

Child and Family Services Reviews

Onsite Review Instrument and Instructions

January 2016



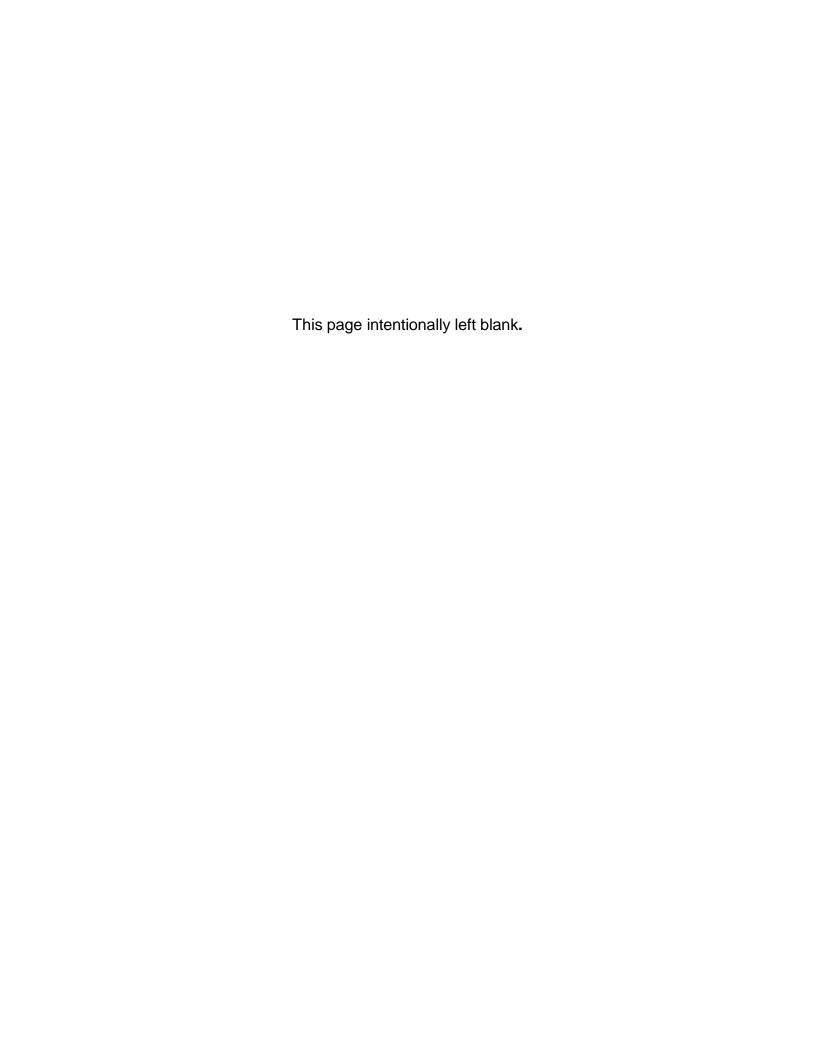
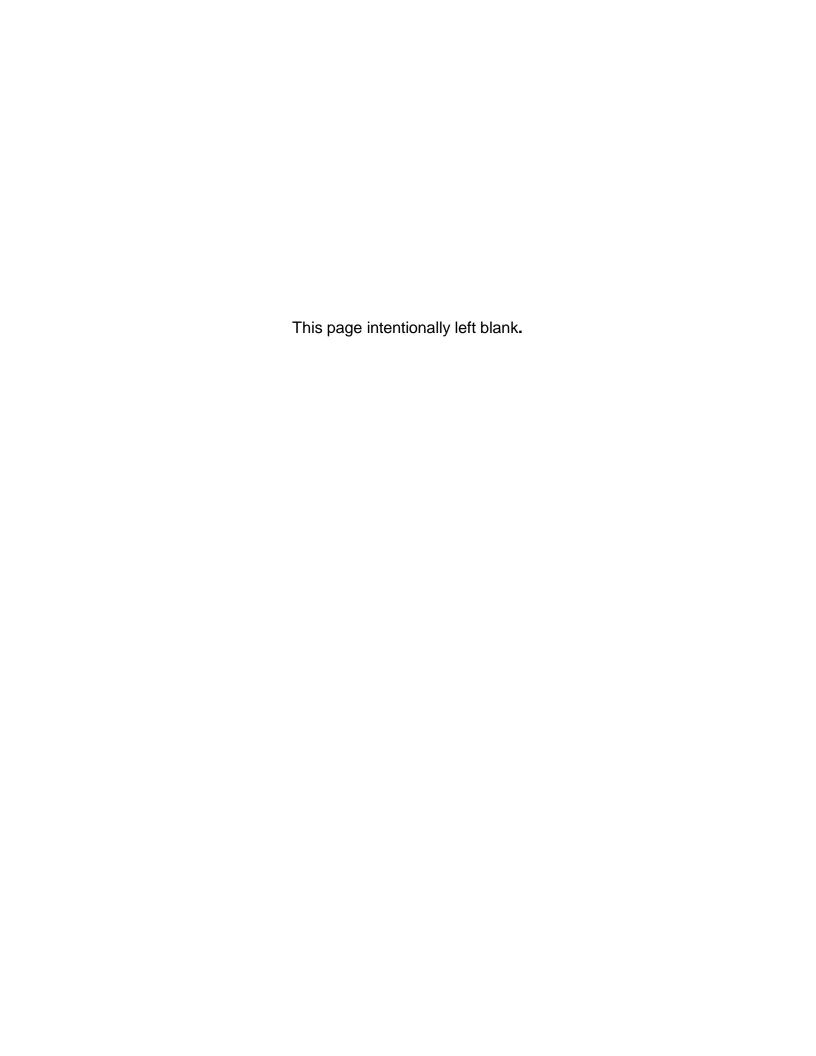


Table of Contents

| Face Sheet | 2 |
|---|-----|
| SAFETY OUTCOME 1: CHILDREN ARE, FIRST AND FOREMOST, PROTECTED FROM ABUSE AND NEGLECT. | 7 |
| Item 1: Timeliness of Initiating Investigations of Reports of Child Maltreatment | |
| SAFETY OUTCOME 2: CHILDREN ARE SAFELY MAINTAINED IN THEIR HOMES WHENEVER POSSIE AND APPROPRIATE | |
| Item 2: Services to Family to Protect Child(ren) in the Home and Prevent Removal or Re-Entry Into Foster Care | |
| Item 3: Risk and Safety Assessment and Management | 15 |
| PERMANENCY OUTCOME 1: CHILDREN HAVE PERMANENCY AND STABILITY IN THEIR LIVING SITUATIONS | 21 |
| Item 4: Stability of Foster Care Placement | 21 |
| Item 5: Permanency Goal for Child | 26 |
| Item 6: Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement | 32 |
| PERMANENCY OUTCOME 2: THE CONTINUITY OF FAMILY RELATIONSHIPS AND CONNECTIONS IS PRESERVED FOR CHILDREN | |
| Item 7: Placement With Siblings | 38 |
| Item 8: Visiting With Parents and Siblings in Foster Care | 40 |
| Item 9: Preserving Connections | |
| Item 10: Relative Placement | 48 |
| Item 11: Relationship of Child in Care With Parents | 51 |
| WELL-BEING OUTCOME 1: FAMILIES HAVE ENHANCED CAPACITY TO PROVIDE FOR THEIR | EE |
| CHILDREN'S NEEDS | |
| Item 12: Needs and Services of Child, Parents, and Foster Parents | |
| Item 14: Caseworker Visits With Child | |
| Item 15: Caseworker Visits With Parents | |
| WELL-BEING OUTCOME 2: CHILDREN RECEIVE APPROPRIATE SERVICES TO MEET THEIR | / 1 |
| EDUCATIONAL NEEDS | 76 |
| Item 16: Educational Needs of the Child | 76 |
| WELL-BEING OUTCOME 3: CHILDREN RECEIVE ADEQUATE SERVICES TO MEET THEIR PHYSICAL AND MENTAL HEALTH NEEDS | |
| Item 17: Physical Health of the Child | |
| Item 18: Mental/Behavioral Health of the Child | 85 |



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Children's Bureau Child and Family Services Reviews Onsite Review Instrument and Instructions GENERAL INSTRUCTIONS

The Onsite Review Instrument and Instructions is used to review both foster care and in-home services cases during the onsite review component of the Child and Family Services Reviews. In completing the instrument, reviewers 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. The three sections focus on the outcome domains that form the basis of the Child and Family Services Reviews: safety, permanency, and child and family well-being. For each outcome, reviewers collect information on a number of "items" related to that outcome.

Although reviewers use the instrument to review both foster care and in-home services cases, they should complete the permanency section only if the case under review is a foster care case. If reviewing an in-home services case, reviewers should select Not Applicable as the rating for the permanency items.

For children in foster care, reviewers should consider the safety items (1 through 3) for all children in the family, but complete the permanency items (4 through 11) and the child and family well-being items (12 through 18) only as they apply to the specific child whose case is under review. For children receiving in-home services, reviewers should consider the safety items (1 through 3) for all children in the family home and complete the well-being items (12 through 18) for all children in the family unless reviewers determine that only specific children should be receiving services and, based on case circumstances, the other children in the family home do not need to be considered in these items.

Reviewing the Case

Reviewers must respond to all the questions for each applicable item. Reviewers should use their professional judgment to determine how best to gather all the relevant information needed to respond to questions. The instrument provides some instructions on where to find information, such as the case record or court orders. Information gathered through case-related interviews should be considered when responding to questions.

Reviewers must indicate the case participants who have been included in the assessment of certain items, in order to identify which children in an in-home services case were included in the assessment of various items and in order to determine who was being considered as "mother" and "father" in various items. Participants should be selected from the case participants listed in the child and case participant tables in the face sheet.

Further instructions for answering the questions relating to the individual items, along with definitions for key terms, are provided below the relevant question. Reviewers should read all instructions and definitions carefully before responding to questions.

CHILD AND FAMILY SERVICES REVIEWS ONSITE REVIEW INSTRUMENT Face Sheet

Case Information

Definition and Instructions for Questions A Through E Below:

- For the local area, use the name that is used by the state for the review. This may be a region rather than a county, or may be multiple counties.
- Enter the case name that is the official name on the case file.
- The period under review is the time frame used for making decisions about the case. It begins with the sampling period start date and ends with the date the case review was completed.

| A. | Name of state and county (or local area): |
|------|---|
| B. | Case name: |
| C. | Period under review begins on: |
| D. | Reviewer name(s): |
| | Initial QA completed by (name): |
| | Second Level QA completed by (name): |
| | Secondary Oversight completed by (name): |
| E. | Date case review was completed: |
| F. | What is the type of case reviewed? Select one type only: |
| Fost | er Care ☐ In-Home Services ☐ In-Home Services—Differential/Alternative Response ☐ |

Question F 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 state child welfare agency or another public agency with whom the agency has a title IV-E agreement (hereafter "the agency") has placement and care 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 placement and care responsibility. It does not include a child who is living with relatives (or caregivers other than parents) but who is not under the placement and care 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 45 days.
- The case is an in-home services differential/alternative response case if the state has some form of differential/alternative response program during the period under review and the in-home services case was served through that program.

G1. Child Table

| Target Child | Child's Name | Race(s) | Ethnicity | Date of Birth (MM/DD/YYYY) | Gender | Interviewed (Yes/No) |
|-----------------|--------------|---------|-----------|-------------------------------|--------|-------------------------|
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Table G1 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, indicate "Yes" in the first column of the table next to the name of the target child. It is essential that the target child be clearly identified for all foster care cases.
- Enter the race and ethnicity information as provided in the case file. If the child is of two or more races, list all that are provided in the case file (for example, White and Asian, or White and American Indian). If you learn during the course of the interviews that a child is of a different race or ethnicity than is noted in the file or is of two or more races and only one is noted in the file (for example, Non-Hispanic instead of Hispanic, or both White **and** American Indian), please change the race or ethnicity identification information presented to reflect the accurate information.
- Select from the following options for ethnicity: "Hispanic," "Non-Hispanic," "Unknown," and "Unable to Determine."
- Select from the following options for race:
 - American Indian or Alaska Native
 - Asian
 - Black or African American
 - Native Hawaiian or Other Pacific Islander
 - White
 - Unknown or Unable to Determine
- Provide the date of birth for every child in the family, even if this is a foster care case.
- If the child is abandoned or the date of birth is otherwise unknown, enter an approximate date of birth. Use the 15th as the day of birth.

G2. Case Participant Table

| Name | Role | Relationship to Child | Interviewed (Yes/No) |
|------|------|-----------------------|-------------------------|
| | | | |
| | | | |
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| | | | |

Table G2 Instructions:

- In the Name column, for both foster care and in-home services cases, enter the first and last names (first name first) of the key case participants whose participation in this case will be assessed in the instrument and other persons who were interviewed to provide relevant information.
- In the Role column, list one of the following options for each participant listed: Mother, Father, Caregiver, Foster Parent, Caseworker, Caseworker's Supervisor, Other. The same role may be indicated for more than one person (for example, a biological father may have the role of Father, and a stepfather may have the role of Father).
- In the Relationship to Child column, indicate how the person is involved in the case and/or related to the child. Indicate whether the person is/was living with the child and/or in a caregiving role. For example: boyfriend of (child name)'s mother, lives in the home; biological mother of (children's names) not living in the home, not a caregiver; legal father of (child's name), not living in the home.
- In the Interviewed column, note whether the person has been interviewed regarding the case.

| H. Was this case opened for reasons other than child abuse and neg | lect? |
|--|-------|
|--|-------|

Yes □ No □

Question H Instruction:

Examples of cases opened for reasons other than child abuse or neglect include: (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 opened because parents requested mental/behavioral health services for their child(ren).

| l. | What is the date of the first case opening, of the cases open for services during the period under review? |
|----|--|
| / | / <u>/</u> |

Question I Instructions:

- Using the MM/DD/YYYY format, enter the date on which the case was actually opened within the agency. Consider all cases that were open for services during the period under review, if there were multiple case openings. If the first case that was open during the period under review was opened before the period under review began, include it as the first case opening date for the period.
- If a child was on a trial home visit and returned to a foster care placement, the return to foster care 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 before placement, enter the date on which the case was opened for in-home services. The date of the child's removal from home will be captured in the next

| question. | |
|---|--|
| J. What is the date of the child's most recent entry into foster care? | |
| <u>/</u> NA □ | |
| Question J Definition: | |
| "Entry into foster care" refers to a child's removal from his or her normal place of residence and placemer in a substitute care setting under the placement and care responsibility of the state or local title IV-B/IV-E agency. Children are considered to have entered foster care if the child has been in substitute care for 2 hours or more. | |
| Question J Instructions: | |
| Using the MM/DD/YYYY format, enter the date of the child's most recent entry into foster care. 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, J is Not Applicable. | |
| K. What is the date of discharge from foster care for the most recent foster care episode? | |
| / NA □ Not Yet Discharged □ | |
| Question K Definition: "Discharge from foster care" is defined as the point when the child is no longer in foster care under the | |
| placement and care responsibility or supervision of the agency | |

Question K Instructions:

- Using the MM/DD/YYYY format, enter the date of discharge from foster care for the most recent foster care episode.
- 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, select Not Yet Discharged.
- If the case is an in-home services case, K is Not Applicable.

