

## Evaluation and Monitoring ONSITE REVIEW INSTRUMENT

### Face Sheet

Name of county <u>and</u> region:		Case name:	Period under review:	
Reviewer(s):		Case Number:	Date case reviewed:	
<b>Target Child</b> <i>(Check only for Foster Care Cases)</i>	Child(ren)'s name(s):	Race and/or Ethnicity:	Date(s) of birth (MM/DD/YY):	Gender:
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
Type of case reviewed: <input type="checkbox"/> Foster Care Case <input type="checkbox"/> In-home Services Case				
Was this case opened for reasons other than child abuse and neglect? (i.e. CHINS)      Yes <input type="checkbox"/> No <input type="checkbox"/>				
Date of most recent case opening for all cases (MM/DD/YY): _____				
Date of the child's most recent entry into foster care (MM/DD/YY): _____ Not Applicable <input type="checkbox"/>				
Date of discharge from foster care for the most recent foster care episode (MM/DD/YY): _____				
Not Applicable <input type="checkbox"/> Not Yet Discharged <input type="checkbox"/>				
Date of case closure (for all cases) (MM/DD/YY): _____				
Case not closed by time of review <input type="checkbox"/>				
Reason the agency is working with the family (initial and evolving): (Check all that apply BUT place an asterisk '*' next to the <b>PRIMARY</b> reason)				
<input type="checkbox"/> Abandonment	<input type="checkbox"/> Alcohol Abuse-Child	<input type="checkbox"/> Alcohol Abuse-Parent	<input type="checkbox"/> Caretaker Inability to Cope	
<input type="checkbox"/> Child's behavior problem		<input type="checkbox"/> Child Disability	<input type="checkbox"/> Court Directed	
<input type="checkbox"/> Death of Parent(s)	<input type="checkbox"/> Drug Abuse-Child	<input type="checkbox"/> Drug Abuse-Parent	<input type="checkbox"/> Domestic violence in child's home	
<input type="checkbox"/> Emotional abuse	<input type="checkbox"/> Exploitation	<input type="checkbox"/> Inadequate Family Support	<input type="checkbox"/> Inadequate Food Supply	
<input type="checkbox"/> Physical abuse	<input type="checkbox"/> Inadequate Housing	<input type="checkbox"/> Medical Neglect	<input type="checkbox"/> Relinquishment	
<input type="checkbox"/> Incarceration of Parent	<input type="checkbox"/> Lack of Child Care	<input type="checkbox"/> Neglect (Does not include medical neglect)		
<input type="checkbox"/> Sexual abuse	<input type="checkbox"/> Runaway	<input type="checkbox"/> School Dropout	<input type="checkbox"/> Truancy	
<input type="checkbox"/> Unemployment	<input type="checkbox"/> Inadequate Income	<input type="checkbox"/> Other (specify): _____		
<i>Persons interviewed by the Reviewers (list below):</i>				
Date of Interview	Name of Case Participant	Relationship in Case	Type of Interview	
			<input type="checkbox"/> In-Person <input type="checkbox"/> Phone	
			<input type="checkbox"/> In-Person <input type="checkbox"/> Phone	
			<input type="checkbox"/> In-Person <input type="checkbox"/> Phone	
			<input type="checkbox"/> In-Person <input type="checkbox"/> Phone	
			<input type="checkbox"/> In-Person <input type="checkbox"/> Phone	



## Assuring Safety and Managing Risk

16	Please identify the circumstances that indicate a safety risk to the child and the services that were needed by the family to address safety issues and describe how those services were or were not provided by the agency during the period under review:
17	Please note the reason for removing the child from the home during the period under review without providing services (if relevant and reason is available) and provide the reviewers' reasons for determining whether the reason was appropriate or inappropriate:
Rating	Section 3 is rated: _____. Please elaborate on any findings:

<b>ITEM 4: Risk Assessment and Safety Management</b>				
18	If the case was opened during the period under review, did the agency conduct an initial assessment of the risk to the target child in foster care and/or any child(ren) in the family remaining in the home?	Yes	No	NA
19	During the period under review, did the agency conduct ongoing assessments of the risk to the target child in foster care and/or any child(ren) in the family remaining in the home?	Yes	No	NA
20	If the case was opened during the period under review for either foster care or in-home services, did the agency: (1) conduct an initial assessment of the safety of the target child in foster care and/or any child(ren) remaining in the home, and (2) develop a safety plan with the family for addressing identified safety issues?	Yes	No	NA
21	During the period under review, did the agency: (1) conduct ongoing safety assessments of the target child in foster care and/or any child(ren) remaining in the home, and (2) continually monitor and update the safety plan, including encouraging family engagement in services designed to promote achievement of the goals of the safety plan?	Yes	No	NA
22	During the period under review, were there safety concerns pertaining to the target child in foster care or any child(ren) in the family remaining in the home that were not adequately or appropriately addressed by the agency?	Yes	No	NA
23	During the period under review, was there a safety concern related to the target child in foster care during visitation by parents or other family members that could be attributed to not providing sufficient monitoring of visitation, permitting unsupervised visitation when it was not appropriate, or court-ordered visitation against agency recommendations?	Yes	No	NA
24	During the period under review, was there a concern for the target child's safety related to the foster parents, members of the foster parents' family, other children in the foster home or facility, or facility staff members that was not adequately or appropriately addressed by the agency? (Foster parents include pre-adoptive parents)	Yes	No	NA
25	During the period under review, if the target child was discharged from foster care to be reunited with parents or relatives or returned home on a trial home visit, did the agency conduct a thorough safety assessment?	Yes	No	NA

