Safety, Permanency and Well-Being
Quality Assurance Toolkit

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Safety, Permanency and Well Being Case Review Instrument

Background:

Since January 2003, DHS Child Welfare Quality Assurance staff have worked in partnership with counties to examine outcome achievement for children and families served through county child welfare agencies. In each county where a Minnesota Child and Family Service Review (MnCFSR) has been completed, performance ratings on standardized child safety, permanency and well being measures are made. At the conclusion of the review process, counties develop a program improvement plan that addresses performance items rated as needing improvement. A principle method of measurement for determining progress on these identified performance items is a quarterly review of a random selection of child welfare cases.

DHS has developed a condensed case review instrument that is designed to be used by supervisors in consultation with individual social workers. The instrument contains the critical components of each of the safety, permanency and well being performance items evaluated during the county MnCFSR. This condensed case review instrument was developed to help supervisors perform the important function of examining casework practice and assessing practice in terms of promoting improved outcomes for children and families. The expectation for this condensed case review process is that a supervisor and the principle caseworker can jointly complete a thorough case review within one hour. This review process was initially piloted in a few counties in order to evaluate the practicality of implementation. An Excel spread sheet was developed in conjunction with this instrument to assist counties in their efforts to gather and analyze the data generated from the case review process.

DHS will update this "QA Toolkit" annually and notify counties when the update has been completed.

Role of Supervisor:

- Determine the total number of cases that they can reasonably review per quarter. The DHS Regional Quality Assurance staff will provide technical assistance in this regard for those counties developing MnCFSR program improvement plans or any other county requesting assistance.
- Schedule a primary and back up day for reviewing individual cases with the primary caseworker to ensure the desired number of quarterly case reviews will be completed.
- Facilitate the case review process with individual caseworkers focusing on supporting practices that enhance client outcome achievement and identifying in a non punitive way practice areas needing improvement.
- Utilize the Excel spread sheet provided by DHS to track quarterly performance on all applicable performance measures.

Role of the Caseworker:

- Communicate to the supervisor what areas of case documentation and personal experience with the client family will best inform discussion and the related rating per individual performance measure.
- Complete a Needs and Services Grid for cases selected for review. (If applicable to the county's process.)
- Follow through with the necessary case practice changes identified during the case review conference with the supervisor.

Instructions and Additional Information

General Instructions:

- Selecting cases for review:
  - It is recommended that only cases that have been open for at least 60 days be selected for review. (When selecting placement cases, it's recommended that only cases that include 60 consecutive days of placement be reviewed.)
- Setting a "Period Under Review":
  - When completing a case review, establish a "period under review". A 12 month period of time is recommended for the period under review. **Ratings for each of the performance items should be made based on the period under review unless otherwise noted**.
- Reviewing "In-Home" cases:
  - Safety and Well-Being sections are applicable
  - Make ratings based on all of the children in the family
- Reviewing Placement cases:
  - Safety, Permanency and Well-Being sections are applicable
  - Identify one child in the family on which ratings will be based. (Make ratings for Safety based on all of the children in the family; make ratings for Permanency and Well-Being based on the "identified child".)
- The "MnCFSR Onsite Review Instrument and Instructions" is the full version of the case review tool that is used during a county MnCFSR. **It is strongly recommended that that the full tool be used as a companion resource to this QA Toolkit to evaluate items.** References to the Onsite Review Instrument are included throughout the Toolkit. Reviewers should be sure that they are using the most current version of the Onsite Review Instrument (dated March, 2007). The Onsite Review Instrument can be accessed at: http://www.dhs.state.mn.us/main/groups/county_access/documents/pub/dhs_id_027135.pdf

Individual questions within items:

The phrase "foster care" is used repeatedly throughout the Tool Kit. "Foster care" refers to any type of out-of-home placement, including but not limited to shelter care, foster care, group home, or residential treatment.

In a number of items, the expression "is/was" is used to frame a question. This is done to account for cases that are closed for services at the time of the review, but were open during the period under review. If the case is open for services at the time of the review, the term "is" refers to the current situation. If the case is closed at the time of the review, the term "was" refers to the last or most recent situation occurring before case closure.

For all questions that include an "or" situation (example – Item 1, Question A), only one response is required. Respond only to the most applicable question.

When answering questions in which a consideration is whether a parent(s) involvement is/was contrary to the safety or best interests of the child (applicable in some Permanency and Well-Being Items), reviewers should carefully consider the assessment process that the agency used to make that determination.

Outcome Ratings:

In 2007, additions were made to the Toolkit to include documentation of ratings on each of the safety, permanency and well-being outcome ratings. While outcome ratings are made in the Toolkit, they are **not** tracked or recorded on the Quarterly Case Review Data Workbook.

Additional Information for Responding to Questions

Item 1: Timeliness of Initiating Investigations of Reports of Child Maltreatment

Reports Alleging Substantial Child Endangerment:

- Immediately

Reports Not Alleging Substantial Child Endangerment:

- Within 5 calendar days of receipt of a report

If the child(ren) can't be seen within 24 hours (substantial endangerment reports) or within 5 calendar days (reports not alleging substantial child endangerment) the agency should:

- Attempt to contact each child or a collateral source with new and relevant information every day (substantial endangerment reports) or every 5 days (not substantial endangerment) until face-to-face contact is made; OR
- Have law enforcement conduct a health and safety check or, in consultation with the county attorney, request a court order making the child available for a safety assessment; OR
- Determine the whereabouts of the family cannot be ascertained and an investigation cannot be completed.

Item 4: Risk Assessment and Safety Management

Definitions:

- "Risk" – the likelihood that a child will be maltreated in the future
- "Safety assessment" – 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" – 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.

Item 7: Permanency Goal for Child

Adoption and Safe Families (ASFA) requires an agency to seek TPR under the following conditions:

- 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.

Exceptions to the TPR requirement include the following:

- at the option of the State, the child is being cared for by a relative;
- 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
- 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.

Permanency discussion points:

Permanency Hearing Requirements:

Children in Placement Pursuant to a CHIPS Petition	• If the child is under 8 years of age, a permanency progress review is required within 6 months of the child's entry into care; and • For all children (all ages), permanency proceedings are required to be commenced within 12 months of the child's entry into foster care.
Children in Placement Pursuant to a Voluntary Placement Agreement Due Solely to Their Disability	• The agency must file a "report to court" by Day 165 of the Voluntary Placement Agreement; and • A permanency hearing is required to be held within 14 months after the date of the Voluntary Placement Agreement.
Children in Placement Pursuant to a Voluntary Placement Agreement <u>Not</u> Due Solely to Their Disability	• The agency is required to file a CHIPS petition within 90 days of the date of the Voluntary Placement Agreement; and • A permanency hearing is required to be held within 14 months after the date of the Voluntary Placement Agreement.

Item 15: Relative Placement

Definition of a “relative” (M.S. 260C.007, subd. 27):

- "Relative" means a person related to the child by blood, marriage, or adoption, or an individual who is an important friend with whom the child has resided or had significant contact. For an Indian child, relative includes members of the extended family as defined by the law or custom of the Indian child's tribe or, in the absence of law or custom, nieces, nephews, or first or second cousins, as provided in the Indian Child Welfare Act of 1978, United States Code, title 25, section 1903.

Requirements of M.S. 260C.212, subd. 5 include:

- The relative search shall begin without delay once the responsible social services agency identifies the need for foster care;
- The relative search shall be comprehensive in scope;
- The relative search shall consist of contacting and considering both paternal and maternal relatives; and
- A relative must be considered for placement of a child regardless of whether the relative chose not to become a foster parent for the child when out-of-home placement was first made.

Item 23: Mental Health of the Child

Effective 7/1/04, Minnesota Statutes require that a children’s mental health screening be completed for:

1) Traditional investigation and Family Assessment child protection case management clients;
2) Adoption/guardianship case management clients;
3) Children placed in out-of-home care for 30 days or more who are not in a children’s mental health workgroup;
4) Children with a judicial finding of delinquency;
5) Children who have allegedly committed a delinquent act and who have had an initial detention hearing, with the court ordering the child continued in detention; and
6) Children found to have committed a juvenile petty offense for the third or subsequent time.

Exceptions to the requirement for a children’s mental health screening include:

1) A screening or diagnostic assessment has been completed in the last 180 days;
2) The child is under the care of a mental health professional;
3) The child’s parent or legal guardian prevents the screening, in writing to the court or county agency; or
4) The youth is on probation, is age 18 to 21 and is on Extended Juvenile Jurisdiction.