Onsite Review Instrument: Face Sheet

| What is the date of the most re | ecent case closure during the period ui | nder review? |
|--|--|--|
| /Ca | se not closed by time of review \square | |
| Question L Instructions: | | |
| • | at, enter the date on which the agency may not be the same as the discharge | |
| If there were multiple case open the last case closure that occur | enings and closures during the period urred during the period. | under review, indicate the date of |
| If the case is still open at the till | ime of review, select "Case not closed | by time of review." |
| M. Why was/were the case(s) op | ened for services? | |
| ☐ Physical abuse ☐ Sexual abuse ☐ Emotional maltreatment ☐ Neglect (not including medical neglect) ☐ Medical neglect | □ Abandonment □ Mental/physical health of parent □ Mental/physical health of child □ Substance abuse by parent(s) □ Child's behavior □ Substance abuse by child | □ Domestic violence in child's home □ Child in juvenile justice system □ Other (specify) |
| | | |

Question M Instructions:

Indicate the reason(s) for case opening(s) by selecting all that apply. Consider all cases open during the period under review. The reason for case opening should be based on whatever information is available in the case record and from interviews that identifies why the agency opened the case. This would include the maltreatment type that was substantiated or resulted in case opening and it could also include other information that informed the agency's decision to open the case. If "other" was checked as a reason the case was opened for services, the circumstances and reason must be very clearly documented in the narrative.

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104–13)

Public reporting burden for this collection of information is estimated to average 8 hours per response, including the time for reviewing instructions, reading case files and conducting interviews, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

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

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(ren) made, within the time frames established by agency policies or state statutes.

Item 1 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 it was "screened out"; that is, not referred for an assessment or investigation.

Is this case applicable?

| Select the appropriate response below. | If the response is No, | , rate the case as Not | Applicable in the ratings |
|--|------------------------|------------------------|---------------------------|
| section and continue to item 2. | | | |
| | | | |

| Yes □ | No □ |
|-------------------|--|
| Optional: Provide | comments in the narrative field below: |
| | |
| | |
| | |
| | |
| | |

A1. Reports Table

| Report Date | Name of Child | Allegation | Priority Level, If Applicable | Assessment or Investigation | Date Assigned for an Investigation or Assessment | Date Investigation or Assessment Initiated | to-Face | Relationship of Alleged Perpetrator to Child | Disposition |
|----------------|------------------|------------|----------------------------------|-----------------------------------|---|--|---------|---|-------------|
| | | | | | | | | | |
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Table 1A1 Instructions:

- Complete the table for all accepted reports received during the period under review.
- Reviewers should list reports by date, per child, and per allegation (for each perpetrator). If the same child had multiple allegations that resulted in separate dispositions, each allegation should be indicated in a separate row in the table so that the disposition can be noted for each allegation. If multiple allegations received the same disposition, all allegations may be indicated in the same row.
- If the state has policies outlining different priority levels for reports, indicate the priority level that was assigned.
- Indicate whether the report was assigned for an investigation or referred for an assessment.
- 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. If the report was not assigned, the reviewer documents the date assigned as "Did not occur."
- The date the investigation or assessment was initiated is the date on which the agency made the first attempt to contact the family.

 Reviewers should include the date on which the investigation/assessment was initiated per state policy, or if no state policy exists, reviewers should include the date when contact with the family was first attempted. If the investigation or assessment was not initiated or face-to-face contact with the child did not occur, the reviewer documents these dates as "Did not occur."
- In the last column, report the disposition of the case. If the case was investigated, indicate whether the report was "Substantiated" or "Not Substantiated" (this may be documented in the record as "founded" or "unfounded," or "indicated" or "not indicated"). If the investigation has not been completed as of the time of review, indicate "Investigation Pending." If the case was referred for an assessment, indicate whether it was "opened for services" or "not opened for services." If the assessment has not yet been completed, indicate "Assessment Still Pending."

Question 1A and B Instructions

When tallying the number of reports in responding to questions A and B, reviewers should not count
each allegation or child as a separate report, but rather consider the date of the report as a distinct
report made to the agency.

| A. in acc | • | f the reports listed in the table was the investigation or assessment NOT initiate ne state's time frames and requirements for a report of that priority? |
|--------------|----------------------------------|---|
| | • | f the reports in the table was face-to-face contact with the child(ren) who is (are port NOT made in accordance with the state's time frames and requirements for |
| C. beyor | For all report nd the control | identified in A and B, were the reasons for the delays due to circumstances the agency? |
| Yes □ | No □ | NA □ |
| Explain | the reason fo | any delays related to reports identified in A and B in the narrative field below. |
| | | |

Question 1C Instructions:

- If the answers to both questions A and B are zero, the answer to question C should be Not Applicable.
- 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.

Item 1 Rating Criteria:

Item 1 should be rated as a Strength if either of the following applies:

- The answers to A and B are zero.
- The answers to A or B are greater than zero, but the answer to C is Yes.

Item 1 should be rated as an Area Needing Improvement if the following applies:

• The answer to A or B is greater than zero, and the answer to C is No.

Item 1 should be rated as Not Applicable if the response to the question of applicability is No.

| item i snould be rat | ed as Not Applicable if the respons | e to the question of applicability is 140. |
|--------------------------------|---|--|
| Item 1 Rating (selec | t one): | |
| Strength | Area Needing Improvement □ | NA □ |
| | al comments that highlight strengths or esources that affected this item in the r | r challenges related to specific practices, narrative field below: |
| | | |
| Override this rating? | | |
| Override this rating? | | |
| Overridden rating: Strength | Area Needing Improvement □ | NA □ |
| Override reason: | | |
| | | |
| | | |

RATING SAFETY OUTCOME 1

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

What is 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 1?

Instructions:

| Safety | Outcome 1 | I should be rate | ed as Substantially | v Achieved if the | e following applies: |
|--------|-----------|------------------|---------------------|-------------------|----------------------|
| | | | | | |

• Item 1 is rated as a Strength.

Safety Outcome 1 should be rated as Not Achieved if the following applies:

Item 1 is rated as an Area Needing Improvement.

Safety Outcome 1 should be rated as Not Applicable if the following applies:

Item 1 is rated as Not Applicable.
 Select the appropriate response:
 Substantially Achieved Not Achieved NA

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

Item 2: Services to Family to Protect Child(ren) in the Home and Prevent Removal or Re-Entry Into Foster Care

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.

Item 2 Applicable Cases: In the list of criteria below, check Yes for any that apply and No for any that do not apply. 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. Yes ☐ No ☐ |
|--|
| 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. Yes No |
| It is a foster care case and the child entered foster care during the period under review due to safety concerns. Yes □ No □ |
| It is a foster care case and 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. Yes |
| • 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 those children during the period under review. Yes □ No □ |
| However, a case is not applicable for an assessment of this item if it meets the following criterion, even if the case is applicable based on the criteria above: |
| Only a safety plan was needed to ensure the child(ren)'s safety and no safety-related services were necessary based on the circumstances of the case. (In this situation, Item 2 would be Not Applicable and the safety plan would be assessed in Item 3.) Yes □ No □ |
| Is this case applicable? Select the appropriate response below. If the response is No, rate the case as Not Applicable in the ratings section and continue to Item 3. |
| Yes □ No □ |
| Optional: Provide comments in the narrative field below: |
| |
| A. For the period under review, did the agency make concerted efforts to provide or arrange for appropriate services for the family to protect the 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.) |
| Yes □ No □ |
| If No, explain circumstances in the narrative field below. |
| |

Question 2A Definitions:

- "Appropriate services," for the purposes of Item 2, are those that are provided to, or arranged for, the family with the explicit goal of ensuring the child's safety. Examples include: (1) if there are safety issues in the home due to environmental hazards, homemaking services could be an appropriate safety-related service; (2) if there are safety concerns related to the parent's ability to manage specific child needs or child behaviors, intensive in-home services could be an appropriate safety-related service; (3) child care services could be a safety-related service in cases where the child was being cared for in an unsafe setting or by an inappropriate caregiver; and (4) if there are safety concerns related to parental substance abuse, substance abuse treatment could be an appropriate safety-related service. In most cases a child's need for mental health services, education-related services, or services to address health issues, would not be considered relevant to the child's safety if the child remained in the home. The agency's efforts to meet those service needs are assessed in other items.
- "Concerted efforts," for the purposes of Item 2, refers to facilitating a family's access to needed services and working to engage the family in those services.

Question 2A 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 safely in the home or would not re-enter foster care after reunification. Concerns about monitoring service participation and safety planning and assessment of progress made will be captured in Item 3.
- 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 □ |
| If No, explain any concerns in the narrative field below. | | |
| | | |

Question 2B Instructions:

- If the answer to question A is Yes, but, after making efforts to provide services, the child was removed from the home during the period under review due to unmanageable safety concerns, the answer to question B should be Not Applicable.
- If the child was not removed from the home during the period under review, the answer to question B should be Not Applicable.
- Focus on whether the circumstances of the case and of the removal 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 immediately to ensure the child's safety, the answer to question B should be Yes. If the information indicates that services could have been provided to prevent removal 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.

Item 2 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, and 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 guestion A is No, and the answer to guestion B is No.
- The answer to question A is No, and the answer to question B is Not Applicable.

| tem 2 should be rated as Not Applicable if the response to the question of applicability is No. | | | | | |
|---|--|---|--|--|--|
| tem 2 Rating (select one): | | | | | |
| Strength | Area Needing Improvement □ | NA □ | | | |
| • | itional comments that highlight streng rces that affected this item in the narr | oths or challenges related to specific practices, systemic ative field below: | | | |
| | | | | | |
| Override this rating? □ | | | | | |
| Overridden ratir Strength | ng: Area Needing Improvement | NA □ | | | |

Override reason:

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

Item 3: Risk and Safety Assessment and Management

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.

Item 3 Applicable Cases: All cases are applicable for an assessment of this item.

| item 5 Applicable cases. All cases are applicable for all assessment of this item. |
|--|
| A1. Did any of the following concerns exist during the period under review? |
| There were maltreatment allegations about the family but they were never formally reported or formally investigated/assessed. Yes No There were maltreatment allegations that were not substantiated despite evidence that would support substantiation. Yes No |
| A. If the case was opened during the period under review, did the agency conduct an initial assessment that accurately assessed all risk and safety concerns for the target child in foster care and/or any child(ren) in the family remaining in the home? |
| Yes □ No □ NA □ |
| If No, explain any concerns in the narrative field below. |
| |
| |
| Questions 3A and 3B Definitions: |
| "Risk" is defined as the likelihood that a child will be maltreated in the future. |
| An assessment of safety is made to determine 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. |
| "Target child" is defined as the child in a foster care case who is the subject of the case. |
| Questions 3A and 3B Instructions: |
| For foster care cases, questions A and B should be answered for the target child in foster care and any children remaining in the home. |
| • For in-home services cases, questions A and B should be answered for all children in the home. |
| In responding to questions A and B, consider any concerns selected in 3A1. Question A should be answered Not Applicable if the case was opened before the period under review, unless the initial assessment related to the case opening was pending or completed during the period under review. |
| B. During the period under review, did the agency conduct ongoing assessments that accurately assessed all of the risk and safety concerns for the target child in foster care and/or any child(ren) in the family remaining in the home? |
| Yes □ No □ NA □ |
| Child and Family Santiaga Paviaga Paviaga Onaita Paviaga Instrument |

| Section I: Safety Outcome 2 | | |
|---|--|--|
| f No, explain any concerns in the narrative field below. | | |
| | | |
| | | |
| Question 3B Instructions: | | |
| In responding to question B, determine whether ongoing assessments (formal or informal) were conducted during the period under review. If the agency conducted an initial assessment of risk and safety at the onset of the case, but did not assess for risk and safety concerns on an ongoing basis and at critical times in the case (for example, when there were new allegations of abuse or neglect, changing family conditions, new people coming into the family home or having access to the children, changes to visitation, upon reunification, or at case closure) then the answer to question B should be No. | | |
| • Note that in some cases that were opened during the period under review, the issue of ongoing assessments may not be relevant because the case was opened for a very short period of time (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 or safety concerns, then it may be reasonable to conclude that the agency would not have conducted a second risk and safety assessment during the period under review). If the case was opened during the period under review and you believe that ongoing assessments were not necessary given the time frame and circumstances of the case, question B may be answered Not Applicable. | | |
| If a case was closed during the period under review, determine whether the agency conducted a risk and safety assessment before closing the case. If not, the answer to question B should be No. | | |
| C. During the period under review, if safety concerns were present, did the agency: (1) develop an appropriate safety plan with the family and (2) continually monitor and update the safety plan as needed, including monitoring family engagement in any safety-related services? | | |
| Yes □ No □ NA □ | | |
| If No, explain any concerns in the narrative field below. | | |
| Tive, explain any concerne in the harrative near below. | | |
| | | |
| | | |

Question 3C Definition:

"Safety plan" refers to a plan that describes strategies developed by the agency and family to ensure that the child(ren) is (are) safe. Safety plans should address (1) safety threats and how those will be managed and addressed by the caregiver, (2) caregiver capacity to implement the plan and report safety issues to the agency, and (3) family involvement in implementation of the plan. Safety plans may be separate from or integrated into the case plan.

