QUALITATIVE REVIEW PROTOCOL

Telling the Story Behind the Numbers

Allison Blake, Ph.D., L.S.W.
Commissioner

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Office of Performance Management and Accountability
50 East State Street • Trenton • New Jersey • 08625
Telephone • 609.888.7100 • Cost Center #924

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The Qualitative Review (QR) process assesses system performance and identifies strengths and areas for improvements to support positive outcomes for children and families. The QR is managed through the Office of Quality (OQ) within the Office of Performance Management and Accountability (OPMA). New Jersey's Department of Children and Families (DCF) implemented the QR in 2010. In 2015, the OQ convened a workgroup to revise the QR protocol and process in order to better meet the needs of DCF and the families they serve. This resulted in a new protocol that was pilot-tested that will be implemented in 2016. Knowledge gained from the QR will be used for the purposes of case practice development and capacity-building necessary for improving the quality of services in order to achieve better results and outcomes for children and families.

Listed below are the persons who contributed to this revision or served as members of the QR Revision Workgroup.

1. **Aubrey C. Powers**, Office of Performance Management and Accountability
2. **Claudine Chiarmonte**, Office of Quality
3. **Charyl Yarbrough,** Office of Research, Evaluation and Reporting
4. **Mary Browne**, Office of Quality
5. **Florence Racine**, Office of Quality
6. **Idalmis Toro–Lamourt**, Office of Quality
7. **Jennifer Kirkman**, Office of Quality
8. **John Nardi**, Office of Quality
9. **Gayle Samuels**, Center for the Study of Social Policy
10. **George Taylor**, Center for the Study of Social Policy
11. **Vilma Ramos**, Child Protection and Permanency
12. **Darlene Fusco**, Child Protection and Permanency
13. **Ailime Daddazio**, Child Protection and Permanency
14. **Larry Feathers**, Circle of Care for Families and Children of Passaic
15. **Kevin M. Ryan**, Office of Quality
16. **Sharon Aitken**, Office of Performance Management and Accountability

THE CORE CONDITIONS

of the New Jersey Department of Children and Families

Core Condition 1: Genuineness

Genuineness is "being *you*," being congruent in what you say and do, being non-defensive and spontaneous. To be genuine you need to be aware of your feelings and at the same time respond to the family member in a respectful manner that opens up rather than closes communication. Genuineness helps to reduce the emotional distance between you and the family member and helps the family member identify you as another human being similar to him/herself.

Core Condition 2: Empathy

Empathy is a process through which you attempt to experience another person's world, then communicate an understanding of and compassion for the person's experience. You develop a sense of what the situation means to the other individual.

Core Condition 3: Respect

Respect is the demonstration of value for each human being and the potential in that person. There are two aspects of respect: 1) your attitude or value about people and 2) your ability to communicate respect in observable ways. Respect involves valuing the family member as separate from any evaluation of his/her behavior. When communicating respect, you convey warmth that says you accept people, you like them, you care about them and you have concern for them. Respecting a person does not mean sanctioning or approving his/her thoughts or behaviors that society may disapprove. Values and beliefs that convey respect include belief in the following: all human beings are worthy; each person is a unique individual; people have the right to self-determination and to make their own choices; and people can change.

Core Condition 4: Competence

Competence is the demonstration of your proficiency in carrying out your professional role and implementing knowledge of human behavior, dynamics of abuse and neglect and dynamics of domestic violence, etc. Children and families have to believe that you have the capacity to help them solve problems. A relationship where there is competence of one's experience and abilities produces confidence and satisfaction.

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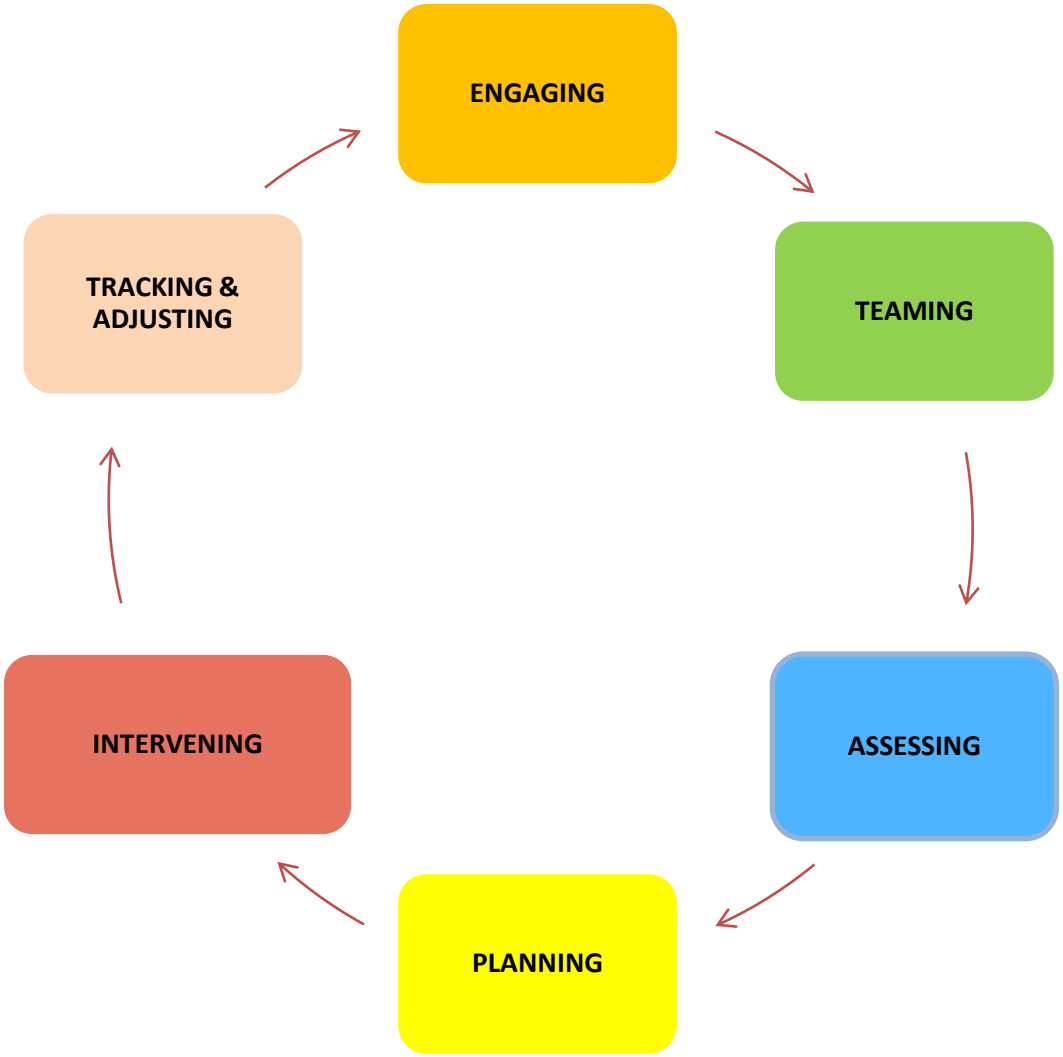
Implementing and Sustaining a Case Practice Model

A child and family come to the attention of a CP&P professional usually as the result of a breakdown in the family system that threatens the child's well-being. In most cases, with caring and timely intervention, the family can be strengthened in ways that permit the child to remain safely with the family. In cases where this is not possible and a child must enter out-of-home care, DCP&P professionals diligently manage placements in ways that minimize, as far as possible, the pain and bewilderment of separation and assure that the child will be protected and well-nurtured until permanency can be achieved.

In protecting the child while working to strengthen a family, the caseworker intervenes through the use of a model for family-centered practice that has at its core six key functions: engagement, child and family team formation, ongoing assessment and understanding, planning, implementation, and tracking and adjusting.



Introduction to the Qualitative Review Protocol

The Department of Children and Families promotes excellence in child welfare practice through a commitment to Continuous Quality Improvement (CQI) which is firmly grounded in the principle of the Department being a learning organization. For the last decade, the Department has worked to engage all employees within the agency and stakeholders in identifying and targeting opportunities to improve services, processes, and outcomes for the children and families of New Jersey.

The goal is to make CQI a seamless part of the way DCF works each day. The Qualitative Review (QR) is one of New Jersey's CQI tools. The purpose of the QR is to appraise case practice and determine the extent to which the planned strategies are working together, with supports and services, to produce results that show progress toward family independence, child well-being and permanency, and timely case closure. The QR protocol uses a combination of record reviews, interviews, observations, and professional deduction to identify patterns regarding children, youth, families, and the people who support them. It provides a basis for assessing, promoting and strengthening best practice.

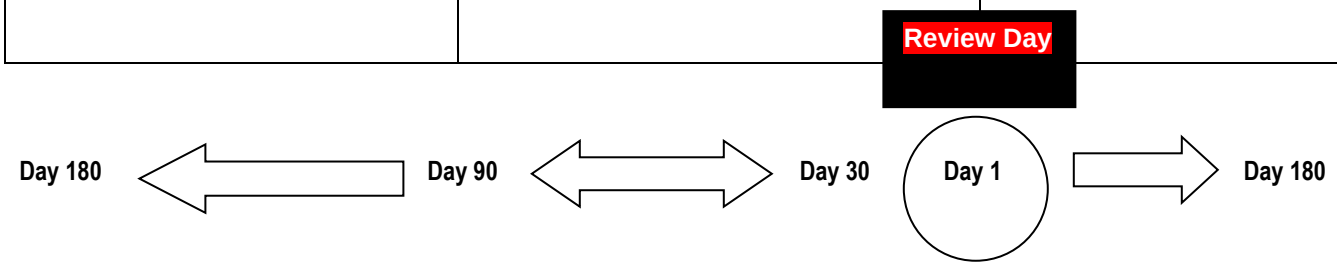
Intervention efforts of a DCF professional are intended to engage and sustain a family's interest in a change process that alters unacceptable conditions in the home and family situation at the time of entry. The change process helps the family to reach and sustain conditions necessary for independence of the family from DCF supervision as well as provide safety, well-being and permanency for the children. The QR findings are used to provide positive feedback to frontline staff, supervisors, managers and leadership. The results provide a rich array of learning for affirming good case practice already in place and for identifying next steps for practice development and capacity-building efforts.

Timeframes of Interest in Case Reviews

<table>
<tr><th>Past</th><th colspan="2">Present</th><th>Future</th></tr>
<tr><th>180 days</th><th>90 days</th><th>30 days</th><th>180 days</th></tr>
<tr><td rowspan="2">Progress Pattern Window:

Past 180 days or since opening of services, if less than 180 days.</td><td>Active Transition Events Window:
Ongoing actions having to be completed in the next 90 days to achieve near-term transitions.</td><td>Child and Family Status Window:
Current 30 day period.</td><td rowspan="2">6-Month Forecast Window:

Next 180 days; beyond current admission if closure is near.</td></tr>
<tr><td colspan="2">System Performance Window:
Current 90 day period in which practice actions and service processes are unfolding.</td></tr>
</table>



Interpretive Guides for Scoring Indicators

QR Interpretative Guide for Child & Family Status

Maintenance Zone **5-6** Status is favorable. Efforts should be made to maintain and build upon a positive situation.	**6 = Optimal Status.** The best or most favorable status presently attainable for this child/caregiver in this area (taking age and ability into account). The child and caregiver are doing great. Confidence is high that long-term goals or expectations will be met in this area. **5 = Good Status.** Substantially dependable positive status for the child/caregiver in this area indicative of an ongoing positive pattern. This status level is consistent with attainment of long-term goals in area. Status is "looking good" and likely to continue.	**Acceptable Range:** **4-6**
Refinement Zone **3-4** Status is minimum or marginal, may be unstable. Further efforts are necessary to refine the situation.	**4 = Fair Status.** Status is minimally or temporarily sufficient for the child/caregiver to meet short-term objectives in this area. Status is minimally acceptable at this point in time, but may be short-term due to changing circumstance, requiring change soon. **3 = Marginal Status.** Status is marginal or mixed and not sufficient to meet the child/caregiver's short-term objectives now in this area. Status now is not sufficient for the child/caregiver to be satisfactory today or successful in the near-term. Risks are minimal.	**Unacceptable Range:** **1-3**
Improvement Zone **1-2** Status is now problematic or risky. Quick action should be taken to improve the situation.	**2 = Poor Status.** Status continues to be insufficient and unacceptable. The child/caregiver seems to be "stuck" or "lost" and status is not improving. Risks are mild to moderate. **1 = Adverse Status.** Child/caregiver status in this area is poor and getting worse. Risks of harm, restriction, separation, regression, and/or other poor outcomes are substantial, probable and increasing.	

Interpretive Guides for Scoring Indicators

QR Interpretative Guide for System Performance

Maintenance Zone **5-6** Performance is effective. Efforts should be made to maintain and build upon a positive situation.	**6 = Optimal Performance.** Excellent, consistent, effective practice for this child/caregiver in this function area. This level of performance is indicative of exemplary practice and results for the child/caregiver. ("Optimum" does not imply "perfection.")	
	5 = Good Performance. At this level, the system is working dependably for this child/caregiver, under changing conditions and over time. Effectiveness level is consistent with meeting long-term goals for the child. (Keep this going for good results.)	**Acceptable Range:** **4-6**
Refinement Zone **3-4** Performance is minimal or marginal and may be changing. Further efforts are necessary to refine the practice situation.	**4 = Fair Performance.** This level of performance is minimally or temporarily sufficient for the child/caregiver to meet short-term objectives. Performance may be time-limited or require adjustment soon due to changing circumstances.	
	3 = Marginal Performance. Practice at this level may be under-powered, inconsistent, or not well-matched to need. Performance is insufficient for the child/caregiver to meet short-term objectives. (With refinement, this could become acceptable in the near future.)	**Unacceptable Range:** **1-3**
Improvement Zone **1-2** Performance is inadequate. Quick action should be taken to improve practice now.	**2 = Poor Performance.** Practice at this level is fragmented, inconsistent, lacking in intensity, or off-target. Elements of best practice may be noted, but it is incomplete/not operative on a consistent basis. **1 = Adverse Performance.** Practice and performance may be absent or not operative. **-OR-** Practice strategies, if occurring in this area, may be contraindicated or may be performed inappropriately or harmfully.	

Differences Between Ratings 3 and 4

- A rating of 3 is close, but not presently acceptable.
- A 3 is not adequate for the child to do well now or in the near term future.
- A 3 may show some positive indications but now falls short of a desired result or adequate function.
- Under favorable conditions a 3 could become a 4 later.

- A rating of 4 is minimally acceptable right now.
- A 4 is just enough for the child to do OK now and in the near term future.
- A 4 requires evidence of acceptable status/results or of adequate functioning related to acceptable present results.
- "Groundhog Day" Rule: If this case were frozen in time as it is today, would it be acceptable?

The QR protocol uses an in-depth case review method and practice appraisal process to find out how well children and families are doing and how well they are being served. Cases are reviewed to determine child and parent/caregiver status, recent progress, and related system practice and performance results.

I. Questions Explored via the QR include:

Questions about how children and families are doing include:

- Is the child safe from manageable risks of harm caused by others or by him/herself? Is the child in a safe, stable home?
- Are the child's basic physical and health needs met?
- Is the child doing well in school? Is the child making academic progress?
- Is the child doing well emotionally and behaviorally?
- Are the parents/caregivers able and willing to assist, support, and supervise the child reliably on a daily basis?
- Is the child making progress in key life areas and are parents/caregivers satisfied with services being received?

Positive answers to these questions show that children and families are being effectively served. When negative patterns are found, improvements can and should be made to strengthen frontline practice, local services, and results.

Questions about how well the service system is working include:

- Do the child's parents/caregivers, DCP&P caseworker, and service providers share a "big picture" understanding of the child and family situation, their identity, strengths and needs so that sensible supports and services can be planned?
- Do these "practice partners" share a long-term view of how services will enable the child and family to function successfully in their daily settings (e.g., home and school)?
- Does the child and family have a sensible service plan that organizes supports, services, and interventions to be provided and that includes informal and community supports as well as service providers?
- Are needed supports and services provided in a timely, competent, and culturally appropriate manner? Are services of sufficient intensity to achieve positive results for the child while strengthening the functional capacities of the family?

- Are the child's caregivers getting the training and support necessary for them to be effective parents and maintain a safe and stable home for the children?
- Are the child's and family's services being coordinated effectively across settings, providers, and agencies?
- Are the supports and services provided reducing risks and improving safety and family functioning? Is a sustainable support network being built with and for the family?
- Are services and results monitored frequently with timely adjustment to reflect changing needs and life circumstances? Are services effective in improving well-being and functioning while reducing risk?

II. What's Learned through the QR

The QR involves case reviews, observations, and interviews with key stakeholders. Results provide rich information to inform planning for improvement. Information gathered includes:

- Findings which profile local practice and results, and which suggest recurrent themes and patterns when considered across children and families reviewed.
- Understanding of contextual factors that affect daily frontline practice in the geographic areas being reviewed.
- Quantitative patterns of child and family status and practice performance results, based on key measures.
- Noteworthy accomplishments and successes.
- Emerging issues and challenges in current practice situations explained in local context.
- Critical learning and input for next-step actions and for improving program design, practice, and working conditions.
- Systemic issues that affect outcomes or practice that require resources or attention above the local level.

General Information

Persons using this protocol should have completed the classroom training program. Reviewers should be using the protocol in a shadowing/mentoring sequence involving two consecutive case review situations conducted in the field with an inter-rater agreement check made with the second case. The trainee's first case analysis and ratings, feedback session with frontline staff, oral case presentation, and first case write-up should be coached by a qualified Mentor. Users of this protocol should remember the following points:

- The case review made using this protocol is a *professional appraisal* of the: (1) status of a focus child and parent/caregiver on key indicators; (2) recent progress made on applicable change indicators; and (3) adequacy of performance of essential service functions for that child and parent/caregiver. Each focus child receives a unique and valid point-in-time review of frontline practice performance in a local system of care.

- Reviewers are expected to use sound professional judgment, critical discernment of practice, and due professional care in applying case review methods using this protocol and in ascertaining child status, recent progress, and practice performance findings. *When assessing/rating each indicator, reviewers should consider factors across each of the indicator domains, giving weight to those areas judged to be most important at this time for the child and family.*

- Reviewers are to apply the following timeframes when making ratings for indicators: (1) Child and parent/caregiver status ratings should reflect the dominant pattern found over the past 30 days, unless otherwise noted for a specific indicator and; (2) Service system practice and performance item ratings should reflect the dominant pattern/flow over the past 90 days.

- Apply the *6-point rating scale* for status, progress and practice performance for each indicator. Mark the appropriate ratings in the protocol, then transfer the ratings to the QR Rating Sheet.

- It is imperative that reviewers "Call It As They See It" and reflect their *honest and informed appraisals in* their ratings and Case Detail Sheet. When a reviewer mentions a concern about a participant in the oral debriefing, that same problem should be reflected in the reviewer's ratings and noted in the Case Detail Sheet.

