicable items are Areas Needing Improvement.

**Not Achieved or Addressed:** All applicable items are rated as Areas Needing Improvement.

**Not Applicable:** Most or all items were Not Applicable.

**Permanency: Outcome P2**

<b>Item 11. Proximity of substitute care placement</b>	
Reason for rating:	<input type="checkbox"/> Strength <input type="checkbox"/> Area Needing Improvement <input type="checkbox"/> Not Applicable
<b>Item 12. Placement with siblings</b>	
Reason for rating:	<input type="checkbox"/> Strength <input type="checkbox"/> Area Needing Improvement <input type="checkbox"/> Not Applicable

<b>Item 13. Visiting with parents and siblings in substitute care</b>	
Reason for rating:	<input type="checkbox"/> Strength <input type="checkbox"/> Area Needing Improvement <input type="checkbox"/> Not Applicable
<b>Item 14. Preserving connections</b>	
Reason for rating:	<input type="checkbox"/> Strength <input type="checkbox"/> Area Needing Improvement <input type="checkbox"/> Not Applicable
<b>Item 15. Relative placement</b>	
Reason for rating:	<input type="checkbox"/> Strength <input type="checkbox"/> Area Needing Improvement <input type="checkbox"/> Not Applicable

Item 16. Relationship of child in care with parents	
Reason for rating:	<input type="checkbox"/> Strength <input type="checkbox"/> Area Needing Improvement <input type="checkbox"/> Not Applicable

**Outcome P2: The continuity of family relationships and connections is preserved for children.**

Reason for rating:	<input type="checkbox"/> Substantially Achieved <input type="checkbox"/> Partially Achieved <input type="checkbox"/> Not Achieved or Addressed <input type="checkbox"/> Not Applicable
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### **SECTION III: CHILD AND FAMILY WELL-BEING**

*This section should be completed for all sample cases.*

- 56 - 62. Place a *check mark* in the box which best answers the questions. The service plan to be reviewed is the *initial assessment* for the period under review. This plan may have been developed prior to the period under review if it was still applicable at the beginning of the period.
- 63 - 66. Place a *check mark* in the box which best answers the questions. Refer to the *most recent service plan* in the file to respond to questions 63 through 66. Space has been provided to describe the basis for the answer chosen.

## SECTION III: CHILD AND FAMILY WELL-BEING

### Outcome WB1: Families have enhanced capacity to provide for their children's needs.

#### Item 17. Needs and Services of Child and Parents

56. Are the service plans being completed in a timely manner consistent with best practice and regulations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
57. For the initial plan in effect, was an assessment conducted to identify the needs of each family member?	<input type="checkbox"/> All <input type="checkbox"/> Some <input type="checkbox"/> None
58. Was the initial service plan consistent with the risks and needs identified during the investigation?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
59. a. Does the initial service plan include goals and objectives designed to increase the safety of the child(ren) and alleviate the underlying causes of agency involvement?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
b. If no, describe any discrepancies.	
60. Were services delivered consistent with the initial plan for the family?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
61. a. Does the record discuss/document what progress has been made in achieving the initial service plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
b. For the child(ren)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
c. For the mother?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
d. For the father?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
e. For other family members?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
62. a. Were services <i>not</i> provided despite indications of need?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
b. If so, please list and explain.	
63. Have modifications been made to the <i>most recent service plan</i> when needed to reflect changes in family needs, goals, objectives and services?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
64. a. Did the services provide the type of intervention required?	<input type="checkbox"/> Very well <input type="checkbox"/> Somewhat well <input type="checkbox"/> Not well at all <input type="checkbox"/> Not applicable
b. If not well at all, why not?	
65. a. Did the services provide the intensity of intervention required?	<input type="checkbox"/> Very well <input type="checkbox"/> Somewhat well <input type="checkbox"/> Not well at all <input type="checkbox"/> Not applicable
b. If not well at all, why not?	
66. a. Did the services enable the parent(s)/caregiver(s) to better provide for their children's needs?	<input type="checkbox"/> Very well <input type="checkbox"/> Somewhat well <input type="checkbox"/> Not well at all <input type="checkbox"/> Not applicable
b. If not well at all, why not?	

67. Respond to the question 67 by placing a *check mark* in the box which best answers the question.

68 - 71. Place a *check mark* in the box which best answers the questions. Refer to the *most recent service plan* in the file to respond to questions 68 through 71.