Question 3C Instructions:

- Question C is applicable to all in-home services cases and to foster care cases in which there are other
 children remaining in the family home, and/or the target child in foster care returned home during the period
 under review. For in-home cases in which children are placed temporarily with alternative caregivers to
 ensure safety, reviewers should consider that as a safety plan to be assessed in question C.
- Question C should be answered Not Applicable if the reviewer determines that during the period under review there were no apparent safety concerns for any child in the family home.

| D1. apply: | Indicate whether any safety-related incidents occurred during the period under review. Select all that |
|---|---|
| chil 6-m det | ecurring maltreatment: There was at least one substantiated or indicated maltreatment report on any I in the family during the period under review AND there was another substantiated report within a both period before or after that report that involved the same or similar circumstances. In remining the similarity of the circumstances, consider the perpetrator of the maltreatment and other viduals involved in the incident. |
| dur cas priv rep res (the the | ecurring safety concerns: There was at least one maltreatment report involving any child in the family ng the period under review that was handled by an alternative response and resulted in opening the for services to address safety concerns (this decision may have been made by the agency or by a sate provider under contract with the agency) AND there was at least one additional maltreatment with within a 6-month period before or after that report that was handled by an alternative response and lited in a decision to open the case for services to address the same or similar safety concerns case may have been opened for services by the agency or by a private provider under contract with agency). In determining the similarity of the concerns, consider the perpetrator of the maltreatment, or individuals involved in the incident, and the type of safety issues that existed. |
| | he case was closed while significant safety concerns that were not adequately addressed still existed in nome. |
| | ther (describe any other safety-related incidents that were not adequately addressed by the agency): |
| | IA (no safety issues were present during the period under review). |
| | lo safety-related incidents occurred that were not adequately addressed by the agency. |
| | |
| care a | Ouring the period under review, were there safety concerns pertaining to the target child in foster any child(ren) in the family remaining in the home that were not adequately or appropriately sed by the agency? |
| care a | d/or any child(ren) in the family remaining in the home that were not adequately or appropriately sed by the agency? |
| care a address | d/or any child(ren) in the family remaining in the home that were not adequately or appropriately sed by the agency? |
| Yes C | d/or any child(ren) in the family remaining in the home that were not adequately or appropriately sed by the agency? No NA |
| Yes E Que () // () // E1. I | Id/or any child(ren) in the family remaining in the home that were not adequately or appropriately sed by the agency? No NA NA I Stion 3D Instructions: Suestion D is applicable to all cases. Inswer Yes if any safety-related incidents in D1 are selected. Inswer No if no safety-related incidents occurred that were not adequately addressed by the agency. |
| Que Que Gue Gue Gue Gue Gue Gue | d/or any child(ren) in the family remaining in the home that were not adequately or appropriately sed by the agency? No NA NA NA Stion 3D Instructions: Ruestion D is applicable to all cases. Inswer Yes if any safety-related incidents in D1 are selected. Inswer No if no safety-related incidents occurred that were not adequately addressed by the agency. Inswer NA if no safety issues were present during the period under review. Or foster care cases only, indicate whether any safety concerns related to visitation were present during |

| | | | ere a safety concern related to the target child in foster care her family members? |
|--|--|---|---|
| Yes □ | No □ | NA 🗖 | |
| SelectAnsweiIf no sa | r Yes if any sa afety concerns hild does not | e if this is not a fost afety concerns in E ² s were identified in E | 1 are selected. |
| | | s only, indicate whe lod under review. Se | ther any concerns existed for the child in at least one foster care elect all that apply: |
| ☐ NA (th | is is an in-hor | me services case). | |
| □ No saf addresse | | existed for the targ | et child while in foster care placement that were not adequately |
| | | | f maltreatment of the child by a foster parent (including a relative could have been prevented if the agency had taken appropriate |
| facility sta | aff that could | | ther major issue relevant to noncompliance by foster parents or e child unsafe, and the agency could have prevented it or did not urred. |
| | | | d under review presented other risks to the child that are not being s made and no critical incident reports were filed. |
| | | nere are safety conc nadequate monitorin | erns related to the child in the foster home of which the agency is ag. |
| Other placemer | | other safety conce | rns that existed with the child's foster |
| Questions | s 3F1 and 3F | Definition: | |
| care of the | e child by the | agency while the ch | n-related caregivers who have been given responsibility for nild is under the placement and care responsibility and e-adoptive parents if the adoption has not been finalized. |
| safety relate | ed to the foste | r parents, members | period under review, was there a concern for the target child's sof the foster parents' family, other children in the foster home or adequately or appropriately addressed by the agency? |
| Yes □ | No □ | NA □ | |

Question 3F Instructions:

- Answer Not Applicable if this is not a foster care case.
- Answer No if no unaddressed concerns were noted in F1.
- Answer Yes if you 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, or finding a more appropriate placement). If any
 concerns are selected in F1, question F should be answered Yes.

Item 3 Rating Criteria

Item 3 should be rated as a Strength if the following applies:

- · Questions A and B are both answered Yes, or
- The answer to either A or B is Yes and the other is Not Applicable, and
- The answer to question C is either Yes or Not Applicable, and
- The answers to questions D, E, and F are either No or Not Applicable.

Item 3 should be rated as an Area Needing Improvement if the following applies:

There are no circumstances under which Item 3 could be rated as Not Applicable

- The answer to any one of questions A, B, or C is No, and/or
- The answer to any one of questions D, E, or F is Yes.

| Item 3 Rating (| soloct ono). | | | | |
|---|--|--|--|--|--|
| item 5 Kating (| select one). | | | | |
| Strength | Area Needing Improvement □ | | | | |
| | Provide any additional comments that highlight strengths or challenges related to specific practices, systemic ssues, or resources that affected this item in the narrative field below: | | | | |
| | | | | | |
| Override this r | Override this rating?□ | | | | |
| Overridden rating: Strength Area Needing Improvement | | | | | |
| Override reason: | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 1 | | | | | |

RATING SAFETY OUTCOME 2

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

What is 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 2 and 3?

Instructions:

| instructions: | | | | |
|--|--|--|--|--|
| Safety Outcome 2 should be rated as Substantially Achieved if either of the following applies: | | | | |
| A. Items 2 and 3 are rated as Strengths. | | | | |
| B. Item 2 is rated as Not Applicable and Item 3 is rated as a Strength. Safety | | | | |
| Outcome 2 should be rated as Partially Achieved if the following applies: | | | | |
| C.One of the two items is rated as a Strength and the other as an Area Needing Improvement. | | | | |
| Safety Outcome 2 should be rated as Not Achieved if either of the following applies: | | | | |
| D. Items 2 and 3 are rated as Areas Needing Improvement. | | | | |
| E. Item 2 is rated as Not Applicable and Item 3 is rated as an Area Needing Improvement. | | | | |
| Select the appropriate response: | | | | |
| Substantially Achieved ☐ Partially Achieved ☐ Not Achieved ☐ | | | | |
| | | | | |

SECTION II: PERMANENCY

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

Item 4: Stability of Foster Care Placement

Purpose of Assessment: To determine whether 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 interests of the child and consistent with achieving the child's permanency goal(s).

Item 4 Applicable Cases: All foster care cases are applicable for an assessment of this item.

A1. Placement Table

| Placement Date | Placement Type | Reason for Change in Placement Setting |
|-------------------|----------------|--|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Table 4A1 Definitions and Instructions:

Complete the placement table. 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.

Select from the following options for placement type. Definitions for each placement type are provided:

- Pre-Adoptive Home—A home in which the family intends to adopt the child. The family may or may not be receiving a foster care payment or an adoption subsidy on behalf of the child.
- Foster Family Home (Relative)—A licensed or unlicensed home of the child's relatives regarded by the title IV-E agency as a foster care living arrangement for the child.
- Foster Family Home (Non-Relative)—A licensed foster family home regarded by the title IV-E agency as a foster care living arrangement.
- Group Home—A licensed or approved home providing 24-hour care for children in a small group setting that generally has from seven to twelve children.
- Institution—A child care facility operated by a public or private agency and providing 24-hour care and/or treatment for children who require separation from their own homes and group living experience. These facilities may include child care institutions, residential treatment facilities, maternity homes, etc.
- Supervised Independent Living—An alternative transitional living arrangement where the child is under the supervision of the agency but without 24-hour adult supervision, is receiving financial support from the child welfare agency, and is in a setting that provides the opportunity for increased responsibility for self-care.
- Other—A licensed or unlicensed placement setting that is not included in the list of placement types
 considered for this item AND is not one of the placement settings that should not be counted as a
 placement per Table 4A1 Instructions, such as runaway or respite care. Examples include a child's
 placement in a hotel or agency office.

Select from the following options for reason for change in placement setting:

- NA. This is the current placement.
- Move to an adoptive or permanent guardian's home
- Move from a more restrictive to a less restrictive placement
- Move from a less restrictive to a more restrictive placement
- Move to a relative placement
- Move that brings the child closer to family or other important connections
- Move to a temporary placement while awaiting a more appropriate placement
- Move due to foster parent's request

| • | Other | (describe) | |
|---|-------|------------|--|
|---|-------|------------|--|

A. How many placement settings did the child experience during the period under review?

Question 4A Definitions:

- "Placement setting" refers to a physical setting in which a child resides while in foster care under the
 placement and care responsibility 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. 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 placement and care responsibility of the state or local
 title IV-B/IV-E 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.

Question 4A 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 he or she was in before the return home, then it would not count as a new placement setting.
- Do 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; (6) day or summer camps; and (7) locked facilities (for example, when a youth is held in detention).

| B. 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 □ | No □ | NA 🗖 | | | |

Question 4B Instructions:

- If the response to question A is one (1), then the response to question B should be Not Applicable. If the single placement is not stable, that information will be collected in question C.
- 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 nonrelative foster care to relative foster care, and moves that bring the child closer to family or community.
- 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, moves based on mere availability rather than on appropriateness); moves to more
 restrictive placements when this is not essential to achieving a child's permanency goal or meeting a
 child's needs; 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.
- 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.

C1. Indicate whether any of the circumstances below apply to the child's current placement. Select all that

| ☐ None apply, placement is stable. |
|---|
| ☐ 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 threatening its stability 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 reasons why the current placement is not stable): |
| C. Is the child's current placement setting (or most recent placement if the child is no longer in foster care) stable? |
| Yes □ No □ |
| Question 4C Instruction: |
| If any of the circumstances in C1 apply to the child's current placement, the answer to question C should be No. |

apply:

Item 4 Rating Criteria:

Item 4 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 4 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 question B and/or C is No. Item 4 Rating (select one):

| Strength | Area Needing Improvement □ |
|----------------------------|---|
| | ditional comments that highlight strengths or challenges related to specific practices, systemic rces that affected this item in the narrative field below: |
| | |
| Override this r | rating? □ |
| Overridden ration Strength | ng: Area Needing Improvement □ |
| Override reasor | n: |
| | |
| | |
| | |

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

Item 5: Permanency Goal for Child

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

Item 5 Applicable Cases: All foster care cases are applicable for assessment of this item, unless the child has not been in foster care long enough (at least 60 days) for the agency to have developed a case plan and established a permanency goal. If the child has been in foster care for less than 60 days, but a permanency goal has been established, the case is applicable for assessment.

| Select the app and continue t | oropriate response. If the response is No, rate the item as Not Applicable in the rating section o Item 6. | | |
|--|--|--|--|
| Yes □ | No □ | | |
| Optional: Provide comments in the narrative field below: | | | |
| | | | |
| | | | |
| | | | |
| | | | |

A1. Permanency Goal Table

Is this case applicable?

| Permanency Goal | Date Estab- lished | Time in Foster Care Before Goal Established | Date Goal Changed | Reason for Goal Change |
|-----------------|--------------------------|--|-------------------------|------------------------|
| | | | | |
| | | | | |
| | | | | |

Table 5A1 Definitions:

Permanency goals are defined as follows:

- 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. This could include
 permanent placement with a relative.
- A goal of adoption is defined as a plan for the child to be discharged from foster care to the care and custody of adoptive parents through a legal adoption.
- A goal of other planned permanent living arrangement refers to a situation in which the agency maintains placement and care responsibility for, and supervision of, the child, and places the child in a setting in which the child is expected to remain until adulthood. Examples of these "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.

Table 5A1 Instructions:

Complete the table for each of the permanency 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. If no permanency goal is specified in the case file, but the caseworker indicates that a permanency goal has been established reviewers should consider that goal. If two concurrent permanency goals have been established and are identified in the case plan, identify both goals in the table.

| A2. What is (are) the child's current permanency goal(s)? (If concurrent permanency goals have been |
|--|
| established in the case plan, identify both goals.) Or, if the case was closed during the period under review, |
| what was the permanency goal before the case was closed? |
| |
| Permanency Goal 1: |
| |

A3. Is (are) the child's permanency goal(s) specified in the case file?

Permanency Goal 2 (if applicable):

Yes □ No □ NA □

Question 5A3 Instructions:

- If the child has been in foster care less than 60 days and the goal is not specified in the case file, A3 should be answered NA.
- If the permanency goal(s) is (are) not specified anywhere in the case file, such as in the case plan or in a court order, then the answer to question A3 should be No.

| B. man | Were | all the per | manency goals that were in effect during the period under review established in a timely |
|-----------|--|--|--|
| Yes | | No □ | NA 🗖 |
| If No | o, expla | in any cond | cerns in the narrative field below. |
| | | | |
| Qı | uestion | 5B Instru | ctions: |
| • | If the | child has b | een in foster care less than 60 days, question B should be answered NA. |
| • | goal, first point into for reunif Famili | particularly ermanency oster care, o ication to a ies Act rega | stion based on your professional judgment regarding the timeliness of establishing the with regard to changing a goal. For children who recently entered care, expect the goal to have been established no later than 60 days from the date of the child's entry consistent with the federal requirement. For children whose goal was changed from doption, consider the guidelines established by the federal Adoption and Safe arding seeking termination of parental rights, which might affect the timeliness of from reunification to adoption. |
| • | concu reunif | irrent goals ication and | stion for all permanency goals in effect during the period under review. If there are the answer should apply to both goals. For example, if there are concurrent goals of adoption, and you believe that the reunification goal was established in a timely adoption goal was not, the answer to question B should be No. |
| C. | | | nency goals in effect during the period under review appropriate to the child's needs for e circumstances of the case? |
| Yes | | No □ | |
| If No | o, expla | in any cond | cerns in the narrative field below. |
| | | | |
| | | | |
| Q | uestio | n 5C Instru | uctions: |
| • | | ver this que nanency go | estion based on your professional judgment regarding the appropriateness of the al. |
| • | | | ctors that the agency considered in deciding on the permanency goal and whether all of tors 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.

Section II: Permanency Outcome 1 D. Has the child been in foster care for at least 15 of the most recent 22 months? Yes 🗖 No □ **Question 5D Instruction:** In answering question D, 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 entry into foster care, whichever is earlier. If the child had multiple episodes in care over the past 22 months, the determination of whether the child had been in care for at least 15 months should be calculated cumulatively over the episodes in foster care during the past 22 months from the review date. Trial home visits and runaway episodes are not included when calculating 15 out of 22 months in foster care. Question 5D applies to all children in foster care regardless of adjudication type. E. Does the child meet other Adoption and Safe Families Act criteria for termination of parental rights? Yes 🗖 NA \square No \square Question 5E Definitions: The Adoption and Safe Families Act requires an agency to seek termination of parental rights when 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 infant, or The child's parents have been convicted of one of the felonies designated in Section 475(5)(E) of the Social Security Act: (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.

Question 5E Instructions:

- If the answer to question D is Yes, the answer to question E should be Not Applicable.
- 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.

| res. | | | |
|-------|------|---|---------|
| | | join a termination of parental rights petition before the period under review eriod under review? | or in a |
| Yes □ | No □ | NA □ | |
| | | | |

Question 5F Instructions:

- If the answers to both questions D and E are No, the answer to question F should be Not Applicable.
- Review the case file for evidence of petitioning for termination of parental rights. If there is no evidence of this in the file, then ask the caseworker for documentation regarding petitioning for termination of parental rights. If there is no evidence in the file or other documentation, then question F should be answered No.
- Answer 5F as Not Applicable if both parents were either deceased or relinquished parental rights prior to the 15/22-month time frame.

| ${\sf G1.}$ Indicate whether any of the following exceptions to the termination of parental rights requirement apply. |
|---|
| NA 🗖 |
| (1) At the option of the state, the child is being cared for by a relative at the 15/22-month time frame. |
| Yes □ No□ |
| (2) The agency documented in the case plan a compelling reason for determining that termination of parental rights would not be in the best interests of the child. |
| Yes □ No□ |
| (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. |
| Yes □ No□ |
| Question 5G1 Instruction: |
| If the answer to question F is Yes or Not Applicable, then question G1 should be answered Not Applicable. |
| 6. Did an exception to the requirement to file or join a termination of parental rights petition exist? es □ No □ NA □ |

Question 5G Instructions:

- If the answer to question F is Yes or Not Applicable, then question G should be answered Not Applicable.
- If any answers to G1 are yes, question G should be answered Yes.
- If, during an interview, the caseworker provides a compelling reason for not seeking termination of parental rights, but cannot provide any documentation, then question G should be answered No.