Needs and Services Grid

Case Name:

	Identified Needs	Services Provided	Services Needed / Not Provided	Additional Needs Identified During the Review Process
Child(ren):				
Mother:				
Father:				
Foster Parents:				

Safety, Permanency and Well-Being Case Review

FACE SHEET

Case Name:	**Period Under Review:**	**Date Case Reviewed:**
Caseworker:	**Reviewer(s):**	
Type of Case: ☐ Foster Care ☐ In-Home ☐ Child Protection ☐ Child Welfare ☐ Children's Mental Health ☐ Developmental Disabilities ☐ Juvenile Justice ☐ Other _____		
Identified Child (only if a foster care case):		
Sections Completed: ☐ Safety ☐ Permanency ☐ Well-Being		
Other:		

"Safety" Case Review

- *Applicable to in-home and placement cases*
- *Consider all children in the family*

Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect.

Item 1: Timeliness of Initiating Assessments/Investigations *(Reference: Onsite Review Instrument, page 4)*
Note: *This item is only applicable if there were assessments or investigations that occurred during the period under review.*

	Yes	No	NA
A. Did the agency initiate the assessment/investigation by having a face-to-face contact with alleged child victim(s) and the child(ren)'s primary caretaker within the timeframes required by statute? *(See page 2 of Instructions for timeframes.)*	☐	☐	☐
OR		**OR**	
If the child and primary caretaker were unable to be seen within required timeframes did the agency: 1. Attempt to contact each child and caretaker or a collateral source with new & relevant information as recommended by state policy; or 2. Have law enforcement conduct a health and safety check or, in consultation with the county attorney, request a court order making the child available for a safety assessment; or 3. Determine that the whereabouts of the family could not be ascertained and an investigation could not be completed?	☐	☐	☐
If there were no assessments or investigations during the period under review, check "NA" for question A and rate the entire item as "Not Applicable".			

Rating for Item 1:

☐ Strength *(The response to Question A is "yes')*

☐ Area Needing Improvement *(The response to question A is "no")*

☐ Not Applicable *(The response to question A is "NA")*

Comments:

Assessment/Investigation Supplement *(Reference: Onsite Review Instrument, page 8)*

Note: *This item is only applicable if there were assessments/investigations that occurred during the period under review.*

	Yes	No	NA
A. Did the agency conduct thorough assessments/investigations that addressed all allegations and maintain sufficient contact to assess risk and ensure the safety of the child? ***If there were no assessments or investigations during the period under review, check "NA" for questions A, B and C and rate the entire item as "Not Applicable".***	☐	☐	☐
B. If an investigation, were the determinations of whether maltreatment occurred based on a preponderance of evidence?	☐	☐	☐
C. Were the determinations of whether or not child protection services were needed based on an accurate assessment of risk?	☐	☐	☐

Rating for Supplement:

☐ Strength *(The response to all applicable questions is "yes")*

☐ Area Needing Improvement *(The response to one or more applicable question is "no")*

☐ Not Applicable *(The response to all questions is "NA")*

Comments:

Item 2: Repeat Maltreatment *(Reference: Onsite Review Instrument, page 10)*

	Yes	No	NA
A. Has there been a maltreatment determination on any child in the family <u>during the period under review</u>?	☐	☐	☐
OR		**OR**	
Has there been at least one Family Assessment completed <u>during the period under review</u> that resulted in post-assessment services being provided to address safety concerns relevant to the safety of at least one child in the family?	☐	☐	☐
If the answer to the above question is "no", check "NA" for questions B and C and rate the entire Item as "Not Applicable".			
B. Was there: 1) a maltreatment determination on any child in the family; **or** 2) a Family Assessment that resulted in the provision of post-assessment services to address concerns relevant to the safety of at least one child in the family <u>within a 6-month period</u> before or after the determination/assessment identified in question A?	☐	☐	☐
C. If the response to question B is "yes", did the assessments/investigations identified involve: • The same or similar circumstances, or • Did 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?	☐	☐	☐

Rating for Item 2:

☐ Strength

- o *The response to A and B is "yes"* ***and*** *the response to C is "no";* ***or***
- o *The response to A is "yes"****,*** *the response to B is "no"* ***and*** *the response to C is "NA"*

☐ Area Needing Improvement *(The response to A, B* ***and*** *C is "yes")*

☐ Not Applicable *(The response to A is "no"* ***and*** *the response to B and C is "NA")*

Comments:

Rating Safety Outcome 1	
Safety Outcome 1: Children are, first and foremost protected from abuse and neglect.	
Level of Outcome Achievement:	
☐ Substantially Achieved	Safety Outcome 1 should be rated as Substantially Achieved if **either** of the following applies: • Item 1 and Item 2 are rated as Strengths. • One of the two items is rated as a Strength, and the other is Not Applicable
☐ Partially Achieved	Safety Outcome 1 should be rated as Partially Achieved if the following applies: • One of the two items is rated as an Area Needing Improvement, and one is rated as a Strength.
☐ Not Achieved	Safety Outcome 1 should be rated as Not Achieved if **either** of the following applies: • Item 1 and Item 2 are rated as an Area Needing Improvement • One of the two items is rated as an Area Needing Improvement, and the other is Not Applicable.
☐ Not Applicable	Safety Outcome 1 should be rated as Not Applicable if the following applies: • Both Item 1 and Item 2 are rated as Not Applicable.
Summary of Ratings for Item 1 and 2:	

	Strength	Area Needing Improvement	Not Applicable
Item 1:	☐	☐	☐
Item 2:	☐	☐	☐

Note: The Supplement is not included in the federal list of performance items and is not an indicator used in determining the level of outcome achievement for Safety Outcome 1; however, it is included as a MN measure on the Quarterly Case Review Data spreadsheets.

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 *(Reference: Onsite Review Instrument, page 14)*

	Yes	No	NA
A. Did the agency make reasonable efforts to provide or arrange for services for the family to protect children and prevent their entry into foster care or re-entry into foster care after a reunification?	☐	☐	☐
OR		**OR**	
If the agency removed any child from the home without first providing or arranging for services, was that action necessary to ensure the child's safety? *(**NOTE**: If the child(ren) were in foster care during the entire period under review and there were no other children in the family home, check "NA" and rate the Item as Not Applicable.)*	☐	☐	☐

Rating for Item 3:

☐ Strength *(The response to A is "yes")*

☐ Area Needing Improvement *(The response to A is "no")*

☐ Not Applicable *(The response to A is "NA")*

Comments:

Item 4: Risk Assessment and Safety Management *(Reference: Onsite Review Instrument, page 17)*
Note: *See page 2 of instructions for applicable definitions (e.g. risk, safety assessment, safety plan).*

	Yes	No	NA
A. If the case was opened during the period under review, did the agency conduct an initial assessment of the risk to all children in the family?	☐	☐	☐
B. Did the agency conduct ongoing risk assessments (formal or informal) of the risk to all children in the family (e.g. when there were new allegations, changing family conditions, changes to visitation, upon reunification or at case closure)?	☐	☐	☐
C. If the case was opened during the period under review, did the agency: 1) conduct an initial assessment of the safety for all children in the family, and 2) develop a safety plan with the family for addressing identified safety issues?	☐	☐	☐
D. Did the agency: 1) conduct ongoing safety assessments (formal or informal) for all children in the family (e.g. when there were new allegations, changing family conditions, changes to visitation, upon reunification or at case closure), and 2) continually monitor and update the safety plan, and 3) encourage family engagement in services designed to promote achievement of the goals of the safety plan?	☐	☐	☐
E. Did the agency adequately address safety concerns pertaining to any child in the family?	☐	☐	☐
If reviewing a placement case, continue by responding to questions F, G and H. **If reviewing an in-home case, check "NA" for questions F, G and H and proceed to the rating for Item 4.**			
F. If there was a safety concern related to the identified child in foster care during visitation by parents or other family members, did the agency provide sufficient monitoring of visitation, or require supervised visitation when it was appropriate?	☐	☐	☐
G. If there was a concern for the identified child's safety related to the foster parents, members of the foster parent's family, other children in the foster home or facility, or facility staff members, did the agency adequately and appropriately address those concerns? (Foster parents include pre-adoptive parents.)	☐	☐	☐
H. If the identified child was discharged from foster care to be reunited with parents or returned home on a trial home visit, did the agency conduct a thorough safety assessment?	☐	☐	☐

Cont. on next page

Rating for Item 4:

☐ Strength *(The response to all questions is either "yes" or "NA")*

☐ Area Needing Improvement *(The response to one or more questions is "no")*

Not Applicable - Item 4 cannot be rated as "Not Applicable" and must be rated as either "Strength" or "Area Needing Improvement"

Comments:

Rating Safety Outcome 2	
Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.	
Level of Outcome Achievement:	
☐ Substantially Achieved	Safety Outcome 2 should be rated as Substantially Achieved if **either** of the following applies: • Item 3 and Item 4 are rated as Strengths. • One of the two items is rated as a Strength, and the other is Not Applicable
☐ Partially Achieved	Safety Outcome 2 should be rated as Partially Achieved if the following applies: • One of the two items is rated as an Area Needing Improvement, and one is rated as a Strength.
☐ Not Achieved	Safety Outcome 2 should be rated as Not Achieved if **either** of the following applies: • Item 3 and Item 4 are rated as Areas Needing Improvement • One of the two items is rated as an Area Needing Improvement, and the other is Not Applicable.
Not Applicable	Safety Outcome 2 cannot be rated as Not Applicable because Item 4 cannot be rated as Not Applicable.