## Assuring Safety and Managing Risk

26	Describe the circumstances of the case that indicate risk concerns related to the child(ren):
27	Describe the circumstances of the case that indicate safety concerns related to the child(ren):
28	Describe the characteristics of the risk assessment(s) and safety assessment(s) (was one conducted, how was it conducted, when it was conducted, how comprehensive was it, what did it include or not include), including their timing:
29	If applicable, describe the nature of the safety concerns related to the child(ren) during visitation, including a description of the visitation (for example, was it unsupervised, and if so, was this appropriate?):
30	If applicable, describe the nature of the safety concerns related to the child(ren) from foster care providers and MDHS's activities with regard to addressing safety.
31	Identify the activities undertaken to monitor participation in safety-related services (or the absence of activities to monitor service participation):
32	Was there a report evidenced that the foster care provider(s) maltreated the child during the period under review? If Yes, describe the circumstances of that report, whether the agency might have prevented the maltreatment, and the agency's response:
Ratng	Section 4 is rated: _____. Please elaborate on any findings:

## Assessing Strengths and Needs

<b>ITEM 5. Needs and Services of Child, Parents, and Foster Parents</b>					
	33	During the period under review, did the agency conduct (1) a formal or informal initial comprehensive assessment of the child(ren)'s strengths and needs (if the case was opened during the period under review), or (2) an ongoing assessment to provide updated information regarding the <b>child(ren)'s</b> needs for case planning purposes (if the case was opened before the period under review)?	Yes	No	NA
	34	If Yes to #33, <b>and</b> the case was opened during PUR, was the initial children's strengths and needs assessment conducted within the first 30 days?	Yes	No	NA
	35	During the period under review, were all needed services provided to meet the child's identified needs?	Yes	No	NA
	36	Were all services provided to children in a timely manner?	Yes	No	NA
	37	Was the child interviewed prior to the completion of the strengths and needs assessment?	Yes	No	NA
	38	Is there clear evidence, <b>other than signatures</b> , of child involvement and input in the strengths and needs assessment?	Yes	No	NA
	39	Document the method that the agency used to assess the child's needs:			
	40	Document the services provided to the child(ren):			
	41	Document the services that were needed but not provided:			
	42	During the period under review, did the agency conduct (1) a formal or informal initial comprehensive assessment of the mother's strengths and needs (if the case was opened during the period under review) or (2) an ongoing assessment to provide updated information regarding the <b>mother's</b> needs for case planning purposes (if the case was opened before the period under review)?	Yes	No	NA
	43	If Yes to #42, <b>and</b> the case was opened during PUR, was the initial strengths and needs assessment of the mother conducted within the first 30 days?	Yes	No	NA
	44	Were all services provided to mother in a timely manner?	Yes	No	NA
	45	Was mother interviewed prior to the completion of the strengths and needs assessment?	Yes	No	NA
	46	Is there clear evidence, <b>other than signatures</b> , of mother involvement and input in the strengths and needs assessment?	Yes	No	NA
<b>Section B (#42-58)</b>	47	During the period under review, did the agency provide all needed services to the mother to meet identified and assessed needs (with respect to services the mother needs in order to provide appropriate care and supervision to ensure the safety and well-being of her children)?	Yes	No	NA
	48	During the period under review, did the agency conduct (1) a formal or informal initial comprehensive assessment of the <b>father's</b> strengths and needs (if the case was opened during the period under review) or (2) an ongoing assessment to provide updated information regarding the father's needs for case planning purposes (if the case was opened before the period under review)?	Yes	No	NA
	49	If Yes to #48, and the case was opened during PUR, was the initial strengths and needs assessment of the father conducted within the first 30 days?	Yes	No	NA
	50	During the period under review, did the agency provide all needed services to the father to address identified and assessed needs (with respect to services the father needs in order to provide appropriate care and supervision to ensure the safety and well-being of his children)?	Yes	No	NA