Item 5 Rating Criteria:

Item 5 should be rated as a Strength if any one of the following criteria apply:

- The answers to questions A3, B, and C are Yes or NA, and the answers to questions D and E are No.
- The answers to questions A3, B, and C are Yes or NA, and D and F are Yes.
- The answers to questions A3, B, and C are Yes or NA, the answer to question D is No, and the answers to questions E and F are Yes.
- The answers to questions A3, B, and C are Yes or NA, 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 5 should be rated as an Area Needing Improvement if any of the following apply:

- The answer to question A3, B, or C is No.
- The answers to questions A3, B, and C are Yes or NA, but the answer to question D or E is Yes, and the answers to questions F and G are No.

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

Item 6: Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement

Purpose of Assessment: To determine whether concerted efforts were made, or are being made, during the period under review to achieve reunification, guardianship, adoption, or other planned permanent living arrangement.

Item 6 Applicable Cases: All foster care cases are applicable for this item.

A1. What is the date of the child's most recent entry into foster care?

_____/____

Question 6A1 Definition and Instruction:

- "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 placement and care responsibility of the state or local title IV-B/IV-E agency. Children are considered to have entered foster care if the child has been in substitute care for 24 hours or more.
- Using the MM/DD/YYYY format, enter the 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.

| A2. | What is the time in car | e (in months |) at the time of the | onsite review? |
|-----|-------------------------|--------------|----------------------|----------------|
|-----|-------------------------|--------------|----------------------|----------------|

Question 6A2 Instruction:

Enter the number of months that the child was in foster care, from (1) the date of the most recent entry into foster care to the date the case is being reviewed, or (2) from the date of the most recent entry into foster care to the time of discharge.

| A3. | What is the date the child discharged from foster care? |
|------|---|
| □ NA | |

Question 6A3 Definition and Instruction:

- "Discharge from foster care" is defined as the point when the child is no longer in foster care under the
 placement and care 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.
- Using the MM/DD/YYYY format, enter the date the child discharged 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, select Not Applicable.

| A4. What is (are) the child's current permanency goal(s)? (If concurrent permanency goals have been established in the case plan, identify both goals.) Or, if the case was closed during the period under review, what was the permanency goal before the case was closed? | | | | | | | |
|---|--|--|--|--|--|--|--|
| Reunification 🗖 | Reunification Guardianship Adoption Other planned permanent living arrangement | | | | | | |
| Question 6A4 Ir | nstructions: | | | | | | |
| applicable, refer the child's perma | If item 5 was completed, select the same goal or goals identified in question 5A2. If item 5 was not applicable, refer to the definitions and instructions provided for the table in item 5A1 in order to determine the child's permanency goal(s). For cases in which the child has been in foster care less than 60 days and no goal is documented, inquire with the caseworker about what the goal is (in most cases it should be reunification). | | | | | | |
| B. During the period under review, did the agency and court make concerted efforts to achieve permanency in a timely manner? | | | | | | | |
| Yes No No NA NA | | | | | | | |
| If No, explain any concerns in the narrative field below: | | | | | | | |
| | | | | | | | |

Questions 6B and 6C Instructions:

- If concurrent goals are in place and one of the goals has been, or will likely be, achieved in a timely manner, answer question B <u>OR</u> C based on the goal that has been or will be achieved.
- If concurrent goals are in place (neither of which is other planned permanent living arrangement) but permanency will not be achieved in a timely manner, answer question B No and indicate in the documentation specific barriers to implementing concurrent planning.
- If concurrent goals are in place and one of the goals is other planned permanent living arrangement but neither goal will be achieved in a timely manner, answer questions B and C No and indicate in the documentation specific barriers to implementing concurrent planning.

Question 6B Instructions:

- If the current or most recent goal for the child during the period under review was other planned permanent living arrangement, and no other concurrent goals were in place, select Not Applicable.
- In determining a response to question B, consider the time the child has been in foster care as well as agency and court efforts. The following time frames for achievement should be considered for each goal:

Reunification: 12 monthsGuardianship: 18 months

Adoption: 24 months

- If the child has been in foster care for more than the suggested time frame (12, 18, or 24 months, depending on the goal) 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. For example:
 - 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 12th month and remained at home on a trial home visit beyond the 12th month. If you determine 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 12th month.
 - The permanency goal of adoption has been in place for longer than 24 months but there is evidence that the agency has made concerted efforts to find an adoptive home for a child with special needs although an 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 you determine that the agency and court could have achieved the permanency goal before the
 suggested time frame, but there was a delay due to lack of concerted efforts on the part of the agency or
 court during the period under review, then the answer to question B should be No even if the child
 achieved the goal within the suggested time frame.

| C1. If the child's current (or most recent) permanency goal is (was) other planned permanent living arrangement, what is (was) the child's permanent living arrangement? |
|--|
| □ NA |
| ☐ Placement with a non-relative foster parent until age of majority or extended age |
| Placement with a specified relative in foster care until age of majority or extended age |
| ☐ Placement in a longer-term facility until transition to an adult care facility |
| Placement in an independent living program/supervised independent living until age of majority or extended age |
| ☐ Other |
| |

Question 6C1 Instructions:

- If the child's current (or most recent) permanency goal was not other planned permanent living arrangement, select Not Applicable.
- If the child's current (or most recent) permanency plan is other planned permanent living arrangement, select the response that describes the permanent living arrangement for the child.
- If the child does not have a permanent living arrangement specified, indicate that in "Other."
- If the child has an arrangement that does not fit any of the options noted in C1, describe it in "Other."
- If the goal for the child is noted as "emancipation/independent living" without a permanent placement specified, indicate that in "Other."

| | • | of other planned permanent living arrangement during the period under review, ntation regarding "permanency" of the child's living arrangements? |
|--|--|---|
| NA 🗖 | No Date □ | |
| Question | n 6C2 Definition | and Instructions: |
| The cagree this cIf the | date of documenta ement, or other machild child until the child are is no documen | cy goal is not other planned permanent living arrangement, select Not Applicable. ation regarding "permanency" is the date on which there was a court order, signed ethod to formalize that the caretaker or a particular facility would provide care for reaches adulthood. It reaches a permanency of the child's living arrangement, select "No Date." (Y) format, enter the date of documentation regarding "permanency." |
| the agency | | of other planned permanent living arrangement during the period under review, did concerted efforts to place the child in a living arrangement that can be considered rom foster care? |
| Yes □ | No □ | NA □ |
| If No, expl | ain any concerns | in the narrative field below: |
| | | |
| | | |
| Questio | n 6C Instructions | S: |

- If the child's only goal during the period under review was reunification, guardianship, or adoption, select Not Applicable.
- Consider the child's current living arrangement and whether formal steps were completed to make this
 arrangement permanent.
- This might include the agency asking foster parents or relatives to agree to and sign a long-term care commitment, or ensuring that a child who is in a long-term care facility to meet special needs will be transferred to an adult facility at the appropriate time.
- If the child is no longer in foster care, then the answer to question C should be based on the child's last placement before leaving foster care.

Item 6 Rating Criteria:

Item 6 Should be rated as a Strength if the answer to either question B or C is Yes

| Item 6 should be rated as a Strength if the answer to either question B or C is Yes. Item 6 should be rated as an Area Needing Improvement if the answer to question B and/or C is No. |
|---|
| Item 6 Rating (select one): |
| Strength ☐ Area Needing Improvement ☐ |
| Provide any additional comments that highlight strengths or challenges related to specific practices, systemic issues, or resources that affected this item in the narrative field below: |
| |
| Override this rating? □ |
| Overridden rating: |
| Strength ☐ Area Needing Improvement ☐ |
| Override reason: |
| |
| |
| |
| |

RATING PERMANENCY OUTCOME 1

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

What is 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 4, 5, and 6?

Instructions:

Permanency Outcome 1 should be rated as Substantially Achieved if either of the following applies:

- Items 4, 5, and 6 are rated as Strengths
- Items 4 and 6 are rated as Strengths and Item 5 is rated as Not Applicable

Permanency Outcome 1 should be rated as Partially Achieved if the following applies:

• At least one of Items 4, 5, or 6 is rated as a Strength.

Permanency Outcome 1 should be rated as Not Achieved if either of the following applies:

- All of Items 4, 5, and 6 are rated as Areas Needing Improvement.
- Items 4 and 6 are rated as Areas Needing Improvement and Item 5 is rated as Not Applicable.

| Select the appropriate response: | | | | | |
|----------------------------------|----------------------|----------------|--|--|--|
| Substantially Achieved □ | Partially Achieved □ | Not Achieved □ | | | |

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

Item 7: Placement With Siblings

Purpose of Assessment: To determine whether, 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.

Item 7 Applicable Cases

Is this case annlicable?

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.

| Select the appropriate response. If the response is No, rate the item as Not Applicable in the ratings section and continue to Item 8. |
|--|
| Yes □ No □ |
| Optional: Provide comments in the narrative field below: |
| A. During the entire period under review, was the child placed with all siblings who also were in foster care? Yes No No |
| Question 7A Definition and Instruction: 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. In answering question A, consider only the location of each of the siblings, not the reason for their location. If the child was placed with siblings for a portion of the period under review, or if the child was placed with one but not all siblings during the period under review, answer question A No. |
| B. If the answer to question A is No, was there a valid reason for the child's separation from the siblings? Yes No NA If No, explain any concerns in the narrative field below: |

Question 7B Instructions:

- If question A was answered Yes, then question B is NA.
- 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 biological parents were placed with different
 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.
- In cases of large sibling groups, reviewers should determine if concerted efforts were made to place the child with any of his or her siblings who were also in foster care, even if he or she was not placed with all siblings. If, for example, the agency was able to split a large sibling group into two placements so that the target child was in fact placed with some of his or her siblings, it could be determined that the agency made concerted efforts to place siblings together, and that would be reflected in the response to question B.
- If siblings were separated for a valid reason, consider the entire period under review and determine whether that valid reason existed during the whole period of separation. 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, determine whether concerted efforts were made to reunite the siblings after the treatment service was completed. If the need for separation no longer existed and no efforts were made to reunite the siblings, then the answer to question B should be No.

Item 7 Rating Criteria:

Item 7 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 7 should be rated as an Area Needing Improvement if the answers to questions A and B are No.

Item 7 should be rated as Not Applicable if the response to the question of applicability is No.

| Item 7 Rating (select one): | | | | | | | |
|--|---|------|--|--|--|--|--|
| Strength | Area Needing Improvement □ | NA □ | | | | | |
| • | Provide any additional comments that highlight strengths or challenges related to specific practices, systemic issues, or resources that affected this item in the narrative field below: | | | | | | |
| | | | | | | | |
| Override this rat Overridden rating Strength Override reason: | • | NA 🗖 | | | | | |
| | | | | | | | |

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

Item 8: Visiting With Parents and Siblings in Foster Care

Purpose of Assessment: To determine whether, 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.

| _ | | | | | | | |
|--------------|----|---|-----|----|---|---|---|
| D_{Δ} | fi | n | iti | in | n | c | • |

- "Mother" and "Father" in items 8 and 11 are typically defined as the parents/caregivers from whom the child was removed and with whom the agency is working toward reunification.
- Because the focus of item 8 is to promote continuity in the child's relationships, do not include in this item a parent who did not have a relationship with the child prior to the child's entry in foster care, even if the goal is to reunify with that parent. Visitation for a parent in that circumstance may be assessed as a service need in item 12 (see item 12 instructions).

Item 8 Applicable Cases: Cases are applicable for an assessment of this item if the following applies:
The child has at least one sibling in foster care who is in a different placement setting. Yes □ No □
Cases are Not Applicable for assessment if the child has no siblings placed separately in foster care, AND any

- of the following apply (check Yes for any that apply and No for any that do not apply):
 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 interests. Yes No
 The whereabouts of both parents are unknown despite documented concerted agency efforts to locate the parents. Yes
 No
 Both parents were deceased during the entire period under review. Yes
 No
 The parental rights of both parents remained terminated during the entire period under review. Yes
- The only parent(s) being assessed in this item does not meet the definition of Mother/Father for this item.
 Yes □ No □

Is this case applicable?

No 🗖

| Select the appropriate response. | If the response is N | lo, rate the case as | s Not Applicable in t | the ratings section |
|----------------------------------|----------------------|----------------------|-----------------------|---------------------|
| and continue to Item 9. | | | | |

| Yes 🗖 | No □ |
|-------------|---|
| Indicate th | e case participants who are included in this item as Mother and Father: |
| | |
| Optional: F | Provide comments in the narrative field below: |

| | | ency of visits between the mother and the child during the period under review ement that best describes the typical frequency of visits during the period under | |
|-------------------------------------|--|---|----|
| ☐ One☐ Les☐ Les | s than twice a n s than once a m | ek, but at least twice a month nth, but at least once a month | |
| contact if v | isitation was not | er review, were concerted efforts made to ensure that visitation (or other forms ossible) between the child and his or her mother was of sufficient frequency to inuity of the relationship? | |
| Yes □ | No □ | NA □ | |
| Questio | ns 8A1 and 8B1 | nstruction: | |
| interests father wa locate he | and this was do as not known du er or him, (3) the |) contact between the child and the mother or father was not in the child's best imented in the case file or court order, (2) the whereabouts of the mother or ig the entire period under review, despite documented concerted efforts to nother's or father's parental rights remained terminated during the entire period other or father was deceased during the entire period under review. | |
| | | equency of visits between the father and the child during the period under revatement that best describes the typical frequency of visits during the period u | |
| □ NA | re than once a w | | |
| _ | re man once a v ce a week | ∌K | |
| ☐ Les | s than once a w | ek, but at least twice a month | |
| | | nth, but at least once a month | |
| ☐ Ne | s than once a m /er | itti | |
| contact if v | isitation was not | er review, were concerted efforts made to ensure that visitation (or other forms ossible) between the child and his or her father was of sufficient frequency to inuity of the relationship? | of |
| Yes □ | No □ | NA 🗆 | |
| | | | |

Questions 8A and 8B Instructions:

- If A1 is NA, question A is answered Not Applicable.
- If B1 is NA, question B is answered Not Applicable.
- 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 mother or father, depending on the
 circumstances of the case. For example, frequency may need to be greater for infants and young
 children who are still forming attachments. Frequency also may need to be greater if reunification is
 imminent. Visitation should be as frequent as possible, unless safety concerns cannot be appropriately
 managed with supervision. The opportunity for visitation should not be used as a consequence or
 reward for parents or for children.
- If, during the period under review, frequent visitation with the mother or father was not possible (for example, due to incarceration in a facility where visitation is not feasible, or if the parent lives in another state), determine whether there are documented concerted efforts to promote other forms of contact between the child and the mother or father, such as telephone calls or letters, in addition to facilitating visits when possible and appropriate.
- Address the question of appropriate frequency based on the circumstances of the child and the family, rather than on state policy.