Substitute Care Providers (Family Foster Care, Group Home, Pre-adoptive Home)	
67. a. Is the county agency or contracted provider offering support (other than financial) to the substitute care providers caring for the child?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
b. Is this level of support adequate?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
<b>Item 18. Child and Family Involvement in Case Planning</b>	
<i>Refer to the most recent case plan to respond to questions 68 through 71</i>	
68. a. Is there a mother involved in the service plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
b. If no, have diligent efforts been made to locate the mother?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
c. Is the father involved in the service plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
d. If no, have diligent efforts been made to locate the father?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
69. a. Is there a step-parent/paramour in the home?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
b. If yes, is the step-father/paramour included in the service plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
c. If yes, is the step-mother/paramour included in the service plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
70. Does the service plan reflect actions to be taken by the following participants and the dates when these actions will be completed?	
a. Mother	
b. Father	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
c. Step-parent/Paramour	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
d. Child(ren)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
e. Agency	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
f. Family or community supports	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
g. Other agencies (list)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
71. Identify those who have signed the case plan:	
a. Mother	
b. Father	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
c. Step-parent/Paramour	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
d. Child(ren)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
e. Agency	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
f. Family or community supports	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
f. Other agencies (list)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable

72 -74. Respond to questions a through g for questions 72 through 74 by referring to the *most recent service plan*. For question 72, if there are no children 10 years of age or older, choose “Not applicable” for all related questions. If there is no mother or biological father, choose “Not applicable” for all related questions.

Look in case narrative or interview notes for evidence of the child’s, the mother’s or the father’s involvement.

Space has been provided to describe the barriers to the family member’s involvement in the service plan.

Child and Family Involvement (continued)	
72. a. If there was at least one child in the family over the age of 10, was the child involved in the <i>most recent service plan</i> in any of the following ways:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
b. Participating in an assessment?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
c. Identifying strengths and needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
d. Requesting services and/or service providers?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
e. Establishing goals in the service plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
f. Evaluating progress toward goals?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
g. Attending service planning meetings?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
h. If no to any of the above, please indicate barriers to that level of involvement:	
73. Was the mother involved in the <i>most recent service plan</i> in any of the following ways:	
a. Participating in an assessment?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
b. Identifying strengths and needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
c. Requesting services and/or service providers?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
d. Establishing goals in the service plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
e. Evaluating progress toward goals?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
f. Attending service planning meetings?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
g. If no to any of the above, please indicate barriers to that level of involvement:	
74. Was the father involved in the <i>most recent service plan</i> in any of the following ways:	
a. Participating in an assessment?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
b. Identifying strengths and needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
c. Requesting services and/or service providers?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
d. Establishing goals in the service plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
e. Evaluating progress toward goals?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
f. Attending service planning meetings?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
g. If no to any of the above, please indicate barriers to that level of involvement:	

75 -77. Respond to questions a through g for questions 75 through 77 by referring to the *most recent service plan*.

Space has been provided to describe the barriers to the family member's involvement in the service plan.

<b>Family Involvement (continued)</b>	
75. Was the step-parent/paramour involved in the <i>most recent service plan</i> in any of the following ways:	
a. Participating in an assessment?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
b. Identifying strengths and needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
c. Requesting services and/or service providers?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
d. Establishing goals in the service plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
e. Evaluating progress toward goals?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
f. Attending service planning meetings?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
g. If no to any of the above, please indicate barriers to that level of involvement:	
76. Was the child(ren) of the step-parent/paramour involved in the most recent service plan in any of the following ways:	
a. Participating in an assessment?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
b. Identifying strengths and needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
c. Requesting services and/or service providers?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
d. Establishing goals in the service plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
e. Evaluating progress toward goals?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
f. Attending service planning meetings?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
g. If no to any of the above, please indicate barriers to that level of involvement:	
77. If the child(ren) had been removed from the home, was the substitute care provider (Family Foster Care, Group Home Pre-adoptive Home) involved in the <i>most recent service plan</i> in any of the following ways:	
a. Participating in an initial assessment?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
b. Identifying strengths and needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
c. Requesting services and/or service providers?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
d. Establishing goals in the service plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
e. Evaluating progress toward goals?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
f. Attending service planning meetings?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
g. If no to any of the above, please indicate barriers to that level of involvement:	

78 – 79. Respond for *all* children for in-home cases or to the *identified child* for placement cases. If the number of visits is not sufficient in question 79, please indicate why not.

