

				Blaming, Verbal Abuse, Threatening (QQ) Preponderance of Evidence(B)					
	mm/dd/yyyy hr:mi		Alleged Mother	Abandonment (AA) Preponderance of Evidence(B)	Level 2 - 24 hours	Inv	mm/dd/yyyy	mm/dd/yyyy	mm/dd/yyyy hr:mi
	mm/dd/yyyy		Alleged Father	Abandonment (AA) Preponderance of Evidence(B)	Level 2 - 24 hours	Inv	mm/dd/yyyy	mm/dd/yyyy	mm/dd/yyyy

B. In how many of the reports listed in the table was the investigation or assessment NOT initiated in accordance with the state's time frames and requirements for a report of that priority?

C. In how many of the reports in the table was face-to-face contact with the child who is the subject of the report NOT made in accordance with the state's time frames and requirements for a report of that priority?



D. For all reports identified in B and C, were the reasons for the delays due to circumstances beyond the control of the agency?

Yes: No: N/A

Explain the reason for any delays related to reports identified in B and C in the narrative field below.

Section I Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate
Item #2: Services to family to protect children in the home and prevent removal or re-entry into foster care

(Item #2 Content)



A. Did the agency make concerted efforts to provide or arrange for appropriate services for the family to safely prevent the children from entry into foster care or re-entry into foster care after reunification? (For period under review)

Yes: No: N/A:

Explain any concerns:



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

Yes: No: N/A:

Explain any concerns:

Item #3: Risk and safety assessment and management

(Item #3 Content)

A. Abuse or Neglect Allegations

1) **There were abuse or neglect allegations about the family, but they were never formally reported or formally investigated/assessed.**

Yes: No:

2) **There were abuse or neglect allegations that were not substantiated despite evidence that would support substantiation.**

Yes: No:



B. If the case was opened during the review period, did the agency conduct an initial assessment that accurately assessed all risk and safety concerns for the target child in foster care and/or any child(ren) in the family remaining in the home?

Yes: No: N/A:

Explain any concerns:



C. Did the agency conduct ongoing assessments that accurately assessed all of the risk and safety concerns for the target child in foster care and/or any child(ren) in the family remaining in the home? (During period of review)?

Yes: No: N/A:

Explain any concerns:



**D. If safety concerns were present, did the agency:
(1) develop an appropriate safety plan with the
family and (2) continually monitor and update
the safety plan as needed, including monitoring
family engagement in any safety-related
services?**

Yes: No: N/A:

Explain any concerns:

E. Indicate whether any safety-related incidents occurred during the period under review.
Select all that apply:

- N/A (no safety issues were present during the period under review).
- No safety-related incidents occurred that were not adequately addressed by the agency.
- Recurring abuse or neglect: There was at least one substantiated or indicated abuse or neglect report on any child in the family during the period under review AND there was another substantiated report within a 6-month period before or after that report that involved the same or similar circumstances. In determining the similarity of the circumstances, consider the perpetrator of the abuse or neglect and other individuals involved in the incident.
- Recurring safety concerns: There was at least one abuse or neglect report involving any child in the family during the period under review that was handled by an alternative response and resulted in opening the case for services to address safety concerns (this decision may have been made by the agency or by a private provider under contract with the agency) AND there was at least one additional abuse or neglect report within a 6-month period before or after that report that was handled by an alternative response and resulted in a decision to open the case for services to address the same or similar safety concerns (the case may have been opened for services by the agency or by a private provider under contract with the agency). In determining the similarity of the concerns, consider the perpetrator of the abuse or neglect, other individuals involved in the incident, and the type of safety issues that existed.
- The case was closed while significant safety concerns that were not adequately addressed still existed in the home.

Other (describe the safety concern that existed with visitation)



F. Were there safety concerns pertaining to the target child in foster care and/or any child(ren) in the family remaining in the home that were not adequately or appropriately addressed by the agency? (Period of review)

N/A

G. For foster care cases only, indicate whether any safety concerns related to visitation were present during the period under review. Select all that apply:

N/A (target child did not have any visitations)

No safety concerns related to visitation were present that were not appropriately addressed by the agency.