| other forms of maintain or pro | contact if visi mote the con | er review, were concelitation was not possiblitinuity of the relationsh | e) between the child | | |
|--|---|--|---|--|---|
| Questions 9 | C and 8D Ins | | | | |
| , | | | 1.5.1.4 | | |
| | • | uestion C is answered | | | |
| Determine or other for visits take allow for allow mot | e whether cor orms of conta e place in a c sufficient inte ther or father | question D is answered incerted efforts were mact, was sufficient to moment of the comfortable atmosphere action between mother to interact with each er's or father's home in | nade to ensure that the naintain the continuity re and were they of and er or father and child child individually? If a | of the relationshing appropriate lengers of the relationship of th | ip. For example, did gth? Did visitation involved, did visits unsupervised visits |
| other forms of | contact if visi | er review, were conce itation was not possibl itinuity of the relationsl | e) between the child | | |
| Yes □ | No □ | NA □ | | | |

| E1. What was the usual frequency of visits between the child and his or her siblings during the period under review? Select the box next to the statement that best describes the usual frequency of visits between the siblings and the child during the period under review. □ NA □ More than 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 |
|---|
| Question 8E1 Instruction: |
| Answer E1 Not Applicable if the child has no siblings in foster care or if contact with all siblings who are in foster care was not considered to be in the best interests of the child for the entire period under review (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 and this concern remained throughout the period under review). |
| 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? Yes No NA NA |
| Question 8E Instructions: |
| If E1 is NA, E should be answered NA. |
| If E1 is Never, E should be answered No. Consider whether the frequency of visits during the period under review was sufficient to maintain the continuity of the sibling relationships. |
| • If, during the period under review, frequent visitation with the sibling(s) was not possible (for example, siblings were placed far apart), determine whether there were concerted efforts to promote other forms of contact between the child and sibling(s), such as telephone calls or letters, in addition to facilitating visits when possible. |
| F. During the period under review, were concerted efforts made to ensure that the quality of visitation (or other forms of contact if visitation was not possible) between the child and his or her sibling(s) was sufficient to promote the continuity of their relationships? Yes No NA NA |
| Question 8F Instructions: |
| If E1 is NA or Never, question F should be answered NA. |
| Determine whether concerted efforts were made to ensure that the quality of sibling visitation, and/or other forms of contact, were sufficient to maintain the continuity of the relationship. For example, were visits long enough to permit quality interaction? Did sibling visits only occur in the context of parent visitations? Did visits occur in a comfortable atmosphere? |

Item 8 Rating Criteria:

Item 8 should be rated as a Strength if at least one of the questions A through F is answered Yes and the other questions are answered Not Applicable.

Item 8 should be rated as an Area Needing Improvement if any one of the questions A through F is answered No.

Item 8 should be rated as Not Applicable if the response to the question of applicability is No. Item 8 Rating (select one):

| item 8 Rating (se | lect one): | | | | | | |
|--|--|------|--|--|--|--|--|
| Strength □ | Area Needing Improvement □ | NA □ | | | | | |
| • | Provide any additional comments that highlight strengths or challenges related to specific practices, systemic ssues, or resources that affected this item in the narrative field below: | | | | | | |
| | | | | | | | |
| Override this ratin Overridden rating: | • | | | | | | |
| Strength □ | Area Needing Improvement □ | NA 🗆 | | | | | |
| Override reason: | | | | | | | |

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

Item 9: Preserving Connections

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.

Item 9 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.

| | e applicable? Opropriate response. If the response is No, rate the item as Not Applicable in the ratings section et to Item 10. |
|---------------|--|
| Yes □ | No □ |
| Optional: Pro | ovide comments in the narrative field below: |
| | |
| connections | the period under review, were concerted efforts made to maintain the child's important (for example, neighborhood, community, faith, language, extended family members including are not in foster care. Tribe, school, and/or friends)? |

Question 9A Instructions:

No 🗖

Yes 🗖

- Determine what the important connections were for the child prior to their placement in foster care and then determine whether concerted efforts were made to maintain those connections during the period under review.
- For a child enrolled in school, consider whether efforts were made to maintain the child in the same school the child was in before placement in foster care, if remaining in the same school was in the child's best interests.
- Do not rate this item based on connections to parents/caregivers from whom the child was removed and/or with whom the child will be reunified, or to siblings who are in foster care. Information about sustaining those connections is captured in other items. However, this item may be rated based on connections with siblings who are not in foster care and other extended family members, such as grandparents, uncles, aunts, or cousins.
- Connections to caregivers from whom the child was removed may also be included in this item if the
 goal is not to reunify the child with those caregivers and it is in the child's best interest to preserve
 those relationships.
- If, prior to placement in foster care, the child had a relationship with a biological parent who was not the caregiver the child was removed from or that they are being reunified with (the parent is not part of the case plan), that connection may be included in this item if it is in the child's best interest to preserve that relationship.

| 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, a federally recognized Indian Tribe? |
|--|
| Yes □ No □ |
| Question 9B Instructions: |
| This question is for data collection purposes only and does not affect the rating for this item. 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 you 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, 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, a federally recognized 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? Yes No NA NA |
| Question 9C Instructions: |
| Answer question C Yes or No if the child is a member of, or eligible for membership in, an Indian Tribe, or you learn through interviews that the child has Native American heritage. |
| If the child is not a member of, or eligible for membership in, an Indian Tribe, and there is no information through interviews that the child has Native American heritage, answer question C Not Applicable. |
| If the child entered care during the period under review or had a termination of parental rights hearing during the period under review, determine whether 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 termination of parental rights 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, a federally recognized Indian Tribe, was the child placed in foster care in accordance with Indian Child Welfare Act placement preferences or were concerted efforts made to place the child in accordance with the Act's placement preferences? |
| Yes □ No □ NA □ |

Question 9D Instructions:

- Answer question D Yes or No if the child is a member of, or eligible for membership in, an Indian Tribe, or you learn through interviews that the child has Native American heritage.
- If the child is not a member of, or eligible for membership in, an Indian Tribe, and there is no
 information through interviews that the child has Native American heritage, answer question D Not
 Applicable.
- 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 Indian Child Welfare Act placement preferences, determine whether, during the period under review, there were documented concerted efforts to meet the Act's placement preferences.

Item 9 Rating Criteria:

Item 9 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 9 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 question C and/or D is No.
- The answer to question A is No, regardless of the answers to questions C and D.

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

Item 9 should be rated as Not Applicable if the response to the question of applicability is No.

| Item 9 Rating (select one): | | | | | | |
|-----------------------------|---|------|--|--|--|--|
| Strength □ | Area Needing Improvement □ | NA □ | | | | |
| • | Provide any additional comments that highlight strengths or challenges related to specific practices, systemic issues, or resources that affected this item in the narrative field below: | | | | | |
| | | | | | | |
| Override this ra | ting? □ | | | | | |
| Overridden ratir | ng: | | | | | |
| Strength | Area Needing Improvement □ | NA □ | | | | |
| Override reason | n: | | | | | |
| | | | | | | |

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

Item 10: Relative Placement

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

Item 10 Applicable Cases:

Is this case applicable?

All foster care cases are applicable for assessment of this item 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 that they 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 both parents and all relatives remains unknown despite documented concerted efforts to identify them.

| Select the appropriate response. If the response is No, rate the case as Not Applicable in the ratings section and continue to Item 11. | | | | |
|---|----------------------------------|---|--|--|
| Yes □ | No □ | | | |
| Optional: Pro | vide comments | in the narrative field below: | | |
| | | | | |
| | | | | |
| A1. During t Yes □ | he period unde No □ | r review, was the child's current or most recent placement with a relative? | | |
| | ild's current or the child's nee | most recent placement is with a relative, is (or was) this placement stable and ds? | | |
| Yes □ | No □ | NA □ | | |
| Questions 10 | A1 and 10A2 I | Definition: | | |
| "Relative" is d | efined as a pers | son related to the child by blood, marriage, or adoption. | | |
| Questions 10 | A1 and 10A12 | Instructions: | | |
| If the answ | ver to question | A1 is No, the answer to question A2 should be Not Applicable. | | |
| • If the answer to question A2 is Yes, you may rate the item as a Strength, and answer Not Applicable to the remaining questions for the item. | | | | |
| If the ansv | ver to question | A1 or A2 is No, answer the remaining questions for this item. | | |
| B. Did the agency, during the period under review, make concerted efforts to identify, locate, inform, and evaluate maternal relatives as potential placements for the child, with the result that maternal relatives were ruled out as placement resources (due to fit, relative's unwillingness, or child's best interests) during the period under review? | | | | |
| Yes □ | No □ | NA □ | | |

| If No, specify the area in which concerns existed: | | | | | |
|---|---|---|--|---|--|
| Identify 🗖 | Locate 🗖 | Inform | Evaluate 1 | ם | |
| Questions | 10B and 10C I | nstructions: | | | |
| The ans | wers to question | ons B and C are | NA if the ans | swers to both questions A1 and A2 are Yes. | |
| requiren child wit | nents of the title h relatives, and | e IV-E provision d determine whe | that requires ether the state | r review, determine whether the state followed the states to consider giving preference to placing the considered such a placement and how (for devaluating the child's relatives). | |
| | the parent, ar | | | the entire period under review despite agency efforts not be identified, the answer to question B and/or C | |
| is No, do for and a had alre the answ period u | etermine wheth assess relative ady been appr ver to question nder review, th | ner, during the p s as placement opriately consid B and/or C can | period under resources, if lered and per be Not Applied have recon | r review and the answer to either question A1 or A2 eview, the agency made concerted efforts to search appropriate. If all maternal and/or paternal relatives manently ruled out before the period under review, cable. If, however, you determine that, during the sidered relatives who had previously been ruled out should be No. | |
| evaluate pate | rnal relatives a lacement reso | s potential place | ements for th | ake concerted efforts to identify, locate, inform, and e child, with the result that paternal relatives were willingness, or child's best interests) during the period | |
| | | IA 🗖 | Santa da | | |
| | | ich concerns ex | | | |
| Identify Itam 40 Dati | Locate | Inform | Evaluate 🗖 | | |
| | ing Criteria: | a Ctuamenth if a | .:41. a.u. a.f. 41. a. 4 | | |
| | | • | | following applies: | |
| | wer to either o | questions A1 aquestion A1 or | | t the answers to questions B and/or C are Yes or | |
| • The answ | Item 10 should be rated as an Area Needing Improvement if both of the following apply: • The answer to either question A1 or A2 is No. | | | | |
| | - | n B and/or C is | | | |
| Item 10 should be rated as Not Applicable if the response to the question of applicability is No. | | | | | |
| Item 10 Ratir | Item 10 Rating (select one): | | | | |
| Strength | Area Ne | eding Improvem | nent 🗖 | NA 🗖 | |
| | | | | | |

Section II: Permanency Outcome 2

| Provide any additional comments that highlight strengths or challenges related to specific practices, systemic issues, or resources that affected this item in the narrative field below: | | | | | |
|---|--------------------------|------|--|--|--|
| | | | | | |
| Override this rati | ing? □ | | | | |
| Overridden rating | g: | | | | |
| Strength | Area Needing Improvement | NA 🗇 | | | |
| Override reason: | | | | | |
| | | | | | |
| | | | | | |

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

Item 11: Relationship of Child in Care With Parents

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.

Item 11 Definitions:

- "Mother" and "Father" in Items 8 and 11 are typically defined as the parents/caregivers from whom the child was removed and with whom the agency is working toward reunification.
- Because the focus of Item 11 is to promote, support, and maintain the child's relationships with the
 parents/caregivers from whom the child was removed, do not include in this item a parent who did not
 have a relationship with the child prior to the child's entry into foster care, even if the goal is to reunify
 with that parent. Services to support a parent in developing a new relationship with a child may be
 assessed as a service need in item 12 (see Item 12 instructions).

Item 11 Applicable Cases: All foster care cases are applicable for assessment of this item unless any of the following apply (check Yes for any that apply and No for any that do not apply):

| following apply (check Yes for any that apply and No for any that do not apply): |
|--|
| The parental rights for both parents remained terminated during the entire period under review. Yes □ No □ |
| The child was abandoned and neither parent could be located. Yes □ No □ |
| The whereabouts of both parents were not known during the entire period under review despite documented concerted agency efforts to locate both parents. Yes □No □ |
| Contact with both parents was considered to be not in the child's best interest and this is documented in the case file. Yes □ No □ |
| During the entire period under review, both parents were deceased. Yes □ No □ |
| The only parent(s) being assessed in this item do not meet the definition for Mother/Father for this item. |
| Yes □ No □ |
| Is this case applicable? Select the appropriate response. If the response is No, rate the item as Not Applicable in the ratings section for this item. |
| Yes □ No □ |
| Indicate the case participants who are included in this item as Mother and Father: |
| |
| Optional: Provide comments in the narrative field below: |
| |

| A. main | | | | y, were concerted efforts made to promote, support, and otherwise ationship between the child in foster care and his or her mother? |
|-------------------|--------------------------------|--|--|---|
| Yes | | No □ | NA 🗖 | |
| Qı | ıestio | ns 11A and 1 | 1B Instruct | ions: |
| • | fathe the v docu term | r was not in the whereabouts of mented conce | ne child's be of the mother erted efforts the entire pe | swered Not Applicable if (1) contact between the child and the mother or st interests and this was documented in the case file or court order, (2) or father was not known during the entire period under review, despite to locate her or him, (3) the mother's or father's parental rights remained eriod under review, or (4) the mother or father was deceased during the |
| • | provi | ded transport | ation so that | onsidered for purposes of this question. For example, if the foster parent the mother or father could attend the child's school event or medical nsidered as contributing toward concerted efforts. |
| • | visita ques | ition between | the mother | ased on efforts (or lack of efforts) to ensure the frequency or quality of or father and the child. That information is captured under item 8. This activities to help support, strengthen, or maintain the parent-child |
| | | t concerted ef hat apply if qu | | nade to support or strengthen the mother-child relationship? |
| | J NA | | | |
| | | | | rticipation in school activities and case conferences, attendance at doctors' or engagement in the child's after-school or sports activities? |
| | | | | sportation or provided funds for transportation so that the mother could vities and doctors' appointments? |
| | | vided opportu ationship? | unities for the | erapeutic situations to help the mother and child strengthen their |
| | | couraged the appropriate pa | • | ts to provide mentoring or serve as role models to the mother to assist her |
| | | J | | ontact with a mother not living in close proximity to the child? |
| | J Oth | ner (describe o | other concer | ted efforts made): |
| Qı | uestio | n 11A1 Instru | uctions: | |
| • | | | • | stion A is NA. stion A is No. |
| B. main Yes | Durir | ng the period | under review | y, were concerted efforts made to promote, support, and otherwise ationship between the child in foster care and his or her father? |
| B1. | Wha | t concerted ef | forts were m | nade to support or strengthen the father-child relationship? |