79a Consider if the child is older, JPO, being adopted or has other circumstances which should be addressed in the visit.

80 – 81. Respond to questions 80 and 81 by referring to children living in their own homes.

82 – 84. Respond to questions 82 through 84 for both in-home and placement cases. If the number of visits is not sufficient in question 83, please indicate why not.

<b>Item 19. Worker Visits with Child</b>	
78. a. How many times has the county caseworker seen the child(ren) in the past three months?	—
b. How many times has the private provider seen the child(ren) in the past three months?	—
79. a. Does the frequency of visits reflect the needs of the child(ren)? If no, why not?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
b. Did the visits between the caseworker and the child address issues pertinent to the child's permanency goals and service needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
80. a. Has the county caseworker visited the child during the most recent placement?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
b. . Has a private provider visited the child during the most recent placement?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
81. a. Have any of the caseworker's visits with the child occurred in the family home or placement?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
b. Have any of the private provider's visits with the child occurred in the family home or placement?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
<b>Item 20. Worker Visits with Parents</b>	
82. a. How many times has the county caseworker visited the family home in the past three months?	—
b. How many times has the private provider visited the family home in the past three months?	—
83. Does the frequency of visits reflect the needs of all pertinent family members? If no, why not?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
84. a. Did the visits between the caseworker and the mother focus on issues pertinent to service planning, service delivery and goal attainment?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
b. Did the visits between the caseworker and the father focus on issues pertinent to service planning, service delivery and goal attainment?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable

## Instructions for Well-being Summary: Outcome WB1

The purpose of the Summary of Findings is to provide a format for recording information obtained during the onsite review applicable to the items and outcomes, including information obtained from reviewing the file and interviewing stakeholders.

The information recorded for each item or performance indicator should be judged by the reviewer taking into consideration the questions in the review instrument associated with each item as a Strength or as an Area Needing Improvement. Each item should be specific, should substantiate the rating through the narrative and should note the source of information i.e., case reviews and stakeholder interviews.

### Items 17-20

Select the rating for each item. Definitions for each of the Item Ratings are provided below.

**Strength:** Most or all items were marked Yes or Not Applicable. Interviews confirmed or supported information in the file.

**Area Needing Improvement:** Several items were marked No and/or the interviews raised concerns or demonstrated needs such that the item could not be scored as a strength.

**Not Applicable:** The item does not pertain to this case.

The reviewer should conclude for each outcome if it was substantially achieved, partially achieved or not being achieved or addressed by the agency under review. The reviewer should identify the specific item(s) or performance indicator(s) needing improvement for each outcome determined as not achieved or addressed.

**Outcome Ratings:** Select the rating to identify the extent to which the intended outcome was achieved. definitions for the Ratings are provided below.

**Substantially Achieved:** Item 17 is a Strength, no more than one remaining item is as Areas Needing Improvement.

**Partially Achieved:** Item 17 is an Area Needing Improvement; 2 or more but not all other items is an Area Needing Improvement.

**Not Achieved or Addressed:** All applicable items are rated as Areas Needing Improvement.

**Not Applicable:** All items were Not Applicable.

## Well-being: Outcome WB1

<b>Item 17. Needs and services of child, parents, foster parents</b>	
Reason for rating:	<input type="checkbox"/> Strength <input type="checkbox"/> Area Needing Improvement <input type="checkbox"/> Not Applicable
<b>Item 18. Child and family involvement in service planning</b>	
Reason for rating:	<input type="checkbox"/> Strength <input type="checkbox"/> Area Needing Improvement <input type="checkbox"/> Not Applicable
<b>Item 19. Worker visits with child</b>	
Reason for rating:	<input type="checkbox"/> Strength <input type="checkbox"/> Area Needing Improvement <input type="checkbox"/> Not Applicable

<b>Item 20. Worker visits with parents</b>	
Reason for rating:	<input type="checkbox"/> Strength <input type="checkbox"/> Area Needing Improvement <input type="checkbox"/> Not Applicable

**Outcome WB1: Families have enhanced capacity to provide for their children’s needs.**

Reason for rating:	<input type="checkbox"/> Substantially Achieved <input type="checkbox"/> Partially Achieved <input type="checkbox"/> Not Achieved or Addressed <input type="checkbox"/> Not Applicable
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85 – 88. Respond to the questions 85 through 88 by placing a *check mark* in the box which best answers the questions. Please consider the most recent service plan.