- Report any *risks of harm* or possible abuse/neglect to the review Team Lead immediately. The reviewer and Team Lead will identify appropriate authorities and report the situation.

- While reviewing the case record material and conducting the interviews, the reviewer determines the *need to interview an individual not on the review schedule*, the reviewer should request that the interview be arranged, if possible. It may be possible to arrange a telephone interview when a face-to-face interview cannot be made.

- *Before beginning your interviews*, read the participant's case plan(s); any psychological, psychiatric; court documents; and recorded progress notes for at least the past 90 days. Make notes for yourself of any questions you have from your record review, and obtain the answers during your interviews from the relevant person(s). You may have questions that need to be answered by the caseworker before you begin your interviews.

- Compare information provided on the QR Fact Sheet to that provided by the caseworker and records. Be sure to note medications, diagnoses, and any chronic health, mental health, or behavioral problems that require special care.

- If the identified child/youth in your selected case is over the age of 18 years, take note of the exceptions to the rating process as annotated within certain indicators where parental involvement may no longer be required.

- The written *Case Detail Sheet* in the protocol should be organized by section and **MUST** be submitted electronically to the Team Lead prior to leaving the site. Please write in complete sentences. Do not use last names. For example, use "the person" or first name, "the caseworker" instead of "Ms. Smith." Use the oral case presentation outline as the structure for presenting your cases during the oral debriefing.

- The completed *Rating Sheet* **MUST** be electronically submitted to the Team Lead at the announced day and time so that the information can be used to "roll-up" results for the site.

- Please indicate on the schedule if a planned interview was not done and the reason; submit the amended schedule to your Team Lead.

Child and Family Status Indicators

1. Safety
2. Stability
3. Living Arrangement
4. Family Functioning and Resourcefulness
5. Prospects for Permanence
6. Physical Health
7. Emotional Well-Being
8. Learning and Development (2 stages)

Child status, as measured in these indicators, focuses on the situation observed for the child over the ***past 30 days*** *(one month). The focus is placed on the* ***dominant pattern observed*** *over this time period. In the unlikely event that the pattern has made a significant change within the 30-day period, the* ***most recent status*** *situation should be reflected in the rating. The 30-day rule-of-thumb should be applied except when the wording within an indicator rating instructs the reviewer to consider a different time period.* ***Stability is rated for a 12-month period or from the time DCF system involvement began, if less than 12 months prior to the review****.*

Status Review 1: Safety

Focus Period Under Review: Past 30 days

SAFETY: To what degree: Is the child protected from abuse, neglect, and exploitation by others in his/her daily settings, learning, working, and recreational environments? Is the child free from unreasonable intimidations and fears at home and school? Do parents and caregivers provide the attention, actions, and supports necessary to protect the child from known risks of harm?

Safety is central to child and family well-being. A child must be protected from abuse and neglect. Each child should be free from known risks of harm in daily environments. Safety from harm extends to freedom from unreasonable intimidations and fears of parents, family, caregivers, neighbors, peers, teachers, employers or anyone else interacting with the child. Safety applies to settings in the child's natural community as well as to any special care or treatment setting in which the child may be served on a temporary basis**.** All adult caregivers and professional interveners in the child's life bear a responsibility for maintaining safety for the child and for others who interact with the child. Safety must remain the paramount concern as assessments are completed and plans are developed to serve the child and family.

IMMEDIATE SAFETY CONCERNS brought to the reviewers' attention must be raised with the review Team Lead upon discovery.

Probes for Review Use	Rating Categories
1. Do caregivers or other persons living in the child's present home present a threat of harm to the child? Consider the circumstances of youth who may have contact with a person(s) who may have abused or neglected them as a minor. Threats could include recent history of domestic violence, physical or sexual abuse, substance abuse, engaging in illegal activity, inappropriate discipline, lack of supervision, failing to meet basic living needs, other persons living or regularly visiting the home etc.?	**1a. Safety: Home Setting** **1b. Safety: Other Settings**
2. Is the child currently engaging in high-risk behaviors or activities (i.e. gang activity, suicidal ideations or gestures, abuse of illegal or dangerous substances, runaway, risky sexual behavior, etc.) that present risks to him/herself or others in the child's daily settings?	
3. If the child is currently in a congregate care setting, are living conditions safe for the child with regard to the physical facility, peer interaction, staff ratio, staff to child relationships, etc.? Is the child free from intimidation and inappropriate discipline?	
4. Are there indications of intimidation, sexual exploitation, unreasonable fear, or risks of harm in the neighborhood/community and/or at school (as seen by the youth/family)?	
5. If a safety concern is apparent, is there safety planning in place? If indicated, do the child and primary caregiver have timely access to support services necessary to stabilize or resolve emerging problems of an urgent nature?	
6. Is there evidence that safety and risk assessment tools are being used throughout the life of the case to guide decisions regarding safety?	

Indicate on *Case Detail Sheet* other concerns not listed (such as: caregiver ability or willingness to protect, prior CPS involvement, disability issues, etc.)
Note: "*Other"* rating refers to a child's daily settings other than that of the home, i.e. school, community, non- custodial parent, substitute caregiver

Status Rating 1: Safety

Rating	Safety Status	Daily Living	Window of Evaluation
6	Child's situation indicates optimal safety for the child in his/her home and other settings.	The child has a safe home, is safe at school and in the community, and is free from intimidations or known risks of harm. The child has fully reliable and competent parents/caregivers who protect the child well at all times. The child is not vulnerable to any specific threat of harm to self or others.	The child has not experienced harm or been exposed to an elevated threat of harm within the past 30 days. **AND** The child's behavior has not resulted in or represented a threat of harm to self or others within the past 30 days.
5	Child's situation indicates substantial safety for the child in his/her home and other settings.	The child has a generally safe home, is usually safe at school and in the community, and is free from intimidations or known risks of harm. The child has reliable and competent parents/caregivers who protect the child well under usual daily conditions. The child is generally not vulnerable to a threat of harm to self or others.	
4	Child's situation indicates minimally acceptable safety from imminent risk of physical harm for the child in his/her home and other settings.	The child has a minimally safe home, is minimally safe at school and in the community, is free from intimidations, and minimally safe from known risks of harm. The child has a minimally safe home with present caregivers. The child is minimally vulnerable to a threat of harm to self or others.	
3	Child's situation indicates a minimally unacceptable safety risk present that poses an elevated risk of physical harm for the child in his/her home and other settings.	Persons at home, school, or in the community are sometimes posing a safety risk to the child. The child is sometimes posing a safety risk to self or others. Supervision and/or supports are not always dependable at some times or in some settings or have not yet resulted in a consistent pattern of safety. The child is somewhat vulnerable to a threat of harm to self and others.	The child has experienced harm or been exposed to an elevated threat of harm within the past 30 days **OR** The child's behavior has resulted in or represented a threat of harm to self or others and safety strategies did not effectively manage the threat in the past 30 days.
2	Child's situation indicates substantial and continuing safety problems that pose elevated risks of physical harm for the child in his/her home and other settings.	Persons at home, school, or in the community are posing a serious safety problem for the child. The child is injuring self or others occasionally. The current level of supervision and/or support is inadequate to manage risks. The child is substantially vulnerable to a threat of harm to self or others.	
1	Child's situation indicates serious and worsening safety problems that pose high risks of physical harm for the child in his/her home and other settings.	Persons in the child's daily settings are posing a serious and worsening safety problem for the child. The child is seriously injuring self or others. Necessary supervision and/or supports are either missing or grossly inadequate. The child presents an increasing pattern of high risk behaviors of a moderate to serious degree to self or others.	

Status Review 2: Stability

Focus Period Under Review: Past 12 months or since beginning of system involvement

STABILITY: To what degree is the child stable at home, at school, and in the community? Are appropriate services being provided to promote and reduce the probability of disruption?

Stability in caring relationships and consistency of settings and routines are essential for a child's sense of identity, security, attachment, trust, and optimal social development. Many life skills, character traits, and habits grow out of enduring relationships the child has with key adults in his/her life. The stability of a child's life will influence his/her ability to solve problems, negotiate change, assume responsibilities, judge and take appropriate risks, form healthy relationships, work as a member of a group, and develop a conscience. Children thrive when stability is present in a combination of areas, including relationships, community living, spirituality, daily care, supervision, guidance, education, and health care. In determing how a change/move may have impacted the child, the quality of relationships as well as the timing of the event should be considered as it relates to the child's emotional well-being, relationships, education, development, etc. An educational move is considered disruptive if the child changes school due to a home disruption or if the school location is changed for any reason (other than academic promotion) or to a more restrictive educational setting.

Probes for Review Use	Rating Categories
1. Does the child have a stable living arrangement? How many placement/ home setting changes has this child had in the past year?	**2a. Stability: Home** **2b. Stability: Educational**
2. Does the child have stability in his/her school setting (including recommended pre-school) or has he/she experienced one or more disruptions during the past 12 months?	
3. Is the child living in a stable home—whether a temporary living arrangement or a permanent home — that is expected to maintain until the child achieves permanency?	
4. Is the child living in an environment that can be sustained if reunification is not possible?	
5. Are there other risks of disruption?	
6. If continued instability is present, are unresolved permanency issues causing instability for the child/youth? Is a concurrent plan in place to minimize further movement should reunification efforts fail?	
7. What steps are being taken, if necessary, to prevent future moves and/or to achieve stable living and learning settings for this child?	
8. If instability exists, has a plan been developed to remediate problems in the current setting and/or a back-up plan identified?	
9. Has the child had stable relationships (community/family/friends) over the last 12 months?	
10. Particularly for older youth, are the financial aid resources being accessed/ utilized to support stability? Has there been a disruption in financial aid that has caused a disruption/temporary pause in the youth's education?	

Examples of Planned Moves

Move to less restrictive/more appropriate home or school placement
Move from resource home to adoptive home
Move from resource home to kinship home
Move from resource home to return home
Move to unite child with siblings

Examples of Unplanned Moves

Resource parent requested a move
Resource parent moved out of state
Unsuccessful Trial Home Visit
Placement disrupts
Resource parent stops fostering

Status Rating 2: Stability

Rating	Degree of Stability	Relationships	Expected Changes
6	***Home***: The child has remained in the same home/placement for a year or since the case opened (if open less than a year). ***Educational:*** The child has remained in the same educational setting for a year or since the case opened (if open less than a year.	***Home:*** The child enjoys positive and enduring relationships with primary caregivers, key adult supporters, and peers. ***Educational:*** The child has a positive and supportive learning environment.	***Home:*** There is no risk of disruption and no unplanned changes are expected. ***Educational:*** There are no unplanned changes expected.
5	***Home:*** The child has experienced only planned changes in the home/placement during the past year. ***Educational:*** The child has stability in the educational setting with no more than one planned change to a positive learning environment during the past year.	***Home/Educational:*** The child has established positive relationships with primary caregivers and other key adult supporters and peers.	***Home:*** There is little to no risk of disruption. ***Educational:*** There are only age appropriate changes expected in the school setting.
4	***Home:*** The child has primarily experienced planned changes in the home or temporary living arrangement or experienced one unplanned change. ***Educational:*** The child has stability in the educational setting with at least one change in educational settings within the past year.	***Home/Educational:*** The child is building positive relationships with primary caregivers and other key adult supporters and peers.	***Home:*** Future disruption appears unlikely within the next six months ***Educational:*** The child has only age appropriate changes expected in the school setting.
3	***Home:*** The child has experienced two or more disruptions within the past 12 months. Disruptions may have included changes in primary caregivers or other key adults. ***Educational:*** The child has experienced multiple disruptions in the educational setting within the past year that have resulted in the child changing schools.	***Home/Education:*** The child and current caregiver need added support and services to maintain stability.	***Home:*** Disruption is likely to occur within the next six months. The services may not be working effectively to resolve the issues causing the disruption. ***Educational:*** Further disruptions may occur within the next six months
2	***Home:*** The child has experienced two or more disruptions within the past 12 months in the home. ***Educational:*** The child has substantial and continuing problems of instability in the educational setting with multiple changes within the past year.	***Home/Educational:*** Repeated disruptions have resulted in multiple changes of primary caregivers and key adult supporters (i.e. therapists, service providers, etc.) and peers.	***Home:*** The child is at imminent risk of disruption. Services are not adequate or effective. Current plans to address ongoing instability aren't being implemented timely ***Educational:*** Multiple, dynamic factors are in play creating a "fluid pattern of uncertain conditions" in the child's life leading to ongoing educational instability.
1	***Home:*** The child has had three or more unplanned changes in either the home or school setting within the past 12 months. ***Educational:*** The child has serious and worsening problems of instability in the educational setting and with many changes within the past year.	***Home/Educational:*** Repeated disruptions have resulted in few, if any positive, stable, or consistent relationships. Child's situation is spiraling out of control.	The child may be in a temporary containment/control situation (*i.e.* detention or crisis stabilization) or a runaway. There is no foreseeable next placement with the level of support and service that is needed. ***Educational:*** The child may be in a school setting that is known to be temporary or the child is inconsistently attending or not in school at all.

Note: N/A – *Educational* Only = child is not yet of age and/or determination of need, or enrolled in an Educational Program.

Status Review 3: Living Arrangement

Focus Period Under Review: Past 30 days

Living Arrangement: Is the child in the most appropriate living arrangement consistent with and supportive of the child's needs, identity, age, ability, and peer group and consistent with the child's language and culture?

A child's home community is the one where the child has lived for an extensive period of time. For children in out-of-home care, living arrangements include resource homes (including relative resource homes), treatment homes, group home care, or residential treatment. The child's home community is generally the area where the child was living prior to entering the child protection system. This community is the basis for identity, culture, a sense of belonging, and connections with persons and things that provide meaning and purpose. **A child's home community is the least restrictive, most appropriate, inclusive setting in any routine location in which the child may live, learn, work, and play.** Whenever safe, the child should remain in with his/her family at home, in his or her community. If the child must be temporarily removed, efforts to locate appropriate relative or kinship placement within the local community to maintain these connections should be made. Some children with special needs may require therapeutic settings that must be least restrictive, most appropriate, and inclusive to support the child's needs.

Probes for Review Use

1. Is the child in the least restrictive and most appropriate living arrangement consistent with the child's needs, age, ability, culture, and peer group?

2. If appropriate, is the child placed with his/her siblings?

3. Is the living arrangement providing appropriate levels of supervision and support for the child?

4. Is the living arrangement appropriate for the child's special needs? If special services are needed, are they brought to the child?

5. Has the child maintained positive connections to his birth parents, extended family, or home community? Is the child provided an opportunity for socialization?

6. Is the child living with a previously non-custodial parent or placed with relatives?

7. Is the relationship between the birth and resource family conducive to maintaining family connections and does the caregiver support these activities?

8. Does the current living arrangement support the long-term view for the youth's transition and home setting/living independently beyond involvement with DCP&P?

9. Does the living arrangement provide the support for the youth to practice the skills necessary for living independently?

Status Rating 3: Living Arrangement

Rating	Status	Match to Needs	Linkage with Home Community
6	The living arrangement is optimal for the child's age, ability, peer group, culture, language, and faith.	The child is living in the least restrictive, most appropriate living arrangement necessary to meet all of the child's needs. The living arrangement is an excellent and fully appropriate match for the child.	The child remains well connected to his/her home community.
5	The living arrangement is substantially acceptable for the child's age, ability, peer group, culture, language, and faith.	The child is living in the least restrictive, most appropriate living arrangement necessary to meet all of the child's substantial needs. The placement is a good match for the child.	The child maintains connections to his/her home community
4	The living arrangement is minimally acceptable for the child's age, ability, peer group, culture, language, and faith.	The child is living in the least restrictive, most appropriate living arrangement necessary to meet the most of the child's needs. The placement is a fair match for the child.	The child maintains some connections to his/her home community.
3	The living arrangement is minimally unacceptable for the child's age, ability, peer group, culture, language, and/or faith.	The child is not living in the least restrictive, most appropriate living arrangement necessary to meet his/her needs. The degree of restriction is slightly inappropriate to meet the needs of this child.	The child has lost most connections to his/her home community.
2	The child is living in a substantially unacceptable living arrangement for his/her needs, age, ability, peer group, culture, language, and/or faith.	The degree of restriction is substantially inappropriate to meet the child's needs	The child is no longer connected to his/her home community.
1	The living arrangement is not only adverse but is contributing to a serious and worsening situation for the child. The child is living in a completely unacceptable placement for his/her needs, age, ability, peer group, culture, language, and/or faith.	The degree of restriction is wholly inappropriate to meet the child's needs.	The child is isolated from his/her home community.

Status Review 4: Family Functioning & Resourcefulness

Focus Period Under Review: Past 30 days

FAMILY FUNCTIONING AND RESOURCEFULNESS: Does the family, with whom the child is currently residing or with whom the child has a goal of reunification have the capacity to take charge of its issues and situation, enabling them to live together safely and function successfully? Is the family willing and able to provide the child with the guidance, assistance, supervision, and support necessary for appropriate growth, development, and well-being? If added supports are required in the home to meet the needs of the child and assist the caregiver, are these supports meeting the need as evidenced by positive outcomes? Do family members take advantage of opportunities to develop and/or expand a reliable network of social and safety supports to help sustain family functioning and well-being?

The goal of assisting a family is for the family to become self-directed and to build the capacities necessary for its members to live safely and for the family unit to function successfully with the basic and special needs of all members adequately met. Indicators that the family has the necessary capacities include:

- Being aware of family strengths and needs.
- Finding ways to meet fundamental family needs (*e.g*. income, housing, transportation, health care, food, child care, etc.).
- Finding ways to meet extraordinary demands placed on the family and to meet special needs of family members.
- Moving from denial to acceptance and action on issues that cause safety problems, instability, or conflict in the home.
- Setting and achieving important goals (*e.g*. sobriety, employment, school attendance, and academic achievement for the children, etc.).
- Making self-referrals to helping agencies able to assist family members in reaching their goals.
- Building and extending a sustainable informal support system (*e.g*. extended family, neighbors, friends, and faith community, etc.).

Family intervention and support efforts should lead to progress in these areas with immediate improvements in family safety and more gradual improvements in areas of family functioning.

Probes for Review Use

1. Can the parent/caregiver with whom the child(ren) is living or with whom the child has a goal of reunification, perform the necessary parenting functions adequately, reliably, and consistently on a daily basis for this child and other children at home?

2. Is the family building, extending, and using resources, social networks and supports that are ongoing and sustainable?

3. For older youth, consider the **youth's functioning**. Is the youth building, extending and using resources, supports and social networks? What informal supports and community connections are they using? Are the following resources and supports ongoing and sustainable: Income, transportation, adult key supports, health care, faith community, extended family, network of friends, behavioral health, and education? Does the youth report that current supports adequately and dependably help them meet their needs?

