



<b>SAMPLE NUMBER:</b>	
<b>Citizen:</b>	<b>REVIEWERS</b>
<b>State:</b>	
<b>CASE DEBRIEFED:</b>	<input type="checkbox"/>
<b>DATE DEBRIEFED:</b>	
<b>QUALITY ASSURANCE REVIEW</b>	
<b>Level I:</b>	
<b>Level II:</b>	

## Wyoming Child and Family Services Review

*“Mini-CFSR”*

# Onsite Review Instrument and Instructions

**Round IV**

**2007/2008**

*August 2007*

## General Instructions

The Onsite Review Instrument is used to review both foster care and in-home services cases during the onsite review component of the Mini Child and Family Services Reviews (Mini-CFSR) of Wyoming child welfare systems. In completing the Onsite Review Instrument, reviewers will conduct case file reviews and case-related interviews with children, parents, foster parents, caseworkers, and other professionals involved with the child.

The instrument is organized into a Face Sheet and three sections. On the Face Sheet, reviewers document general information about a case, such as the type of case. Reviewers are to document the names of individuals involved in the case on the Face Sheet. For the remainder of the instrument, reviewers are not to use proper names, but should use titles (for example, biological mother, target child, caseworker, etc.) when referencing individuals. When it is necessary to identify a child to clarify a response on the instrument, enter the child's first name only. No surnames are to appear anywhere in the instrument, except on the first page.

The three sections focus on the outcome domains that form the basis of the Federal CFSR: **safety, permanency, and child and family well-being**. For each outcome, reviewers collect information on a number of "items" related to that outcome.

While reviewers use the Onsite Review Instrument to review both foster care and in-home services cases, they **complete the permanency section only if the case under review is a foster care case**.

For **children in foster care**, reviewers should consider the **Safety items (1 through 4) for all children in the family**, but complete the **Permanency items (5 through 16) and the Child and Family Well-Being items (17 through 23) only as they apply to the specific child whose case is under review**. For **children receiving in-home services**, reviewers should apply the **Safety and Child and Family Well-Being items to all the children in the family** who are residing with, and included in services to, the family.

### Reviewing the Case

Reviewers must **answer all the questions for each applicable item**. If the question is not applicable to the case, then Not Applicable (NA) should be marked for that question.

Reviewers should **document relevant and supporting information in the Reason for Rating and Documentation section** at the end of each item. It is critical that reviewers document in this space the information gathered from the case record and interviews that supports the responses to the questions and **indicate the source of the information** (for example, during the interview with the biological mother she stated that she visits with the child weekly). While the instrument provides directions on where to find information, reviewers should use their professional judgment to determine how best to gather all the relevant information. Further direction for answering the questions relating to the individual items is provided below the relevant question.

**Mini-CFSR  
ONSITE REVIEW INSTRUMENT  
Face Sheet**

A. Name of county (or local area):	B. Case name:	C. Period under review:
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**Instructions:**

- For the local area, use the name that is used by the agency for the review. This may be a city rather than a county.
- Enter the case name that is the official name on the case file.
- The period under review is the timeframe used for making decisions about the case.

D. Citizen Reviewer: Agency Reviewer:	E. Date case reviewed:
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F. Complete the chart below:

**Instructions:**

- For both foster care cases and in-home services cases, **enter the first and last names (first name first) of all children in the family** as identified in the case file. If the case is a foster care case, put an asterisk next to the name of the target child. **It is essential that the target child be clearly identified with an asterisk for all foster care cases.**
- Enter the **race/ethnicity information** as provided in the case file. If the child is of two or more races/ethnicities, list all that are provided in the case file (for example, White and Hispanic, or White and Native American, etc.). If during the course of the interviews, it is learned that a child is of a different race/ethnicity than is noted in the file or is of two or more races and only one is noted in the file (for example, Native American instead of Hispanic, or both Hispanic and Native American), **please change the race identification information presented below to reflect the accurate information.**
- Provide the date of birth for all children in the family, even if this is a foster care case.

Child(ren)'s name(s):	Race and/or ethnicity:	Date(s) of birth (MM/DD/YY):	Gender:

G. Type of case reviewed:

- Foster Care Case     
  In-home Services Case

**Instructions:**

- The case is a foster care case if the target child was in foster care at any time during the period under review. A child is considered to be in foster care if the child welfare agency (hereafter “the agency”) has care and placement responsibility for the child. This includes a child who is placed by the agency with relatives or in other kin-type placements, but the agency maintains care and placement responsibility. It does not include a child who is living with relatives (or caregivers other than parents) but who is not under the care and placement responsibility of the agency.
- The case is an in-home services case if no child in the family was in foster care at any time during the period under review, and the case was open for at least 60 days.

H. Was this case opened for reasons other than child abuse and neglect?

Yes  No

**Instructions:**

- Examples of cases opened for reasons other than child abuse or neglect include the following: (1) cases opened because of the child's behavior, including juvenile delinquency, substance abuse, or "child in need of supervision," and there were no maltreatment concerns in the family; or (2) cases for which the reasons for contact with the family were not related to child abuse or neglect.

I. Date of most recent case opening for all cases (MM/DD/YY):

**Instructions:**

- Provide the date that the case was actually opened within the agency. If a child was on a trial home visit and returned to a foster care placement, it is not considered a "case opening" unless the trial home visit was longer than 6 months and there was no court order extending the trial home visit beyond 6 months.
- If the family received in-home services before the removal of a child and placement of the child in foster care and the case was not closed prior to placement, reviewers should enter the date that the case was opened for in-home services. The date of the child's removal from home will be captured in the next item.

J. Date of the child's most recent entry into foster care (MM/DD/YY):

Not Applicable

**Definitions and Instructions:**

- "Entry into foster care" refers to a child's removal from his or her normal place of residence and placement in a substitute care setting under the care and placement responsibility of the State or local title IV-E/IV-B agency. Children are considered to have entered foster care if the child has been in substitute care for 24 hours or more.
- If a child was on a trial home visit and returned to a foster care placement, the return is not considered an "entry into foster care" unless the trial home visit was longer than 6 months and there was no court order extending the trial home visit beyond 6 months.
- If the case is an in-home services case, check Not Applicable.

K. Date of discharge from foster care for the most recent foster care episode (MM/DD/YY):

Not Applicable

Not Yet Discharged

**Definitions and Instructions:**

- "Discharge from foster care" is defined as the point when the child is no longer in foster care under the care and placement responsibility or supervision of the agency.
- If a child returns home on a trial home visit and the agency retains responsibility or supervision of the child, the child should be considered discharged from foster care only if the trial home visit was longer than 6 months, and there was no court order extending the trial home visit beyond 6 months.
- If the child is in foster care but has not yet been discharged, check Not Yet Discharged.
- If the case is an in-home services case, check Not Applicable.

L. Date of case closure (for all cases) (MM/DD/YY):

Case not closed by time of review

**Instructions:**

- Provide the date that the agency officially closed the case. For foster care cases, this may or may not be the same date as the discharge date.
- If the case is still open at the time of review, check "Case not closed by time of review."

M. Reason for agency involvement:

**Instructions:**

- Indicate the reason for the agency’s involvement with this child or family for the most recent case opening. Check all reasons that apply.
- Place an asterisk next to the square that indicates the primary reason that the case was opened. **It is essential that the primary reason is identified with an asterisk.**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Physical abuse                          | <input type="checkbox"/> Abandonment                      | <input type="checkbox"/> Substance abuse by child          |
| <input type="checkbox"/> Sexual abuse                            | <input type="checkbox"/> Mental/physical health of parent | <input type="checkbox"/> Domestic violence in child’s home |
| <input type="checkbox"/> Emotional maltreatment                  | <input type="checkbox"/> Mental/physical health of child  | <input type="checkbox"/> Child in juvenile justice system  |
| <input type="checkbox"/> Neglect (not including medical neglect) | <input type="checkbox"/> Substance abuse by parent(s)     | <input type="checkbox"/> Other (specify)                   |
| <input type="checkbox"/> Medical neglect                         | <input type="checkbox"/> Child’s behavior                 |  |

N. Persons interviewed by the reviewers (list below):

Name	Relationship to Case	Date of Interview	Type of Interview
			<input type="checkbox"/> In-Person <input type="checkbox"/> Phone
			<input type="checkbox"/> In-Person <input type="checkbox"/> Phone
			<input type="checkbox"/> In-Person <input type="checkbox"/> Phone
			<input type="checkbox"/> In-Person <input type="checkbox"/> Phone
			<input type="checkbox"/> In-Person <input type="checkbox"/> Phone
			<input type="checkbox"/> In-Person <input type="checkbox"/> Phone

## SECTION I: SAFETY

SAFETY OUTCOME 1: CHILDREN ARE, FIRST AND FOREMOST, PROTECTED FROM ABUSE AND NEGLECT.

### Item 1: Timeliness of initiating investigations of reports of child maltreatment (case file and interview with caseworker)

**Purpose of Assessment:** To determine whether responses to all accepted child maltreatment reports received during the period under review were initiated, and face-to-face contact with the child made, within the timeframes established by agency policies or State statute.

**Applicable Cases:**

- Cases are applicable for an assessment of this item if an accepted child maltreatment report on any child in the family was received during the period under review. “Accepted” means that the report was assigned to the agency to conduct an assessment or investigation. This includes reports assigned for an “alternative response” assessment. Reports that are screened out are not considered “accepted.” “Alternative response” refers to an agency’s approach to addressing child maltreatment reports that meet agency criteria for acceptance but at the initial screening do not meet the agency’s requirements for a mandated investigation. For example, the agency’s policy may be that reports that appear to present low to moderate risk to the child may be referred for a family assessment, rather than an investigation. Under such a response, no determination of child maltreatment is made. The alternative response may include an assessment to determine the safety of the child(ren), the risk of maltreatment, and the family’s strengths and needs. The assessment may lead the State agency to provide services to eliminate or lessen the safety concerns and maltreatment risks.
- Cases are Not Applicable for an assessment of this item if, during the period under review, there were no child maltreatment reports on any child in the family, or if a report was received on a child in the family but was “screened out,” that is, not referred for an assessment or investigation.

**Is this case applicable?** (Select the appropriate response. If the response is “No,” complete question A1, then rate the case as Not Applicable in the ratings section, provide your reason for the rating in the documentation section, and continue to item 2.)

<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
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**Number**

A1. How many reports of suspected abuse or neglect have been received on any child(ren) in the family (including those that were screened out by the agency) during the life of the case?

**Instructions:**

- The information collected in question A1 is intended to provide background information on the family. It is not to be used to determine the rating.
- The life of the case begins with the first recorded maltreatment report received by the agency on any child in the family, even if the report was screened out.
- For foster care cases, reviewers should record the total number of reports of child maltreatment for all children in the family, not just the child in foster care.

**Number**

A2. How many accepted reports alleging abuse or neglect were received on any child(ren) in the family during the period under review (i.e., they were not screened out)?

**Instructions for completing the table below:**

- Complete the following table for all accepted reports received during the period under review.
- The date the investigation or assessment was initiated is the date that the agency made the first attempt to contact the family.
- The date assigned for an investigation or assessment is the date the report is assigned to a specific worker to conduct the investigation or assessment.
- Under date assigned for investigation or assessment, indicate what action was taken (i.e., was the report investigated or referred for assessment?).
- In the last column, report the disposition of the case (for example, substantiated, indicated, not substantiated, unfounded, etc.). If the case was not investigated and, therefore, did not have a disposition, indicate whether it was opened for services.

Report Date	First Name of Child	Allegation	Priority Level (if Applicable)	Date Assigned for an Investigation or Assessment	Date Investigation or Assessment Initiated	Date of Face-to-Face Contact With Child	Relationship of Alleged Perpetrator to Child	Disposition		
								<b>Number</b>		
B. In how many of the reports listed above was the investigation <b>NOT</b> initiated in accordance with the State's timeframes and requirements for a report of that priority?										
C. In how many of the reports listed above was face-to-face contact with the child(ren) who is the subject of the report <b>NOT</b> made in accordance with the State's timeframes and requirements for a report of that priority?										
D. For all reports identified in B and C, were the reasons for the delays due to circumstances beyond the control of the agency?								Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>
<b>Instructions:</b>										
<ul style="list-style-type: none"> <li>If the answers to both questions B and C are zero, the answer to question D should be Not Applicable (NA).</li> <li>Delays in services provided by organizations or agencies under contract with the agency would not be considered to be beyond the control of the agency. However, where services are provided by another public State or local agency, such as law enforcement, the actions of these agencies may be beyond the control of the child welfare agency.</li> </ul>										
<b>Rating Criteria:</b>										
<b>Item 1 should be rated as a Strength if either of the following applies:</b>										
<ul style="list-style-type: none"> <li>The answers to B and C are zero.</li> <li>The answers to B or C are greater than zero, but the answer to D is Yes.</li> </ul>										
<b>Item 1 should be rated as an Area Needing Improvement if the following applies:</b>										
<ul style="list-style-type: none"> <li>The answer to B or C is greater than zero, and the answer to D is No.</li> </ul>										
<b>Rating for this indicator (select one):</b>			<input type="checkbox"/>	<b>Strength</b>	<input type="checkbox"/>	<b>Area Needing Improvement</b>	<input type="checkbox"/>	<b>Not Applicable</b>		
<b>Reason for Rating and Documentation</b>										
Please provide below your main reason for rating this item as a Strength, an Area Needing Improvement, or Not Applicable, and provide documentation for the identified issues. If any issue is Not Applicable to the case, enter NA in the appropriate space. For each issue, <b>indicate the source of your information</b> (for example, case file, interview with biological mother, interview with caseworker, etc.).										

**Main Reason**

Item 1 is rated as \_\_\_\_\_ because:

**Documentation Information**

If not explained in the “reason for rating” section, identify reasons why a response was not initiated within established timeframes (if applicable and reason is available):

If not explained in the “reason for rating” section, identify reasons why face-to-face contact was not made within established timeframes (if applicable and reason is available):

Discuss the special circumstances that the reviewers considered in determining a rating of Strength for this item even if there was a delay in initiating the response or making face-to-face contact, if applicable:

Other Issues:

**SAFETY OUTCOME 1: CHILDREN ARE, FIRST AND FOREMOST, PROTECTED FROM ABUSE AND NEGLECT.**

**Item 2: Repeat maltreatment (case file and interview with caseworker)**

**Purpose of Assessment:** To determine if any child in the family experienced repeat maltreatment within a 6-month period.

**Applicable Cases:**

- A case is applicable if there was at least one maltreatment report involving any child in the family that met all of the following criteria: (1) it was received during the period under review, (2) it referred to a maltreatment incident that occurred during the period under review, and (3) it was investigated and determined to be “substantiated” or “indicated” (some States will have different terminology, such as “founded” rather than “substantiated”); or
- There was at least one maltreatment report involving any child in the family that met all of the following criteria: (1) it was received during the period under review, (2) it referred to a maltreatment incident that occurred during the period under review, and (3) it was referred for an assessment and the decision was made to open the case for services to address concerns relevant to the safety of at least one of the children in the family (this decision may have been made by the agency or by a private provider under contract with the agency).

Cases are not applicable for assessment of this item if either of the following applies:

- All maltreatment reports received during the period under review were “screened out,” that is, the reports were neither investigated nor referred for an alternative response, or
- The only maltreatment report that was received and investigated or assessed during the period under review referred to an incident that occurred before the period under review.

**Is this case applicable?** (Select the appropriate response. If the response is No, rate the case as Not Applicable in the ratings section, provide your reason for this rating in the documentation section, and continue to rate Safety Outcome 1.)

<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
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A. During the period under review, was there:

<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
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(1) at least one substantiated or indicated maltreatment report involving any child in the family?

(2) at least one maltreatment report involving any child in the family that was referred for an assessment and the decision was made to open the case for services to address concerns relevant to the safety of at least one of the children in the family (this decision may have been made by the agency or by a private provider under contract with the agency)?

<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
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**Definitions:**

- “Substantiated” refers to an investigation in which the report of maltreatment or risk of maltreatment was supported or founded according to State law or policy.
- “Indicated” means that the investigation resulted in a reason to suspect maltreatment, but there was insufficient evidence to substantiate the report under State law or policy.

**Instructions:**

- Use the information provided in the table for item 1 to answer questions A1 and A2. The key information is provided in the columns pertaining to (1) the report date, (2) whether there was an assessment or an investigation, and (3) the disposition or whether the case was opened for services.
- If the answers to questions A1 and A2 are No, the case should be rated Not Applicable in the ratings section. Provide your reason in the documentation section, and move to the rating for Safety Outcome 1.

<p>B. If the answer to either question A1 or A2 is Yes, within a 6-month period before or after any maltreatment report identified in question A:</p> <p>(1) was there at least one additional substantiated or indicated maltreatment report involving any child in the family? <i>Or</i></p> <p>(2) was there at least one additional maltreatment report involving any child in the family that was handled by an alternative response and resulted in a decision to open the case for services to address concerns relevant to the safety of at least one of the children in the family (the case may have been opened for services by the agency or by a private provider under contract with the agency)?</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>
	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>

**Instructions:**

- Reviewers should answer No to questions B1 and B2 if the only additional maltreatment reports occurring within 6 months of one another referred to the same maltreatment incident identified in question A.
- Reviewers should be aware that sometimes when children come into contact with a child welfare agency they disclose maltreatment incidents that occurred prior to the maltreatment incident that brought them into contact with the agency. The agency then may investigate these earlier incidents. If the case under review involves this type of maltreatment report and the report was substantiated or indicated, please follow the instructions below:
  - If the maltreatment report refers to an incident that occurred within 6 months before another maltreatment report received during the period under review, and the report is substantiated or indicated, then the answer to question B1 or B2 should be Yes.
  - If the maltreatment report refers to an incident that occurred more than 6 months before another maltreatment report received during the period under review, then the answers to questions B1 and B2 should be No, even if the report is substantiated or indicated.

<p>C. If the response to either question B1 or B2 is Yes, did:</p> <p>(1) the report(s) identified in questions A and B above involve the same or similar circumstances? <i>Or</i></p> <p>(2) any of the reports involve maltreatment of the child by the foster parents, members of the foster parents' family, other children in the foster home or facility, or facility staff members?</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>	<p>NA <input type="checkbox"/></p>
	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>	<p>NA <input type="checkbox"/></p>

**Instructions:**

- If the answers to questions B1 and B2 are No, then the reviewers should answer Not Applicable (NA) to questions C1 and C2.
- Reviewers should answer No to question C1 if the answer to either question B1 or B2 is Yes, but there is no relationship between the circumstances involved in the two events. In determining the similarity of the circumstances, reviewers should consider the perpetrator of the maltreatment and other individuals involved in the incident.
- Reviewers should answer No to question C2 if the answer to either question B1 or B2 is Yes, but none of the substantiated or indicated maltreatment reports involved maltreatment of the child by the foster parents, members of the foster parents' family, other children in the foster home or facility, or facility staff members.

**Rating Criteria:**

**Item 2 should be rated as a Strength if either of the following applies:**

- The answer to either question A1 or A2 is Yes, and the answers to both questions B1 and B2 are No.
- The answers to both questions C1 and C2 are No or Not Applicable.

**Item 2 should be rated as an Area Needing Improvement if the answer to at least one question in each of A, B, and C is Yes.**

<p>Rating for this indicator (select one):</p>	<p><input type="checkbox"/></p>	<p>Strength</p>	<p><input type="checkbox"/></p>	<p>Area Needing Improvement</p>	<p><input type="checkbox"/></p>	<p>Not Applicable</p>
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**Reason for Rating and Documentation**

Please provide below your main reason for rating this item as a Strength, an Area Needing Improvement, or Not Applicable, and provide documentation for the identified issues. If any issue is Not Applicable to the case, enter NA in the appropriate space. For each issue, **indicate the source of your information** (for example, case file, interview with biological mother, interview with caseworker, etc.).

**Main Reason**

Item 2 was rated as \_\_\_\_\_ because:

**Documentation Information**

If the item is rated as an Area Needing Improvement, indicate the dates of the maltreatment reports (or incidents) that occurred within the 6-month period:

For each situation that was assigned to an alternative response track, document the information demonstrating that the case was opened for services to address children’s safety or for determining that the case was opened for reasons not related to child safety:

If not explained in the “reason for rating” section, if there was maltreatment recurrence, document the circumstances related to maltreatment incidents including information related to the perpetrators, and indicate why the reviewers determined that the two incidents did or did not involve the same circumstances:

Describe the circumstances related to any substantiated or indicated reports of maltreatment (if relevant) involving the foster parents, members of the foster parents’ family, other children in the foster home or facility, or facility staff members:

Other Issues:

## RATING SAFETY OUTCOME 1

SAFETY OUTCOME 1: CHILDREN ARE, FIRST AND FOREMOST, PROTECTED FROM ABUSE AND NEGLECT.