**Outcome WB2: Children receive appropriate services to meet their educational needs.****Item 21. Educational Needs of the Child**

85.	Confirm that the following educational needs of the child(ren) were taken into consideration for the most recent plan development and service delivery:	
	a. Special education classes requiring an IEP	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
	b. Early intervention services (birth to three)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
86.	Does the record contain copies of the child(ren)'s current education records?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
87.	Did the agency work with child(ren)/family to obtain educational services?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
88.	Were education records provided to the substitute care provider?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable

## Instructions for Well-being Summary: Outcome WB2

The purpose of the Summary of Findings is to provide a format for recording information obtained during the onsite review applicable to the items and outcomes, including information obtained from reviewing the file and interviewing stakeholders.

The information recorded for each item or performance indicator should be judged by the reviewer taking into consideration the questions in the review instrument associated with each item as a Strength or as an Area Needing Improvement. Each item should be specific, should substantiate the rating through the narrative and should note the source of information i.e., case reviews and stakeholder interviews.

### Item 21

Select the rating for each item. Definitions for each of the Item Ratings are provided below.

**Strength:** Most or all items were marked Yes or Not Applicable. Interviews confirmed or supported information in the file.

**Area Needing Improvement:** Several items were marked No and/or the interviews raised concerns or demonstrated needs such that the item could not be scored as a strength.

**Not Applicable:** The item does not pertain to this case.

The reviewer should conclude for each outcome if it was substantially achieved, partially achieved or not being achieved or addressed by the agency under review. The reviewer should identify the specific item(s) or performance indicator(s) needing improvement for each outcome determined as not achieved or addressed.

**Outcome Ratings:** Select the rating to identify the extent to which the intended outcome was achieved. Definitions for the Ratings are provided below.

**Substantially Achieved:** Item 21 is a Strength.

**Partially Achieved:** Item 21 is an Area Needing Improvement although some components are satisfactorily addressed.

**Not Achieved or Addressed:** Item 21 is an Area Needing Improvement and none of the components are satisfactorily addressed.

**Not Applicable:** Item 21 is rated as Not Applicable.

**Well-being: Outcome WB2**

<b>Item 21. Educational needs of child</b>	
Reason for rating:	<input type="checkbox"/> Strength <input type="checkbox"/> Area Needing Improvement <input type="checkbox"/> Not Applicable

**Outcome WB2: Children receive appropriate services to meet their educational needs.**

Reason for rating:	<input type="checkbox"/> Substantially Achieved <input type="checkbox"/> Partially Achieved <input type="checkbox"/> Not Achieved or Addressed <input type="checkbox"/> Not Applicable
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Respond to the question 89 through 91 by placing a *check mark* in the box which best answers the questions.

89. Health care screening refers to the Early Periodic Screening Diagnosis and Treatment (EPSDT) or other comprehensive medical exam. Use Not Applicable if the child was not in substitute care.
90. Indicate if the child's physical health needs are being addressed during the period under review (i.e., to the present date). Answer for in-home cases if physical health care is an issue in the case and placement cases.
- 90a. Preventive health care means the child received initial and periodic age-appropriate exams designed to avoid, detect and treat health problems.
- 90b. Preventive dental care means the child received initial and periodic age appropriate exams designed to avoid, detect and treat dental problems.
- 90c. Preventive eye care means the child received initial and periodic age appropriate exams designed to avoid, detect and treat eye problems.
- 90d. The child received age-appropriate immunizations.
- 90e. Use Not Applicable if the child received preventive health care but had no health needs.
- 90f. Use Not Applicable if the child was screened but had no dental needs.
- 90g. Use Not Applicable if the child was screened but had no eye care needs.
91. Respond to question 91 by referring to the record or asking the provider.