Status Rating 4: Family Functioning & Resourcefulness

Rating	Status	Level of Functioning	Supports
6	Family members are in control of the family's issues and situation. Family has effective and sustainable supports in place to meet any extraordinary demands on caregiver.	Fundamental family needs are met by the family and its network. Home is safe and well-functioning.	Family is well connected to essential support systems and has trusting relationships with family, friends, community, etc.
5	Family members are taking control of the family's issues and situation. Family is developing and putting in place any needed supports for extraordinary demands on caregiver.	Some needs are being met and others worked on. Safety concerns are managed and home is becoming well-functioning.	Family is developing connections to essential support systems and trusting relationships are being formed.
4	Family members are beginning to take control of the family's issues and situation. Family is in the process of developing a plan for any extraordinary demands on caregiver.	Some fundamental family needs are being met and others worked on. Safety concerns are adequately managed and efforts to improve functioning are beginning.	The family is beginning to develop connections to essential support systems. Some family members are beginning to develop trusting relationships.
3	Family members are not ready to take control of the family's issues and situation. Family is assessing demands on caregiver and additional need for support.	Some fundamental family needs are being met and others worked on. Some safety concerns remain and efforts to improve functioning are planned.	Family is beginning to develop connections to essential support systems. Trusting relationships are not yet developed with some family members.
2	Family members are not ready to take control of the family's issues and situation. Supports to address extraordinary demands on caregiver are missing.	Some fundamental needs of family may be unmet. Cultural and/or language barriers may exist. Safety concerns remain in the home and efforts to improve functioning are not planned.	Family remains isolated from and distrusting of support systems.
1	Family members are unable to control family issues and worsening situation. Supports to address extraordinary demands on caregiver are missing.	Some fundamental needs of family may be unmet. Cultural and/or language barriers may exist. Safety concerns in the home are increasing and efforts to improve functioning are stalled.	Family remains isolated from and distrusting of support systems.
NA	**Applies when child is less than 18 years of age AND in a congregate care placement setting AND parents are deceased OR parental rights have been terminated OR parent's whereabouts are unknown and there is documentation of the agency's efforts to locate him/her**		

Note: Evaluate for *Parent* if goal is Reunification or Family Stabilization; for *Caregiver* if other goal (adoption, KLG, etc.); for *Young Adult* if over 18 years of age.

Status Review 5: Prospects for Permanence

Focus Period Under Review: Past 30 days

PROSPECTS FOR PERMANENCE: Is the child living with caregivers that the child, caregivers, and all child and family team members believe will result in enduring relationships? If not, are specific steps toward permanency presently being implemented on a timely basis that will ensure that the child soon will live in enduring relationships that provide a sense of family, stability, and belonging?

Every child is entitled to a safe, secure, appropriate, and permanent home. Ideally, a child removed from his family home should be living in a safe, appropriate, and permanent home within 12 months of removal with no more than one interim placement. To achieve this, timely, intensive services should be provided as appropriate. If services and reunification efforts have proven unsuccessful or inappropriate then it is imperative that other permanency goals are established and implemented immediately, and when appropriate termination of parental rights should be initiated expeditiously in order to remove legal barriers that could delay the achievement of permanency. **Permanence is achieved when the child is living in a home that the child, caregivers, and other child and family team members believe will endure until the child becomes independent. Thus, safety, stability, and adequate caregiver functioning are co-requisite conditions of permanence for a child or youth.**

Permanence can be achieved through reunification, adoption and subsidized permanent guardianship (KLG), as long as it is clearly determined that this goal will last until the child reaches maturity. While commonly identified with the meaning of "family" or "home," permanency suggests not only a stable setting, but also stable, continuous and committed relationships with a parent(s)/caregiver(s). Relational permanency is particularly critical as it relates to young adults and with youth who make a decision to live independently. In each of these situations it is important that the youth has an adult who is committed to and supportive of their long-term success. The family should be integrating the youth into their long-term plans and the family should be able to function and make decisions independently of the department (*e.g*. able to manage behavioral concerns, identify service needs, access resources, and support the youth in preparing for adulthood).

Probes for Review Use

1. Is the child living in a family setting that provides enduring family relationships? Does the caregiver accept /understand the legal responsibilities of caring for this child? Are all other barriers (emotional, behavioral, financial) to achieving permanency resolved?

2. If the child does not live with permanent caregivers and the permanency goal is reunification, are reunification services being provided? Has the goal remained unachieved for more than 12 months? Is a concurrent plan being implemented?

3. If the child does not live with permanent caregivers yet and the permanency goal is adoption or guardianship, is the case plan being implemented? Are all legal barriers to achieving permanency resolved? Is DCP&P actively seeking an adoptive/guardianship placement?

4. Is the child living in a situation with extended family, kin, or with a family with whom the child has a prior relationship which includes appropriate, desired family connections, and is approved for legal permanence by necessary authorities?

5. **For young adults age 18-21:** Does the young adult have connections to caring adults? Has a Permanency Pact (a tool to support permanency for youth in foster care) to facilitate lifelong, kin-like relationships been created /completed?

Note: *Concurrent planning should begin when a child is removed and should continue until permanency has been achieved.*

Status Rating 5: Prospects for Permanence

Rating	Status	Evidence	Sustainability
6	Child has achieved permanency and lives in a family setting or established lifelong connections.	Child, caregiver, and all team members have evidence that the relationship will endure through stabilization/ reunification/ adoption/ guardianship. When appropriate, adoption/ guardianship is imminent.	Risks have been eliminated and stability has been sustained over time.
5	Child is living in a family setting or established lifelong connections and pending barriers will be imminently resolved. Child and caregiver are committed to the plan.	Child, caregiver, and team members have confidence that the relationships will endure. Plans are being implemented. In stabilization/reunification/adoption/guardianship cases, legal barriers have been removed.	A plan is implemented that supports confidence that safety and stability have been achieved.
4	Child lives in a family setting or is ready to move to a permanent family setting or established lifelong connections. In adoption/ guardianship cases, child is in full guardianship or full guardianship is imminent.	Relationships are expected to endure and child is ready to move to a permanent family setting with stabilization/ reunification/ adoption/ guardianship. Adoption/guardianship issues are being resolved and/or there is evidence that guardianship will likely be obtained (surrender imminent, TPR/surrender accepted but in appeal period).	Team agrees that prospective placement and plan will produce permanency. Services and supports are being provided to support safety and stability.
3	Child lives in a home setting or established lifelong connection but there is a minimal expectation it will sustain. A plan is being considered. Adoption issues are being assessed.	If child is in a home setting, team is hopeful but uncertain that permanency will endure to adulthood **OR** child is in a temporary setting, the likelihood of stabilization/ reunification/ adoption/guardianship or finding a permanent home remains uncertain. Team is uncertain when full guardianship will be obtained.	A plan is being crafted to support the hope of permanency by achieving safety and stability.
2	Child has continuing problems of permanence or established lifelong connection. No achievable plan is implemented. Adoption/guardianship issues are unresolved.	Child is in a home setting that team is doubtful will endure to adulthood **OR** child has been in a temporary setting for more than 9 mos. with no achievable plan implemented **OR** current adoptive home is unacceptable to child.	Safety and stability problems remain unresolved in the home. There is not a clear, realistic, achievable plan.
1	Child has serious and worsening problems of permanence or established lifelong connection. No achievable plan is implemented. Adoption/guardianship issues have failed to be resolved.	Child has been in a temporary living arrangement for more than 18 mos. **OR** current adoptive home is unacceptable to the child.	Child is moving from home to home due to safety and stability problems. No clear achievable plan is being implemented.

Status Review 6: Physical Health of Child

Focus Period Under Review: Past 30 days

Physical Health Status: Is the child in good health? Are the child's basic physical needs being met? Has optimum health status been maintained? If the child has a serious or chronic physical illness, is the child achieving his/her best attainable health status given the disease diagnosis and prognosis?

Children should achieve and maintain their best attainable health status, consistent with their general physical condition when taking medical diagnosis, prognoses, and history into account. Healthy development requires that the child's basic needs for proper nutrition, clothing, shelter, and hygiene be met on a daily basis. Proper medical and dental care (preventive, acute, and chronic) is necessary for maintaining good health. Preventive health care should include periodic examinations, immunizations, dental hygiene, and screening for possible developmental or physical problems.

Children prescribed medications on a continuous basis should be carefully monitored. A responsible adult should assure that the medications are taken as prescribed, that the effects of the medication (including side effects) are monitored, and that there is a mechanism to provide feedback to the physician on a regular basis. For children who are developmentally capable, the child should understand his/her condition, how to self-manage issues associated with the condition, the purpose of his/her medication, how to manage or report side effects of the medication, and how to self-administer. Children who have chronic health conditions requiring special care or attention should have a level of care commensurate with that required to maintain and improve health status. Delivery of any special services, medication or therapies should be managed in the child's daily settings, including school and home. The central concern is that the child's needs are met. Parents, adult caregivers and professionals bear a responsibility to ensure that basic physical needs are met, and that health risks, chronic health conditions and acute illnesses are adequately addressed in a timely manner.

Probes for Review Use

1. Are the child's basic physical needs (food, adequate nutrition, exercise, hygiene, dental care, grooming, clean clothing) being met on a daily basis?

2. Is the child achieving his/her optimal or best attainable health status?

3. If the child has physical health problems or chronic conditions, is he/she making progress with symptom reduction and improved condition? If applicable, is the effectiveness of medication being monitored regularly by the prescribing physician?

4. Were recommendations for follow-up treatment addressed?

5. Did the caregiver/foster parent/treatment center receive initial and ongoing medical information about the child?

6. If an adolescent or young adult is pregnant, are their special healthcare needs being met?

Status Rating 6: Physical Health of the Child

Rating	Status	Routine Health Care	Acute or Chronic Needs
6	The child enjoys optimal health status.	Routine preventive medical and dental care (immunizations, checkups, and developmental screenings) are consistently provided on a timely basis.	All acute or chronic healthcare needs are identified and met on a timely and adequate basis.
5	The child's health status is substantially acceptable.	Routine health and dental care are substantially provided, but not always on schedule.	Acute or chronic health care is substantially adequate and usually timely.
4	The child has minimally acceptable health status. The child's health status is fair.	Routine health and dental care are minimally provided, but not always on schedule. Some immunizations may not have occurred.	Acute or chronic health care is generally adequate and timely.
3	The child's physical status is minimally unacceptable. Follow-up care is not always provided or has been delayed.	Routine health and dental care is not always adequately provided. Some required immunizations have not occurred.	Important treatments have been missed or delayed, but it is not immediately life threatening.
2	The child has substantial and continuing physical or health care needs and this is affecting the child's development and/or ability to perform in school.	Routine health and dental care have been chronically or consistently neglected.	Health care needs are chronically or consistently unmet and could lead to physical deterioration or disability.
1	The child has serious and worsening physical or health care problems that are adversely affecting the child's development and/or ability to perform in school.	Routine health and dental care have been seriously neglected.	Health care needs are unmet. Further neglect could lead to serious physical deterioration, disability, or death.

Status Review 7: Emotional Well-Being

Focus Period Under Review: Past 30 days

EMOTIONAL WELL-BEING: Is the child presenting age-appropriate emotional development, adjustment, resiliency, and protective factors?

Good emotional development, life adjustments and well-being are essential to adequate daily functioning in a child's life. Well-being begins with having a sense of person, purpose, personal worth, and emotional connections. From birth through adolescence, the child learns to respond, enjoy, and cope with his/her relationships and environment. Children who develop resiliency obtain the ability to address their day-to-day challenges with a sense of self-efficacy. Emotional well-being for a child or youth means he/she:

- Has a feeling of personal worth and a sense of belonging, attachment, and affiliation.
- Is able to give and accept nurturing, friendships, and affection.
- Is realistically aware of one's positive attributes, accomplishments, potentialities, as well as areas that may be limitations.
- Recovers quickly from being upset and is able to handle frustration.
- Has a sense that he/she can manage his/her problems and handle issues effectively.
- Has internalized values, norms, and rules in a way that will help with appropriate growth.
- Can deal with ambiguity and conflicting viewpoints.
- Is able to positively identify with adults as appropriate role models and appropriately seeks assistance from adults.

Probes for Review Use

1. Is the child doing well emotionally and behaviorally at home, school and community (does he/she have a stable circle of supporters, a best friend, a caring adult, appropriate peer activities, experience with success, etc.)? If not, why?

2. Does this child's level of emotional development and life adjustment appear consistent with the child's age and ability?

3. Does the child appear to have a sense of identity, personal worth, purpose in life, acceptance by, and affiliation with others?

4. Has the child had a mental health assessment? Does he/she have a DSM diagnosis? Are the recommendations of the assessment being followed and appropriate treatment provided by qualified professionals?

5. If the child has emotional and/or behavioral challenges, **is he/she receiving consistent services and making progress with symptom reduction and improved functioning?**

6. Does the child's parent, caregiver, or resource parent have the capacity and willingness to address the challenges of the child's emotional well-being?

7. Particularly for older youth consider "in the community" as it relates to whether the adolescent or youth's emotional/behavioral well-being and identity includes a sense of self, feeling personal worth, accepting affection and friendship, appropriate relationships, etc.

Status Rating 7: Emotional Well-Being

EMOTIONAL WELL-BEING: Over the past 30 days, to what degree is the child demonstrating his/her best attainable level of emotional well-being (e.g., life adjustment; self-direction; personal worth; attachment; affiliation, resilience), taking into account the child's age and any psychiatric or substance use history or diagnoses/prognoses, (e.g., MR/DD, seizures) presented by the child? Focus on emotional well-being without regard to behavioral health care being provided. ***Note: Refer to Level of Functioning Page 57***

Rating	Status	Relationships	Stability/Functioning
6	Child shows optimal emotional/behavioral well-being in home and school settings consistent with age and ability.	Child has enduring circles of support with parents/primary caregivers and friends.	Child has been emotionally and behaviorally stable and functioning well in all key areas of social/emotional development and life adjustment for an extended length of time.
5	Child shows substantial emotional/behavioral well-being in home and school settings consistent with age and ability.	Child has generally positive circles of support with parents/primary caregiver and friends.	Child is presently emotionally and behaviorally stable and functioning adequately in most areas of social/emotional development and life adjustment in daily settings.
4	Child shows minimally acceptable emotional/ behavioral well-being in home and/or school settings consistent with age and ability.	Child has developing or changing circles of support with parents/primary caregivers and friends.	The child is doing marginally well emotionally and behaviorally but has problems functioning consistently. The child may be having problems adjusting in one area and is showing signs of distress in one area of emotional responsiveness or life adjustment.
3	Child shows unacceptable emotional/behavioral well-being in home and school settings consistent with age and ability.	Child lacks adequate and appropriate circles of support with parents/primary caregivers and friends.	Child has mild to moderate emotional and behavioral problems that adversely affect functioning and responsibility in daily settings. The child may be showing distress in several areas of emotional responsiveness or adjustment.
2	Child has substantial and continuing problems of emotional/behavioral well-being in home and school settings consistent with age and ability.	Child lacks supportive relationships with parents/ primary caregivers, siblings, and friends in home and school settings.	The child has moderate to serious emotional and or behavioral issues that impair functioning and responsibility in daily settings.
1	Child has serious and worsening problems of emotional/ behavioral well-being in home and school settings consistent with age and ability.	Child lacks supportive relationships with parents/ primary caregivers, siblings, and friends in home and school settings.	The child has serious to life threatening emotional and/or behavioral problems that limit functioning and cause restriction in community or institutional settings.

Status Review 8a: Early Learning & Development (Under age 5)

Focus Period Under Review: Past 30 days

DEVELOPING/LEARNING PROGRESS: Is the child (under age five) developing, learning, progressing, and gaining skills at a rate commensurate with his/her age and ability? What is the child's developmental status in key domains compared with age-appropriate expectations?

From the time of conception to the beginning of kindergarten, children progress through a series of stages of learning and development. The growth during this period is greater than during any subsequent developmental stage. Active engagement in developmental and educational processes that enable the child to learn necessary skills and develop functional capabilities such as walking/mobility, talking/communicating, toileting and independent self-care, following simple then increasingly complex directions, and progressing through stages of independent/parallel/cooperative play. Readiness activities for children over the age of three assist in preparing them for academic success. Children who have developmental delays or physical limitations should be receiving the supports necessary to maximize their development. Since this developmental period is critical to the child's future social, emotional, and cognitive development, appropriate community and educational services to support children and their families and caretakers should be provided. (Please see *Indicators of Typical Development Ages 1-4 Years included at the end of the protocol*).

Probes for Review Use

1. As measured by assessments of key developmental milestones, what is this child's current essential functioning level? If delays are noted, in what key areas of functioning are there noted delays?

2. If applicable, does this child have an EIP or IEP for developing functional skills in those areas in which development is presently delayed?

3. Is the child achieving key developmental milestones at or above age appropriate levels or as described on the EIP/IEP?

4. Does the child appear to be developing behaviors (attachments, interactions, etc.) appropriate to his/her age, keeping in mind child's abilities, cultural background, and life experiences?

5. If early intervention services or special preschool services are being provided, do these seem to be effective as reflected in improved child and family interaction and skills?

6. Does the child have a documented developmental delay?

7. If the child has a developmental delay, are they receiving appropriate and effective services?

Status Rating 8a: Learning & Development (Under age 5)

Rating	Development	Supports/EIP/IEP
6	Child's current developmental status is at or above age expectation in all major functional areas, based on normal developmental milestones **OR** child's developmental status is at or above expected levels set forth in the EIP/IEP or related therapeutic plans.	The child receives all necessary services to support his/her development. If the child has an EIP/IEP, he/she is receiving all the services and supports listed in the plan.
5	Child's current developmental status is at age expectation in many major functional areas, based on normal developmental milestones **OR** child's developmental status is at expected levels set forth in the EIP/IEP or related therapeutic plans.	Most necessary supports/services are being provided. If the child has an EIP/IEP, most necessary supports/services are being provided.
4	Child's current developmental status is near age expectation in major functional areas, based on normal developmental milestones **OR** child's developmental status is near expected levels set forth in key functional areas in the EIP/IEP or related therapeutic plans.	Some necessary services are provided, but not all, or not at the frequency/intensity necessary. If the child has an EIP/IEP some necessary services are provided, but not all the frequency/intensity necessary.
3	Child's current developmental status is mixed, somewhat near expectation in some functional areas and below in others, based on normal developmental milestones **OR** child's developmental status is mixed or somewhat inconsistent with expected levels set forth in key functional areas in the EIP/IEP or related therapeutic plans.	Necessary supports are not being provided. If the child has an EIP/IEP, necessary supports are not being provided.
2	Child's current developmental status is below expectation in key functional areas and inconsistent in others, based on normal developmental milestones **OR** child's developmental status is well below expected levels set forth in key functional areas in the EIP/IEP or related therapeutic plans.	The child is not receiving the necessary services or receives services at such a minimal level he/she cannot progress If the child has an EIP/IEP, he/she is not receiving the necessary services or receives services at such a minimal level he/she cannot progress.
1	Child's current developmental status is far below expectation in key functional areas and shows a pattern of decline or regression in one or more key functional areas **OR** child's developmental status is far below expected levels set forth in key functional areas in the EIP/IEP or related therapeutic plans with evidence of regression present in some key areas.	Needs have not been identified and services have not been provided.