| Selec | t all that apply if question B is Yes. |
|---|--|
| | NA Encouraged the father'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? |
| | Provided or arranged for transportation or provided funds for transportation so that the father could attend the child's special activities and doctors' appointments? |
| | Provided opportunities for therapeutic situations to help the father and child strengthen their relationship? |
| | Encouraged the foster parents to provide mentoring or serve as role models to the father to assist him in appropriate parenting? |
| | Encouraged and facilitated contact with a father not living in close proximity to the child? |
| | Other (describe other concerted efforts made): |
| Qu | estion 11B1 Instructions: |
| • | Select NA if the answer to question B is NA. |
| • | Select NA if the answer to question B is No. |
| ltem | 11 Rating Criteria: |
| | 44 should be noted as a Otses with it sitted as a fitte fallowing and its |
| ltem | 11 should be rated as a Strength if either of the following applies: |
| | |
| • T | he answers to both questions A and B are Yes. |
| • T | he answers to both questions A and B are Yes. he answer to either question A or B is Yes and the answer to the other question is Not Applicable. |
| • Ti • Ti Item | he answers to both questions A and B are Yes. he answer to either question A or B is Yes and the answer to the other question is Not Applicable. 11 should be rated as an Area Needing Improvement if the answer to question A and/or B is No. |
| • Ti • Ti Item | he answers to both questions A and B are Yes. he answer to either question A or B is Yes and the answer to the other question is Not Applicable. |
| • Ti • Ti Item Item | he answers to both questions A and B are Yes. he answer to either question A or B is Yes and the answer to the other question is Not Applicable. 11 should be rated as an Area Needing Improvement if the answer to question A and/or B is No. |
| • Tiltem | the answers to both questions A and B are Yes. The answer to either question A or B is Yes and the answer to the other question is Not Applicable. 11 should be rated as an Area Needing Improvement if the answer to question A and/or B is No. 11 should be rated as Not Applicable if the response to the question of applicability is No. |
| • Tiltem Item Item Stren | the answers to both questions A and B are Yes. The answer to either question A or B is Yes and the answer to the other question is Not Applicable. The answer to either question A or B is Yes and the answer to the other question is Not Applicable. The answer to either question is Not Applicable. The answer to question A and/or B is Not Applicable if the response to the question of applicability is Not Applicable. The answers to both questions A and B are Yes. The answer to either question is Not Applicable. The answer to either questi |
| • Tiltem Item Item Stren | he answers to both questions A and B are Yes. he answer to either question A or B is Yes and the answer to the other question is Not Applicable. 11 should be rated as an Area Needing Improvement if the answer to question A and/or B is No. 11 should be rated as Not Applicable if the response to the question of applicability is No. 11 Rating (select one): gth |
| • Tiltem Item Item Stren Providissue | he answers to both questions A and B are Yes. he answer to either question A or B is Yes and the answer to the other question is Not Applicable. 11 should be rated as an Area Needing Improvement if the answer to question A and/or B is No. 11 should be rated as Not Applicable if the response to the question of applicability is No. 11 Rating (select one): gth |
| • Tiltem Item Stren Providissue | he answers to both questions A and B are Yes. he answer to either question A or B is Yes and the answer to the other question is Not Applicable. 11 should be rated as an Area Needing Improvement if the answer to question A and/or B is No. 11 should be rated as Not Applicable if the response to the question of applicability is No. 11 Rating (select one): gth Area Needing Improvement NA de any additional comments that highlight strengths or challenges related to specific practices, systemic s, or resources that affected this item in the narrative field below: |
| • Tiltem Item Stren Providissue Over | he answers to both questions A and B are Yes. he answer to either question A or B is Yes and the answer to the other question is Not Applicable. 11 should be rated as an Area Needing Improvement if the answer to question A and/or B is No. 11 should be rated as Not Applicable if the response to the question of applicability is No. 11 Rating (select one): gth Area Needing Improvement NA de any additional comments that highlight strengths or challenges related to specific practices, systemic s, or resources that affected this item in the narrative field below: |
| • Tiltem Item Stren Providissue Over Over | he answers to both questions A and B are Yes. he answer to either question A or B is Yes and the answer to the other question is Not Applicable. 11 should be rated as an Area Needing Improvement if the answer to question A and/or B is No. 11 should be rated as Not Applicable if the response to the question of applicability is No. 11 Rating (select one): gth |
| • Tiltem Item Stren Providissue Over Over | he answers to both questions A and B are Yes. he answer to either question A or B is Yes and the answer to the other question is Not Applicable. 11 should be rated as an Area Needing Improvement if the answer to question A and/or B is No. 11 should be rated as Not Applicable if the response to the question of applicability is No. 11 Rating (select one): gth |
| • Tiltem Item Stren Providissue Over Over | he answers to both questions A and B are Yes. he answer to either question A or B is Yes and the answer to the other question is Not Applicable. 11 should be rated as an Area Needing Improvement if the answer to question A and/or B is No. 11 should be rated as Not Applicable if the response to the question of applicability is No. 11 Rating (select one): gth |

RATING PERMANENCY OUTCOME 2

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

What is 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 7 through 11?

Instructions:

Permanency Outcome 2 should be rated as Substantially Achieved if both of the following apply:

- Not more than one of Items 7 through 11 is rated as an Area Needing Improvement.
- At least one item is rated as a Strength.

Permanency Outcome 2 should be rated as Partially Achieved if both of the following apply:

- At least two items, but fewer than all five items, are rated as an Area Needing Improvement.
- At least one item is rated as a Strength.

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.

Permanency Outcome 2 should be rated as Not Applicable if the following applies:

All of Items 7 through 11 are rated as Not Applicable.

| Select the appropriate response: | | | | | |
|----------------------------------|--------------------|----------------|------|--|--|
| Substantially Achieved | Partially Achieved | Not Achieved □ | NA 🗖 | | |

SECTION III: CHILD AND FAMILY WELL-BEING

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

Item 12: Needs and Services of Child, Parents, and Foster Parents

Item 12 is divided into three sub-items: 12A: Needs assessment and services to children, 12B: Needs assessment and services to parents, and 12C: Needs assessment and services to foster parents.

Purpose of Assessment: To determine whether, during the period under review, the agency (1) made concerted efforts to assess the needs of children, parents, and foster parents (both initially, if the child entered foster care or the case was opened during the period under review, and 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 (2) provided the appropriate services.

Item 12 Applicable Cases: Most cases are applicable for an assessment of this item because Sub-Item 12A is typically applicable to all cases. Sub-Items 12B and 12C may not be applicable to all cases, and instructions for applicability are provided before each sub-item.

Sub-Item 12A: Needs Assessment and Services to Children

Sub-Item 12A Instructions:

- If the case is a foster care case, determine whether the agency assessed the needs of, and provided services for, 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 an in-home services case, determine whether the agency assessed the needs of, and provided services for, all children in the family unless you determine that based on case circumstances only specific children in the home should be assessed and provided with services.

| comprehensive assessment that a | riew, did the agency conduct a formal or informal initial and/or ongoing |
|------------------------------------|--|
| comprehensive assessment that a | |
| | accurately assessed the children's needs? |
| Yes □ No □ | |
| If No, explain any concerns in the | narrative field below: |

Question 12A1 Instructions:

- If the case was opened during the period under review, 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, 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.
- 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, and service providers.
 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, 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 accurately assessing the child's needs in addition to whether one was
 conducted.
- Answer this question with regard to an assessment of needs other than those related to children'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. Needs that should be assessed in this item include those related to social/emotional development that are not connected to other physical health or mental health issues. These may include social competencies, attachment and caregiver relationships, social relationships and connections, social skills, self-esteem, and coping skills. If the case is a foster care case, and the child is an adolescent, 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. In making this determination, 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.)

| A2. During the period under review, were appropriate services provided to meet the children's identified needs? | | | | | | |
|---|------|------|--|--|--|--|
| Yes □ | No □ | NA □ | | | | |
| f No, explain any concerns in the narrative field below: | | | | | | |
| | | | | | | |

Question 12A2 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.
- If the agency did not conduct an initial assessment and A1 is answered No, A2 could be answered No or Yes. A2 could be answered Yes only if reviewers can determine through clearly documented evidence in the case file that ALL of the child's needs were met with appropriate services. If there is not enough information for the reviewer to ascertain the child's needs, because an assessment was not conducted and the needs are not clearly articulated in the case file, then A2 should be answered No.
- 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.
- 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. Item 2 should address all the safety-related services
 provided to the family. Do not capture those services in this item.
- 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 a foster care case, 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 or "other planned permanent living arrangement" who are expected to eventually exit foster care to independence. Consider whether concerted efforts were made to provide the child with services to adequately prepare the child for independent living when the child leaves foster care, such as post-high school planning, life skills classes, employment training, financial planning skills training, and transitional services.
- 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 2), 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).

Sub-Item 12A Rating Criteria:

Sub-item 12A 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.

Sub-item 12A should be rated as an Area Needing Improvement if the answer to question A1 and/or A2 is No.

There are no circumstances under which Sub-Item 12A could be rated as Not Applicable.

| Sub-Item 12A Ra | | |
|----------------------------|---|------|
| Strength | Area Needing Improvement □ | |
| Override this rati | ng? □ | |
| Overridden rating Strength | g: Area Needing Improvement □ | NA □ |

During the entire period under review it was documented in the case file that it was not in the child's best

- During the entire period under review the parent has indicated he/she does not want to be involved in the

Parent was deceased during the entire period under review Yes □

interests to involve the parent in case planning Yes

child's life and this was documented in the case file Yes

Child and Family Services Reviews Onsite Review Instrument

No □

No □

No □

| Is Sub-Item 12B applicable for Mo | ther? |
|--|---|
| Yes □ No □ | |
| If No, answer questions B1 and B3 N | lot Applicable. |
| Is Sub-Item 12B applicable for | Father? |
| Yes □ No □ | |
| If No, answer questions B2 and B4 N | ot Applicable. |
| Indicate the case participants who ar | e included in this item as Mother and Father: |
| | |
| If both parents are not applicable for continue to Sub-Item 12C. | this item, go to Sub-Item 12B rating criteria, select Not Applicable and |
| | , did the agency conduct a formal or informal initial and/or ongoing urately assessed the mother's needs? |
| Yes □ No □ NA □ | |
| If No, explain any concerns in the na | rrative field below: |
| | |

Questions 12B1 and 12B2 Instructions:

- If the case was opened during the period under review, 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, 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.
- 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 mother and father, 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, and service providers.)
- Assessment of mother's and father's needs refers to a determination of what the mother or father needs
 to provide appropriate care and supervision and to ensure the well-being of his/her children. This could
 include mental and physical health needs (as later items do not address these concerns for the parents),
 if those needs impact the parent's capacity to care for the children. This could also include an
 assessment of needs related to supporting a biological parent's relationship with the child if they did not
 have an established relationship prior to the child's entry into foster care.

| B2. During the period under review, did the agency conduct a formal or informal initial and/or ongoing comprehensive assessment that accurately assessed the father's needs? |
|---|
| Yes □ No □ NA □ |
| If No, explain any concerns in the narrative field below: |
| |
| B3. During the period under review, did the agency provide appropriate services to the mother to meet identified needs? |
| Yes □ No □ NA □ |
| If No is selected, explain any concerns in the following narrative field: |
| |
| |
| |
| Question 12B3 and 12B4 Instructions: |
| If an assessment was conducted but no service needs were identified, this question can be answered Not Applicable. |
| Appropriate services are those that enhance the mother's or father's ability to provide care and supervision and support the well-being of his or her child(ren); for example, substance abuse treatment, parenting skills classes, or visitation and/or family counseling services for a biological parent who is establishing a new relationship with the child. Item 2 should address all the safety- related services provided to the family. Do not capture those services in this item. Visitation services would only be included for a biological parent in this item if the parent was not included in item 8. |
| B4. During the period under review, did the agency provide appropriate services to the father to address identified needs? |
| Yes □ No □ NA □ |
| If No is selected, explain any concerns in the following narrative section: |
| Sub Itom 12B Boting Critoria |

Sub-Item 12B Rating Criteria:

Sub-item 12B should be rated as a Strength if either of the following applies:

- The answers to B1, B2, B3, and B4 are Yes.
- The answer to at least one question is Yes, and the answer to the other questions is Not Applicable. Sub-item 12B should be rated as an Area Needing Improvement if the answer to any one of the questions is No.

Sub-item 12B should be rated as Not Applicable if the answer to the questions of applicability for both Mother and Father is No.

| Sub-Item 12B R | ating (select one): | |
|--------------------------------------|--|---|
| Strength | Area Needing Improvement □ | NA □ |
| Override this ration of the strength | | NA □ |
| Override reason: | | |
| | | |
| | | |
| Sub-Item 12C: N | eeds Assessment and Services to Fos | ster Parents Sub-Item 12C Applicable Cases: |
| All foster care | hild was in out-of-home care in a reside | nt of this sub-item. of this sub-item unless, during the entire period under cential facility or similar placement, but does not have |
| Is Sub-Item 12C | applicable? | |
| Yes □ No | 0 🗖 | |
| Optional: Provide | comments in the narrative field below: | |
| | | |
| If No, go to Sub-I | tem 12C rating criteria and select Not | Applicable. |
| Item 12C Defin | nition: | |
| of the child by t | | aregivers who have been given responsibility for care placement and care responsibility and supervision of adoption has not been finalized. |
| adoptive parents | | dequately assess the needs of the foster or pre- ervices they need to in order to provide appropriate g of the children in their care)? |
| Yes □ No | o □ | |
| If No is selected, | explain any concerns in the following r | narrative section: |
| | | |
| | | |
| | | |

| Question | 12C1 I | nstructions: |
|-------------------|--------|----------------|
| W UCSIIOII | 1201 | เเอน นับแบบเอ. |

- All foster parents who cared for the child during the period under review are included in this assessment.
- 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 child in their home, such as respite care, assistance with transportation, or counseling to address the child's behavior problems.
- Determine whether assessment of foster parent needs is done on an ongoing basis. If there is no

| | evidence in the period un | the case file that the agend | cy assessed the ner parents (if availate | eeds of the foster parents at any time during ble for interview) indicate that they have not be No. |
|-------|---|------------------------------|--|---|
| servi | ces to addres | | • | doptive parents provided with appropriate pacity to provide appropriate care and |
| Yes | □ No | D □ NA □ | | |
| If No | is selected, | explain any concerns in the | e following narrativ | ve section: |
| | | | | |
| | | | | |
| Qu | estion 12C2 | 2 Instructions: | | |
| • | The answer were identifi | | Not Applicable if r | eeds were assessed but no service needs |
| • | All foster pa assessment | | nild during the perio | od under review are included in this |
| Sub | -Item 12C F | Rating Criteria: | | |
| Sub- | item 12C sh | ould be rated as a Streng | gth if either of the | e following applies: |
| • T | he answers t | to both questions C1 and | d C2 are Yes. | |
| • T | he answer to | o question C1 is Yes, and | d the answer to q | uestion C2 is Not Applicable. |
| Sub- | | ould be rated as an Area | a Needing Improv | ement if the answer to question C1 and/or C2 |
| Sub- | item 12C sh | ould be rated as Not App | plicable if the res | ponse to the question of applicability is No. |
| Item | 12C Rating | (select one): | | |
| Strer | ngth 🗖 | Area Needing Improvement | ent 🗖 | NA □ |
| Ove | rride this ratir rridden rating ngth □ | | aont 🗖 | NA □ |
| Olie | ப்தாட்ட | Area meeding improvem | | NA L |

NA 🗖

Area Needing Improvement □

Strength

Override reason:

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

Item 13: Child and Family Involvement in Case Planning

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.