## Assessing Strengths and Needs

<b>Section B (Continued)</b>	51	Were all services provided to father in a timely manner?	Yes	No	NA
	52	Was father interviewed prior to the completion of the strengths and needs assessment?	Yes	No	NA
	53	Is there clear evidence, other than signatures, of father's involvement and input in the strengths and needs assessment?	Yes	No	NA
	54	Please indicate any reason why a needs assessment did not need to be completed on either the mother or father:			
	55	Document the services that were provided to the mother:			
	56	Document the services that the mother needed, based on an assessment, but that were not provided:			
	57	Document the services provided to the father:			
	58	Document the services that the father needed, based on an assessment, but that were not provided:			
<b>Section C (#59-63)</b>	59	During the period under review, did the agency conduct an assessment of the needs of the <b>foster or pre-adoptive parents</b> on an ongoing basis (with respect to services they need in order to provide appropriate care and supervision to ensure the safety and well-being of the children in their care)?	Yes	No	NA
	60	During the period under review, were the foster or pre-adoptive parents provided with all needed services to address identified needs that pertained to their capacity to provide appropriate care and supervision and ensure the safety and well-being of the children in their care?	Yes	No	NA
	61	Were all services provided to the foster/pre-adoptive family in a timely manner?	Yes	No	NA
	62	Document the services provided to the foster parent(s):			
	63	Document the services that the foster parent(s) needed, based on an assessment, but that were not provided:			
<b>Rating</b>	Section 5 (overall) is rated: _____ . Please elaborate on any findings:				

## Assessing Strengths and Needs

<b>ITEM 6. Educational Needs of the Child</b>				
64	During the period under review, did the agency make concerted efforts to assess and address the child(ren)'s educational needs?	Yes	No	NA
65	If case opened during PUR, were the child's educational needs assessed within 30 days of entry into foster care?	Yes	No	NA
66	If case opened during PUR, and the child is 3 years of age or younger, did (s)he receive a developmental assessment within 30 days of foster care entry?	Yes	No	NA
67	If not explained in the "reason for rating" section, document the process used for educational assessment, if relevant:			
68	Document in the chart below the services provided or not provided to address the child's educational needs. Services would include advocacy on the part of foster parents as well as the caseworker; ensuring that the child received special education classes; making provisions for the child to receive tutoring or educational mentoring; or arranging for the child to be enrolled in early intervention preschool classes, such as Head Start:			
	<b>Educational Needs</b>	<b>Services Provided</b>	<b>Services Needed but Not Provided</b>	
69	If there are services that were not or are not being provided, document agency efforts, or lack of agency efforts, to provide those services:			
70	Was the child enrolled in an accredited school within 3 days of custody or placement change?	Yes	No	NA
Rating	Section 6 is rated: _____ . Please elaborate on any findings:			

## Involving Children and Families in Case Planning and Decision Making

<b>ITEM 7. Child and Family Involvement in Case Planning</b>			
71	During the period under review, did the agency make concerted efforts to actively involve the <b>child</b> in the case planning process?	Yes	No NA
72	During the period under review, did the agency make concerted efforts to actively involve the <b>mother</b> in the case planning process?	Yes	No NA
73	During the period under review, did the agency make concerted efforts to actively involve the <b>father</b> in the case planning process?	Yes	No NA
74	Document the ways in which each party listed below was or was not involved in case planning (for example, identifying needs and services, establishing goals, evaluating progress, etc.) If the involvement of the child, mother, or father is determined by the reviewers to be Not Applicable, document the reasons for this determination (including any evidence of efforts to locate absent parents).		
	Child:		
	Mother:		
	Father:		
75	Is there evidence that the family was informed of and prepared to actively participate in case events, including the FTMs, case plan development, and court events?	Yes	No NA
	Please explain your answer to #75:		
76	Is there evidence that child(ren) and/or parent(s) were involved in choosing services included on their case plan?	Yes	No NA
77	Is there evidence of family involvement and input in the development of the case plan?	Yes	No NA
	Mother	Yes	No NA
78	Father	Yes	No NA
79	Age-appropriate child/youth	Yes	No NA
80	Were the service plans signed by the parents or guardians?	Yes	No NA
81	Were the service plans signed by the <b>child(ren)</b> , aged 6 and up? ( <i>Does not apply to Prevention cases but does apply to appropriate Foster Care and Protection cases. Elaborate in the 'Rating' section below.</i> )	Yes	No NA
82	Did the families attend the County Conferences during the period under review? ( <i>"Families" is the mother/father/primary caretaker/legal guardians, grandparents</i> )	Yes	No NA
Rating	Section 7 is rated: _____ . Please elaborate on any findings:		