Select the level of outcome achievement that best describes the extent to which this outcome is being or has been achieved, based on the ratings for items 1 and 2.

### Level of Outcome Achievement

<input type="checkbox"/> Substantially Achieved:	Safety Outcome 1 should be rated as Substantially Achieved if either of the following applies: <ul style="list-style-type: none"><li>• Item 1 and item 2 are rated as Strengths.</li><li>• One of the two items is rated as a Strength, and the other is Not Applicable.</li></ul>
<input type="checkbox"/> Partially Achieved:	Safety Outcome 1 should be rated as Partially Achieved if the following applies: <ul style="list-style-type: none"><li>• One of the two items is rated as an Area Needing Improvement, and one is rated as a Strength.</li></ul>
<input type="checkbox"/> Not Achieved:	Safety Outcome 1 should be rated as Not Achieved if either of the following applies: <ul style="list-style-type: none"><li>• Item 1 and item 2 are rated as an Area Needing Improvement.</li><li>• One of the two items is rated as an Area Needing Improvement, and the other is Not Applicable.</li></ul>
<input type="checkbox"/> Not Applicable:	Safety Outcome 1 should be rated as Not Applicable if the following applies: <ul style="list-style-type: none"><li>• Both item 1 and item 2 are rated as Not Applicable.</li></ul>

**SAFETY OUTCOME 2: CHILDREN ARE SAFELY MAINTAINED IN THEIR HOMES WHENEVER POSSIBLE AND APPROPRIATE.**

**Item 3: Services to family to protect child(ren) in the home and prevent removal or re-entry into foster care (case file and interviews with caseworker, parent(s), service providers)**

**Purpose of Assessment:** To determine whether, during the period under review, the agency made concerted efforts to provide services to the family to prevent children’s entry into foster care or re-entry after a reunification.

**Applicable Cases:** A case is applicable for an assessment of this item if it meets at least one of the following criteria:

- It is an in-home services case and the reviewer determines that there are concerns regarding the safety of at least one child in the family during the period under review.
- It is an in-home services case and services were provided for children at risk of foster care placement to remain safely in their homes.
- It is a foster care case and the child entered foster care during the period under review due to safety concerns.
- It is a foster care case, the child was reunified during the period under review or was returned home on a trial basis, and the reviewer determines that there are concerns regarding the safety of that child in the home.
- It is a foster care case, and although the target child entered foster care before the period under review and remained in care for the entire period under review, there are other children in the home and the reviewer determines that there are concerns regarding the safety of these children during the period under review.

**Is this case applicable?** (Select the appropriate response. If the response is No, rate the case as Not Applicable in the ratings section, provide your reason for the rating in the documentation section, and continue to item 4.)

<b>Yes</b>	<b>No</b>
<input type="checkbox"/>	<input type="checkbox"/>

A. For the period under review, did the agency make concerted efforts to provide or arrange for appropriate services for the family to protect children and prevent their entry into foster care or re-entry into foster care after a reunification? (Be sure to assess the entire period under review.)

<b>Yes</b>	<b>No</b>
<input type="checkbox"/>	<input type="checkbox"/>

**Definitions:**

- “Appropriate services” for purposes of item 3 are those that are provided to, or arranged for, the family with the explicit goal of ensuring the child’s safety, such as homemaking services, family preservation services, anger management classes, or substance abuse treatment services, etc., and that meet the specific needs or circumstances of the family. For example, if a parent’s substance abuse is associated with the neglect that brought the case to the attention of the agency, then substance abuse treatment would be an appropriate service. If, in this situation, all that is offered is parenting education, then that service by itself would not be appropriate to address the safety issues. As another example, if there was domestic violence in the family and there was no effort to offer or provide domestic violence prevention services to the family, then the services would not be considered appropriate to ensure the child’s safety. If a child needs mental health services, education-related services, or services to address behavioral problems, in most cases these would not be considered relevant to the child’s safety if the child remained in the home. Efforts of the agency to meet these service needs are assessed in other items.
- “Appropriate services” also would include services provided to, or arranged for, a noncustodial parent, but only if the parent has contact with the child and there are safety concerns associated with that contact. It would not include services to assist the noncustodial parent in becoming a permanent caregiver.
- “Concerted efforts” for purposes of item 3 refers to the following activities: conducting a safety assessment to identify the services that are necessary to ensure the child’s safety in the home, working to engage families in services, and facilitating a family’s access to those services.

**Instructions:**

- In answering question A, focus only on whether the agency made concerted efforts to provide appropriate and relevant services to the family to address the safety issues in the family so that the child could remain in the home or would not re-enter foster care. Concerns about monitoring service participation and safety planning and assessment of progress made will be captured in item 4.
- If the agency removed the child from the home without making concerted efforts to provide services, the answer to question A should be No, even if the agency determined that it was necessary to remove the child for safety reasons. This issue will be addressed in question B.

B. If, during the period under review, any child was removed from the home without providing or arranging for services, was this action necessary to ensure the child's safety?

Yes

No

NA

**Instructions:**

- If the answer to question A is Yes, but, after making efforts to provide services, the child(ren) were removed from the home during the period under review due to safety concerns, the answer to question B should be Not Applicable (NA).
- If the child was not removed from the home during the period under review, the answer to question B should be Not Applicable (NA).
- Reviewers should focus on whether the circumstances of the case suggest that services would not have been able to ensure the child's safety if the child remained in the home. If the information indicates that it was necessary to remove the child to ensure the child's safety, the answer to question B should be Yes. If the information indicates that services should have been provided to prevent removal (for example, homemaking or family preservation services) but the child was removed without providing those services, this question should be answered No.
- If services should have been offered to protect the child, but were not because those services were not available in the community, the answer to question B should be No.

**Rating Criteria:**

This item should be rated as a Strength if either of the following applies:

- The answer to question A is Yes, and the answer to question B is Not Applicable.
- The answer to question A is No, but the answer to question B is Yes.

This item should be rated as an Area Needing Improvement if either of the following applies:

- The answer to question A is No, and the answer to question B is No.
- The answer to question A is No, and the answer to question B is Not Applicable.

Rating for this indicator (select one):	<input type="checkbox"/>	Strength	<input type="checkbox"/>	Area Needing Improvement	<input type="checkbox"/>	Not Applicable
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**Reason for Rating and Documentation**

Please provide below your main reason for rating this item as a Strength, an Area Needing Improvement, or Not Applicable, and provide documentation for the identified issues. If any issue is Not Applicable to the case, enter NA in the appropriate space. For each issue, **indicate the source of your information** (for example, case file, interview with biological mother, interview with caseworker, etc.).

**Main Reason**

Item 3 is rated as \_\_\_\_\_ because:

**Documentation Information**

If not explained in the “reason for rating” section, describe the circumstances of the case that indicate a safety risk to the child:

If not explained in the “reason for rating” section, identify the services that were needed by the family to address safety issues and describe how those services were or were not provided by the agency during the period under review:

If not explained in the “reason for rating” section, provide the reason for removing the child from the home during the period under review without providing services (if relevant and reason is available) and provide the reviewers’ reasons for determining whether the reason was appropriate or inappropriate:

Other Issues:

**SAFETY OUTCOME 2: CHILDREN ARE SAFELY MAINTAINED IN THEIR HOMES WHENEVER POSSIBLE AND APPROPRIATE.**

**Item 4: Risk assessment and safety management (case file and interviews with caseworker, parent(s), child, foster parent(s), service providers, guardians ad litem)**

**Purpose of Assessment:** To determine whether, during the period under review, the agency made concerted efforts to assess and address the risk and safety concerns relating to the child(ren) in their own homes or while in foster care.

**Applicable Cases:** All cases are applicable for an assessment of this item.

A. If the case was opened during the period under review, did the agency conduct an initial assessment of the risk to the target child in foster care and/or any child(ren) in the family remaining in the home?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>
B. During the period under review, did the agency conduct ongoing assessments of the risk to the target child in foster care and/or any child(ren) in the family remaining in the home?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>

**Definitions:**

- “Risk” is defined as the likelihood that a child will be maltreated in the future.
- “Target child” is defined as the child in a foster care case who is the subject of the case.

**Instructions:**

- Questions A and B should be answered for the target child in foster care or receiving in-home services and any other children in the family remaining in the home.
- Question A should be answered Not Applicable (NA) if the case was opened before the period under review.
- Reviewers should note that in some cases, the issue of ongoing risk assessments may not be relevant because the case was opened near the end of the period under review and was not closed during the period under review (for example, if the case was opened shortly before the end of the period under review and during the initial assessment the agency determined that there were no risk concerns, then it may be reasonable to conclude that the agency would not have conducted a second risk assessment during the period under review). In this case, reviewers should determine whether the agency conducted ongoing risk assessments and, if not, whether it should have given the timeframe of the case. If reviewers believe that ongoing risk assessments were not necessary, question B may be answered Not Applicable (NA).
- In responding to question B, reviewers should determine whether ongoing risk assessments (formal or informal) were conducted during the period under review. If the agency conducted a risk assessment at the onset of the case, but did not assess for risk on an ongoing basis (for example, when there were new allegations of abuse or neglect, changing family conditions, changes to visitation, upon reunification, or at case closure, etc.) then the answer to question B should be No unless the reviewers have sufficient information, based on their review of the case, to determine that during the period under review there were no apparent risk concerns for the child in foster care or any child(ren) in the family who remained in the home.
- If a case was closed during the period under review, reviewers should determine whether the agency conducted a risk assessment before closing the case. If not, the answer to question B should be No, unless the reviewers have sufficient information, based on their review of the case, to determine that such an assessment was not necessary because during the period under review there were no apparent risk concerns for the child in foster care or any child(ren) in the family remaining in the home.

C. If the case was opened during the period under review for either foster care or in-home services, did the agency: (1) conduct an initial assessment of the safety of the target child in foster care and/or any child(ren) remaining in the home, and (2) develop a safety plan with the family for addressing identified safety issues?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>
D. During the period under review, did the agency: (1) conduct ongoing safety assessments of the target child in foster care and/or any child(ren) remaining in the home, and (2) continually monitor and update the safety plan, including encouraging family engagement in services designed to promote achievement of the goals of the safety plan?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>

**Definitions:**

- “Safety assessment” refers to the determination of whether a child is in a safe environment. A safe environment is one in which there are no threats that pose a danger or, if there are threats, there is a responsible adult in a caregiving role who demonstrates sufficient capacity to protect the child.
- “Safety plan” refers to a plan that describes strategies developed by the agency and family to ensure that the child(ren) is safe. Safety plans should address safety threats and how those will be managed/addressed by the caregiver, caregiver capacity to implement the plan and report safety issues to the agency, and family involvement in implementation of the plan. Safety plans may be separate from or integrated into the case plan.

**Instructions:**

- Questions C and D should be answered for the target child in foster care or receiving in-home services and any other child(ren) in the family remaining in the home.
- Question C should be answered Not Applicable (NA) if the case was opened before the period under review.
- Question D should be answered Not Applicable (NA) if the reviewers determine that during the period under review there were no apparent safety concerns for the target child in foster care and/or any child(ren) in the family remaining in the home.
- Reviewers should note that in some cases, the issue of ongoing safety assessments may not be relevant because the case was opened near the end of the period under review and was not closed during the period under review (for example, if the case was opened shortly before the end of the period under review and during the initial assessment the agency determined that there were no safety concerns, then it may be reasonable to conclude that the agency would not have conducted a second safety assessment during the period under review). In this case, reviewers should determine whether the agency conducted ongoing safety assessments and, if not, whether the assessments should have been conducted given the timeframe of the case. If reviewers believe that ongoing safety assessments were not necessary, question D may be answered Not Applicable (NA).
- In responding to questions C and D, reviewers should determine whether the agency conducted initial and ongoing safety assessments (formal or informal) during the period under review.
- If the agency did not assess the child(ren)’s safety on an ongoing basis (for example, when there were new allegations of abuse or neglect, changing family conditions, changes to visitation, upon reunification, or at case closure, etc.) then the answer to question D should be No unless the reviewer determines that during the period under review there were no apparent safety concerns for any child(ren) in the family remaining in the home.
- If the case was closed during the period under review, reviewers should determine whether a safety assessment was conducted before closing the case. If not, the answer to question D should be No, unless the reviewer has sufficient information, based on review of the case, to determine that such an assessment was not necessary because during the period under review there were no apparent safety concerns for any child(ren) in the family remaining in the home.

E. During the period under review, were there safety concerns pertaining to the target child in foster care or any child(ren) in the family remaining in the home that were not adequately or appropriately addressed by the agency?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>
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**Instructions:**

- In answering question E, reviewers should consider whether any of the following occurred while the case was open for services (select all that are appropriate and provide further information in the documentation section):
  - There were maltreatment allegations on the family that were reported to the agency but were inappropriately screened out (based on reviewers’ judgments).
  - There were maltreatment allegations on the family but they were never formally reported or formally investigated.
  - There were extensive delays in accepting an allegation for investigation or assessment.
  - There were maltreatment allegations that were not substantiated despite evidence that would support a substantiation.
  - The case was closed prematurely (based on reviewers’ judgments and because of either an agency or court decision).
- Question E should be answered Not Applicable (NA) if the reviewer determines that during the period under review there were no apparent safety concerns for the target child in foster care and/or any child(ren) in the family remaining in the home.

F. During the period under review, was there a safety concern related to the target child in foster care during visitation by parents or other family members that could be attributed to not providing sufficient monitoring of visitation, permitting unsupervised visitation when it was not appropriate, or court-ordered visitation against agency recommendations?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>
<b>Instructions:</b> <ul style="list-style-type: none"> <li>• The answer to question F should be Not Applicable (NA) if this is not a foster care case.</li> <li>• If the child does not have visits with the parents or with other family members (for example, parental rights have been terminated and the parents are no longer involved in the child’s life, or parents are incarcerated and there are no visits with family members), the answer to question F should be Not Applicable (NA).</li> <li>• Reviewers should determine whether the visitation arrangements with parents or other family members with regard to supervised or unsupervised visits or home visits were appropriate given the circumstances of the case.</li> <li>• If a reviewer determines that unsupervised visitation is permitted, but that this type of visitation presents safety concerns for the child, then the answer to question F should be Yes.</li> <li>• Reviewers should assess whether any safety concerns existed during the child’s visitation with parents. For example, were there allegations of child maltreatment during visitation or was the child in an unsafe situation during visitation (for example, because the custodial parent’s significant other, who was known to be a drug user, was present in the home or because previously identified risk factors had not been mitigated through effective treatment)?</li> </ul>			
G. During the period under review, was there a concern for the target child’s safety related to the foster parents, members of the foster parents’ family, other children in the foster home or facility, or facility staff members that was not adequately or appropriately addressed by the agency? (Foster parents include pre-adoptive parents and nonlicensed relatives providing care to a child in State custody.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>
<b>Instructions:</b> <ul style="list-style-type: none"> <li>• The answer to question G should be Not Applicable (NA) if this is not a foster care case.</li> <li>• The answer to question G should be Yes if reviewers determine that, during the period under review, the child was in at least one foster care placement in which he or she was unsafe, and appropriate action was not taken (such as providing closer monitoring of the placement, placing fewer children in the home, providing services to address potential problems or existing problems, finding a more appropriate placement, etc.). The following are examples: <ul style="list-style-type: none"> <li>– There was a substantiated allegation of maltreatment of the child by a foster parent (including a relative foster parent) or facility staff member that could have been prevented if the agency had taken appropriate actions.</li> <li>– There was a critical incident report or other major issue relevant to noncompliance by foster parents or facility staff that could potentially make the child unsafe, and the agency could have prevented it or did not provide an adequate response after it occurred.</li> <li>– The child’s placement during the period under review presented other risks to the child that are not being addressed, even though no allegation was made and no critical incident reports were filed.</li> <li>– The reviewers discover that there are safety concerns related to the child in the foster home that the agency is unaware of because of inadequate monitoring.</li> </ul> </li> </ul>			
H. During the period under review, if the target child was discharged from foster care to be reunited with parents or relatives or returned home on a trial home visit, did the agency conduct a thorough safety assessment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>
<b>Instructions:</b> <ul style="list-style-type: none"> <li>• The answer to question H should be Not Applicable (NA) if, during the period under review, the child was not discharged from foster care to reunification with parents or relatives or was not returned home on a trial visit at any time.</li> <li>• The answer to question H should be Yes if the child was reunified with parents or relatives on a permanent or trial basis, and a thorough safety assessment was conducted before reunification.</li> <li>• If a thorough safety assessment was not conducted before reunification or a trial home visit, the answer to question H should be No.</li> </ul>			
<b>Rating Criteria</b> <b>Item 4 should be rated as a Strength if both of the following apply:</b> <ul style="list-style-type: none"> <li>• The answers to questions A, B, C, D, and H are either Yes or Not Applicable, and</li> <li>• The answers to questions E, F, and G are either No or Not Applicable.</li> </ul> <b>Item 4 should be rated as an Area Needing Improvement if either of the following applies:</b> <ul style="list-style-type: none"> <li>• The answer to any one of questions A, B, C, D, or H is No, or</li> <li>• The answer to any one of questions E, F, or G is Yes.</li> </ul>			

Rating for this indicator (select one):



Strength



Area Needing Improvement

**Reason for Rating and Documentation**

Please provide below your main reason for rating this item as a Strength or an Area Needing Improvement and provide documentation for the identified issues. If any issue is Not Applicable to the case, enter NA in the appropriate space. For each issue, **indicate the source of your information** (for example, case file, interview with biological mother, interview with caseworker, etc.).

**Main Reason**

Item 4 is rated as \_\_\_\_\_ because:

**Documentation Information**

If not explained in the “reason for rating” section, describe the circumstances of the case that indicate risk concerns related to the child(ren):

Describe the characteristics of the risk assessment(s) (for example, was one conducted, how was it conducted, how comprehensive was it, what did it include or not include?), including the timing of the risk assessments (for example, at first contact, at the conclusion of the investigation, at case transfer, on an ongoing basis, when new allegations of abuse or neglect were received, when determining changes to visitation, at reunification, or before case closure):

If not explained in the “reasons for rating” section, describe the circumstances of the case that indicate safety concerns related to the child(ren):

Describe the characteristics of the safety assessment(s) (for example, was one conducted, how was it conducted, how comprehensive was it, what did it include or not include?), including the timing of the safety assessments (for example, at first contact, at the conclusion of the investigation, at case transfer, on an ongoing basis, when new allegations of abuse or neglect were received, when determining changes to visitation, at reunification, or before case closure):

Identify the activities undertaken to monitor participation in safety-related services (or the absence of activities to monitor service participation):

Describe the nature of the safety concerns related to the child(ren) during visitation (if relevant), including a description of the visitation (for example, was it unsupervised, and if so, was this appropriate?):

Describe the nature of the safety concerns related to the child(ren) from foster care providers (if relevant) and the agency activities with regard to addressing safety. (For example, was there sufficient monitoring of the placement? Was there an excessive number of children in the foster home? Did the agency respond to the foster parent's request for services to address problems? Is there sufficient monitoring of residential facilities? Are there people living in the home of whom the agency is unaware?):

Was there a report substantiating that the foster care provider(s) maltreated the child during the period under review? If Yes, describe the circumstances of that report, whether the agency might have prevented the maltreatment, and the agency's response:

Other Issues:

## RATING SAFETY OUTCOME 2

SAFETY OUTCOME 2: CHILDREN ARE SAFELY MAINTAINED IN THEIR HOMES WHENEVER POSSIBLE AND APPROPRIATE.

Select the level of outcome achievement that best describes the extent to which this outcome is being or has been achieved, based on the ratings for items 3 and 4.

### Level of Outcome Achievement

<input type="checkbox"/> Substantially Achieved:	Safety Outcome 2 should be rated as Substantially Achieved if either of the following applies: <ul style="list-style-type: none"> <li>• Item 3 and item 4 are rated as Strengths.</li> <li>• One of the two items is rated as a Strength and the other as Not Applicable.</li> </ul>
<input type="checkbox"/> Partially Achieved:	Safety Outcome 2 should be rated as Partially Achieved if the following applies: <ul style="list-style-type: none"> <li>• One of the two items is rated as a Strength and the other as an Area Needing Improvement.</li> </ul>
<input type="checkbox"/> Not Achieved:	Safety Outcome 2 should be rated as Not Achieved if either of the following applies: <ul style="list-style-type: none"> <li>• Item 3 and item 4 are rated as Areas Needing Improvement.</li> <li>• One of the two items is rated as an Area Needing Improvement and the other as Not Applicable.</li> </ul>
<input type="checkbox"/> Not Applicable:	Safety Outcome 2 should be rated as Not Applicable if the following applies: <ul style="list-style-type: none"> <li>• Both item 3 and item 4 are rated as Not Applicable.</li> </ul>

## SECTION II: PERMANENCY

PERMANENCY OUTCOME 1: CHILDREN HAVE PERMANENCY AND STABILITY IN THEIR LIVING SITUATIONS.