Sufficient monitoring of visitation by parents/caretakers or other family members was not ensured.

Unsupervised visitation was allowed when it was not appropriate.

Visitation was court-ordered despite safety concerns that could not be controlled with supervision.

Other (describe the safety concern that existed with visitation)



H. Was there a safety concern related to the target child in foster care during visitation with parents/caretakers or other family members?

No



I. For foster care cases only, indicate whether any concerns existed for the child in at least one foster care placement during the period under review.
Select all that apply:

- No safety concerns existed for the target child while in foster care placement that were not adequately addressed.
- There was a substantiated allegation of abuse or neglect of the child by a foster parent (including a relative foster parent) or facility staff member that could have been prevented if the agency had taken appropriate actions.
- There was a critical incident report or other major issue relevant to noncompliance by foster parents or facility staff that could potentially make the child unsafe, and the agency could have prevented it or did not provide an adequate response after it occurred.
- The child's placement during the period under review presented other risks to the child that are not being addressed, even though no allegation was made and no critical incident reports were filed.
- You discover that there are safety concerns related to the child in the foster home of which the agency is unaware because of inadequate monitoring.
- Other (describe any other safety concerns that existed with the child's foster placement)

- ?** J. For foster care cases only, during the period under review, was there a concern for the target child's safety related to the foster parents, members of the foster parents' family, other children in the foster home or facility, or facility staff members, that was not adequately or appropriately addressed by the agency?

Yes

Section II Permanency Outcome 1: Children have permanency and stability in their living situations
Item #4: Stability of foster care placement

(Item #4 Content)

? A. Placement Table

Placement Date	Placement Type	Reason for Change in Placement Setting
mm/dd/yyyy		
mm/dd/yyyy		

- ?** B. How many placement settings did the child experience during the period under review?

2

- ?** C. Were all placement changes planned by the agency in an effort to achieve the child's case goals or to meet the needs of the child? (During period of review)?

Yes: No: N/A

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

- None apply, placement is stable.
- The child's current placement is in a temporary shelter or other temporary setting.
- There is information indicating that the child's current substitute care provider may not be able to continue to care for the child.
- There are problems in the current placement threatening its stability that the agency is not addressing.
- The child has run away from this placement more than once in the past, or is in runaway status at the time of the review.
- Other (describe reason current placement is not stable)



E. Is the child's current placement setting (or most recent placement if the child is no longer in foster care) stable?

Yes

Item #5: Permanency goal for child

(Item #5 Content)

? A. Permanency Goal Table

Permanency Goal	Date Established	Days in Foster Care before Goal Established	Reason for Goal Change
Reunification (01)	6/6/2016	51	
Adoption (02,03)	7/1/2016	83	Moved in with Grandparents

B. What is (are) the child's current and concurrent permanency goal(s)? (If the case was closed during the period under review, identify the permanency goal before the case was closed)

Permanency Goal: None Identified:

Concurrency Goal (if applicable): None Identified:

Explanation:

? C.

Is the child permanency goal specified in the Case File?

Yes: No: N/A:

Explain any concerns:

? D.

Were all the permanency goal(s) that were in effect during the period under review established in a timely manner?

Yes: No: N/A:

Explain any concerns:



E. Were all permanency goals in effect during the period under review appropriate to the child's needs for permanency and to the circumstances of the case?

Yes: No:

Explain any concerns:



F. Has the child been in foster care for at least 15 of the most recent 22 months?

Yes



G. Does the child meet other Adoption and Safe Families Act criteria for termination of parental rights?

Yes: No: N/A:



H. Did the agency file or join a termination of parental rights petition before the period under review or in a timely manner during the period under review?

Yes: No: N/A:



I. Indicate whether any of the following exceptions to the termination of parental rights requirement apply.

N/A:

1) At the option of the state, the child is being cared for by a relative at the 15/22-month time frame.