## Involving Children and Families in Case Planning and Decision Making

<b>ITEM 8. Caseworker Visits with Child</b>				
<b>83</b>	During the period under review, 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	
<b>84</b>	During the period under review, 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.)	<input type="checkbox"/> More than once a week <input type="checkbox"/> Once a week <input type="checkbox"/> Less than once a week, but at least twice a month <input type="checkbox"/> Less than twice a month, but at least once a month <input type="checkbox"/> Less than once a month <input type="checkbox"/> Never		
<b>85</b>	Did the caseworker visits occur at least 2 times per month for <i>foster care/placement cases</i> , with at least <b>one</b> visit occurring in the home, or at least 2 times per month for <i>in-home cases</i> ?	Yes	No	NA
<b>86</b>	During the period under review, was the quality of the visits between the caseworker and the child(ren) sufficient to address issues pertaining to the safety, permanency, and well-being of the child and promote achievement of case goals ( <i>for example, did the visits between the caseworker and the child(ren) focus on issues pertinent to case planning, service delivery, and goal achievement</i> )?	Yes	No	
<b>87</b>	Please document barriers to more frequent visiting ( <i>if relevant</i> ) or explain why less frequent visitation was still appropriate, or not:			
<b>88</b>	Document examples of the caseworker visits with the child that contributed to high quality visits ( <i>if relevant</i> ) or why caseworker visits were not of high quality ( <i>if relevant</i> ), as related to the response in question #86:			
<b>Rating</b>	Section 8 is rated: _____ . Please elaborate on any findings:			

<b>ITEM 9. Caseworker Visits with Parents</b>				
<b>89</b>	During the period under review, was the frequency of the visits between the caseworker and the <b>mother</b> sufficient to address issues pertaining to the safety, permanency, and well-being of the child and promote achievement of case goals?	Yes	No	NA
<b>90</b>	During the period under review, what was the most typical pattern of visitation between the caseworker and the mother of the child(ren)?	<input type="checkbox"/> More than once a week <input type="checkbox"/> Once a week <input type="checkbox"/> Less than once a week, but at least twice a month <input type="checkbox"/> Less than twice a month, but at least once a month <input type="checkbox"/> Less than once a month <input type="checkbox"/> Not Applicable <input type="checkbox"/> Never		
<b>91</b>	During the period under review, was the frequency of the visits between the caseworker and the <b>father</b> sufficient to address issues pertaining to the safety, permanency, and well-being of the child and promote achievement of case goals?	Yes	No	NA

## Involving Children and Families in Case Planning and Decision Making

92	During the period under review, what was the most typical pattern of visitation between the caseworker and the father of the child(ren):	<input type="checkbox"/> More than once a week			
		<input type="checkbox"/> Once a week			
		<input type="checkbox"/> Less than once a week, but at least twice a month			
		<input type="checkbox"/> Less than twice a month, but at least once a month			
		<input type="checkbox"/> Less than once a month			
		<input type="checkbox"/> Not Applicable			
		<input type="checkbox"/> Never			
93	During the period under review, was the quality of the visits between the caseworker and the <b>mother</b> sufficient to address issues pertaining to the safety, permanency, and well-being of the child and promote achievement of case goals?	Yes	No	NA	
94	During the period under review, was the quality of the visits between the caseworker and the <b>father</b> sufficient to address issues pertaining to the safety, permanency, and well-being of the child and promote achievement of case goals?	Yes	No	NA	
95	Please describe barriers to more frequent visiting with the mother (if relevant) and father (if relevant), and discuss (if relevant) why reviewer felt less frequent visitation was appropriate:				
96	Describe the general quality of the caseworker visits with the mother and the father, and the issues that were or were not addressed during caseworker visits (if relevant):				
97	If regular visitation is not occurring due to <b>mother</b> not being involved or found, are there documented diligent efforts to locate mother?	Yes	No	NA	
98	If regular visitation is not occurring due to <b>father</b> not being involved or found, are there documented diligent efforts to locate father?	Yes	No	NA	
Rating	Section 9 is rated: _____. Please elaborate on any findings:				

## Individualizing Case Planning

<b>ITEM 10. Permanency goal for child (Does not apply to In-Home Cases)</b>						
					Permanent	Concurrent
99	What is (are) the child's current permanency goal(s) (or if the case was closed during the period under review, what was the permanency goal before the case was closed)?					
100	Is (are) the child's permanency goal(s) specified in the case file? (Check 'N/A' for Prevention or Protection cases only)				Yes	No
101	If the child entered care during the PUR, was a permanency plan developed within the child's first 30 days in care?				Yes	No
102	Were all of the permanency goals that were in effect during the period under review established in a timely manner?				Yes	No
	Permanency Goal	Date Established	Time in Foster Care Before Goal	Date Goal Changed	Reason for Goal Change	
103	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
104	Please document the reasons the reviewers determined that the goals were not timely and/or appropriate (if relevant):					
105	Has the child been in foster care at least 15 of the last 22 months?				Yes	No
106	If no to #105, does the child meet Adoption and Safe Families Act (ASFA) criteria for termination of parental rights (TPR)?				Yes	No
107	If yes to #105, did the agency file a TPR petition before the period under review or in a timely manner during the period under review?				Yes	No
108	If no TPR petition has been filed, and the child has been in state's custody for 15 of the most recent 22 months, is an "exception" or compelling reason for not filing for TPR documented in the case file?				Yes	No
109	If an exception has not been documented, do circumstances exist that would constitute a legal exception?				Yes	No
110	If the child has a goal of reunification, does the case record documentation reflecting active concurrent permanency planning?				Yes	No
111	If the child was discharged during PUR, was an aftercare plan developed prior to discharge?				Yes	No
Rating	Section 10 is rated: _____ . Please elaborate on any findings:					