### Item 5: Foster care re-entries (case files, court orders, interview with caseworker)

**Purpose of Assessment:** To assess whether children who entered foster care during the period under review were re-entering within 12 months of a prior foster care episode.

**Applicable Cases:** A case is applicable for an assessment of this item if the child entered foster care at least once during the period under review.

**Special Circumstances:** If a child was on a trial home visit and then returned to a substitute care setting, that return is not considered an “entry into foster care” and the case is not applicable, unless the child was on a trial home visit for more than 6 months and there is no court order extending the trial home visit beyond 6 months.

**Is this case applicable?** (Select the appropriate response. If the response is No, rate the item as Not Applicable in the rating section, provide your reason for this rating in the documentation section, and continue to item 6.)

<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
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A. Did any of the child’s foster care entries during the period under review occur within 12 months of the child’s discharge from a prior foster care episode?

<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
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**Definitions:**

- “Entry into foster care” refers to a child’s removal from his or her normal place of residence and placement in a substitute care setting under the care and placement responsibility of the State or local title IV-E/IV-B agency. Children are considered to have entered foster care if the child has been in substitute care for 24 hours or more.
- “Episode of foster care” refers to the timeframe between a child’s entry into foster care (the date shown in Section J on the Face Sheet) and the child’s discharge from foster care (the date shown in Section K on the Face Sheet).
- “Discharge” refers to the point when the child is no longer in foster care under the care and responsibility or supervision of the agency. If the agency retains supervision of a child and the child returns home on a trial basis for an unspecified period of time, the child should be considered discharged from foster care after a 6-month period of time, unless a longer period of time has been specified in a court order.

**Instructions:**

- Reviewers are to answer this question based only on formal entries into and exits from foster care as defined above. Reviewers are not to consider physical reunification as a discharge from foster care unless there also is a transfer of care and placement responsibility.

B. If the answer to question A is Yes, was there evidence that concerted efforts were made to prevent re-entry?

<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	<b>NA</b> <input type="checkbox"/>
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**Instructions:**

- If the answer to question A is No, the answer to question B should be Not Applicable (NA).
- Reviewers should examine the reasons why a child had multiple entries into foster care and what efforts were made to prevent the re-entry.

**Rating Criteria:**

**Item 5 should be rated as a Strength if either of the following applies:**

- The answer to question A is No.
- The answer to question A is Yes, and the answer to question B is Yes.

**Item 5 should be rated as an Area Needing Improvement if both of the following apply:**

- The answer to question A is Yes.
- The answer to question B is No.

Rating for this indicator (select one):	<input type="checkbox"/>	Strength	<input type="checkbox"/>	Area Needing Improvement	<input type="checkbox"/>	Not Applicable
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**Reason for Rating and Documentation**

Please provide below your main reason for rating this item as a Strength, an Area Needing Improvement, or Not Applicable, and provide documentation for the identified issues. If any issue is Not Applicable to the case, enter NA in the appropriate space. For each issue, **indicate the source of your information** (for example, case file, interview with biological mother, interview with caseworker, etc.).

**Main Reason**

Item 5 is rated as \_\_\_\_\_ because:

**Documentation Information**

Date of child's first entry into foster care during the period under review: \_\_\_\_\_

Was this entry within 12 months of a previous discharge:  Yes  No

Date of discharge, if any, within 12 months of this entry: \_\_\_\_\_

Document the circumstances related to the re-entry within 12 months:

If there are additional entries into foster care after a discharge during the period under review, provide the above information for each of those entries:

Other Issues:

PERMANENCY OUTCOME 1: CHILDREN HAVE PERMANENCY AND STABILITY IN THEIR LIVING SITUATIONS.

**Item 6: Stability of foster care placement (case files and interviews with caseworker, foster parent(s), child)**

**Purpose of Assessment:** To determine if the child in foster care is in a stable placement at the time of the onsite review and that any changes in placement that occurred during the period under review were in the best interest of the child and consistent with achieving the child’s permanency goal(s).

**Applicable Cases:** All foster care cases are applicable for an assessment of this item.

<b>Is this case applicable?</b> (Select the appropriate response. If the response is No, rate the item as Not Applicable in the rating section, provide your reason for this rating in the documentation section, and continue to item 6.)	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
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<b>Number</b>
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A. How many placement settings did the child experience during the period under review?

**Definitions:**

- “Placement setting” refers to a physical setting in which a child resides while in foster care under the care and placement of the agency. A new placement setting would result, for example, when a child moves from one foster family home to another or to a group home or institution. Placement settings may include shelter care, treatment facilities, and juvenile justice placements. If, however, a foster family with whom a child is placed moves and the child moves with them, this does not constitute a change in placement.
- “Entry into foster care” refers to a child’s removal from his or her normal place of residence and placement in a substitute care setting under the care and placement responsibility of the State or local title IV-E/IV-B agency. Children are considered to have entered foster care if the child has been in substitute care for 24 hours or more.
- “Current episode of foster care” refers to a child’s current stay in foster care based on the most recent removal of the child from his or her normal place of residence, resulting in his or her placement in a foster care setting and ending upon the child’s discharge from foster care.

**Instructions:**

- If there were multiple episodes of foster care during the period under review, add up the placement settings within each episode. If there is a re-entry into foster care and the child is placed in a different placement setting at the time of re-entry, then it would count as a new placement setting. If the child returns to the placement setting that he or she was in before the return home, then it would not count as a new placement setting.
- Reviewers should not consider the following as placement settings: (1) a trial home visit; (2) a runaway episode; (3) temporary absences from the child’s ongoing foster care placement, including visitation with a sibling, relative, or other caretaker (for example, pre-placement visits with a subsequent foster care provider or pre-adoptive parents); (4) hospitalization for medical treatment, acute psychiatric episodes, or diagnosis; (5) respite care; and (6) day or summer camps.
- Complete the table below. Begin with the child’s placement setting at the onset of the period under review, or if the child entered foster care during the period under review, begin with the first placement setting at entry into foster care. If there was only one placement setting, complete only the first two columns of the first row.

Placement Date	Placement Type	Reason for Change in Placement Setting

B. If the response to question A is greater than one (1), were all placement changes during the period under review planned by the agency in an effort to achieve the child's case goals or to meet the needs of the child?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>
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**Definitions:**

- Placement changes that reflect agency efforts to achieve case goals include moves from a foster home to an adoptive home, moves from a more restrictive to a less restrictive placement, moves from non-relative foster care to relative foster care, moves that bring the child closer to family or community, etc.
- Placement changes that do not reflect agency efforts to achieve case goals include moves due to unexpected and undesired placement disruptions; moves due to placing the child in an inappropriate placement (that is, one that was based on availability rather than on appropriateness); moves to more restrictive placements when this is not essential to achieving a child's permanency goal; temporary placements while awaiting a more appropriate placement; and practices of routinely placing children in a particular placement type, such as shelter care, upon initial entry into foster care regardless of individual needs.

**Instructions:**

- If the response to question A is one (1), then the response to question B should be Not Applicable (NA). If the single placement is not stable, that information will be collected in question C.
- If ALL placement changes during the period under review reflect planned agency efforts to achieve the child's case goals or meet the needs of the child, then the answer to question B should be Yes.
- If any single placement change that occurred during the period under review was for a reason other than agency efforts to achieve case goals or to meet the child's needs, the answer to question B should be No.
- Placement changes that occur as a result of unexpected circumstances that are out of the control of the agency (such as the death of a foster parent or foster parents moving to another State) can be considered similar to those that reflect agency efforts to achieve case goals for purposes of question B.

C. Is the child's current placement setting (or most recent placement if the child is no longer in foster care) stable?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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**Instructions:**

If any of the following apply to the child's current placement, the answer to question C should be No (select all that apply). If none of the following applies, then the answer to question C should be Yes.

- The child's current placement is in a temporary shelter or other temporary setting.
- There is information indicating that the child's current substitute care provider may not be able to continue to care for the child.
- There are problems in the current placement that threaten the stability of the placement but that the agency is not addressing.
- The child has run away from this placement more than once in the past, or is in runaway status at the time of the review.
- Other (describe):

**Rating Criteria:**

**Item 6 should be rated as a Strength if either of the following applies:**

- The answer to question A is one (1), the answer to question B is Not Applicable, and the answer to question C is Yes.
- The answer to question A is greater than one (1), but the answers to questions B and C are Yes.

**Item 6 should be rated as an Area Needing Improvement if either of the following applies:**

- The answer to question A is one (1), but the answer to question C is No.
- The answer to question A is greater than one (1), and the answer to either question B or C is No.

Rating for this indicator (select one):	<input type="checkbox"/>	Strength	<input type="checkbox"/>	Area Needing Improvement	<input type="checkbox"/>	Not Applicable
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**Reason for Rating and Documentation**

Please provide below your main reason for rating this item as a Strength or an Area Needing Improvement, and provide documentation for the identified issues. If any issue is Not Applicable to the case, enter NA in the appropriate space. For each issue, **indicate the source of your information** (for example, case file, interview with biological mother, interview with caseworker, etc.).

**Main Reason**

Item 6 is rated as \_\_\_\_\_ because:

**Documentation Information**

If not explained in the “reason for rating” section, indicate why you determined that the placement changes were or were not planned in an effort to achieve the child’s case goals or to meet the needs of the child:

If not explained in the “reasons for rating” section, provide your reasons for determining that the child’s current placement (or most recent placement if the child is no longer in foster care) is or is not stable:

Other Issues:

PERMANENCY OUTCOME 1: CHILDREN HAVE PERMANENCY AND STABILITY IN THEIR LIVING SITUATIONS.

**Item 7: Permanency goal for child (case file and interviews with caseworker and other relevant persons involved in the case, including the child, when age appropriate, parent(s), foster parent(s), service providers, CASA workers, guardian ad litem)**

**Purpose of Assessment:** To determine whether appropriate permanency goals were established for the child in a timely manner.

**Applicable Cases:** All foster care cases are applicable for assessment of this item, unless the case has not been open long enough (less than 60 days) for the agency to have developed a case plan and established a permanency goal. If the case has been open for less than 60 days, but a permanency goal has been established, the case is applicable for assessment.

<b>Is this case applicable?</b> (Select the appropriate response. If the response is No, rate the item as Not Applicable in the rating section, provide your reason for this rating in the documentation section, and continue to item 8.)		<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
	<b>Permanency Goal 1</b>	<b>Permanency Goal 2 (if applicable)</b>	
A1. What is (are) the child's current permanency goal(s) (or if the case was closed during the period under review, what was the permanency goal before the case was closed)?			

**Instructions:**

- Permanency goals are the following: adoption, guardianship, reunification with parents, reunification with relatives, and other planned permanent living arrangements. A goal of other planned permanent living arrangement often will not be specified in the case file using that term. This goal refers to a situation in which the State maintains care and custody responsibilities for the child, but places the child in a setting in which the child is expected to remain until adulthood, such as with foster parents who have made a commitment to care for the child permanently, with relatives who have made the same commitment, or with a residential care facility (for example, for children with developmental disabilities who require residential care).
- The permanency goal or goals identified in question A1 determine the additional items to be completed for this outcome (items 8, 9, or 10). If two concurrent permanency goals have been established and are identified in the case plan, identify both goals and complete the corresponding items (items 8, 9, or 10) for each of the goals. If both goals fall under item 8, complete item 8 with both goals in mind. Do not report concurrent goals in A1 unless both are identified in the case file.

A2. Is (are) the child's permanency goal(s) specified in the case file?	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
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**Instructions:**

- Permanency goals should be established in the case file. If the permanency goal is not specified anywhere in the case file, such as in the case plan or in a court order, then the answer to question A2 should be No, and item 7 should be rated as an Area Needing Improvement.
- If no permanency goal is specified in the case file, reviewers should ask the caseworker to identify the permanency goal toward which the agency is working for the child. This goal should be entered for question A1, and should be used to determine which additional item is completed for the case. Reviewers should ask the caseworker to explain why the child's permanency goal is not specified in the case file and include that information in the documentation section.

B. Were all permanency goals in effect during the period under review established in a timely manner?	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
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**Instructions:**

- Reviewers should answer this question based on their professional judgment regarding the timeliness of establishing the goal, particularly with regard to changing a goal, and provide the rationale for their decision in the documentation section. For children who recently entered care, reviewers should expect the first permanency goal to be established no later than 60 days from the date of the child's entry into foster care consistent with the Federal requirement that a case plan be established within 60 days from the date of the child's entry into foster care. For children whose goal was changed from reunification to adoption, reviewers should consider the guidelines established by the Federal Adoption and Safe Families Act (ASFA) regarding seeking termination of parental rights, which might impact the timeliness of changing a goal from reunification to adoption.

- Reviewers should answer this question for all permanency goals in effect during the period under review. If there are concurrent goals, the answer should apply to both goals. For example, if there are concurrent goals of reunification and adoption, and you believe that the reunification goal was established in a timely manner, but the adoption goal was not, the answer to question B should be No.
- Complete the table below for each of the goals in place during the period under review. Begin with the child's first permanency goal in place during the period under review, and end with the current or latest permanency goal or goals identified in section A.

Permanency Goal	Date Established	Time in Foster Care Before Goal Established	Date Goal Changed	Reason for Goal Change

C. Were all permanency goals in effect during the period under review appropriate to the child's needs for permanency and to the circumstances of the case? Yes  No

**Instructions:**

- Reviewers should answer this question based on their professional judgment regarding the appropriateness of the permanency goal and provide the rationale for their decision in the documentation section.
- Reviewers should consider the factors that the agency considered in deciding on the permanency goal and whether all of the relevant factors were evaluated.
- If one of the goals is other planned permanent living arrangement and the reviewer determines that the goal was established without a thorough consideration of other permanency goals, then the answer to question C should be No.

D. Has the child been in foster care for at least 15 of the most recent 22 months? Yes  No

**Instruction:**

- In answering question D, reviewers should begin the "count" with the date of the judicial finding of child abuse and neglect (usually the adjudicatory hearing) or 60 days after the child's removal from the home and placement in a substitute care setting, whichever is earlier.

E. If the answer to question D is No, does the child meet other Adoption and Safe Families Act (ASFA) criteria for termination of parental rights (TPR)? Yes  No  NA

**Definitions:**

- ASFA requires an agency to seek TPR under the following circumstances:
  - The child has been in care for at least 15 of the most recent 22 months, or a court of competent jurisdiction has determined that:
    - The child is an abandoned child, or
    - The child's parents have been convicted of one of the felonies designated in Section 475(5)(E) of the Social Security Act, including: (1) committed murder of another child of the parent; (2) committed voluntary manslaughter of another child of the parent; (3) aided or abetted, attempted, conspired, or solicited to commit such a murder or such a voluntary manslaughter; or (4) committed a felony assault that resulted in serious bodily injury to the child or another child of the parent.

**Instructions:**

- If the answer to question D is Yes, the answer to question E should be Not Applicable (NA).
- Question E must be answered if the answer to question D is No.
- If any of the conditions noted above apply to the case under review, question E should be answered Yes.

F. If the answer to either question D or E is Yes, did the agency file or join a TPR petition before the period under review or in a timely manner during the period under review? Yes  No  NA

**Instructions:**

- If the answers to both questions D and E are No, the answer to question F should be Not Applicable (NA).
- Reviewers should review the case file for evidence of petitioning for TPR. If there is no evidence of this in the file, then reviewers should ask the caseworker for documentation regarding petitioning for TPR. If there is no evidence in the file or other documentation, then question F should be answered No.

G. If the answer to question F is No, is an “exception” or compelling reason for not filing for TPR specified in the case file?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>
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**Definitions:**

- Exceptions to the TPR requirement include the following: (1) at the option of the State, the child is being cared for by a relative; (2) the agency has documented in the case plan a compelling reason for determining that a TPR would not be in the best interest of the child; or (3) the State has not provided to the family the services that the State deemed necessary for the safe return of the child to the child’s home if reasonable efforts of the type described in Section 471(a)(15)(B)(ii) of the Social Security Act are required to be made with respect to the child.

**Instructions:**

- If the answer to question F is Yes or Not Applicable (NA), then question G should be answered Not Applicable (NA).
- Question G can be answered Yes only if the “exception” or compelling reason for not seeking TPR is noted somewhere in the case file or if there is a court order that acknowledges the exception. If, during an interview, the caseworker provides a reason for not seeking TPR, but cannot provide any documentation, then question G should be answered No. However, the caseworker’s verbal description of the reason for not seeking TPR should be noted in the documentation section.

**Rating Criteria:**

**Item 7 should be rated as a Strength if any one of the following criteria apply:**

- The answers to questions A2, B, and C are Yes, and the answers to questions D and E are No.
- The answers to questions A2, B, C, D, and F are Yes.
- The answers to questions A2, B, and C are Yes, the answer to question D is No, and the answers to questions E and F are Yes.
- The answers to questions A2, B, and C are Yes, the answer to question D or E is Yes, the answer to question F is No, and the answer to question G is Yes.

**Item 7 should be rated as an Area Needing Improvement if any of the following apply:**

- The answer to question A2, B, or C is No.
- The answers to questions A2, B, and C are Yes, but the answer to question D or E is Yes, and the answers to questions F and G are No.

Rating for this indicator (select one):	<input type="checkbox"/>	Strength	<input type="checkbox"/>	Area Needing Improvement	<input type="checkbox"/>	Not Applicable
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**Reason for Rating and Documentation**

Please provide below your main reason for rating this item as a Strength or an Area Needing Improvement, and provide documentation for the identified issues. If any issue is Not Applicable to the case, enter NA in the appropriate space. For each issue, **indicate the source of your information** (for example, case file, interview with biological mother, interview with caseworker, etc.).

**Main Reason**

Item 7 is rated as \_\_\_\_\_ because:

**Documentation Information**

If not explained in the “reason for rating” section, document the reasons the reviewers determined that the goals were not timely and/or appropriate (if relevant):

If the caseworker reported an “exception” or a compelling reason for not filing for TPR, but it was not in the case file, provide any information obtained about the exception/compelling reason:

Other Issues:

PERMANENCY OUTCOME 1: CHILDREN HAVE PERMANENCY AND STABILITY IN THEIR LIVING SITUATIONS.

**Item 8: Reunification, guardianship, or permanent placement with relatives (case files and interviews with caseworker, child, parent(s), foster parent(s), guardian ad litem, service providers)**

**Purpose of Assessment:** To determine whether concerted efforts were made, or are being made, during the period under review, to achieve reunification, guardianship, or permanent placement with relatives in a timely manner.

**Applicable Cases:** All foster care cases in which the child’s current (or most recent) goal is reunification, permanent placement with relatives, or guardianship, including cases in which any one of these is the concurrent goal.

**Is this case applicable?** (Select the appropriate response. If the response is No, rate the item as Not Applicable in the rating section, provide your reason for this rating in the documentation section and continue to item 9.)

<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
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A. What is/was the child’s most recent permanency goal? (Select the appropriate response.)	Reunification <input type="checkbox"/>	Guardianship <input type="checkbox"/>	Permanent Placement With Relatives <input type="checkbox"/>
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**Definitions:**

- A goal of reunification is defined as a plan for the child to be discharged from foster care to his or her parents or primary caretaker.
- A goal of guardianship is defined as a plan for the child to be discharged from foster care to a legally established custody arrangement with an individual that is intended to be permanent.
- A goal of permanent placement with relatives is defined as a plan for the child to be discharged from foster care to the permanent care of a relative other than the one from whose home he or she was removed.
- If there are concurrent goals and both are relevant for item 8, identify both goals.

B. Are the agency and court making (or did they make) concerted efforts to achieve the goal (or these goals, if there are concurrent goals) in a timely manner?	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
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**Definitions:**

- “Entry into foster care” refers to a child’s removal from his or her normal place of residence and placement in a substitute care setting under the care and placement responsibility of the State or local title IV-E/IV-B agency. Children are considered to have entered foster care if the child has been in substitute care for 24 hours or more.
- “Discharge from foster care” is defined as the point when the child is no longer in foster care under the care and placement responsibility or supervision of the agency. If a child returns home on a trial home visit and the agency retains responsibility or supervision of the child, the child is not considered discharged from foster care unless the trial home visit is longer than 6 months, and there was no court order extending the trial home visit beyond 6 months.