Summary of Ratings for Items 3 and 4:

	Strength	Area Needing Improvement	Not Applicable
Item 3:	☐	☐	☐
Item 4:	☐	☐	

Safety discussion points for Supervisor/Caseworker Conference:

- *Were inquiries made as to the existence of domestic violence and chemical dependency issues/concerns? Are services in place to address those issues when appropriate?*
- *In what ways are risks being reduced while family functioning and well-being are improving?*
- *Were Structured Decision Making (SDM) tools completed comprehensively and are/were they used to guide decisions regarding levels of service?*
- *Do the child(ren) and family have timely access to support services necessary to stabilize or resolve emergency issues?*
- *How is the knowledge gained through the intervention experience being used to refine strategies, solve problems, and achieve appropriate conditions for successful case closure?*

Comments:

"Permanency" Case Review

- *Applicable to placement cases*
- *Consider only the "identified child"*

Permanency Outcome 1: Children have permanency and stability in their living situations.

Item 5: Foster Care Re-entries *(Reference: Onsite Review Instrument, page23)*

Note: "Entry into foster care" *refers to a child's removal from his/her normal place of residence and placement in a substitute care setting.* ***"Re-entry"*** *into foster care is defined by a child entering out-of-home placement, returning home, and then re-entering out-of-home placement within 12 months from the previous discharge. Returning to foster care from a trial home visit does not constitute an "entry into foster care". Moving from one placement setting to another also does not constitute an "entry" or "re-entry into foster care". (Moves from one setting to another are the focus of Item 6.)*

	Yes	No	NA
A. Did the child enter foster care at least once during the period under review? *(**NOTE:** If the response is "no", check "NA" for B and C and rate the item as Not Applicable.)*	☐	☐	☐
B. Did any entry identified in Question A occur within 12 months of a discharge from a prior foster care episode? *(**NOTE:** If the response to B is "no", check "NA" for C and rate the item as a Strength.)*	☐	☐	☐
C. If the response to B is "yes", was there evidence that the agency made a concerted effort to prevent re-entry?	☐	☐	☐

Rating for Item 5:

☐ Strength

- *The response to A, B and C are "yes",* ***or***
- *The response to A is "yes", B is "no"* ***and*** *C is "NA"*

☐ Area Needing Improvement *(The response to A and B is "yes"* ***and*** *C is "no")*

☐ Not Applicable *(The response to A is "no"* ***and*** *B and C are "NA")*

Comments:

Item 6: Stability of Foster Care Placement *(Reference: Onsite Review Instrument, page 25)*

Note: *The focus of this item is whether the child remained in the same placement setting throughout either the current or most recent episode of foster care. Consider whether the child remained in the same placement setting or moved from one setting to another, e.g. from shelter care to foster care, from foster care to residential treatment, etc.*

	Yes	No	NA
A. Was the child in more than 2 placement settings during the period under review?	☐	☐	☐
B. If A is "yes", were all placement changes planned by the agency in an effort to achieve the child's case goals or to meet the needs of the child?	☐	☐	☐
C. Is the current placement setting considered stable? *The answer should be "no" if any of the following apply:* • *The child is in a temporary shelter or other temporary setting.* • *There is information indicating 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 and the agency is not addressing them.* • *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.*	☐	☐	

Rating for Item 6:

☐ Strength

- *The response to A, B* ***and*** *C is "yes";* ***or***
- *The response to A is "no", B is "NA",* ***and*** *C is "yes"*

☐ Area Needing Improvement

- *The response to A is "yes"* ***and*** *B is "no";* ***or***
- *The response to C is "no" (regardless of the response to A and B)*

Not Applicable - Item 6 cannot be rated as "Not Applicable" in a placement case and must be rated as either "Strength" or "Area Needing Improvement"

Comments:

Item 7: Permanency Goal for Child *(Reference: Onsite Review Instrument, page 28)*

	Yes	No	NA
A. Is the child's permanency goal(s) specified in the case file?	☐	☐	☐
B. Were all permanency goals in effect during the period under review established in a timely manner?	☐	☐	☐
C. Were all permanency goals in effect during the period under review appropriately matched to the child's individual needs for permanency and to the circumstances of the case?	☐	☐	☐
D. If the child's current permanency goal is long term foster goal, were all other permanency goals (e.g. transfer of custody to a relative or adoption) thoroughly considered and ruled out?	☐	☐	☐
E. If the child has been in care for 15 of the most recent 22 months, or meets other Adoption and Safe Families Act (ASFA) requirements for filing a TPR, has the agency filed or joined a TPR petition? *(See page 2 of Instructions or page 29 of the Onsite Review Instrument for ASFA TPR Requirements.)*	☐	☐	☐
OR		**OR**	
Has/was an exception to the TPR requirement been made? *(See page 2 of Instructions or page 30 of the Onsite Review Instrument for a list of exceptions.)*	☐	☐	☐

Rating for Item 7:

☐ Strength (*The response to all applicable questions is "yes")*

☐ Area Needing Improvement (*The response to at least one of the questions is "no"*)

Not Applicable - Item 7 cannot be rated as "Not Applicable" in a placement case and must be rated as either "Strength" or "Area Needing Improvement"

Comments:

Item 8: Reunification or Permanent Transfer of Custody to a Relative *(Reference: Onsite Review Instrument, page 33)*

Note: This item is only applicable for children who have a current permanency goal of reunification or permanent transfer of physical and legal custody to a relative.

Note: If the agency is required or elects to do Concurrent Permanency Planning (CPP), the reviewer should rate Items applicable to both concurrent permanency goals (Item 8, 9 and/or 10).

	Yes	No	NA
A. Was the child's permanency goal achieved within 12 months of the most recent entry into care (or within 14 months for children who initially entered care on a voluntary basis)?	☐	☐	☐
OR		**OR**	
If the child has been/was in foster care for more than 12 (or 14) months, was the agency and court making (or did they make) concerted efforts to achieve the goal within 12 or 14 months? (Including, for example, the agency filed the permanency petition in a timely manner, and the court granted an extension based on parents' progress on case plan goals and the likelihood of reunification in the foreseeable future.)	☐	☐	☐
B. If the child has been in foster care less than 12 months/14 months since the most recent entry into foster care, are the agency and court making concerted efforts to achieve the permanency goal within the 12-month/14-month timeframe?	☐	☐	☐

Rating for Item 8:

☐ Strength *(The response to all applicable questions is "yes")*

☐ Area Needing Improvement *(The response to one or more applicable question is "no")*

☐ Not Applicable *(The child's goal is not reunification or transfer of custody to a relative – the response to all questions is "NA"*

Comments:

Item 9: Adoption *(Reference: Onsite Review Instrument, page 36)*

Note: This item is only applicable for children who have a current permanency goal of adoption.

	Yes	No	NA
A. Was the child's adoption finalized within 24 months of the most recent entry into care?	☐	☐	☐
OR		**OR**	
If the child has been/was in foster care for more than 24 months, did the agency and court make concerted efforts to finalize the adoption within 24 months?	☐	☐	☐
B. If the child has been in care less than 24 months since the most recent entry into care, are the agency and court making concerted efforts to finalize the adoption within the 24-month timeframe?	☐	☐	☐

Rating for Item 9:

☐ Strength *(The response to all applicable questions is "yes")*

☐ Area Needing Improvement *(The response to one or more applicable question is "no")*

☐ Not Applicable *(The child's goal is not adoption – the response to all questions is "NA")*

Comments:

Item 10: Long-Term Foster Care *(Reference: Onsite Review Instrument, page 38)*

Note: This item is only applicable for children who have a current permanency goal of long-term foster care.