## Individualizing Case Planning

<b>ITEM 11. Case Planning</b>			
112	How many Family Team Meetings (FTM) have occurred during the PUR?		
113	How many FTMs have been attended by <b>both</b> the birth and resource parents during the PUR?		
114	Was a FTM used in the initial development of the case plan if the initial plan was developed during the PUR, and/or was the FTM used to update the case plans quarterly?	Yes	No
115	Were there family team meetings within 30 calendar days of any placement or other significant change in the child's or family's circumstances?	Yes	No
116	Were there documented discussions of concurrent planning with the birth parents?	Yes	No
Rating	Section 11 is rated: _____ . Please elaborate on any findings:		

<b>ITEM 12. Foster Care Re-Entries (Does not apply to In-Home Cases)</b>			
117	Did any of the child's foster care entries <u>during the period under review</u> occur within 12 months of the child's discharge from a prior foster care episode? (Refer to instructions. If the child entered before the period under review, and did not discharge and re-enter, then this would all be N/A.)	Yes	No
118	If the answer to #117 is 'Yes', was there evidence that concerted efforts were made to prevent re-entry?	Yes	No
119	Date of child's first entry into foster care <u>during the period under review</u> : _____		
120	Was this entry within 12 months of a previous discharge:	Yes	No
121	Date of discharge, if any, within 12 months of this entry: _____	Document	
122	If there are any additional entries into foster care after a discharge during the period under review, provide the above information for each of these entries:		
Rating	Section 12 is rated: _____ . Please elaborate on any findings:		

## Mobilizing Services Timely

<b>Item 13: Reunification, Guardianship, or Permanent Placement with Relatives</b>					
123	Does the child have (or, if discharged during the period under review and reunited, did they have) a goal of reunification, guardianship, or permanent placement with relatives?	Yes	No	NA	
124	What is/was the child's most recent permanency goal?	Reunification	Guardianship	Perm. Placement with Relatives	
125	Are the agency and court making (or did they make) concerted efforts to achieve the goal (or these goals, if there are concurrent goals) in a timely manner during the PUR?	Yes	No	NA	
126	Date of the child's most recent entry into foster care:				
127	Time in care (in months) at the time of the onsite review:				
128	Date of discharge from foster care:				
129	Document efforts made to achieve goal, including the appropriateness and effectiveness of the efforts, and, barriers to achieving the goal (for example, agency, court, or other factors that prevented or are preventing timely achievement of the goal):				
130	Please document any contributing factors to the case in both the circumstance of the goal of reunification, permanent placement with relatives, or guardianship was not achieved or is not likely to be achieved within 12 months, or if the permanency goal was achieved within 12 months:				
131	For children with a goal of reunification, have parental service plans identified those services DFCS deems necessary to address the behaviors or conditions resulting in the child's placement in foster care?	Yes	No	NA	
	Did DCFS make those services identified available either through direct or referral service?	Yes	No	NA	
132		Mother?	Yes	No	NA
133		Father?	Yes	No	NA
134	If the child was discharged during PUR and was reunited, was there a 90 day trial home placement?	Yes	No	NA	
Rating	Section 13 is rated: _____ . Please elaborate on any findings:				

## Mobilizing Services Timely

<b>ITEM 14. Stability of Foster Care Placement (Does not apply to In-Home Cases)</b>				
135	How long has the child been in the current placement setting?	___ Months		
136	How many placement settings did the child experience during the period under review?	Number		
	Placement Date	Placement Type	Reason for Change in Placement	
137	If there was more than 1 placement, were all placement changes during the period under review planned by the agency in an effort to achieve the child's case plan goals <u>or</u> made in an effort to meet the needs of the child?	Yes	No	NA
138	Is the child's current placement setting (or most recent placement if the child is no longer in foster care) stable?	Yes	No	
139	If applicable, indicate why the placement changes were or were not planned in an effort to achieve the child's case goals or to meet the needs of the child:			
140	If applicable, provide your reasons for determining that the child's current placement (or most recent placement if the child is no longer in foster care) is or is not stable:			
141	If the child has been assessed with special needs, is s(he) placed in a placement that can meet their therapeutic, educational and medical needs?	Yes	No	NA
142	Was the child placed in the least restrictive setting that meets his/her individual needs ?	Yes	No	NA
<b>Rating</b>	Section 14 is rated: _____. Please elaborate on any findings:			