**Instructions:**

- Complete the following information for the child:

Date of the child’s most recent entry into foster care (this date should be the same as the date provided in Section J on the Face Sheet):	
Time in care (in months) at the time of the onsite review (this is the number of months that the child was in foster care from the date of the most recent entry into foster care to the beginning of the onsite review week or from the date of the most recent entry into foster care to the time of discharge):	
Date of discharge from foster care (this date should be the same as the date provided in Section K on the Face Sheet; if the child was not discharged, enter Not Applicable (NA)):	

- In determining a response to question B, reviewers should consider the time the child has been in foster care as well as agency and court efforts. As a general rule, if the child has been in foster care for more than 12 months and the goal has not yet been achieved, then the answer to question B should be No, unless there are particular circumstances that justify the delay. If the reviewer determines that there is a justification for the child remaining in foster care for longer than 12 months before achieving the permanency goal, the justification should be included in the documentation section for this item. For example:
  - The permanency goal of reunification has been in place for longer than 12 months, but there is a concurrent goal of adoption and the agency and court also are working toward the goal of adoption.
  - The permanency goal of reunification has been in place for longer than 12 months, but the child was physically returned to the parents during or before the 12<sup>th</sup> month and remained at home on a trial home visit beyond the 12<sup>th</sup> month. If the reviewer determines that the length of time that the child spent in out-of-home care and on the trial home visit was reasonable given the child and family circumstances, then the item may be rated as a strength even though the child was not discharged from foster care until after the 12<sup>th</sup> month.
- If the reviewer determines that the agency and court could have achieved the permanency goal prior to 12 months, but there was a delay due to lack of concerted efforts on the part of the agency or court, then the answer to question B should be No even if the child was reunified within 12 months. A justification should be included in the documentation section for this item.

**Rating Criteria:**

**Item 8 should be rated as a Strength if the answer to question B is Yes.**

**Item 8 should be rated as an Area Needing Improvement if the answer to question B is No.**

<b>Rating for this indicator (select one):</b>	<input type="checkbox"/>	<b>Strength</b>	<input type="checkbox"/>	<b>Area Needing Improvement</b>	<input type="checkbox"/>	<b>Not Applicable</b>
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**Reason for Rating and Documentation**

Please provide your reason for rating this item as a Strength, an Area Needing Improvement, or Not Applicable, and provide documentation for the identified issues. If any issue is Not Applicable to the case, enter NA in the appropriate space. For each issue, **indicate the source of your information** (for example, case file, interview with biological mother, interview with caseworker, etc.).

**Main Reason**

**Item 8 is rated as \_\_\_\_\_ because:**

**Documentation Information**

If not explained in the “reason for rating” section, document efforts made to achieve goal, including the appropriateness and effectiveness of the efforts, and, barriers to achieving the goal (for example, agency, court, or other factors that prevented or are preventing timely achievement of the goal):

If item 8 was rated as a Strength even though the goal of reunification or permanent placement with relatives was not achieved or is not likely to be achieved within 12 months, document the special circumstances that justify this rating:

If item 8 was rated as an Area Needing Improvement even though the permanency goal was achieved in 12 months, document the special circumstances that justify this rating:

Other Issues:

PERMANENCY OUTCOME 1: CHILDREN HAVE PERMANENCY AND STABILITY IN THEIR LIVING SITUATIONS.

**Item 9: Adoption (case file and interviews with caseworker, child, foster parent(s), guardian ad litem, service providers)**

**Purpose of Assessment:** To determine whether, during the period under review, concerted efforts were made, or are being made, to achieve a finalized adoption in a timely manner.

**Applicable Cases:** All foster care cases in which the child’s current (or most recent) permanency goal is adoption, including cases in which adoption is the concurrent goal.

**Is this case applicable?** (Select the appropriate response. If the response is No, rate the item as Not Applicable in the ratings section, provide your reason for the rating in the documentation section, and continue to item 10.)

<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
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A. Are the agency and court making (or did the agency and court make) concerted efforts to achieve the goal of adoption in a timely manner?

<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
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**Definition:**

- “Entry into foster care” refers to a child’s removal from his or her normal place of residence and placement in a substitute care setting under the care and placement responsibility of the State or local title IV-E/IV-B agency. Children are considered to have entered foster care if the child has been in substitute care for 24 hours or more.
- Discharge from foster care” is defined as the point when the child is no longer in foster care under the care and placement responsibility or supervision of the agency. If a child returns home on a trial home visit and the agency retains responsibility or supervision of the child, the child is not considered discharged from foster care unless the trial home visit is longer than 6 months, and has not been extended by a court order.

**Instructions:**

- Provide the following information for the child:

Date of the child’s most recent entry into foster care (this should be the same date as in Section J on the Face Sheet):

Time in care (in months) at the time of the onsite review (this is the number of months that the child was in foster care from the date of the most recent entry into foster care to the beginning of the onsite review week or from the date of the most recent entry into foster care to the time of adoption finalization or discharge from foster care):

Date of adoption finalization (if relevant) (this is the date that the court legally established the adoption and transferred care and placement responsibility or supervision from the State to the adoptive parent(s); this should be the same date as in Section K on the Face Sheet; if the adoption has not been finalized, enter Not Applicable (NA)):

- In determining a response to question A, reviewers should consider the following:
  - The length of time that the child has been in foster care.
  - The agency-related efforts to achieve adoption in a timely manner (for example, establishing a goal of adoption concurrent with the goal of reunification at the onset of the case, placing the child in a foster/adoptive home as the first placement, completing paperwork in a timely manner, conducting a concerted search for an absent parent early in the case, etc.).
  - The court-related efforts (for example, holding termination of parental rights hearings in a timely manner, not permitting continuances, etc.).
- The determination of timeliness should be based on the date of the child’s most recent entry into foster care, not the date that the goal of adoption was established.
- If the adoption was not achieved within 24 months of the date of the most recent entry into foster care, or it does not appear that the adoption will be achieved within that timeframe, then the answer to question A should be No, unless the reviewer finds that there are particular circumstances that warrant the delay. These circumstances must be beyond the control of the agency or the courts. For example, there is evidence that the agency has made concerted efforts to find an adoptive home for a child with special needs, but the appropriate family has not yet been found, or a pre-adoptive placement disrupted despite concerted efforts on the part of the agency to support it.

- If the adoption occurs within 24 months, but the reviewer determines that it could have been achieved earlier if the agency and court had made more concerted efforts, then the answer to question A should be No, but the reviewer must specifically document the agency-related delays in the documentation section.

**Rating Criteria:**

**Item 9 should be rated as a Strength if the answer to question A is Yes.**

**Item 9 should be rated as an Area Needing Improvement if the answer to question A is No.**

<b>Rating for this indicator (select one):</b>	<input type="checkbox"/>	<b>Strength</b>	<input type="checkbox"/>	<b>Area Needing Improvement</b>	<input type="checkbox"/>	<b>Not Applicable</b>
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**Reason for Rating and Documentation**

Please provide below your main reasons for rating this item as a Strength, an Area Needing Improvement, or Not Applicable, and provide documentation for the identified issues. If any issue is Not Applicable to the case, enter NA in the appropriate space. For each issue, **indicate the source of your information** (for example, case file, interview with biological mother, interview with caseworker, etc.).

**Main Reason**

**Item 9 is rated as \_\_\_\_\_ because:**

**Documentation Information**

If not explained in the “reason for rating” section, document efforts made to achieve the child’s goal of adoption, including the appropriateness and effectiveness of the efforts, and barriers to achieving the goal of adoption (for example, agency- or court-related factors that prevented or are preventing achievement of the goal in a timely manner):

If this item was rated as a Strength even though the child’s goal of adoption was not achieved or is not likely to be achieved within 24 months of the child’s entry into foster care, document the special circumstances that justify this rating:

If this item was rated as an Area Needing Improvement even though the child’s goal of adoption was achieved within 24 months of entry into foster care, document the special circumstances that justify this rating:

Other Issues:

PERMANENCY OUTCOME 1: CHILDREN HAVE PERMANENCY AND STABILITY IN THEIR LIVING SITUATIONS.

**Item 10: Other planned permanent living arrangement (case files and interviews with child, caseworker, foster parent(s), relative caregiver(s), independent living services providers, service providers, guardian ad litem)**

**Purpose of Assessment:** To determine whether, during the period under review, the agency made concerted efforts to ensure:

- That the child is adequately prepared to make the transition from foster care to independent living (if it is expected that the child will remain in foster care until he or she reaches the age of majority or is emancipated).
- That the child, even though remaining in foster care, is in a “permanent” living arrangement with a foster parent or relative caregiver and that there is a commitment on the part of all parties involved that the child remain in that placement until he or she reaches the age of majority or is emancipated.
- That the child is in a long-term care facility and will remain in that facility until transition to an adult care facility.

Reviewers are not to rate this item based on the appropriateness of the goal. If the reviewer believes that the goal is not appropriate, this should be indicated under item 7 and the rationale for this decision provided in the documentation for item 7.

**Applicable Cases:** All foster care cases in which at least one (if there are concurrent goals) of the child’s current (or most recent) goals is emancipation/independent living or a planned permanent living arrangement other than adoption, guardianship, reunification, or permanent placement with relatives.

**Is this case applicable?** (Select the appropriate response. If the response is No, rate the item as Not Applicable in the rating section, provide your reason for the rating in the documentation section and continue to Rating Permanency Outcome 1.)

<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
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A. What is the child’s other planned permanent living arrangement goal (check the goal that most closely reflects the one in the case file)?

- Emancipation/Independence: Child is expected to remain in existing placement until she/he reaches the age of majority. Usually when this type of goal is specified, the child is age 16 or older, but that is not always the case.
- Long-term foster care placement with a non-relative foster parent.
- Long-term foster care placement with a specified relative.
- Placement in a long-term care facility until transition to an adult care facility.
- Other (specify):

**Instructions:**

- A goal of other planned permanent living arrangement often is not specified in the case file using that term. This goal refers to a situation in which the agency maintains care and custody responsibilities for and supervision of the child, and places the child in a setting in which the child is expected to remain until adulthood, such as with foster parents who have made a commitment to care for the child permanently, with relative foster caregivers who have made the same commitment, or with a long-term care facility (for example, for those children with developmental disabilities who require long-term residential care services.).
- If the case plan permanency goal is to establish legal guardianship with a relative or non-relative caregiver and for the child to be discharged from foster care to the care of that relative, then this item is not appropriate and item 8 should be completed instead.

B. For children with an other planned permanent living arrangement permanency goal who are expected to eventually exit foster care to independence, were concerted efforts made to provide the child with services to adequately prepare the child for independent living when the child leaves foster care? Independent living services should be provided to all youth age 16 and older and to children of any age with a goal of emancipation/independence.

<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	<b>NA</b> <input type="checkbox"/>
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**Instructions:**

- Question B should be answered Not Applicable (NA) if the child did not reach his or her 16<sup>th</sup> birthday at any time during the period under review, and the child does not have a goal of emancipation/independence.
- In making this determination, reviewers should consider the following:
  - Did the agency assess for independent living skills?
  - Is there an independent living plan in the file? (This is required for all youth age 16 and older.)
  - Is the child receiving an age-appropriate range of independent living services (for example, post-high school planning, life skills classes, employment training, financial planning skills training, etc.)?
  - Is the child receiving transitional living services?
  - Does the child have an independent living caseworker?
- Reviewers should complete this item for all children 16 and older who have a goal of other planned permanent living arrangement and for all children who have a goal of emancipation/independence regardless of age. Information regarding independent living services for children who have other types of goals will be captured under item 17.

C. Were concerted efforts made to achieve the goal of other planned permanent living arrangement in a timely manner by placing the child in a living arrangement that is “permanent,” that is, the child will remain in the living arrangement until discharge from foster care?

Yes

No

**Instructions:**

- Question C is relevant for all cases that are applicable for an assessment of item 10, including those in which the child’s stated goal is emancipation/independence. Regardless of the specifics of the goal, reviewers must establish that there were agency efforts to ensure that a child who does not have a goal of adoption, reunification, or guardianship has long-term stability until he or she reaches adulthood.
- Examples of “permanent” living arrangements include situations where foster parents have made a formal commitment to care for the child until adulthood, the child is with relatives who plan to care for the child until adulthood, the child is in a long-term care facility to meet special needs and will be transferred to an adult facility at the appropriate time, the child is an older adolescent in a stable group home and both the group home directors and the child have agreed that it will be the child’s placement until adulthood, or the child is in agency-supervised transitional living.
- Provide the following information for the child:

Date of the child’s most recent entry into foster care (this is the same date as in Section J on the Face Sheet):

Time in care (in months) at the time of the onsite review (this is the number of months that the child was in foster care from the date of the most recent entry into foster care to the beginning of the onsite review week or from the date of the most recent entry into foster care to the time of adoption finalization):

Date of documentation regarding “permanency” of the child’s living arrangements (this is the date that there was a formal and documented agreement that the caretaker of a particular facility would provide care for this child until the child reaches adulthood):

Date of discharge from foster care (this is the same date as in Section K on the Face Sheet; if the child was not discharged, enter Not Applicable (NA)):

D. If the child is not in a living arrangement that can be considered permanent, were concerted efforts made during the period under review to achieve this type of living arrangement for the child?

Yes

No

NA

**Instructions:**

- If the child is in a permanent living arrangement or was in a permanent living arrangement before being discharged from foster care, then the answer to question D should be Not Applicable (NA).
- In answering question D, reviewers should consider the child’s current living arrangement and whether formal steps were completed to make this arrangement permanent. For example, if the child is in a shelter or living with foster parents without a formal permanent foster care agreement, then the answer to question D would be No. A formal agreement would include a signed agreement and/or court order that are part of the case file.
- Reviewers should consider the efforts or actions taken during the period under review to achieve a planned permanency arrangement other than adoption, guardianship, or reunification with family. This might include asking foster parents or relatives to agree to and sign a long-term care commitment, etc.
- If the child is no longer in foster care, then the answer to question D should be based on the child’s last placement before leaving foster care.

**Rating Criteria:**

**Item 10 should be rated as a Strength if either of the following applies:**

- The answers to questions B, C, and D are Yes or Not Applicable.
- The answer to question B is Yes or Not Applicable, the answer to question C is No, and the answer to question D is Yes.

**Item 10 should be rated as an Area Needing Improvement if either of the following applies:**

- The answer to question B is No.
- The answers to questions C and D are No.

<b>Rating for this indicator (select one):</b>	<input type="checkbox"/>	<b>Strength</b>	<input type="checkbox"/>	<b>Area Needing Improvement</b>	<input type="checkbox"/>	<b>Not Applicable</b>
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**Reason for Rating and Documentation**

Please provide below your main reason for rating this item as a Strength, an Area Needing Improvement, or Not Applicable, and provide documentation for the identified issues. If any issue is Not Applicable to the case, enter NA in the appropriate space. For each issue, **indicate the source of your information** (for example, case file, interview with biological mother, interview with caseworker, etc.).

**Main Reason**

Item 10 is rated as \_\_\_\_\_ because:

**Documentation Information**

If not explained in the “reason for rating” section, document the efforts made to achieve the child’s goal, including the appropriateness and effectiveness of the efforts, and barriers to achieving the goal:

If the item is rated as a Strength even though the child is not in a permanent placement (the answer to question D is Yes), document the special circumstances that justify that rating:

Document the services provided, or not provided, to adequately prepare the child for independent living:

Other Issues:

## RATING PERMANENCY OUTCOME 1

PERMANENCY OUTCOME 1: CHILDREN HAVE PERMANENCY AND STABILITY IN THEIR LIVING SITUATIONS.

Select the level of outcome achievement that best describes the extent to which this outcome is being or has been achieved, based on the ratings for items 5 through 10.

### Level of Outcome Achievement

<input type="checkbox"/> Substantially Achieved:	<p>Permanency Outcome 1 should be rated as Substantially Achieved if both of the following apply:</p> <ul style="list-style-type: none"> <li>• Item 7 and the relevant permanency goal item (or items, if there are concurrent goals) for this case are rated as Strengths. The relevant permanency goal items are items 8, 9, and 10.</li> <li>• Either item 5 or item 6 is rated as a Strength (the other may be rated as an Area Needing Improvement or Not Applicable), or both are rated Not Applicable.</li> </ul>
<input type="checkbox"/> Partially Achieved:	<p>Permanency Outcome 1 should be rated as Partially Achieved if either of the following applies:</p> <ul style="list-style-type: none"> <li>• Item 7 and the relevant permanency goal item (or items, if there are concurrent goals) (8, 9, or 10) are rated as Strengths, but both items 5 and 6 are rated as Areas Needing Improvement, or one of them is rated as an Area Needing Improvement and the other is Not Applicable.</li> <li>• Either item 7 or the relevant permanency goal item or items (8, 9, or 10) is rated as an Area Needing Improvement (regardless of the ratings for items 5 and 6).</li> </ul>
<input type="checkbox"/> Not Achieved:	<p>Permanency Outcome 1 should be rated as Not Achieved if the following applies:</p> <ul style="list-style-type: none"> <li>• Items 5, 6, 7, 8, 9, and 10 are rated as either Areas Needing Improvement or Not Applicable, but not all items are rated Not Applicable.</li> </ul>
<input type="checkbox"/> Not Applicable:	<p>Permanency Outcome 1 should be rated as Not Applicable if the following applies:</p> <ul style="list-style-type: none"> <li>• Items 5, 6, 7, 8, 9, and 10 are rated as Not Applicable. (This would only occur if the case is an in-home services case.)</li> </ul>

PERMANENCY OUTCOME 2: THE CONTINUITY OF FAMILY RELATIONSHIPS AND CONNECTIONS IS PRESERVED FOR CHILDREN.

**Item 11: Proximity of foster care placement (case file and interviews with caseworker, parent(s), foster parent(s))**

**Purpose of Assessment:** To determine whether, during the period under review, concerted efforts were made to ensure that the child’s foster care placement was close enough to the parent(s) to facilitate face-to-face contact between the child and the parent(s) while the child was in foster care.

**Applicable Cases:** An assessment of this item is applicable for all foster care cases except those that meet the following criteria during the entire period under review:

- The whereabouts of both parents is unknown despite documented concerted agency efforts to locate them, and there are no other family members who could potentially provide a permanent home for the child. If there is no evidence that concerted efforts were made to locate the parents, then the case is eligible for assessment of item 11.
- Parents are deceased and there are no other close family members that could potentially provide a permanent home for the child.
- Parental rights have been terminated and the parents are not involved in case planning and there are no other close family members (for example, grandmother, aunt, etc.) who could potentially provide a permanent home for the child.
- The agency or the court has determined that continued contact between the child and parents is not in the child’s best interest and this is documented in the case file and there are no other family members who could potentially provide a permanent home for the child.
- Parents have a history of frequent moves that would make it difficult to place the child in close proximity and there are no other family members who could potentially provide a permanent home for the child.

**Is this case applicable?** (Select the appropriate response. If the response is No, rate the item as Not Applicable in the ratings section, provide your reason for this rating in the documentation section, and continue to item 12.)

<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
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A. Is the child’s current or most recent placement close enough to his or her parents or other potential permanent caregiver to facilitate frequent face-to-face contact between the child and the parents while the child is (or was) in foster care?

<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
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**Instructions:**

- Reviewers should determine if the child’s placement is (or was) in one of the following (select the appropriate placement):
  - Same community
  - Different community, but same county
  - Different county, but same State
  - Different State
- If placement is in the same community as the parents, the answer to question A should be Yes.
- If placement is not in the same community, reviewers should consider if the placement is sufficiently close to allow frequent contact between the child and the parents. For example, if placement is in another State, but is still very near where the parents live, then the answer to question A should be Yes. In contrast, if placement is in the same State or county, but is actually quite a distance from the parents, then the answer to question A would be No.
- As a general rule, reviewers should consider a travel distance of less than 1 hour as close enough for face-to-face contact. However, this is just a general guideline. Reviewers should consider all relevant circumstances in determining whether the location of the child’s placement allows parents to visit the child on a frequent basis.
- If the child’s parents live separately, reviewers should determine which parent is most involved in case planning and is most likely to be reunified with the child. The answer to question A then would be based on the location of that parent’s residence.

B. If the answer to question A is No, was the reason for the location of the child’s current or most recent placement based on the child’s needs and intended to ensure that the child’s case plan goals are achieved?

<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	<b>NA</b> <input type="checkbox"/>
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**Instructions:**

- Reviewers should check Not Applicable (NA) if the answer to question A is Yes.
- Reviewers should determine if the placement decision was made in order to achieve the child’s case goals or to meet the child’s needs for specialized services (for example, to place with a relative, to place in a potential adoptive home, to provide a highly specialized treatment setting, etc.).
- Question B should be answered No if the only reason for not placing the child in close proximity to the parents was a lack of existing placement resources in the community, unless the resource is such a highly specialized treatment facility that most communities would not be expected to maintain one (for example, a residential treatment program for sexual offenders).

**Rating Criteria**

**Item 11 should be rated as a Strength if either of the following applies:**

- The answer to question A is Yes, and the answer to question B is Not Applicable.
- The answer to question A is No, and the answer to question B is Yes.