	Yes	No	NA
A. Was the child's permanency goal achieved within 12 months of the most recent entry into care (or within 14 months for children who initially entered care on a voluntary basis) through placement of the child in a living arrangement that is "permanent" (where the child will remain until discharged from foster care)?	☐	☐	☐
OR		**OR**	
If the child has been/was in care for more than 12 or 14 months, is the agency making (or did they make) concerted efforts to place the child in a "permanent" living arrangement?	☐	☐	☐
B. If the child has been in foster care less than 12/14 months since the most recent entry into foster care, is the agency making concerted efforts to place the child in a "permanent" living arrangement within 12/14 months of the child's entry into foster care?	☐	☐	☐
C. If the child was 16 years old at any time during the period under review, did the agency make concerted efforts to provide the child with services to adequately prepare him/her for independent living when the child leaves foster care?	☐	☐	☐

Rating for Item 10:

☐ Strength *(The response to question A or B is "yes" or "NA", **and** the response to C is "yes" or "NA")*

☐ Area Needing Improvement *(The response to question A or B is "no", **or** the response to C is "no")*

☐ Not Applicable *(The child's goal is not long-term foster care – all questions are "NA")*

Comments:

Rating Permanency Outcome 1	
Permanency Outcome 1: Children have permanency and stability in their living situations.	
Level of Outcome Achievement:	
☐ Substantially Achieved	Permanency Outcome 1 should be rated as Substantially Achieved if **both** of the following apply: • 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 item 8, 9 and 10. • 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.
☐ Partially Achieved	Permanency Outcome 1 should be rated as Partially Achieved if **either** of the following applies: • 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 Area Needing Improvement, or one is rated as an Area Needing Improvement and the other is Not Applicable. • 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).
☐ Not Achieved	Permanency Outcome 1 should be rated as Not Achieved if **either** of the following applies: • 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.
☐ Not Applicable	Permanency Outcome 1 should be rated as Not Applicable if the following applies: • Items 5, 6, 7, 8, 9 and 10 are rated as Not Applicable. (This would only occur if the case is an in-home case.)

Summary of Ratings for Items 5, 6, 7, 8, 9 and 10:

	Strength	Area Needing Improvement	Not Applicable
Item 5:	☐	☐	☐
Item 6:	☐	☐	☐
Item 7:	☐	☐	☐
Item 8:	☐	☐	☐
Item 9:	☐	☐	☐
Item 10:	☐	☐	☐

Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.

Item 11: Proximity of Foster Care Placement *(Reference: Onsite Review Instrument, page 42)*

	Yes	No	NA
A. Is the child's current or most recent placement close enough to his/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?	☐	☐	☐
OR		**OR**	
If the child is/was not placed in close proximity to his/her parents or other potential permanent caregiver, is/was the reason for the location of the placement based on the child's needs and intended to ensure that the child's case plan goals are achieved?	☐	☐	☐
Note: Reviews should check "NA" and rate the Item as "NA" if: 1) The whereabouts of both parents is unknown despite concerted efforts to locate them and there are no other family members that could potentially provide a permanent home for the child, or 2) Parent are deceased and there are no other family members that could potentially provide a permanent home for the child, or 3) Parental rights have been terminated, parents are not involved in case planning, and there are no other family members that could potentially provide a permanent home for the child, or 4) The agency or court has determined and documented that continued contact between the child and parents is not in the child's best interest and there are no other family members that could potentially provide a permanent home for the child, or 5) 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 that could potentially provide a permanent home.			

Rating for Item 11:

☐ Strength *(The response to question A is "yes")*

☐ Area Needing Improvement *(The response to question A is "no")*

☐ Not Applicable *(The response to all questions is "NA")*

Comments:

Item 12: Placement With Siblings *(Reference: Onsite Review Instrument, page 44)*

	Yes	No	NA
A. Is/was the child placed with all of his/her siblings who are/were also in care?	☐	☐	☐
OR		**OR**	
If the child is/was placed separately from one or more siblings, was the separation based on clear evidence that separation was necessary to meet their needs?	☐	☐	☐
If the child has no siblings who are also in placement, check "NA" for A, B and C and rate the overall item as "NA".			
B. If the child is/was placed separately from his/her siblings, did the agency reassess the appropriateness of the separation and, when appropriate, make efforts to reunite the siblings?	☐	☐	☐
Check "NA" if reuniting the siblings was determined to be contrary to the child's safety or best interests.			

Rating for Item 12:

☐ Strength *(The response to all applicable questions is "yes")*

☐ Area Needing Improvement *(The response to one or more applicable question is "no")*

☐ Not Applicable *(The response to all questions is "NA")*

Comments:

Item 13: Visiting with Parents and Siblings in Foster Care *(Reference: Onsite Review Instrument, page 46)*

	Yes	No	NA
A. Did the agency make concerted efforts to ensure that visitation (or other forms of contact if visitation was not possible) between the child and his/her **mother** was of sufficient **frequency** to maintain or promote the continuity of the relationship? ***Check "NA" if contact with the mother was determined to be contrary to the child's safety or best interests and this is documented in file.***	☐	☐	☐
B. Did the agency make concerted efforts to ensure that the **quality** of visitation between the child and the **mother** was sufficient to maintain or promote the continuity of the relationship? ***Check "NA" if A is "NA".***	☐	☐	☐
C. Did the agency make concerted efforts to ensure that visitation (or other forms of contact if visitation was not possible) between the child and his/her **father** was of sufficient **frequency** to maintain or promote the continuity of the relationship? ***Check "NA" if contact with the father was determined to be contrary to the child's safety or best interests and this is documented in file.***	☐	☐	☐
D. Did the agency make concerted efforts to ensure that the **quality** of visitation between the child and the **father** was sufficient to maintain or promote the continuity of the relationship? ***Check "NA" if C is "NA".***	☐	☐	☐
E. Did the agency make concerted efforts to ensure that visitation (or other forms of contact if visitation was not possible) between the child and his/her **siblings** placed separately in foster care was of sufficient **frequency** to maintain or promote the continuity of the relationship? ***Check "NA" if: (1) the child has no siblings who are placed separately in foster care, or (2) contact with the siblings was determined to be contrary to the child's safety or best interests and this is documented in file.***	☐	☐	☐
F. Did the agency make concerted efforts to ensure that the **quality** of visitation between the child and his/her **siblings** placed separately in foster care was sufficient to maintain or promote the continuity of the relationship? ***Check "NA" if E if "NA".***	☐	☐	☐

Rating for Item 13:

☐ Strength *(The response to all applicable questions is "yes")*

☐ Area Needing Improvement *(The response to one or more applicable question is "no")*

☐ Not Applicable *(The response to all questions is "NA")*

Comments:

Item 14: Preserving Connections *(Reference: Onsite Review Instrument, page 49)*

	Yes	No	NA
A. Did the agency make concerted/active efforts to maintain the child's important connections (for example, tribe, neighborhood, community, faith, language, extended family members including siblings who are not in foster care, school and/or friends)?	☐	☐	☐
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, and Indian tribe?	☐	☐	☐
C. If the child may be a member of, or eligible for membership in, an Indian tribe, was the tribe provided timely notifications of its right to intervene?	☐	☐	☐
D. If the child is a member of, or eligible for membership in, an Indian tribe, has the agency engaged and included the child's tribe in planning for the child, including placement and permanency decisions and other service planning?	☐	☐	☐
E. If the child is a member of, or eligible for membership in, an Indian tribe, did the agency place the child in foster care in accordance with the Indian Child Welfare Act (ICWA) placement preferences or engage in active efforts to place the child in accordance with ICWA placement preferences?	☐	☐	☐
F. If the child is American Indian, are tribal customs being acknowledged and is the child's involvement in such customs being supported in the foster home?	☐	☐	☐

Rating for Item 14:

☐ Strength *(The response to all applicable questions is "yes")*

☐ Area Needing Improvement *(The response to one or more applicable question is "no")*

☐ *Not Applicable (Almost all cases are applicable for an assessment of Item 14. 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.)*

Comments:

Item 15: Relative Placement *(Reference: Onsite Review Instrument, page 51)*

	Yes	No	NA
A. Is/was the child's current or most recent placement with relatives? *(See page 4 of instructions for legal definition of "relative".)*	☐	☐	☐
OR			
For children not placed with relatives, did the agency make concerted efforts to identify, locate and evaluate **both maternal and paternal** relatives as potential placement for the child, with the result that relatives were ruled out as, or were unwilling to be, placement resources? *(See page 4 of instructions for requirements regarding timelines for initiation of a relative search.)*	☐	☐	☐
B. If the child is/was placed with relatives, is/was the placement stable and appropriate to the child's needs?	☐	☐	☐

Rating for Item 15:

☐ Strength *(The response to all applicable questions is "yes")*

☐ Area Needing Improvement *(The response to more or more applicable question is "no")*

☐ Not Applicable *(The response to all questions is "NA")*

Comments:

Item 16: Relationship of Child in Care with Parents *(Reference: Onsite Review Instrument, page 53)*

	Yes	No	NA
A. Where appropriate, has the agency made efforts to promote or maintain a strong, emotionally supportive relationship between the child and the child's **mother**? ***Check "NA" if the relationship was adequately assessed and determined to be contrary to the child's safety or best interests.***	☐	☐	☐
B. Where appropriate, has the agency made efforts to promote or maintain a strong, emotionally supportive relationship between the child and the child's **father**? ***Check "NA" if the relationship was adequately assessed and determined to be contrary to the child's safety or best interests.***	☐	☐	☐

Rating for Item 16:

☐ Strength *(The response to all applicable questions is "yes")*

☐ Area Needing Improvement *(The response to one or more applicable question is "no")*

☐ Not Applicable *(The response to all questions is "NA")*

Comments:

Permanency Discussion Points for Supervisor/Caseworker Conference

- *Is the child's current placement setting the most appropriate, least restrictive and consistent with the child's age, ability, developmental level, and culture?*
- *What are the critical underlying issues that must be resolved in order for the child to live safely with his/her family or another appropriate enduring home?*
- *Is the permanency plan currently being implemented designed to ensure the child will live in enduring relationships that provide a sense of family, stability and belonging?*
- *Has a permanency progress review and/or permanency hearing been held within required timeframes? (Refer to page 3 of Instructions for information on when permanency progress reviews and permanency hearings are required.)*
- *Is the child living with caregivers who the child, caregivers and other stakeholders believe will endure until the child becomes independent?*
- *What are the agency's expectations in relation to meeting the cultural needs of children in out-of-home care (e.g., expectations of foster parents)?*

Comments:

Rating Permanency Outcome 2	
Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.	
Level of Outcome Achievement:	
☐ Substantially Achieved	Permanency Outcome 2 should be rated as Substantially Achieved if **both** of the following apply: • No more than one of the six items is rated as an Area Needing Improvement. • The rest of the items are rated as either a Strength or Not Applicable.
☐ Partially Achieved	Permanency Outcome 2 should be rated as Partially Achieved if **both** of the following apply: • At least two items, but fewer than all six items, are rated as an Area Needing Improvement. • At least one item is rated as a Strength.
☐ Not Achieved	Permanency Outcome 2 should be rated as Not Achieved if **both** of the following apply: • No item is rated as a Strength. • At least one item is rated as an Area Needing Improvement.
☐ Not Applicable	Permanency Outcome 2 should be rated as Not Applicable if the following applies: • All six items are rated as Not Applicable.

Summary of Ratings for Items 11, 12, 13, 14, 15 and 16:

	Strength	Area Needing Improvement	Not Applicable
Item 11:	☐	☐	☐
Item 12:	☐	☐	☐
Item 13:	☐	☐	☐
Item 14:	☐	☐	☐
Item 15:	☐	☐	☐
Item 16:	☐	☐	☐

"Well-Being" Case Review

- *Applicable to In-Home and Placement Cases*
- *Consider only the identified child in placement cases and all children in the family in in-home cases*

Well-being Outcome 1: Families have enhanced capacity to provide for their children's needs

Item 17: Needs and Services of Child, Parents, Foster Parents *(Reference: Onsite Review Instrument, page 56)*

Note: Education, physical and/or mental/behavioral health services to the child(ren) should not be considered when answering questions or making a rating for Item 17. Those issues are considered in later items. However, reviewers should consider whether those services were provided to parents.

	Yes	No	NA
A. Were the needs of the **child(ren)** adequately identified and assessed (including, if the child is 16 years old or older, an assessment of the child's independent living skills)? ***For questions A, B and C: Consider both initial and ongoing assessments and whether assessments were culturally appropriate.***	☐	☐	☐
B. Were the identified needs of the **child(ren)** addressed through appropriate services (including independent living services if the child is 16 years old or older)? ***Include consideration of whether services were culturally appropriate.***	☐	☐	☐
C. Were the needs of the **mother** adequately identified and assessed? ***For questions C, D, E and F:*** *If a TPR has occurred and the child is in a pre-adoptive home, answer this question based on the pre-adoptive parent(s). If a permanent transfer of legal and physical custody has occurred, answer this question based on the current legal custodian.*	☐	☐	☐
D. Were the identified needs of the **mother** addressed through appropriate services?	☐	☐	☐
E. Were the needs of the **father** adequately identified and assessed?	☐	☐	☐
F. Were the identified needs of the **father** addressed through appropriate services?	☐	☐	☐
G. Were the needs of the **foster parents** adequately identified and assessed? ***Reviewers should check "NA" for G and H if: (1) reviewing an in-home case, or (2) during the entire period under review, the child was placed in a residential facility or similar placement and does not have foster parents.***	☐	☐	☐
H. Were the identified needs of the **foster parents** addressed through appropriate services?	☐	☐	☐

(cont. on next page)

Rating for Item 17:

☐ Strength *(The response to all applicable questions is "yes")*

☐ Area Needing Improvement *(The response to one or more applicable question is "no")*

Not Applicable – Item 17 cannot be rated as "Not Applicable" and must be rated as "Strength" or "Area Needing Improvement"

Comments:

Item 18: Child and Family Involvement in Case Planning *(Reference: Onsite Review Instrument, page 65)*

	Yes	No	NA
A. Did the agency make concerted efforts to actively involve the **child(ren)** in case planning activities during the period under review? ***Check "NA" if the child(ren) is/was not old enough or was incapacitated. See instructions for further information.***	☐	☐	☐
B. Did the agency make concerted efforts to actively involve the child(ren)'s **mother** in case planning activities during the period under review? ***For questions B and C:*** *If a TPR has occurred and the child is in a pre-adoptive home, answer this question based on the pre-adoptive parent(s). If a permanent transfer of legal and physical custody has occurred, answer this question based on the current legal custodian.* ***For questions B and C:*** *Check "NA" if: (1) the parent(s) were absent and the agency tried to locate them but was unable to do so, or (2) service(s) to the parent(s) were contrary to the child's safety or best interests.*	☐	☐	☐
C. Did the agency make concerted efforts to actively involve the child(ren)'s **father** in case planning activities during the period under review?	☐	☐	☐
D. Is there a current case plan on file for the family/child (including an ILS plan for children age 16 and over and in foster care) that includes the signatures of the caseworker and the appropriate family members?	☐	☐	☐

Rating for Item 18:

☐ Strength *(The response to all applicable questions is "yes")*

☐ Area Needing Improvement *(The response to one or more applicable question is "no")*

Not Applicable – Item 18 cannot be rated as "Not Applicable" and must be rated as "Strength" or "Area Needing Improvement"

Comments:

Item 19: Worker Visits With Child(ren) *(Reference: Onsite Review Instrument, page 68)*

	Yes	No	NA
A. Is/was the frequency of face-to-face 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? ***Note: If visits occurred less than monthly, substantial documentation must be provided in order to respond "yes" to this question.***	☐	☐	☐
B. 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(ren) and promote achievement of case goals? (For example, did the visits between the caseworker and the child(ren) focus on issues pertinent to case planning, service delivery and goal achievement?)	☐	☐	☐

Rating for Item 19:

☐ Strength *(The response to both questions is "yes")*

☐ Area Needing Improvement *(The response to one or more question is "no")*

Item 18 cannot be rated as "Not Applicable" and must be rated as either "Strength" or "Area Needing Improvement".

Comments:

Item 20: Worker Visits With Parent(s) *(Reference: Onsite Review Instrument, page 71)*

	Yes	No	NA
A. Is/was the frequency of face-to-face visits between the caseworker and the child(ren)'s **mother** sufficient to address issues pertaining to the safety, permanency and well-being of the child and promote achievement of case goals? ***Note: If visits occurred less than monthly, substantial documentation must be provided in order to respond "yes" to this question.*** ***For questions A, B, C and D:*** *Check "NA" if: (1) agency contact with the parent was determined to be contrary to a child's safety or best interests, (2) the location of the parent was unknown during the entire period under review despite concerted agency efforts to locate, (3) parental rights were terminated before the period under review and s/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 him or her.*	☐	☐	☐
B. 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(ren) and promote achievement of case goals? (For example, did the visits between the caseworker and the mother focus on issues pertinent to case planning, service delivery and goal achievement?)	☐	☐	☐
C. Is/was the frequency of face-to-face visits between the caseworker and the child(ren)'s **father** sufficient to address issues pertaining to the safety, permanency and well-being of the child and promote achievement of case goals? ***Note: If visits occurred less than monthly, substantial documentation must be provided in order to respond "yes" to this question.***	☐	☐	☐
D. 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(ren) and promote achievement of case goals? (For example, did the visits between the caseworker and the mother focus on issues pertinent to case planning, service delivery and goal achievement?)	☐	☐	☐

Rating for Item 20:

☐ Strength *(The response to all applicable questions is "yes")*

☐ Area Needing Improvement *(The response to one or more applicable question is "no")*

☐ Not Applicable *(The response to all questions is "NA")*

Comments:

Rating Well-being Outcome 1	
Well-being Outcome 1: Families have enhanced capacity to provide for their children's needs.	
Level of Outcome Achievement:	
☐ Substantially Achieved	Well-being Outcome 1 should be rated as Substantially Achieved if **both** of the following apply: • Item 17 is rated as a Strength, and • Only one of Items 18, 19 and 20 is rated as an Area Needing Improvement..
☐ Partially Achieved	Well-being Outcome 1 should be rated as Partially Achieved if **either** of the following applies: • Item 17 is rated as an Area Needing Improvement, but at least one other item is rated as a Strength. • Item 17 is rated as a Strength, but at least two of Items 18, 19 and 20 are rated as Areas Needing Improvement.
☐ Not Achieved	Well-being Outcome 1 should be rated as Not Achieved if the following applies: • All applicable items are rated as Area Needing Improvement
Not Applicable	Well-being Outcome 1 cannot be rated as Not Applicable. The Outcome must be rated as Substantially, Partially, or Not Achieved.