**Outcome WB3: Children receive appropriate services to meet their physical and mental health needs.**

**Item 22. Physical Health of the Child**

89. If the child(ren) is/was in substitute care, was an initial health screening completed upon entry?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
90. Confirm that the following physical health needs of the child(ren) were taken into consideration for plan development and service delivery:	
a. Preventive health care	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
b. Preventive dental care	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
c. Preventive eye care	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
d. Immunizations	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
e. Treatment for identified health needs	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
f. Treatment for identified dental needs	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
g. Treatment for identified eye care needs	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
91. Were physical health records provided to the substitute care provider?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable

92 – 96. Respond to the questions 92 through 96 by placing a *check mark* in the box which best answers the questions. Space has been provided to describe the basis for the answer chosen. If a mental health assessment was not needed choose “Not applicable” for all related questions regarding the child(ren)’s mental health.

<b>Item 23. Mental Health of the Child</b>	
92. a. Was a formal assessment/evaluation used to assess the child (ren)'s mental health?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
b. If yes, please specify.	
93. a. If mental health services were recommended, were services provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
b. If yes, what services were provided?	
94. a. Did the mental health services meet the needs of the child?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
b. If no, please explain.	
95. a. Were the mental health services appropriate for the child's identified needs.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
b. If no, please explain.	
96. Were the mental health records provided to the substitute care provider?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable

### Instructions for Well-being Summary: Outcome WB3

The purpose of the Summary of Findings is to provide a format for recording information obtained during the onsite review applicable to the items and outcomes, including information obtained from reviewing the file and interviewing stakeholders.

The information recorded for each item or performance indicator should be judged by the reviewer taking into consideration the questions in the review instrument associated with each item as a Strength or as an Area Needing Improvement. Each item should be specific, should substantiate the rating through the narrative and should note the source of information i.e., case reviews and stakeholder interviews.

#### Item 22 and 23

Select the rating for each item. Definitions for each of the Item Ratings are provided below.

**Strength:** Most or all items were marked Yes or Not Applicable. Interviews confirmed or supported information in the file.

**Area Needing Improvement:** Several items were marked No and/or the interviews raised concerns or demonstrated needs such that the item could not be scored as a strength.

**Not Applicable:** The item does not pertain to this case.

The reviewer should conclude for each outcome if it was substantially achieved, partially achieved or not being achieved or addressed by the agency under review. The reviewer should identify the specific item(s) or performance indicator(s) needing improvement for each outcome determined as not achieved or addressed.

**Outcome Ratings:** Select the rating to identify the extent to which the intended outcome was achieved. Definitions for the Ratings are provided below.

**Substantially Achieved:** All the items associated with this outcome are marked as a Strength.

**Partially Achieved:** Some items were a Strength and some are an Area Needing Improvement.

**Not Achieved or Addressed:** All applicable items are rated as Areas Needing Improvement.

Not Applicable: **Most or all items are Not Applicable**

## Well-being: Outcome WB3

<b>Item 22. Physical health of the child</b>	
Reason for rating:	<input type="checkbox"/> Strength <input type="checkbox"/> Area Needing Improvement <input type="checkbox"/> Not Applicable
<b>Item 23. Mental health of the child</b>	
Reason for rating:	<input type="checkbox"/> Strength <input type="checkbox"/> Area Needing Improvement <input type="checkbox"/> Not Applicable

### **Outcome WB3: Children receive adequate services to meet their physical and mental health needs.**

Reason for rating:	<input type="checkbox"/> Substantially Achieved <input type="checkbox"/> Partially Achieved <input type="checkbox"/> Not Achieved or Addressed <input type="checkbox"/> Not Applicable
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## Stakeholders Interview Questions

Person Interviewed	Relation To Case	Date of Interview	Person Conducting Interview
	Caseworker		
	JPO		
	Caseworker's Supervisor		
	Child		
	Parent		
	Substitute Care Provider		
	Service Provider		
	Other:		

**In the table above, please list the persons interviewed, their relationship to the case, date of interview, and person(s) conducting the interview.**

### INTRODUCTORY COMMENTS

- The purpose of the interview is to learn more about the case from the perspective of those directly involved, to fill in information which may or may not be recorded in the file, and to help determine overall whether the specified outcomes have been achieved.
- Reviewers should pursue detailed information only to the degree that the interviewee has first-hand, well-founded knowledge of the case under review. (Some stakeholders may offer second-hand experience or express opinions that are not supported by facts or experience; this information should not be recorded.)
- Interviews should be scheduled for 60 to 90 minutes.
- While it is preferable to interview the people in person, the interviews may take place on the telephone.
- The following sets of questions have been designed for each of the four groups of stakeholders, namely, the caseworker, the parent, the child (if age 10 or over) and another key stakeholder in the case such as a foster parent or service provider. You may skip questions that do not apply and add questions which will help you complete the Summary of Findings. *Use only the questions which will help you to complete the Summary of Findings.*