Yes: No:

2) The agency documented in the case plan a compelling reason for determining that termination of parental rights would not be in the best interests of the child.

Yes: No:

3) The state has not provided to the family the services that the state deemed necessary for the safe return of the child to the child's home.

Yes: No:



J. Did an exception to the requirement to file or join a termination of parental rights petition exist?

Yes: No: N/A:

Item #6: Achieving reunification, guardianship, adoption, or other planned permanent living arrangement

(Item #6 Content)



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

/ /



B. What is the time in care (in months) at the time of the onsite review?



C. What is the date the child discharged from foster care?

 / /


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

- None Identified
- Reunification (01)
- Guardianship (07)
- Adoption (02,03)
- Another Planned Permanent Living Arrangement (06)
- Placement with Fit and Willing Relative (08)



E. Did the agency and court make concerted efforts to achieve permanency in a timely manner?

Yes: No: N/A:

Explain any concerns:



F. If the child's current/most recent permanency goal is (was) another permanent planned living arrangement, what is (was) the child's permanent living arrangement?

- NA
- Placement with a non-relative foster parent until age of majority or extended age.
- Placement with a specified relative in foster care until age of majority or extended age
Placement in a longer-term facility until transition to an adult care facility.

Placement in an independent living program/supervised independent living until age of majority or extended age.

Other



G. For a child with a goal of another permanent planned living arrangement, what is the date of documentation regarding “permanency” of the child’s living arrangements?

N/A: No Date: / /



H. For a child with a goal of another permanent planned living arrangement, did the agency and court make concerted efforts to place the child in a living arrangement that can be considered permanent until discharge from foster care?

Yes: No: N/A:

Explain any concerns:

Section II Permanency Outcome 2: The continuity of family relationships and connections is preserved for children
Item #7: Placment with siblings

(Item #7 Content)



A. Was the child placed with all siblings who also were in foster care during the period under review?

Yes: No: N/A:



B. If the answer to question A is No, was there a valid reason for the child's separation from the siblings?

Yes: No: N/A

Explain any concerns:

Item #8: Visiting with parents and siblings in foster care

(Item #8 Content)

Parent 1:

Parent 2:



Parent Questions (refer to guide for applicable cases):



A. What was the usual frequency of visits between the parent 1 and the child? (During the period under review)?
Select the box next to the statement that best describes the typical frequency of visits.

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



B. Were concerted efforts made to ensure that visitation (or other forms of contact if visitation was not possible) between the child and his or her parent 1 was of sufficient frequency to maintain or promote the continuity of the

Yes: No: N/A:

relationship? (During period under review)



C. Were concerted efforts made to ensure that the quality of visitation between the child and the parent 1 was sufficient to maintain or promote the continuity of the relationship? (During period under review)

Yes: No: N/A:



D. What was the usual frequency of visits between the parent 2 and the child? (During the period under review)?
Select the box next to the statement that best describes the typical frequency of visits.

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



E. Were concerted efforts made to ensure that visitation (or other forms of contact if visitation was not possible) between the child and his or her parent 2 was of sufficient frequency to maintain or promote the continuity of the relationship? (During period under review)

Yes: No: N/A:



F. Were concerted efforts made to ensure that the quality of visitation between the child and the parent 2 was sufficient to maintain or promote the continuity of the relationship? (During period under review)

Yes: No: N/A:



Sibling Questions (refer to guide for applicable cases):



G. What was the usual frequency of visits between the child and his or her siblings during the period under review? Select the box next to the statement that best describes the usual frequency of visits between the siblings and the child during the period under review.

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



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

Yes: No: N/A:



I. Were concerted efforts made to ensure that the quality of visitation between the child and his or her sibling(s) was sufficient to promote the continuity of their relationships?