Summary of Ratings for Items 17. 18, 19 and 20:

	Strength	Area Needing Improvement	Not Applicable
Item 17:	☐	☐	
Item 18:	☐	☐	
Item 19:	☐	☐	
Item 20:	☐	☐	☐

Well-being Outcome 2: Children receive appropriate services to meet their educational needs.

Item 21: Educational Needs of the Child(ren) *(Reference: Onsite Review Instrument, page 76)*

	Yes	No	NA
A. Did the agency make concerted efforts to assess the child(ren)'s educational needs? ***In-Home Cases, Questions A and B:*** *Check "NA" if the educational needs of the child(ren) were not relevant to the reason why the agency was involved with the family and it was not a reasonable expectation that the agency address educational issues given the circumstances of the agency's involvement with the family.*	☐	☐	☐
B. Did the agency engage in concerted efforts to address the child(ren)'s educational needs through appropriate services?	☐	☐	☐

Rating for Item 21:

☐ Strength *(The response to all applicable questions is "yes")*

☐ Area Needing Improvement *(The response to one or more applicable question is "no")*

☐ Not Applicable *(The response to all questions is "NA")*

Comments:

Rating Well-being Outcome 2	
Well-being Outcome 2: Children receive appropriate services to meet their educational needs.	
Level of Outcome Achievement:	
☐ Substantially Achieved	Well-being Outcome 2 should be rated as Substantially Achieved Item 21 is rated as a Strength.
☐ Partially Achieved	Well-being Outcome 2 should be rated as Partially Achieved if the following applies: • Item 21 is rated as an Area Needing Improvement, but the answer to at least one of the key questions was Yes.
☐ Not Achieved	Well-being Outcome 2 should be rated as Not Achieved if the following applies: • Item 21 is rated as an Area Needing Improvement and none of the questions was answered Yes.
☐ Not Applicable	Well-being Outcome 2 should be rated as Not Applicable if Item 21 is rated as Not Applicable.

Well-being Outcome 3: Children receive adequate services to meet their physical and mental health needs

Item 22: Physical Health of the Child(ren) *(Reference: Onsite Review Instrument, page 80)*

	Yes	No	NA
A. If the child entered foster care during the period under review, was an initial health screening provided within 30 days of the child's entry into care, or did the agency ensure that a health exam was completed within 12 months before the initial placement?	☐	☐	☐
B. Did the agency assess the child's physical and dental health care needs? ***In-Home Cases, Questions B and C:*** *Check "NA" if the physical health needs of the child(ren) were not relevant to the reason why the agency was involved with the family and it was not a reasonable expectation that the agency address physical health issues given the circumstances of the agency's involvement with the family.*			
C. Did the agency ensure that appropriate services were provided to the child to address all identified physical and dental health care needs?	☐	☐	☐

Rating for Item 22:

☐ Strength *(The response to all applicable questions is "yes")*

☐ Area Needing Improvement *(The response to one or more applicable question is "no")*

☐ Not Applicable *(The response to all questions is "NA")*

Comments:

Item 23: Mental/Behavioral Health of the Child *(Reference: Onsite Review Instrument, page 83)*

	Yes	No	NA
A. If the case was opened during the period under review, was a Children's Mental Health Screening completed if required? *(See page 4 of Instructions for requirements and exceptions.)* ***Check "NA" if an exception to completion of the CMH Screening was noted or if the case was opened prior to the period under review.***	☐	☐	☐
B. If indicated, was a mental health assessment completed?	☐	☐	☐
C. Did the agency provide appropriate services to address the child(ren)'s mental/behavioral health needs?	☐	☐	☐

Rating for Item 23:

☐ Strength *(The response to all applicable questions is "yes")*

☐ Area Needing Improvement *(The response to one or more applicable question is "no")*

☐ Not Applicable *(The response to all questions is "NA")*

Comments:

Well-Being Discussion Points for Supervisor/Caseworker Conference:

- *In what way do family members (or substitute caregivers) participate in service planning and decision making?*
- *Do the child(ren), parent(s), caseworker(s), teachers and other service providers share a "big picture" understanding of the child and family's strengths and needs and the service plan?*
- *Does the caseworker/agency have a trust based working relationship with the child(ren), family and other service providers working with the child(ren) and family?*
- *Are/were the services provided culturally appropriate?*
- *Are the child(ren) attending school regularly and making progress in school consistent with promotion and school completion?*
- *Were educational, physical and mental health records available in the file and provided to foster care providers?*
- *Is the child(ren) doing well emotionally and socially?*

Comments:

Rating Well-Being Outcome 3	
Well-being Outcome 3: Children receive appropriate services to meet their physical and mental health needs.	
Level of Outcome Achievement:	
☐ Substantially Achieved	Well-being Outcome 3 should be rated as Substantially Achieved if **either** of the following applies: • Items 22 and 23 are both rated as Strengths. • One item is rated as a Strength and the other item is rated as Not Applicable.
☐ Partially Achieved	Well-being Outcome 3 should be rated as Partially Achieved if the following applies: • One of the two items is rated as a Strength and the other is rated as an Area Needing Improvement.
☐ Not Achieved	Well-being Outcome 3 should be rated as Not Achieved if **either** of the following applies: • Both items are rated as Areas Needing Improvement. • One item is rated as an Area Needing Improvement and the other item is rated as Not Applicable.
☐ Not Applicable	Well-being Outcome 3 should be rated as Not Applicable if both items are rated as Not Applicable.
Summary of Ratings for Items 22 and 23:	

	Strength	Area Needing Improvement	Not Applicable
Item 22:	☐	☐	☐
Item 23:	☐	☐	☐

Case Rating Summary Sheet

Case Name:

Performance Item or Outcome		Item Ratings			Outcome Ratings			
		Strength	Area Needing Improve-ment	N/A*	Substan-tially Achieved	Partially Achieved	Not Achieved	N/A*
Item 1:	Timeliness of initiating assessments/ investigations of reports of child maltreatment	☐	☐	☐				
Supplem ent	Screening and Assessment	☐	☐	☐				
Item 2:	Repeat maltreatment	☐	☐	☐				
Outcome S1: Children are, first and foremost, protected from abuse and neglect.					☐	☐	☐	
Item 3:	Services to family to protect child(ren) in the home and prevent removal or re-entry into foster care	☐	☐	☐				
Item 4:	Risk assessment and safety management	☐	☐					
Outcome S2: Children are safely maintained in their homes whenever possible and appropriate.					☐	☐	☐	☐
Item 5:	Foster care re-entries	☐	☐	☐				
Item 6:	Stability of foster care placement	☐	☐	☐				
Item 7:	Permanency goal for child	☐	☐	☐				
Item 8:	Reunification or permanent transfer of legal and physical custody to a relative	☐	☐	☐				
Item 9:	Adoption	☐	☐	☐				
Item 10:	Long-term foster care	☐	☐	☐				
Outcome P1: Children have permanency and stability in their living situations.					☐	☐	☐	☐
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 P2: The continuity of family relationships and connections is preserved for children.					☐	☐	☐	☐
Item 17:	Needs and services of child, parents, and foster parents	☐	☐					
Item 18:	Child and family involvement in case planning	☐	☐					
Item 19:	Caseworker visits with child	☐	☐					
Item 20:	Caseworker visits with parent(s)	☐	☐	☐				
Outcome WB1: Families have enhanced capacity to provide for their children's needs.					☐	☐	☐	
Item 21:	Educational needs of the child	☐	☐	☐				
Outcome WB2: Children receive appropriate services to meet their educational needs.					☐	☐	☐	☐
Item 22:	Physical health of the child	☐	☐	☐				
Item 23:	Mental/behavioral health of the child	☐	☐	☐				
Outcome WB3: Children receive adequate services to meet their physical and mental health needs.					☐	☐	☐	☐

Quarterly Case Review Data Workbook
Description and Instructions

An Excel Workbook was developed in conjunction with the condensed Safety, Permanency and Well-Being Case Review Instruments to assist counties in their efforts to gather and analyze the data generated from the case review process. The Quarterly Case Review Data Workbook contains 5 separate spread sheets: one for each quarter of a year and an annual summary spread sheet. Information entered on each individual quarter's spread sheet will automatically transfer to the annual summary and percentages will be automatically calculated.