Note: N/A applies when the child is over 5 years old.

Status Review 8b: Learning & Development (Age 5 and older)

Focus Period Under Review: Past 30 days

LEARNING STATUS: • Is the child [according to age and ability]: (1) regularly attending school; (2) in a grade level consistent with age; (3) actively engaged in instructional activities; (4) reading at grade level or IEP expectation; and (5) meeting requirements for annual promotion and course completion leading to high school graduation? For youth aged 14 and older, this may include completion of GED requirements, vocational training and preparation for independent living and self-sufficiency, or transition to post-secondary education. High school aged youth should be developing goals for future education and work, and should be assisted with the transition to adult services, if developmental or mental health needs exist.

Each child is expected to be a learner who is actively engaged in developmental, educational, and/or vocational processes that are enabling the child to build skills and functional capabilities at a rate and level consistent with his/her age and abilities**. Progress in this area is concerned not only with academic progress as indicated by grades and achievement test scores, but also with the acquisition and demonstration of functional capabilities in major life areas that are consistent with age and abilities.** Essential functional capabilities include: self-care, mobility, communications, literacy, self-direction, caring relationships, community orientation, citizenship participation, employability, and independent living. Children with disabilities who are not *functionally literate by age 14 should be actively involved in vocational work programs that lead directly to work experience and job placement. **The ultimate concern is whether the child is learning and progressing at a rate that will enable him/her to become a responsible, competent, contributing citizen upon completion of school.** This definitive goal is also critical to a successful long-term view and should be consistently high on the radar of the child's team; overcoming challenges that may have historically existed (such as the communication challenges sometimes present between congregate care staff and regional field staff) in order to best support progress in this vital chapter of a child's life development.

Probes for Review Use

1. Is this child/youth enrolled in an educational, vocational, or job placement program consistent with age and ability?

2. Is the child/youth assigned to the general education curriculum or receiving special education or accommodation?

3. Is the child/youth reading on grade-level or at a level anticipated in an IEP?

4. Is the child/youth actively engaged in the instructional processes and activities necessary for acquisition of expected skills and competencies?

5. Is the youth receiving assistance obtaining a high school diploma/GED, vocational training, preparation for post-secondary education, or job placement? Is he/she also receiving training /education in daily living skills, financial management, housing, etc.?

6. Is the child/youth participating in age-appropriate extracurricular and/or social activities?

Status Rating 8b: Learning & Development (Age 5 and older)

Rating	Engagement Level	Learning & Skill Acquisition	Development
6	The youth's optimal level of engagement in the learning process is enabling the youth to reach and exceed educational requirements.	The youth is enrolled in a highly appropriate educational or vocational program, consistent with age and ability. The youth is reading at or well above grade level or the level anticipated in an IEP.	The youth is experiencing optimal age-appropriate physical, intellectual, emotional, and social development needed to make a successful transition into adulthood.
5	The youth's good level of engagement in the learning process is enabling the youth to meet most educational requirements.	The youth is enrolled in a generally appropriate educational or vocational program, consistent with age and ability. The youth is reading at or above grade level or the level anticipated in an IEP.	The youth is experiencing age-appropriate physical, intellectual, emotional, and social development needed to make a satisfactory transition into adulthood.
4	The youth's fair level of engagement in the learning process is enabling the youth to minimally meet educational requirements.	The youth is enrolled in a minimally appropriate educational or vocational program, consistent with age and ability. The youth may be reading at or near grade level or the level anticipated in an IEP.	The youth is experiencing somewhat age-appropriate physical, intellectual, emotional, and social development needed to make an adequate transition into adulthood.
3	The youth's limited level of engagement in the learning process may be hindering the youth from reaching at least minimally acceptable educational requirements.	The youth may be enrolled in a minimally inappropriate educational or vocational program. The youth is reading a year below grade level or somewhat below the level anticipated in an IEP.	The youth is experiencing marginal age-appropriate physical, intellectual, emotional, and social development and may experience difficulties in the transition to adulthood.
2	The youth's poor level of engagement in the learning process may be preventing the youth from reaching acceptable educational requirements	The youth may be enrolled in a poor or inappropriate educational or vocational program. The youth is reading two or more years below grade level or well below the level anticipated in an IEP.	The youth may lack age-appropriate physical, intellectual, emotional, and social development and is not well equipped for a transition to adulthood.
1	The youth's level of engagement in the learning process is serious and worsening and the youth is not reaching educational requirements	Youth may be three or more years behind in key academic areas; may be losing existing skills and/or regressing in functional life areas. Youth has no social or financial supports, work skills, or vocational education crucial for successful employment, economic self-sufficiency, or independent living.	The youth lacks age-appropriate physical, intellectual, emotional, and social development and is severely deficient in readiness for adulthood.

Note: N/A applies when the child is less than 5 years old or not enrolled in an educational setting.

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System Performance Indicators

1. Engagement of the Child and Family
2. Teamwork and Coordination
3. Ongoing Assessment Process
4. Long Term View
5. Child and Family Planning Process
6. Plan Implementation
7. Tracking and Adjustment
8. Provision of Health Care Services
9. Resource Availability
10. Family and Community Connections
11. Successful Transitions

*Performance, as measured in these indicators, focuses on the practice situation observed for the child over the **past 90 days** (three months). The focus is placed on the **dominant pattern observed** over this time period. In the unlikely event that the pattern has made a significant change within the 90-day period, the **most recent performance situation** should be reflected in the rating. The 90-day rule-of-thumb should be applied except when the wording within an indicator rating instructs the review to consider a different time period or when the child has received services for less than 90 days.*

System Review 1: Engagement of Child & Family

Focus Period Under Review: Past 90 days

ENGAGEMENT: How well are professionals working with the child and family demonstrating cultural competence, respect, genuineness, and empathy? How well do professionals focus on family strengths in the process of assessing, planning, other permanency options and delivering service to the child and family? How diligent are efforts to reach out, locate, engage, and accommodate the needs of the child and family?

Engagement focuses on the diligence of professionals in locating, reaching out to, building relationships with, and overcoming barriers of the child and family in order to ensure that the child and family are participating in the process of change. Engagement should build on the strengths of the child and family and value their strengths, culture, views, and preferences. Open casework relationships communicate a belief in family strengths, resiliency, support honest and timely assessment of progress.

In order to develop open, trusting, and cooperative relationships with the child and family, professionals should employ the following best practices:

- Approach the child and family from a position of respect and empathy.
- Engage the child and family around their functional strengths in order to build unique, family-oriented interventions.
- Include the child and family in all aspects of the case process.
- Encourage the child and family to take a leadership role in directing the assessment, planning, and service provision.
- Employ flexibility and creativity in accommodating the child and family's needs, including the timing and location of meetings and services, access to transportation and financial assistance, and development of supports.

Defining roles and building relationships counterbalances the inherent difficulties of, and natural resistance to, change families will experience. Whatever efforts are made, commitment to and understanding of the change process by the child and family are the keys to engagement.

The practice assumption behind this indicator is that birth family/family of origin is always the first, primary focus of change strategies. If this is not the case, or as cases evolve, the relative influence of others (e.g. pre-adoptive parents or other permanent caregivers) in shaping the child's future should be considered in rating this indicator.

Probes for Review Use	Rating Categories
1. Does the family report being treated with genuineness, empathy, and respect, and were their cultural values respected throughout the process?	**Child/Youth (Age 6 and over)**
2. Has the child and family developed a trust-based working relationship with team members and service providers?	**Mother**
	Father
3. Does the team use knowledge about the child/family to appropriately develop strategies and engage the family?	**Resource Caregiver**
4. Is the team utilizing engagement strategies and language to actively involve the child and family in assessment, planning, monitoring, and modification of family plans, service arrangements, and evaluation of results?	
5. Are special accommodations and convenient meeting times/places made to encourage and support participation and partnership?	
6. What outreach strategies are being used by the team to locate, engage, build relationships, and overcome barriers with all family members? Have diligent search efforts for all parents and extended relatives and kin been implemented?	
7. Particularly for older youth who will be transitioning from care, how are they engaged as leaders of their team?	

System Rating 1: Engagement of Child & Family

Rating	Relationship	Core Conditions of Engagement	Accommodations and Supports	Diligent Search and Outreach
6	The child and family have developed a strong, positive, and trusting relationship with the team.	The child and family are consistently treated with genuineness, empathy, and respect and are frequently reached out to by DCP&P and providers.	Meetings are always at times convenient for the child and family. Special accommodations or supports are always offered and available to support the child and family's participation.	Excellent diligent search and outreach efforts have been employed to locate and engage family members consistently.
5	The child and family have developed a good, mutually beneficial, trusting relationship with the team.	The child and family are regularly treated with genuineness, empathy, and respect and are frequently reached out to by DCP&P and providers.	Meetings are scheduled at times convenient for the child and family. Supports to facilitate participation are routinely offered to the child and family.	Good diligent search and outreach efforts have been employed to locate and engage family members frequently over time, at least twice per month.
4	The child and family have developed an adequate trust based relationship with the team.	The child and family are usually treated with genuineness, empathy, and respect and are usually reached out to by DCP&P and providers.	Special accommodations to facilitate participation are made on some occasions, if requested by the family or other permanency option. Supports to facilitate participation are sometimes offered.	Adequate diligent search and outreach efforts have been employed to locate and engage family members over time, at least once per month.
3	The child and family have developed a minimally adequate working relationship with a minimal level of trust with the team.	The child and family are sometimes not treated with genuineness, empathy, and respect and are infrequently reached out to by DCP&P and providers.	Meetings are held at the convenience of DCP&P or provider agencies. Supports to facilitate family participation are occasionally offered.	Limited or inadequate diligent search and outreach efforts have been employed to locate and engage family members over time, less often than once per month.
2	The relationship with the child and family is primarily based on authority.	The child and family are not treated with genuineness, empathy and respect nor reached out to by DCP&P and providers.	Meetings are held at times or in a place where the parents cannot participate. Supports to facilitate participation are not offered	Few, if any, diligent search and outreach efforts have been employed to locate and engage family members.
1	The relationship with the child and family is turbulent and/or nonexistent and impedes case progress.	The child and family are not treated with genuineness, empathy, and respect nor reached out to by DCP&P and providers.	Meetings are held at times or in places such that the parents cannot participate and important information is withheld from the child and family.	No efforts are made to locate and engage family members.
NA	**For Mother and/or Father applies when he/she is deceased; or parental rights have been terminated; or whereabouts are unknown and there is documentation of the agency's efforts to locate him/her-OR- if child/youth is over 18 years of age. For Resource Caregiver applies to family-based home settings only. NA for Child applies if under 6 years of age.**			

System Review 2: Teamwork & Coordination

Focus Period Under Review: Past 90 days

TEAMWORK & COORDINATION: Do the child, family, and service providers function as a team? Do the actions of the team reflect a pattern of effective teamwork and collaboration that benefits the child and family? Is there effective coordination in the provision of services across all providers?

The child and family team should be built around the family and should be focused on working toward the child and family goals. Parents and children are crucial team members. Child and family team members may also include: extended family members, family friends, other informal supports (such as coaches, church members, mentors, etc.), teachers, therapists, law guardians, daycare providers, resource parents, health care providers, and other paid service providers. This indicator focuses on the structure and performance of the family team in collaborative problem solving, providing effective services, identifying the family's needs, and achieving positive results for the child and family. Collectively the team should have technical and cultural competence, family knowledge, authority to commit resources, and the ability to flexibly assemble supports and resources in response to specific needs. Members of the team should have the time available to fulfill commitments made to the child/ family. **Team competence, authority, and performance are essential**.

Team functioning and decision processes should be consistent with the practice model. Collaboration among team members from different agencies is essential. **Evidence of team functioning lies in its performance over time and the results it achieves for the child and family**. The focus and fit of services, authenticity of relationships and commitments, dependability of service system performance, and connectedness of the child and family to critical resources all derive from the child and family team.

Probes for Review Use

1. Does the team contain the "right" members? If not, why, and who should be included? Does the family agree with the team composition? Does the family have a sense of ownership of the team? Has the family been encouraged to involve their informal and formal supports (particularly important for older youth)?

2. Does the team have a common understanding of the needs of the family?

3. Do the people involved in this case feel like they are part of a child and family team? Do they feel their decisions are sought and input considered in the decision making process? Are they aware of how the case is progressing?

4. Do the actions of the team show a pattern of effective team work, commitment, and follow through? Does the family think that the team works together effectively? If problems have emerged, what has been done to resolve them? Is there evidence that the team responds promptly when there are significant changes in life circumstances?

5. Is there effective coordination, organization, and provision of services across **all case workers** and other responsible providers and service settings?

System Rating 2: Teamwork & Coordination

Rating	Membership and Ownership	Communication and Participation	Shared View
6	The team contains all of the important supporters and decision makers, including informal supports. All team members report that they feel integral to the team and the family considers the team its own.	Regular communication and collaboration occurs frequently as the team sees the need and at critical points to develop short-term and long-term plans. Team members are active participants.	All team members share a common view of the issues affecting the child and family and have consensus on the case direction and goals. Services and supports are always coordinated. Team is vital in moving the child/family plan forward
5	The team contains most of the important supporters and decision makers, including some informal supports. Most team members report that they feel integral to the team and the family considers the team its own.	Communication and collaboration occurs regularly and at critical points. The participation of all team members is encouraged, but if a meeting cannot be held team members provided input which was considered in making decisions.	Most team members share a common view of the issues affecting the child and family and have consensus on the case direction and goals. Services and supports are frequently coordinated. Team is vital in moving the child/family plan forward.
4	The team contains some of the important supporters and decision makers, most importantly the family. Most team members report that they are members of the team and the family believes it has influence in the team.	Communication and collaboration occurs occasionally. The participation of all team members is encouraged, but if a meeting cannot be held, they were asked for input so their opinions could be considered in making decisions.	Key team members share a common view of the issues affecting the child/family and agree on the case direction and goals. There is an adequate working team. Services and supports are mostly coordinated. Team has begun laying the foundation for moving the child/family plan forward.
3	The team consists primarily of the worker and family, despite the existence of other important potential team members. More team development is needed to create a cohesive team. The family may not be included in the decision-making. The team was developed without the family's participation.	Communication and collaboration does not occur at the level necessary. Some information is shared among team members, but there is not yet a pattern or process within the team to routinely share information.	Team members do not share a common view of the child and family's needs, are operating in silos, and there is a limited ability to track results. There is limited coordination and accountability for supports and services.
2	There is not yet a complete team. The team was developed without attempts to elicit family participation. The family is given a to-do list.	Communication and collaboration very rarely occurs. Information is not shared at critical points. There is limited coordination.	Team members have different views of the issues affecting the child and family. Services and supports are confusing, misaligned, or lacking coordination. Some team members are functioning in isolation.
1	There is no team yet.	There is little or no coordination.	There is no functioning team. Services and supports aren't in place or are counterproductive.

System Review 3: Ongoing Assessment Process

Focus Period Under Review: Past 90 days

CHILD AND FAMILY ASSESSMENT: Are the current, obvious, and substantial strengths and needs of the child, mother, father, and caregiver identified through existing assessments, both formal and informal, so that all team members collectively have a "big picture" understanding of the child and family? Do the assessments help the team draw conclusions on how to provide effective services to meet the child's needs for enduring permanency, safety, and well-being? Are the critical underlying issues identified that must be resolved for the child to live safely with his/her family independent of agency supervision or to obtain an independent and enduring home?

Child and family assessment is the evolving process the team uses to determine what they need to know so that the family can be successful and independent from DCP&P services. The team synthesizes this knowledge as they go through the assessment sequence of gathering information, analyzing information, drawing conclusions and acting on those conclusions. Assessment is an integrated part of a logical practice model sequence of engagement, teaming with the family, assessment, service planning, and adapting based on results or changed circumstances. Evaluation of assessment should focus on adequacy, in addition to whether one was conducted or not. Members of the child and family team, working together, should synthesize their assessment knowledge to form a common "big picture" that provides a shared understanding of the child and family's situation. This provides a common core of team intelligence for drawing conclusions, unifying efforts, planning joint strategies, sharing resources, finding what works, and achieving a good mix and match of supports and services for the child and family. Developing and maintaining a useful big picture is a dynamic, ongoing process for the child and family team. Assessment techniques, both formal and informal, should be appropriate for the child's age, ability, culture, language or system of communication, and social support networks. Assessment should be performed promptly when child and family plan goals are met, when emergent needs or problems arise, or when changes are necessary. Assessment findings should stimulate and direct modifications in strategies, services, and supports for the child and family. Recent monitoring and evaluation results should be used to update the big picture of the child and family situation.

Probes for Review Use	Rating Categories
1. Do initial and ongoing formal and informal assessments achieve an in-depth understanding of the strengths and needs of the child and family? Is the family story known and understood, including their history prior to involvement as well as prior DCP&P involvement? If not, what is missing?	**Child/Youth** **Mother**
2. Does the team have the knowledge they need to provide effective services to meet the child's needs for enduring, safety, permanency, well-being, and the family's independence from DCP&P?	**Father** **Resource Caregiver**
3. Are the formal and informal assessments utilized by the team in determining what is necessary to adequately address issues relevant to the agency's involvement with the child and family to achieve case goals?	
4. Are the assessments evolving as a result of the work of the child and family team? Is there evidence of an ongoing assessment process?	
5. If the child is an adolescent, are the youth's needs for independent living skills development being assessed on an ongoing basis?	
6. Have the assessments identified what the caregivers need to enhance their capacity to provide appropriate care and supervision of the child?	