## Mobilizing Services Timely

<b>ITEM 15. Adoption (Does not apply to In-Home Cases)</b>				
143	Does the child have (or, if discharged during the period under review and adopted, did they have) a permanent plan of Adoption?	Yes	No	NA
144	Are the agency and court making (or did the agency and court make) concerted efforts to achieve the plan of Adoption in a timely manner?	Yes	No	
145	Date of the child's most recent entry into foster care (this should be the same date on the Face Sheet):			
146	Time in care (in months) at the time of the onsite review (this is the number of months that the child was in foster care from the date of the most recent entry into foster care to the beginning of the onsite review week or from the date of the most recent entry into foster care to the time of adoption finalization or discharge from foster care):			
147	Date of adoption finalization (if relevant) ( <i>this is the date that the court legally established the adoption and transferred care and placement responsibility or supervision from the State to the adoptive parent(s); this should be the same date on the Face Sheet; if the adoption has not been finalized, enter Not Applicable (NA)</i> ):			
148	Please document efforts made to achieve the child's goal of adoption, including the appropriateness and effectiveness of the efforts, and barriers to achieving the goal of adoption (for example, agency- or court-related factors that prevented or are preventing achievement of the goal in a timely manner):			
149	Please document special circumstances in the case which are contributing to the child either likely to achieve the goal of adoption within 24 months or not:			
150	Does the child have an assigned adoption specialist and an adoption plan that identifies the child-specific activities that DFCS will undertake to achieve adoption, and receiving regular adoption status meetings consistent with plan requirements, and was that adoption specialist assigned within 10 days of the adoption goal change? ( <i>Does not apply to children with Adoption as a CONCURRENT plan.</i> )	Yes	No	NA
151	Is there evidence that the resource family has been informed of available subsidies, including post-adoptive subsidies?	Yes	No	NA
152	If the child has been in care longer than 12 months, is there evidence that the resource parents have been engaged on discussions regarding adoption?	Yes	No	NA
Rating	Section 15 is rated: _____. Please elaborate on any findings:			

## Mobilizing Services Timely

<b>ITEM 16. Other planned permanent living arrangement (Does not apply to In-Home Cases)</b>			
153	Does the child have a goal of "other planned permanent living arrangement"? (See below in #154)	Yes	No NA
154	What is the child's other planned permanent living arrangement goal (check the goal that most closely reflects the one in the case file)?	<input type="checkbox"/> Living Independently / Emancipation <input type="checkbox"/> Long-term foster care <input type="checkbox"/> Long-term foster care with kin <input type="checkbox"/> Placement in a long-term care facility until transition to an adult care facility. <input type="checkbox"/> Other (specify):	
155	For children aged <u>14-20</u> in the PUR, were concerted efforts made to provide the child with services to adequately prepare the child for independent living when the child leaves foster care, as set forth/included in the service plan?	Yes	No NA
156	Were concerted efforts made to achieve the goal of other planned permanent living arrangement in a timely manner by placing the child in a living arrangement that is "permanent," that is, the child will remain in the living arrangement until discharge from foster care?	Yes	No NA
157	Date of the child's most recent entry into foster care:		
158	Time in care (in months) at the time of the onsite review:		
159	Date of documentation regarding "permanency" of the child's living arrangements		
160	Date of discharge from foster care		
161	If the child is not in a living arrangement that can be considered permanent, were concerted efforts made during the period under review to achieve this type of living arrangement for the child?	Yes	No NA
162	Please document the efforts made to achieve the child's goal, including the appropriateness and effectiveness of the efforts, and barriers to achieving the goal:		
163	Document the services provided, or not provided, to adequately prepare the child for independent living:		
164	If the child is over 14 and involved with Independent Living Services (ILS), how long has s(he) consistently been attending ILS classes?		
	Please explain your answer:		
Rating	Section 16 is rated: _____. Please elaborate on any findings:		



## Mobilizing Services Timely

<b>ITEM 17. Physical Health of the Child</b>				
165	In the last 12 month period, has the agency assessed the child's physical health care needs?	Yes	No	NA
166	If the child came into care during the PUR, did the child receive an initial screening within 72 hours?	Yes	No	NA
167	If the child came into care during the PUR, did the child receive a comprehensive health screening within 30 days of foster care entry?	Yes	No	NA
168	During the period under review, did the agency assess the child's dental health care needs? <i>(If age appropriate / 3 years of age or older)</i>	Yes	No	NA
169	During the PUR, did the child, if over 3, receive an initial dental examination within 90 days of entry into care or within 90 days of his/her 3 <sup>rd</sup> birthday if occurring during stay in foster care?	Yes	No	NA
170	During the period under review, did the agency ensure that appropriate services were provided to the child to address all identified physical health needs on a timely basis?	Yes	No	NA
171	During the period under review, did the agency ensure that appropriate services were provided to the child to address all identified dental health needs within required timeframes?	Yes	No	NA
172	Did the child receive periodic, age-appropriate physical <u>and</u> dental health examinations to ensure ongoing assessment of needs? If not, document the reasons why the agency did not conduct this ongoing assessment:			
173	Based on the assessment of needs, if there are services that were not provided, document why the services were not provided (for example, lack of agency efforts to secure services, lack of service availability in the community, lack of transportation for foster parents to take child to appointments, etc.):			
Rating	Section 17 is rated: _____. Please elaborate on any findings:			