Item 13 Definitions:

In-home services cases:

- "Mother" and "Father" in Items 12, 13, and 15, are typically defined as the parents/caregivers with whom the children were living when the agency became involved with the family and with whom the children will remain (for example, biological parents, relatives, guardians, adoptive parents).
- If a biological parent does not fall into any of the categories above, determine whether that parent should be included in this item based on the circumstances of the case. Some things to consider in this determination are: the reason for the agency's involvement and the identified perpetrators in the case, the status of the children's relationship with the parent, the nature of the case (court supervised or voluntary) and the length of case opening. If a biological parent indicates a desire during the period under review to be involved with the child and it is in the child's best interests to do so, they should be assessed in this item.

Foster care cases:

- "Mother" and "Father" in Items 12, 13, and 15 are typically defined as the parents/caregivers from whom the child was removed and with whom the agency is working toward reunification.
- "Mother" and "Father" in Items 12, 13, and 15 include biological parents who were not the parents from whom the child was removed.
- "Mother" and "Father" include adoptive parents if the adoption has been finalized during the period under review.

Item 13 Applicable Cases:

Because multiple case participants can be assessed in these questions, consider applicability for all appropriate case participants before determining that the rating should be Not Applicable. All cases are applicable for an assessment of this item except as determined below (check Yes for criteria that apply and No for those that do not).

| Ca | ases involv | ing children | for whom | participating | j in plannin | ng is no | t develop | mentally app | propriate | |
|----|-------------|--|------------|--------------------|--------------|-----------------|----------------------------|---------------|----------------------|------|
| Υe | es 🗖 | No □ | AND: | | | | | | | |
| C | ases in wh | nich all paren | ts being a | ssessed as | Mother or | Father | meet any | of these cr | iteria: | |
| _ | Parental | rights remain | ed termin | ated during t | the entire p | period (| under revi | ew Yes 🗆 | No □ | |
| _ | | whereabouts e parent Yes | | known durin o 🗖 | g the entir | e perio | d under re | eview despit | te agency efforts t | ίΟ |
| _ | | ewer has detended to the deten | | | | s an Ar No □ | | ng Improver | ment due to lack | of |
| _ | Parent wa | as deceased | during the | e entire perio | od under re | eview ` | Yes □ | No □ | | |
| _ | • | e entire perio to involve the | | | | | ne case fil lo □ | e that it was | s not in the child's | best |

| During the entire period under review the parent has indicated he/she does not want to be involved in the child's life and this was documented in the case file Yes □ No □ |
|--|
| 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 state requirement for a case plan and there is no case plan in the file. |
| Is this case applicable? Select the appropriate response. If the response is No, rate the case as Not Applicable in the ratings section and continue to Item 14. |
| Yes ☐ No ☐ Indicate the case participants who are included in this item as Mother and Father: |
| |
| Optional: Provide comments in the narrative field below: |
| A. During the period under review, did the agency make concerted efforts to actively involve the child in the case planning process? |
| Yes □ No □ NA □ |
| If No, explain any concerns in the narrative field below: |
| |
| |
| For in-home services cases, indicate the names of the children who are included in the assessment of Item 13: |
| |
| |
| |

Question 13A 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.

Question 13A Instructions:

- Select Not Applicable 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 13 applies to the target child only. If the case is an in-home services case, Item 13 applies to all children in the family home unless you determine that based on case circumstances only specific children in the home should be engaged in case planning (for example, only children receiving services from the agency).
- If the case is a foster care case, 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), identify the extent to which the children (if developmentally appropriate) were involved in determining: (1) their strengths and needs, (2) the type and level of services needed, and (3) their goals and progress toward meeting them. Determine whether this information was documented in the case file in any way.
- Do 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, focus on the children'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 as well as understanding changes made to their permanency goal (in foster care cases).

| | he period unde ning process? | r review, did the agency make concerted efforts to actively involve the mother in | | | | | |
|----------------|--|---|--|--|--|--|--|
| Yes □ | No □ | NA □ | | | | | |
| If No, explain | f No, explain any concerns in the narrative field below: | | | | | | |
| | | | | | | | |

Questions 13B and 13C Definition:

"Actively involved" means that the agency involved the mother or father 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.

Questions 13B and 13C Instructions:

- Select Not Applicable if all case participants being assessed as Mother in 13B or as Father in 13C meet the criteria for Not Applicable in the item 13 rating criteria.
- If the initial case plan was developed before the period under review, focus on the mother's or father's involvement during the period under review in the ongoing case planning process, particularly with regard to evaluating progress and making changes in the plan.
- Select NA if the agency did not make concerted efforts to locate a mother or father whose whereabouts were unknown. In Well-Being Outcome 1, concerns about efforts to locate a parent should only be reflected in item 12.

| C. During the pe | • | make concerted efforts to actively involve the | father in |
|--------------------------------------|---|---|-----------|
| Yes □ No □ | J NA □ | | |
| If No, explain any o | oncerns in the narrative field belo | ow: | |
| | | | |
| Item 13 Rating C | riteria: | | |
| Item 13 should be | rated as a Strength if either of | the following applies: | |
| • The answers to | A, B, and C are Yes. | | |
| | | d the answer to the other questions is Not A ovement if the answer to any one of question | • • |
| Item 13 should be | rated as Not Applicable if the r | esponse to the question of applicability is N | lo. |
| Item 13 Rating (se | lect one): | | |
| Strength □ | Area Needing Improvement \square | NA □ | |
| | nal comments that highlight stren s that affected this item in the nar | igths or challenges related to specific practices, rative field below: | systemic |
| | | | |
| Override rating? Overridden rating: | | | |
| Strength | Area Needing Improvement □ | NA 🗆 | |
| Override reason: | | | |
| | | | |

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

Item 14: Caseworker Visits With Child

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(ren) and promote achievement of case goals.

Item 14 Applicable Cases: All cases are applicable for an assessment of this item.

| The state of the s |
|--|
| A1. 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 |
| D Messel |
| Questions 14A1 and 14A 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 decision-making 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. |
| Question 14A1 Instructions: |
| If the case is an in-home services case, question A1 should be answered for all children in the family home. |
| If the case is a foster care case, question A1 should be answered only for the target child in the case. Consider only the pattern of visits during the period under review and not over the life of the case. Focus on the visitation frequency of the agency caseworker (or other responsible party) responsible for the case and not on other service providers who may be visiting the children. Determine the most typical pattern of visitation during the period under review because the actual frequency may vary in specific time periods. |
| 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 □ |

Question 14A Instructions:

- If A1 is Never, question A is No.
- In responding to question A, consider the frequency of visits selected in question A1.
- Base your determination on the frequency necessary to ensure the child's safety, permanency, and
 well-being and not on compliance with 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 they complied with that, but you determine 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.
- If the child is in a placement in another state, you 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.
- If the typical pattern of visits is less than once a month, the answer to question A should be No unless you determine that there is a substantial justification for a Yes answer.
- For an in-home services case, any children in the home who were assessed in item 12 should be
 visited at least monthly unless there is substantial justification for less than monthly visits. Frequency of
 visitation with other children in the family home should be determined based on the circumstances of
 the case, such as any risk and safety concerns present during the period under review, the age and
 vulnerability of the children, the reason for the agency's involvement with the family, etc.

| suffic achie | ient to address issues p vement of case goals (t | er review, was the quality of the visits between the caseworker and the child(ren) bertaining to the safety, permanency, and well-being of the child and promote for example, did the visits between the caseworker or other responsible party and so pertinent to case planning, service delivery, and goal achievement)? |
|-----------------|---|--|
| Yes [| □ No □ | NA □ |
| If No, | explain any concerns i | n the narrative field below: |
| | | |

Question 14B Instructions:

- If A1 is Never, question B is Not Applicable.
- 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 court house or restaurant?).
- Consider whether the caseworker (or other responsible party) 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.
- Also 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.

Item 14 Rating Criteria:

Item 14 should be rated as a Strength if the answers to both questions A and B are Yes.

Item 14 should be rated as an Area Needing Improvement if the answer to question A and/or B is No.

There are no circumstances under which Item 14 could be rated as Not Applicable.

| Item 14 Rating (se | lect one): | | | |
|--|----------------------------|--|--|--|
| Strength 🗖 | Area Needing Improvement □ | | | |
| Provide any additional comments that highlight strengths or challenges related to specific practices, systemic ssues, or resources that affected this item in the narrative field below: | | | | |
| | | | | |
| Override rating? Override rating Strength | Area Needing Improvement □ | | | |
| Override reason: | | | | |
| | | | | |
| | | | | |

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

Item 15: Caseworker Visits With Parents

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 child(ren) are sufficient to ensure the safety, permanency, and well-being of the child(ren) and promote achievement of case goals.

Item 15 Definitions:

In-home services cases:

- "Mother" and "Father" in Items 12, 13, and 15, are typically defined as the parents/caregivers with
 whom the children were living when the agency became involved with the family and with whom the
 children will remain (for example, biological parents, relatives, guardians, adoptive parents).
- If a biological parent does not fall into any of the categories above, determine whether that parent should be included in this item based on the circumstances of the case. Some things to consider in this determination are: the reason for the agency's involvement and the identified perpetrators in the case, the status of the children's relationship with the parent, the nature of the case (court supervised or voluntary) and the length of case opening. If a biological parent indicates a desire during the period under review to be involved with the child and it is in the child's best interests to do so, they should be assessed in this item.

Foster care cases:

- "Mother" and "Father" in Items 12, 13, and 15 are typically defined as the parents/caregivers from whom the child was removed and with whom the agency is working toward reunification.
- "Mother" and "Father" in Items 12, 13, and 15 include biological parents who were not the parents from whom the child was removed.
- "Mother" and "Father" include adoptive parents if the adoption has been finalized during the period under review.

Item 15 Applicable Cases:

Because multiple case participants can be assessed in these questions, consider applicability for all appropriate case participants before determining that the rating should be Not Applicable. All cases are applicable for an assessment of this item except cases in which **all** parents being assessed as Mother and Father meet any of the following criteria (check Yes for any that apply and No for those that do not):

| Father meet any of the following criteria (check Yes for any that apply and No for those that do not): |
|---|
| Parental rights remained terminated during the entire period under review. Yes □ No □ |
| Parent's whereabouts were not known during the entire period under review despite agency efforts to locate the parent. Yes □ No □ |
| The reviewer has determined that Item 12B is rated as an Area Needing Improvement due to lack of concerted efforts to find applicable parents. Yes □ No □ |
| Parent was deceased during the entire period under review. Yes □ No □ |
| During the entire period under review it was documented in the case file that it was not in the child's best interests to involve the parent in case planning. Yes ☐ No ☐ |
| During the entire period under review the parent has indicated he/she does not want to be involved in the child's life and this was documented in the case file. Yes ☐ No ☐ |
| Is this case applicable? |
| Select the appropriate response. If the response is No, select Not Applicable in the ratings section and continue to Item 16. Yes No No No No No No No N |
| |

Indicate the case participants who are included in this item as Mother and Father:

Optional: Provide comments in the narrative field below:

A1. 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)? Select the appropriate response:

More than once a week

Once a week

Less than once a week, but at least twice a month

Less than once a month, but at least once a month

Less than once a month

Questions 15A1, 15A2, 15B1, and 15B2 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 decision-making 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.

Questions 15A1 and 15B1 Instructions:

□ Never□ NA

- Select Not Applicable if all case participants being assessed as Mother in 15A1 or as Father in 15B1
 meet the criteria for Not Applicable in the item 15 rating criteria above. Consider only the pattern of
 visits during the period under review and not over the life of the case.
- Determine the most typical pattern of visitation during the period under review because the actual frequency may vary in specific time periods.
- Select NA for questions A1 and B1 if the agency did not make concerted efforts to locate a mother or father whose whereabouts were unknown. In Well-Being Outcome 1, concerns about efforts to locate a parent should only be reflected in item 12.

| A2. | During the period unde | r review, was the frequency of the visits between the caseworker (or other |
|-----|------------------------|--|
| • | . ,, | other sufficient to (1) address issues pertaining to the safety, permanency, and promote achievement of case goals? |
| Yes | I No □ | NA 🗇 |

Questions 15A2 and 15B2 Instructions:

- If the answer to question A1 or B1 is Not Applicable, the answer to question A2 or B2 for that parent also should be Not Applicable.
- 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. Do not answer the question based on the caseworker visit requirements that may be established by state policy.
- The answers to questions A2 and B2 should be No if the typical pattern of contact is less than once a month, unless you have a substantial justification for answering either question as Yes.

| | During the period under review, what was the most typical pattern of visitation between the caseworker ner responsible party) and the father of the child(ren)? Select the appropriate response: |
|--------|---|
| | 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 |
| | NA |
| respo | During the period under review, was the frequency of the visits between the caseworker (or other nsible party) and the father sufficient to address issues pertaining to the safety, permanency, and well-of the child and promote achievement of case goals? |
| Yes | □ No □ NA □ |
| respo | During the period under review, was the quality of the visits between the caseworker (or other nsible party) and the mother sufficient to address issues pertaining to the safety, permanency, and well-of the child and promote achievement of case goals? |
| Yes 🗆 | J No NA |
| If No, | explain any concerns in the narrative field below: |
| | |
| | |
| | |

Questions 15C and 15D Instructions:

- 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?).
- 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 A1 or B1 is Not Applicable or Never, then the answer to the corresponding question (same parent) C or D should be Not Applicable.

| D. During the period under review, was the quality 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? | | | | | | |
|---|--|--|--|--|--|--|
| Yes □ No □ | res □ No □ NA □ | | | | | |
| If No, explain any co | oncerns in the narrative field below | w: | | | | |
| The answers to The answer to The answer to Item 15 should be C, or D is No. | rated as a Strength if any of the A2, B2, C, and D are Yes. A2 and C is Yes and the answer A2 and C is NA and the answer rated as an Area Needing Improrated as Not Applicable if the re | to B2 and D is NA. | | | | |
| Strength □ | Area Needing Improvement | NA □ | | | | |
| | nal comments that highlight streng s that affected this item in the nari | gths or challenges related to specific practices, systemic rative field below: | | | | |
| Override rating? Overriden rating: Strength Override reason: | Area Needing Improvement □ | NA 🗆 | | | | |
| | | | | | | |

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

What is 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 12 through 15?

Instructions:

Well-Being Outcome 1 should be rated as Substantially Achieved if both of the following apply:

- Item 12 is rated as a Strength or NA and
- Only one of Items 13, 14, and 15 is rated as an Area Needing Improvement.