System Rating 3: Ongoing Assessment Process

Rating	Comprehensive	Big Picture	Team Understanding
6	A comprehensive set of strengths and needs, including key underlying needs, are identified through formal and informal assessments, monitoring results, and collected experiences of the child and family team.	An ongoing and accurate "big picture" is synthesized by the team. Assessment is a continuously integrated part of applying the practice model and addresses all major events and decisions.	Members of the team share a common understanding of the child and family necessary for unifying efforts, drawing conclusions, sharing resources, and assembling a good mix and fit of supports and services.
5	The current, obvious, and important strengths and needs, including the underlying needs, are identified through formal and informal assessments, monitoring results, and collected experiences of the child and family team.	An ongoing and accurate "big picture" is synthesized by the team. Assessment is generally integrated as a part of applying the practice and addresses most major events and decisions.	Members of the team share a common understanding of the child and family necessary for unifying service efforts, drawing conclusions, sharing resources, and assembling supports and services.
4	Selected strengths and needs, including key underlying needs, are identified through formal and informal assessments and from experiences of the child and family team.	A periodic "big picture" is compiled by the team for planning purposes. Assessment is at least partially integrated into applying the practice model and addresses critical events and decisions.	Most members of the team have a basic common understanding of the child and family necessary for drawing conclusions and collaborative planning.
3	Selected strengths and needs are identified through formal assessments, but some obvious and important needs, including underlying needs or preferences, are overlooked or excluded.	A periodic "snapshot" is compiled by the team, but is limited in scope and detail. This picture for planning is misguided or incomplete. Assessment is only partially integrated into applying the practice model, missing critical events or decisions.	Some members of the team have a basic common understanding of the child and family necessary for collaborative planning, others do not.
2	Few important strengths and needs are identified through assessments. Obvious and important underlying needs or preferences are overlooked or excluded.	This picture for planning is misinterpreted, incomplete, or obsolete. Assessment is isolated from applying the practice model and is poorly connected to critical events or decisions.	The team's understanding of the child and family is limited in scope, detail, and usefulness. Few if any members of the team have an understanding of the child and family necessary for collaborative planning.
1	Important strengths have not been identified through assessments. Essential strengths, underlying needs, risks, or preferences are unknown or misunderstood.	No current picture of the child and family exists for meaningful use in planning. Assessment appears irrelevant to applying the practice model and misses critical events and decisions.	Members of the team lack an understanding of the child and family necessary for collaborative planning.
NA	**For Mother and/or Father applies when he/she is deceased; or parental rights have been terminated; or whereabouts are unknown and there is documentation of the agency's efforts to locate him/her-OR- if child/youth is over 18 years of age. For Resource Caregiver applies to family-based home settings only.**		

System Review 4: Long-Term View

Focus Period Under Review: Past 90 days

LONG-TERM VIEW: Is there an explicit plan for this child and family that should enable them to live safely and independent from the child welfare system? Does the plan provide direction and support for making smooth transitions across settings, providers, and levels or services?

A long-term view anticipates and defines what the child/youth and family must have, know, and be able to accomplish in order to be successful following each major development or placement transition. If a guiding strategic vision is soundly established, then there should be an increased likelihood of smooth and effective transitions.

The long-term view should answer the questions about where the child/youth and family are headed, if the family is on board, if critical partners believe the family can get there, and the family and team are able to articulate the steps needed to get where the family is going. **The long-term view should not be confused with planning how to get the child/youth and family to permanency; it is about what support systems and plans the child/youth and family have in place to be successful beyond case closure.** For example: if a family has faced the struggle of alcoholism or substance abuse, what support systems are now in place to address relapses since those ongoing challenges are sure to arise over the long term.

There should be a vision that defines what things must change, what steps it will take to achieve the goals for the child/youth and family, and what is needed to maintain positive change once the case is closed. For instance, if a family has dealt with domestic violence, immediate planning focuses on safety and the domestic violence itself. However, in the long term, the focus will have to shift to establishing independence from the abusive relationship and developing coping skills that will prevent development of another relationship with the same characteristics. Additional focus may be directed at seeking employment and the development of enduring positive support systems, or other challenges identified by the team that the family may face in seeking independence.

The long-term view should be used to focus a logical and realistic child/youth and family plan to achieve a sustainable end. Sustainable conditions in the home and family situation should be specified regardless of whether the case situation is headed toward family preservation, reunification, kinship placement, child adoption, or a youth moving toward independent living upon reaching the age of majority.

Probes for Review Use

1. Is there an explicit understanding that enables the child/youth and family to live safely and independently from the child welfare system? In addition to the current situation, does the plan take into consideration future situations that may arise?

2. Is there a guiding vision for planning services and staging supports that provides for a youth's transition to independent living, new housing, and adequate income? Does the guiding vision for the youth set change requirements or end goals aimed at assuring the child's success after making transitions and life adjustments?

3. Does the child/youth and family have a clear understanding of the point at which they know they are finished with the service process?

4. Particularly for older youth and adolescents: Is the Long Term View driven by and related to the youth's goals for his/her future?

System Rating 4: Long-Term View

Rating	Establish Vision and Planning Direction	Shared Vision	Steps or Pathway
6	There is an explicitly written path (and concurrent path, when applicable) that establishes the guiding vision for the child/family to achieve and sustain themselves in a safe and positive manner beyond case closure.	Team members (inclusive of child and family) have a clear and consistently articulated understanding of the long-term view that is shared, accepted, and utilized by the team.	The team's long-term view clearly defines the steps necessary for sustainability. It anticipates multiple transitions and defines what the child and family must have, know, and be able to do to be successful throughout and after each transition.
5	There is a primarily written path (and concurrent path, when applicable) that establishes the guiding vision for the child/family to achieve and sustain themselves in a safe and positive manner beyond case closure.	Team members (inclusive of child and family) have a fairly uniform understanding of the long-term view that is shared, accepted, and utilized by the team.	The team's long-term view establishes most of the steps necessary for sustainability. It anticipates the next major transition and defines what the child and family must have, know, and be able to do to be successful throughout and after the transition.
4	There is an implicit path or set of goals (and concurrent goals when applicable) that have been used to establish the guiding vision for the child/family to achieve and sustain themselves in a safe and positive manner beyond case closure.	Core team members (inclusive of child and family) have knowledge of the set of goals that have been established. They are working to utilize these goals to fully develop the long-term view in a form that will promote broad acceptance and utilization by all team members.	The long-term view anticipates the next major transition and provides most of the steps and provisions to promote a successful transition for the child and family.
3	The child has goals that could be a foundation for establishing a long-term view, but no common planning direction has been accepted and used by the child and family team members.	There is a partial long-term view that has been set by professionals on the team but may not be fully developed, accepted, or utilized by all child and family team members.	The long-term view provides some simple steps and provisions that could increase the likelihood of a successful future transition.
2	There are few goals established that could be utilized as a foundation for determining a long-term view.	The child and family may have goals that are conflicting or set only by professionals on the team and that do not form a common planning direction that is accepted and utilized by the child and family team members.	While the goals provide at least some simple steps or provisions that could increase the likelihood of a successful future transition, a long-term view has not been established.
1	No goals have been established.	Team members have not established a planning direction for the child and family.	Steps and provisions have not been established that provide for successful future transitions.

System Review 5: Child & Family Planning Process

Focus Period Under Review: Past 90 days

CHILD & FAMILY PLANNING PROCESS: Is the working case plan and/or family agreement developed by the child and family team? Is the working case plan and/or family agreement individualized and relevant to the child's/family's strengths, needs and goals? Are supports, services, and interventions assembled into a holistic and coherent service process that provides a mix of elements uniquely matched to the child's/family's situation and preferences? Does the combination of supports and services fit the child's/family's situation so as to maximize potential results and minimize conflicting strategies and inconveniences?

The child/family should have a single integrated case plan and/or family agreement developed by the child and family team that works as a comprehensive organizing tool and is focused by the long-term view. The case plan and/or family agreement specify the goals, roles, strategies, resources, and schedules for coordinated provision of supports, supervision, and services. For the child to be successful at home and school, special supports may be necessary for the primary caregiver at home and for the teacher at school. Supports should be addressed in the case plan by the persons involved, when indicated.

To be ultimately functional, a child and family case plan and/or family agreement should be based on formal assessments, including clinical, functional, and educational assessments, as well as informal assessments. It should reflect the views and preferences of the child and family. It should be directed toward the achievement of strategic goals and success of the child. It should address underlying needs. It should be coherent in design and practical in the use of formal and informal supports. It should be culturally appropriate. It should be modified frequently, based on changing circumstances, experience gained, and progress made. It is the focus and quality of the planning process that is of essence here, not the elegance of a written document. The written child and family case plan and/or family agreement reflects the collective intentions of the child and family team and simply states the path to be followed.

Probes for Review Use

1. Does the plan directly address the needs and risks that continue to require the child and family's involvement with the agency? Is there evidence of the family's voice in the creation of the case plan?

2. Are all obvious as well as underlying needs addressed in the plan? Does the plan reflect an up-to-date assessment? Does the plan reflect significant changes in life circumstances?

3. Does the case plan utilize a balance of building upon the family's strengths and capabilities in addition to addressing their needs and challenges?

4. How well does the current mix of services match the child/family situation, cultural background, and expressed preferences? Are services based on need rather than availability?

5. Does the child and family case plan anticipate barriers and/or relapses and strategies for addressing them if they occur?

System Rating 5: Child & Family Planning Process

Rating	Match with Big Picture	Individualized Service/Support Mix	Voice of Child/Family
6	A working case plan/family agreement, consistent with the written plan, has been developed by the child and family team and builds upon the big picture assessment of the child and family's functioning, strengths, needs, risks and underlying issues and long-term view.	All necessary formal and informal supports and services are assembled into a holistic, cohesive service process. The case plan/family agreement anticipates barriers and/or relapses and identifies strategies for addressing them if they occur. The written case plan/family agreement is consistent with the working plan and is modified quickly and timely by the child and family team to reflect changes in circumstances.	Child/family voice are universally reflected in the assembly of supports and services.
5	The working case plan/family agreement, which is consistent with the written plan, reflects the big picture assessment and long-term view.	Essential formal and informal supports and services are assembled into a holistic, sensible service process. The written plan is generally consistent with the working plan and is modified by the child and family team within a reasonable time to reflect changes in circumstances. Any inconsistency that may exist between the working and written plans is the result of a systemic barrier.	Many child/ family voice are accommodated in the assembly of supports and services.
4	The working case plan/family agreement reflects the big picture assessment and long-term view.	Basic formal and informal supports and services are assembled into a sensible service process. The written plan is modified by the child and family team at the next scheduled team meeting to reflect changes in circumstances. Systemic barriers may have resulted in some inconsistency between the working and written plans.	Some child/family voice are considered in the assembly of supports and services.
3	The working case plan/family agreement does not reflect the big picture assessment and long-term view.	Some, but not all, basic supports and services are assembled into a sensible service process. The fit between the child/family situation and the service mix is poor or services are insufficient. There is some inconsistency between the working and written plans.	Few child/family voices are considered in the assembly of supports and services.
2	The working case plan/family agreement does not reflect the big picture assessment and long-term view for the child and family **OR** The working case plan/family agreement works toward divergent or conflicting goals.	Basic supports and services are not assembled into a sensible service process. The fit between the child/family situation and the service mix is poor and services are inadequate to meet identified needs. The written plan is inconsistent with the working plan.	Child/family voice have little if any influence in the selection of supports and services.
1	The working case plan/family agreement includes divergent and conflicting goals.	Basic supports and services are not provided. The fit between the child/family situation and the service mix is unacceptable and services are woefully inadequate to meet identified needs. The written plan is inconsistent with the working plan **OR** The written plan may not exist at all.	Child/family voice did not influence the selection of supports and services.

System Review 6: Plan Implementation

Focus Period Under Review: Past 90 days

PLAN IMPLEMENTATION: How well are the services/actions, timelines, and resources planned for each of the change strategies being implemented to help the: (1) Parent/family meet conditions necessary for safety, permanency, and independence; (2) The child/youth achieve and maintain adequate daily functioning at home and school, including achieving any major life transitions and (3) The degree of timely, competent, and adequate implementation in intensity and continuity?

The processes for implementing supports and services for the child and his/her parents/caregiver should meet the following conditions:

- The implementation of strategies, actions, and services is driven by the child and family team planning.
- The strategies, actions, and services planned for the child and family are being implemented in a timely, competent, and dependable manner, consistent with family-centered practice and necessary cultural accommodations.
- Actions, supports, and services linked to change strategies are being provided at a level of intensity and continuity necessary to meet priority needs, reduce risks, facilitate successful transitions, and achieve adequate daily functioning for the parent and child.

Accomplishment of these implementation processes should maximize chances for successful results while minimizing risks for the child and hardships for the child's parents/caregivers and family.

Probes for Review Use

1. Are the needed services and supports currently being delivered/implemented? Are they provided consistently and on a timely basis? Are they culturally competent?

2. Are supports and services provided in the home, school, and community as part of the service process? If not, where are they provided?

3. Are the services being provided addressing the reason for removal and the issues preventing the child from returning home? Are noticeable changes occurring in the status of the child and family?

4. Is each service and support readily accessible when needed?

5. Are informal supports developed and used at home, at school, and in the community as part of the service process?

Note: Evaluation of this Indicator is not limited to services identified in a formalized Case Plan and/or Family Agreement, but might also include services and supports implemented in response to identified needs, e.g., as part of a Safety Protection Plan.

System Rating 6: Plan Implementation

Rating	Services	Implementation Strategies
6	The planned strategies, supports, and services are being fully implemented in a timely and competent manner consistent with the long-term view.	The intensity of service provision is entirely sufficient to quickly and fully meet the needs of the child and family. Ongoing adaptations are made as situations change or needs emerge.
5	Essential strategies, supports, and services are being substantially implemented in a timely and competent manner consistent with the long-term view.	The intensity of service provision is generally sufficient to produce the desired results. Periodic adaptations are made as situations change or needs emerge.
4	Essential strategies, supports, and services are being minimally implemented in a timely and competent manner consistent with the long-term view.	The intensity of service provision may lead to desired results. Adaptations are made periodically based on results or a request made by the child, family, or caregiver.
3	Needed strategies, supports, and services are being inconsistently implemented. Timeliness, competence, and consistency with the long-term view are minor problems.	The intensity of service provision is weak in yielding desired results. Adjustments are made occasionally based on results or a request made by the child, family, or caregiver.
2	Strategies, supports, and services are being poorly or inconsistently implemented. Timeliness, competence, and consistency with the long-term view are substantial problems.	The intensity of service provision is poor in yielding desired results. Adjustments are inadequate in keeping services responsive, dependable, or effective. Continuing implementation problems of a significant nature are present.
1	Few, if any, essential strategies, supports, and are being implemented to yield desired results.	Serious and worsening implementation problems are ongoing and unaddressed. Adjustments are not occurring on an adequate basis, resulting in poor responsiveness and unacceptable results.

System Review 7: Tracking & Adjustment

Focus Period Under Review: Past 90 days

TRACKING AND ADJUSTMENT: Are the child and family status, service process, and progress routinely monitored and evaluated by the team? Are services modified to respond to the changing needs of the child and family and to apply knowledge gained about service efforts and results to create a self-correcting service process?

An ongoing examination process should be used to track service implementation, check progress, identify emergent needs and problems, and modify services in a timely manner. How are the child and family doing? Has their situation changed? Have new needs emerged? Are supports and services being delivered as planned? How well are the mix, match, and sequence of supports and services working? How well do these arrangements fit the child and family? Are urgent response procedures working when needed? Are advance arrangements for transitions being accomplished? Are desired results being produced? What things need changing?

The case plan and/or family agreement should be modified when objectives are met, strategies are determined to be ineffective, new preferences or dissatisfactions with existing strategies or services are expressed, and/or new needs or circumstances arise. Members of the child and family team (including the child and family) should apply the knowledge gained through ongoing assessments, monitoring, and periodic evaluations to adapt strategies, supports, and services. This learning and change process is necessary to find what works for the child and family. Learning what works is a continuing process.

Probes for Review Use

1. How often is the status of the child and family reviewed, in regards to safety, permanency, and well-being?

2. How are status and progress monitored (*e.g.* by all team members through face-to-face and/or telephone contact, with the child/youth/family members, review of reports from providers, etc.)?

3. Are progress and implementation of the service process being tracked? Is there a pattern of successful adaptations that have been made?

4. Are detected problems being reported and addressed promptly? Are identified needs and problems being acted upon?

5. Is the service process modified as goals are met? Is the service process modified if no progress is observed? If not, why not?

System Rating 7: Tracking & Adjustment

Rating	Responsiveness	Monitoring, Tracking and Communication	Adjustment
6	Strategies, supports, and services being provided to the child and family are highly responsive and appropriate to changing conditions.	Continuous monitoring, tracking, and communication of child and family status and service results by the team is occurring.	Timely and appropriate adjustments are being made. Highly successful modifications are based on a rich knowledge of what things are working and not working for the child and family.
5	Strategies, supports, and services being provided to the child and family are generally responsive to changing conditions.	Frequent monitoring, tracking and communication of child and family status and service results by the team is occurring.	Generally successful adjustments are based on a basic knowledge of what things are working and not working for the child and family.
4	Strategies, supports, and services being provided to the child and family are minimally responsive to changing conditions.	Periodic monitoring, tracking, and communication of child and family status and service results is occurring.	Usually successful adjustments to supports and services are being made.
3	Strategies, supports, and services being provided to the child and family are partially unresponsive to changing conditions.	Occasional monitoring and communication of child and family status and service results is occurring.	Occasionally successful adjustments are based on isolated facts of what is happening to the child and family. Child and family could be at low risk of harm or poor outcomes.
2	Poor strategies, supports, and services are provided to the child and family and are generally unresponsive to changing conditions.	Limited monitoring, poor communication, and/or an inadequate child and family team is often unable to function effectively in planning, providing, monitoring, or adapting services.	Few sensible modifications are planned or implemented. Child or family could be at moderate to high risk of harm or poor outcomes.
1	Strategies, supports, and services are highly unresponsive, limited, undependable, or conflicting for child and family.	Little or no monitoring or communication is occurring and/or an inadequate child and family team is unable to function effectively in planning, providing, monitoring, or adapting services.	Current supports and services have become unresponsive to the current needs of the child and family. The service process appears to be “out of control.” Child or family could be at high risk of harm or poor outcomes.

Status Review 8: Provision of Health Care Services

Focus Period Under Review: Past 90 days

Health Care: To what degree are the health care services provided commensurate with what is required for the child to achieve and maintain his/her best attainable health status?

Children should achieve and maintain their best attainable health status, consistent with their general physical condition when taking medical diagnoses, prognoses, and history into account. Proper medical and dental care (preventive, acute, chronic) are necessary for maintaining good health. Preventive health care should include immunizations, dental hygiene, and screening for possible physical or developmental problems. Physical well-being encompasses both the child's physical health status and access to timely health services. Children who have chronic health conditions requiring special care or treatment should have a level of attention commensurate with that required to maintain and improve (or conserve) health status. Special care requirements may include nursing, physical therapy, adaptive equipment, therapeutic devices, and treatments (e.g., medications, suctioning). Delivery of these services may be necessary in the child's daily settings, including the school and home. **The central concern here is that the child's health care needs are met and that special care requirements are provided as necessary to achieve and maintain optimal health.** Parents/adult caregivers and professional interveners in the child's life bear a responsibility for ensuring that basic physical needs are being met and that health risks, chronic health conditions, and acute illnesses are addressed in a timely manner.

Probes for Review Use

1. To what degree is the level and continuity of health care services provided to the child commensurate with what is required for the child to achieve and maintain his/her best attainable level of health status?

2. Is the child in good health with access to health care services (*i.e*. regular medical check-ups, screenings, dental care, vision care, immunizations, and prompt access to acute care when needed)? Are services producing a sustainable health status?

3. Were recommendations for follow-up treatment addressed?

4. If the child has physical health problems or chronic conditions, is he/she making progress with symptom reduction and improved condition? If applicable, is the effectiveness of medication being monitored regularly by the prescribing physician?