## **Suggested Questions for CASEWORKER or SUPERVISOR**

### **For Safety/Intake:**

1. What if anything did you know about the child(ren)/family when you began the most recent investigation?
2. Please describe the procedure you followed in the most recent investigation.

*Follow-up questions:*

To whom did you talk?  
Whom did you see?  
What tests or evaluations did you request?

3. How did you assess the child (ren)'s safety and risk?
4. What did you conclude from the investigation and why?
5. Why did you (or not) open the case for services?
6. Why did you (or not) remove the child (ren) from the home?
7. Were you able to initiate services with the family? If so, what services and why?
8. Is there anything you wish you had done differently? What and why?

### **For In-home Cases/Protective Cases:**

1. How did you involve family members in developing the Case Plan? What are the goals?
2. What services are the family members participating in? Are they actively engaged?
3. What were the barriers, if any, to getting the family services?
4. Do you think the services are appropriate and effective for the family to reach the goals?  
Why or why not?
5. What is the current status of the case?
6. Is there anything you wish you had done differently? What and why?

**For Out-of-home/Permanency Cases:**

1. Were relatives or friends considered as a possible placement? Why or why not?
2. Were you able to place the child (ren) with their siblings (if applicable)? Why or why not?
3. How did you assess and respond to the needs of the child (ren)?  
Medical?  
Emotional?  
Educational?  
Other?
4. How did you go about setting the goal or permanency plan for this child? What roles did the children and parents play?
5. If the child (ren) was placed in a foster home, what information about them did you provide to the foster family?
6. Are you satisfied with the current placement? Why or why not?
7. Do you feel the services provided to the child (ren) are appropriate in meeting their needs? Why or why not?
8. What about services to the family? Are they adequate to protect the child (ren) in the future and prevent further removals? Why or why not?
9. When you visit the child what do you do or talk about? How about the parents?
10. What kind of visitation has been arranged for the family? If parents not visiting routinely, why?
11. What is the current goal and status of the case? What will it take to achieve the goal? What are the barriers?
12. Is there anything you wish you had done differently? What and why?

**If parental rights were terminated:**

1. Is the child free for adoption?
2. What is the current status of the adoption process?
3. If the child has been placed in an adoptive home (or with foster parents attending to adopt) what will it take to complete the adoption?
4. If the child has not been placed, what steps have been taken to identify a family for adoption? What are the prospects for finding a family?
5. (If no family has been identified) what is the long-term goal for the child and how will it be achieved?
6. Is there anything you wish you had done differently? What and why?

**If child is at least 16 years old:**

1. Does the child have an independent living goal and service plan?
2. Was the child involved in the plan development? (Why or why not?) If so, how?
3. Is the child receiving services in accordance with the plan?
4. What do you see as the child's long-term prospects?

## Suggested Questions for PARENT

### All Parents:

1. What were some of the problems or concerns that brought the agency to your home?
2. How did your caseworker help you identify your family's needs?

*Follow-up questions:*

Who in your family was involved?

What steps did your caseworker take to encourage your involvement?

3. How did your caseworker try to understand your situation and listen to what you had to say?

*Follow-up questions:*

Did your caseworker believe you?

Did he or she respect your ideas?

4. Do you have a case plan? What are you trying to achieve?
5. Did you think your case plan was useful in addressing family problems? Why or why not?
6. *For the mother:* What efforts has the agency made to involve your children's father?

*Follow-up question:*

Are there other adults in the home and how have they been involved?

7. *For the father:* How did the agency involve you in getting services and protecting your child (ren)?
8. What kinds of services have you actually received?

*Follow-up questions:*

If a need was identified were services provided?

How long did it take to start these services?

Were there canceled or missed appointments?

Were these services helpful? Why or why not?

9. Are there services you need now for your family? What?
10. Is anyone helping you get these services?
11. Overall, what is different with your family since Children and Youth has been involved?
12. What are your hopes for the future?