## Mobilizing Services Timely

<b>ITEM 18. Mental/Behavioral Health of the Child</b>			
<b>174</b>	During the <b>PUR</b> , did the child, <b>age 4 and older</b> , receive an initial mental health screening within 30 days of entry into care and/or within 30 days of the 4th birthday if occurring during stay in foster care?	Yes	No
<b>175</b>	Did the agency conduct an assessment of the child(ren)'s mental/behavioral health needs on an ongoing basis or as follow-up based on indications to inform case planning decisions?	Yes	No
<b>176</b>	During the <b>period under review</b> , did the agency provide appropriate services to address the child(ren)'s mental/behavioral health needs on a timely basis?	Yes	No
<b>177</b>	Note whether or not there is evidence of a mental/behavioral health (including substance abuse) assessment. <b>For example</b> , (1) what type of needs assessment was conducted, and (2) what kind of information was in the case file or missing from the case file that is relevant to an assessment of mental/behavioral health needs? Indicate if a formal assessment was conducted, and, if so, note the diagnosis:		
<b>178</b>	If there are services that were not or are not being provided based on the assessment of needs, describe why the services were not provided (for example, lack of agency efforts to secure services, lack of service availability in the community, no transportation for foster parents to take child to appointments, parent's unwillingness to engage child in services, etc.). If the services were not available due to lack of availability, or reviewer notices other services not available in the community, please describe in detail:		
<b>Rating</b>	Section 18 is rated: _____, Please elaborate on any findings:		

**Preserving and Maintaining Connections**

<b>ITEM 19. Proximity of Foster Care Placement (Does not apply to In-Home Cases)</b>				
	Was the child placed in the same county as (s)he was removed?	Yes	No	NA
180	Is the child's current or most recent placement close enough to his or her parents or other potential permanent caregiver to facilitate frequent face-to-face contact between the child and the parents while the child is (or was) in foster care?	Yes	No	NA
181	If No to #180, was the reason for the location of the child's current or most recent placement based on the child's needs and intended to ensure that the child's case plan goals are achieved?	Yes	No	NA
182	Describe the relationship between the child's current or most recent placement and the location of the parents or of a family member with whom the child is likely to be reunified (for example, the child will be reunified with a grandmother):			
183	If the reviewers determine that the child's placement is not sufficiently close to the parent(s) to facilitate frequent contact, document the reasons for this determination (and identify any reasons provided by the agency):			
184	Did the child remain in the same school (s)he attended prior to foster care placement?	Yes	No	NA
185	If no to #184, was this appropriate based on case circumstances?	Yes	No	NA
	If No to #184, please explain why:			
Rating	Section 19 is rated: _____ . Please elaborate on any findings:			

<b>ITEM 20. Placement with Siblings (Does not apply to In-Home Cases)</b>				
186	During the period under review, was the child placed with all siblings who also were in foster care?	Yes	No	NA
187	If No to #186, was there a valid reason for the child's separation from the siblings (for example, the separation was necessary to meet the needs of one of the siblings, to address safety concerns for one or more of the siblings, or to accommodate a large sibling group)?	Yes	No	NA
188	Reason for Separation of siblings (if applicable):			
Rating	Section 20 is rated: _____ . Please elaborate on any findings:			

**Preserving and Maintaining Connections**

<b>ITEM 21. Visiting with parents and siblings in foster care (Does not apply to In-Home Cases)</b>				
189	If the child entered care during the PUR, was an initial visitation plan developed in the first 30 days of the child's placement?	Yes	No	NA
190	During the period under review, was the visitation plan updated as circumstances in the case warranted? (answer N/A if circumstances in the case DID NOT warrant the visitation plan being updated)	Yes	No	NA
191	Does the visitation plan include all visitation (parents, siblings, connections, etc)?	Yes	No	NA
192	During the period under review, were concerted efforts made to ensure that visitation (or other forms of contact if visitation was not possible) between the child and his or her <b>mother</b> was of sufficient frequency to maintain or promote the continuity of the relationship?	Yes	No	NA
193	Check the box next to the statement that best describes the usual frequency of visits between the mother and the child:	<input type="checkbox"/> More than once a week		
		<input type="checkbox"/> Once a week		
		<input type="checkbox"/> Less than once a week, but at least twice a month		
		<input type="checkbox"/> Less than twice a month, but at least once a month		
		<input type="checkbox"/> Less than once a month		
194	During the period under review, were concerted efforts made to ensure that visitation (or other forms of contact if visitation was not possible) between the child and his or her <b>father</b> was of sufficient frequency to maintain or promote the continuity of the relationship?	Yes	No	NA
		<input type="checkbox"/> More than once a week		
		<input type="checkbox"/> Once a week		
		<input type="checkbox"/> Less than once a week, but at least twice a month		
		<input type="checkbox"/> Less than twice a month, but at least once a month		
195	Check the box next to the statement that best describes the usual frequency of visits between the father and the child:	<input type="checkbox"/> Less than once a month		
		<input type="checkbox"/> Never		
		<input type="checkbox"/> More than once a week		
		<input type="checkbox"/> Once a week		
		<input type="checkbox"/> Less than once a week, but at least twice a month		
196	During the period under review, were concerted efforts made to ensure that the quality of visitation between the child and the <b>mother</b> was sufficient to maintain or promote the continuity of the relationship?	Yes	No	NA
197	During the period under review, were concerted efforts made to ensure that the quality of visitation between the child and the <b>father</b> was sufficient to maintain or promote the continuity of the relationship?	Yes	No	NA
198	During the period under review, were concerted efforts made to ensure that visitation (or other forms of contact if visitation was not possible) between the child and his or her <b>sibling(s)</b> was of sufficient frequency to maintain or promote the continuity of the relationship?	Yes	No	NA
199	Check the box next to the statement that best describes the usual frequency of visits between the siblings and the child:	<input type="checkbox"/> More than once a week		
		<input type="checkbox"/> Once a week		
		<input type="checkbox"/> Less than once a week, but at least twice a month		
		<input type="checkbox"/> Less than twice a month, but at least once a month		
		<input type="checkbox"/> Less than once a month		
<input type="checkbox"/> Never				