5. Did the caregiver/resource parent/treatment center receive initial and ongoing medical information about the child?

6. If the child is in placement, did he/she receive a Comprehensive Medical Exam (CME)?

7. If the child is in placement, did his/her new caregiver receive adequate information regarding the child's health status and needs? (i.e. health passport)

8. To what degree is the youth provided with age and developmentally appropriate services related to sexual health?

Status Rating 8: Provision of Health Care Services

Rating	Routine Health Care	Follow Up Care
6	Routine preventive medical and dental care (immunizations, checkups, and developmental screenings) are consistently provided on a timely basis. Child is receiving effective health care fully commensurate with the child's needs, including care for any chronic health conditions and special health care needs.	All appropriate and necessary follow-up care is provided on a timely basis.
5	Routine health and dental care are substantially provided, but not always on schedule. Child is receiving health care, generally commensurate with the child's needs, including care for any chronic health conditions and special heath care needs.	Follow-up care has been substantially provided but not always on schedule.
4	Routine health and dental care are minimally provided, but not always on schedule. Some required immunizations may not have occurred timely. Child is receiving a minimally/temporarily adequate to fair level of necessary health care services, somewhat consistent with essential health care needs.	Follow-up care is minimally provided or may be delayed.
3	Routine health and dental care is not always adequately provided. Some required immunizations have not occurred. Child is receiving a limited or inconsistent level of health care services.	Acute or chronic health care is sometimes inadequate or may be missed.
2	Routine health and dental care have been seriously neglected. The necessary monitoring of medication is sporadic or lacking and appropriate feedback to the physician is not occurring.	There has not been follow up on important recommendations.
1	Routine health and dental care have been seriously neglected. EITHER the child is not receiving necessary health care services **- OR -** the services provided are not appropriate possibly leading to declining health status to the point that the child is in danger of a very serious health condition.	Follow-up care has been completely neglected.

System Review 9: Resource Availability

Focus Period Under Review: Past 90 days

Resource Availability: Is the available array of school, home, and community supports provided adequate to assist the child and family in achieving safety, well-being and permanency? When applicable, is the child/youth being helped to develop supports and connections necessary to plan for and care for him/herself as they transition to adulthood? Are agency personnel assisting the child/family in identifying, acquiring, extending, replacing, and maintaining a set of formal and informal supports and community connections necessary to sustain the family independent from system involvement? Are the services and supports provided in a setting that is conducive to the needs of the child and family? Do the child and family have a choice of the type of services and the service providers?

An array of informal and community supports is necessary to fulfill the plan requirements and sustain the long-term view for the child and family. Supports can range from volunteer reading tutors to after school supervision, adult mentors, recreational activities, and supported employment for a youth. Supports may be voluntarily provided by friends, neighbors, churches, or secured from provider organizations. A combination of supports may be necessary to maintain and assist the child and family.

For the child/family to **exercise choice** in the selection of supports, an array of appropriate alternatives should be locally available. Such alternatives should present a variety of socially appropriate options that are readily accessible, have power to produce desired results, are available for use as needed, and are culturally compatible with the needs and values of the child and family. An adequate array of supports includes educational, social, mental health, health, recreational, and organizational groups. An adequate array spans supports from all sources that may be needed by the child and family. Selection of basic supports should begin with informal family network supports and generic community resources available to all citizens. When current informal and community supports are not available or accessible to meet child and family needs, the team should be helping to recruit or develop such supports or appropriate alternatives.

Probes for Review Use

1. Will the combination of informal and formal supports used for this child and family be adequate to help them achieve safety, permanency, and well-being?

2.To what extent are informal resources of the family, extended family, neighborhood, civic clubs, churches, charitable organizations, local businesses, and general public services (*e.g*. recreation, public library, or transportation) used in providing supports for this child and family?

3.To what extent are agency personnel and providers assisting to facilitate a connection between the child/family and a needed informal or formal support?

4. Are informal supports or formal supports within a reasonable distance to the child/family and readily accessible when needed?

5. Are services compatible with the needs and values of the child and family including culture and language?

6. For youth transitioning to adulthood, to what extent are agency personnel or service providers assisting the youth in developing the supports and connections necessary to sustain independent living?

NOTE: If any necessary resources are unavailable, in particular, for the child, parent, family/resource family, please explain in the Case Detail Sheet.

System Rating 9: Resource Availability

Rating	Informal Support Network	Formal Support/Service Availability
6	The child and family have a capable support network that includes informal supports (*i.e*. extended family, neighbors, and friends) and available community resources to maintain safety and stability.	A highly dependable and wide array of high quality supports, services, and other resources to implement planned change strategies are fully and continuously available as necessary (i.e., always timely; excellent fit to the situation and change strategy used; fully sufficient in intensity, duration, and dependability; in fully convenient, accessible locations) for use by the child, the parent, and the family unit in meeting change requirements and conditions for safe case closure.
5	The child and family have an adequate support network that includes informal supports (*i.e*. extended family, neighbors, and friends) and available community resources to maintain safety and stability.	A usually dependable combination and array of good quality supports, services, and other resources to implement planned change strategies are generally available as necessary (i.e., usually timely; good fit to the situation and change strategy used; generally sufficient in intensity, duration, and dependability; in generally convenient, accessible locations) for use by the child, parent, and family unit in meeting change requirements and conditions for safe case closure.
4	The child and family are developing a support network that includes informal supports (*i.e*. extended family, neighbors, and friends) and community resources necessary to maintain safety and stability.	A set of usually available and somewhat appropriate array of fair quality supports, services, and other resources to implement planned change strategies are minimally available as necessary (i.e., sometimes timely; fair fit to the situation and change strategy used; minimally sufficient in intensity, duration, and dependability; in fairly convenient, accessible locations) for use by the child, parent, and family unit in meeting change requirements and conditions for safe case closure.
3	The child and family do not have an adequate support network necessary to maintain the safety and stability of the home.	A limited set or inconsistent array of supports, services, and other resources to implement planned change strategies are marginally available (i.e., sometimes delayed; limited in fitting the situation and change strategy used; limited or inconsistent in intensity, duration, and dependability; sometimes inconvenient or inaccessible locations) for use by the child, parent, and family unit, thus, limiting the attainment of change requirements and conditions for safe case closure.
2	The child and family are receiving a substantially unacceptable level of support and assistance necessary to meet the needs of the child and maintain the safety and stability of the home. There is no extended family to provide support.	Few supports or only scattered, inconsistent, or inadequate supports, services, and other resources to implement planned change strategies are available (i.e., often delayed or missing; poor fit to the situation and change strategy used; inadequate in intensity, duration, or dependability; often in inconvenient or inaccessible locations) for use by the child, parent, and family unit, thus, limiting or preventing the attainment of change requirements and conditions for safe case closure.
1	The child and family are receiving a woefully inadequate level of assistance and support necessary to maintain safety and stability in the home. There is no extended family to provide support.	Few, if any, supports and services are provided at this time. They may not fit the actual needs of the family well and may not be dependable over time. Some services of poor quality or inappropriate fit may be causing unintended problems or adverse effects. Because informal supports may not be well developed and because local services or funding is limited, any services may be offered on a “take it or leave it” basis. The family may be dissatisfied with or refuse services, and results may present a potential safety risk to the child, parent, or family unit. The family team may be powerless to alter the service availability situation or the child and family may lack a functioning family team.

Status Review 10: Family and Community Connections

Focus Period Under Review: Past 90 days

(This indicator applies to children in out-of-home care who are living apart from their parents and/or siblings.)

FAMILY CONNECTIONS: When children and family members are living temporarily away from one another, are family relationships and connections being maintained? To what degree are family connections maintained through appropriate visits and other means, unless compelling reasons exist for keeping them apart? Are significant others from the community able to keep-in-touch with the youth, (e.g., best friend, youth's pastor)?

When children are living away from their parents and/or their siblings for reasons of family member safety, specialized treatment, or detention, family members should have frequent and appropriate opportunities to visit in order to maintain or develop family ties. Unless case circumstances suggest it is unsafe or inappropriate, visits and other forms of contact should be provided for family members, potentially including mothers, fathers, and siblings. Family visits are visits between the child and parents and/or their siblings. Such visits should be conducted in locations conducive to family activities and offer "quality time" for advancing or maintaining relationships among family members. For family members expected to live together again in the future, and carefully increased or graduated visits, from short, supervised visits in safe locations to overnight or weekend visits in homes may be used to maintain, develop, or strengthen family connections. When family members are expected to continue living apart, visits and/or other techniques such as phone calls, letters, and/or exchange of photos should be used to enable siblings and parents (if some level of contact can be safe and appropriate) to continue their family ties. When appropriate, parents, siblings, or others with an identified significant relationship may be encouraged to participate in school activities, medical appointments, and possibly therapeutic sessions in an effort to maintain and promote positive and nurturing relationships. This review applies to those families now living apart and to children or youth living apart from their siblings. **All appropriate family attachments should be maintained regardless of the permanency goal.**

Probes for Review Use	Rating Categories
1. Are family visits occurring? If yes, with who and how frequently? Is the frequency of visits developmentally appropriate?	
2. Are other forms of family or connecting strategies being used (e.g. phone calls, letter, family photos, Face time, Skype, etc.	
3. Is the child placed with all siblings who are in foster care? If not, is there a valid reason for the child's separation from the siblings and is sibling visitation regularly occurring?	**Mother** **Father**
4. Are visits conducive to "quality time" in relationship building?	**Siblings**
5. Are visits being conducted at times that are convenient for the appropriate family members to get together without hardship for some members?	
6. Are there any compelling therapeutic or legal reasons that family members should not visit with one another? If so, what are the reasons, do they remain valid, and do they serve the best interest of the child?	
7. For therapeutic or supervised visits, is the level of supervision being reduced (if appropriate)?	
8. Are efforts in place to assist the youth with their desire of a birth-family connection in their adult life?	
9. Are family visits being used to assess the readiness of the family for reunification?	

Status Rating 10: Family and Community Connections

Rating	Family Relationships	Visit Frequency	Agency Role
6	The child's relationships are being excellently maintained for all family members through quality visits and other connecting strategies.	The child has regular and, where appropriate, increasingly frequent visits with all appropriate family members.	Agency staff provide excellent support in arranging mutually convenient visit schedules, transportation, family-friendly visit settings, and, where necessary, supervision.
5	The child's relationships are being substantially well-maintained for all family members through appropriate visits and other connecting strategies.	The child has regular contact with all appropriate family members.	Agency staff provide good support in arranging mutually convenient visit schedules, transportation, family-friendly visit settings, and, where necessary, supervision.
4	The child's relationships are being at least minimally maintained with all family members through appropriate visits and other connecting strategies.	The child has periodic visits with all appropriate family members.	Agency staff provide fair support in arranging mutually convenient visit schedules, transportation, family-friendly visit settings, and, where necessary, supervision.
3	The child's relationships are being marginally maintained for most family members through visits and other connecting strategies.	Periodic visits occur with some appropriate family members. Visits may be scheduled, but occur less than biweekly.	Agency staff provide limited support in arranging mutually convenient visit schedules, transportation, family-friendly visit settings, and, where necessary, supervision.
2	The child's relationships are being inconsistently maintained for some or most family members. Some members may have limited, inconsistent, or infrequent contact/connections.	Occasional visits occur with some appropriate family members. Some visits, if occurring, may be therapeutically inappropriate.	Agency staff provide scattered support in arranging visit schedules, transportation, family-friendly visit settings, and, where necessary, supervision. Some visits could be questionable or unclear with respect to appropriateness. Agency staff may be in the process of reassessing appropriateness of visits and/or visiting arrangements.
1	Family connections are not being maintained, or they are fragmented, declining in frequency/quality, or inappropriate for the child.	Appropriate and necessary visits are not occurring with sufficiency. Visits, if occurring, are therapeutically inappropriate or unsafe for the child.	Agency staff in the process of reassessing appropriateness of visits and/or visiting arrangements.
NA	For **In–Home and Adolescent (18 – 21 year old)** cases**.** For **Mother/Father,** if deceased; or parental rights have been terminated; ***or*** whereabouts are unknown and there is documentation of the agency's efforts to locate him/her ***or*** youth is 18 years of age or older. For **Siblings**, if child has no siblings ***or*** if siblings are placed together ***or*** if no siblings in placement		

System Review 11: Successful Transitions

Focus Period Under Review: Past 90 days or next 90 days

Successful Transitions : To what degree: (1) Is the current or next life change transition for the youth and/or family being planned and implemented to assure a successful adjustment for them before, during, and after the change occurs?;(2) Are family supports with friends, clergy, professionals, or community readily available to assist the youth and/or family in coping with relapses, short-term transitions, and long-term life challenges?; and (3) Is there an explicit path for the youth and/or family to follow that enables them to endure through not just the transitions, but successfully live independently and safely from the system in the long term?

A child and family move though many critical transitions in the course of daily life. Such transition points pose challenges—especially for children and families with special needs or for youth who are aging out and don't have readily available supports. Understanding the unique needs and goals of children, youth, and families is the key to planning consistently effective transition supports. Requirements for positive future outcomes should be determined and provided in the present in order to sustain through short term transitions. When transitions do occur successfully, those experiences can provide a good foundation for attaining a self-sustaining long-term view. In order to promote the likelihood of that occurrence, a long-term view anticipates and defines what the child or youth and/or family must have, know, and be able to do throughout their particular challenges. The long-term view must “fit” each child and family’s unique situation, establish a common planning direction to be followed in the service process, and outline specific steps that will lead the child or youth and/or family toward enduring safety and permanence outside of system intervention.

Probes for Review Use

1. Is the child/family anticipating a major transition, has the team identified the child’s next critical transition? What plans are being made to support it?

2. If the child/family has a history of difficult transitions or placement changes, how is this knowledge being used to improve transitions?

3. Is the child and/or family experiencing stressors that may contribute to the onset or maintenance of problems? Consider the contributing factors and how the situations are addressed.

4. If a transition is within the next 90 days, is a transition plan currently being implemented for this child/family? For instance, if the child is to reunify with family, has the family received supports and services that will help the transition occur efficiently and increase the likelihood of enduring positive outcomes?

5. Does the youth and their informal supports, as applicable, understand the transition plan? Are they in agreement with the plan and understand their role and responsibilities?

6. If the youth is age14 years or older, or has special needs, is there a plan that guides his/her transition for getting from school to work, to independent or supported living, and to any necessary adult services at the point at which any of these conditions become applicable in the youth’s life?

7. If the youth is 16 years or older, does the youth have an Independent Living Plan that is being implemented in order to support social integration, community participation, and independence over the long term. For instance, have post-custody options and services been explored and provided regarding education, vocation, employment, financial management, etc.

System Rating 11: Successful Transitions

Rating	Strategic Goals & Supports	Risk of Disruption
6	The child/youth/family's next transition has been planned consistent with the long-term view. All supports and services have been established for the child/family that will ensure consistently successful coping with transitions over the short and long term. Strategic planning for the long term builds upon knowledge of past outcomes and is modified as needed.	If child/youth/family has transitioned within the last six months, child/family is fully stable and successful in daily settings. If transition is within the next 90 days, supports and services are in place and are dependable. Forecast for successful long-term view is excellent.
5	The child/youth/family's next transition has been identified and discussed. Most supports and services are being established for the child/family that will ensure generally successful coping with transitions over the short and long term. Strategic planning for the long term is being built with some inclusion of knowledge gained from the most recent transition.	If child/youth/family has transitioned within the last three months, child/family is generally stable and successful in daily settings. If transition is within the next 90 days, some supports and services are in place. Forecast for successful long-term view is generally good.
4	The child/youth/family's next transition has been identified. Some supports and services are in place for the child/family that will ensure relatively successful coping with transitions over the short and long term. Strategic planning for the long-term view is understood but not necessarily written and takes family strengths and needs into consideration.	If child/youth/family has transitioned within the last 90 days, child/family is stable in daily settings and not at risk of disruption due to transition issues. If transition is within the next 90 days, supports and services are minimally in place. Work has begun toward establishing a foundation for a successful long-term view.
3	The child/youth/family's next transition has been identified but services and supports needed have not been assessed. Some supports and services are in place for the child/family that will ensure a minimal capacity to cope with transitions over the short and long term. Strategic planning for the long term may be inclusive of goals set by professionals but it is not fully accepted or used by child/youth and family.	If the child/youth/family has transitioned within the last 90 days, the child/family is experiencing mild transition problems in daily settings and is at mild risk for disruption. If transition is within the next 90 days, few or only partial supports and services are in place. Little work has been completed toward establishing a foundation for a successful long-term view.
2	The child/youth/family's next transition has not been addressed. Very few supports and services are in place that would assist the child/family cope with transitions over the short and long term. Strategic planning for the long term is erratic as there may be conflicting goals and a common planning direction has not been established.	If the child/youth/family has transitioned within the last 90 days, the child/family is experiencing substantial transition problems in daily settings and is at moderate to high risk of disruption. If transition is within the next 90 days, arrangements for supports and services are inadequate. The long-term view is not connected.
1	The child/youth/family's next transition has not been considered. There are no supports and services in place that would assist the child/youth and family with transitions over the short and long term. Strategic planning for the long term is not being considered or discussed and is not on the table at this point.	If the child/youth/family has transitioned within the last 90 days, the child/family is experiencing major transition problems and is at high risk of disruption. If transition is within the next 90 days, no supports or services have been established. There is no concept of a long-term view, only crisis management in the present.
NA	**Not Applicable**. No transition has occurred in the last 90 days, nor is a transition identified within the next 90 days.	

Section 5: Overall Pattern Ratings

OVERALL CHILD & FAMILY STATUS SCORING PROCEDURE

There are 8 indicators to be evaluated in the area of Child and Family Status. Each review produces a finding reported on a 6-point rating scale. A rating of either 6 (optimal), 5 (good), or 4 (fair) is considered "acceptable", i.e. a Strength. A rating of either 3 (marginal), 2 (poor), or 1 (adverse/worsening) is considered "unacceptable", i.e. an Area Needing Improvement. An "overall rating" of Child and Family Status is based on **the reviewer's holistic impression of the child & family's current status on applicable indicators**. The reviewer must consider the unique issues and context for **this child & family** to arrive at an overall child and family domain rating. (1) Begin by inserting the rating value for each review item on the Rating Sheet. (2) Disregard any indicators deemed not applicable in forming the holistic impression. (3) **Give weight to those items judged to be most important at this time for this child and family.** (4) Focusing on those applicable indicators giving them the greatest importance to the child and family at this time, determine an "overall rating" based on your general impression of the child and family's status. (5) Mark the box indicating your overall rating on the Rating Sheet.

Note: The Overall Rating should be no higher than the safety rating.