**For parents of youth who remain at home beyond investigation add:**

1. Did the services you received help your family stay together?

*Follow-up questions:*

Which services helped and how?  
What, if any, were the problems to getting services?

2. What ideas do you have to allow your child (ren) to remain home safely?

**For parents of youth in placement add:**

1. Before your child (ren) was removed, what services were provided to avoid placement?

2. Did your caseworker try to find a relative to take the child(ren)?

*Follow-up questions:*

Were relatives considered on the mother's side?  
On the father's side?  
What about the child's other parent?

3. How do you feel about where your child is living?

4. How often do you see your kids?

5. Did the caseworker explain how much time you had to reunite with your children?

*Follow up questions:*

Were you told there would be a hearing every six months to discuss your child (ren)'s  
Permanency Plan?

Did you understand that your parental rights could be terminated if your child (ren)  
remained in placement for less than two years?

Were you told what could be done to get your children back?

6. If your child (ren) returns home, what help would you need to make sure your child (ren) is not removed again?

## Suggested Questions for CHILDREN (10 and over)

### For All Children:

1. Why do you think your family has a caseworker?
2. Did your caseworker help you figure out your problems? How were you involved in figuring out your problems?

*Follow-up questions:*

Who else in your family was involved?

3. How much did your caseworker really listen to what you had to say?

*Follow-up questions:*

Did your caseworker believe you were telling the truth?

Did your caseworker ask questions to better understand you?

Overall, how do you two get along?

4. Did you or your family have a case plan to solve your family problems?

*Follow-up questions:*

Did your caseworker use your ideas?

5. Who helped you to get the services that you needed? How did they help you?

*Follow-up questions:*

How did the services fit into your schedule?

Could you keep up with sports or other regular activities?

6. What kinds of services have you actually received?

*Follow-up questions:*

Help at school?

Help with your behavior?

Help with your physical problems?

7. Do you consider the services helpful? Why or why not?
8. Are there services you or your family need now that would be helpful? If so, what?
9. Overall, what is different now that Children and Youth is involved with your family?
10. What are your hopes for the future?

**For children in placement add:**

1. Can you tell me why you are in placement?
2. Was the decision to remove you from home a good one? Why or why not?
3. Who do you live with? (If not with relatives) Do you know if your relatives were asked if you could live with them?
4. When kids are in foster care, some go home, some live with foster parents, some are adopted, some live with relatives. Do you know what your plan is?

*Follow up questions:*

If you are going home, what kind of help would you and your parents need?

What do you know about adoption as a choice?

What do you know about living with relatives as a choice?

What did your caseworker do to help you understand the different choices you have?

5. Were you able to keep up with sports or other activities once you entered your new home?
6. Were you able to keep seeing the important people in your life?

*Follow-up questions:*

Parents?

Friends?

Sisters and brothers?

Why or why not?

7. What more could the agency do to help you and your family?

**For youth age 16 and above add:**

1. Has anyone explained what choices you have for a permanent family such as living with relatives, being adopted or going home?

*Follow-up question:*

Did you choose to remain in foster care and work towards your independence after 18?

2. What are you excited about for the future? What are you worried about leaving foster care and starting your adult life?

*Follow-up questions:*

Do you have a plan for when you turn 18? If yes, what?

What can Children and Youth do to help you become an adult?

3. What about the independent living program has been most helpful to you?
4. Are there areas in the program you would like to see change?

**For youth in residential treatment add:**

1. Which of the services did you receive that you found most helpful?

*Follow-up questions:*

Did you receive mental health and/or drug and alcohol abuse services?  
Are the services provided often enough to meet your needs?  
Are there services which are not helpful? Which ones and why?

2. What are your goals or plans when you leave here?

*Follow-up question:*

Do you know what needs to happen before you can leave?

3. What services would help you to prepare for adult life or living in someone's home?
4. If you are taking any medications, do you understand why you are taking these medications?

*Follow-up question:*

Are they managed properly?

5. How has your caseworker involved you in the planning for after you leave this program?
6. What else would you like us to know about your situation or the help you may need?