**Item 11 should be rated as an Area Needing Improvement if the answers to questions A and B are No.**

<b>Rating for this Indicator (select one):</b>	<input type="checkbox"/>	<b>Strength</b>	<input type="checkbox"/>	<b>Area Needing Improvement</b>	<input type="checkbox"/>	<b>Not Applicable</b>
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**Reason for Rating and Documentation**

Please provide below your main reason for rating this item as a Strength, an Area Needing Improvement, or Not Applicable, and provide documentation for each of the identified issues. If any issue is Not Applicable to the case, enter NA in the appropriate space. For each issue, **indicate the source of your information** (for example, case file, interview with biological mother, interview with caseworker, etc.).

**Main Reason**

**Item 11 is rated as \_\_\_\_\_ because:**

**Documentation Information**

Describe the relationship between the child’s current or most recent placement and the location of the parents or of a family member with whom the child is likely to be reunified (for example, the child will be reunified with a grandmother):

If not explained in the “reason for rating” section, and if the reviewers determine that the child’s placement is not sufficiently close to the parent(s) to facilitate frequent contact, document the reasons for this determination (and identify any reasons provided by the agency):

Other Issues:

PERMANENCY OUTCOME 2: THE CONTINUITY OF FAMILY RELATIONSHIPS AND CONNECTIONS IS PRESERVED FOR CHILDREN.

**Item 12: Placement with siblings (case file and interviews with caseworker, parent(s), foster parent(s), child)**

**Purpose of Assessment:** To determine if, during the period under review, concerted efforts were made to ensure that siblings in foster care are placed together unless a separation was necessary to meet the needs of one of the siblings.

**Applicable Cases:** Cases applicable for an assessment of this item include all foster care cases in which the child has one or more siblings who are (or were) also in foster care during the period under review. If the child has no siblings in foster care during the period under review, the case is not applicable for an assessment of this item. For example, if the child in foster care has an older sibling who was in foster care at one time, but not during the period under review, this case would be Not Applicable.

**Is this case applicable?** (Select the appropriate response. If the response is No, rate the item as Not Applicable in the ratings section, provide your reason for the rating in the documentation section, and continue to item 13.)

<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
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A. During the period under review, was the child placed with all siblings who also were in foster care?

<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
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**Definitions:**

- Siblings are children who have one or more parents in common either biologically, through adoption, or through the marriage of their parents, and with whom the child lived before his or her foster care placement, or with whom the child would be expected to live if the child were not in foster care.

**Instructions:**

- In answering question A, reviewers should consider only the location of each of the siblings, not the reason for their location.

B. If the answer to question A is No, was there a valid reason for the child's separation from the siblings (for example, the separation was necessary to meet the needs of one of the siblings, to address safety concerns for one or more of the siblings, or to accommodate a large sibling group)?

<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	<b>NA</b> <input type="checkbox"/>
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**Instructions:**

- If the answer to question A is Yes, the answer to question B should be Not Applicable (NA).
- Reviewers should consider the circumstances of the placement of siblings, focusing on whether separation was necessary to meet the child's needs. For example, were siblings separated temporarily because one sibling needed a specialized treatment or to be in a treatment foster home, or because one sibling was abusive to the other, or because siblings with different fathers were placed with paternal relatives?
- If the separation of siblings is attributed by the agency to a lack of foster homes willing to take sibling groups, question B should be answered No, unless the reviewer believes that the size of the sibling group (i.e., five or more children) made finding a single placement difficult and concerted efforts were made to place the children in close proximity to each other.
- If siblings were separated for a valid reason, reviewers should consider the entire period under review and determine if that valid reason still exists and if the need for separation still exists. For example, the siblings were separated because one sibling needed temporary treatment services. However, during the period under review, the sibling's treatment services ended. In this situation, reviewers should determine whether concerted efforts were made to reunite the siblings after the treatment service was completed. If the need for separation no longer exists and no efforts have been made to reunite the siblings, then the answer to question B should be No.

**Rating Criteria:**

**Item 12 should be rated as a Strength if either of the following applies:**

- The answer to question A is Yes.
- The answer to question A is No, but the answer to question B is Yes.

**Item 12 should be rated as an Area Needing Improvement if the answers to questions A and B are No.**

<b>Rating for this indicator (select one):</b>	<input type="checkbox"/>	<b>Strength</b>	<input type="checkbox"/>	<b>Area Needing Improvement</b>	<input type="checkbox"/>	<b>Not Applicable</b>
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**Reason for Rating and Documentation**

Provide below your main reason for rating this item as a Strength, an Area Needing Improvement, or Not Applicable, and provide documentation for the identified issues. If any issue is Not Applicable to the case, enter NA in the appropriate space. For each issue, **indicate the source of your information** (for example, case file, interview with biological mother, interview with caseworker, etc.).

**Main Reason**

Item 12 is rated as \_\_\_\_\_ because:

**Documentation Information**

Complete the information in the chart below only if there are siblings who were in foster care but were not placed with the target child for some or all of the period under review.

Provide the first name of siblings who are (or were) in foster care during the period under review, identify their placements during the period under review (for example, Smith foster home, Hope Institution, Aunt Mary's, etc.), and describe the reason for separation of that sibling from the target child (if applicable).

Sibling First Name	Placement Setting	Reason for Separation (if applicable)

Other Issues:

PERMANENCY OUTCOME 2: THE CONTINUITY OF FAMILY RELATIONSHIPS AND CONNECTIONS IS PRESERVED FOR CHILDREN.

**Item 13: Visiting with parents and siblings in foster care (case file and interviews with parent(s), child, caseworker, foster parent(s), service providers)**

**Purpose of Assessment:** To determine if, during the period under review, concerted efforts were made to ensure that visitation between a child in foster care and his or her mother, father, and siblings is of sufficient frequency and quality to promote continuity in the child's relationship with these close family members.

**Applicable Cases:** Foster care cases are applicable for an assessment of this item if any of the following apply:

- The child has at least one sibling in foster care who is in a different placement setting.
- The whereabouts of the child's parents is known and there is no documented information in the case file indicating that contact between the child and the parent is not in the child's best interest.

Cases are not applicable for assessment if any of the following apply:

- The child has no siblings in foster care, and there is documentation in the case file indicating that contact between the child and both of his or her parents is not in the child's best interest.
- The child has no siblings in foster care, and the whereabouts of both parents is unknown despite documented concerted agency efforts to locate the parents.
- The child has no siblings in foster care, both parents were deceased during the entire period under review or the parental rights of both parents have been terminated during the entire period under review, and no parent is involved in the child's life.

**Is this case applicable?** (Select the appropriate response. If the response is No, rate the case as Not Applicable in the ratings section, provide your reason for the rating in the documentation section, and continue to item 14.)

<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
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A. During the period under review, were concerted efforts made to ensure that visitation (or other forms of contact if visitation was not possible) between the child and his or her mother was of sufficient frequency to maintain or promote the continuity of the relationship?

<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	<b>NA</b> <input type="checkbox"/>
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Check the box next to the statement that best describes the usual frequency of visits between the mother and the child:

- More than once a week
- Once a week
- Less than once a week, but at least twice a month
- Less than twice a month, but at least once a month
- Less than once a month
- Never

B. During the period under review, were concerted efforts made to ensure that visitation (or other forms of contact if visitation was not possible) between the child and his or her father was of sufficient frequency to maintain or promote the continuity of the relationship?

<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	<b>NA</b> <input type="checkbox"/>
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Check the box next to the statement that best describes the usual frequency of visits between the father and the child:

- More than once a week
- Once a week
- Less than once a week, but at least twice a month
- Less than twice a month, but at least once a month
- Less than once a month
- Never

**Instructions:**

- Reviewers should answer Not Applicable (NA) if (1) contact between the child and the mother/father was not in the child's best interest and this was documented in the case file or court order, (2) the whereabouts of the mother/father was not known during the entire period under review, despite documented concerted efforts to locate her/him, (3) the mother's/father's parental rights were terminated before the period under review and she/he is not involved in the child's life, or (4) the mother/father was deceased during the entire period under review.
- Reviewers should determine whether the frequency of visitation during the period under review was sufficient to maintain the continuity of the relationship between the child and the parent, depending on the circumstances of the case. For example, frequency may need to be greater for infants and young children than for some older children. Frequency also may need to be greater if reunification is imminent.
- If, during the period under review, frequent visitation with a parent was not possible (for example, due to incarceration or the parent being in another State), reviewers should determine whether there are documented concerted efforts to promote other forms of contact between the child and the parent, such as telephone calls or letters in addition to facilitating visits when possible and appropriate.
- Reviewers should address the question of appropriate frequency based on the circumstances of the child and the family, rather than on State policy.

C. During the period under review, were concerted efforts made to ensure that the quality of visitation between the child and the mother was sufficient to maintain or promote the continuity of the relationship?	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	<b>NA</b> <input type="checkbox"/>
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D. During the period under review, were concerted efforts made to ensure that the quality of visitation between the child and the father was sufficient to maintain or promote the continuity of the relationship?	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	<b>NA</b> <input type="checkbox"/>
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**Instruction:**

- Same as for questions A and B except that reviewers should determine if concerted efforts were made to ensure that the quality of parent-child visitation was sufficient to maintain the continuity of the relationship. For example, did visits take place in a comfortable atmosphere and were they of an appropriate length? Did visitation allow for sufficient interaction between parent and child? If siblings were involved, did visits allow parents to interact with each child individually? If appropriate, were unsupervised visits and visits in the parent's home in preparation for reunification allowed?

E. During the period under review, were concerted efforts made to ensure that visitation (or other forms of contact if visitation was not possible) between the child and his or her sibling(s) was of sufficient frequency to maintain or promote the continuity of the relationship?	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	<b>NA</b> <input type="checkbox"/>
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Check the box next to the statement that best describes the usual frequency of visits between the siblings and the child:

- More than once a week
- Once a week
- Less than once a week, but at least twice a month
- Less than twice a month, but at least once a month
- Less than once a month
- Never

**Instructions:**

- Reviewers should answer Not Applicable (NA) if the child has no siblings in foster care or if contact with all siblings who are in foster care is not considered to be in the best interests of the child (for example, one sibling is a physical threat to the other sibling or has a history of physical or sexual abuse of the other sibling).
- Reviewers should consider whether the frequency of visits during the period under review was sufficient to maintain the continuity of the sibling relationships.

F. During the period under review, were concerted efforts made to ensure that the quality of visitation between the child and his or her sibling(s) was sufficient to promote the continuity of their relationships?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>
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**Instruction:**

- Same as for question E, except reviewers should determine if concerted efforts were made to ensure that the quality of sibling visitation was sufficient to maintain the continuity of the relationship. For example, were visits long enough to permit quality interaction? Did sibling contacts only occur in the context of parent visitations? Did visits occur in a comfortable atmosphere?

**Rating Criteria:**

**Item 13 should be rated as a Strength if the answers to all of questions A through F are either Yes or Not Applicable.**

**Item 13 should be rated as an Area Needing Improvement if the answer to any one of questions A through F is No.**

Rating for this indicator (select one):	<input type="checkbox"/>	Strength	<input type="checkbox"/>	Area Needing Improvement	<input type="checkbox"/>	Not Applicable
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**Reason for Rating and Documentation**

Provide below your main reason for rating this item as a Strength, an Area Needing Improvement, or Not Applicable, and provide documentation for the identified issues. If any issue is Not Applicable to the case, enter NA in the appropriate space. For each issue, **indicate the source of your information** (for example, case file, interview with biological mother, interview with caseworker, etc.).

**Main Reason**

Item 13 is rated as \_\_\_\_\_ because:

**Documentation Information**

For each applicable relationship, document concerted efforts (for example, establishing written visitation plans, providing or arranging for transportation, encouraging visits, arranging for flexible hours or meeting locations), or lack of efforts to promote frequent visitation. If visitation was not possible or limited by circumstance (for example, parents are out of State or incarcerated), document efforts or lack of efforts to promote contact through telephone or mail. If any relationship is identified as Not Applicable, document the reason why it was determined by the reviewers to be Not Applicable.

Mother:

Father:

Sibling(s):

Other Issues:

**PERMANENCY OUTCOME 2: THE CONTINUITY OF FAMILY RELATIONSHIPS AND CONNECTIONS IS PRESERVED FOR CHILDREN.**

**Item 14: Preserving connections (interviews with caseworker, parent(s), foster parent(s), child)**

**Purpose of Assessment:** To determine whether, during the period under review, concerted efforts were made to maintain the child's connections to his or her neighborhood, community, faith, extended family, tribe, school, and friends.

**Applicable Cases:** Almost all foster care cases are applicable for an assessment of this item. A possible exception may be the situation of an abandoned infant where the agency has no information about the child's extended family or connections.

<b>Is this case applicable?</b> (Select the appropriate response. If the response is No, rate the item as Not Applicable in the ratings section, provide your reason for the rating in the documentation section, and continue to item 15.)	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
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A. During the period under review, were concerted efforts made to maintain the child's important connections (for example, neighborhood, community, faith, language, extended family members including siblings who are not in foster care, school, tribe, and/or friends)?	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
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**Instructions:**

- Reviewers must determine what the important connections are for the child (for example, a young child is more likely to have an important connection with extended family than with school, and it is important for Native American children to maintain tribal connections) and then determine whether concerted efforts were made to maintain those connections.
- Reviewers should not rate this item based on connections to parents or siblings who are in foster care. Information about sustaining those connections is captured in other items. However, the item may be rated based on connections with siblings who are not in foster care and other extended family members (who were not the child's primary caregivers before entry into foster care), such as grandparents, uncles, aunts, cousins, etc.

B. Was a sufficient inquiry conducted with the parent, child, custodian, or other interested party to determine whether the child may be a member of, or eligible for membership in, an Indian tribe?	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	<b>NA</b> <input type="checkbox"/>
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**Instructions:**

- This question is for data collection purposes only and does not affect the rating for this item.
- If there is no evidence found in the case file or through interviews that the child is a member of, or eligible for membership in, an Indian tribe, then the answer to question B is Not Applicable (NA).
- If there is no information in the case file that indicates the child is a member of, or eligible for membership in, an Indian tribe, but the reviewers learn through interviews that the child has Native American heritage and no apparent efforts were made to determine this, then the answer to question B is No.
- If the child entered foster care during the period under review, reviewers should determine whether timely and appropriate action was taken to determine whether the child is a member of, or eligible for membership in, an Indian tribe. This may include exploring this with the parents and/or other persons with a relationship to the child, contacting tribes, and contacting the Bureau of Indian Affairs.
- If the child entered foster care before the period under review, the answer to question B can be Yes if by the beginning of the period under review an informed determination was made about the child's membership, or eligibility for membership, in an Indian tribe and all appropriate steps were taken to determine whether the child is Native American.

C. If the child may be a member of, or eligible for membership in, an Indian tribe, during the period under review, was the tribe provided timely notification of its right to intervene in any State court proceedings seeking an involuntary foster care placement or termination of parental rights (TPR)?	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	<b>NA</b> <input type="checkbox"/>
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**Instructions:**

- If the child is not a member of, or eligible for membership in, an Indian tribe, the answer to question C is Not Applicable.
- If the child entered care during the period under review or had a TPR hearing during the period under review, reviewers should determine if timely notice was provided to the tribe. Timely notice is notice that was received no later than 10 days before the proceeding. If timely notice was not provided, the answer to question C is No.
- If the child entered care before the period under review and did not have a TPR hearing during the period under review, the answer to question C is Yes, if, by the beginning of the period under review, all appropriate steps were taken to notify the tribe.

D. If the child is a member of, or eligible for membership in, an Indian tribe, was the child placed in foster care in accordance with the Indian Child Welfare Act (ICWA) placement preferences or were concerted efforts made to place the child in accordance with ICWA placement preferences?

Yes

No

NA

**Instructions:**

- If the child is not Native American, then the answer to question D is Not Applicable (NA).
- Reviewers should determine whether, during the period under review, the child was placed (1) with a member of the child’s extended family, (2) in a foster home licensed, approved, or specified by the Native American child’s tribe, (3) in another Native American foster home placement, or (4) in an institution approved by a tribe or operated by a Native American organization. Placement preference is in this order unless another order is specified by tribal resolution.
- If the child’s placement was not made in accordance with ICWA placement preferences, reviewers should determine if, during the period under review, there were documented concerted efforts to meet the ICWA placement preferences.

**Rating Criteria:**

**Item 14 should be rated as a Strength if the answer to question A is Yes and the answers to questions C and D are either Yes or Not Applicable.**

**Item 14 should be rated as an Area Needing Improvement if either of the following applies:**

- The answer to question A is Yes, but the answer to any one of questions C and/or D is No.
- The answer to question A is No, regardless of the answers to questions B, C, and D.

The answer to question B is not considered in rating this item.

Rating for this indicator (select one):	<input type="checkbox"/>	Strength	<input type="checkbox"/>	Area Needing Improvement	<input type="checkbox"/>	Not Applicable
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**Reason for Rating and Documentation**

Provide below your main reason for rating this item as a Strength, an Area Needing Improvement, or Not Applicable, and provide documentation for the identified issues. If any issue is Not Applicable to the case, enter NA in the appropriate space. For each issue, **indicate the source of your information** (for example, case file, interview with biological mother, interview with caseworker, etc.).

**Main Reason**

Item 14 is rated as \_\_\_\_\_ because:

**Documentation Information**

Document the child’s important connections and how the child’s placement does or does not promote maintaining these important connections. Document agency efforts or lack of efforts to help children maintain important connections when these are not being maintained through the placement itself:

Other issues:

**PERMANENCY OUTCOME 2: THE CONTINUITY OF FAMILY RELATIONSHIPS AND CONNECTIONS IS PRESERVED FOR CHILDREN.**

**Item 15: Relative placement (case file and interviews with caseworker, child’s caregiver, parent(s), child)**

**Purpose of Assessment:** To determine whether, during the period under review, concerted efforts were made to place the child with relatives when appropriate.

**Applicable Cases:** All foster care cases except those in which (1) the agency determined upon the child’s initial entry into care that his or her needs required a specialized placement (such as residential treatment services) and will continue to require such specialized treatment the entire time the child is in care and a relative placement would be inappropriate, or (2) situations such as abandonment in which the identity of the parents and relatives remains unknown despite documented concerted efforts to identify them.

<b>Is this case applicable?</b> (Select the appropriate response. If the response is No, rate the case as Not Applicable in the ratings section, provide your reason for this rating in the documentation section, and continue to item 16.)	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
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A1. During the period under review, was the child’s current or most recent placement with a relative?	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
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A2. If the answer to question A1 is Yes, is (or was) this placement stable and appropriate to the child’s needs?	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	<b>NA</b> <input type="checkbox"/>
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**Instructions:**

- If the answer to question A1 is No, the answer to question A2 should be Not Applicable (NA).
- If the answer to question A2 is Yes, reviewers may rate the item as a Strength, and answer Not Applicable (NA) to the remaining questions for the item.
- If the answer to question A2 is No, reviewers should answer the remaining questions for this item.

B. If the answer to either question A1 or A2 is No, did the agency, during the period under review, make concerted efforts to identify, locate, and evaluate maternal relatives as potential placements for the child, with the result that maternal relatives were ruled out as, or were unwilling to be, placement resources?	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	<b>NA</b> <input type="checkbox"/>
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C. If the answer to either question A1 or A2 is No, did the agency, during the period under review, make concerted efforts to identify, locate, and evaluate paternal relatives as potential placements for the child, with the result that paternal relatives were ruled out as, or were unwilling to be, placement resources?	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	<b>NA</b> <input type="checkbox"/>
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**Instructions:**

- The answers to question B and C should be Not Applicable (NA) if the answers to both questions A1 and A2 are Yes.
- If a child entered foster care during the period under review, reviewers must determine if the State followed the requirements of the title IV-E provision that requires States to consider giving preference to placing the child with relatives, and determine whether the State considered such a placement and how (for example, identifying, seeking out, and evaluating the child’s relatives).
- If a child entered foster care before the period under review and the answer to either question A1 or A2 is No, reviewers must determine whether, during the period under review, the agency made concerted efforts to search for and assess relatives as placement resources, if appropriate. If reviewers determine that, during the period under review, the agency did not consider relatives as placement resources in cases in which consideration was appropriate, the answer to question B should be No.

**Rating Criteria:**

**Item 15 should be rated as a Strength if either of the following applies:**

- The answers to both questions A1 and A2 are Yes.
- The answer to either question A1 or A2 is No, but the answers to questions B and C are Yes or Not Applicable.

**Item 15 should be rated as an Area Needing Improvement if both of the following apply:**

- The answer to either question A1 or A2 is No.
- The answer to either question B or C is No.