### Preserving and Maintaining Connections

200	During the period under review, were concerted efforts made to ensure that the quality of visitation between the child and his or her sibling(s) was sufficient to promote the continuity of their relationships?	Yes	No	NA
201	For each applicable relationship (Mother, Father, Sibling(s)), document concerted efforts or lack of efforts to promote frequent visitation. Also document any reasoning why a relationship is not applicable:			
202	If the child entered care during the PUR did the child have a visit with his/her parents within 24 hours of placement, or at a minimum a phone call with relatives within first 24 hours?	Yes	No	NA
Rating	Section 21 is rated: _____. Please elaborate on any findings:			

#### ITEM 22. Preserving Connections *(Does not apply to In-Home Cases)*

203	During the period under review, were concerted efforts made to maintain the child's important connections (for example, neighborhood, community, faith, language, extended family members including siblings who are not in foster care, school, tribe, and/or friends)?	Yes	No	NA
204	Was a sufficient inquiry conducted with the parent, child, custodian, or other interested party to determine whether the child may be a member of, or eligible for membership in, an Indian tribe?	Yes	No	NA
205	If the child may be a member of, or eligible for membership in, an Indian tribe, during the period under review, was the tribe provided timely notification of its right to intervene in any State court proceedings seeking an involuntary foster care placement or termination of parental rights (TPR)?	Yes	No	NA
206	If the child is a member of, or eligible for membership in, an Indian tribe, was the child placed in foster care in accordance with the Indian Child Welfare Act (ICWA) placement preferences or were concerted efforts made to place the child in accordance with ICWA placement preferences?	Yes	No	NA
207	Document agency efforts or lack of efforts to help children maintain important connections when these are not being maintained through the placement itself:			
Rating	Section 22 is rated: _____. Please elaborate on any findings:			

**Preserving and Maintaining Connections**

<b>ITEM 23. Relationship of Child in Care with Parents (Does not apply to In-Home Cases)</b>				
208	Did a meeting occur between the birth parents and resource parents within the first month of placement (if placement occurred during the PUR)?	Yes	No	NA
209	Is there evidence in the case record of shared parenting responsibilities between the birth and resource parents?	Yes	No	NA
210	If "No" to #209, <b>explained in the "reason for rating" section</b> , document efforts or lack of efforts to support or maintain a positive mother-child, and or father-child relationship. <i>(The focus should be on activities such as the ones listed in the instructions, rather than on visitation)</i> . Foster parent activities may be considered equivalent to "agency" activities in responding to this question.			
	Please provide a basis for your response:			
Rating	Section 23 is rated: _____. Please elaborate on any findings:			

<b>ITEM 24. Relative placement (Does not apply to In-Home Cases)</b>				
211	During the period under review, was the child's current or most recent placement with a relative?	Yes	No	
212	If Yes to #211, is (or was) this placement stable and appropriate to the child's needs?	Yes	No	NA
213	If No to #211, did the agency, during the period under review, make concerted efforts to identify, locate, and evaluate maternal relatives as potential placements for the child, with the result that <b>maternal</b> relatives were ruled out as, or were unwilling to be, placement resources?	Yes	No	NA
214	If No to #211, did the agency, during the period under review, make concerted efforts to identify, locate, and evaluate paternal relatives as potential placements for the child, with the result that <b>paternal</b> relatives were ruled out as, or were unwilling to be, placement resources?	Yes	No	NA
215	Document agency efforts or lack of efforts to locate and evaluate <b>maternal</b> relatives <i>(including reasons why relatives were not considered as placement resources, if relevant)</i> if appropriate, during the period under review:			
216	Document agency efforts or lack of efforts to locate and evaluate <b>paternal</b> relatives <i>(including reasons why relatives were not considered as placement resources, if relevant)</i> if appropriate, during the period under review:			
Rating	Section 24 is rated: _____. Please elaborate on any findings:			