OVERALL SYSTEM/PRACTICE PERFORMANCE SCORING PROCEDURE

There are 11 indicators in the area of Practice Performance. Each review produces a finding reported on a 6-point rating scale. A rating of either 6 (optimal), 5 (good), or 4 (fair) is considered "acceptable", i.e. a Strength. A rating of either 3 (marginal), 2 (poor), or 1 (adverse/worsening) is considered "unacceptable", i.e. an Area Needing Improvement. An "overall rating" of practice performance is based on t**he reviewer's holistic impression of the appropriate execution of practice functions and the diligence it shows in response to this child and family.** Consider the fidelity with which each practice function is carried out and whether the intent of the function is being achieved. Overall, is the system taking the necessary actions to appropriately address the individual factors for this child and family that must be addressed if this child and family are to make progress toward positive outcomes? (1) Begin by inserting the rating value for each progress review item on the Rating Sheet. (2) Disregard any indicators deemed not applicable in forming the holistic impression. (3) **Give weight to those items judged to be most important at this time for this child and family**. (4) Focusing on those applicable indicators having the greatest importance to the child and family at this time, determine an "overall rating" based on your general impression of the practice performance. (5) Mark the box indicating your overall rating on the Rating Sheet.

ESTIMATING THE TRAJECTORY OF THIS CHILD'S EXPECTED COURSE OF CHANGE

Determination of current child status and service system performance is based on the observed current patterns as they emerge from the recent past. This method provides a <u>factual basis</u> for determination of current child status and service system performance. Forming a six-month forecast is based on <u>predicable future events</u> and <u>informed predictions</u> about the expected course of change over the next six months, <u>grounded on known current status and system performance as well as knowledge of tendency patterns</u> found in case history.

Based on what is known about this case and what is likely to occur in the near future, make an informed prediction of the forecast in this case. Mark the appropriate alternative future statement on the Rating Sheet. The facts that lead the reviewer to this view of case trajectory should be reflected in the reviewer's recommendations.

Scale for Estimating a Level of Emotional Functioning for a Child or Youth

Rate actual functioning at the time of review. Examples of behavior provided are only illustrative and are not required for a particular level of functioning. Rely on interview results obtained from the parent/caregiver; teacher; caseworker, therapist; psychiatrist; and child, if appropriate.

Estimating a Child/Youth's Level of Emotional Functioning

Level Levels of Emotional Functioning to be Used by the Reviewer

10 Excellent emotional functioning in all areas (at home, at school, with peers, in the community); involved in a wide range of activities and has many interests (e.g., has hobbies, participates in extracurricular activities, belongs to an organized group such as the Scouts);
likable, confident; "everyday" worries never get out of hand; doing well in school; getting along with others; behaving appropriately; no symptoms.

9 Adequate emotional functioning in all areas: secure in family, in school, and with peers; there may be transient difficulties but "everyday" worries never get out of hand (e.g., mild anxiety about an important exam; occasional "blow-ups" with siblings, parents/ caregivers, or peers).

8 No more than slight impairment in emotional functioning at home, at school, with peers, and in the community; some disturbance of behavior or emotional distress may be present in response to life stresses (e.g., parental/caregiver separation, death, birth of a sibling), but these are brief and interference with functioning is transient; such youth are only minimally disturbing to others and are not
considered deviant by those who know them.

7 Some difficulty in a single area, but generally functioning fairly well (e.g., sporadic or isolated antisocial acts, such as occasional truancy or committing petty theft; consistent minor difficulties with school work; mood changes of brief duration; fears and anxieties that do not lead to gross avoidance behavior; self-doubts); has some meaningful interpersonal relationships; most people who
do not know the youth well would not consider him/her deviant but those who know him/her well might express concern.

6 Variable functioning with sporadic difficulties or symptoms in several but not all social areas; disturbance would be apparent to those who encounter the child in a dysfunctional setting or time but not to those who see the youth in other settings.

NOTE: Children and youth rated lower than Level 6 may be considered to have a Serious Emotional Disability (SED)

5 Moderate degree of interference in emotional functioning in most social areas or severe impairment of functioning in one area, such as might result from, for example, suicidal preoccupations and ruminations, school refusal and other forms of anxiety, obsessive rituals,
major conversion symptoms, frequent anxiety attacks, poor or inappropriate social skills, frequent episodes of aggressive or other antisocial behavior with some preservation of meaningful social relationships.

4 Major impairment in functioning in several areas and unable to function in one of these areas; i.e., disturbed at home, at school, with peers, or in society at large; e.g., persistent aggression without clear instigation, markedly withdrawn and isolated behavior due to either thought or mood disturbance, suicidal attempts with clear lethal intent; such youth are likely to require special schooling and/or
hospitalization (but this alone is not a sufficient criterion for inclusion in this category).

3 Unable to function in almost all areas, e.g., stays at home, in a ward, or in a bed all day without taking part in social activities or severe impairment in reality testing or serious impairment in communication (e.g., sometimes incoherent or inappropriate).

2 Needs considerable supervision to prevent hurting self or others (e.g., frequently violent, repeated suicide attempts) or to maintain personal hygiene or gross impairment in all forms of communication (e.g., severe abnormalities in verbal and gestural communication, marked social aloofness, stupor).

1 Needs constant supervision (24-hour care) due to severely aggressive or self-destructive behavior or gross impairment in reality testing, communication, cognition, affect, or personal hygiene.

NA Not Applicable due to age of the young child [under age 2 years].

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Reference Guide for Older Adolescents 18 – 21 years old

This reference guide provides the reviewer with additional guidance and considerations for the young adult population.

Child and Family Status Indicators	
Safety	• Contact with family member(s) the youth were abused/neglected by as a minor • Consider any youth circumstance such as homelessness, sexual exploitation, and/or domestic violence, risk to self or any runaway behaviors
Living Arrangement	• Consider: homelessness, sustainability of housing and planning for such upon case closure • If young adult is developmentally delayed, have housing referrals been made to the necessary agencies allowing for developmentally/age appropriate skill development?
Learning and Development	• Is the young adult enrolled/regularly attending high school, GED program, post-secondary educational program or vocational/training program? • Is the young adult receiving the necessary assistance to continue their education if desired? • Does the young adult have a learning/developmental disability that needs to be addressed? • Linkage with academic supports, PSAT/SAT related services, completion of applications, financial aid (FAFSA, FC Scholars) and IEP
System Performance Indicators	
Engagement of Child and Family	• Are creative and flexible engagement strategies being utilized? • Is the engagement of family applicable to the young adult? Who does the youth identify as their "family" and how are these individuals engaged? • Is the young adult's voice heard by the team and evident in the planning and services?
Teamwork and Coordination	• Has the young adult been engaged in deciding who is a part of their team? • Are the formal and informal supports, relevant to the youth, part of the working team? • Are supports in the team sustainable beyond case closure and into adulthood?
Ongoing Assessment Process	• Has the life skills assessment been completed and integrated into the assessment of needs and necessary supports for the young adult?
Long Term View	• What services are sustainable for the young adult beyond case closure and into adulthood to address ongoing needs? • Will the steps being taken lead to the young adult being successful upon leaving care?
Child and Family Planning Process	• Have all the potential permanency options been explored? • Does planning support connections to caring adults and maintaining those connections? • Has the transitional plan been completed and integrated into the assessment of needs? • Is the plan youth driven, realistic and developmentally appropriate?
Plan Implementation	• Are developmental abilities of the young adult considered in the implementation of the plan?
Provision of Health Care Services	• Is the young adult aware of healthcare services and supports in the community? • Is the young adult aware of the information contained in his/her health passport?
Resource Availability	• Consider supports/services for specific populations – pregnant/parenting, criminal justice issues, immigration issues, domestic violence survivors and/or perpetrators/batterers.
Successful Transitions	• Is the young adult allowed to make decisions that allow for healthy risk taking and growth? • Has the young adult been linked to health insurance/Medicaid? • Has the young adult been linked to adult mental health supports/services as appropriate?

Reference Guide for Consideration of Sexual Orientation and Gender Identity and Expression

This document helps reviewers explore and understand a piece of youth's identity -- their gender identity and expression and the youth's sexual orientation.
A child/youth's sexual orientation, gender identity expression could be an important aspect of their life that has implications regarding the child/youth's status and may also implicate practice. On the other hand, a youth's sexual orientation, gender identity expression may not be a large focus and may not have a significant impact on the youth's status or the system's practice.

Identity	• How does the child/youth identify themselves: including gender, sexual orientation, race, religion, disability? • How is the child/youth's gender and sexual orientation understood by team members? • Are there any LGBTQI community organizations with which the youth is involved? Is the youth connected to a positive support system?
Safety	• Are there safety concerns related to this child/youth identity expression, sexual orientation? • What actions is the worker or other adults taking to support the child/youth's safety in the community, particularly as it relates to the youth's sexual orientation, gender identity expression? • Is the child/youth feeling isolated, picked on, intimidated, threatened by or unsafe with persons in the community?
Stability, Permanency and Well-being	• Do the caregivers know and understand the child/youth's sexual orientation, gender identity expression? What is their level of acceptance? Would the caregivers be supportive of the child/youth's sexual orientation, gender identity expression if they were aware? Would the caregiver be open to getting support to be more accepting and affirming? • Does the child/youth feel supported in their identity by caring adults? Who are those caring adults? In what ways are they supportive of the youth? • What activities do the caregivers/birth parents/other important adults with whom permanency is being explored do with the child/youth to support the child/youth's identity?
Community	• Are there any possible safety concerns in the community related to the youth's sexual orientation, gender identity expression? • Does the youth feel supported in their community? Are there community resources or school resources given any safety concern? • What actions is the worker or other adults taking to support the youth's well-being in the community, particularly as it relates to the youth's sexual orientation, gender identity expression? Do the caregivers need support with advocating for the youth in community, school, and other settings?
Engagement	• Does the worker engage the youth in conversation about their identity? Is the worker sensitive and responsive to the youth's sexual orientation, gender identity expression development needs? • How does the worker engage the youth's team in understanding the youth's identity? • Does the youth/parent's sexual orientation, gender identity expression create a barrier of engagement between the youth/parent and the worker/team/caregiver?
Supports and Services	• How do supports and services meet the needs related to sexual orientation, gender identity expression of the youth/caregivers? • Are there appropriate services in the community to meet the child/youth/family's need?

Note: When reviewers meet a youth who does not want their gender identity or sexual orientation shared with the caseworker, foster parent, parents, etc…explore with the youth:

- *Who else have you talked to about your gender identity or sexual orientation?*
- *Who can you talk to about this?*
- *Would it be okay for me to talk to your worker? What about the supervisor?*

Qualitative Review Protocol

Caseworker Debriefing Guide			
CATEGORY	**Guidelines**	**Sample Questions/Statements**	**Notes**
Explain Purpose	The purpose of the debriefing is to make sure you have understood the current status and facts of the case accurately, to provide constructive feedback and offer suggestions that may be helpful. • Briefly give a summary of what you understand to be the case story. • Describe current status, key players and important issues observed. • Share any new facts learned, noting it is not unusual given the substantial time invested in each case.		
Strengths First	Start with the strengths and why they are important, including those of the worker and the system. • You may allow the worker to share what they feel has worked well. • Confirm what was effective and identify what the worker did/said to help clearly picture their practice. • Give specific examples on how the practice benefitted the family favorably or improved their situation.	• "The family felt they had a good choice of providers in choosing a therapist and felt you were open to letting them choose. This really helped them remain in therapy & work toward their goals. " • "What have you done in this case that was effective?" or "What skills and abilities have contributed to the good outcomes?" • "May I tell you what I saw that was effective?" • "The fact that you included the father on the team despite his incarceration really helped him feel part of the plan and helped support the reunification upon his release. "	
Exploring Challenges	• **Provide an opportunity for workers to identify their own case issues.** *It may confirm many of the issues you have also found and open the door to build on what they have already identified to address the challenges.*	• "What have been some of the challenges?" • "Is there anything you would have done /have liked to do differently?"	
Providing Constructive Feedback	• Let the facts of the case communicate issues of concern, rather than stating them as your own assessment. • Identify discrepancies in a nonjudgmental way: "I'm confused…" or "help me understand…" are ways of communicating discrepancies. • Solution focused questions may be helpful in communicating concerns about issues that may not be perceived as harmful. • Ensure efforts to be strength based haven't made the status/performance issues appear more favorable than they are.	• You might say, "The teacher wondered if the child was on medication and how that was affecting his behavior. What is the system's policy on sharing such information?" • "I know reunification is the goal, but I'm confused because several of the case contributors seem to think the child will never go home." • "What resources/supports can the system offer to stabilize this child?" or "What would you do if you had the power to change the way the system works?" • "There has been a lot of good work done in this case, the fact that (blank example) creates an unacceptable safety rating. I want you to be aware that an unacceptable safety rating will result in an unacceptable child and family status rating.	
Suggestions/ Next Steps	• Suggestions should be specific and include the expected benefit. • Do not dictate case practice in this role, you are only identifying options that might be useful. • Don't overwhelm the worker with suggestions; you may want to offer options for a few next steps. • Give the worker an opportunity to ask questions, clarify and confirm you have gotten things right. • Allow the worker to provide insight as to what they see as next steps.	• "Including the treatment program in the team might help clarify some of the support services in place for the mother and address some of the concerns about the transition of this child into the mommy and me program." • "What would you see as the next three steps in the case?"	

Reviewer's Outline for Oral Case Presentation	
The Team Debriefing Process	The debriefing process is utilized as a way for the review teams to give an overview of the: family story, progress which the child and family has made, barriers which have been identified within the duration of the case review and expected outcomes of the case. This should be based on the information gathered within the time frame of the review. This process also gives reviewers an opportunity to communicate constructive and purposeful direction, as well as, delineate the course of action used to rate the assigned case.
Core Story of the Child and Family **≤2 minutes**	• Identify the focus child and household composition • Briefly provide an overview of the family's involvement including why the case was last opened • Remember you are providing context to the family' story, allowing time for more in depth discussion of the strengths and challenges in the next sections
Strengths First **≤4 minutes**	• Identify what facilitated the case moving successfully towards the principles of safety, stability, permanency and well being • Assess the progress of the worker, child, family, services and the case plan • Highlight the top 3-4 indicators that stood out as strengths of the case, citing specific examples of practice • Highlight positive outcomes for the families as a result of the practice
Exploring Challenges **≤4 minutes**	• Identify factors that kept the case from moving forward in the areas of safety, risk reduction, stability, permanency and well-being • Present any barriers/challenges faced by the worker, child, family in the areas of engagement, assessment, teaming and planning • Highlight the top 3-4 indicators that stood out as areas needing improvement, citing specific examples of practice • Provide examples of practice that were missed opportunities and how they hindered or may have helped the family
Expected and Achieved Outcomes **≤1 minute**	• Is there a "team" and are they effectively working together? • Is the family capable of executing a plan to sustain without the assistance of DCP&P and other formal supports? • Explain the reasoning for the six month forecast
Group Questions and Comments	• Reviewers ask questions about the teams' ratings • A learning opportunity to provide clarification & insight about rating process • Allows for inter-rater reliability

Qualitative Review Fact Sheet

QR #:	Click here to enter text.	County:	Click here to enter text.	Local Office:	Click here to enter text.

Review Information
Review: Click here to enter text.
Date: Click here to enter a date.
Reviewer: Click here to enter text.
Co-Reviewer:Click here to enter text.
Persons Interviewed:Click here to enter text.
Intake History
Total # of Referrals:Click here to enter text.
CPS:Click here to enter text.
CWS:Click here to enter text.
Other:Click here to enter text.
Case Type
☐ In-Home ☐ Out-of-Home ☐ Adolescents 18-21
Child Case Information
Child's Name: Click here to enter text.
Case Name:Click here to enter text.
NJS Case #:Click here to enter text.
Caseworker:Click here to enter text.
Supervisor:Click here to enter text.
Child Gender
☐ Male ☐ Female
Child Age

Date of Birth (00/00/0000):	Click here to enter text.
Actual age in Years (for Children 1 year & older):	Click here to enter text.
Actual age in Months (for Children 1 year & younger):	Click here to enter text.

Child Race (Check ALL that apply)
☐ White/Caucasian ☐ Black/African-American ☐ Native Hawaiian / Pacific Islander ☐ American Indian / Alaskan Native ☐ Asian ☐ Unknown

Ethnicity (Hispanic/Latino)
☐ Yes
☐ No
☐ Unknown
Current Living Arrangement/Location (Check only ONE)
☐ Own Home ☐ Informal Family Arrangement ☐ Hospital ☐ Own Apartment ☐ Independent Living Program ☐ Juvenile Detention Facility ☐ Youth Shelter ☐ Unrelated Foster Home ☐ Related Kinship Home ☐ Contract Agency Home ☐ Pre-Adoptive Home ☐ Treatment Home ☐ Group Home ☐ Residential Treatment Facility
Length of Stay in Current Placement (Out-of-Home cases ONLY)
☐ 0-3 months ☐ 4-6 months ☐ 7-9 months ☐ 10-12 months ☐ 13-18 months ☐ 19-36 months ☐ 37+ months
Placement Changes in Past Year (Out-of-Home Cases ONLY)
☐ None ☐ 1-2 Placements ☐ 3-5 Placements ☐ 6-9 Placements ☐ 10+ Placements

Qualitative Review Fact Sheet

Number of Siblings
(Out-of-Home cases ONLY)

- ☐ None
- ☐ 1-2
- ☐ 3-4
- ☐ 5+

Placed With Siblings
(Out-of-Home cases ONLY)

- ☐ All
- ☐ Some
- ☐ None
- ☐ N/A (if no siblings)

Reason Case Open
(Check ALL that apply)

- ☐ Physical Abuse
- ☐ Sexual Abuse
- ☐ Emotional Abuse
- ☐ Neglect
- ☐ CWS Case

Time Case Open

- ☐ 0-3 months
- ☐ 4-6 months
- ☐ 7-9 months
- ☐ 10-12 months
- ☐ 13-18 months
- ☐ 19-36 months
- ☐ 37+ months

Agencies Involved
(Check ALL that apply)

- ☐ DDD
- ☐ Special Education
- ☐ CMO
- ☐ YCM
- ☐ UCM
- ☐ JJC
- ☐ Substance Abuse
- ☐ Adult Mental Health
- ☐ Community Collaborative
- ☐ Mobile Crisis
- ☐ Family Dev. (TANF)
- ☐ FSO
- ☐ None
- ☐ Other: Click here to enter text.

Educational Placement or Situation
(Check ALL that apply)

- ☐ Regular K-12 ed.
- ☐ Full inclusion
- ☐ Part-time special education
- ☐ Self-cont. special education
- ☐ Homebound services
- ☐ Alternative education
- ☐ Vocational education
- ☐ Expelled
- ☐ Suspended, in-school
- ☐ Suspended, out-of- school
- ☐ Day treatment program
- ☐ Supported work
- ☐ Completed / Graduated
- ☐ College/Post High School
- ☐ Dropped out / Withdrew
- ☐ Truancy
- ☐ Adult Basic / GED
- ☐ Early Intervention Services
- ☐ Pre-K
- ☐ Other: Click here to enter text.