<b>Rating for this indicator (select one):</b>	<input type="checkbox"/>	<b>Strength</b>	<input type="checkbox"/>	<b>Area Needing Improvement</b>	<input type="checkbox"/>	<b>Not Applicable</b>
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**Reason for Rating and Documentation**

Provide your main reason for rating this item as a Strength, an Area Needing Improvement, or Not Applicable, and provide documentation for the identified issues. If any issue is Not Applicable to the case, enter NA in the appropriate space. For each issue, **indicate the source of your information** (for example, case file, interview with biological mother, interview with caseworker, etc.).

**Main Reason**

Item 15 is rated as \_\_\_\_\_ because:

**Documentation Information**

If the child is placed with a relative, identify the relationship of that relative to the child and provide details of the placement; for example, appropriateness, how long the child has been in that placement, etc.:

Document agency efforts or lack of efforts to locate and evaluate maternal relatives (including reasons why relatives were not considered as placement resources, if relevant) if appropriate, during the period under review:

Document agency efforts or lack of efforts to locate and evaluate paternal relatives (including reasons why relatives were not considered as placement resources, if relevant) if appropriate, during the period under review:

Other Issues:

PERMANENCY OUTCOME 2: THE CONTINUITY OF FAMILY RELATIONSHIPS AND CONNECTIONS IS PRESERVED FOR CHILDREN.

**Item 16: Relationship of child in care with parents (interviews with child, parent(s), foster parent(s), service providers)**

**Purpose of Assessment:** To determine whether, during the period under review, concerted efforts were made to promote, support, and/or maintain positive relationships between the child in foster care and his or her mother and father or other primary caregiver(s) from whom the child had been removed through activities other than just arranging for visitation.

**Applicable Cases:** All foster care cases are applicable for assessment of this item unless (1) the parental rights for both parents were terminated before the period under review and neither parent made efforts to be involved in the child's life or in ongoing planning for the child during the period under review; (2) the child was abandoned and neither parent could be located; (3) the whereabouts of both parents was not known during the entire period under review despite documented concerted agency efforts to locate both parents; (4) contact with both parents was considered to be not in the best interests of the child (for example, both parents are abusive and there is concern about managing contact with the child); or (5) the child was initially removed from a parent's home, but, during the entire period under review, both parents were deceased.

<b>Is this case applicable?</b> (Select the appropriate response. If the response is No, rate the item as Not Applicable in the ratings section, provide the reason for your rating in the documentation section, and continue to the section on rating Permanency Outcome 2.)	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
A. During the period under review, were concerted efforts made to promote, support, and otherwise maintain a positive and nurturing relationship between the child in foster care and his or her mother?	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
B. During the period under review, were concerted efforts made to promote, support, and otherwise maintain a positive and nurturing relationship between the child in foster care and his or her father?	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>

**Instructions:**

- The applicable question A or B should be answered Not Applicable (NA) if (1) the parent's parental rights were terminated before the period under review and the parent was not involved in planning for the child, (2) the parent's whereabouts was not known during the entire period under review despite efforts to locate her/him, (3) contact between the child and the parent was considered to be not in the child's best interest, or (4) the parent was deceased during the entire period under review.
- Foster parents' activities are considered for purposes of this question. For example, if the foster parent provided transportation to the parent so that the parent could attend the child's school event or medical appointment, that would be considered as contributing towards concerted efforts.
- Reviewers should determine whether concerted efforts were made to support or strengthen the parent-child relationship. For example, did the agency (select all that apply):
  - Encourage the parent's participation in school activities and case conferences, attendance at doctors' appointments with the child, or engagement in the child's after school or sports activities?
  - Provide or arrange for transportation or provide funds for transportation so that the parent could attend the child's special activities and doctors' appointments?
  - Provide opportunities for therapeutic situations to help the parent and child strengthen their relationship?
  - Encourage the foster parents to provide mentoring or serve as role models to the parent to assist her/him in appropriate parenting?
  - Encourage and facilitate contact with incarcerated parents (where appropriate) or with parents not living in close proximity to the child?
- Reviewers should not answer this question based on efforts (or lack of efforts) to ensure the frequency or quality of visitation between the parent and the child. That information is captured under item 13. This question pertains to additional activities to help support, strengthen, or maintain the parent-child relationship.

**Rating Criteria:**

**Item 16 should be rated as a Strength if the answer(s) to question(s) A and B are Yes or Not Applicable.**

**Item 16 should be rated as an Area Needing Improvement if the answer to either question A or B is No.**

<b>Rating for this indicator (select one):</b>	<input type="checkbox"/>	<b>Strength</b>	<input type="checkbox"/>	<b>Area Needing Improvement</b>	<input type="checkbox"/>	<b>Not Applicable</b>
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**Reason for Rating and Documentation**

Provide below your main reason for rating this item as a Strength, an Area Needing Improvement, or Not Applicable, and provide documentation for the identified issues below. If any issue is Not Applicable to the case, enter NA in the appropriate space. For each issue, **indicate the source of your information** (for example, case file, interview with biological mother, interview with caseworker, etc.).

**Main Reason**

Item 16 is rated as \_\_\_\_\_ because:

**Documentation Information**

If not explained in the “reason for rating” section, document efforts or lack of efforts to support or maintain a positive mother-child relationship. (The focus should be on activities such as the ones listed in the instructions, rather than on visitation). Foster parent activities may be considered equivalent to “agency” activities in responding to this question:

If not explained in the “reason for rating” section, document efforts or lack of efforts to support or maintain a positive father-child relationship. (The focus should be on activities such as the ones listed in the instructions, rather than on visitation.) Foster parent activities may be considered equivalent to “agency” activities in responding to this question:

Other Issues:

## RATING PERMANENCY OUTCOME 2

PERMANENCY OUTCOME 2: THE CONTINUITY OF FAMILY RELATIONSHIPS AND CONNECTIONS IS PRESERVED FOR CHILDREN.

Check the level of outcome achievement that best describes the extent to which this outcome is being or has been achieved, based on the ratings for items 11 through 16.

### Level of Outcome Achievement

<input type="checkbox"/> Substantially Achieved:	<p>Permanency Outcome 2 should be rated as Substantially Achieved if both of the following apply:</p> <ul style="list-style-type: none"> <li>• Not more than one of the six items is rated as an Area Needing Improvement.</li> <li>• The rest of the items are rated as either a Strength or Not Applicable.</li> </ul>
<input type="checkbox"/> Partially Achieved:	<p>Permanency Outcome 2 should be rated as Partially Achieved if both of the following apply:</p> <ul style="list-style-type: none"> <li>• At least two items, but fewer than all six items, are rated as an Area Needing Improvement.</li> <li>• At least one item is rated as a Strength.</li> </ul>
<input type="checkbox"/> Not Achieved:	<p>Permanency Outcome 2 should be rated as Not Achieved if both of the following apply:</p> <ul style="list-style-type: none"> <li>• No item is rated as a Strength.</li> <li>• At least one item is rated as an Area Needing Improvement.</li> </ul>
<input type="checkbox"/> Not Applicable:	<p>Permanency Outcome 2 should be rated as Not Applicable if the following applies:</p> <ul style="list-style-type: none"> <li>• All six items are rated as Not Applicable.</li> </ul>

## SECTION III: CHILD AND FAMILY WELL-BEING

WELL-BEING OUTCOME 1: FAMILIES HAVE ENHANCED CAPACITY TO PROVIDE FOR THEIR CHILDREN'S NEEDS.

**Item 17: Needs and services of child, parents, and foster parents (case file and interviews with caseworker, child, parent(s), foster parent(s), service providers, guardian ad litem)**

**Purpose of Assessment:** To determine whether, during the period under review, the agency made concerted efforts to assess the needs of children, parents, and foster parents (both at the child's entry into foster care [if the child entered during the period under review] or on an ongoing basis) to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency's involvement with the family, and provided the appropriate services.

**Applicable Cases:** All cases are applicable for an assessment of this item.

**Special Instructions:**

- Item 17 is divided into three sections: 17A: Needs assessment and services to children, 17B: Needs assessment and services to parents, and 17C: Needs assessment and services to foster parents.
- For each section, answer the relevant questions and provide a rating of Strength or Area Needing Improvement and a reason for the rating. If a particular section is Not Applicable for the case, rate that section as Not Applicable.
- When each section is completed, provide an overall rating for item 17, and the key reasons for the rating. Keep in mind that for the overall item rating to be a Strength, all three sections must be rated as a Strength or Not Applicable.

**Special Definitions:**

- For in-home services cases, "parents" are defined as the children's primary caregivers with whom the children live (for example, biological parents, relatives, guardians, adopted parents, etc.) or a noncustodial parent who is involved, or has indicated a desire to be involved, in the child's life.
- For foster care cases, "parents" include the child's parents, or the child's primary caregivers (if other than the biological parents) from whom the child was removed. "Parents" include adoptive parents if the adoption has been finalized.
- Foster parents are defined as related or non-related caregivers who have been given responsibility for care of the child by the agency while the child is under the care and placement responsibility and supervision of the agency. This includes pre-adoptive parents if the adoption has not been finalized.

### Section 17A: Needs Assessment and Services to Children

A1. During the period under review, did the agency conduct (1) a formal or informal initial comprehensive assessment of the child(ren)'s needs (if the case was opened during the period under review), or (2) an ongoing assessment to provide updated information regarding the child(ren)'s needs for case planning purposes (if the case was opened before the period under review)?

**Yes**

**No**

**Instructions:**

- Assessment of needs may take different forms. For example, needs may be assessed through a formal evaluation conducted by another agency or by a contracted provider or through a more informal case planning process involving intensive interviews with the child, family, service providers, etc.
- Reviewers are to answer question A1 based on a determination of whether the agency made concerted efforts to achieve an in-depth understanding of the needs of the child and family, regardless of whether the needs were assessed in a formal or informal manner. Consequently, the evaluation of the assessment should focus on its adequacy in addition to whether one was conducted or not.
- Reviewers are to consider whether there were safety concerns pertaining to the child(ren), other than those identified in item 4 that could be reasonably expected to escalate to an immediate safety issue without intervention.
- In answering this question, reviewers should consider whether the agency conducted an adequate assessment of the child's needs with regard to appropriate placement.
- Reviewers are to answer this question with regard to an assessment of needs other than those related to the child's education, physical health, and mental/behavioral health (including substance abuse). The assessment of the child's needs related to these issues is addressed in later items.
- If the case is a foster care case, reviewers are to determine only whether the agency assessed the needs of the target child in the case, even if there are other children in the family in foster care or in the home.

**Instructions (continued):**

- If the case is a foster care case, and the child is an adolescent, reviewers should determine whether the child's needs for independent living services are being assessed on an ongoing basis as part of the child's independent living plan. However, if the child is an adolescent and has a permanency plan goal of other planned permanent living arrangement, the reviewer is not to focus on independent living services assessments for item 17 because this was reviewed under item 10.

A2. During the period under review, were appropriate services provided to meet the child's identified needs?	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	<b>NA</b> <input type="checkbox"/>
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**Instructions:**

- If the answer to question A1 is Yes, but the result of the assessment was that no service needs were identified other than those related to education, physical health, and mental/behavioral health (including substance abuse), and therefore no services were provided other than services to address those needs, the answer to question A2 should be Not Applicable (NA).
- Reviewers should focus on the agency's provision of services during the period under review. If services were provided before the period under review, and an assessment conducted during the period under review indicated no further service needs, then the answer to question A2 should be Not Applicable (NA).
- Reviewers are to answer this question with regard to provision of services other than those related to education, physical health, or mental/behavioral health (including substance abuse). The assessment of service provision related to these issues is addressed in later items.
- Reviewers should determine whether the services provided matched identified needs. For example, were the services provided simply because those were the services available or were they provided because the assessment revealed a particular need for a particular type of service?
- If the case is an in-home services case, reviewers are to consider whether the agency met the service needs of all children in the family, even if only one child was the subject of the maltreatment report.
- If the case is a foster care case, reviewers are to determine only whether the agency met the service needs of the target child in the case, even if there are other children in the family in foster care or in the home.
- If the case is a foster care case, and the child is an adolescent but does not have a permanency plan of other planned permanent living arrangement, reviewers should determine whether the agency met the service needs relevant to independent living.
- Examples of services that are assessed under this item include child care services that are not required for the child's safety (those services would be covered under item 4), mentoring programs that are not related to the child's education, recreational services, teen parenting education, preparation for adoption and other permanency goals, services that address family relationships that are not mental health in nature (for example, services to assist children in reestablishing or maintaining family ties), and services to assist the child that are recommended by a therapist or other provider but are not mental-health related (such as enrollment in an activity to assist with social skills or to boost self-esteem), etc.

**Rating Criteria:**

**Section 17A should be rated as a Strength if either of the following applies:**

- The answers to both questions A1 and A2 are Yes.
- The answer to question A1 is Yes, and the answer to question A2 is Not Applicable.

**Section 17A should be rated as an Area Needing Improvement if the answer to either question A1 or A2 is No.**

<b>Rating for this indicator (select one):</b>	<input type="checkbox"/>	<b>Strength</b>	<input type="checkbox"/>	<b>Area Needing Improvement</b>
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**Reason for Rating and Documentation**

Provide below your main reason for rating this item as a Strength or an Area Needing Improvement, and provide documentation for the identified issues that are relevant to this case. If any issue is Not Applicable to the case, enter Not Applicable (NA) in the appropriate space. For each issue, **indicate the source of your information** (for example, case file, interview with biological mother, interview with caseworker, etc.).

**Main Reason**

Section 17A is rated as \_\_\_\_\_ because:

**Documentation Information**

Document the method that the agency used to assess the child's needs:

Document the needs of the child(ren) identified by the agency:

Document the needs that were present but were not identified by the agency:

Document the services provided to the child(ren):

Document the services that were needed but not provided:

Other Issues:

**Section 17B: Needs Assessment and Services to Parents**

B1. During the period under review, did the agency conduct (1) a formal or informal initial comprehensive assessment of the mother's needs (if the case was opened during the period under review) or (2) an ongoing assessment to provide updated information regarding the mother's needs for case planning purposes (if the case was opened before the period under review)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>
B2. During the period under review, did the agency conduct (1) a formal or informal initial comprehensive assessment of the father's needs (if the case was opened during the period under review) or (2) an ongoing assessment to provide updated information regarding the father's needs for case planning purposes (if the case was opened before the period under review)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>

**Instructions:**

- The applicable question B1 or B2 should be answered Not Applicable (NA) if (1) the parent's parental rights were terminated before the period under review, (2) the parent's whereabouts was not known during the entire period under review despite agency efforts to locate her or him, or (3) the parent was deceased during the entire period under review.
- Reviewers are to determine whether the agency has made concerted efforts to ensure that case planning is based on an in-depth understanding of the needs of the child and parent, regardless of whether the needs were assessed in a formal or informal manner. (Assessment of needs may take different forms. For example, needs may be assessed through a formal psychosocial evaluation conducted by another agency or by a contracted provider or through a more informal case planning process involving intensive interviews with the child, family, service providers, etc.)
- Assessment of parents' needs refers to a determination of what parents need to provide appropriate care and supervision to ensure the safety and well-being of their children.
- Assessment of parents' needs may include mental and physical health needs, as later items do not address these concerns for the parents.
- If the case was opened during the period under review, reviewers should focus on whether the agency conducted an initial comprehensive assessment as a basis for developing a case plan, and whether ongoing assessment was conducted as appropriate.
- If the case was opened before the period under review, reviewers should focus on whether the agency conducted periodic comprehensive needs assessments (as appropriate) during the period under review to update information relevant to ongoing case planning.
- If the child is in an adoptive home (the adoption has been finalized), reviewers should consider the adoptive parents as the parents.

B3. During the period under review, did the agency provide appropriate services to the mother to meet identified needs (with respect to services the mother needs in order to provide appropriate care and supervision to ensure the safety and well-being of her children)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>
B4. During the period under review, did the agency provide appropriate services to the father to address identified needs (with respect to services the father needs in order to provide appropriate care and supervision to ensure the safety and well-being of his children)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>

**Instructions:**

- Follow the instructions for questions B1 and B2.
- If an assessment was conducted but no service needs were identified, this question can be answered Not Applicable (NA).
- Appropriate services are those that enhance the parents' ability to provide care and supervision to their children and ensure the child(ren)'s safety and well-being; for example, substance abuse treatment, parenting skills classes, safety-related services not included in item 4, etc.

**Rating Criteria:**

**Section 17B should be rated as a Strength if either of the following applies:**

- The answers to all four questions are Yes.
- The answer to at least one question is Yes, and the answers to the others are Not Applicable.

**Section 17B should be rated as an Area Needing Improvement if the answer to any one of the four questions is No.**

**Section 17B should be rated as Not Applicable if the answers to all four questions are Not Applicable.**

<b>Rating for this indicator (select one):</b>	<input type="checkbox"/>	<b>Strength</b>	<input type="checkbox"/>	<b>Area Needing Improvement</b>	<input type="checkbox"/>	<b>Not Applicable</b>
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**Reason for Rating and Documentation**

Provide below your main reason for rating this item as a Strength, an Area Needing Improvement, or Not Applicable, and provide documentation for the identified issues. If any issue is Not Applicable to the case, enter Not Applicable (NA) in the appropriate space. For each issue, **indicate the source of your information** (for example, case file, interview with biological mother, interview with caseworker, etc.).

**Main Reason**

Section 17B is rated as \_\_\_\_\_ because:

**Documentation Information**

If the assessment of the mother's needs is determined to be not applicable, indicate reason:

If the assessment of the father's needs is determined to be not applicable, indicate reason:

Document the mother's needs identified by the agency:

Document the mother's needs that were not identified by the agency:

Document the services that were provided to the mother:

Document the services that the mother needed but that were not provided:

Document the father's needs identified by the agency:

Document the father's needs that were not identified by the agency:

Document the services provided to the father:

Document the services that the father needed, but that were not provided:

Other Issues:

**Section 17C: Needs Assessment and Services to Foster Parents**

C1. During the period under review, did the agency conduct an assessment of the needs of the foster or pre-adoptive parents on an ongoing basis (with respect to services they need in order to provide appropriate care and supervision to ensure the safety and well-being of the children in their care)?

Yes

No

NA

C2. During the period under review, were the foster or pre-adoptive parents provided with appropriate services to address identified needs that pertained to their capacity to provide appropriate care and supervision and ensure the safety and well-being of the children in their care?

Yes

No

NA

**Definitions:**

- Foster parents are defined as related or non-related caregivers who have been given responsibility for care of the child by the agency while the child is under the care and placement responsibility and supervision of the agency. This includes pre-adoptive parents if the adoption has not been finalized.

**Instructions:**

- Reviewers should select Not Applicable (NA) for both questions C1 and C2 if the case is not a foster care case or if, during the entire period under review, the child was in out-of-home care in a residential facility or similar placement, but does not have foster parents.
- The answer to question C2 should be Not Applicable (NA) if needs were assessed but none were identified.
- Reviewers should determine whether an assessment was conducted to identify what the foster parents needed to enhance their capacity to provide appropriate care and supervision to the children in their home, including needs for respite care, assistance with transportation needs, counseling to address the child's behavior problems, etc.
- Reviewers should determine whether assessment of foster parent needs is done on an ongoing basis. If there is no evidence in the case file that the agency assessed the needs of the foster parents at any time during the period under review, and the foster parents (if available for interview) indicate that they have not been assessed, then the answer to question C1 should be No.

**Rating Criteria for Section 17C:**

Section 17C should be rated as a **Strength** if either of the following applies:

- The answers to both questions C1 and C2 are Yes.
- The answer to question C1 is Yes, and the answer to question C2 is Not Applicable.

Section 17C should be rated as an **Area Needing Improvement** if the answer to either question C1 or C2 is No.

Section 17C should be rated as **Not Applicable** if the answers to questions C1 and C2 are Not Applicable.

Rating for this indicator (select one):	<input type="checkbox"/>	Strength	<input type="checkbox"/>	Area Needing Improvement	<input type="checkbox"/>	Not Applicable
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**Reason for Rating and Documentation**

Provide below your main reason for rating this item as a Strength, an Area Needing Improvement or Not Applicable, and provide documentation for the identified issues. If any issue is Not Applicable to the case, enter NA in the appropriate space. For each issue, indicate the source of your information (for example, case file, interview with biological mother, interview with caseworker, etc.).

**Main Reason**

Section 17C is rated as \_\_\_\_\_ because:

**Documentation Information**

Document the foster parent(s)' needs identified by the agency:

Document the foster parents' needs that were not identified by the agency:

Document the services provided to the foster parent(s):

Document the services that the foster parent(s) needed but that were not provided:

Other Issues:

**Rating Criteria for Item 17:**

**Item 17 should be rated as a Strength if sections A, B, and C are all rated as a Strength or Not Applicable.**

**Item 17 should be rated as an Area Needing Improvement if any one of sections A, B, or C is rated as an Area Needing Improvement.**

<b>Rating for this indicator (select one):</b>	<input type="checkbox"/>	<b>Strength</b>	<input type="checkbox"/>	<b>Area Needing Improvement</b>
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**Reason for Rating and Documentation**

Provide below your main reason for rating this item as a Strength, an Area Needing Improvement, or Not Applicable and provide documentation for the identified issues. If any issue is Not Applicable to the case, enter NA in the appropriate space. For each issue, **indicate the source of your information** (for example, case file, interview with biological mother, interview with caseworker, etc.).