Well-Being Outcome 1 should be rated as Partially Achieved if either of the following applies:

- Item 12 is rated as an Area Needing Improvement, but at least one other item is rated as a Strength.
- Item 12 is rated as a Strength or NA, but at least two of Items 13, 14, and 15 are rated as Areas Needing Improvement.

Well-Being Outcome 1 should be rated as Not Achieved if the following applies:

• All applicable items are rated as Areas Needing Improvement.

| Select the appropriate rating: | | | |
|--------------------------------|----------------------|----------------|--|
| Substantially Achieved □ | Partially Achieved □ | Not Achieved □ | |

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

Item 16: Educational Needs of the Child

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.

Item 16 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 17.
- 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. This "non-applicability" applies even if there is evidence in the case file that the agency has learned that the parent/caregiver has obtained educational services for the children.

Is this case applicable?

| Select the ap continue to It | oppropriate response. If the answer is No, rate the item as Not Applicable in the ratings section and tem 17. |
|---------------------------------|---|
| Yes □ | No □ |
| Optional: Prov | ride comments in the narrative field below: |
| | |
| | |
| | the period under review, did the agency make concerted efforts to accurately assess the ucational needs? |
| Yes □ | No □ |
| For in-home | services cases, indicate the names of the children who are included in the assessment of Item 16: |

Question 16A 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:
 - An educational assessment included in the comprehensive needs assessment.
 - A separate educational assessment conducted by the school (and made available to the agency) or by the agency.
 - An informal (and documented) educational assessment conducted by the agency.
- Question A should be answered Yes if the reviewer determines through interviews with key individuals
 that the agency assessed the children's educational needs, even if the case file did not include the
 documentation identified above.

A1. Education Table

| Educational Needs | Services Provided | Services Needed But Not Provided | | |
|--|-------------------|----------------------------------|--|--|
| | | | | |
| | | | | |
| | | | | |
| Table 16A1 Instruction: Document in the table the child(ren)'s educational needs, services provided to meet those needs, and services needed but not provided. Services could include ensuring that children received special education classes; making provisions for children to receive tutoring or educational mentoring; and arranging for children to be enrolled in early intervention preschool classes such as Head Start. Foster care cases could include advocacy on the part of foster parents as well as the caseworker. | | | | |
| B. During the period under review, did the agency engage in concerted efforts to address the children's educational needs through appropriate services? | | | | |
| Yes □ No □ NA □ | | | | |

Question 16B Instructions:

- Question B should be answered Not Applicable if an educational assessment was conducted (i.e., question A is answered Yes) but no needs were identified.
- Review any "services needed but not provided" noted in table A1 when responding to question B. 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, you may answer Yes to question B, although the child did not receive the needed services. Also consider whether the service need was recently identified during the period under review and the agency has not had a reasonable amount of time to arrange for/request the service.

Item 16 Rating Criteria:

Item 16 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 16 should be rated as an Area Needing Improvement if the answer to question A and/or B is No. Item 16 should be rated as Not Applicable if the response to the question of applicability is No.

| Item 16 Rating (se | lect one): | |
|--|---|--|
| Strength | Area Needing Improvement □ | NA □ |
| • | nal comments that highlight strength s that affected this item in the narrat | ns or challenges related to specific practices, systemic ive field below: |
| | | |
| Override rating? Overridden rating Strength | Area Needing Improvement □ | NA□ |
| | | |

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

What is 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 16?

Instructions:

Well-Being Outcome 2 should be rated as Substantially Achieved if the following applies:

• Item 16 is rated as a Strength.

Item 16 is rated as Not Applicable.

Well-Being Outcome 2 should be rated as Partially Achieved if the following applies:

• Item 16 is rated as an Area Needing Improvement, but question A or B is answered Yes.

Well-Being Outcome 2 should be rated as Not Achieved if the following applies:

• Item 16 is rated as an Area Needing Improvement and both questions A and B were answered No.

Well-Being Outcome 2 should be rated as Not Applicable if the following applies:

Select the appropriate rating:
Substantially Achieved Partially Achieved Not Achieved NA

Overridden outcome rating:
Substantially Achieved Partially Achieved Not Achieved NA

Override reason:

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

Item 17: Physical Health of the Child

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

Item 17 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/dental 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/dental 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 a child is the subject of a substantiated maltreatment report of physical neglect and there is reason to suspect that, during the period under review, the neglect may have affected the child's physical health.
- In-home services cases are Not Applicable for an assessment of this item if you determine that there is no
 reason to expect that the agency would address physical and dental 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 children's physical and dental health needs.

Select the appropriate response. If the answer is No, rate the case as Not Applicable in the ratings section

Is this case applicable?

| and continu | ue to Item 18. | | | | |
|-------------|----------------|----------------------|----------------------------------|--------------------------------|-------|
| Yes □ | No □ | | | | |
| Optional: P | rovide comme | nts in the narrative | field below: | | |
| | | | | | |
| A1. Durin | g the period u | nder review, did the | agency accurately assess the | children's physical health car | ·e |
| Yes □ | No □ | NA □ | | | |
| For in-hom | e services cas | es, indicate the nan | nes of the children who are incl | uded in the assessment of Ite | ∍m 17 |
| | | | | | |

Questions 17A1 and 17A2 Instructions:

- For in-home services cases, A1 and A2 should be answered for all children in the home who meet the
 case applicability requirements. A1 or A2 may be Not Applicable if only one of the issues (physical or
 dental health) was relevant for assessment in an in-home services case.
- Determine whether 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 if an in-home services case was opened during
 the period under review), and on an ongoing basis through periodic health and dental screening
 services conducted during the period under review.
- The evidence to consider 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) or when the case first opened (for an in-home services case that opened during the period under review).
 - Ensuring that, during the period under review, the children 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 if the in-home services case was opened during the period under review), or in ongoing needs assessments conducted to guide case planning.

| Yes No No NA NA Question 17A2 Instruction: If the children are too young for a dental examination, then question A2 should be answered Not Applicable. | A2. Durin needs? | ng the period u | nder review, did the | e agency accurately assess the children's dental health care |
|---|---------------------|-----------------|----------------------|--|
| If the children are too young for a dental examination, then question A2 should be answered Not | Yes □ | No □ | NA 🗖 | |
| | If the chil | ldren are too y | | xamination, then question A2 should be answered Not |

A3. Physical and Dental Health Table

| Identified Physical or Dental Health Needs | Services Provided | Services Needed But Not Provided |
|---|-------------------|-------------------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

Table 17A3 Instruction:

Document in the table each identified physical or dental health need, the services provided to meet those needs, and the services needed but not provided related to each identified need. Needed services could include immunizations, treatment services, and dental services, including orthodontics.

| | For foster care cases only, determine whether, during the period under review, there was evidence that bllowing 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 foster care providers are provided with the child's health records [Social Security Act § 475(5)(D)]. |
| | Question 17A4 Definitions: |
| | 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. |
| | For foster care cases only, during the period under review, did the agency provide appropriate oversight escription medications for physical health issues? |
| Yes f | □ No □ NA □ |
| | |

Question 17B1 Definition:

- "Appropriate oversight" includes, but is not limited to, the following:
 - Ensuring that a child is seen regularly by a physician to monitor the effectiveness of the medication, assess any side effects and/or health implications, consider any changes needed to dosage or medication type and determine whether medication is still necessary and/or if other treatment options would be more appropriate
 - Regularly following up with foster parents/caregivers about administering medications appropriately and about the child's experience with the medication(s), including any side effects
 - Following any additional state protocols that may be in place related to the appropriate use and monitoring of medications

Question 17B1 Instructions:

- Select NA if this is not a foster care case.
- If the child was not prescribed any medications for physical health issues during the period under review, select NA.

| | | | er review, did ied physical h | | ensure that appropriate services were provided to to services. |
|---------------------|--|--|--|---|--|
| Yes □ | No E | 3 | NA 🗖 | | |
| Ques | tions 17B2 | and 17B | 3 Instruction | s: | |
| • | were iden Not Applic | tified, the able. If c | n the corresp | onding quest Not Applicab | re Yes and no needs for services or treatment stion(s) B2, and/or B3 should be answered able because of the child's age, then question |
| • | should be the agency were not p | No, unle has not rovided o | ss the service had a reason lue to excess | e was recently nable amount sive waitlists, | e noted in the A3 table, question B2 and/or B3 tly identified during the period under review and nt of time to arrange for the service. If services s, service providers not being available in the on B2 and/or B3 should be No. |
| • | met and y child's hea address he child's hea | ou deter Ith and o alth care Ith care i | mine that had lental care ne e needs beca needs were no | or has a negreeds. For example they had not being met | management criteria noted in question A4 were not egative impact on the agency's ability to meet the ample, foster parents were unable to effectively ad never seen the child's health records, or the et because there were no health records in the child's health care needs. |
| • | where initiation where initiation where in the whole where the whole where the whole where the whole where in the whole where wher | al and/or ow-up se e or any | ongoing asse vices were ne additional ser | essments wer eeded, the ar | and services (e.g. a teeth cleaning). In cases ere conducted and the child received routine care answer to 17B2 or 17B3 should be Yes. If either needed but not provided, the answer to 17B2 or |
| | | | er review, did ied dental he | | ensure that appropriate services were provided to the |
| Yes □ | No E | 3 | NA □ | | |
| Item 17 The The App | answers to answer to blicable. | rated as questic at least | ons A1, A2, B one of questi | 31, B2, and B ions A1, A2, | he following applies: B3 are Yes. P, B1, B2, or B3 is Yes, and the rest are Not |
| | | | | | esponse to the question of applicability is No. |
| | Rating (se | | | DIG II (116 163 | sponse to the question of applicability is No. |
| Strengt | • | • | eding Improv | vomont □ | NA 🗆 |
| Strongt | <i>ப</i> | , aca ive | oding improv | OHOR D | |
| | | | | | |

Section III: Child and Family Well-Being Outcome 3

| Provide any additional comments that highlight strengths or challenges related to specific practices, systemic issues, or resources that affected this item in the narrative field below: | | | |
|---|--|--|--|
| | | | |
| Override this rating? | | | |
| Overridden rating: Strength Area Needing Improvement | | | |
| Override reason: | | | |
| | | | |

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

Item 18: Mental/Behavioral Health of the Child

Purpose of Assessment: To determine whether, during the period under review, the agency addressed the mental/behavioral health needs of the children.

Item 18 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.
- In-home services cases are applicable for an assessment of this item if (1) mental/behavioral health issues related to any of the children in the family 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 a 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. 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 children's mental/behavioral health needs.

la thia agas annliaghla?

| | ppropriate response. If the answer is No, rate the case as Not Applicable in the rating section. |
|------------------------------|--|
| Yes □ | No □ |
| Optional: Pr | ovide comments in the narrative field below: |
| | |
| mental/beha if the in-hom | g the period under review, did the agency conduct an accurate assessment of the children's avioral health needs either initially (if the child entered foster care during the period under review or se services case was opened during the period under review) and on an ongoing basis to informing decisions? |
| Yes □ | No □ |
| For in-home | services cases, indicate the names of the children who are included in the assessment of Item 18: |
| | |
| | |

| . 1 | uestion | 1 U A | 110+11 | \1 + 1^^. |
|-----|---------|-------|--------|------------------|
| | | 104 | | 11116311 |
| | | | | |

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

Question 18A Instructions:

- An assessment of mental health should include consideration of any trauma that the children may have experienced, including exposure to domestic violence.
- Determine whether, during the period under review, the agency conducted a formal or informal mental/behavioral health assessment on the children initially (if the in-home services case was opened during the period under review) or at entry into foster care (if the child entered foster care during the period under review), and on an ongoing basis.
- 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.

A1. Mental/Behavioral Health Table

| Identified Mental/Behavioral Health Needs | Services Provided | Services Needed But Not Provided |
|--|-------------------|-------------------------------------|
| | | |
| | | |
| | | |
| | | |

Table 18A1 Instruction:

Identify in the table the identified mental/behavioral health needs, services provided to address those identified needs, and services needed but not provided. Services may include outpatient treatment, inpatient mental health treatment, treatment for substance abuse disorders, individual therapy, group therapy, family therapy, etc.

| inpatient mental health treatment, treatment for substance abuse disorders, individual therapy, group therapy, family therapy, etc. | | | | |
|---|------|---|------------------|--|
| | | s only, during the period under review, did the agency provide approp for mental/behavioral health issues? | oriate oversight | |
| Yes □ | No □ | NA 🗖 | | |
| | | | | |

Question 18B Definition:

- "Appropriate oversight" includes, but is not limited to, the following:
 - Ensuring that a child is seen regularly by a physician to monitor the effectiveness of the medication, assess any side effects and/or health implications, consider any changes needed to dosage or medication type and determine whether medication is still necessary and/or whether other treatment options would be more appropriate
 - Regularly following up with foster parents/caregivers about administering medications appropriately
 and about the child's experience with the medication(s), including any side effects
 - Following any additional state protocols that may be in place related to the appropriate use and monitoring of medications

Question 18B Instructions:

- Select NA if this is not a foster care case.
- If the child was not prescribed any medications for mental/behavioral health issues during the period under review, select NA.

| C. During the mental/behavior | | | ovide appropriate services to address the children's | | |
|---|---|---|---|--|--|
| Yes □ N | No 🗖 | NA □ | | | |
| Question 180 | Instruction | ons: | | | |
| | | ered Yes, but no mental/beha should be Not Applicable. | vioral health service needs were identified, then the | | |
| the service reasonable waitlists, s | • If you noted any "services needed but not provided" in the A1 table, question C should be No, unless the service was recently identified during the period under review and the agency has not had a reasonable amount of time to arrange for the service. If services were not provided due to excessive waitlists, service providers not being available in the community, or delays by the agency, question C should be answered No. | | | | |
| Yes or Not App | be rated a blicable, a | as a Strength if the answer to duestion C | • • | | |
| | | • | ement if the answer to any question is No. | | |
| Item 18 should | be rated | as Not Applicable if the resp | onse to the question of applicability is No. | | |
| Item 18 Rating | (select on | e): | | | |
| Strength | Area | Needing Improvement | NA □ | | |
| | | nments that highlight strength: ffected this item in the narrati | s or challenges related to specific practices, systemic ve field below: | | |
| | | | | | |

Override this rating? Overriden rating: Strength Area Needing Improvement NA Override reason:

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

What is 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 and 18?

Instructions:

Well-Being Outcome 3 should be rated as Substantially Achieved if either of the following applies:

- Items 17 and 18 are both rated as Strengths.
- One item is rated as a Strength and the other item is rated as Not Applicable.

Well-Being Outcome 3 should be rated as Partially Achieved if the following applies:

 One of the two items (17 and 18) is rated as a Strength and the other is rated as an Area Needing Improvement.

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.

Well-Being Outcome 3 should be rated as Not Applicable if the following applies:

• Items 17 and 18 are both rated as Not Applicable.

| Select the appropriate rating: | | | | | |
|--------------------------------|----------------------|----------------|------|--|--|
| Substantially Achieved □ | Partially Achieved □ | Not Achieved □ | NA □ | | |