Quarterly Spreadsheets:

On the top of each spreadsheet there are three fields for the agency to complete.

- Enter the "year" that the case review is occurring. (This will need to be completed on each quarterly sheet.)
- Place an "x" in the appropriate box to indicate which months that specific quarter's spreadsheet represents.
- Enter the county name. (Once this information is entered on the Quarter 1 spreadsheet, it will automatically transfer to the remaining sheets.)

Each quarterly spread sheet is laid out in the same manner. The spread sheets are "protected" and data entry is allowed only in certain columns as outlined below.

- ***Columns 1 and 2:*** Listing of the Item numbers and titles.
- ***"County MnCFSR" Column:*** DHS QA staff will fill in this column to indicate the percentage of cases rated a strength at the time of the county's MnCFSR conducted by the Department of Human Services. These percentages are available in the "Introduction" section of the final report issued following the MnCFSR. (Once this information is entered on the Quarter 1 spreadsheet, it will automatically transfer to the remaining sheets.)
- ***"County's PIP Goal" Column:*** DHS QA staff will fill in this column to indicate the percentage goal that the county established for each item addressed in their Program Improvement Plan following the MnCFSR. (Once this information is entered on the Quarter 1 spreadsheet, it will automatically transfer to the remaining sheets.)
- ***"# Strength" Column:*** Record the total number of cases rated a Strength for each Item.
- ***"# ANI" Column:*** Record the total number of cases rated an Area Needing Improvement for each Item.
- ***"# NA" Column:*** Record the total number of cases rated as Not Applicable for each Item.
- ***"Strength (%)" Column:*** The percentage of cases that were rated a Strength will be automatically calculated based on the information recorded in previous columns. ("NA" appears in this column until numbers are entered into the "# Strength" and "# ANI" columns.)
- ***"N =" Column:*** The total number of applicable cases for the specific item will be automatically filled in based on the information input into previous columns.
- ***"Year to Date" Columns:*** Included on Quarter 2, 3 and 4 spreadsheets. Year to date information will automatically generate based on information previously entered.

Annual Summary Spread Sheet:

There is minimal data entry required on the Annual Summary. The agency should enter the dates covered by the annual spreadsheet. Other information that has been recorded on each individual quarter will automatically transfer to the Annual Summary sheet and percentages will be automatically calculated.

The Annual Summary Spread Sheet is "protected" and entry into most individual cells is not allowed. It is recommended that the Annual Summary sheet remain protected, however, if needed, this (or any) sheet can be unprotected by taking the following steps:

1. Click on "Tools" on the main tool bar
2. Click on "protection"
3. Click on "unprotect sheet"

KEY:	OUTCOME RATINGS (Shaded) % Substantially Achieved PERFORMANCE ITEM RATINGS (Not Shaded) % Strength	Year: (Enter year)	☐ January - March ☐ April - June ☐ July - September ☐ October - December	(Enter County Name Here) County

County Data - Initial Quarter

Outcome or Performance Item		County MnCFSR	County's PIP % Goal	# Strength	# ANI	# N/A	Strength (%)	N=
Outcome S1	**Children are, first and foremost, protected from abuse and neglect**							
Item 1	Timeliness of initiating investigations of reports of child maltreatment						NA	0
MN Supplement	Screening and assessment						NA	0
Item 2	Repeat maltreatment						NA	0
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 or re-entry into foster care						NA	0
Item 4	Risk assessment and safety management						NA	0
Outcome P1	**Children have permanency and stability in their living situations**							
Item 5	Foster care re-entries						NA	0
Item 6	Stability of foster care placement						NA	0
Item 7	Permanency goal for child						NA	0
Item 8	Reunification or permanent transfer of legal and physical custody to a relative						NA	0
Item 9	Adoption						NA	0
Item 10	Long-term foster care						NA	0
Outcome P2	**The continuity of family relationships and connections is preserved for children**							
Item 11	Proximity of foster care placement						NA	0
Item 12	Placement with siblings						NA	0
Item 13	Visiting with parents and siblings in foster care						NA	0
Item 14	Preserving connections						NA	0
Item 15	Relative placement						NA	0
Item 16	Relationship of child in care with parents						NA	0
Outcome WB1	**Families have enhanced capacity to provide for their children's needs**							
Item 17	Needs and services of child, parents, and foster parents						NA	0
Item 18	Child and family involvement in case planning						NA	0
Item 19	Worker visits with child						NA	0
Item 20	Worker visits with parent(s)						NA	0
Outcome WB2	**Children receive appropriate services to meet their educational needs**							
Item 21	Educational needs of the child						NA	0
Outcome WB3	**Children receive adequate services to meet their physical and mental health needs**							
Item 22	Physical health of the child						NA	0
Item 23	Mental/behavioral health of the child						NA	0

KEY:	OUTCOME RATINGS (Shaded) % Substantially Achieved PERFORMANCE ITEM RATINGS (Not Shaded) % Strength	Year: (Enter Year)	☐ January - March ☐ April - June ☐ July - September ☐ October - December	(Enter County Name Here) County	Year to Date Quarters 1 - 2

County Data - 2nd Quarter

Outcome or Performance Item		County MnCFSR	County's PIP % Goal	# Strength	# ANI	# N/A	Strength (%)	N=	Strength (%)	N=
Outcome S1	**Children are, first and foremost, protected from abuse and neglect**									
Item 1	Timeliness of initiating investigations of reports of child maltreatment	0.00%	0.00%				NA	0	NA	0
MN Supplement	Screening and assessment	0.00%	0.00%				NA	0	NA	0
Item 2	Repeat maltreatment	0.00%	0.00%				NA	0	NA	0
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 or re-entry into foster care	0.00%	0.00%				NA	0	NA	0
Item 4	Risk assessment and safety management	0.00%	0.00%				NA	0	NA	0
Outcome P1	**Children have permanency and stability in their living situations**									
Item 5	Foster care re-entries	0.00%	0.00%				NA	0	NA	0
Item 6	Stability of foster care placement	0.00%	0.00%				NA	0	NA	0
Item 7	Permanency goal for child	0.00%	0.00%				NA	0	NA	0
Item 8	Reunification or permanent transfer of legal and physical custody to a relative	0.00%	0.00%				NA	0	NA	0
Item 9	Adoption	0.00%	0.00%				NA	0	NA	0
Item 10	Long-term foster care	0.00%	0.00%				NA	0	NA	0
Outcome P2	**The continuity of family relationships and connections is preserved for children**									
Item 11	Proximity of foster care placement	0.00%	0.00%				NA	0	NA	0
Item 12	Placement with siblings	0.00%	0.00%				NA	0	NA	0
Item 13	Visiting with parents and siblings in foster care	0.00%	0.00%				NA	0	NA	0
Item 14	Preserving connections	0.00%	0.00%				NA	0	NA	0
Item 15	Relative placement	0.00%	0.00%				NA	0	NA	0
Item 16	Relationship of child in care with parents	0.00%	0.00%				NA	0	NA	0
Outcome WB1	**Families have enhanced capacity to provide for their children's needs**									
Item 17	Needs and services of child, parents, and foster parents	0.00%	0.00%				NA	0	NA	0
Item 18	Child and family involvement in case planning	0.00%	0.00%				NA	0	NA	0
Item 19	Worker visits with child	0.00%	0.00%				NA	0	NA	0
Item 20	Worker visits with parent(s)	0.00%	0.00%				NA	0	NA	0
Outcome WB2	**Children receive appropriate services to meet their educational needs**									
Item 21	Educational needs of the child	0.00%	0.00%				NA	0	NA	0
Outcome WB3	**Children receive adequate services to meet their physical and mental health needs**									
Item 22	Physical health of the child	0.00%	0.00%				NA	0	NA	0
Item 23	Mental/behavioral health of the child	0.00%	0.00%				NA	0	NA	0

KEY:	OUTCOME RATINGS (Shaded) % Substantially Achieved PERFORMANCE ITEM RATINGS (Not Shaded) % Strength	Year: (Enter Year)	☐ January - March ☐ April - June ☐ July - September ☐ October - December	(Enter County Name Here) County	Year to Date Quarters 1 - 3