Reading Level:

- ☐ Pre-K
- ☐ K
- ☐ 1st
- ☐ 2nd
- ☐ 3rd
- ☐ 4th
- ☐ 5th
- ☐ 6th
- ☐ 7th
- ☐ 8th
- ☐ 9th
- ☐ 10th
- ☐ 11th
- ☐ 12th
- ☐ Post High School
- ☐ N/A
- ☐ Unable to determine

Qualitative Review Fact Sheet

Co-Occurring Conditions ~ Child *(Check ALL that apply)*:
☐ None
☐ Substance Abuse/Addiction
☐ Chronic Health Condition
☐ Sig. Behavioral / Emotional Problems
☐ Sensory Problem: Hearing
☐ Sensory Problem: Vision
☐ Developmental Delay
☐ Neurological Impairment/TBI
☐ Seizure
☐ Autism & Spectrum Disability
☐ Mental Illness
☐ Orthopedic Impairment
☐ Specific Learning Disability
☐ Trauma Victim
☐ Homelessness/Housing
☐ Domestic Violence
☐ Financial Instability (severe)
☐ ICPC Involved
☐ Legal / Court Involved
☐ Pregnant
☐ Parenting
☐ Other: Click here to enter text.

Co-Occurring Conditions ~ Parent *(Check ALL that apply)*:
☐ None
☐ Substance Abuse/Addiction
☐ Chronic Health Condition
☐ Sig. Behavioral / Emotional Problems
☐ Sensory Problem: Hearing
☐ Sensory Problem: Vision
☐ Developmental Delay
☐ Neurological Impairment/TBI
☐ Seizure
☐ Autism & Spectrum Disability
☐ Mental Illness
☐ Orthopedic Impairment
☐ Specific Learning Disability
☐ Trauma Victim
☐ Homelessness/Housing
☐ Domestic Violence
☐ Financial Instability (severe)
☐ ICPC Involved
☐ Legal / Court Involved
☐ Pregnant
☐ Other: Click here to enter text.

Current Grade Level:
☐ Pre-K
☐ K
☐ 1st
☐ 2nd
☐ 3rd
☐ 4th
☐ 5th
☐ 6th
☐ 7th
☐ 8th
☐ 9th
☐ 10th
☐ 11th
☐ 12th
☐ Adult Basic / GED
☐ Vocational/Trade School
☐ College - Associates Degree (2 Year)
☐ College - Bachelors Degree (4 Year)
☐ Not enrolled in School

Highest Degree Achieved:
☐ High School / GED
☐ Post High School - Vocational/Trade School
☐ College - Associates Degree (2 Year)
☐ College - Bachelors Degree (4 Year)
☐ N/A

Primary Permanency Goal *(Check only ONE)*
☐ Family Stabilization
☐ Independent Living
☐ Reunification
☐ Individual Stabilization
☐ Guardianship (KLG)
☐ Adoption
☐ Other: Click here to enter text.

Concurrent Permanency Goal *(Check only ONE)*
☐ Family Stabilization
☐ Independent Living
☐ Reunification
☐ Individual Stabilization
☐ Guardianship (KLG)
☐ Adoption
☐ Other: Click here to enter text.

New Jersey Qualitative Review Ratings Sheet

QR#	Child's Initials	Reviewers	Date	County
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

Child and Family Status Indicators

Indicator Zones	Improve		Refine		Maintain		
Safety/Permanency	1	2	3	4	5	6	N/A
1a. Safety: Home Setting	☐	☐	☐	☐	☐	☐	
1b. Safety: Other Setting	☐	☐	☐	☐	☐	☐	
2a. Stability: Home	☐	☐	☐	☐	☐	☐	
2b. Stability: Education	☐	☐	☐	☐	☐	☐	☐
3.Living Arrangement	☐	☐	☐	☐	☐	☐	
4. Family Functioning & Resourcefulness	☐	☐	☐	☐	☐	☐	☐
5. Prospects for Permanence	☐	☐	☐	☐	☐	☐	
6. Physical Health	☐	☐	☐	☐	☐	☐	
7. Emotional Well-Being	☐	☐	☐	☐	☐	☐	
8. Learning & development							
a. Under Age 5	☐	☐	☐	☐	☐	☐	☐
b. Age 5 and older	☐	☐	☐	☐	☐	☐	☐
Overall Status	☐	☐	☐	☐	☐	☐	

Six-Month Forecast or Prognosis

Based on the child's current status on key indicators, recent progress, the current level of service system performance, and events expected to occur over the next six months, is this child's status expected to improve, remain about the same, or decline or deteriorate in the next six months? (Check only one.)

Improve status ☐ 3
Continue status quo ☐ 2
Decline/Deteriorate ☐ 1

System Practice Performance

Indicator Zones	Improve		Refine		Maintain		
	1	2	3	4	5	6	N/A
1.Engagement							
a. Child/Youth	☐	☐	☐	☐	☐	☐	☐
b. Mother	☐	☐	☐	☐	☐	☐	☐
c. Father	☐	☐	☐	☐	☐	☐	☐
d. Resource Caregiver	☐	☐	☐	☐	☐	☐	☐
2.Teamwork & Coordination	☐	☐	☐	☐	☐	☐	
3. Ongoing Assessment Process							
a. Child/Youth	☐	☐	☐	☐	☐	☐	
b. Mother	☐	☐	☐	☐	☐	☐	☐
c. Father	☐	☐	☐	☐	☐	☐	☐
d. Resource Caregiver	☐	☐	☐	☐	☐	☐	☐
4. Long Term View	☐	☐	☐	☐	☐	☐	
5. Child & Family Planning Process	☐	☐	☐	☐	☐	☐	
6. Plan Implementation	☐	☐	☐	☐	☐	☐	
7. Tracking & Adjusting	☐	☐	☐	☐	☐	☐	
8. Provision of Health Care Services	☐	☐	☐	☐	☐	☐	
9. Resource Availability	☐	☐	☐	☐	☐	☐	
10. Family & Community Connections							
a. Mother	☐	☐	☐	☐	☐	☐	☐
b. Father	☐	☐	☐	☐	☐	☐	☐
c. Siblings	☐	☐	☐	☐	☐	☐	☐
11. Successful Transitions	☐	☐	☐	☐	☐	☐	☐
Overall Practice Performance	☐	☐	☐	☐	☐	☐	

New Jersey Qualitative Review Process

Case Detail Sheet Instructions

Case Detail Sheets assist the Office of Quality in preparing the final report for the county being reviewed. These reports provide necessary information to assist the county in developing their Program Improvement Plan.

Case Detail Sheet Instructions:

Please provide a summary of the "family picture." Although the focus is on the identified child, the family story should include an overall picture of the family's current situation and functioning. Please include the following:

- A brief history of the family's involvement with the Division
- Reason for the family's current involvement
- Family composition

When providing the rationale for any score, please include the following:

- A ***detailed*** explanation for each indicator that expounds upon the rationale for the score and encompasses multiple entities, when applicable.
    - For instance, when rating engagement, please make sure to discuss the level of engagement with the child, parent and Resource Family, as well as engagement overall, as applicable.
- It is important to discuss indicators receiving a score of 3 or less, identified as needing improvement, as well as those receiving a score of 5 or 6, identified as a significant strength. Please make sure to provide how the review team arrived at the score, providing concrete examples to strengthen the rationale. Some indicators, particularly those receiving a score of 4, may require information in both areas of strength and areas needing improvement, as there may be factors contributing to both.

During the QR please remember the following:

- Please use initials when discussing families and children.
- Case Details Sheets are due the Friday of the review week, prior to leaving the review site.
- Please submit the Case Detail Sheet electronically, as well as inserting a hard copy in the folder you are provided with for each case being reviewed.
- Case Detail Sheets are utilized to prepare the report for the county being reviewed. Case Detail Sheets provide ***critical*** information for writing the final report for the county.
- The amount of detail included assists the Office of Quality in preparing these reports and providing the most detailed and accurate information possible to the county for development of their Program Improvement Plan.

Department of Children and Families

Office of Quality

Qualitative Review Case Detail Sheet					
Date Of Review:	Click here to enter a date.	**County of Review:**	Click here to enter text.	**QR Number:**	Click here to enter text.
Youth's Age:	Click here to enter text.	**Youth Gender:**	Click here to enter text.	**Case Goal:**	Click here to enter text.
Lead Reviewer and Co-Reviewer Name:	Click here to enter text.				
FAMILY STORY: *Please provide a brief overview of the family story. Include: Family/Household composition; Historical Involvement with DCF/DCP&P; Reason for Current DCF/DCP&P involvement; Current status of identified child.*					
Click here to enter text.					

Child and Family Status Indicators:

Safety of the Child/Youth						
Home	☐ *1 Improve*	☐ *2*	☐ *3 Refine*	☐ *4*	☐ *5 Maintain*	☐ *6 Optimal*
Other Settings	☐ *1 Improve*	☐ *2*	☐ *3 Refine*	☐ *4*	☐ *5 Maintain*	☐ *6 Optimal*
Remarks on factors contributing to rating: *~ Level of protection from abuse, neglect, exploitation. ~ Child's level of freedom from intimidation & fear ~ Level of care, attention and support provided by caregiver to protect child~*						
Strengths	Click here to enter text.					
Areas needing Improvement	Click here to enter text.					

Stability of the Child/Youth							
Home	☐ *1 Improve*	☐ *2*	☐ *3 Refine*	☐ *4*	☐ *5 Maintain*	☐ *6 Optimal*	
Education *Rate for youth in educational setting*	☐ *1 Improve*	☐ *2*	☐ *3 Refine*	☐ *4*	☐ *5 Maintain*	☐ *6 Optimal*	☐ *N/A*
Remarks on factors contributing to rating: *~ Level of protection from abuse, neglect, exploitation. ~ Child's level of freedom from intimidation & fear ~ Level of*							

care, attention and support provided by caregiver to protect child~	
Strengths	Click here to enter text.
Areas needing Improvement	Click here to enter text.

Living Arrangement					
☐ *1 Improve*	☐ *2*	☐ *3 Refine*	☐ *4*	☐ *5 Maintain*	☐ *6 Optimal*
Remarks on factors contributing to rating: *~ Appropriateness in relation to: needs, family relationships, connections, age, abilities, special needs, peer group, culture, and language ~*					
Strengths	Click here to enter text.				
Areas needing Improvement	Click here to enter text.				

Family Functioning and Resourcefulness						
☐ *1 Improve*	☐ *2*	☐ *3 Refine*	☐ *4*	☐ *5 Maintain*	☐ *6 Optimal*	☐ *N/A*
Remarks on factors contributing to rating: *~ Capacity to take charge of their situation ~ Ability to develop and expand network of social & safety supports ~ Ability to provide child with care, nurturing, discipline, supervision and material support ~*						
Strengths	Click here to enter text.					
Areas needing Improvement	Click here to enter text.					

Prospects for Permanence					
☐ *1 Improve*	☐ *2*	☐ *3 Refine*	☐ *4*	☐ *5 Maintain*	☐ *6 Optimal*
Remarks on factors contributing to rating: *~ Nature of situation to provide for a lifelong home, enduring relationships, sense of family, stability and belonging~*					
Strengths	Click here to enter text.				
Areas needing Improvement	Click here to enter text.				

Physical Health of Child/Youth

Department of Children and Families

Office of Quality

☐ 1 Improve	☐ 2	☐ 3 Refine	☐ 4	☐ 5 Maintain	☐ 6 Optimal
Remarks on factors contributing to rating: *~ Status of health in relation to optimum health ~ Level of meeting basic physical needs* *~ Status of best attainable health in relation to chronic illness or disease (if applicable) ~*					
Strengths	Click here to enter text.				
Areas needing Improvement	Click here to enter text.				

Emotional Well-being					
☐ 1 Improve	☐ 2	☐ 3 Refine	☐ 4	☐ 5 Maintain	☐ 6 Optimal
Remarks on factors contributing to rating: *~ Age appropriateness of emotional development ~ Sense of well-being ~ Ability to cope and address day to day challenges ~*					
Strengths	Click here to enter text.				
Areas needing Improvement	Click here to enter text.				

Learning and Development							
Age 5 & Under	☐ 1 Improve	☐ 2	☐ 3 Refine	☐ 4	☐ 5 Maintain	☐ 6 Optimal	☐ N/A
Over Age 5	☐ 1 Improve	☐ 2	☐ 3 Refine	☐ 4	☐ 5 Maintain	☐ 6 Optimal	☐ N/A
Remarks on factors contributing to rating: *~ Age appropriateness of developmental status ~ Achievement of developmental milestones ~ Any developmental delays ~ Any necessary supports provided ~ Age and ability in relation to schooling ~*							
Strengths	Click here to enter text.						
Areas needing Improvement	Click here to enter text.						

Overall Child and Family Status					
☐ 1 Improve	☐ 2	☐ 3 Refine	☐ 4	☐ 5 Maintain	☐ 6 Optimal

System/Practice Performance Indicators:

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Engagement of Child & Family							
Child/Youth	☐ *1 Improve*	☐ *2*	☐ *3 Refine*	☐ *4*	☐ *5 Maintain*	☐ *6 Optimal*	☐ *N/A*
Mother	☐ *1 Improve*	☐ *2*	☐ *3 Refine*	☐ *4*	☐ *5 Maintain*	☐ *6 Optimal*	☐ *N/A*
Father	☐ *1 Improve*	☐ *2*	☐ *3 Refine*	☐ *4*	☐ *5 Maintain*	☐ *6 Optimal*	☐ *N/A*
Resource Caregiver	☐ *1 Improve*	☐ *2*	☐ *3 Refine*	☐ *4*	☐ *5 Maintain*	☐ *6 Optimal*	☐ *N/A*
Remarks on factors contributing to rating: *~ Engagement strategies used and effectiveness ~ Whether child and family are fully engaged with the team in a process of change ~ Existing relationships ~ Special accommodations ~*							
Strengths	Click here to enter text.						
Areas needing Improvement	Click here to enter text.						

Teamwork & Coordination					
☐ *1 Improve*	☐ *2*	☐ *3 Refine*	☐ *4*	☐ *5 Maintain*	☐ *6 Optimal*
Remarks on factors contributing to rating: *~ Team members report that they feel integral to the team and the family considers the team its own.~ Communication and collaboration occurs frequently~ Team members share a common view ~*					
Strengths	Click here to enter text.				
Areas needing Improvement	Click here to enter text.				

Ongoing Assessment Process							
Child/Youth	☐ *1 Improve*	☐ *2*	☐ *3 Refine*	☐ *4*	☐ *5 Maintain*	☐ *6 Optimal*	
Mother	☐ *1 Improve*	☐ *2*	☐ *3 Refine*	☐ *4*	☐ *5 Maintain*	☐ *6 Optimal*	☐ *N/A*
Father	☐ *1 Improve*	☐ *2*	☐ *3 Refine*	☐ *4*	☐ *5 Maintain*	☐ *6 Optimal*	☐ *N/A*
Resource Caregiver	☐ *1 Improve*	☐ *2*	☐ *3 Refine*	☐ *4*	☐ *5 Maintain*	☐ *6 Optimal*	☐ *N/A*
Remarks on factors contributing to rating: *~ Level of assessment and understanding of the child and families strengths, needs, risks, underlying issues & family*							

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Remarks on factors contributing to rating: *~ Level of assessment and understanding of the child and families strengths, needs, risks, underlying issues & family situation to ensure the best plan possible ~*	
Strengths	Click here to enter text.
Areas needing Improvement	Click here to enter text.

Long Term View					
☐ 1 ***Improve***	☐ 2	☐ 3 ***Refine***	☐ 4	☐ 5 ***Maintain***	☐ 6 ***Optimal***
Remarks on factors contributing to rating: *~ Adequacy of plan that will allow family to thrive away from the child welfare system ~ Adequacy of plan to adapt over time & across settings ~*					
Strengths	Click here to enter text.				
Areas needing Improvement	Click here to enter text.				

Child & Family Planning Process					
☐ 1 ***Improve***	☐ 2	☐ 3 ***Refine***	☐ 4	☐ 5 ***Maintain***	☐ 6 ***Optimal***
Remarks on factors contributing to rating: *~ Design of plan to assist child & family in achieving identified goals and address needs ~ Is plan comprehensive, individualized & realistic? ~ Plans design to unify agencies ~ Strength based nature of plan ~ Level of involvement of family members in the plans development ~*					
Strengths	Click here to enter text.				
Areas needing Improvement	Click here to enter text.				

Plan Implementation					
☐ 1 ***Improve***	☐ 2	☐ 3 ***Refine***	☐ 4	☐ 5 ***Maintain***	☐ 6 ***Optimal***
Remarks on factors contributing to rating: *~ Whether strategies, services and activities are taking place as designed ~ Timeliness of plan and relation to urgency of the situation ~ Whether plan is dynamic and adaptable to achieve desired results ~*					
Strengths	Click here to enter text.				
Areas needing Improvement	Click here to enter text.				

Tracking and Adjustment					
☐ 1 Improve	☐ 2	☐ 3 Refine	☐ 4	☐ 5 Maintain	☐ 6 Optimal
Remarks on factors contributing to rating: *~ Level of follow up to monitor progress, changing needs and effectiveness of the plan ~ Modification conducted in response to changing situations ~ Family response to learning what works ~*					
Strengths	Click here to enter text.				
Areas needing Improvement	Click here to enter text.				

Provision of Health Care Services					
☐ 1 Improve	☐ 2	☐ 3 Refine	☐ 4	☐ 5 Maintain	☐ 6 Optimal
Remarks on factors contributing to rating: *~ Degree health care services provided address what is required for child to achieve best attainable health status ~ Timely screenings, dentals, equipment, routine care ~ Are special needs addressed if necessary?*					
Strengths	Click here to enter text.				
Areas needing Improvement	Click here to enter text.				

Resource Availability					
☐ 1 Improve	☐ 2	☐ 3 Refine	☐ 4	☐ 5 Maintain	☐ 6 Optimal
Remarks on factors contributing to rating: *~ Degree to which services and supports are available to address needs ~ Adequacy of array ~ Choice of providers ~ Informal & formal supports ~*					
Strengths	Click here to enter text.				
Areas needing Improvement	Click here to enter text.				

Family and Community Connections							
Mother	☐ 1 Improve	☐ 2	☐ 3 Refine	☐ 4	☐ 5 Maintain	☐ 6 Optimal	☐ N/A
Father	☐ 1 Improve	☐ 2	☐ 3 Refine	☐ 4	☐ 5 Maintain	☐ 6 Optimal	☐ N/A
Siblings	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ N/A

	Improve		Refine		Maintain	Optimal	
Remarks on factors contributing to rating: *~ How well connections are maintained when family members are living apart from one-another ~ How are visits used to strengthen family ties ~*							
Strengths	Click here to enter text.						
Areas needing Improvement	Click here to enter text.						

Successful Transitions						
☐ 1 ***Improve***	☐ 2	☐ 3 ***Refine***	☐ 4	☐ 5 ***Maintain***	☐ 6 ***Optimal***	☐ N/A
Remarks on factors contributing to rating: *~ How the next or current transition for the family or child is planned for to assure a smooth, successful adjustment ~*						
Strengths	Click here to enter text.					
Areas needing Improvement	Click here to enter text.					

Overall Practice Performance					
☐ 1 ***Improve***	☐ 2	☐ 3 ***Refine***	☐ 4	☐ 5 ***Maintain***	☐ 6 ***Optimal***