Yes: No: N/A:

Item #9: Preserving connections

(Item #9 Content)



A. **Were concerted efforts made to maintain the child's important connections (for example, neighborhood, community, faith, language, extended family members including siblings who are not in foster care, Tribe, school, and/or friends)? (During period under review)**

Yes: No: N/A:



B. **Was a sufficient inquiry conducted with the parent, child, custodian, or other interested party to determine whether the child may be a member of, or eligible for membership in, a federally recognized Indian Tribe?**

Yes: No: N/A:



C. **If the child may be a member of, or eligible for membership in, a federally recognized Indian Tribe, during the period under review, was the Tribe provided timely notification of its right to intervene in any state court proceedings seeking an involuntary foster care placement or termination of parental rights?**

Yes: No: N/A:



D. **If the child is a member of, or eligible for membership in, a federally recognized Indian Tribe, was the child placed in foster care in accordance with Indian Child Welfare Act placement preferences or were concerted efforts made to place the child in accordance**

Yes: No: N/A:

with the Act's placement preferences?

Item #10: Relative placement

(Item #10 Content)



A. Is this case applicable? (refer to guide)

Yes: No:



B. Was the child's current or most recent placement with a relative?

Yes: No: N/A



C. If the child's current or most recent placement is with a relative, is (or was) this placement stable and appropriate to the child's needs?

Yes: No: N/A:



D. Did the agency make concerted efforts to identify, locate, inform, and evaluate maternal relatives as potential placements for the child, with the result that maternal relatives were ruled out as placement resources (due to fit, relative's unwillingness, or child's best interests)?

Yes: No: N/A:

If No, specify the area in which concerns existed:

Identify: Locate:
Inform: Evaluate:



E. Did the agency make concerted efforts to identify, locate, inform, and evaluate paternal relatives as potential placements for the child, with the result that paternal relatives were ruled out as placement resources (due to fit, relative's

Yes: No: N/A:

unwillingness, or child's best interests)?

If No, specify the area in which concerns existed:

Identify: Locate:
Inform: Evaluate:

Item #11: Relationship of child in care with parents

(Item #11 Content)

Parent 1:

Parent 2:

Parent Questions (refer to guide for applicable cases):

A. Were concerted efforts made to promote, support, and otherwise maintain a positive and nurturing relationship between the child in foster care and his or her parent 1? (During period under review)

Yes: No: N/A:

B. What concerted efforts were made to support or strengthen the parent 1-child relationship? Select all that apply if question A is Yes

NA

Encouraged the parent 1's participation in school activities and case conferences, attendance at doctors' appointments with the child, or engagement in the child's after-school or sports activities?

Provided or arranged for transportation or provided funds for transportation so that the parent 1 could attend the child's special activities and doctors' appointments?

- Provided opportunities for therapeutic situations to help the parent 1 and child strengthen their relationship?
- Encouraged the foster parents to provide mentoring or serve as role models to the parent 1 to assist her in appropriate parenting?
- Encouraged and facilitated contact with a parent 1 not living in close proximity to the child?

Other



C. Were concerted efforts made to promote, support, and otherwise maintain a positive and nurturing relationship between the child in foster care and his or her parent 2? (During period under review)

Yes: No: N/A:



D. What concerted efforts were made to support or strengthen the parent 2-child relationship? Select all that apply if question C is Yes

NA

- Encouraged the parent 2's participation in school activities and case conferences, attendance at doctors' appointments with the child, or engagement in the child's after-school or sports activities?
- Provided or arranged for transportation or provided funds for transportation so that the parent 2 could attend the child's special activities and doctors' appointments?