**Main Reason**

**Item 17 is rated as \_\_\_\_\_ because:**

(Note: The reviewers' reason should address information pertaining to the child, mother, father, and foster parents.)

WELL-BEING OUTCOME 1: FAMILIES HAVE ENHANCED CAPACITY TO PROVIDE FOR THEIR CHILDREN’S NEEDS.

**Item 18: Child and family involvement in case planning (case file and interviews with caseworker, parent(s), child, foster parent(s), service providers)**

**Purpose of Assessment:** To determine whether, during the period under review, concerted efforts were made (or are being made) to involve parents and children (if developmentally appropriate) in the case planning process on an ongoing basis.

**Applicable Cases:** All cases are applicable for an assessment of this item except for the following:

- Foster care cases involving a child for whom participating in planning is not developmentally appropriate, and whose parents or relatives cannot be located despite documented concerted efforts on the part of the agency.
- Foster care cases involving a child for whom participation in planning is not developmentally appropriate, and whose parents were deceased during the entire period under review.
- Foster care cases involving a child for whom participation in planning is not developmentally appropriate, and whose parents voluntarily terminated their parental rights (i.e., consented to adoption of the child) shortly after contact with the agency and/or did not seek to be involved in any way in the child’s life.
- Foster care cases involving a child for whom participation in planning is not developmentally appropriate, and whose parents’ rights were terminated before the period under review.
- Foster care cases involving a child for whom participation in planning is not developmentally appropriate, and, during the entire period under review, it was documented in the case file that it was not in the child’s best interest to involve the parents and the child in case planning.

In-home services cases are applicable even in States that do not require a formal case plan to be developed for in-home services cases. Therefore, the case is applicable even if there is no requirement for a case plan and there is no case plan in the file.

<p><b>Is this case applicable?</b> (Select the appropriate response. If the response is No, rate the case as Not Applicable in the ratings section, provide your reason for the rating in the documentation section, and continue to item 19.)</p>	<p><b>Yes</b> <input type="checkbox"/></p>	<p><b>No</b> <input type="checkbox"/></p>	
<p>A. During the period under review, did the agency make concerted efforts to actively involve the child in the case planning process?</p>	<p><b>Yes</b> <input type="checkbox"/></p>	<p><b>No</b> <input type="checkbox"/></p>	<p><b>NA</b> <input type="checkbox"/></p>

**Definition:**

- “Actively involved” means that the agency consulted with the child (as developmentally appropriate) regarding the child’s goals and services, explained the plan and terms used in the plan in language that the child can understand, and included the child in periodic case planning meetings, particularly if any changes are being considered in the plan.

**Instructions:**

- Reviewers should select Not Applicable (NA) if the child is not old enough to participate in case planning or is incapacitated. Although the capacity to participate actively in case planning will need to be decided on a case-by-case basis, as a guideline, most children who are elementary school-aged or older may be expected to participate to some extent.
- If the case is a foster care case, item 18 applies to the target child only. If the case is an in-home services case, item 18 applies to all children in the family who are/were receiving agency services or are/were residing within the family.
- If the case is a foster care case, reviewers should answer No to this question if there is no case plan in the case file.
- If the case is an in-home services case, and there is no case plan in the file (some States require that an identifiable written case plan be included in the file for in-home services cases), reviewers should identify the extent to which the child (if developmentally appropriate) was involved in determining: (1) his or her strengths and needs, (2) the type and level of services needed, and (3) his or her goals and progress toward meeting them. The reviewer should determine whether this information was documented in the case file in any way.
- Reviewers should not assume that a child’s knowledge about his or her case plan is an indicator of active involvement.
- If the initial case plan was developed before the period under review, reviewers should focus on the child’s involvement during the period under review in the ongoing case planning process, particularly with regard to evaluating progress and making changes in the type and level of services needed.

B. During the period under review, did the agency make concerted efforts to actively involve the mother in the case planning process?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>
C. During the period under review, did the agency make concerted efforts to actively involve the father in the case planning process?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>

**Definition:**

- “Actively involved” means that the agency involved the parent in (1) identifying strengths and needs, (2) identifying services and service providers, (3) establishing goals in case plans, (4) evaluating progress toward goals, and (5) discussing the case plan in case planning meetings.
- For in-home services cases, “parents” are defined as the child’s primary caregivers with whom the child lives, or as a noncustodial parent who is involved or wishes to be involved in the child’s life.
- For foster care cases, “mother” and “father” include the following:
  - The child’s biological parents
  - The child’s primary caregivers (if other than the biological parents) from whom the child was removed (if relevant)
  - The child’s adoptive parents if the adoption has been finalized

**Instructions:**

- Reviewers should select Not Applicable (NA) if the parents’ involvement was determined to be contrary to the child’s safety or best interests (for example, the parents are considered abusive parents whose contacts with the child continue to pose unmanageable risks). Documentation must be in the case file.
- Reviewers should select Not Applicable (NA) if the parents’ whereabouts were not known, and there is documentation in the case file regarding the agency’s concerted efforts to locate her or him.
- If the initial case plan was developed before the period under review, reviewers should focus on the parents’ involvement during the period under review in the ongoing case planning process, particularly with regard to evaluating progress and making changes in the plan.
- Reviewers should select No if the agency did not make concerted efforts to locate a parent whose whereabouts were unknown.

**Rating Criteria:**

**Item 18 should be rated as a Strength if the answers to questions A, B, and C are either Yes or Not Applicable.**

**Item 18 should be rated as an Area Needing Improvement if the answer to any one of questions A, B, or C is No.**

Rating for this indicator (select one):	<input type="checkbox"/>	Strength	<input type="checkbox"/>	Area Needing Improvement	<input type="checkbox"/>	Not Applicable
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**Reason for Rating and Documentation**

Provide below your main reason for rating this item as a Strength, an Area Needing Improvement, or Not Applicable, and provide documentation for the identified issues. If any issue is Not Applicable to the case, enter NA in the appropriate space. For each issue, **indicate the source of your information** (for example, case file, interview with biological mother, interview with caseworker, etc.).

**Main Reason**

Item 18 is rated as \_\_\_\_\_ because:

**Documentation Information**

Document the ways in which each party listed below was or was not involved in case planning (for example, identifying needs and services, establishing goals, evaluating progress, etc.) If the involvement of the child, mother, or father is determined by the reviewers to be Not Applicable, document the reasons for this determination (including any evidence of efforts to locate absent parents).

Child:

Mother:

Father:

Other Issues:

WELL-BEING OUTCOME 1: FAMILIES HAVE ENHANCED CAPACITY TO PROVIDE FOR THEIR CHILDREN'S NEEDS.

**Item 19: Caseworker visits with child (case file and interviews with caseworker, child, parent(s), foster parent(s), service providers, guardian ad litem, CASA worker)**

**Purpose of Assessment:** To determine whether the frequency and quality of visits between caseworkers and the child(ren) in the case are sufficient to ensure the safety, permanency, and well-being of the child and promote achievement of case goals.

**Applicable Cases:** All cases are applicable for an assessment of this item.

A. During the period under review, was the frequency of the visits between the caseworker (or other responsible party) and the child(ren) sufficient to address issues pertaining to the safety, permanency, and well-being of the child and promote achievement of case goals?

Yes

No

During the period under review, what was the most typical pattern of visitation between the caseworker or other responsible party and the child(ren) in the case? (Select the box that describes the usual pattern of visitation.)

- More than once a week
- Once a week
- Less than once a week, but at least twice a month
- Less than twice a month, but at least once a month
- Less than once a month
- Never

**Definitions:**

- “Other responsible party” refers to contracted service providers who have full responsibility for case planning and case management (for example, fully or partially privatized child welfare systems where full case management responsibilities are delegated to contract agencies). It does not refer to contracted service providers that provide services while the agency maintains decisionmaking and case management responsibilities regarding the case or the child.
- A “visit” is defined as a face-to-face contact between the caseworker or other responsible party and the child.

**Instructions:**

- If the case is an in-home services case, question A should be answered for all children in the family who are living in the home and/or receiving services through the agency.
- If the case is a foster care case, question A should be answered only for the target child in the case.
- Reviewers should consider only the pattern of visits during the period under review and not over the life of the case.
- Reviewers should focus on the visitation frequency of the agency caseworker responsible for the case.
- Reviewers should determine the most typical pattern of visiting during the period under review because the actual frequency may vary in specific time periods.
- Reviewers should base their determination on the frequency necessary to ensure the child’s safety, permanency, and well-being and not on State policy requirements regarding caseworker contacts or visits with the child. For example, if State policy is that the caseworker should visit the child at least once a month, and the reviewer determines that given the circumstances of the case (for example, there are safety concerns), the caseworker should visit more frequently, then the answer to question A should be No, and the reason for this answer should be provided in the documentation section.
- If the typical pattern of visits is less than once a month, the answer to question A should be No unless the reviewer determines that there is a substantial justification for a Yes answer. In this situation the justification should be included in the documentation section.
- If the child is in a placement in another State, the reviewer should determine whether a caseworker from the jurisdiction in which the child is placed, or a caseworker from the jurisdiction from which the child was placed, visits with the child in the placement on a schedule that is consistent with the child’s needs and no less frequently than once per year, as required by Federal law.

B. During the period under review, was the quality of the visits between the caseworker and the child(ren) sufficient to address issues pertaining to the safety, permanency, and well-being of the child and promote achievement of case goals (for example, did the visits between the caseworker or other responsible party and the child(ren) focus on issues pertinent to case planning, service delivery, and goal achievement)?

Yes

No

**Instructions:**

- Reviewers should consider both the length of the visit (for example, was it of sufficient duration to address key issues with the child, or was it just a brief visit) and the location of the visit (for example, was it in a place conducive to open and honest conversation, such as a private home, or was it in a more formal or public environment, such as a restaurant or court house).
- Reviewers should consider whether the caseworker saw the child alone or whether the parent or foster parent was usually present during the caseworker’s visits with the child. If the child was older than an infant, and the caseworker did not see the child alone for at least part of each visit, then the answer to question B should be No.
- Reviewers also should consider the topics that were discussed during the visits, if that information is available in the case file or through interviews. For the answer to question B to be Yes, there must be some evidence that the caseworker and the child addressed issues pertaining to the child’s needs, services, and case goals during the visits.

**Rating Criteria:**

**Item 19 should be rated as a Strength if the answers to both questions A and B are Yes.**

**Item 19 should be rated as an Area Needing Improvement if the answer to either question A or B is No.**

**There are no circumstances under which item 19 could be rated as Not Applicable.**

Rating for this indicator (select one):

Strength

Area Needing Improvement

**Reason for Rating and Documentation**

Provide below your main reason for rating this item as a Strength or an Area Needing Improvement, and provide documentation for the identified issues. If any issue is Not Applicable to the case, enter NA in the appropriate space. For each issue, **indicate the source of your information** (for example, case file, interview with biological mother, interview with caseworker, etc.).

**Main Reason**

Item 19 is rated as \_\_\_\_\_ because:

**Documentation Information**

If not explained in the “reason for rating” section, document barriers to more frequent visiting (if relevant):

If not explained in the “reason for rating” section, and visits were less frequent than monthly but reviewers determined this was sufficient (question A was answered Yes), provide documentation to support that decision and identify other contacts the agency had with the child, if appropriate (for example, the child is in a residential care facility that is 6 hours away, but the caseworker calls and has private conversations with the child weekly and visits the child regularly):

If not explained in the “reason for rating” section, and visits were at least monthly but reviewers determined this was not sufficient, document the case circumstances requiring more frequent visits to meet the child’s needs:

Document the aspects of the caseworker visits with the child that contributed to high quality visits (if relevant) or why caseworker visits were not of high quality (if relevant):

Other Issues:

WELL-BEING OUTCOME 1: FAMILIES HAVE ENHANCED CAPACITY TO PROVIDE FOR THEIR CHILDREN'S NEEDS.

**Item 20: Caseworker visits with parents (case file and interviews with caseworker, parent(s), service providers)**

**Purpose of Assessment:** To determine whether, during the period under review, the frequency and quality of visits between caseworkers and the mothers and fathers of the children are sufficient to ensure the safety, permanency, and well-being of the children and promote achievement of case goals.

**Applicable Cases:** This item is applicable for assessment for all cases in which visits between the caseworker and at least one parent were determined to be appropriate and not contrary to a child's safety or best interests. The case is Not Applicable for an assessment of this item if any of the following apply:

- Both parents are deceased (during the entire period under review) and the child is not in a permanent home.
- There is no plan for further involvement between the parents and the agency or the parents and the child, and the child is not in a permanent home.
- The whereabouts of both parents is unknown and (during the entire period under review) there is documentation of the agency's concerted efforts to locate them.
- During the period under review, neither parent indicated interest in being involved in the child's life after contact or concerted efforts to contact were made by the agency, and/or contact between the agency and the parent would not be in the child's best interest (for example, parental rights have been terminated with no plan for further parental involvement, the parents are considered abusive parents whose contacts with the child continue to pose unmanageable risks). Documentation for this also must be in the case file.

Reviewers may not rate the case as Not Applicable if the parents have not been involved in the child's life unless there is documentation that the agency made concerted efforts to locate both parents and could not locate them, or the agency located them but the parents refused to have any contact with the worker.

<b>Is this case applicable?</b> (Select appropriate response. If the response is No, check Not Applicable in the ratings section, provide your reason for the rating in the documentation section, and continue to the Well-Being Outcome 1 rating section.)	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
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A1. During the period under review, was the frequency of the visits between the caseworker (or other responsible party) and the mother sufficient to address issues pertaining to the safety, permanency, and well-being of the child and promote achievement of case goals?	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	<b>NA</b> <input type="checkbox"/>
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A2. During the period under review, what was the most typical pattern of visitation between the caseworker or other responsible party and the mother of the child(ren)?

- More than once a week
- Once a week
- Less than once a week, but at least twice a month
- Less than twice a month, but at least once a month
- Less than once a month
- Never
- Not applicable

B1. During the period under review, was the frequency of the visits between the caseworker (or other responsible party) and the father sufficient to address issues pertaining to the safety, permanency, and well-being of the child and promote achievement of case goals?	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	<b>NA</b> <input type="checkbox"/>
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B2. During the period under review, what was the most typical pattern of visitation between the caseworker or other responsible party and the father of the child(ren):

- More than once a week
- Once a week
- Less than once a week, but at least twice a month
- Less than twice a month, but at least once a month
- Less than once a month
- Never
- Not applicable

**Definitions:**

- “Other responsible party” refers to contracted service providers who have full responsibility for case planning and case management (for example, fully or partially privatized child welfare systems where full case management responsibilities are delegated to contract agencies). It does not refer to contracted service providers who provide services while the agency maintains decisionmaking and case management responsibilities regarding the case or the child.
- A “visit” is defined as a face-to-face contact between the caseworker or other responsible party and the parent.
- For in-home services cases, “parents” are defined as the children’s primary caregivers with whom the children live, or as a noncustodial parent who is involved or wishes to be involved in the child’s life.
- For foster care cases, “parents” include:
  - The child’s biological parents
  - The child’s primary caregivers (if other than the biological parents) from whom the child was removed (if relevant)
  - The child’s adoptive parents if the adoption has been finalized

**Instructions:**

- Reviewers should select Not Applicable (NA) if: (1) agency contact with the mother or father was determined to be contrary to a child’s safety or best interests (and this is documented in the case file), (2) the location of the parent was unknown during the entire period under review, despite documented concerted agency efforts to locate her or him, (3) the parents’ parental rights were terminated before the period under review and she or he is not involved in the child’s life, or (4) during the entire period under review, the parent was not involved in the child’s life or in case planning in any way despite agency efforts to involve her or him.
- If the answer to question A1 or B1 is Not Applicable (NA), the answer to question A2 or B2 for that parent also should be Not Applicable (NA).
- Reviewers should consider only the pattern of visits during the period under review and not over the life of the case.
- Reviewers should determine the most typical pattern of visiting during the period under review because the actual frequency may vary in specific time periods.
- Reviewers should select Never for questions A2 and B2 if the agency reported that the whereabouts of the mother or father was unknown, but there was no evidence that the agency made concerted efforts to locate either the mother or the father.
- Reviewers should consider the frequency of visits that is necessary to effectively address: (1) the child’s safety, permanency, and well-being, and (2) achievement of case goals. Reviewers should not answer the question based on the caseworker visit requirements that may be established by State policy.
- The answers to questions A1 and B1 should be No if the typical pattern of contact is less than once a month, unless the reviewer has a substantial justification for answering either question as Yes. (Please provide this justification in the documentation section.)

C. During the period under review, was the quality of the visits between the caseworker and the mother sufficient to address issues pertaining to the safety, permanency, and well-being of the child and promote achievement of case goals?

Yes

No

NA

D. During the period under review, was the quality of the visits between the caseworker and the father sufficient to address issues pertaining to the safety, permanency, and well-being of the child and promote achievement of case goals?

Yes

No

NA

**Instructions:**

- Reviewers should consider both the length of the visit (for example, was it of sufficient duration to address key issues with the mother/father, or was it just a brief visit?) and the location of the visit (for example, was it in a place conducive to open and honest conversation, such as a private home, or was it in a formal or public environment that might be uncomfortable for the parent, such as a court house or restaurant?).
- Reviewers should consider whether the visits between the caseworker or other responsible party and the father/mother focused on issues pertinent to case planning, service delivery, and goal achievement.
- If the answer to question A or B is Not Applicable, then the answer to the corresponding question (same parent) C or D should be Not Applicable.

**Rating Criteria:**

**Item 20 should be rated as a Strength if the answers to questions A1, B1, C, and D are Yes or Not Applicable.**

**Item 20 should be rated as an Area Needing Improvement if the answer to any one of questions A1, B1, C, or D is No.**

Rating for this indicator (select one):

Strength

Area Needing Improvement

Not Applicable

**Reason for Rating and Documentation**

Provide below your main reason for rating this item as a Strength, an Area Needing Improvement, or Not Applicable (NA) and provide documentation for the identified issues. If any issue is Not Applicable to the case, enter NA in the appropriate space. For each issue, **indicate the source of your information** (for example, case file, interview with biological mother, interview with caseworker, etc.).

**Main Reason**

Item 20 is rated as \_\_\_\_\_ because:

**Documentation Information**

If not explained in the “reason for rating” section, describe barriers to more frequent visiting with the mother (if relevant) and provide documentation to support a determination that caseworker visits with the mother is Not Applicable (if relevant):

If visits with the mother were less frequent than monthly, and the reviewers determined this was sufficient (answer to question A1 is Yes), provide the rationale and documentation to support that decision:

Describe the general quality of the caseworker visits with the mother and the issues that were or were not addressed during caseworker visits (if relevant):

If not explained in the “reason for rating” section, describe barriers to more frequent visiting with the father (if relevant) and provide documentation to support a determination that caseworker visits with the father is Not Applicable:

If visits with the father were less frequent than monthly, and reviewers determined this was sufficient (the answer to question B1 is Yes), provide the rationale and documentation to support that decision:

Describe the general quality of the caseworker visits with the father and the issues that were or were not addressed during caseworker visits (if relevant):

Other Issues:

## RATING CHILD AND FAMILY WELL-BEING OUTCOME 1

WELL-BEING OUTCOME 1: FAMILIES HAVE ENHANCED CAPACITY TO PROVIDE FOR THEIR CHILDREN'S NEEDS.

Check the level of outcome achievement that best describes the extent to which this outcome is being or has been achieved, based on the ratings for items 17 through 20.

### Level of Outcome Achievement

<input type="checkbox"/> Substantially Achieved:	Well-Being Outcome 1 should be rated as Substantially Achieved if both of the following apply: <ul style="list-style-type: none"> <li>• Item 17 is rated as a Strength, and</li> <li>• Only one of items 18, 19, and 20 is rated as an Area Needing Improvement.</li> </ul>
<input type="checkbox"/> Partially Achieved:	Well-Being Outcome 1 should be rated as Partially Achieved if either of the following applies: <ul style="list-style-type: none"> <li>• Item 17 is rated as an Area Needing Improvement, but at least one other item is rated as a Strength.</li> <li>• Item 17 is rated as a Strength, but at least two of items 18, 19, and 20 are rated as Areas Needing Improvement.</li> </ul>
<input type="checkbox"/> Not Achieved:	Well-Being Outcome 1 should be rated as Not Achieved if the following applies: <ul style="list-style-type: none"> <li>• All applicable items are rated as Areas Needing Improvement.</li> </ul>
<input type="checkbox"/> Not Applicable:	Well-Being Outcome 1 should be rated as Not Applicable if all items are rated as Not Applicable.