**Suggested Questions for OTHER KEY STAKEHOLDERS  
(e.g., Mental Health Counselor, Foster Parent)**

**All Providers:**

1. Please tell me how you know the child (ren) or family.  
What has been your involvement/role with them?
2. Why do you think Children and Youth is working with the child (ren) and family?
3. Do you think Children and Youth's level of involvement has been too much, too little or about right? Please explain.

**For in-home cases add:**

1. Do you think the child is safe staying at home? Why or why not?
2. What do you feel Children and Youth is trying to achieve with the child (ren) and family?
3. Are the services being provided adequate to meet the goals of this family?

*Follow-up questions:*

Are family members actively engaged in the services?  
Are the services intensive enough?  
What other services are needed to meet the Case Plan goals?

4. What else should be done either for the parents or the child (ren)?
5. Could you please comment on the professionalism and diligence of the Children and Youth caseworker?

**For out-of-home cases (Permanency) add:**

*Includes interviews with facility type placement providers and service providers.*

1. Was there sufficient evidence to justify the removal?
2. Is the current placement appropriate (and safe) for the child? Why or why not?
3. Is Children and Youth actively working on a permanent plan for this child? Do you know what it is?
4. Are the activities and services likely to achieve the goal of the service plan? Why or why not?
5. Are the parents actively engaged in services? If not, why?
6. Do the family and siblings have ongoing visits with the child (ren)? Why or why not?

**For Foster care providers add:**

*Includes interviews with family foster care providers only.*

1. Did you receive adequate information about the child's behavior and his or her educational and physical needs before placement or early on?
2. Were the services provided to meet these needs of the child (ren) sufficient, and if not, why?
3. Are you receiving the support you need for the child (ren)? What more do you feel the child (ren) may need?
4. How often does the caseworker visit you and the child (ren)? What is discussed during these visits? Is the child (ren) seen alone?
5. What kind of ongoing visits with parents and siblings are arranged for the child (ren)?
6. Has the agency provided you with sufficient resources and training to care for the child (ren)?
7. What else would you like me to know?

**Child health and well-being (all cases)**

1. Do you think the agency has the health and safety of the child (ren) as the primary concerns in its decisions? Is it effective in ensuring the health and safety of the child (ren)?
2. What did you have to do to help meet the goals of the case plan?
3. Did the caseworker modify the service plan as needed?
4. Are there additional things the caseworker can do to help the child (ren)? If so, please describe.
5. Are there additional things that the agency can do to support you as a provider? If so, please describe.

## Case Rating Summary

Check the non-shaded box for each outcome and performance item that corresponds to the rating assigned by the reviewer.

Outcome or Performance Item	Item Ratings			Outcome Ratings			
	Strength	Area Needing Improvement	N/A*	Substantially Achieved	Partially Achieved	Not Achieved	N/A*
<b>Outcome S1: Children are, first and foremost, protected from abuse and neglect.</b>							
Item 1: Timeliness of initiating investigations of reports of child maltreatment							
Item 2: Repeat maltreatment							
<b>Outcome S2: Children are safely maintained in their homes whenever possible and appropriate.</b>							
Item 3: Services to family to protect child(ren) in home and prevent removal							
Item 4: Risk of harm to child(ren)							
<b>Outcome P1: Children have permanency and stability in their living situations.</b>							
Item 5: Substitute care re-entries							
Item 6: Stability of substitute care placement							
Item 7: Permanency goal for child							
Item 8: Reunification, guardianship, or permanent placement with relatives							
Item 9: Adoption							
Item 10: Permanency goal of other planned permanent living arrangement							
<b>Outcome P2: The continuity of family relationships and connections is preserved for children.</b>							
Item 11: Proximity of substitute care placement							
Item 12: Placement with siblings							
Item 13: Visiting with parents and siblings in substitute care							
Item 14: Preserving connections							
Item 15: Relative placement							
Item 16: Relationship of child in care with parents							
<b>Outcome WB1: Families have enhanced capacity to provide for their children's needs.</b>							
Item 17: Needs and services of child, parents, foster parents							
Item 18: Child and family involvement in case planning							
Item 19: Worker visits with child							
Item 20: Worker visits with parent(s)							
<b>Outcome WB2: Children receive appropriate services to meet their educational needs.</b>							
Item 21: Educational needs of the child							
<b>Outcome WB3: Children receive adequate services to meet their physical and mental health needs.</b>							
Item 22: Physical health of the child							
Item 23: Mental health of the child							