- Provided opportunities for therapeutic situations to help the parent 2 and child strengthen their relationship?
- Encouraged the foster parents to provide mentoring or serve as role models to the parent 2 to assist in appropriate parenting?
- Encouraged and facilitated contact with a parent 1 not living in close proximity to the child?
- Other

Section I Wellbeing Outcome 1: Families have enhanced capacity to provide for their children's needs

Item #12: Needs and services of child, parents, and foster parents

(Item #12 Content)

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



For in-home services cases, indicate the names of the children who were included in the assessment of item 12A:



12(A)A. Did the agency conduct a formal or informal initial and/or ongoing comprehensive assessment that accurately

Yes: No:

assessed the children's needs? (During the period under review)

Explain any concerns:



12(A)B. Were appropriate services provided to meet the children's identified needs? (During the period under review)

Yes: No: N/A:

Explain any concerns:

Sub-Item 12B: Needs Assessment and Services to Parents Strength



Applicability:

Is sub-item 12B applicable for Parent 1? (refer to guide) Yes: No:

Is sub-item 12B applicable for Parent 2? (refer to guide) Yes: No:

Parent 1:

Parent 2:



Indicate the case participants who are included in this item as Parent 1:

Indicate the case participants who are included in this item as Parent 2:



12(B)A. Did the agency conduct a formal or informal initial and/or ongoing comprehensive assessment that accurately assessed the parent 1's needs? (During the period under review)

Yes: No: N/A:

Explain any concerns:



12(B)B. Did the agency provide appropriate services to the parent 1 to meet identified needs? (During the period under review)

Yes: No: N/A:

Explain any concerns:



12(B)C. Did the agency conduct a formal or informal initial and/or ongoing comprehensive assessment that accurately assessed the parent 2's needs? (During the period under review)

Yes: No: N/A:

Explain any concerns:

12(B)D. Did the agency provide appropriate services to the parent 2 to address identified needs? (During the period under review) Yes: No: N/A:

Explain any concerns:

Sub-Item 12C: Needs Assessment and Services to Foster Parents Strength

Is sub-item 12C applicable? (refer to guide) Yes: No:

12(C)A. Did the agency adequately assess the needs of the foster or pre-adoptive parents on an ongoing basis (with respect to services they need to in order to provide appropriate care and supervision to ensure the safety and well-being of the children in their care)? (During the period under review) Yes: No: N/A:

Explain any concerns:

12(C)B. Were the foster or pre-adoptive parents provided with appropriate services to address identified needs that pertained to their capacity to provide appropriate care and supervision of the Yes: No: N/A:

children in their care? (During the period under review)

Explain any concerns:

Item 13: Child and family involvement in case planning

(Item #13 Content)



**Is this case applicable?
(refer to guide)**

Yes: No:

Parent 1:

Parent 2:



**Indicate the case participants who are included
in this item as Parent 1:**

**Indicate the case participants who are included
in this item as Parent 2:**



**A. Did the agency make concerted efforts to
(to the extent of his/her abilities), actively
involve the child in the case planning
process?**

Yes: No: N/A:

Explain any concerns:

Indicate the names of the children who are included in the assessment of item 13:



B. Did the agency make concerted efforts to actively involve the parent 1 in the case planning process?

Yes: No: N/A:

Explain any concerns:



C. Did the agency make concerted efforts to actively involve the parent 2 in the case planning process?

Yes: No: N/A:

Explain any concerns:

Item 14: Caseworker visits with children

(Item #14 Content)



A. What was the most typical pattern of visitation between the caseworker and the child(ren) in the case? Select the box that describes the usual pattern of visitation.

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



B. Was the frequency of the visits between the caseworker and the child(ren) sufficient to address issues pertaining to the safety, permanency, and well-being of the child and promote achievement of case goals?

Yes: No:



C. Was the quality of the visits between the caseworker and the child(ren) sufficient to address issues pertaining to the safety, permanency, and well-being of the child and promote achievement of case goals (for example, did the visits between the caseworker and the child(ren) focus on issues pertinent to case planning, service delivery, and goal achievement)?

Yes: No: N/A:

Explain any concerns:

Item 15: Caseworker visits with parents

(Item #15 Content)



Is this case applicable?
(refer to guide)

Yes: No:

Parent 1:

Parent 2:



**Indicate the case participants who are included
in this item as Parent 1:**

**Indicate the case participants who are included
in this item as Parent 2:**



A. During the period under review, what was the most typical pattern of visitation between the caseworker and the parent 1 of the child(ren)? Select the appropriate response:

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



B. Was the frequency of the visits between the caseworker and the parent 1 sufficient to (1) address issues pertaining to the safety, permanency, and well-being of the child and (2) promote achievement of case goals?