WELL-BEING OUTCOME 2: CHILDREN RECEIVE APPROPRIATE SERVICES TO MEET THEIR EDUCATIONAL NEEDS.

**Item 21: Educational needs of the child (case file and interviews with caseworker, child, foster parent(s), parent(s), service providers)**

**Purpose of Assessment:** To assess whether, during the period under review, the agency made concerted efforts to assess children’s educational needs at the initial contact with the child (if the case was opened during the period under review) or on an ongoing basis (if the case was opened before the period under review), and whether identified needs were appropriately addressed in case planning and case management activities.

**Applicable Cases:**

- All foster care cases involving a school-aged child, including those in pre-school, are applicable for an assessment of this item. If a child is 2 years old or younger and has been identified as having developmental delays, the case may be applicable if the developmental delays need to be addressed through an educational approach rather than through physical therapy or some form of physical health approach. In these latter cases, the issue of developmental delays would be addressed under item 22.
- Foster care cases are Not Applicable if the child is age 2 or younger and there are no apparent developmental delays.
- In-home services cases are applicable for an assessment of this item if (1) educational issues are relevant to the reason for the agency’s involvement with the family, and/or (2) it is reasonable to expect that the agency would address educational issues given the circumstances of the case. For example, it is reasonable to expect that the agency would address educational issues in a case in which the child is the subject of a substantiated maltreatment report and, during the period under review, the maltreatment appeared to be affecting the child’s school performance.
- In-home services cases are Not Applicable for an assessment of this item if the reviewer determines that, during the period under review, there is no reason to expect that the agency would address educational issues for any children in the family, given the reason for agency involvement or the circumstances of the case. Such a case would be Not Applicable, even if there is information in the case file that the mother or other caregiver has obtained educational services for the child.

**Is this case applicable?** (Select the appropriate response. If the answer is No, rate the item as Not Applicable in the ratings section, provide a reason for the rating in the documentation section, and continue to the Well-Being Outcome 2 rating section.)

<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
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A. During the period under review, did the agency make concerted efforts to assess the child(ren)’s educational needs?

<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
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**Instructions:**

- If the case is a foster care case, question A should be answered only for the child in foster care, even if the child was reunified during the period under review and there are other children in the home.
- If the case is an in-home services case, question A should be answered for all children in the home who meet the case applicability requirements.
- Question A should be answered Yes if there was evidence of an educational assessment in the case file, such as the following:
  - An educational assessment was included in the comprehensive needs assessment.
  - A separate educational assessment was conducted by the school (and made available to the agency) or by the agency.
  - The agency conducted an informal (and documented) educational assessment.
- Question A should be answered Yes if the reviewer determines through interviews with key individuals that the agency assessed the child’s educational needs, even if the case file did not include the documentation identified above.

B. During the period under review, did the agency engage in concerted efforts to address the child(ren)’s educational needs through appropriate services?

<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	<b>NA</b> <input type="checkbox"/>
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**Instructions:**

- Question B should be answered Not Applicable (NA) if an educational assessment was conducted (i.e., question A is answered Yes) but no needs were identified.
- Reviewers should identify the child(ren)’s educational needs and determine if services were provided to address those needs. For example, did the child need special education services, extra help with school work (for example, tutoring), advocacy with the school system, early intervention preschool classes, etc.? Were the appropriate services provided to meet the needs?
- Reviewers should focus on agency efforts, even if these efforts were not fully successful due to factors beyond the agency’s control. For example, if the agency made concerted efforts to advocate for special education classes, but the local school continued to resist, reviewers may answer Yes to question B, although the child did not receive the needed services.

**Rating Criteria:**

**Item 21 should be rated as a Strength if either of the following applies:**

- The answers to questions A and B are Yes.
- The answer to question A is Yes, and the answer to question B is Not Applicable.

**Item 21 should be rated as an Area Needing Improvement if the answer to either question A or B is No.**

<b>Rating for this indicator (select one):</b>	<input type="checkbox"/>	<b>Strength</b>	<input type="checkbox"/>	<b>Area Needing Improvement</b>	<input type="checkbox"/>	<b>Not Applicable</b>
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**Reason for Rating and Documentation**

Provide below your main reason for rating this item as a Strength, an Area Needing Improvement, or Not Applicable, and provide documentation for the identified issues. If any issue is Not Applicable to the case, enter NA in the appropriate space. For each issue, **indicate the source of your information** (for example, case file, interview with biological mother, interview with caseworker, etc.).

**Main Reason**

**Item 21 is rated as \_\_\_\_\_ because:**

**The following information is being collected for analysis purposes:**

For foster care cases only, during the period under review, did the agency conduct case management activities appropriate to addressing the child’s educational needs? Reviewers should determine if, during the period under review, the following case-management requirements of Federal statute were met for an applicable foster care case (select each one that was met):

- To the extent available and accessible, the child’s educational records are in the case file and are up to date [Social Security Act §475(1)(C)].
- The case plan addresses identified educational needs [Social Security Act §475(1)(C)].
- To the extent available and accessible, foster parents or caregivers of a child placed in a facility are provided with the child’s educational records [Social Security Act §475(5)(D)].
- Educational records include the names and addresses of the child’s educational providers, the child’s grade level performance, and any other relevant education information [Social Security Act §475(1)(C)].

**Documentation Information**

If not explained in the “reason for rating” section, document the process used for educational assessment, if relevant:

Document in the chart below the services provided or not provided to address the child’s educational needs. Services would include advocacy on the part of foster parents as well as the caseworker; ensuring that the child received special education classes; making provisions for the child to receive tutoring or educational mentoring; or arranging for the child to be enrolled in early intervention preschool classes, such as Head Start:

Educational Needs	Services Provided	Services Needed but Not Provided

If there are services that were not or are not being provided, document agency efforts, or lack of agency efforts, to provide those services:

Other Issues:

## RATING CHILD AND FAMILY WELL-BEING OUTCOME 2

WELL-BEING OUTCOME 2: CHILDREN RECEIVE APPROPRIATE SERVICES TO MEET THEIR EDUCATIONAL NEEDS.

Check the level of outcome achievement that best describes the extent to which this outcome is being or has been achieved, based on the rating for item 21.

### Level of Outcome Achievement

<input type="checkbox"/> Substantially Achieved:	Well-Being Outcome 2 should be rated as Substantially Achieved if the following applies: <ul style="list-style-type: none"> <li>• Item 21 is rated as a Strength.</li> </ul>
<input type="checkbox"/> Partially Achieved:	Well-Being Outcome 2 should be rated as Partially Achieved if the following applies: <ul style="list-style-type: none"> <li>• Item 21 is rated as an Area Needing Improvement, but the answer to at least one of the key questions was Yes.</li> </ul>
<input type="checkbox"/> Not Achieved:	Well-Being Outcome 2 should be rated as Not Achieved if the following applies: <ul style="list-style-type: none"> <li>• Item 21 is rated as an Area Needing Improvement and none of the questions was answered Yes.</li> </ul>
<input type="checkbox"/> Not Applicable:	Well-Being Outcome 2 should be rated as Not Applicable if the following applies: <ul style="list-style-type: none"> <li>• Item 21 is rated as Not Applicable.</li> </ul>

**WELL-BEING OUTCOME 2: CHILDREN RECEIVE ADEQUATE SERVICES TO MEET THEIR PHYSICAL AND MENTAL HEALTH NEEDS.**

**Item 22: Physical health of the child (case file and interviews with caseworker, foster parent(s), parent(s), medical service providers, guardian ad litem, service providers)**

**Purpose of Assessment:** To determine whether, during the period under review, the agency addressed the physical health needs of the child, including dental health needs.

**Applicable Cases:**

- All foster care cases are applicable for an assessment of this item.
- In-home services cases are applicable for an assessment of this item if (1) physical health issues were relevant to the reason for the agency’s involvement with the family, and/or (2) it is reasonable to expect that the agency would address physical health issues given the circumstances of the case. For example, it is reasonable to expect that the agency would address physical health issues in a case in which the child is the subject of a substantiated maltreatment report and there is reason to suspect that, during the period under review, the maltreatment may have affected the child’s physical health.
- In-home services cases are not applicable for an assessment of this item if the reviewer determines that there is no reason to expect that the agency would address physical health issues for any children in the family, given the reason for agency involvement or the circumstances of the case. This “non-applicability” applies even if there is evidence in the case file that the agency has learned that the parent is effective in taking care of the child’s physical health needs.

<b>Is this case applicable?</b> (Select the appropriate response. If the answer is No, rate the case as Not Applicable in the ratings section, provide your justification for the rating in the documentation section, and continue to item 23.)	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
A1. During the period under review, did the agency assess the child’s physical health care needs?	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	<b>NA</b> <input type="checkbox"/>
A2. During the period under review, did the agency assess the child’s dental health care needs?	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	<b>NA</b> <input type="checkbox"/>

**Instructions:**

- If the child is too young for a dental examination, then question A2 should be answered Not Applicable (NA).
- Reviewers should determine if there is evidence that, during the period under review, the agency arranged for assessment of the child(ren)’s health care needs, including dental care needs, both initially (if the child entered foster care during the period under review), or on an ongoing basis through periodic health and dental screening services conducted during the period under review.
- The evidence to take under consideration would include, but is not limited to:
  - Conducting an initial health care screening, such as EPSDT (Early Periodic Screening, Diagnosis, and Treatment) or other comprehensive medical examination upon entry into foster care (if the child entered foster care during the period under review).
  - Ensuring that, during the period under review, the child received ongoing periodic preventive physical and dental health screenings to identify and avoid potential problems. (Preventive health care refers to initial and periodic age-appropriate dental or physical health examinations.)
  - Including an assessment of physical and dental health needs in the initial comprehensive needs assessment (if the child entered foster care during the period under review), or in ongoing needs assessments conducted to guide case planning.

B1. During the period under review, did the agency ensure that appropriate services were provided to the child to address all identified physical health needs?	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	<b>NA</b> <input type="checkbox"/>
B2. During the period under review, did the agency ensure that appropriate services were provided to the child to address all identified dental health needs?	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	<b>NA</b> <input type="checkbox"/>

**Instructions:**

- If the answers to question(s) A1 and/or A2 are Yes and no needs for services or treatment were identified, then the corresponding question(s) B1 and/or B2 should be answered Not Applicable (NA). If question A2 is Not Applicable (NA) because of the child’s age, then question B2 also should be Not Applicable (NA).
- Reviewers should answer these questions based on a determination of the child(ren)’s physical health needs and the services provided or not provided to address those needs during the period under review. This would include immunizations, treatment services, and dental services, including orthodontics.
- For foster care cases only, reviewers should determine if, during the period under review, there was evidence that the following case-management criteria required by Federal statute were met (select each one that was met):
  - To the extent available and accessible, the child’s health records are up to date and included in the case file [Social Security Act §475(1)(C)].
  - The case plan addresses the issue of health and dental care needs [Social Security Act §475(1)(C)].
  - To the extent available and accessible, foster parents or caregivers of a child placed in a facility are provided with the child’s health records [Social Security Act §475(5)(D)].Health records include the names and addresses of the child’s health care providers, a record of the child’s immunizations, the child’s known medical problems, the child’s medications, and any other relevant health information.
- Reviewers should answer No to question B1 or B2 if they determine that the fact that the case management activities were not met had or has a negative impact on the agency’s ability to meet the child’s health and dental care needs. For example, foster parents were unable to effectively address health care needs because they had never seen the child’s health records, or the child’s health care needs were not being met because there were no health records in the case file and the worker was unaware of the child’s health care needs.

**Rating Criteria:**

**Item 22 should be rated as a Strength if either of the following applies:**

- The answers to questions A1, A2, B1, and B2 are Yes.
- The answer to at least one of questions A1, A2, B1, and B2 is Yes, and the rest are Not Applicable.

**Item 22 should be rated as an Area Needing Improvement if the answer to at least one question is No.**

<b>Rating for this indicator (select one):</b>	<input type="checkbox"/>	<b>Strength</b>	<input type="checkbox"/>	<b>Area Needing Improvement</b>	<input type="checkbox"/>	<b>Not Applicable</b>
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**Reason for Rating and Documentation**

Provide below your main reason for rating this item as a Strength, an Area Needing Improvement, or Not Applicable, and provide documentation for each of the identified issues. If any issue is Not Applicable to the case, enter NA in the appropriate space. For each issue, **indicate the source of your information** (for example, case file, interview with biological mother, interview with caseworker, etc.).

**Main Reason**

Item 22 is rated as \_\_\_\_\_ because:

**Documentation Information**

If not explained in the “reason for rating” section, identify the evidence of physical or dental health assessment (for example, what type of needs assessment was conducted, and what kind of information was in the case file or missing from the case file that is relevant to an assessment of physical or dental health needs?):

Did the child receive periodic, age-appropriate physical and dental health examinations to ensure ongoing assessment of needs? If not, document the reasons why the agency did not conduct this ongoing assessment:

Document in the chart below the services that were or were not provided to address physical or dental health needs and link those services to identified needs:

Identified Physical or Dental Health Needs	Services Provided	Services Needed but Not Provided

If there are services that were not provided, document why the services were not provided (for example, lack of agency efforts to secure services, lack of service availability in the community, lack of transportation for foster parents to take child to appointments, etc.):

Other Issues:

WELL-BEING OUTCOME 3: CHILDREN RECEIVE ADEQUATE SERVICES TO MEET THEIR PHYSICAL AND MENTAL HEALTH NEEDS.

**Item 23: Mental/behavioral health of the child (case file and interviews with caseworker, foster parent(s), parent(s), child, service providers, guardian ad litem)**

**Purpose of Assessment:** To determine whether, during the period under review, the agency addressed the mental/behavioral health needs of the child(ren).

**Applicable Cases:**

- Foster care cases are applicable for an assessment of this item if the reviewer determines that, during the period under review, the child had existing mental/behavioral health needs, including substance abuse issues. If the child had mental/behavioral health issues before the period under review that were adequately addressed and there are no remaining needs during the period under review, the case should be rated as Not Applicable (NA) and the reason(s) should be noted in the documentation section.
- In-home services cases are applicable for an assessment of this item if (1) mental/behavioral health issues were relevant to the reason for the agency's involvement with the family, and/or (2) it is reasonable to expect that the agency would address mental/behavioral health issues given the circumstances of the case. For example, it is reasonable to expect that the agency would address mental health issues in a case in which the child is the subject of a substantiated maltreatment report and there is reason to suspect that, during the period under review, the maltreatment may have affected the child's mental health.
- In-home services cases are Not Applicable for an assessment of this item if the reviewer determines that there is no reason to expect that, during the period under review, the agency would address mental/behavioral health issues for any children in the family, given the reason for agency involvement or the circumstances of the case.

**Is this case applicable?** (Select the appropriate response. If the answer is No, rate the case as Not Applicable in the rating section and provide your justification for this rating in the documentation section.)

<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
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A. During the period under review, did the agency conduct an assessment of the child(ren)'s mental/behavioral health needs either initially (if the child entered foster care during the period under review) or on an ongoing basis to inform case planning decisions?

<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
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**Definition:**

- "Behavioral health needs" includes needs related to behavioral problems that are not always specified as mental health needs, including substance abuse.

**Instructions:**

- This question should be answered for all cases determined to be applicable for an assessment of this item, based on the above criteria.
- Reviewers should determine whether, during the period under review, the agency conducted a formal or informal mental/behavioral health assessment on the child either at entry into foster care (if the child entered foster care during the period under review), or on an ongoing basis to provide updated information for case planning decisions with regard to mental/behavioral health issues.
- If the case is an in-home services case, question A should be answered for all children in the home who meet the case applicability requirements.

B. During the period under review, did the agency provide appropriate services to address the child(ren)'s mental/behavioral health needs?

<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	<b>NA</b> <input type="checkbox"/>
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**Instructions:**

- If question A is answered Yes, but no mental/behavioral health service needs were identified, then the answer to question B should be Not Applicable (NA).
- Reviewers should consider the mental/behavioral health needs that existed during the period under review and the services that the agency provided to address those needs, including outpatient treatment, inpatient mental health treatment, treatment for substance abuse disorders, individual therapy, group therapy, family therapy, etc.

**Rating Criteria:**

Item 23 should be rated as a Strength if the answer to question A is Yes, and the answer to question B is Yes or Not Applicable.  
Item 23 should be rated as an Area Needing Improvement if the answer to either question A or B is No.

Rating for this indicator (select one):	<input type="checkbox"/>	Strength	<input type="checkbox"/>	Area Needing Improvement	<input type="checkbox"/>	Not Applicable
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**Reason for Rating and Documentation**

Provide below your main reason for rating this item as a Strength, an Area Needing Improvement, or Not Applicable, and provide documentation for each of the identified issues. If any issue is Not Applicable to the case, enter NA in the appropriate space. For each issue, **indicate the source of your information** (for example, case file, interview with mother, interview with caseworker, etc.).

**Main Reason**

Item 23 is rated as \_\_\_\_\_ because:

**Documentation Information**

Note whether or not there is evidence of a mental/behavioral health (including substance abuse) assessment. For example, (1) what type of needs assessment was conducted, and (2) what kind of information was in the case file or missing from the case file that is relevant to an assessment of mental/behavioral health needs? Indicate if a formal assessment was conducted, and, if so, note the diagnosis:

If the agency did not conduct initial and/or ongoing mental/behavioral health (including substance abuse) assessments, document the reasons why the assessments should have been provided during the period under review and were not. Also, determine whether any initial mental/behavioral health assessment arranged for by the agency was done so in accordance with State policy timeframes:

Identify in the chart below the services that were or were not provided to address mental/behavioral health needs and link those services to identified needs:

Identified Mental/Behavioral Health Needs	Services Provided	Services Needed but Not Provided

If there are services that were not or are not being provided, describe why the services were not provided (for example, lack of agency efforts to secure services, lack of service availability in the community, no transportation for foster parents to take child to appointments, parent's unwillingness to engage child in services, etc.):

Other Issues:

### RATING CHILD AND FAMILY WELL-BEING OUTCOME 3

WELL-BEING OUTCOME 3: CHILDREN RECEIVE ADEQUATE SERVICES TO MEET THEIR PHYSICAL AND MENTAL HEALTH NEEDS.

Check the level of outcome achievement that best describes the extent to which this outcome is being or has been achieved, based on the ratings for items 22 and 23.

#### Level of Outcome Achievement

<input type="checkbox"/> Substantially Achieved:	Well-Being Outcome 3 should be rated as Substantially Achieved if either of the following applies: <ul style="list-style-type: none"> <li>• Items 22 and 23 are both rated as Strengths.</li> <li>• One item is rated as a Strength and the other item is rated as Not Applicable.</li> </ul>
<input type="checkbox"/> Partially Achieved:	Well-Being Outcome 3 should be rated as Partially Achieved if the following applies: <ul style="list-style-type: none"> <li>• One of the two items (item 22 and 23) is rated as a Strength and the other is rated as an Area Needing Improvement.</li> </ul>
<input type="checkbox"/> Not Achieved:	Well-Being Outcome 3 should be rated as Not Achieved if either of the following applies: <ul style="list-style-type: none"> <li>• Both items are rated as Areas Needing Improvement.</li> <li>• One item is rated as an Area Needing Improvement and the other item is rated as Not Applicable.</li> </ul>
<input type="checkbox"/> Not Applicable:	Well-Being Outcome 3 should be rated as Not Applicable if both items are rated as Not Applicable.

## Case Rating Summary

Reviewers should check the nonshaded box for each performance item and outcome that corresponds to the rating assigned.

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

# Reviewer Checklist

## Instrument:

- Front cover of instrument is completed
- Use sample number assigned (starts with D or R) for documentation only (not DFS case file number)
- Use actual names on page one only; in the rest of the instrument, uses generic names like “mom,” “stepfather” etc.
- Instrument has received two levels of quality assurance by an on-site coordinator and all areas of concern have been cleared
- Score sheet on page 83 is complete and double checked for accuracy after quality assurance review

## Debriefing:

- Preparation for debriefing has been completed
- The appropriate number of copies of the score sheet on page 83 have been made (usually about 20, everyone at the debriefing will need one)
- If unable to attend the exit, exit notables form has been completed

## Packet:

- Mental health questionnaire has been completed and returned to packet
- Disproportionality survey has been completed and returned to packet
- Confidentiality statements have been signed and returned to packet
- Citizen reviewers reimbursement and travel form has been completed and returned to packet
- All materials have been left in packet including all notes to be shredded
- Turn complete packet in to the local site leader at debriefing

*Thank you for participating in Wyoming's Mini CFSR process!*