County Data - 3rd Quarter

Outcome or Performance Item		County MnCFSR	County's PIP % Goal	# Strength	# ANI	# N/A	Strength (%)	N =	Strength (%)	N=
Outcome S1	**Children are, first and foremost, protected from abuse and neglect**									
Item 1	Timeliness of initiating investigations of reports of child maltreatment	0.00%	0.00%				NA	0	NA	0
MN Supplement	Screening and assessment	0.00%	0.00%				NA	0	NA	0
Item 2	Repeat maltreatment	0.00%	0.00%				NA	0	NA	0
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 or re-entry into foster care	0.00%	0.00%				NA	0	NA	0
Item 4	Risk assessment and safety management	0.00%	0.00%				NA	0	NA	0
Outcome P1	**Children have permanency and stability in their living situations**									
Item 5	Foster care re-entries	0.00%	0.00%				NA	0	NA	0
Item 6	Stability of foster care placement	0.00%	0.00%				NA	0	NA	0
Item 7	Permanency goal for child	0.00%	0.00%				NA	0	NA	0
Item 8	Reunification or permanent transfer of legal and physical custody to a relative	0.00%	0.00%				NA	0	NA	0
Item 9	Adoption	0.00%	0.00%				NA	0	NA	0
Item 10	Long-term foster care	0.00%	0.00%				NA	0	NA	0
Outcome P2	**The continuity of family relationships and connections is preserved for children**									
Item 11	Proximity of foster care placement	0.00%	0.00%				NA	0	NA	0
Item 12	Placement with siblings	0.00%	0.00%				NA	0	NA	0
Item 13	Visiting with parents and siblings in foster care	0.00%	0.00%				NA	0	NA	0
Item 14	Preserving connections	0.00%	0.00%				NA	0	NA	0
Item 15	Relative placement	0.00%	0.00%				NA	0	NA	0
Item 16	Relationship of child in care with parents	0.00%	0.00%				NA	0	NA	0
Outcome WB1	**Families have enhanced capacity to provide for their children's needs**									
Item 17	Needs and services of child, parents, and foster parents	0.00%	0.00%				NA	0	NA	0
Item 18	Child and family involvement in case planning	0.00%	0.00%				NA	0	NA	0
Item 19	Worker visits with child	0.00%	0.00%				NA	0	NA	0
Item 20	Worker visits with parent(s)	0.00%	0.00%				NA	0	NA	0
Outcome WB2	**Children receive appropriate services to meet their educational needs**									
Item 21	Educational needs of the child	0.00%	0.00%				NA	0	NA	0
Outcome WB3	**Children receive adequate services to meet their physical and mental health needs**									
Item 22	Physical health of the child	0.00%	0.00%				NA	0	NA	0
Item 23	Mental/behavioral health of the child	0.00%	0.00%				NA	0	NA	0

KEY:	OUTCOME RATINGS (Shaded) % Substantially Achieved PERFORMANCE ITEM RATINGS (Not Shaded) % Strength	Year: (Enter Year)	☐ January - March ☐ April - June ☐ July - September ☐ October - December	(Enter County Name Here) County	Year to Date Quarters 1 - 4
	County Data - 4th Quarter				

Outcome or Performance Item		County MnCFSR	County's PIP % Goal	# Strength	# ANI	# N/A	Strength (%)	N =	Strength (%)	N =
Outcome S1	**Children are, first and foremost, protected from abuse and neglect**									
Item 1	Timeliness of initiating investigations of reports of child maltreatment	0.00%	0.00%				NA	0	NA	0
MN Supplement	Screening and assessment	0.00%	0.00%				NA	0	NA	0
Item 2	Repeat maltreatment	0.00%	0.00%				NA	0	NA	0
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 or re-entry into foster care	0.00%	0.00%				NA	0	NA	0
Item 4	Risk assessmet and safety management	0.00%	0.00%				NA	0	NA	0
Outcome P1	**Children have permanency and stability in their living situations**									
Item 5	Foster care re-entries	0.00%	0.00%				NA	0	NA	0
Item 6	Stability of foster care placement	0.00%	0.00%				NA	0	NA	0
Item 7	Permanency goal for child	0.00%	0.00%				NA	0	NA	0
Item 8	Reunification or permanent transfer of legal and physical custody to a relative	0.00%	0.00%				NA	0	NA	0
Item 9	Adoption	0.00%	0.00%				NA	0	NA	0
Item 10	Long-term foster care	0.00%	0.00%				NA	0	NA	0
Outcome P2	**The continuity of family relationships and connections is preserved for children**									
Item 11	Proximity of foster care placement	0.00%	0.00%				NA	0	NA	0
Item 12	Placement with siblings	0.00%	0.00%				NA	0	NA	0
Item 13	Visiting with parents and siblings in foster care	0.00%	0.00%				NA	0	NA	0
Item 14	Preserving connections	0.00%	0.00%				NA	0	NA	0
Item 15	Relative placement	0.00%	0.00%				NA	0	NA	0
Item 16	Relationship of child in care with parents	0.00%	0.00%				NA	0	NA	0
Outcome WB1	**Families have enhanced capacity to provide for their children's needs**									
Item 17	Needs and services of child, parents, and foster parents	0.00%	0.00%				NA	0	NA	0
Item 18	Child and family involvement in case planning	0.00%	0.00%				NA	0	NA	0
Item 19	Worker visits with child	0.00%	0.00%				NA	0	NA	0
Item 20	Worker visits with parent(s)	0.00%	0.00%				NA	0	NA	0
Outcome WB2	**Children receive appropriate services to meet their educational needs**									
Item 21	Educational needs of the child	0.00%	0.00%				NA	0	NA	0
Outcome WB3	**Children receive adequate services to meet their physical and mental health needs**									
Item 22	Physical health of the child	0.00%	0.00%				NA	0	NA	0
Item 23	Mental/behavioral health of the child	0.00%	0.00%				NA	0	NA	0

KEY:	OUTCOME RATINGS (Shaded) % Substantially Achieved
	PERFORMANCE ITEM RATINGS (Not Shaded) % Strength

Tracking Performance on QA Measures - Annual Summary **(Enter County Name Here)**

Dates Covered: (Enter to and from dates) **County**

Outcome or Performance Item		County MnCFSR	% Strength Qtr. 1	N=	% Strength Qtr. 2	N=	% Strength Qtr. 3	N=	% Strength Qtr. 4	N=	Year End	N=
Outcome S1	**Children are, first and foremost, protected from abuse and neglect**											
Item 1	Timeliness of initiating investigations of reports of child maltreatment	0.00%	NA	0	NA	0	NA	0	NA	0	NA	0
MN Supplement	Screening and assessment	0.00%	NA	0	NA	0	NA	0	NA	0	NA	0
Item 2	Repeat maltreatment	0.00%	NA	0	NA	0	NA	0	NA	0	NA	0
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 or re-entry into foster care	0.00%	NA	0	NA	0	NA	0	NA	0	NA	0
Item 4	Risk assessment and safety management	0.00%	NA	0	NA	0	NA	0	NA	0	NA	0
Outcome P1	**Children have permanency and stability in their living situations**											
Item 5	Foster care re-entries	0.00%	NA	0	NA	0	NA	0	NA	0	NA	0
Item 6	Stability of foster care placement	0.00%	NA	0	NA	0	NA	0	NA	0	NA	0
Item 7	Permanency goal for child	0.00%	NA	0	NA	0	NA	0	NA	0	NA	0
Item 8	Reunification or permanent transfer of legal and physical custody to a relative	0.00%	NA	0	NA	0	NA	0	NA	0	NA	0
Item 9	Adoption	0.00%	NA	0	NA	0	NA	0	NA	0	NA	0
Item 10	Long-term foster care	0.00%	NA	0	NA	0	NA	0	NA	0	NA	0
Outcome P2	**The continuity of family relationships and connections is preserved for children**											
Item 11	Proximity of foster care placement	0.00%	NA	0	NA	0	NA	0	NA	0	NA	0
Item 12	Placement with siblings	0.00%	NA	0	NA	0	NA	0	NA	0	NA	0
Item 13	Visiting with parents and siblings in foster care	0.00%	NA	0	NA	0	NA	0	NA	0	NA	0
Item 14	Preserving connections	0.00%	NA	0	NA	0	NA	0	NA	0	NA	0
Item 15	Relative placement	0.00%	NA	0	NA	0	NA	0	NA	0	NA	0
Item 16	Relationship of child in care with parents	0.00%	NA	0	NA	0	NA	0	NA	0	NA	0
Outcome WB1	**Families have enhanced capacity to provide for their children's needs**											
Item 17	Needs and services of child, parents, and foster parents	0.00%	NA	0	NA	0	NA	0	NA	0	NA	0
Item 18	Child and family involvement in case planning	0.00%	NA	0	NA	0	NA	0	NA	0	NA	0
Item 19	Worker visits with child	0.00%	NA	0	NA	0	NA	0	NA	0	NA	0
Item 20	Worker visits with parent(s)	0.00%	NA	0	NA	0	NA	0	NA	0	NA	0
Outcome WB2	**Children receive appropriate services to meet their educational needs**											
Item 21	Educational needs of the child	0.00%	NA	0	NA	0	NA	0	NA	0	NA	0
Outcome WB3	**Children receive adequate services to meet their physical and mental health needs**											
Item 22	Physical health of the child	0.00%	NA	0	NA	0	NA	0	NA	0	NA	0
Item 23	Mental/behavioral health of the child	0.00%	NA	0	NA	0	NA	0	NA	0	NA	0