Yes: No: N/A:



C. Was the quality of the visits between the caseworker and the parent 1 sufficient to address issues pertaining to the safety, permanency, and well-being of the child and promote achievement of case goals?

Yes: No: N/A:

Explain any concerns:



D. During the period under review, what was the most typical pattern of visitation between the caseworker and the parent 2 of the child(ren)? Select the appropriate response:

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



E. Was the frequency of the visits between the caseworker and the parent 2 sufficient to (1) address issues pertaining to the safety, permanency, and well-being of the child and (2) promote achievement of case goals?

Yes: No: N/A:



F. Was the quality of the visits between the caseworker and the parent 2 sufficient to address issues pertaining to the safety, permanency, and well-being of the child and promote achievement of case goals?

Yes: No: N/A:

Explain any concerns:

Section III Wellbeing Outcome II: Children receive appropriate services to meet their educational needs

Item #16: Educational needs of the child

(Item #16 Content)

A. Is this case applicable?
(refer to the guide) Yes: No:

B. Did the agency make concerted efforts to accurately assess the children's educational needs? (During the period under review)
Yes: No: N/A

C. Education Table

Indicate the names of the children who are included in the assessment of item 16

Add

Child Name	Educational Need	Services Provided	Services Needed But Not Provided	
				Remove
				Remove



D. Did the agency engage in concerted efforts to address the children’s educational needs through appropriate services? (During the period under review)

Yes: No: N/A:

Section III Wellbeing Outcome III: Children receive adequate services to meet their physical and mental health needs

Item #17: Physical health of the child

(Item #17 Content)



A. Is this case applicable? (refer to the guide)

Yes: No:



B. Physical and Dental Health Table

Indicate the names of the children who are included in the assessment of item 17

Child Name	Identified Physical or Dental Health Needs	Services Provided	Services Needed But Not Provided	
				Remove
				Remove



C. Did the agency accurately assess the children's physical health care needs? (During the period under review)

Yes: No: N/A:



D. Did the agency accurately assess the children's dental health care needs? (During the period under review)

Yes: No: N/A:

E. For foster care cases only, determine whether there was evidence that the following case-management criteria required by federal statute were met. (During the period under review)

- No evidence found
- To the extent available and accessible, the child's health records are up to date and included in the case file [Social Security Act § 475(1)(C)].
- The case plan addresses the issue of health and dental care needs [Social Security Act § 475(1)(C)].
- To the extent available and accessible, foster parents or foster care providers are provided with the child's health records [Social Security Act § 475(5)(D)].



F. Did the agency ensure that appropriate services were provided to the children to address all identified physical health needs? (During the period under review)

Yes: No: N/A:



G. Did the agency ensure that appropriate services were provided to the children to address all identified dental health needs? (During the period under review)

Yes: No: N/A:



H. For foster care cases only - Did the agency provide appropriate oversight of prescription medications for physical health issues? (During the period under review)

Yes: No: N/A:

Item #18: Mental/behavioral health needs of the child

(Item #18 Content)



A. Is case applicable? (refer to the guide)

Yes: No:



B. Mental and Behavioral Health Table

Indicate the names of the children who are included in the assessment of item 18

Add

Child Name	Identified Mental or Behavior Health Needs	Services Provided	Services Needed But Not Provided



C. Did the agency conduct an accurate assessment of the children's mental/behavioral health needs either initially (if the child entered foster care during the period under review or if the in-home services case was opened during the period under review) and on an ongoing basis to inform case planning decisions?

Yes: No: N/A:



D. Did the agency provide appropriate services to address the children's mental/behavioral health needs? (During the period under review)

Yes: No: N/A:



E. For foster care cases only - Did the agency provide appropriate oversight of prescription medications for mental/behavioral health issues? (During the period under review)

Yes: No: N/A:

Item Comments: