Quality Service Review

Protocol for Review of Current Status of Children and Families and the Performance of Key System Functions

Produced for Use by

Tennessee Department of Children's Services

by Human Systems and Outcomes, Inc.

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Child's initials	Region/Youth Center	QSR #	Reviewers	Date of Review

Supervisor:		FSW:	

A Quality Service Review for Children and Families

The Quality Service Review (QSR) is an action-oriented learning process that provides a way of knowing what is working/not working in practice and why for selected children and families receiving services. QSR is used to guide actions of practice development and local capacity building, leading to better results. This protocol is designed for use in a case-based QSR process developed by Human Systems and Outcomes, Inc. (HSO). It is used for conducting a guided professional appraisal of: (1) the current status of a focus child possibly having special needs (e.g., a child with a serious emotional disorder) in key life areas; (2) recent progress made by the focus child; (3) the status of the parent/caregiver; and (4) the adequacy of performance of key system of care practices and services for the focus child and family. The protocol examines short-term results for a focus child and his/her parents/caregivers and the contribution made by local service providers and the system of care in producing those results. Case review and other findings are used by local agency leaders and practice managers in stimulating and supporting efforts to improve services for children and youth who are beneficiaries of the local community's system of care that provides child welfare, mental health, and other services.

These working papers, collectively referred to as the QSR Protocol, are used to support a professional appraisal of child status and system of care performance for individual children and their parents/caregivers in a specific service area and at a given point in time. This protocol is not a traditional measurement instrument. It is a practice appraisal organizer that achieves high levels of inter-rater reliability when used by well-trained, certified reviewers. Localized versions of quality service review protocols are prepared for and licensed to child-serving agencies for their use. The QSR is based on a body of work by Ray Foster, PhD and Ivor Groves, PhD of HSO.

Proper use of the QSR Protocol and other QSR working papers requires reviewer training, certification, and supervision. Supplementary materials provided during training are necessary for reviewer use during case review and reporting activities. Persons interested in gaining further information about this process may contact an HSO representative at:

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Guiding Principles

of the Tennessee Department of Children's Services' Standards of Professional Practice for Service to Children and Families

Guiding Principle 1: **Unified Purpose**
DCS's primary responsibilities are to prevent child maltreatment, promote child and family well being, and aid and prepare youthful offenders in becoming constructive members of their communities.

Guiding Principle 2: **Urgency of Child's Needs**
DCS practice will be driven by a sense of urgency related to each child's unique needs for safety, permanence, stability, and well being.

Guiding Principle 3: **Individualized Planning for Permanency**
DCS will provide flexible, intensive, and individualized services to children and families in order to preserve, reunify, or create families.

Guiding Principle 4: **Family-Centered Casework and Case Planning**
DCS will utilize a family-centered, case-planning model that encourages, respects, and incorporate input from the children and families it serves.

Guiding Principle 5: **Systemic Continuity of Care**
DCS will work with communities, organizations, and institutions to build and maintain a seamless and effective system of service delivery that produces measurable, positive outcomes for children and families.

Guiding Principle 6: **Constructive Organizational Culture**
DCS will model a constructive organizational culture that is culturally competent and will attract and sustain qualified, trained, and competent staff.

Guiding Principle 7: **Equal Access to Services**
DCS will provide the best available and appropriate services to all children in care without regard to age, race, religion, gender, disability, sexual orientation, or legal classification.

Guiding Principle 8: **Reduction of Trauma to Child**
DCS will strive to recognize and minimize the trauma children experience while in Departmental care.

Guiding Principle 9: **Best Interests of Child as Paramount**
DCS will consider the totality of circumstances to make decisions that are in the best interests of each child and will not apply any single principle or standard of practice if in so doing a negative outcome for the child would result.

Introduction to the Quality Service Review

Table of Contents

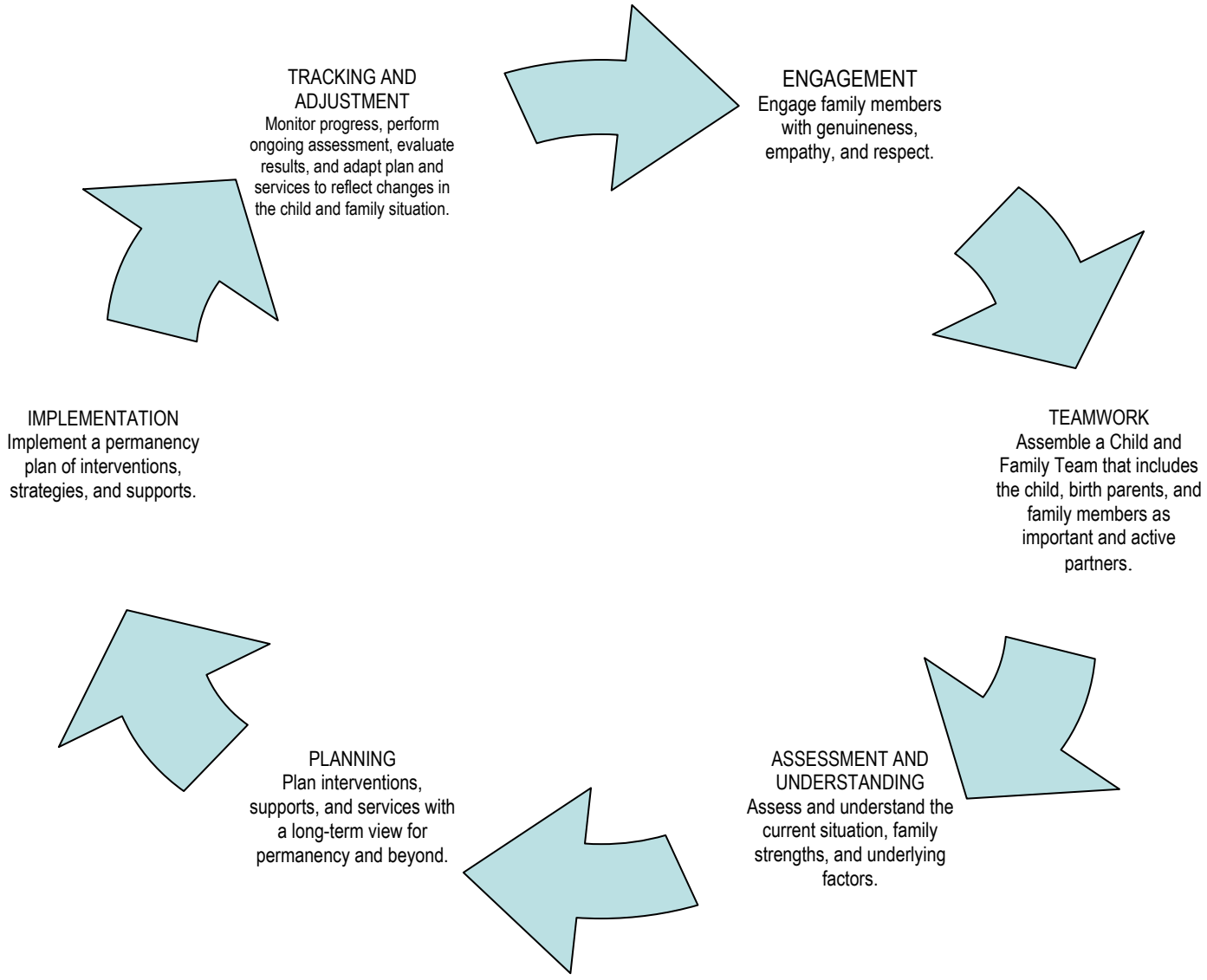
Listed below is the table of contents for this QSR protocol. In addition to these materials, reviewers are provided a set of additional working papers that are used for reference and job aids used for particular tasks (e.g., reviewer agreement checks) conducted during the review.

Introduction to the Tennessee Quality Service Review Process

Implementing and Sustaining a Model for Family-Centered Practice

A child and family come to the attention of a DCS 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, DCS 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 professional 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 adaptation.



Intervention efforts of a DCS 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 DCS supervision as well as provide safety and permanency for the children. The DCS professional is aided in these efforts by the child and family team, which has as full participants in the planning and decision-making process the child, the family, others identified by the family, and other professionals involved in ongoing work with the family.

The child and family team identify specific change strategies based upon a thorough assessment of the family's current issues and underlying factors as well as family strengths and needs. The scope, path, and pace of family change are then framed by the family's vision for the long term in a plan for permanency that is supported by strategies for change and expected outcomes. These strategies are focused on helping family members, within a reasonable timeframe, create safe conditions in the home, acquire and use new behaviors for parenting and supervision, provide for the well-being of their children, and secure the sustainable supports necessary for independence from supervision and ongoing family functioning. Implementation of the service plan is monitored over time to assess the extent to which the strategies and services identified are producing the intended outcomes. If intervention strategies and services are not producing the desired results, then they are modified over time as experience is gained by the child and family team about what expectations are reasonable and what strategies actually work with the child and family.

The purpose of the Tennessee Quality Service Review is to determine the extent to which the planned change 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 results of this review will be used to determine what is working for the children and families being served, to evaluate the course and pace of change within the DCS system, and to verify that important outcomes are being attained for the child and family. An integral part of the Department's continuous quality improvement infrastructure, the Tennessee Quality Service Review provides a close-up way of seeing how individual children and families are doing in the areas that matter most. It provides a penetrating view of practice and what is contributing to outcomes, and it provides a rich array of lessons for next step action and ongoing improvement.

Duration of Function*

Duration of function is a good indicator of sustainability of good conditions present in an indicator, based on the length of time good conditions have been present. For acceptable indicators, in general:

Optimal Status/Performance	Positive conditions have been present for about **six months or more,** and positive status/performance is likely to endure through changing circumstances
Substantially Acceptable Status/Performance	Positive conditions have been present for about **three to six months,** and status/performance is likely to sustain/improve over time
Fair or Minimal Status/Performance	Positive conditions have been present for about **30 to 90 days,** and status/performance is currently acceptable but it is unclear how likely it is that status/performance will maintain over time and through changing circumstances.

*****Duration of function is not an absolute, and may need to be adjusted for cases that have been open for less than 180 days. For non-custodial cases and other cases open for a short period of time, reviewers should consider dominant patterns of status or practice since opening of services and the sustainability of those good conditions in their rating.

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 acceptance 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?

Interpretive Guides for Scoring Indicators

QSR 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/caregiver are doing great! Confidence is high that long-term goals or expectations will be met in this area.

5 = Good Status. Substantially and dependable positive status for the child/caregiver in this area with 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 quite sufficient enough to meet the child/caregiver's short-term objectives now in this area. Status now is not quite enough for the child/caregiver to be satisfactory today or successful in the near-term. Risks are minimal.

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 poor 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 and increasing.

Unacceptable Range:

1-3

Interpretive Guides for Scoring Indicators

QSR 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 function 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.)

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 practice may be noted, but it is incomplete/not operative on a consistent basis.

1 = Adverse Performance. Practice may be absent or not operative. Performance may be missing (not done). **–OR-** Practice strategies, if occurring in this area, may be contra-indicated or may be performed inappropriately or harmfully.

Unacceptable Range:

1-3

Child and Family Indicators

Well-Being

1. Safety
2. Stability
3. Appropriate Placement
4. Health/Physical Well-being
5. Emotional/Behavioral Well-being
6. Learning and Development (3 different life stages)
7. Caregiver Functioning

Family and Permanency

8. Permanence
9. Family Functioning and Resourcefulness
10. Family Connections

Satisfaction

11. Satisfaction

*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 system involvement began, if less than 12 months prior to the review.*

Status Review 1: Safety

SAFETY: To what degree: (1) Is the child currently safe from risks of harm (caused by others or self) in his/her daily living, learning, working, and recreational environments? (2) Are others in the child's daily settings safe from the child? (3) Is the child free from unreasonable intimidations and fears at home and school? (4) Is the community safe from risks of harm (caused by the child's behavior)?

Safety is central to child and family well being. Each child and family should be free from known risks of harm in daily environments. Safety from harm extends to freedom from unreasonable intimidations and fears of family, neighbors, peers, or employers. 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. Safety, as used here, refers to adequate management of known risks to the child's physical safety and to the safety of others in the child's home and school settings. Safety is relative to known risks, not an absolute protection from all possible risks to life or physical well being. 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. Protection of others from a child with assaultive behavior may require special safety precautions.

Reviewers should consider the case circumstances as a whole, the immediacy of any safety concern(s), relative to the interventions and supports put into place to alleviate the safety concern(s), and the pattern of performance over the last 30 days. Safety, for the purpose of this protocol, is not a condition that exists as an absolute, but is evaluated on a continuum, and may be a condition that is being worked towards or may require some time to achieve. Based on all evidence collected is the child considered safe at the time of the review.

Child and Family Status Probes for Review Use	Facts and Observations

1. Does the child engage in high-risk behaviors or activities that present safety risks to him/herself or to others in the child's daily settings? ☐ Yes ☐ No If Yes, check all that apply.

- ☐ Abuses illegal or dangerous substances on a regular basis or is addicted
- ☐ Participates in gang activities or carries a weapon
- ☐ Runs away from home and/or school
- ☐ Has been arrested repeatedly and/or has been adjudicated delinquent
- ☐ Does not manage risks associated with sexual behavior
- ☐ Behavior poses a risk to self (suicidal, chronic runaway) and/or to other children (aggression, perpetration)
- ☐ **Child is currently on runaway or whereabouts unknown**

2. If the reason for DCS involvement is the child's high-risk behavior, has the child's level of responsibility improved since beginning of services? ☐ Yes ☐ No ☐ NA

3. **Do caregivers or other persons living in the child's present home/home of origin (if child still visits with home of origin) present a safety risk to the child?**

☐ Yes ☐ No If Yes, check all that apply.

- ☐ The home or temporary living arrangement has a recent history of domestic violence, physical, or sexual abuse.
- ☐ The child has a pattern of frequent injuries requiring treatment.
- ☐ Persons in the home or temporary living arrangement are engaging in illegal or addictive behaviors.
- ☐ Current caregiver has recently abused or neglected children.
- ☐ Caregiver uses inappropriate methods of discipline or managing child's behavior.
- ☐ Children in the home or temporary living arrangement frequently lack adequate supervision.
- ☐ Basic physical needs of children in the home or temporary living arrangement are not being met.
- ☐ The special needs of the child are not being met in the home or temporary living arrangement.

4. 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.?

☐ Yes ☐ No If Yes, please describe:

5. Are there indications of intimidation, unreasonable fear, or risks of harm in the home of origin (if child still visits with home of origin), in the neighborhood/ community, in the temporary living arrangement, and/or at school?

Status Rating 1: Safety

Description of the Status Situation Observed for the Child	Rating Level
♦ Child's situation indicates **optimal safety** for the child in his/her living and learning settings. The child has a safe home with reliable and competent caregivers, is safe at school, is free from intimidations, and presents no unmanaged safety risks to self and others*. **-OR-** The child is safe from known risks of harm and is free of unreasonable intimidations or fears at home, at school, and in the community.	**6** ☐
♦ Child's situation indicates **substantial safety** for the child in his/her living and learning settings. The child has a generally safe home with adequate caregivers, is usually safe at school, is free from intimidations, and presents no or minimal safety risks to self and others*. **-OR**- The child is reasonably safe from known risks of harm and is free of unreasonable intimidations or fears at home and at school.	**5** ☐
♦ Child's situation indicates **minimally acceptable safety** from imminent risk of physical harm for the child in his/her living and learning settings. The child has a minimally safe home with present caregivers, is usually safe at school, is free from intimidations, and presents no or minimal safety risks to self and others*. **-OR-** The child is minimally safe from known risks of harm and is minimally exposed to intimidations or fears at home or at school with the current level of supports, which are currently resulting in a safe situation.	**4** ☐
♦ Child's situation indicates a **minimally unacceptable safety** risk present that poses an elevated risk of physical harm for the child in his/her living and learning settings. **- OR -** The child is sometimes posing a safety risk to self or others*. **- OR -** Persons at school or in the community are sometimes posing a safety risk to the child. - **OR -** 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.	**3** ☐
♦ Child's situation indicates **substantial and continuing safety problems** that pose elevated risks of physical harm for the child in his/her living and learning settings. **- OR** - The child is injuring self or others* occasionally. **- OR -** Persons at school or in the community are posing a serious safety problem for the child. The current level of supervision and/or support is inadequate to manage risks.	**2** ☐
♦ Child's situation indicates **serious and worsening safety problems** that pose high risks of physical harm for the child in his/her living and learning settings. **- OR -** The child is seriously injuring self or others*. **- OR -** Persons in the child's daily settings are posing a serious and worsening safety problem for the child. Necessary supervision and/or supports are either missing or grossly inadequate.	**1** ☐

Please list the reasons or facts that led to your rating here:

* Others applies only to others at risk from the child.

Status Review 2: Stability

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*?

Continuity 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. 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. Stability is intrinsically linked to a child's attachment to his/her family of origin and home community, individual, racial and cultural identity, as well as his/her emotional and behavioral development and overall well being. In considering moves or other changes, the **impact** of those moves/disruptions on the child should be factored into the rating.

Child and Family Status Probes for Review Use	Facts and Observations
1. Is the child living in a stable home—whether a temporary living arrangement or a permanent home (if established)—that is expected to maintain until the child achieves permanency? If continued instability is present, are unresolved permanency issues the cause? Is a concurrent plan in place to minimize further movement should reunification efforts fail? If so, what is the concurrent plan?	
2. Does the child have a history of instability of living arrangements? How many placement moves has this child had in the past year?	
3. Are likely causes for disruption of home, school, or work placement present? (Check all that apply) ☐ Parent/caregiver's history of frequent moves. ☐ Change in adults living in the home. ☐ Illegal activities conducted in or near the home. ☐ Risks associated with sexual behavior(e.g. risk of pregnancy, early fatherhood, sexually transmitted diseases). ☐ Parent/caregiver's inability/unwillingness to provide appropriate level of care or supervision.	
4. Has the child experienced disruptive changes in caseworkers, therapists, doctors, teachers or other professionals?	
5. Has the child had a change in living, learning, or working environments in the past year resulting from: ☐ Removal from his/her home for safety reasons ☐ Behavioral problems or psychiatric symptoms ☐ Required out-of-home treatment for psychiatric problems ☐ Criminal involvement resulting in arrest, entry to custody, youth detention, or juvenile corrections ☐ Chronic health conditions requiring frequent or extended hospitalization	
6. Has this child ever run away from home, school, or placement?	
7. What steps are being taken, if necessary, to prevent future moves and/or to achieve stable living, learning, and working situations and settings for this child?	
8. What impact have moves/disruptions had on the child's emotional well-being, relationships, education, development, etc.?	
9. What impact have moves/disruptions had on the child's prospects for permanence?	

*A disruption is a child's unplanned move to a more restrictive setting and/or to another home. The reason may be resource home placement problems, a sudden psychiatric episode, or other similar situations in which the child does not return to the same home following treatment. An educational move is considered disruptive if the child changes school due to a home disruption or if the school placement is changed for any reason (other than grade-level transitions or provision of temporary specialized educational services) to a more restrictive educational setting. Normal age-related transitions from elementary to middle or to high school are not disruptions. A brief hospitalization for acute care is not a disruption, if the child returns to the same home following discharge.

Status Rating 2: Stability

Description of the Status Situation Observed for the Child — **Rating Level**

- The child has **optimal stability** in the home or temporary living arrangements and school settings and enjoys positive and enduring relationships with parents/primary caregivers, key adult supporters, and peers in those settings. The child has positive and consistent relationships with service providers, therapists, parents or primary caregivers and case managers. Only age-appropriate changes are expected in school settings. **6**

- The child has **substantial stability** in the home or temporary living arrangements and school settings with only planned changes in either during the past 12 months. The child is developing or has established positive and consistent relationships with parents or primary caregivers, key adult supporters, including service providers, therapists, case managers, and peers. Only age-appropriate changes are expected in school settings. **5**

- The child has **minimally acceptable stability** in the home or temporary living arrangements and school settings with only planned changes or one disruption* in settings within the past 12 months. The child is developing or has already established positive though somewhat inconsistent relationships with parents or primary caregivers, key adult supporters, including service providers, therapists, case managers, and peers. Only age-appropriate changes are expected in school settings. **4**

- The child has **minimally unacceptable stability** in the home and/or temporary living arrangements and/or school settings with two or more disruptions within the past 12 months. The child and current caregiver need added supports and services to maintain stability. Disruptions may have included changes in parents or primary caregivers, key adult supporters, including service providers, therapists, case managers, and peers. Further disruptions are likely to occur within the next 6 months. Causes of disruption are known, but services may not be working effectively to resolve the issues causing disruptions. **3**

- The child has **substantial and continuing problems of instability** in the home and/or temporary living arrangements and/or school settings with two or more changes in either or both settings within the past 12 months. Repeated disruptions have included multiple changes in parents or primary caregivers, key adult supporters, including service providers, therapists, case managers, and peers, leading to ongoing instability. Causes of disruptions are known, but services are not adequately or realistically addressed or current plans to address stability issues are not being implemented on a timely and competent basis. **2**

- The child has **serious problems and worsening problems of instability** in the home and/or temporary living arrangements and/or school settings with three or more changes in either or both settings within the past 12 months. The child's situation seems to be spiraling out of control. The child may be in temporary containment and control situations (e.g., detention or crisis stabilization) or a runaway. There are few, if any, positive, stable, or consistent relationships. There is no foreseeable next placement with levels of supports and services expressed by service staff or providers. **1**

Please list the reasons or facts that led to your rating here:

*A disruption is an unplanned change. See more complete definition at bottom of page 16.

Status Review 3: Appropriateness of Placement

APPROPRIATE PLACEMENT: • Is the child in the most appropriate placement*, consistent with: (1) the child's needs, age, ability, and peer group; (2) the child's language and culture; and, (3) goals for development or independence (as appropriate to life stage)?

The natural or home community for a child usually is the one into which he/she is born. Home and community involve one's birth family, culture, village or neighborhood, closest school, and peer group. A child's home and community are the context for his/her family support network and school support network. Home and community are the source of one's identity, culture, sense of belonging, and connections with those things that give meaning and purpose to life. A child should be supported and maintained in his/her home whenever appropriate. If a child's life is temporarily disrupted by removal from his/her home, the child should be restored with necessary supports as quickly as possible to his/her home if appropriate. **A child's home and community are the least restrictive, most appropriate, inclusive settings in which the child may live, learn, work, and play.** If a child's home and family situation does not permit the child to return home after removal for safety reasons, then that child should be provided a safe, appropriate, and permanent home as quickly as possible so that natural supports can be developed. Court-recommended placement, such as into a YDC or Group Home, is not itself an indication of acceptability. **An appropriate placement is the least restrictive setting in which needed services and treatment can be provided.**

This indicator is applicable to all cases, including children whose living arrangement is their home.

Child and Family Status Probes for Review Use	Facts and Observations
1. Is the child in the least restrictive and most appropriate living arrangement consistent with the child's needs, age, ability, culture, religion, and peer group? In determining the appropriateness of the placement, consider the following: (check all that apply) ☐ The placement decision was made by a child and family team. ☐ The child's placement is considered appropriate by the parent, caregiver, caseworker, therapist, teacher and other professionals involved in the child's ongoing care. ☐ The child is placed with his/her siblings, if appropriate. ☐ The child is in a kinship care arrangement with relatives, if appropriate. ☐ The child is a temporary living arrangement near the home of origin. ☐ The child is in the least restrictive educational setting for his/her needs. ☐ The child is placed in a medically fragile home (if indicated). ☐ The placement provides continuity in connection to home, school, religion, peer group, neighborhood, culture, and/or extended family. ☐ The placement provides the appropriate level of supervision and support for a child of that age and level of need. ☐ The placement is appropriate for provision of any special care or treatment required to meet the child's special needs. ☐ The child is placed with people of the same culture and religion and who speak the same language, or the child is placed with people who are culturally responsive to the child and the child's family. ☐ The child has opportunities for socialization with community peers. ☐ The relationship between the birth and resource family is collaborative. ☐ The placement is appropriate for the child's developmental stage, including the acquisition and use of independent living skills, social connections, and community resources for youth who are age 14 years and older. ☐ If the child lives in a congregate care setting, the child is placed with children of the same age/peer group. **2. If the child is in out-of-home care, is the placement in compliance with the guidelines according to the Multi-Ethnic Placement Act (MEPA)? If Native American, is the child placed according to the Indian Child Welfare Act (ICWA) requirements?** **3. Where case circumstances make it appropriate, are resource parents willing and able to provide a permanent home?**	

*Note: Temporary treatment settings used for acute care (10 days or less) are not considered to be an appropriate home placement setting. The resource or permanent home to which the child will return or go to upon discharge is the "home" of interest in this review. Institutional care is only appropriate as a last resort. It is not appropriate for children under age 6 to be placed in congregate care.

Status Rating 3: Appropriateness of Placement

Description of the Status Situation Observed for the Child	Rating Level	
♦ The child is living in the least restrictive, most appropriate placement necessary to meet all of the child's needs. The **placement is optimal** for the child's age, ability, peer group, culture*, language, and religious practice. The child remains well connected to his/her home community. The placement is an excellent and fully appropriate match for the child.	**6**	
♦ The child is living in the least restrictive, most appropriate placement necessary to meet all of the child's substantial needs. The placement is **substantially acceptable** for the child's age, ability, peer group, culture*, language, and religious practice. The child maintains connections to his/her home community. The placement is a good match for the child.	**5**	
♦ The child is living in the least restrictive, most appropriate placement necessary to meet the most of the child's needs. The placement is **minimally acceptable** for the child's age, ability, peer group, culture*, language, and religious practice. The child maintains some connections to his/her home community. The placement is a fair match for the child.	**4**	
♦ The child is not living in the least restrictive, most appropriate placement necessary to meet his/her needs. The placement is **minimally unacceptable** for the child's age, ability, peer group, culture*, language, and/or religious practice. 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.	**3**	
♦ The child is living in a **substantially unacceptable placement** for his/her needs, age, ability, peer group, culture*, language, and/or religious practice. The degree of restriction is substantially inappropriate to meet the child's needs. The child is no longer connected to his/her home community.	**2**	
♦ The child is living in a completely unacceptable placement for his/her needs, age, ability, peer group, culture*, language, and/or religious practice. The placement is not only **adverse** but is contributing to a **serious and worsening** situation for the child. The degree of restriction is wholly inappropriate to meet the child's needs. The child is isolated from his/her home community.	**1**	

Please list the reasons or facts that led to your rating here:

* "Culture" here represents a child's culture as defined by the child, his/her family, and his/her community.

Status Review 4: Health & Physical Well-Being

HEALTH/PHYSICAL WELL-BEING: • Is the child in good health? • To what degree are the child's basic physical needs being met? • To what degree are the child's health care/maintenance needs being met?

Children should achieve and maintain good health status, consistent with their general physical condition. Healthy development of children requires that basic physical needs for proper nutrition, clothing, shelter, and hygiene are met on a daily basis. 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 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 physical needs are met and that special care requirements are provided as necessary to achieve optimal health status. Parents/adult caregivers and professional interveners in the youth'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 adequately addressed in a timely manner.

Child and Family Status Probes for Review Use	Facts and Observations
1. Are the child's basic physical needs being met? (If no, this may also be a safety concern) ☐ Food and adequate nutrition ☐ Safe and sanitary housing ☐ Physical care (hygiene, grooming, clothing) ☐ Adequate physical activity ☐ Adequate sleep 2. Is the child in good health? ☐ Does the child have chronic medical conditions (Asthma, diabetes, seizure disorder, etc.)? ☐ Does the child have a history of major recurrent health problems, e.g., infections, STDs? ☐ Is the child underweight or overweight according to a medical professional? ☐ Does the child have frequent colds, infections, or injuries? ☐ Does the child have a developmental or physical disability? ☐ Does the child/youth abuse tobacco products, drugs, or alcohol? ☐ Has the child's health been fully screened/assessed? 3. Does the child receive health care services? ☐ Regular medical check-ups and screenings (EPSD&T plus vision and hearing) ☐ Regular dental care ☐ Up-to-date immunizations ☐ Prompt acute care, when needed ☐ Ongoing monitoring of any special health conditions, if needed (obesity, diabetes, asthma, etc.) ☐ Care and treatment of chronic conditions, if needed ☐ Family planning information/reproductive health care services, if needed ☐ Enrollment in a health insurance program, either privately or via TennCare 4. If the child takes medications for chronic health problems, seizures, or behavior control, does the prescribing physician monitor medications for safety and effectiveness at least quarterly? ☐Yes ☐ No ☐N/A 5. Does the child demonstrate age-appropriate understanding of medical conditions, treatment, medications and/or diets? ☐Yes ☐ No Does the child administer his/her own medication? ☐Yes ☐ No ☐N/A 6. Does the parent/caregiver understand the medical conditions, treatment, medications, and/or diets? ☐Yes ☐ No ☐N/A 7. Does the child/family/caregiver understand relevant family medical history? ☐ Yes ☐ No 8. Has the parent/caregiver demonstrated the ability to effectively provide for the child's health and well-being? ☐Yes ☐ No ☐N/A 9. Does the child and family team know, understand, document, and respond to the child and family's health needs and history? ☐Yes ☐ No	

Status Rating 4: Health & Physical Well-Being

Description of the Status Situation Observed for the Child	Rating Level	
♦ The child enjoys **optimal** health status. **All of the child's physical needs for food, shelter, and clothing are reliably met on a daily basis**. Routine preventive medical (e.g., immunizations, check-ups, and developmental screening) and dental care are provided on a timely basis and, if the child is in custody, in compliance with EPSD&T recommendations. Any acute or chronic health care needs are met on a timely and adequate basis, including necessary follow-ups and required treatments with good or excellent symptom reduction.	**6**	☐
♦ The child enjoys **substantially acceptable** health status. **The child's physical health needs are generally met on a daily basis**. The child's status is good (unless the child has a serious chronic condition). Routine health and dental care are generally provided but not always on schedule. Acute or chronic health care is generally adequate, but follow-ups or required treatments may be missed or delayed occasionally but are not life threatening with good symptom reduction.	**5**	☐
♦ The child has **minimally acceptable** health status. **The child's physical needs are minimally met on a daily basis**. The child's status is good (unless the child has a serious chronic condition). Routine health and dental care are minimally provided but not always on schedule. Some immunizations may not have occurred timely. Acute or chronic health care is generally adequate, but follow-ups or required treatments may be missed or delayed but are not life threatening, and symptom reduction is minimally adequate.	**4**	☐
♦ The child's health status is **minimally unacceptable. Some physical or health care needs are not adequately met**. The child's physical needs for food, shelter, hygiene, or clothing may not be consistently met. Routine health and dental care may not be adequately provided. Some immunizations not have occurred. Acute or chronic health care is generally inadequate and/or follow-ups or required treatments may be missed or delayed, and symptom reduction is inadequate.	**3**	☐
♦ The child **has substantial and continuing physical or health care needs that are unmet.** The child's physical or health care needs are chronically or consistently unmet, resulting in ongoing hygiene, nutrition, or health problems that cause the child to suffer from poor health status that is affecting the child's development and/or ability to perform in school. Further neglect could lead to physical deterioration or disability.	**2**	☐
♦ The child has **serious and worsening physical or health care problems**. The child's physical or health care needs are unmet, resulting in ongoing and worsening health problems. These problems are causing the child to suffer from poor and declining health status that is adversely affecting the child's development and/or ability to perform in school. Further neglect could lead to serious physical deterioration, disability, or death.	**1**	☐

Please list the reasons or facts that led to your rating here::

Status Review 5: Emotional/Behavioral Well-Being

(For children 2 years of age and over)

EMOTIONAL/BEHAVIORAL WELL-BEING: Is the child doing well emotionally and behaviorally? If not, is the child making reasonable progress toward stable and adequate functioning, emotionally and behaviorally, at home and school? Are supports in place, if necessary, for the child to succeed socially and academically?

To do well in life, a child should develop from his/her social supports a sense of:

- Identity that connotes a feeling of personal worth.
- Belonging and affiliation with others in his/her support networks.
- Being capable of participating in major life activities and decisions that affect him/her.
- Feeling that his/her life has meaning, purpose, and direction.
- Being a part of his/her culture and its social supports.
- Be able to control his/her behavior responsibly.

Placement processes used by mental health, child welfare or juvenile justice programs can seriously disrupt a child's social support networks. A central concern is whether a child has and is benefiting from stable and supportive social networks that promote emotional well being. For a child who requires special care, treatment, supervision, or support in order to make progress toward stable or adequate functioning in his/her home, school, and community, the child should be receiving necessary services and demonstrating progress towards adequate functioning in normal settings. Some children may require improved communication, social, and problem-solving skills to be successful. Other children may require special behavioral interventions or mental health treatment.

Child and Family Status Probes for Review Use	Facts and Observations
1. Is the child doing well emotionally and behaviorally at home? 2. Is the child doing well emotionally and behaviorally at school? 3. For each setting check which statements apply to this child: Home / School ☐ ☐ The child has supportive relationships ☐ ☐ The child has a best friend(s) ☐ ☐ The child has a consistent caring adult ☐ ☐ The child regularly engages in appropriate activities with friends ☐ ☐ The child has experiences with success and mastery 4. If the child has presenting problems, has he/she had a mental health assessment? ♦ Is the child experiencing anxiety, mood, thought or behavior disorders? ♦ Does he/she have a DSM IV diagnosis/or school diagnosis? ♦ If so, has the child received education about this diagnosis and how to better manage related signs and symptoms? Is treatment resulting in symptom reduction and improved functioning? ♦ Are the recommendations of the assessment being followed? 5. If the child has emotional and/or behavioral problems, is he/she receiving consistent services and appropriate treatment? Is he/she making progress with symptom reduction and improved functioning? 6. If the child takes medications for emotional or behavior problems, what is the child taking and who is responsible for administering medications? Are these medications monitored for safety and effectiveness at least quarterly? Have any adverse side effects of medications been reported to the physician? 7. Does the caregiver understand and respond appropriately to the prescribed treatments and/or medications, their purpose and contraindications? 8. Is the child receiving adequate services to prevent self-medicating with alcohol or drugs? 9. Is the child demonstrating adequate personal responsibility in daily interactions, habits, and attitudes as appropriate to his/her age and ability? (e.g., communicates thoughts and feelings in acceptable ways, abstains from behaviors that cause harm and/or are illegal, and knows what is required to be successful, etc.) 10. If the child presents serious risk factors, are these risks recognized and acted upon? How well are these risks being managed? 11. Are there prescribed services for the child/family that are not or were not received? If so, what were the reasons/ barriers for not receiving the needed services? 12. Has individual support or group support been offered/explored for the child or does the child know how to access necessary support services, if needed?	

Status Rating 5: Emotional/Behavioral Well-Being

Description of the Status Situation Observed for the Child — **Rating Level**

- Child shows **optimal emotional/behavioral well-being** in home and school settings and experiences enduring supportive relationships with parents/primary caregivers, siblings, and friends in those settings. The child has been emotionally and behaviorally stable and functioning well and responsibly in those settings for at least six months. Any necessary supports and services for emotional or behavioral needs are dependable and effective. — **6** ☐

- Child shows **substantial emotional/behavioral well-being** in home and school settings and has supportive relationships with parents/primary caregivers, siblings, and friends in those settings. The child is presently emotionally and behaviorally stable and functioning adequately and responsibly in daily settings, possibly with special supports and services that are working dependably, for at least three months**. – OR –** The child is stable in a special treatment setting and has made substantial progress and is ready for discharge or return home. — **5** ☐

- Child shows **minimally acceptable emotional/behavioral well-being** in home and school settings and has developing or changing supportive relationships with parents/primary caregivers, siblings, and friends in those settings. The child is doing marginally well emotionally and behaviorally for at least 30 days, but has minor problems with functioning consistently and responsibly in daily settings. Special supports and services are necessary and are minimally adequate**. - OR -** The child is stable in a special treatment setting, and making reasonable progress toward discharge and return home. — **4** ☐

- Child shows **minimally unacceptable emotional/behavioral well-being** in home and school settings and lacks adequate supportive relationships with parents/primary caregivers, siblings, and friends in those settings. The child has mild to moderate emotional and behavioral problems that adversely affect functioning and responsibility in daily settings. Special supports and services are necessary but are usually inadequate. **- OR -** The child is minimally stable in a special treatment setting, but is making little progress. — **3** ☐

- Child shows **substantial and continuing problems of emotional/behavioral well-being** in home and school settings and lacks supportive relationships with parents/primary caregivers, siblings, and friends in those settings. The child has moderate to serious emotional and/or behavioral problems that impair functioning and responsibility in daily settings. Special supports and services are necessary but are inadequate, ineffective, or not provided. **- OR -** The child is unstable in a special treatment setting and not making progress. — **2** ☐

- Child shows **serious and worsening problems of emotional/behavioral well-being** in home and school settings and lacks supportive relationships with parents/primary caregivers, siblings, and friends in those settings. The child has serious or life-threatening emotional and/or behavioral problems that limit functioning and cause restriction in community or institutional settings. Intensive supports and services are necessary but may be inadequate, ineffective, or not provided. — **1** ☐

Not Applicable. Child is under 2 years of age. — **NA** ☐

Please list the reasons or facts that led to your rating here:

Status Review 6a: Learning & Development (Age Birth – 4)

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?

Each child is expected to be actively engaged in developmental and educational processes that enable the child to develop the skills and functional capabilities at a rate and level consistent with his/her age and abilities. Essential functional capabilities include: walking/mobility, talking/communicating, toileting, following simple and more complex directions, independent/parallel/cooperative play, independent dressing, color recognition, etc. Developmental milestones include crawling at about age nine months, walking by 15 months, saying/signing a few words by about 18 months, has a vocabulary of about 50 words by two years, and following simple two-part commands at about three years. Children over age three should be developing readiness for beginning academic skills. Children who have developmental delays or physical limitations should be receiving the necessary supports to maximize their development.

Child and Family Status Probes for Review Use	Facts and Observations
1. **Does the child receive services on a regular basis, consistent with needed levels of intensity to advance skill development?** ☐ Yes ☐ No If not, why not?	
2. **What is this child's current essential functioning level as measured by assessments of key developmental milestones?**	
3. **To what degree is the child's developmental status showing delay and in which key areas of functioning?**	
4. **Does this child need an IFSP* or IEP for developing functional skills in those areas in which development is presently delayed?** ☐ Yes ☐ No ☐ N/A If so, does the child have an IFSP or IEP? ☐ Yes ☐ No	
5. **Does the child actively participate in services/activities consistent with his/her age and developmental skill level?** ☐ Yes ☐ No **If so, how? If not, why not?**	
6. **Is the child achieving key developmental milestones at or above age-appropriate levels or as described on the IFSP/IEP?** ☐ Yes ☐ No ☐ Movement/mobility ☐ Visual and Auditory ☐ Communication • Social/emotional • Adaptive ☐ Cognitive • Pre-literacy skills	
7. **Are any necessary supports for the child and family (e.g., sign language training, assistive technology, mobility aids) being provided, if indicated?** ☐ Yes ☐ No ☐ N/A	
8. **Does this child/family require other intervention services to progress toward age-appropriate developmental skills?** ☐ Yes ☐ No ☐ N/A **If so, what interventions are needed?**	
9. **Is this child/family receiving other related services (i.e., year round services), if recommended?** ☐ Yes ☐ No ☐ N/A	

* Individual Functional Support Plan—designed for pre-school.

Status Rating 6a: Learning & Development (Age Birth – 4)

Description of the Status Situation Observed for the Child	Rating Level	
♦ **Optimal Developmental Status. EITHER** The child's current developmental status is at or above age expectation in all major functional areas, based on normal developmental milestones. **- OR -** The child's current developmental status is at or above expected levels set forth in an individualized plan of skill development in the IFSP/IEP or related therapeutic plans.	**6**	
♦ **Substantially Acceptable Developmental Status. EITHER** The child's current developmental status is at age expectation in many major functional areas, based on normal developmental milestones. **- OR -** The child's current developmental status is at expected levels set forth in an individualized plan of skill development in the IFSP/IEP or related therapeutic plans.	**5**	
♦ **Minimally Acceptable Developmental Status. EITHER** The child's current developmental status is near age expectation in major functional areas, based on normal developmental milestones. Delays are no more than 10% below expectation in any major functional area. **- OR -** The child's current developmental status is near expected levels set forth in key functional areas in an individualized plan of skill development in the IFSP/IEP or related therapeutic plans.	**4**	
♦ **Minimally Unacceptable Developmental Status. EITHER** The child's current developmental status is mixed, somewhat near expectation in some functional areas and below in others, based on normal developmental milestones. Delays are no more than 20% below expectation in any major functional area. **- OR -** The child's current developmental status is mixed or somewhat inconsistent with expected levels set forth in key functional areas in an individualized plan of skill development in the IFSP/IEP or related therapeutic plans.	**3**	
♦ **Substantially Unacceptable Developmental Status. EITHER** The child's current developmental status is below expectation in key functional areas and inconsistent in others, based on normal developmental milestones. Delays are more than 30% below expectation in some major functional areas**. - OR -** The child's current developmental status is well below expected levels set forth in key functional areas in an individualized plan of skill development in the IFSP/IEP or related therapeutic plans.	**2**	
♦ **Serious and Worsening Developmental Status. EITHER** The 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. Delays are more than 50% below expectation in some major functional areas. **- OR** - The child's current developmental status is far below expected levels set forth in key functional areas in an individualized plan of skill development in the IFSP/IEP or related therapeutic plans with evidence of regression present in some key areas.	**1**	

Please list the reasons or facts that led to your rating here:

Status Review 6b: Learning & Development (Age: 5 - 13)

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; (5) meeting requirements for annual promotion and course completion leading to high school; (6) engaged in extracurricular activities; and (7) opportunities to assume age-appropriate levels of responsibility and independence?

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. Learning progress 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. These capabilities are necessary for participation in community life and fulfillment of normal adult roles. 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 public school. Children of normal ability should be reading at least 4th grade material with fluency, expression, and comprehension by age 10 and children with mild disabilities by age 14. Children with disabilities who are not functionally literate by age 14 (Functionally literate = reads Reader's Digest fluently, follows a recipe, interprets a bus schedule, uses the Yellow Pages), should be actively involved in vocational work programs that lead directly to work experience and job placement. Supports for living, learning, working, and socialization are required for some children who have major functional limitations due to disabilities, both during their public school experience and later in adult life. School-to-work is the goal for disabled children.

Child and Family Status Probes for Review Use	Facts and Observations
1) Is the Child attending school on a regular basis? □ Yes □ No If not, why not? Check all that apply: □ Health: child is out sick frequently, or has chronic health issues. □ Truancy: child skips class or does not come to school. □ Disciplinary action: child is frequently suspended or expelled	
2) Is the child assigned to the general education curriculum? □ Yes □ No	
3) Is the child receiving special education? □ Yes □ No If yes, does the child have an Individualized Educational Plan (IEP)?	
4) Is the child actively and consistently engaged in the instructional processes and related activities necessary for acquisition of expected skills, competencies, and performances associated with curricular goals and objectives? □ Yes □ No	
5) Is the child reading on grade level or at a level anticipated in an IEP?	
6) Is the child meeting curriculum requirements necessary for promotion, course completion, and IEP-directed transitions? □ Yes □ No If not, why not?	
7) Is the child participating in extracurricular and/or social activities that are appropriate to his/her age?	
8) Does the child have a best friend?	
9) Does the child have appropriate interaction with peers?	

Status Rating 6b: Learning & Development (Age: 5 - 13)

Description of the Status Situation Observed for the Child	Rating Level	
♦ **Optimal Learning and Development Status**. The child is experiencing age-appropriate physical, intellectual, emotional, and social development, • **AND** • the child is enrolled in a highly appropriate educational program, consistent with age and ability. The child has an excellent rate of school attendance. The child's optimal level of participation and engagement in educational processes and activities is enabling the child reach and exceed all educational expectations and requirements set within the child's assigned curriculum and, where appropriate, the child's IEP. The child may be reading at or well above grade level or the level anticipated in an IEP. The child may be meeting or exceeding all requirements for grade-level promotion, course completion, and successful transition to middle school or high school.	6	
♦ **Substantially Acceptable Learning and Development Status**. The child is experiencing age-appropriate physical, intellectual, emotional, and social development, • **AND** • the child is enrolled in a generally appropriate educational program, consistent with age and ability. The child has a substantial rate of school attendance. The child's good level of participation and engagement in educational processes and activities is enabling the child to reach most educational expectations and requirements set within the child's assigned curriculum and, where appropriate, the child's IEP. The child may be reading at grade level or the level anticipated in an IEP. The child may be meeting most requirements for grade-level promotion, course completion, and successful transition to middle school or high school.	5	
♦ **Minimally Acceptable Learning and Development Status**. The child is experiencing somewhat age-appropriate physical, intellectual, emotional, and social development, • **AND** • the child is enrolled in a minimally appropriate educational program, consistent with age and ability. The child has a fair rate of school attendance. The child's fair level of participation and engagement in educational processes and activities is enabling the child to reach at least minimally acceptable educational expectations and requirements set within the child's assigned curriculum and, where appropriate, the child's IEP. The child may be reading near grade level or the level anticipated in an IEP. The child may be minimally meeting core requirements for grade-level promotion, course completion, and successful transition to middle school or high school.	4	
♦ **Minimally Unacceptable Learning and Development Status**. The child is experiencing marginally age-appropriate physical, intellectual, emotional, and social development, • **AND/OR** • the child may be enrolled in a marginally appropriate educational or vocational program or one that is somewhat inconsistent with age and ability. The child may have an inconsistent rate of school attendance. The child's limited level of participation and engagement in educational processes and activities may be hindering the child from reaching at least minimally acceptable educational expectations and requirements set within the child's assigned curriculum and, where appropriate, the child's IEP. The child may be reading a year below grade level or somewhat below the level anticipated in an IEP. The child may not be meeting some core requirements for grade-level promotion, course completion, and successful transition to middle school or high school.	3	
♦ **Substantially Unacceptable Learning and Development Status**. The child may lack age-appropriate physical, intellectual, emotional, and social development, • **AND/OR** • the child may be enrolled in a poor or inappropriate educational program, or inconsistent with age and ability. The child may have a poor rate of school attendance. The child's poor level of participation and engagement in educational processes and activities may be preventing the child from reaching acceptable educational expectations and requirements set within the child's assigned curriculum and, where appropriate, the child's IEP. The child may be reading two years below grade level or well below the level anticipated in an IEP. The child may not be meeting many core requirements for grade-level promotion, course completion, or successful transition to middle school or high school.	2	
♦ **Serious and Worsening Learning and/or Development Status**. The child lacks age-appropriate physical, intellectual, emotional, and social development, • **AND/OR** • the child may be chronically truant, suspended or expelled from school. The child may be three or more years behind in key academic areas; may be losing existing skills and/or regressing in functional life areas; and/or may be confined in detention without appropriate instruction, or hospitalized.	1	

Please list the reasons or facts that led to your rating here:

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Status Review 6c: Learning & Development (Age: 14 and older)

LEARNING STATUS: • To what degree is the youth [according to age and ability]: (1) regularly attending an educational or vocational program; (2) in a grade level consistent with age; (3) actively engaged in instructional activities; (4) performing at grade level or IEP expectation level; (5) meeting requirements for promotion, course completion, diploma/GED, and transition to postsecondary education or to employment, independent living, and self-sufficiency; (6) engaged in extracurricular activities; and (7) given opportunities to assume age-appropriate levels of responsibility and independence?

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. Learning progress 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. These capabilities are necessary for participation in community life and fulfillment of normal adult roles. 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 public school. Children of normal ability should be reading at least 4th grade material with fluency, expression, and comprehension by age 10 and children with mild disabilities by age 14. Children with disabilities who are not functionally literate by age 14 (Functionally literate = reads Reader's Digest fluently, follows a recipe, interprets a bus schedule, uses the Yellow Pages) should be actively involved in vocational work programs that lead directly to work experience and job placement. School-to-work is the goal for disabled children.

Academic Development:

- Enrolled in an educational or vocational program, consistent with age and ability and receiving instruction at an age-appropriate grade level (or ability, if the child is cognitively impaired); actively and consistently participating in the instructional process and activities necessary to acquire expected skills and competencies.
- Reading at grade level, except when the child's instructional expectations and placement are altered via an IEP to and alternative curriculum. When an IEP is directing the child's education via placement in an alternative curriculum, specialized instruction, and related services, the child should be performing at the level anticipated in the IEP.
- Meeting requirements for grade level promotion, completing courses and assessment requirements, and, where indicated in an IEP, fulfilling transition processes and requirements for making a smooth transition to high school.
- Developing post-high school, college, or career goals; meeting requirements for grade level promotion, completing courses and diploma/GED requirements, and, where indicated in an IEP, fulfilling transition processes and requirements for making a smooth transition to work, post-secondary education, independent living, and/or adult services.

Child and family status probes for further use	**Facts and Observations**
1. Is this youth enrolled in an educational, vocational, or job placement program consistent with age and ability? ☐ Yes ☐ No If not, why not?	
2. Does grade level match the age of the child? ☐ Yes ☐ No If not, why not?	
3. Is the youth assigned to the general education curriculum? ☐ Yes ☐ No If not, is the youth receiving special education? If so does the youth have an Individualized Educational Plan (IEP)? If not, why not?	
4. Is the youth reading on grade level or at a level anticipated in an IEP? ☐Yes ☐ No	
5. Is the youth actively and consistently engaged in the instructional processes and related activities necessary for acquisition of expected skills, competencies, and performances associated with curricular goals and objectives? ☐ Yes ☐ No If not, why not?	
6. Is the youth receiving assistance obtaining a high school diploma/GED, vocational training, preparation for post-secondary education or job placement, and training in daily living skills, financial management, substance abuse prevention, and preventive health care? ☐ Yes ☐ No If not, why not?	
7. Is the youth provided personal and emotional support via a mentor/life coach, interactions with positive adults, and connections to essential community supports and services available to all citizens (e.g., public transportation, health care, housing, child care)? ☐ Yes ☐ No If not, why not?	
8. Is the child participating in extracurricular and/or social activities that are appropriate to his/her age, interest, and developmental stage?	
9. Is the child working or involved in work-related activities (e.g. hospital or museum volunteer, intern/job shadowing)?	

Status Rating 6c: Learning & Development (Age: 14 and older)

Description of the Status Situation Observed for the Child	Rating Level	
♦ **Optimal Learning and Development Status**. The youth is experiencing age-appropriate physical, intellectual, emotional, and social development, • **AND** • the youth is enrolled in a highly appropriate educational or vocational program, consistent with age and ability. The youth has an excellent rate of school attendance. The youth's optimal level of participation and engagement in educational processes and activities is enabling the youth to reach and exceed all educational expectations and requirements set within the youth's assigned curriculum and, where appropriate, the youth's IEP. The youth may be reading at or well above grade level or the level anticipated in an IEP. The youth is meeting or exceeding all requirements for promotion, course completion, diploma/GED, and transition to adulthood, or the youth has met all requirements for promotion, course completion, diploma/GED, and transition to adulthood.	**6**	
♦ **Substantially Acceptable Learning and Development Status**. The youth is experiencing age-appropriate physical, intellectual, emotional, and social development, • **AND** • the youth is enrolled in a generally appropriate educational or vocational program, consistent with age and ability. The youth has a substantial rate of school attendance. The youth has a good level of participation and engagement in educational processes and activities is enabling the youth reach most educational expectations and requirements set within the youth's assigned curriculum and, where appropriate, the youth's IEP. The youth may be reading at grade level or the level anticipated in an IEP. The youth is meeting most requirements for promotion, course completion, diploma/GED, and transition to adulthood.	**5**	
♦ **Minimally Acceptable Learning and Development Status**. The youth is experiencing somewhat age-appropriate physical, intellectual, emotional, and social development, • **AND** • the youth is enrolled in a minimally appropriate educational or vocational program, consistent with age and ability. The youth has a fair rate of school attendance. The youth's fair level of participation and engagement in educational processes and activities is enabling the youth reach at least minimally acceptable educational expectations and requirements set within the youth's assigned curriculum and, where appropriate, the youth's IEP. The youth may be reading near grade level or the level anticipated in an IEP. The youth is minimally meeting core requirements for promotion, course completion, diploma/GED, and transition to adulthood..	**4**	
♦ **Minimally Unacceptable Learning and Development Status**. The youth is experiencing marginal age-appropriate physical, intellectual, emotional, and social development, • **AND/OR** • the youth may be enrolled in a marginally appropriate educational or vocational program or somewhat inconsistent with age or ability. The youth may have an inconsistent rate of school attendance. The youth's limited level of participation and engagement in educational processes and activities may be hindering the youth from reaching at least minimally acceptable educational expectations and requirements set within the youth's assigned curriculum and, where appropriate, the youth's IEP. The youth is reading a year below grade level or somewhat below the level anticipated in an IEP. The youth may not be meeting some core requirements for promotion, course completion, diploma/GED, and transition to adulthood.	**3**	
♦ **Substantially Unacceptable Learning and Development** Status. The youth may lack age-appropriate physical, intellectual, emotional, and social development, • **AND/OR** • the youth may be enrolled in a poor or inappropriate educational or vocational program, or inconsistent with age or ability. The youth may have a poor rate of school attendance. The youth's poor level of participation and engagement in educational processes and activities may be preventing the youth from reaching acceptable educational expectations and requirements set within the youth's assigned curriculum and, where appropriate, the youth's IEP. The youth is reading two or more years below grade level or well below the level anticipated in an IEP. The youth is not meeting many core requirements for promotion, course completion, diploma/GED, and transition to adulthood.	**2**	
♦ **Serious and Worsening Learning and Development Status**. The youth lacks age-appropriate physical, intellectual, emotional, and social development, • **AND/OR** • the youth may be chronically truant, suspended or expelled from school. The youth may be three or more years behind in key academic areas; may be losing existing skills and/or regressing in functional life areas; and/or, may be confined in detention or residential treatment without appropriate instruction, or hospitalized. The youth is illiterate, and/ or has no social or financial supports, work skills, or experiences necessary for successful employment, economic self-sufficiency, or independent living.	**1**	

Please list the reasons or facts that led to your rating here:

Status Review 7: Caregiver Functioning

(for children living in substitute care or in pre-adoptive placements)

CAREGIVER FUNCTIONING: • Are the substitute caregivers with whom the child is currently residing willing and able to provide the child with the guidance, assistance, supervision, and support necessary for daily living? • 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? • If the child has a reunification goal, is the caregiver willing and able to work with the child and family as an active member of the child and family team to facilitate timely reunification?

Caregivers while a child is in out-of-home care could be resource parents (relatives/kin, foster/adoptive parents), group home staff, or residential facility staff. The caregivers responsible for the child while the child remains in out-of-home care should have the capacities, availability, and willingness to meet the child's basic care and development needs reliably on a daily basis. This expectation applies to a child who may have extraordinary physical, emotional, and/or behavioral needs and life problems to be met at home. Such a child may increase demands on the time, attention, skill, financial resources, and patience required of caregivers for the child's supervision, physical care, training, and direction. Added caregiver training, in-home supports, respite care, and material assistance may be necessary to meet the needs of the child and extend the capacities of the caregiver. When the child's caregiver has functional limitations (physical or mental), added supports provided in the home by other family members or paid providers may be used to overcome those functional limitations or added caregiving demands and to meet the special needs of the child. If the child has a reunification goal, the caregiver(s) should be willing and able to model appropriate behavior and serve as mentor/coach to the birth parent(s) as they work to strengthen their caregiving capabilities.

Child and Family Status Probes for Review Use	Facts and Observations
1. Can the current caregiver perform necessary parenting functions reliably? ☐ Yes ☐ No If YES, check statements that apply. If No, explain. The caregiver performs parenting functions willingly, adequately, consistently on a daily basis for this child and for other children at home, including: The home is free of hazards that might endanger the children. All children in the home are adequately supervised. The caregiver is able to arrange for adequate childcare. The children are attending school on a daily basis and doing their homework. Substitute caregivers are attending parent-teacher conferences and special school events. Caregivers use praise, affection, emotional support, and age-appropriate discipline. The caregiver is accessing and using necessary community resources. Caregiver follows the child and family plan, actively participates in meetings, supports goal achievement, and transports the child to his/her appointments. Caregiver/staff meets this child's parenting needs and/or special needs.	
2. Is there anything that might impair the caregiver's functioning? ☐ Yes ☐ No If YES, indicate and explain the reasons. Exceptional demands in the home (such as small children, high child/caregiver ratio, frail elderly, ill persons in the home, single parent family, social isolation). The caregiver has problems of substance abuse. The caregiver has a physical or mental disability. The caregiver has a history of domestic violence.	
3. If the caregiver's functioning is not adequate, are added supports being provided to meet the child's needs? ☐ Yes ☐ No Explain either answer.	

Status Rating 7: Caregiver Functioning

Description of the Status Situation Observed for the Child	Rating Level	
♦ Child receives **optimal caregiving** in his/her out-of-home placement and benefits from competent, consistent, and caring parenting. The caregiver is able to dependably and competently meet any extraordinary demands. Supports and services provided by the caregiver are dependable and effective. The caregiver serves as an active participant on the child and family team and attends meetings and appointments relevant to the child and family as appropriate. The caregiver communicates regularly with professionals on the team (caseworker, teachers, doctors, therapists, etc.) and maintains appropriate documentation to assure consistency and quality in care for the child. When appropriate, the caregiver acts as a mentor/coach to the birth parent(s)/ caregiver(s) at time of removal in ways that facilitate timely reunification.	6	
♦ Child receives **substantially acceptable caregiving** in his/her out-of-home placement and has generally competent and caring parenting. The caregiver is generally able to meet any extraordinary demands. Supports and services provided by the caregiver are usually dependable and effective. The caregiver regularly attends and participates in child and family team meetings. The caregiver communicates with professionals on the team (caseworker, teachers, doctors, therapists, etc.) and, when appropriate, may act as a mentor/coach to the birth parent(s)/ caregiver(s) at time of removal in ways that facilitate timely reunification.	5	
♦ Child receives **minimally acceptable caregiving** in his/her out-of-home placement and has marginally competent and caring parenting. The caregiver is only marginally able to meet any extraordinary demands. Supports and services provided by the caregiver may not be dependable or effective but the child is not at risk. The caregiver usually attends child and family team meetings.	4	
♦ Child is experiencing **minimally unacceptable caregiving** in his/her out-of-home placement involving caregiving availability, attitude, consistency, or capacity. The caregiver has difficulty meeting any extraordinary demands. Some supports and services provided by the caregiver are not dependable or effective. Risks to the child are minor. The caregiver sometimes attends child and family team meetings.	3	
♦ Child has **substantial and continuing problems of caregiving adequacy** in his/her out-of-home placement involving caregiving availability, attitude, consistency, or capacity. The caregiver has substantial difficulty meeting any extraordinary demands. Supports and services provided by the caregiver are generally not dependable or effective. Risks to the child are moderate. The caregiver rarely attends child and family team meetings.	2	
♦ Child has **serious and worsening problems of caregiving adequacy** in his/her out-of-home placement involving caregiving availability, attitude, consistency, or capacity. The caregiver is not able to meet extraordinary demands and does not provide needed services and supports, or the caregiver may take actions detrimental to the child in response to extraordinary situations. Risks to the child are substantial. The caregiver does not attend child and family team meetings.	1	
♦ **Not Applicable**. The child does not live in out-of-home care.	NA	

Please list the reasons or facts that led to your rating here:

Status Review 8: Prospects for Permanence

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 returned to that home, with safety and well being assured, within 12 months of removal with no more than one interim placement. To achieve this, timely, intensive services should be provided as appropriate. Other permanency goals should be implemented immediately when reunification is determined not to be possible. Where appropriate, termination of parental rights and adoption should be accomplished expeditiously. **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. Thus, safety, stability, and adequate caregiver functioning are co-requisite conditions of permanence for a child or youth.**

Permanence, commonly identified with the meaning of "family" or "home," suggests not only a stable setting, but also stable caregivers and peers, continuous supportive relationships, and parental/caregiver commitment and affection. Because of the nature of congregate settings, with frequent turnover of caregivers, time-limited stays, serial peer groups (peer groups whose membership changes as some children leave and others enter the placement), conditional commitment and unreliable personal caring relationships, **placements in congregate settings cannot be judged to achieve an acceptable Prospects for Permanence rating. An exception to this would be, if a child is still placed in a congregate setting at the time of review, but everyone is ready to move the child to a safe, appropriate, and permanent family setting, and the team agrees that the current placement and plan will produce permanence. Under exceptional circumstances, a Planned Permanency Living Arrangement (PPLA) may provide an acceptable status of permanence if there is strong evidence that the family has established supportive, long-term relationships with the child and other avenues for permanence such as adoption or guardianship have been fully explored and ruled out by the team.**

Child and Family Status Probes for Review Use	Facts and Observations
1. Is the child living in a family setting that provides enduring family relationships? □ Yes □ No If No, why?_____ □ Yes □ No Is the child satisfied with this home? □ Yes □ No Is the caseworker satisfied with this home? □ Yes □ No Are all legal barriers to achieving permanency resolved? (e.g., child is legally free) □ Yes □ No Are caregivers capable, supported, and satisfied? □ Yes □ No Does the caregiver accept/understand the legal responsibilities of caring for this child? □ Yes □ No 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? □ Yes □ No If No, why? _____ If Yes, answer the following questions: □ Is there a clear service plan? Is it being implemented? □ Has the current goal remained unachieved for more than 12 months? □ If the child is not returning home, has there been a permanency hearing? □ Do the child, family, and caseworker support the service plan? □ Is there concurrent planning (formal or informal)? 3. If the child does not live with permanent caregivers yet and the permanency goal is adoption or guardianship, is the service plan being implemented? □ NA □ Yes □ No If Yes, answer the following questions: □ Is DCS actively seeking an adoptive/ guardianship placement? □ Do the child, family, and caseworker support the service plan? □ Has the current goal remained unachieved for more than 12 months? □ Was kinship placement considered? Did DCS make reasonable efforts to locate possible kinship placement? 4. If the child's goal is PPLA, is this an appropriate goal? Have other permanency options (including kinship and guardianship) been pursued? Is the child and family team in agreement with this goal? Has the goal been approved by the Commissioner? Does the PPLA resource offer the child an enduring relationship?	

Status Rating 8: Prospects for Permanence

Description of the Status Situation Observed for the Child	Rating Level	
♦ Child has **optimal permanence**. The child has achieved permanency and lives in a family setting. The child, caregivers, caseworker, and all other child and family team members have evidence that relationships will endure. If an adoptive home, the adoption has been finalized, there is evidence that relationships will endure and stability has been sustained over time. If the child lives at home with his parents, identified risks have been eliminated, and stability has been sustained over time.	6	
♦ Child has **substantial permanence**. In a Foster Care case, there is agreement that adoption/guardianship issues will be imminently resolved, as legal barriers have been removed. For children old enough to make a responsible judgment, the child and caregiver (in all cases) are committed to the plan. **– OR -** The child lives in a family setting that the child, caregivers, caseworker, and all other child and family team members have confidence will endure and a plan is implemented that supports that confidence because safety and stability have been achieved.	5	
♦ Child has **minimally acceptable permanence**. The child is still living in a temporary (resource home or congregate care) placement, but child, caregivers, caseworker, and other team members are ready to move the child to a safe, appropriate, and permanent family setting. Readiness for permanency is evident, because **a realistic and achievable child and family plan is being implemented** and a permanent home has been identified. The team agrees that the prospective placement and plan will produce permanency. The child is receiving what the child needs for implementation of the permanency goal. The future placement is receiving preparation services for receiving the child. For children old enough to make a responsible judgment, the child and caregiver (in all cases) are committed to the plan. **- OR -** The child lives in a family setting that the child, caregivers, caseworker, and other child and family team members expect will endure until the child reaches maturity and they are successfully implementing a **well-crafted, individualized plan with specific steps** that supports that expectation because safety and stability are being achieved. If in an adoptive family, adoption/guardianship issues are being successfully resolved. If permanence is expected to be obtained through adoption and the child is not already in full guardianship, there is evidence that guardianship will likely be obtained (surrender imminent, TPR/surrender accepted but awaiting appeal period, etc).	4	
♦ Child has **minimally unacceptable permanence**. The child is living on a temporary basis with a resource family, but likelihood of reunification or finding another permanent home remains uncertain. For children old enough to make a responsible judgment, the child and caregiver (in all cases) are considering the plan. **- OR -** The child lives in a home that the child, caregivers, worker and some other child and family team members are hopeful but uncertain could endure until the child reaches maturity, and they are working on crafting a plan that supports that hope by attempting to achieve safety and stability. If in a prospective adoptive family, adoption/guardianship issues are being assessed or the team is uncertain if or when full guardianship can be obtained.	3	
♦ Child has **substantial and continuing problems of permanence**. The child remains living on a temporary basis (more than 9 months) with a resource family without a clear, realistic, or achievable service plan being implemented. **- OR -** The child is living in a home that the child, caregivers, and caseworker doubt could endure until the child becomes independent, due to safety and stability problems or failure to resolve adoption/guardianship issues, or because the current home is unacceptable to the child.	2	
♦ Child has **serious problems and worsening problems of permanence**. The child remains living on a temporary basis (more than 18 months) with a resource family without a clear, realistic, or achievable service plan being implemented. **- OR -** The child is moving from home to home due to safety and stability problems or failure to resolve adoption/ guardianship issues, or because the current home is unacceptable to the child.	1	

Please list the reasons or facts that led to your rating here:

NOTE: for children in a PPLA situation, Central Office approval of the goal should not in itself be an indicator of permanency. For status to be acceptable, strong evidence should be provided that the family has integrated the child into their long term plans and, although the child is still in legal custody, the family is able to function and make decisions independently of the department; for instance, the family is able to manage behavioral concerns, identify service needs, seek out resources, and support the child in preparing for adult life.

Status Review 9: Family Functioning & Resourcefulness

(this indicator is applicable to children not in full guardianship)

FAMILY FUNCTIONING AND RESOURCEFULNESS: • Does the family of origin with whom the child is currently residing or with whom the child has a goal of reunification/exit custody have the capacity to take charge of its issues and situation, enabling them to live together safely and function successfully? • 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? • 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?

The goal of assisting a family of origin 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. If the child is living in out-of-home care, the target family for rating should be the (non-adoptive) identified permanency resource, for instance, the birth or adoptive family of origin, relative placement, or fictive kin. Pre-adoptive families with whom the child is living should be rated under Caregiver Functioning. Indicators that the family has the necessary capacities include:

- ♦ Being aware of family strengths and needs.
- ♦ Moving from denial to acceptance and action on issues that cause safety problems, instability, or conflict in the home.
- ♦ Setting and achieving important goals by members (e.g., sobriety, employment, school attendance, and academic achievement for the children.
- ♦ Finding ways to meet fundamental family needs (e.g. income, housing, transportation, health care, food, child care.)
- ♦ Finding ways to meet extraordinary demands placed on the family and to meet special needs of family members.
- ♦ Making self-referrals to helping agencies able to assist family members in reaching their goals.
- ♦ Linking with informal supports and resources in the extended family, neighborhood, and community.
- ♦ Establishing and maintaining trusting and supportive relationships among family members and supporters.

Child and Family Status Probes for Review Use	**Facts and Observations**
1. Can the family, with whom the child is living or has a goal of reunification, perform necessary parenting functions adequately, reliably, and consistently on a daily basis for this child and other children at home?	
□ Yes □ No If "yes," check all that apply below. If "no," explain.	
□ The family home is free of hazards that might endanger the children.	
□ All the children in the home are adequately supervised.	
□ The children are attending school on a daily basis and doing their homework.	
□ Parents attend parent-teacher conferences and special school events.	
□ Parents regularly participate in visits with their children (if they are placed out-of-home).	
□ Parents use praise, show affection and emotional support, and use age-appropriate discipline.	
2. Is there anything that might impair the family's functioning such as substance abuse, physical and mental disability, domestic violence, cultural or language barriers? □ Yes □ No If "yes," explain.	
3. Are there extraordinary demands placed on the caregiver of this family, such as, small children, high child/caregiver ratio, frail elderly, ill persons in the home, single parent family, social isolation? □ Yes □ No If "yes," explain.	
4. Is the family building, extending, and using the following resources, supports and social networks? □ Yes □ No If "yes" indicate below.	
□ income & housing □ health care & childcare	
□ transportation □ extended family, friends and neighbors	
□ adult key supports (mentors) □ faith community	
5. Are these resources and supports ongoing and sustainable? □ Yes □ No	

Status Rating 9: Family Functioning & Resourcefulness

Description of the Status Situation Observed for the Child	Rating Level	
♦ **Optimal Functioning and Resourcefulness**. Family members are in control of the family's issues and situation. Fundamental family needs are being met by the family and its network of support. The family is well connected to essential supports in the extended family, neighborhood, and community. Supports for any extraordinary demands on caregivers are effective and sustainable. Trusting relationships have been developed. The family home is safe and well-functioning.	6	
♦ **Substantially Acceptable Functioning and Resourcefulness.** Family members are taking control of the family's issues and situation. Some fundamental family needs are being met and others worked on. The family is developing connections to essential supports in the extended family, neighborhood, and community. Supports for any extraordinary demands placed on caregivers are being developed and put into place. Trusting relationships are being developed. Safety concerns are adequately managed and the home is becoming well functioning.	5	
♦ **Minimally Acceptable Functioning and Resourcefulness.** Family members are beginning to take control of the family's issues and situation. Some fundamental family needs are being met and others worked on. The family is beginning to develop connections to essential supports in the extended family, neighborhood, and community. Supports for any extraordinary demands placed on caregivers are being planned and developed. Trusting relationships are recognized as being important and are being developed for some family members. Safety concerns are adequately managed and efforts to improve functioning are beginning.	4	
♦ **Minimally Unacceptable Functioning and Resourcefulness.** Family members are not ready to take control of the family's issues and situation. Some fundamental family needs are being met and others worked on. The family is beginning to develop connections to essential supports in the extended family, neighborhood, and community. Supports for any extraordinary demands placed on caregivers are being assessed. Trusting relationships are yet to be developed with some family members and supporters. Some safety concerns remain in the home and efforts to improve functioning are planned.	3	
♦ **Substantial and Continuing Problems of Functioning and Resourcefulness.** Family members are not ready to take control of the family's issues and situation. Some fundamental family needs may be unmet. The family remains isolated from and distrusting of natural supports in extending family and community. Cultural and/or language barriers exist for family connections. Supports for any extraordinary demands placed on caregivers are missing. Safety concerns in the home remain and efforts to improve functioning are not planned.	2	
♦ **Serious and Worsening Problems of Functioning and Resourcefulness.** Family members are unable to control family issues and worsening situation. Some fundamental family needs may be unmet. The family remains isolated from and distrusting of natural supports in extended family and community. Cultural and/or language barriers exist for family connections. Supports for any extraordinary demands placed on caregivers are missing. Safety concerns in the home are increasing and efforts to improve functioning may be stalled.	1	
♦ **Not Applicable** Child is in full guardianship.	NA	

Please list the reasons or facts that led to your rating here:

Status Review 10: Family Connections

(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?

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, siblings, extended families and "fictive kin:" those with whom the child has an emotionally significant, positive, and supportive relationship independent of a legal relationship. Such visits should be conducted in locations conducive to family activities and offer "quality time" for advancing or maintaining relationships among family members. When family members are living apart, visits and/or other techniques such as phone calls, letters, and/or exchange of photos should be used to nurture and maintain all appropriate family attachments. **All appropriate family attachments should be maintained regardless of the permanency goal.**

Child and Family Status Probes for Review Use	Facts and Observations
1. Are family visits occurring now? If so: □ How frequently are visits occurring? □ Is the frequency of visits developmentally appropriate for the child? □ Are visits therapeutically appropriate? □ Who coordinated and arranged the visits? □ Are visits supervised? If so, by whom? □ Are visitation settings conducive to "quality time" in relationship building? □ Are missed visits rescheduled in a timely manner? □ Are visits of appropriate frequency and duration occurring? □ Is the level of supervision decreasing over time, if appropriate? □ Are visits with infants and younger children of sufficient frequency and duration for forming and maintaining family attachments?	
2. Are other forms of family contact or connecting strategies being used (e.g., phone calls, letters, family photos)?	
3. Are parents attending doctor's appointments, teacher conferences at school, children's performances, etc?	
4. Are there any compelling therapeutic or legal reasons that family members should not visit with one another? If so, what are those reasons?	
5. If court orders that constrain or prohibit visitation exist, do these appear to be appropriate and serve the best interest of the child? What is the effect of these connections (or the lack thereof) on the child and family?	
6. For those who are visiting, are visits being conducted at times that are convenient for the appropriate family members to get together without hardship for some members?	
7. What supports are being provided to parents, resource parents (e.g., transportation), and case planners (e.g., overtime or flextime for supervised visits) to facilitate and assist visits?	
8. Are family visits being used to assess the readiness of the family for reunification? If so, what are the results and how are the visits being assessed?	
9. What do family members say about visitation and contact?	
10. Regardless of the permanency goal, are all appropriate family attachments with whom the children had pre-existing, significant relationships (including extended family) being identified, nurtured and maintained? If not, explain.	

Status Rating 10: Family Connections

Description of the Status Situation Observed for the Child	Rating Level	
♦ **Optimal Maintenance of Family Connections.** Fully effective family connections are being excellently maintained for all family members through appropriate visits and other connecting strategies. All appropriate family members have regular and, where appropriate, increasingly frequent visits, and are regularly present at doctor's visits, school conferences, and other events/activities that parents ordinarily attend.	6	
♦ **Substantially Acceptable Maintenance of Family Connections.** Generally effective family connections are being substantially well maintained for all family members through appropriate visits and other connecting strategies. All appropriate family members have regular visits.	5	
♦ **Minimally Acceptable Maintenance of Family Connections.** Fairly effective family connections are being at least minimally maintained for all family members through appropriate visits and other connecting strategies. All appropriate family members have periodic visits (biweekly).	4	
♦ **Minimally Unacceptable Maintenance of Family Connections**. Family connections are being at least marginally maintained for most family members through visits and other connecting strategies. Some appropriate family members have periodic visits (may be scheduled, but occurring less than biweekly). Some members may have limited, inconsistent, or infrequent contact or connections..	3	
♦ **Substantially Unacceptable Maintenance of Family Connections.** Family connections are being inconsistently maintained for some or most family members through visits and other connecting strategies. Some appropriate family members have occasional visits. Some members may have limited, inconsistent, or infrequent contact or connections. Other important family members may be substantially disconnected from the family. Some visits, if they are occurring, may be therapeutically inappropriate.	2	
♦ **Non-existent or Fragmented, Declining in Quality or Frequency, or Inappropriate Family Connections.** Family connections are either not maintained, or they are fragmented, declining in frequency or quality, or inappropriate for family members. Appropriate and necessary visits are not occurring with sufficiency to maintain family connections. Visits, if they are occurring, are therapeutically inappropriate or unsafe for one or more family members.	1	
♦ **Not Applicable:** Family members are living together at home, child has no family, or TPR has occurred and the child and family team has appropriately determined that it is not in child's best interest to maintain contact with extended family and/or siblings**.**	NA	

Please list the reasons or facts that led to your rating here:

Status Review 11: Satisfaction

SATISFACTION: Are the child, primary caregiver, and parent satisfied with the supports and services they are receiving? (for children age 12 and older, parent, and substitute caregiver)

Satisfaction includes the views of the parent and substitute caregiver and the child who is the focus of the review. If the child lives with his/her parents, relative, resource parent, or congregate facility caregiver, then that person's views are solicited. Satisfaction is concerned with the degree to which the child and parent and substitute caregiver receiving services believe that those services are appropriate for their needs, respectful of their views and privacy, convenient to receive, tolerable (if imposed by court order), pleasing (if voluntarily chosen), and ultimately beneficial in effect. Satisfaction extends to:

- Participation in decisions and plans made for the benefit of the child and his/her parent and/or substitute caregiver.
- Feelings of respect for their views and preferences in the planning and delivery of services.
- Belief that a good mix and match of supports and services is offered that well-fits their situation.
- Appreciation for the quality/dependability of assistance and support provided.
- Feelings that circumstances are better now than before or are getting better because of the supports and services.

Children and caregivers should be generally satisfied with services, taking into account that services may not always be voluntary.

Child/Family Status Probes for Review Use	Facts and Observations
1. What are the things that child/caregiver/substitute caregiver were satisfied with/dissatisfied with?	
2. If the child lives in a resource or group home, does the caregiver feel adequately supported in serving this child?	
3. Do respondents believe that services are adequate, dependable, and effective in producing desired results for the child and caregiver?	
4. How satisfied are children and family members with visiting and other family contacts, including frequency of visits, quality of visits, settings in which visits take place, and support for visits (e.g., transportation)?	
5. If legal representation was provided, how satisfied was the child, parent, and/or resource parent with that service?	
6. What are the things that the child/parent/substitute caregiver were satisfied with/dissatisfied with?	
7. Do the child/family/substitute caregiver report they were treated with courtesy and respect?	
8. Did the staff listen to the child/family/substitute caregiver's ideas and involve them in making decisions?	
9. Were phone calls answered quickly and messages returned by the caseworker?	
10. Did the staff help the child/family/substitute caregiver obtain needed services?	
11. Were complaints handled expediently and to the child/family/substitute caregiver's satisfaction?	
12. Did the child/family/substitute caregiver report they benefited from the services they received?	

Status Rating 11: Satisfaction

Description of the Status Situation Observed for the Child, Parent and Caregiver — **Rating Level**

- Respondent reports **optimal satisfaction** with current supports and services. The quality, fit, dependability, and results being achieved presently exceed a high level of consumer expectation. The respondent "couldn't be more pleased" with the service situation and his/her recent experiences and interactions with service personnel.

6

☐ Child
☐ Parent/guardian
☐ Caregiver

- Respondent reports **substantially acceptable level of satisfaction** with current supports and services. The quality, fit, dependability, and results being achieved generally meet a moderate level of consumer expectation. The respondent is "generally satisfied" with the service situation and his/her recent experiences and interactions with service personnel. Complaints and disappointments are minimal.

5

☐ Child
☐ Parent/guardian
☐ Caregiver

- Respondent reports a **minimally acceptable level of satisfaction** with current supports and services. The quality, fit, dependability, and results being achieved minimally meet a low to moderate level of consumer expectation. The respondent is "more satisfied than disappointed" with the service situation and his/her recent experiences and interactions with services personnel. Complaints and disappointments are present and continuing.

4

☐ Child
☐ Parent/guardian
☐ Caregiver

- Respondent reports a **minimally unacceptable level of satisfaction** with current supports and services. The quality, fit, dependability, and results being achieved do not minimally meet a low to moderate level of consumer expectation. The respondent is "more disappointed than satisfied" with the service situation and his/her recent experiences and interaction with service personnel. Complaints and disappointments are recent.

3

☐ Child
☐ Parent/guardian
☐ Caregiver

- Respondent reports **substantial and continuing dissatisfaction** with current supports and services. The quality, fit, dependability, and results being achieved do not meet a low to moderate level of consumer expectation. The respondent is "consistently disappointed" with the service situation and his/her recent experiences and interactions with services personnel. Complaints and disappointments are present and continuing over time.

2

☐ Child
☐ Parent/guardian
☐ Caregiver

- Respondent reports **serious and growing dissatisfaction** with current supports and services. The quality, fit, dependability, and results being achieved fail to meet any reasonable level of consumer expectation. The respondent is "greatly and increasingly disappointed" with the service situation and his/her recent experiences and interactions with service personnel. Complaints and disappointments are long-standing and increasing in their scope and intensity.

1

☐ Child
☐ Parent/guardian
☐ Caregiver

PLEASE INDICATE OVERALL SATISFACTION SCORE HERE. Reviewers may, at their discretion, use a rounded-down average for their overall score or use a rating that best reflects the overall satisfaction level observed of key team members during the review. This score will be entered on the roll-up. Reviewers should be careful to only include information and parties from the timeframe under review in rating this indicator.

Please List the Reasons or Facts That Lead to Your Rating Decision Here.

System Performance Indicators

Practice Model Indicators

1. Engagement
2. Teamwork and Coordination
3. Ongoing Functional Assessment
4. Long-Term View
5. Child and Family Planning Process
6. Plan Implementation
7. Tracking and Adjustment

Conditions & Attributes of Practice

8. Resource Availability and Use
9. Informal Support and Community Involvement

10a. Resource Family Supports

10b. Support for Congregate Care Providers

11. Transitioning for Child and Family
12. Legal System Interface

*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

ENGAGEMENT: Do the child and family demonstrate commitment to the change process? Are the child and family actively participating and involved in shaping and guiding decisions about their future?

The central **concern** of this indicator is that the **child and family are engaged in the process of change.** The family's active participation in shaping and directing service arrangements that impact their lives may be supported by a trust-based, supporting relationship with team members. Open casework relationships communicate a belief in family strengths and resiliency and support honest and timely assessment of progress. When families are involved in collaborative and open decision making and case planning, they are more likely to understand their roles in the change process. 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 resource family) in shaping the child's future should be considered in rating this indicator.

Determine from Informants, Plans, and Records	**Facts and Observations**
1. Do the child and family understand the change process? 2. Do the child, family, and/or resource family/current caregiver routinely and actively participate in the evaluation of the progress of the service planning process and modification of the plan or services? 3. Do the child and family demonstrate commitment to their interactions with team members and service providers? 4. How are the child and family involved in the ongoing assessment of their needs, circumstances, and progress? 5. Does the family believe they were heard, that an agreement was reached, and understand why decisions were made the way they were? 6. Are special accommodations made for the family as necessary to Encourage and support participation and partnership? 7. Do they report being treated with dignity and respect? Do they have a trust-based working relationship with those providing services? 8. Was child/family's culture valued and any necessary accommodations made?	

System Rating 1: Engagement of Child & Family

Description and Rating of Service System Performance	Rating Level	
♦ **Optimal Engagement.** The child and family demonstrate a refined understanding of the change process and their roles in that process. They also demonstrate a strong commitment to change through their active participation in shaping and directing service arrangements. The child and family report feeling that they are treated with respect, dignity, and empathy. Cultural and language needs have been addressed. The team may have a trust-based, helping relationship with the child and family.	6	
♦ **Substantially Acceptable Engagement.** The child and family report their understanding of the change process and may also understand their roles in that process. They are developing a commitment to the change process and are participating in shaping and directing service arrangements. The child and family report feeling that they are treated with respect, dignity, and empathy. Language and cultural needs have generally been addressed. The team may have a trust-based, helping relationship with the child and family.	5	
♦ **Minimally Acceptable Engagement.** The child and family report that they understand the change process and are somewhat committed to it. The child and family are starting to, or are partially, participating in shaping and directing service arrangements. They also report being treated with respect, dignity, and empathy. Language and cultural needs have generally been addressed. The team may be establishing a trust-based, helping relationship with the child and family.	4	
♦ **Minimally Unacceptable Engagement.** The child and family may have minimal understanding of the change process. They also report a desire to complete their involvement with the system but are minimally committed to the change process. The child and family may report being treated with respect, dignity, and empathy. Language and cultural needs have been somewhat addressed. The team may be establishing a trust-based, helping relationship with the child and family.	3	
♦ **Substantially Unacceptable Engagement.** The team has a relationship with the child and family primarily based on authority. The child and family report not feeling treated with respect, dignity, and empathy. The family and other team members report a desire to complete their involvement with the system and understand their role to be that of completing "steps" to satisfy court requirements. Language and cultural needs have not been addressed.	2	
♦ **Completely Unacceptable Engagement.** The team clearly has a relationship that is declining in quality or is antagonistic between child and family and the caseworker(s). The child and family do not feel that they have been treated with respect, dignity, and empathy. The family is withdrawing from the change process. Important information is withheld from parents or caregivers. Language and cultural needs have not been addressed.	1	

Please list the reasons or facts that led to your rating here:

System Review 2: Teamwork & Coordination

TEAMWORK & COORDINATION: • Have all the "right people" been identified to be a part of the child and family team? Are team members selected based on the strengths and needs of the child and family and their relevance to supporting the child's permanency goal? Did the child and family have input in deciding who they wanted as members of the team? Do the people who provide services to the child/family 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 and continuity in the organization and provision of service across all responsible individuals and service settings? • Is there a single point of coordination and accountability for the assembly, delivery, and results of services provided for this child and family?

The birth parents, child, family members and caseworkers form the core of the child and family team. Other members of the child and family team can be anyone identified by the family as well as professionals involved in the care of the child (e.g. teachers, doctors, therapists, GALs, child care providers, resource parent, health care provider, and other service providers). Such team representation may be required to assure that a **necessary combination** of technical skills, cultural knowledge, and personal interests and contributions are formed and maintained for the child and family and to achieve the goal(s) established by the team. Collectively, the team should have the technical and cultural competence, family knowledge, authority to commit resources, and 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, opportunity, and performance are essential**.

Team functioning and decision processes should be consistent with the practice model for the system of care. 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.

Determine from Informants, Plans, and Records	**Facts and Observations**
1. Does the caseworker and family regard the people providing services to the child/family as part of a team? □ Yes □ No 2. Does the caseworker involve the service providers in the decision making? □ Yes □ No Get their opinion before making decisions? □ Yes □ No Keep them informed about the status of the child and the implementation of planned services? □ Yes □ No 3. Do the people involved in this case feel like they are part of a child and family team? □ Yes □ No Do they feel like they are involved in the decision making and their input is being considered? □ Yes □ No (Probe: How much do the team members know about the family?) 4. Did the caseworker try to include in the team family members, friends, or neighbors who are actively participating in the child's life? □ Yes □ No If not, what are the reasons? 5. How do the caseworker and the facilitator (when they are not the same) work together to support the group as a team? 6. Do the actions of the team show a pattern of effective team work, commitment, and follow-through? □ Yes □ No 7. Has the team remained stable over the last six months (or since case open, if less than six months)? □ Yes □ No 8. Do the family members agree with the composition of the child and family team? □ Yes □ No Do they feel that somebody is missing and should be included? □ Yes □ No 9. Is there a single point of coordination and accountability for implementing the child and family plan? □ Yes □ No 10. Is there effective coordination and continuity in the organization and provision of services across all case workers and other responsible individuals and service settings? □ Yes □ No 11. If problems have emerged with coordinating services, what has been done to resolve these problems? 12. Does the child and family team meet and share information face-to-face? □ Yes □ No 13. Do the family members think that the team works together adequately? □ Yes □ No 14. Are professionals from different agencies effectively collaborating together and coordinating their planning process? □ Yes □ No	

System Rating 2: Teamwork & Coordination

Description and Rating of Service System Performance — **Rating Level**

- **Optimal Team Functioning and Coordination.** The child and family clearly know they are part of a team formed to support them in the change process and report participating in the selection of team members and the determination of meeting times and places. The team contains all of the important supporters and decision makers in the child and family's life, including the family's informal supports. Face-to-face child and family team meetings are held as frequently as the team sees the need and at critical points to develop short-term and long-term plans. Team members recognize and identify the caseworker(s) as a single point of accountability. All team members share a common view of the issues affecting the child and family and have consensus on the case direction and goals. The team is clearly vital to moving the work of the child and family plan forward. Services and supports are coordinated and modified by the team, as needed. The team is succeeding for the family. The child and family team has developed the functional assessment, child and family plan, and the long-term view at this point in the case. The child and family team actively participates in the assessment and planning processes and share a long-term view. Team has been fully formed and functional for 6 months or more. **6** ☐

- **Substantially Acceptable Team Functioning and Coordination.** The child and family know they are part of a team formed to support them in the change process and report participating in the selection of team members and the determination of meeting times and places. The team contains most of the important supporters and decision makers in the child and family's life, including the family's informal supports. Child and family team meetings are held at critical points (i.e. transitions, service planning, crisis situations, etc.). The participation of all team members is encouraged, but if they are not attending the meeting, their input and opinion is considered when making decisions. Team members recognize and identify the caseworker(s) as a single point of accountability. Most team members share a common view of the issues affecting the child and family and have consensus on the case direction and goals. The team is vital to moving the work of the child and family plan forward. Services and supports are coordinated and modified by the team, as needed. The child and family team has developed the functional assessment, child and family plan, and the long-term view at this point in the case. The child and family team participates in the assessment and planning processes and share a long-term view. Team has been fully formed and functional for the last 3-6- months. **5** ☐

- **Minimally Acceptable Team Functioning and Coordination.** The child and family know they are part of a team formed to support them in the change process. The team contains some of the important supporters and decision makers in the child and family's life, most importantly the family. Child and family team meetings are usually held at critical points. The participation of all team members is encouraged, but if they are not attending the meeting, their input and opinion is considered when making decisions. Team members recognize and identify the caseworker(s) as the single point of accountability. Some team members share a common view of the issues affecting the child and family and agree on the case direction and goals. The team has begun laying a foundation for moving the work of the child and family plan forward. Services and supports are coordinated and modified by the team, as needed. The child and family team has developed the functional assessment, child and family plan, and the long-term view at this point in the case. The child and family team participates in the assessment and planning processes and share a long-term view. Team has been fully formed and functional for the last 90 days. **4** ☐

- **Minimally Unacceptable Team Functioning and Coordination.** The child and family are not aware they are part of a team formed to support them in the change process. The "team" is essentially a small group, consisting primarily of the worker and family, despite the existence of other important contributors. The family may not be included in the decision-making, and the members of the group were identified without the family's participation. There are no face-to-face meetings, or the meetings resemble staffings. Some information is shared among members of the group, but there is not yet a pattern or process to routinely share information. There is only a vague picture of the family's needs and a limited ability to track results. There is limited coordination and accountability for the service delivery and results and the single point of contact is unclear—often as the result of role confusion between caseworker(s). **3** ☐

- **Substantially Unacceptable Team Functioning and Coordination.** The child and family are not aware they are part of a team formed to support them in the change process. The "team" is essentially a small group, consisting primarily of the worker and family, despite the existence of other important contributors. There is not yet a complete team and/or team meetings have not been held at critical points. Meetings may have been scheduled, but none has occurred. Participants in the meeting were identified without attempts to elicit family participation. The family is given a "to do" list and is not involved in any decision-making. The main mode of Information sharing and coordination is limited to phone conversations and written material. **2** ☐

- **Completely Unacceptable Team Functioning and Coordination.** There is no team. There is little or no coordination and accountability and no single point of contact. There have been no meetings. **1** ☐

Please list the reasons or facts that led to your rating here:

System Review 3: Ongoing Functional Assessment

ONGOING FUNCTIONAL ASSESSMENT: • To what degree (1) does the team have an understanding of the child and family's functioning, strengths, needs, risks, and underlying issues which must change for the child to live safely and permanently with the birth family, a relative caregiver or adoptive family independent of agency supervision? (2) Are the substantial functioning, strengths, needs, and risks of the child and family identified through existing assessments, both formal and informal, so that the team has a "big picture" understanding? (3) Is this understanding reflected in the service plan*, achieving child and family outcomes requirements, and selected change strategies?

The functional 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 DCS 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. The functional assessment is an integrated part of a logical practice model sequence of engagement, teaming with the family, assessment, service planning, and updating based on results or changed circumstances.

As appropriate to the situation, a combination of clinical, functional, educational, and informal assessment techniques should be used to determine the strengths, needs, risks, underlying issues, and future goals of the child and family. On an ongoing basis, the information should be analyzed and synthesized to form a functional assessment or "**big picture understanding**" of the child and family. This view includes the child and family's strengths, needs, risks, and daily functioning within the environmental context and current social support networks. Assessment techniques, both formal and informal, should be appropriate for the child and family based on age, ability, culture, language or system of communication, and social ecology. New assessments should be performed promptly when planned goals are met, when new information surfaces, when emergent needs or problems arise, or when changes are necessary. New 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 view of the child and family situation. Members of the child and family team (including family and case workers and other responsible individuals), working together, should synthesize their assessment knowledge to form a common big picture view that provides a shared working understanding of the child and family's situation and what must be done to reach end-goals. This provides a common core of team intelligence for 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. Maintaining a useful big picture understanding is a dynamic, ongoing process.

Determine from Informants, Plans, and School Records	Facts and Observations
1. What are the critical issues for the team to assess that will lead to the family's independence from DCS and/or the child's permanence and well-being?	
2. Are the assessments appropriate and adequate for the family and child's age, culture, and communication abilities?	
3. Is there evidence the functional assessment evolved over the course of the case and had an appropriate impact on decisions and permanency and planning timeframes? Does the team meet on a consistently regular basis to address emerging issues?	
4. Do assessments cover functional areas: living, learning, working, and playing?	
5. Do assessments identify the primary caregiver's strengths, needs, and capabilities?	
6. Is the assessment evolving as a result of the work of the child and family team? Is there evidence of a continuous process?	
7. How did the team analyze the assessments and draw their conclusions?	
8. Does the team understand what things have to change to reduce problems and achieve adequate daily functioning (i.e., change requirements and end-goals)?	
9. What is the child and family team's big picture, common working understanding of this child and family?	
10. Are there gaps in information or problems that indicate the need for further assessment? If yes, what gaps or problems needed to be addressed?	
11. Is the assessment information consistent with the reviewer's understanding of what the child and family needs are?	

*See definition for service plan under the Child and Family Planning Process indicator (page 50).

System Rating 3: Ongoing Functional Assessment

Description and Rating of Service System Performance — Rating Level

- **Optimal Functional Assessment.** The current, obvious, and important strengths and needs (including underlying needs) of the child and family are identified through assessments, monitoring results, and collected experiences of the child and family team. An ongoing and accurate "big picture" is synthesized by the team. Members of the team share a common understanding of the child and family necessary for unifying efforts, sharing resources, and assembling a good mix and fit of supports and services that is formalized in an accurate, updated document. Assessment is a continuously integrated part of the practice model sequence and addresses all major events and decisions. **6** ☐

- **Substantially Acceptable Functional Assessment.** A comprehensive set of strengths and needs, including major underlying needs of the child and family are identified through assessments, monitoring results, and collected experiences of the child and family team. An ongoing and accurate "big picture" is synthesized by the team. Members of the team share a common understanding of the child and family necessary for unifying service efforts, sharing resources, and assembling supports and services. Assessment is generally integrated as a part of the practice model sequence and addresses most major events and decisions. **5** ☐

- **Minimally Acceptable Functional Assessment.** Selected strengths and needs, including key underlying needs of the child and family are identified through formal and informal assessments and from progress notes of the child and family team. A periodic "big picture" is compiled by the team for planning purposes. Most members of the team have a basic common understanding of the child and family necessary for collaborative planning. Assessment is at least minimally integrated with the practice model sequence and addresses critical events and decisions. **4** ☐

- **Minimally Unacceptable Functional Assessment.** Selected strengths and needs of the child and family 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. Some members of the team have a basic common understanding of the child and family necessary for collaborative planning, others do not. This picture for planning is misinterpreted or misguided. Assessment is only partially integrated into the practice model sequence and misses critical events or decisions. **3** ☐

- **Substantially Unacceptable Functional Assessment.** Few important strengths and needs of the child and family are identified through assessments. Obvious and important underlying needs or preferences are overlooked or excluded. The team's understanding of the child and family is limited in scope, detail, and usefulness. Formal assessments have not been utilized. Few if any members of the team have an understanding of the child and family necessary for collaborative planning. This picture for planning is misinterpreted, misguided, incomplete, or obsolete. Assessment is isolated from the practice model sequence and is poorly connected to critical events or decisions. **2** ☐

- **Completely Unacceptable Functional Assessment.** Important strengths of the child and family have not been identified through assessments. Essential strengths, underlying needs, risks, or preferences are unknown or misunderstood. Members of the team lack an understanding of the child and family necessary for collaborative planning. No current picture of the child and family exists for meaningful use in planning. Assessment appears irrelevant to the practice model sequence and misses critical events and decisions, and formal assessments are not utilized. A new and complete assessment process will be necessary for this case to move forward. **1** ☐

Please list the reasons or facts that led to your rating here:

System Review 4: Long-Term View

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?

Where is the child and family team headed with this child and family? Will this direction lead to this child being successful in daily settings after the next major developmental transition or anticipated placement is made? Is there a sensible guiding view for services?

A long-term view is a **guiding strategic vision** used to set the purpose and path of intervention and support. It is used to focus a coherent child and family plan and process. It may be expressed as **strategic goals to focus and unify child and family planning efforts**, especially when multiple interveners are involved. A long-term view anticipates and defines what the child must have, know, and be able to do in order to be successful following his/her next major developmental or placement transition. Smooth and effective transitions require such a strategic vision and its fulfillment through the service process. To be acceptable, a long-term view must fit the child/family situation and establish a strategic course to be followed in a service process that will lead to achievement of strategic goals. The long-term view should answer the questions of where is the case headed and why. For example, for a 14-year-old youth, the long-term view should answer the question: How, where, and with whom will this person be living, learning, working, and playing in the next three to five years? Meaningful answers to this question will provide a long-term view for the person.

The child, parent and family team should "know when they are finished" with the service process. Appropriate protective provisions must be in place before reunification of children to their family home. Specific behavior patterns and capacities must be demonstrated by the parent or caregiver to show that reliable care and supervision is commensurate with that required for the safety and care of children in the home. Sustainable conditions must be present in the home and family situation. **Specification of these conditions define what must be done to achieve family preservation, reunification, or child adoption leading to permanency for the child and achieving child and family outcomes for the family. Specification of conditions for family independence and desired outcomes also applies to a youth in independent living who will be leaving the service system upon reaching the age of majority.** There is a vision defining what things must change and the steps it will take to achieve the goals for the child and family and to maintain the change once the case is closed.

Determine from Informants, Plans, and Records	Facts and Observations
1. Is there an explicit plan to enable the family to live safely and independent from the child welfare system?	
2. Is there an explicit plan to enable the child to live in a permanent home in a timely manner? (For out-of-home cases)	
3. Is this explicit plan part of the child and family plan? If not, is there an implicit understanding of what will be necessary to enable the family to live safely and independent from DCS and/or to enable the child to live in a permanent home in a timely manner?	
4. Where appropriate, is there a connection between conditions for independence and an older youth's developmental and educational progress?	
5. Is there a guiding view for planning services and staging supports that provides for the youth's transition to independent living, new housing, and adequate income? If "yes," does the guiding view set change requirements or end-goals aimed at assuring the child's success after making the transitions and life adjustments that will be necessary?	
6. If the youth is age 14 years or older, or disabled, is there a plan that guides his/her transition for getting from school to work, to independent/ supported living, and to any necessary adult services?	
7. What are the conditions necessary for achieving child and family outcomes that have been set for this youth and used in planning services?	
8. For all youth, will the current plan likely lead to greater independence, social integration, and community participation?	

System Rating 4: Long-Term View

Description and Rating of Service System Performance	Rating Level	
♦ **Optimal Long-Term View.** There is a written and well understood LTV for the child and family that is developed, accepted and shared among child and family team members. The LTV anticipates the child's next major transition and defines what the child must have, know, and be able to do to be successful when that threshold is crossed. The LTV reflects the strengths, ambitions, preferences, barriers, and needs of the child and family. The LTV builds upon past knowledge of the outcomes of recent transitions and is modified as experience is gained and circumstances change.	6	
♦ **Substantially Acceptable Long-Term View.** There is a written and understood LTV developed by the child and family team that child and family team members can articulate. The LTV anticipates the child's next major transition and defines what the child must have, know, and be able to do to be successful when that threshold is crossed. The LTV reflects the strengths, preferences, and needs of the child and family. The LTV builds upon past knowledge of the outcomes of the most recent transition and is modified as circumstances change.	5	
♦ **Minimally Acceptable Long-Term View.** There is an understood (but not necessarily written) LTV for the child and family that the child and family team developed and can articulate. Goals address the child's next major transition and define what the child must have, know, and be able to do to be successful when that threshold is crossed. Goals reflect the strengths and needs of the child and family.	4	
♦ **Minimally Unacceptable Long-Term View.** There is partial LTV for the child that may have goals set by professionals on the team that may not be fully developed, accepted or used by all child and family team members. The goals address the child's next major transition and provide at least a few simple steps and provisions that will increase the likelihood of a successful future transition. Goals may reflect some of the strengths and needs of the child and family.	3	
♦ **Substantially Unacceptable Long-Term View.** The child may have several goals, possibly conflicting or set only by professionals on the team, that do not form a common planning direction that is accepted and used by 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 LTV has not been formed.	2	
♦ **Completely Unacceptable Long-Term View.** There is no common future planning direction that is accepted and used by child and family team members. Goals do not address requirements that would increase the likelihood of successful future transitions.	1	

Please list the reasons or facts that led to your rating here:

System Review 5: Child & Family Planning Process

CHILD & FAMILY PLANNING PROCESS: • Is the working service plan developed by the child and family team? • Is the working service plan individualized and relevant to 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/family's situation and preferences? • Does the combination of supports and services fit the child's and family's situation so as to maximize potential results and minimize conflicting strategies and inconveniences?

Service plans may appear in several different forms. Some examples include the custodial permanency plan, non-custodial permanency plan and Individual Program Plan (IPP) for delinquent youth placed in the youth development centers. Regardless of title/format, the child/family should have a single integrated service plan developed by the child and family team that works as a comprehensive, dynamic service organizer and is focused by the long-term view for the child and family. The service plan specifies the goals, roles, strategies, resources, and schedules for coordinated provision of assistance, 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. Such supports should be addressed in the service plan when indicated by the persons involved.

To be acceptable, a child and family service plan should: be based on the big picture assessments, including clinical, functional, educational, and informal assessments; reflect the views and preferences of the child and family; be directed toward the achievement of strategic goals and success of the child; be coherent in design, prudent in the use of formal and informal supports; be culturally appropriate; and be modified frequently, based on changing circumstances, experience gained, and progress made. It is the vitality and intelligence of the planning process that is of essence here, not the elegance of a written document. The written child and family service plan reflects the collective intentions of the child and family team that simply states the path and process to be followed.

Determine from Informants, Plans, and School Records		**Facts and Observations**
1.	Are all obvious and substantial needs addressed in the service plan? If not, what is missing? Was there a valid and documented reason for disregarding an obvious need?	
2.	Does the service plan directly address the underlying issues, risks and conditions that brought the child to agency attention? Are there strategies for addressing these underlying conditions?	
3.	Does the service plan build on the family's strengths and capabilities or focus only on their weaknesses? Does the service plan reflect and support preferences of the child/family? If not, what are the reasons?	
4.	To what extent were the family members/caregivers involved in the creation of the service plan? Was the written service plan and any working plans created by the child and family team? Was the written permanency plan or non-custodial plan and any working plans discussed with the family/caregivers before they signed it? Does the family agree the written and any working plans reflects the work of the child and family team?	
5.	Is the strategic change path and service process realistic? That is, does the combination and sequence of strategies, interventions, accommodations, supports, and services planned for this child and family make sense?	
6.	Is the service plan holistic in scope and coherent in design?	
7.	Are the services individualized and assembled uniquely for this child and his/her family? How well does the current mix of services match the child/family situation, cultural background, and expressed preferences? (Please explain how services match the needs and preferences.)	
8.	Are services based on need rather than availability?	
9.	Are child and family service plan and service arrangements being modified as a result of progress made and changes in the child/family's situation? If not, what are the reasons/barriers? What steps are taken to overcome barriers?	
10.	Does the child and family service plan anticipate problems and alternative strategies for addressing them if they happen?	
11.	Did all parties mentioned in the child and family service plan receive a copy of the service plan in a timely manner?	
12.	Are updates to the plan noted in writing and provided to team members?	

System Rating 5: Child & Family Planning Process

Description and Rating of Service System Performance — **Rating Level**

- **Optimal Child and Family Planning Process.** A working service plan, which is 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 for the child and family. All necessary formal and informal supports and services are assembled into a holistic and coherent service process having an excellent fit between the child/family situation and the service mix. The service plan anticipates problems and identifies alternative strategies for addressing them if they happen. Child/family preferences are reflected in the assembly of supports and services. The written service plan is consistent with the working plan and is modified quickly and timely by the child and family team to reflect changes in life circumstances. — **6** ☐

- **Substantially Acceptable Child and Family Planning Process.** The working service plan, which is consistent with the written plan, reflects the big picture assessment and long-term view for the child and family. Essential formal and informal supports and services are assembled into a holistic and sensible service process having a workable fit between the child/family situation and the service mix. Many child/ family preferences are accommodated in the assembly of supports and services. The written service plan is generally consistent with the working plan and is modified by the child and family team within a reasonable time and without undue delay to reflect changes in life circumstances. Any inconsistency that may exist between the working and written plans is the result of a systemic barrier. — **5** ☐

- **Minimally Acceptable Child and Family Planning Process.** The working service plan reflects the big picture assessment and long-term view for the child and family. Basic formal and informal supports and services are assembled into a sensible service process having a generally acceptable fit between the child/family situation and the service mix. Some child/family preferences are considered in the assembly of supports and services. The written service plan is modified by the child and family team at the next scheduled team meeting to reflect changes in life circumstances. Systemic barriers may have resulted in some inconsistency between the working and written plans. — **4** ☐

- **Minimally Unacceptable Child and Family Planning Process.** The working service plan does not reflect the big picture assessment and long-term view for the child and family. 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. Few child/family preferences are considered in the assembly of supports and services. There is some inconsistency between the working and written plans. — **3** ☐

- **Substantially Unacceptable Child and Family Planning Process.** The working service plan does not reflect the big picture assessment and long-term view for the child and family or 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. Child/family preferences have little if any influence in the selection of supports and services. The written service plan is inconsistent with the working service plan. — **2** ☐

- **Completely Unacceptable Child and Family Planning Process.** The working service plan 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. Child/family preferences did not influence the selection of supports and services. The written service plan is inconsistent with the working service plan or may not exist at all. — **1** ☐

Please list the reasons or facts that led to your rating here:

System Review 6: Plan Implementation

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 and (2) the child/youth achieve and maintain adequate daily functioning at home and school, including achieving any major life transitions? • To what degree is implementation timely, competent, and adequate in intensity and continuity?

The processes for implementing supports and services for the child and his/her parents/caregivers 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.
- The case worker(s) are receiving the support and supervision necessary for adequate role performance in conducting the planned change strategies 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.

Determine from Informants, Plans, and Records	Facts and Observations
1. Does the worker support and encourage the child and family through service implementation and provide assistance whenever needed in connecting the child and family to needed supports and services? 2. Does the child and family feel supported and encouraged by the child and family team in the service implementation process? 3. Do child and family team members understand their roles in the service implementation process? 4. Do members of the family perceive that the services are being implemented in a timely and competent manner? 5. Is an adequate array of formal and informal supports and services consistently provided at a level of intensity to get desired results? 6. Are transition arrangements being made? 7. To what degree is daily practice actually driven by the service plan? 8. Are strategies being implemented that protect the health and safety of the child or, where necessary, protect others from the child? 9. If the child is in a congregate care facility are formal and informal supports and services being coordinated across shift staff within the placement with implementation problems quickly detected and timely adjustments made? 10. Is experience gained used to refine implementation? 11. Is persistence in solving implementation problems evident? 12. Is diligence in securing appropriate performance by providers and staff contributing to a successful pattern of supports and services for the child and his/her family? 13. Are the caseworker(s) for the child and family receiving the support and supervision needed to adequately perform their roles? 13. Are there any barriers to providing the planned intervention strategies and the related supports and services? 14. Are strategies culturally competent?	

System Rating 6: Plan Implementation

Description and Rating of Service System Performance — **Rating Level**

- **Optimal Implementation.** The strategies, supports, and services in the service plan are being fully implemented in a timely and competent manner, consistent with the long-term view and principles of good practice. The intensity of services is sufficient to produce desired results. To keep services responsive and dependable, ongoing adaptations are made as situations change, needs emerge, and results are known. Caseworker(s) are receiving excellent support and supervision in the performance of their roles. **6** ☐

- **Substantially Acceptable Implementation.** Essential strategies, supports, and services in the service plan are being substantially implemented in a timely and competent manner, consistent with the long term view. The intensity of services is generally sufficient to produce desired results. To keep services responsive and dependable, adaptations are made periodically as situations change, needs emerge, and results are known. Caseworker(s) are receiving good support and supervision in the performance of the roles. **5** ☐

- **Minimally Acceptable Implementation.** Essential strategies, supports, and services in the service plan are being minimally implemented in a timely and competent manner, consistent with the long-term view. The intensity of services may lead to desired results. To keep services responsive, adjustments are made periodically, based on monitoring results or a request made by the child, parent, or substitute caregiver. Caseworker(s) are receiving minimally adequate support and supervision in the performance of their roles. **4** ☐

- **Minimally Unacceptable Implementation.** Essential strategies, supports, and services in the service plan are being inconsistently implemented. Timeliness, competence, consistency with the long-term view are minor problems. The intensity of services is weak in yielding desired results. Adjustments are made occasionally, based on monitoring results or a request made by the child, parent, or substitute caregiver. Caseworker(s) are receiving limited or inconsistent support and supervision in the performance of their roles. **3** ☐

- **Substantially Unacceptable Implementation.** Essential strategies, supports, and services in the service plan are being poorly or inconsistently implemented. Timeliness, competence, or consistency with the long-term view are substantial problems. The intensity of services is poor in yielding desired results. Adjustments are inadequate in keeping services responsive, dependable, or effective. Caseworker(s) are receiving poor support and inadequate supervision in the performance of their roles. Continuing implementation problems of a significant nature are present. **2** ☐

- **Completely Unacceptable Implementation.** Few, if any essential strategies, supports, and services in the service plan are being implemented to yield desired results. Adjustments in services are not occurring on an adequate basis, resulting in poor responsiveness to needs and unacceptable results. Caseworker(s) are not receiving support in the performance of their roles. Serious and worsening implementation problems are ongoing and unaddressed. **1** ☐

Please list the reasons or facts that led to your rating here:

System Review 7: Tracking & Adjustment

TRACKING & ADJUSTMENT: • Is the status of the child and family being tracked and are adjustments being made as necessary? Are services routinely monitored and modified by the team to respond to the changing needs of the child and family? Is the team staying informed about what is or is not working on an ongoing basis that allows situations/problem areas to be reassessed and addressed promptly? Are all team members aware of pertinent circumstances, service modifications as goals are met, and the planning process updated according to progress or lack thereof?

The child and family team should know how the child and family are doing:

- if their situation has changed;
- if new needs have emerged;
- if supports and services are being delivered as planned;
- if providers are dependable; how well the mix, match, and sequence of supports and services are working;
- how well these supports and services actually fit the child and family;
- if urgent response procedures are working when needed;
- if services and supports for transitions are being accomplished;
- if desired results are being produced;
- what things need changing.

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.

The service plan 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. The caseworker for the child and family should play a central role in monitoring and modifying planned strategies, services, supports, and results. 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.

Determine from Informants, Plans, and Records	**Facts and Observations**
1. Does the child and family team evaluate progress and modify services as needed?	
2. Is the child and family written service plan updated by the child and family team as goals are met? □ Yes □ No	
3. Is the written service plan updated and modified by the child and family team if no progress is observed? □ Yes □ No If not, why not?	
4. How often is the status of the child and family monitored/reviewed by the caseworker and by the child and family team? Please describe how progress and child well being is monitored by the case-worker (e.g., face-to-face contacts, telephone contact, and meetings with family, child, service providers, reviewing reports from providers, etc.) and by the child and family team as set out in the service plan?	
5. Is the implementation of the service process being tracked? □ Yes □ No	
6. Is progress or lack of progress being identified and noted? □ Yes □ No	
7. Are strengths being used and detected problems being reported and addressed promptly? □ Yes □ No	
8. Are identified strengths, needs and problems being acted on? □ Yes □ No	
9. Is there a clear and consistent pattern of successful adaptive service changes that have been made in response to use of short-term results? □ Yes □ No	

System Rating 7: Tracking & Adjustment

Description and Rating of Service System Performance — **Rating Level**

- **Optimal Tracking and Adaptation Processes.** The 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 status and service results to the child and family team are occurring. Timely and appropriate adaptations are being made and incorporated in the assessment and planning process. Highly successful modifications are based on a thorough knowledge of what things are working and not working for the child and family. **6** ☐

- **Substantially Acceptable Tracking and Adaptation Processes.** The strategies, supports, and services being provided to the child and family are generally responsive to changing conditions. Frequent monitoring, tracking, and communication of child status and service results are occurring. Generally successful adaptations are based on a basic knowledge of what things are working and not working for the child and family. **5** ☐

- **Minimally Acceptable Tracking and Adaptation Processes.** The strategies, supports, and services being provided to the child and family are minimally responsive to changing conditions. Periodic monitoring, tracking, and communication of child status and service results is occurring. Usually successful adaptations to supports and services are being made. **4** ☐

- **Minimally Unacceptable Tracking and Adaptation Processes.** The strategies, supports, and services being provided to the child and family are partially responsive to changing conditions. Occasional monitoring and communication of child status and service results is occurring. Partially successful adaptations are based on isolated facts of what is happening to the child and family. Their status is adequate in some areas but unacceptable in others. The child or family could be at low risk of harm or poor outcomes. **3** ☐

- **Substantially Unacceptable Tracking and Adaptation Processes.** Poor strategies, supports, and services are provided to the child and family and are not always responsive to changing conditions. There is limited monitoring, poor communications, 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 and family status is poor in several areas. The child or family could be at moderate to high risk of harm or poor outcomes. **2** ☐

- **Completely Unacceptable Tracking and Adaptation Process.** Strategies, supports, and services are limited, undependable, or conflicting for child and family. Little or no monitoring or communications 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 non-responsive to the current needs of the child and family. The service process appears to be "out of control." Child and family status are generally poor. The child or family could be at high risk of harm or poor outcomes. **1** ☐

Please list the reasons or facts that led to your rating here:

System Review 8: Resource Availability & Use

RESOURCE AVAILABILITY & USE: • To what degree: (1) Are an adequate array of supports, services, special expertise, and other resources (both formal and informal) available and used to support implementation of the service plan? (2) Are the resources used timely, adapted to fit the situation, right in intensity and duration, and convenient for family use (times and locations)? (3) Is the system able to develop new or newly adapted resources if current ones are not appropriate as well as identify unavailable resources? (4) For children who cannot remain in their home, is there an adequate array of family placements?

An adequate array of informal and formal supports and services is necessary to implement intervention and support strategies for the child, parent, caregiver and/or family. An adequate array of services includes social, health, mental health, educational, vocational, recreational, housing, income maintenance, and organizational services, such as service coordination. To respond to unique needs, supports may have to be created or assembled in special arrangements. **A combination of unique, flexible supports and services may be necessary to "wrap" support and assistance around the child, parent, and family** as well as to avoid placement in more restrictive settings away from home and school. Informal supports can range from volunteer reading tutors to after-school supervision, adult mentors, recreational activities, and supported employment. Informal supports may be voluntarily provided by friends, neighbors, and faith-based organizations or purchased from provider organizations. Professional treatment services may be donated, offered through health care plans, provided via placement settings, or funded by government agencies. An array of appropriate alternatives should be locally available at times convenient to the child and family. Such alternatives should present a variety of socially or therapeutically appropriate options that are **readily accessible**, have power to produce desired changes, be available for use as needed, and be culturally compatible with the needs and values of the family. **Selection of basic supports should begin with informal family network supports and generic community resources** available to all citizens. The Indian Child Welfare Act (ICWA) requires that tribal community services and culturally appropriate programs be used to serve Native American families.

Determine from Informants, Plans, and Records	Facts and Observations
1. Is each change strategy set for the child, parent, and family matched with the resources necessary for its accomplishment? Are resources matched to change strategies addressed in various agency's plans? Are these resources available as needed by the child, parent, and family to meet change requirements on schedule?	
2. Have necessary supports and services been provided throughout the life of the case to assist the caregiver as well as maintain the stability of the family?	
3. Is each support provided socially and culturally appropriate for the family?	
4. Did members of the Child and Family Team have appropriate service options from which to choose when recommending professional services? Did the family have appropriate and preferred options from which to choose when selecting supports and services?	
5. Is each intervention service therapeutically appropriate for the child and family?	
6. Is each service and support readily accessible when needed? If not, what is missing?	
7. Is the Child and Family Team taking steps to locate or develop or advocate for previously unknown or undeveloped resources?	
8. Were any of the supports individualized or assembled uniquely for this child or family? Are they sustainable as needed over time?	
9. Have informal supports been developed or uncovered and used at home and in the community as a part of the service process? Are these provided within the family's home and community-based, as needed? To what extent are informal resources of the family, extended family, neighborhood, civic clubs, faith-based organizations, charitable organizations, local businesses, and general public services (e.g., recreation, public library, or scheduled to do so? If not, what are the reasons?	

System Rating 8: Resource Availability & Use

Description and Rating of Service System Performance — **Rating Level**

- **Optimal Resource Availability and Use.** An excellent array of high quality supports, services, and other resources to implement planned change strategies are fully and continuously available and used 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). The array provides a wide range of options for use of professional judgment about appropriate interventions and for family choices of providers. **6** ☐

- **Substantially Acceptable Resource Availability and Use.** A substantial array of good quality supports, services, and other resources to implement planned change strategies are generally available and used 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). The array provides a good range of options for use of professional judgment about appropriate interventions and for family choices of providers. **5** ☐

- **Minimally Acceptable Resource Availability and Use.** A minimally adequate array of fair quality supports, services, and other resources to implement change strategies are minimally available and used 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). The array provides minimally adequate options for use of professional judgment about interventions and some family choices of providers**.** **4** ☐

- **Minimally Unacceptable Resource Availability or Use.** A limited or inconsistent array of supports, services, and other resources to implement planned change strategies are marginally available and used (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). The array provides few options for use of professional judgment about interventions or family choices of providers. **3** ☐

- **Substantially Unacceptable Resource Availability or Use.** Only scattered, inconsistent, or inadequate supports, services, and other resources to implement planned change strategies are available and used (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). No options for use of professional judgment about interventions or family choices of providers may exist. **2** ☐

- **Absent or Adverse Resource Availability or Use.** 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. **1** ☐

Please list the reasons or facts that led to your rating here:

System Review 9: Informal Supports & Community Involvement

INFORMAL SUPPORTS: • To what degree is the family/child connected to informal supports that will assist them in achieving safety, well being, independence, and permanency? • Where applicable, is the child/youth being helped to develop supports and connections necessary to plan for and care for him/herself when moving to independent living, employment, and adult life?

The focus of this review is placed on active efforts by agents of the service system (caseworker, providers, etc.) to assist the child and family in acquiring, extending, replacing, and maintaining a set of informal supports and community connections. Such assets are helpful in the change process and may be necessary for long-term functioning of the family or youth's life situation. Assisting a parent or older youth gain informal supports and community connections may be related to:

- Gaining and using key life skills in solving basic problems related to daily living and parenting of children.
- Taking control of one's needs, issues, and assets and have clear life plans for sustained parenting and daily functioning.
- Linking with informal supports and resources in the extended family, neighborhood, and community.
- Reducing social isolation and building social networks that create supports, linkages, and opportunities.
- Finding ways to meet fundamental needs (e.g., income, housing, transportation, health care, food, child care).
- Establishing and maintaining trusting and supportive relationships among family members and key supporters.
- Forming and relying on a sustainable support network independent of agency funding or supervision.

Determine from Informants, Plans, and Records	Facts and Observations
1. What informal supports appear to be needed for this child and family?	
2. What informal supports are being used by this child and family? How were they identified and engaged in the process? What role or contribution do they play in relation to the child and family?	
3. Have near-by extended family members been contacted and re-connected with the child and family? □ Yes □ No	
4. Have the child and family been introduced to neighbors? □ Yes □ No	
5. Have parents/caregivers been introduced to appropriate mutual support groups in community? □ Yes □ No	
6. Are parents/caregivers being actively engaged in neighborhood and community educational and recreational activities? □ Yes □ No How are they being engaged?	
7. Are the child and family being assisted to participate, as a family, in community activities? □ Yes □ No How are they being assisted?	
8. Given these connections and supports, is the parent/caregiver able to meet the needs of the children? □ Yes □ No	
9. Given these connections, has the child and family been able to expand/strengthen its support network? □ Yes □ No	
10. Will the expanded support network be able to help the child and family achieve/sustain the conditions necessary for independence from state supervision? □ Yes □ No	
11. Have formal services/supports been able to be reduced or withdrawn as a result of the informal supports being provided to the child and family? □ Yes □ No	
12. Do the child and family report that current supports are adequate, dependable, and truly supportive of the child and family in meeting important needs within the home and family situation? □ Yes □ No	
13. Is the child and/or family pleased with the expanded support network, the connections being made with support groups, activities, etc.? □ Yes □ No	
14. Is the child and/or family becoming detrimentally dependent on the formal service provided rather than skilled at developing an informal support network? □ Yes □ No	

System Rating 9: Informal Supports & Community Involvement

Description and Rating of Service System Performance — **Rating Level**

- **Optimal Supports.** The child and/or family are receiving an excellent level of assistance and support necessary for the family to maintain the safety and stability of the home. The child and/or family has been able to expand the support network by being connected to informal network supports to provide a safety net for the family. The child and/or family has a capable support network that includes extended family, neighbors, and available resources to maintain safety and stability. **6** ☐

- **Substantially Acceptable Supports.** The child and/or family is receiving a substantial level of assistance and support necessary for the family to maintain the safety and stability of the home. The child and/or family has been some what able to expand the support network connected to informal network supports to provide a safety net for the family. The child and/or family has an adequate support network that includes extended family and neighbors. **5** ☐

- **Minimally Acceptable Supports.** The child and/or family is receiving a minimally adequate level of assistance and support necessary for the family to maintain the safety and stability of the home. The child and/or family is being connected to informal network supports to provide a safety net for the family. The child and/or family is developing a support network that includes extended family and neighbors. **4** ☐

- **Minimally Unacceptable Supports.** The child and/or family is receiving a partially unacceptable level of assistance and support necessary for the family to maintain the safety and stability of the home. The child and/or family has not been connected to informal network supports to provide a safety net for the family, and the parent/caregiver is unable to expand the network. The child and/or family does not have an adequate support network beyond extended family. **3** ☐

- **Substantially Unacceptable Supports.** The child and/or family is receiving a substantially unacceptable level of assistance, in-home support, necessary for the family to maintain the safety and stability of the home. The child and/or family is receiving a substantially unacceptable level of assistance, in-home support, and periodic relief necessary for the parent/caregiver to consistently meet the needs of the children and maintain the safety and stability of the home. The child and/or family has not been connected to informal network supports to provide a safety net for the family, and the parent/caregiver is unable to expand the network. There is no extended family to provide support**.** **2** ☐

- **Absent or Adverse Supports.** The child and/or family is receiving a woefully inadequate level of assistance, in-home support necessary for the family to maintain the safety and stability of the home. The child and/or family is receiving a woefully inadequate level of assistance, in-home support, and periodic relief necessary for the caregiver to consistently meet the needs of the children and to maintain the safety and stability of the home. The child and/or family has not been connected to informal network supports to provide a safety net for the family, and the parent/caregiver is unable to expand the network. There is no extended family to provide support. **1** ☐

Please list the reasons or facts that led to your rating here:

System Review 10a: Resource Family Supports

(For children living in a family setting other than their home of origin)

RESOURCE FAMILY SUPPORTS: • To what degree is the resource family being provided the training, assistance, supervision, resources, support, and relief necessary to provide a safe and stable living arrangement for the child that meets the child's daily care, development, and parenting needs? • If the child presents special needs with more extensive care requirements, to what degree is the resource family provided specialized support commensurate with what is required to meet the child's needs while maintaining stability and commitment to the child?

Resource families include foster, adoptive and kinship families. The focus of this review is placed on active efforts by agents (caseworker, resource family support worker, home visitor, trainer, nurse, respite provider) of the service system to prepare and assist the resource family to acquire, adapt, and maintain the skills, guidance, resources, support, and relief necessary to meet both regular and any extraordinary needs presented by the child (or sibling group) while maintaining the stability of the home and resource family commitment to the child. The degree of training and support provided to the resource family is directly related to the probability that: (1) a stable placement will be achieved near-term and (2) a permanent living arrangement could be provided long-term, if the child is not reunited with the birth parents. Such supports are necessary whether the resource family is providing temporary care or developing their long-term capabilities to care for the child in the event that adoption or guardianship become the path to permanency. Assisting the resource family gain informal supports and community connections helps in:

- Gaining and using key caregiving skills in solving basic problems related to daily care and parenting of child.
- Taking control of the child's special needs, issues, and assets and having useful strategies for successful parenting.
- Participating as a full, valued member of the family team.
- Linking with informal supports and resources in the extended family, neighborhood, and community.
- Understanding and supporting the long-term view and permanency goal(s) for the child whether they include reunification, legal permanency with the current family, or transition to another permanent family.
- Reducing social isolation and building social networks that create supports, linkages, and opportunities.
- Finding ways to meet the child's needs (e.g., SSI, subsidy, special transportation, health care, crisis support, respite care).
- Establishing and maintaining trusting and supportive relationships among family members and key supporters.
- Forming and relying on a sustainable support network that assists in maintaining the stability of the home and resource family.

Determine from Informants, Plans, and Records	Facts and Observations
1. What training and technical help is required by this resource family to meet the regular and special needs of this child?	
2. What informal supports are being offered to and used by this resource family? How were they identified and engaged in the process?	
3. Has the resource family been provided opportunities to know and interact with peers who are also substitute care providers?	
4. If the child has special needs or care requirements, how have these needs and requirements been assessed in the home? What in home supports and services have been identified as needed? What in-home supports are being provided? How well are these supports working for the child? Are these supports adequate to meet the special needs of the child while supporting the resource family?	
5. What relief is provided to the resource family? What respite options are available? How are these being used? Have service system agents assessed the resource family for stress or burn-out? Is stress being managed?	
6. Has the resource parent(s) had opportunities to express their own needs as well as their needs of the child and family to the service coordinator, resource family support worker, and/or members of the family team?"	
7. Has the child required special treatment away from the home?	
8. What is the probability that this caregiving arrangement will disrupt? Is there a chance in the near future that another child could be placed with the family?	
9. Are stressors in the home increasing or being adequately managed on a daily basis? What does the resource family say?	
10. What is the likelihood that this home could become the permanent home and family for the child? What long-term support would be required? Has this been discussed with the caregiver? If the child is to reunify, has the resource family's role and needs in supporting this goal also been discussed?	
11. Do the resource family/child report that current supports are adequate, dependable, and truly supportive of the resource family/ child in meeting important needs within the home and family situation?	

System Rating 10a: Resource Family Supports

Description and Rating of Service System Performance — **Rating Level**

- **Optimal Resource Family Supports.** The resource family is being provided an excellent and highly effective level of training, assistance, supervision, resources, support, and relief necessary to provide a safe and stable living arrangement for the child that fully meets the child's daily care, development, and parenting needs. If the child presents special needs with more extensive care requirements, the resource family is provided a wide and effective range of specialized training, resources, respite, and in-home supports that is fully commensurate with what is required to meet the child's special needs and to fully maintain the stability of the home and durability of the resource family's commitment to the child. — **6** ☐

- **Substantially Acceptable Resource Family Supports.** The resource family is being provided a substantially effective level of training, assistance, supervision, resources, support, and relief necessary to provide a safe and stable living arrangement for the child that generally meets the child's daily care, development, and parenting needs. If the child presents special needs with more extensive care requirements, the resource family is provided a generally effective range of specialized training, resources, respite, and in-home supports that is substantially consistent with what is required to meet the child's special needs and to generally maintain the stability of the home and durability of the resource family's commitment to the child. — **5** ☐

- **Minimally Acceptable Resource Family Supports.** The resource family is being provided a minimally adequate to fair level of training, assistance, supervision, resources, support, and relief necessary to provide a safe and stable living arrangement for the child that usually meets the child's daily care, development, and parenting needs. If the child presents special needs with more extensive care requirements, the resource family is provided a minimally effective range of specialized training, resources, respite, and in-home supports that is usually consistent with what is required to meet the child's special needs and to minimally maintain the stability of the home and durability of the resource family's commitment to the child. — **4** ☐

- **Minimally Unacceptable Resource Family Supports.** The resource family is being provided a limited or inconsistent level of training, assistance, supervision, resources, support, and relief necessary to provide a safe and stable living arrangement for the child that somewhat meets the child's daily care, development, and parenting needs. If the child presents special needs with more extensive care requirements, the resource family is provided a limited or partly effective range of specialized training, resources, respite, and in-home supports that is sometimes inconsistent with what is required to meet the child's special needs and not quite enough assure the stability of the home and durability of the resource family's commitment to the child. — **3** ☐

- **Substantially Unacceptable Resource Family Supports.** The resource family is being provided an inadequate level of training, assistance, super-vision, resources, support, and relief necessary to provide a safe and stable living arrangement for the child that fails to meet the child's daily care, development, and parenting needs. If the child presents special needs with more extensive care requirements, the resource family is provided an ineffective range of specialized training, resources, respite, and in-home supports that does not provide what is required to meet the child's special needs and current inadequacies threaten the stability of the home and durability of the resource family's commitment to the child. — **2** ☐

- **Absent or Adverse Resource Family Supports.** The resource family is not being provided the training, assistance, supervision, resources, support, and relief necessary to provide a safe and stable living arrangement for the child. If the child presents special needs with more extensive care requirements, the resource family is not provided specialized training, resources, respite, and in-home supports. The child's special needs are not being met and current inadequacies are likely to destabilize the home and dissolve of the resource family's commitment to the child. — **1** ☐
- **Not Applicable**. Child does not live with a resource family. — **NA** ☐

Please list the reasons or facts that led to your rating here:

System Review 10b: Support for Congregate Care Providers

(For children in congregate care placements)

CONGREGATE CARE SUPPORTS: • To what degree: (1) Are staff at the facility being provided the training, assistance, supervision, resources, support, and relief necessary to provide a safe and stable living arrangement for the child that meets the child's daily care, development, and parenting needs? (2) Are direct care staff at the facility provided with the skills-based training, work load structure and performance incentives to engage the family and the Child and Family Team and utilize family-centered practices? (3) Are facility staff provided specialized support to provide more extensive care and supervision to meet the child's special needs? (4) Are training, supervision, staffing ratios and environmental conditions in the facility sufficiently supportive of staff that they can reasonably be expected to meet the needs of the child?

The focus of this indicator is placed on active efforts by the Department and contract agency officials (e.g. DCS program administrators, contract agency administrators, DCS contract staff and monitors, DCS caseworker) to prepare and assist the facility caregiver staff in acquiring, adapting, and maintaining the skills, guidance, resources, support, and relief necessary to meet both regular and extraordinary needs presented by the child (or sibling group). The degree of training and support provided to the caregiver(s) is directly related to the probability that: (1) a stable placement will be achieved near-term and (2) a permanent living arrangement will be provided long-term, if the child is not reunited with the birth parents. Such supports are necessary whether the current caregiver is providing temporary care as a planned transition to reunification or to developing alternative long-term capabilities in the event that adoption, independent living or guardianship becomes the path to permanency.

Assisting the facility staff to obtain supports and community connections helps in:

- Gaining and using key care giving skills in solving basic problems related to daily care and parenting of child.
- Taking control of the child's special needs, issues, and assets and having useful strategies for successful parenting.
- Protecting the child from being harmed by himself/herself, staff, residents or others.
- Protecting the staff, community members and others from being harmed by the child.
- Identifying evidence and indicators that the child should be professionally assessed for possible needs related to untreated health, mental health or medication issues.
- Participating as a full, valued member of the child and family team.
- Linking with informal supports and resources in the extended family, neighborhood, and community.
- Understanding and supporting the long-term view and permanency goal(s) for the child whether they include reunification, legal permanency with the current family, transition from facility to a resource family, or to another facility or another permanent family.
- Reducing social isolation and building social networks that create supports, linkages, and opportunities.
- Finding ways to meet the child's needs (e.g., SSI, subsidy, special transportation, health care, crisis support, respite care).
- Establishing and maintaining trusting and supportive relationships among family members and key supporters.
- Forming and relying on a sustainable support network that assists in maintaining the stability of the placement, home and resource family.

Determine from Informants, Plans, and Records	Facts and Observations
1. What training and technical help is required by the facility staff to meet the regular and special needs of this child?	
2. What informal supports are being offered to and used by the facility staff? How were they identified and engaged in the process?	
3. Has the facility been provided opportunities to know and interact with peers who are also caregiver providers? (i.e. facility staff on evening, afternoon and weekend shifts)? Do staff members receive relevant information when needed (e.g. assessments, education records, health records etc.)?	
4. Who is the primary caregiver in the facility? Are they included on the Child and Family Team, the treatment team, teacher conferences, IEP meetings and other activities related to the needs and progress of the child?	
5. If the child has special needs or care requirements, how have these needs and requirements been assessed? What supports and services have been identified as needed? What supports are being provided? How well are these supports working for the child? Are these supports adequate to meet the special needs of the child while supporting the facility staff?	
6. What relief is provided to the facility staff? How are these being used? Have the caseworker or facility management assessed the facility staff for stress or burn-out? Is stress being managed?	
7. Has facility staff had opportunities to express their own needs as well as the needs of the child and family to the case manager or child and family team?	
8. Has the child required special treatment away from the placement?	
9. What is the probability that this care giving arrangement will disrupt? and why?	
10 Are stressors in the placement increasing or being adequately managed on a daily basis? What does the facility staff say about the stressors?	
11. Do the resource family/child report that current supports are adequate, dependable, and truly supportive of the resource family/ child in meeting important needs within the home and family situation?	
12. What is the expected length of stay? Is the child and family involved in the supports and changes necessary to prevent escalation of problems or de-escalation of anticipated problems?	
13. Does facility staff/child report that current supports are adequate, dependable, and truly supportive of the staff and child?	

System Rating 10b: Support for Congregate Care Providers

14. Is the child on psychotropic or other types of medication and have staff been properly trained to handle and administer the medications as appropriate and identify indicators related to adverse reactions or ineffectiveness? Is this information shared with all caregivers and team members who work with the child?
15. Are staff properly trained on positive behavior management techniques, avoiding intrusive and restrictive disciplinary measures and on de-escalation intervention techniques?
16. Are the environmental conditions in the facility (e.g. space, layout, temperature, lighting) conducive to having facility staff meet the regular and special needs of this child?
17. Is the facility operating at or near capacity? Is the facility overcrowded?
18. Are staffing and supervisory ratios in line with all relevant standards?

Description and Rating of Service System Performance — **Rating Level**

- **Optimal Congregate Care Provider Supports.** The facility staff is being provided an excellent and highly effective level of training, assistance, supervision, resources, support, and relief necessary to provide a safe and stable living arrangement for the child that fully meets the child's daily care, development, and parenting needs. If the child presents special needs with more extensive care requirements, the facility staff is provided a wide and effective range of specialized training, resources, respite, and placement supports that are fully commensurate with what is required to meet the child's special needs and to fully maintain the stability of the placement, treatment and/or durability of commitment to the child. — **6** ☐

- **Substantially Acceptable Congregate Care Provider Supports.** The facility staff is being provided a substantially effective level of training, assistance, supervision, resources, support, and relief necessary to provide a safe and stable living arrangement for the child that generally meets the child's daily care, development, and parenting needs. If the child presents special needs with more extensive care requirements, the facility staff is provided a generally effective range of specialized training, resources, respite, and placement supports that are substantially consistent with what is required to meet the child's special needs and to generally maintain the stability of the placement, treatment and/or durability of commitment to the child. — **5** ☐

- **Minimally Acceptable Congregate Care Provider Supports.** The facility staff is being provided a minimally adequate to fair level of training, assistance, supervision, resources, support, and relief necessary to provide a safe and stable living arrangement for the child that usually meets the child's daily care, development, and parenting needs. If the child presents special needs with more extensive care requirements, the facility staff is provided a minimally effective range of specialized training, resources, respite, and placement supports that are usually consistent with what is required to meet the child's special needs and to minimally maintain the stability of the placement, treatment and/or durability of commitment to the child. — **4** ☐

- **Minimally Unacceptable Congregate Care Provider Supports.** The facility staff is being provided a limited or inconsistent level of training, assistance, supervision, resources, support, and relief necessary to provide a safe and stable living arrangement for the child that somewhat meets the child's daily care, development, and parenting needs. If the child presents special needs with more extensive care requirements, the facility staff is provided a limited or partly effective range of specialized training, resources, respite, and placement supports that are sometimes inconsistent with what is required to meet the child's special needs and not quite enough to assure the stability of the placement, treatment and/or durability of commitment to the child. — **3** ☐

- **Substantially Unacceptable Congregate Care Provider Supports.** The facility staff is being provided an inadequate level of training, assistance, supervision, resources, support, and relief necessary to provide a safe and stable living arrangement for the child that fails to meet the child's daily care, development, and parenting needs. If the child presents special needs with more extensive care requirements, the facility is provided an ineffective range of specialized training, resources, respite, and placement supports that does not provide what is required to meet the child's special needs and current inadequacies threaten the stability of the placement, treatment and/or durability of commitment to the child. — **2** ☐

- **Absent Congregate Care Provider Supports.** The facility is not being provided the training, assistance, supervision, resources, support, and relief necessary to provide a safe and stable living arrangement for the child. If the child presents special needs with more extensive care requirements, the resource family or facility is not provided specialized training, resources, respite, and placement supports. The child's special needs are not being met and current inadequacies are likely to destabilize the placement and dissolve commitment to the child. Program or facility staff cannot adequately meet the needs of the child and family. — **1** ☐
- **Not Applicable**. Child does not live in congregate care. — **NA** ☐

Please list the reasons or facts that led to your rating here:

System Review 11: Transitioning for Child and Family

TRANSITIONING: • To what degree: (1) Is the current or next life change transition for the child and/or family being planned and implemented to assure a timely, smooth and successful adjustment for the child and family after the change occurs? (2) Is the family experiencing stressors that may contribute to the onset or maintenance of problems? (3) If the child is returning home and to school following temporary placement in foster care, treatment or detention are transition arrangements being made to assure a smooth and successful transition and life adjustment in daily settings following the return? (4) Are family supports with friends, clergy, professionals, or community readily available to assist the family in coping with various life experiences and transitions?

We all experience transitions throughout our lives. Understanding the needs and goals of children, youth, and families is the key to planning successful transition support for them at different stages in the life span and in the Planning Process process.

A child and family move though several critical transitions over the course of daily life. Such transition points pose challenges—especially for children and families with special needs--that should be planned so as to assure success during and after the crossing of a new threshold. Requirements for future success have to be determined and provided in the present to achieve later success. These requirements should be used to form the long-term view for the child and family in setting strategic goals in the service plan. Communication, coordination, and continuity across service settings and providers is essential, especially when a child and/or family experiences a critical transition, such as a key developmental milestone, a temporary separation, and/or a temporary move away from the home community and school. Transition plans, problem-solving assistance, and supports may have to be provided. Special arrangements or accommodations may be required for success in stabilizing a placement during a developmental transition or in preparing for a return to the home setting or a move to a new setting. Follow-along monitoring may be required during the adjustment period. Special coordination efforts may be necessary to prevent breakdowns in services and to prevent any adverse effects transition activities may have on the child and family. To be effective, transition plans and arrangements have to produce successful transitions as determined after the change in settings, environments, and/or behaviors actually occurs.

Determine from Informants, Plans, and Records	Facts and Observations
1. Is the child and/or family anticipating a major transition within the next year? Has the Child and Family Team or caseworker identified the next critical transition? If so, what transition plans are being made to accomplish a smooth transition?	
2. Has the child and/or family experienced multiple transitions (i.e. placements, schools, moves within educational setting, etc.)?	
3. If this child and family have a history of difficult transitions or placement changes, how is this knowledge being used to improve transitions?	
4. If a transition is imminent, is a transition plan currently being implemented? Is the Child and Family Team involved in the planning of the next transition?	
5. Is this child and/or family currently experiencing adverse consequences of a recent transition or change in placement? If so, what are the reasons, and what is being done about it?	
6. If the child is approaching adolescence, have the child, birth family, and resource family been prepared for this transition? If the child is14 years or older, does the child have an Independent Living Plan? Do the child and family have a common vision of the child's future? Is this child attending Independent Living Program classes or scheduled to do so? If not, what are the reasons?	
7. Is the child learning developmentally age appropriate life skills? (social skills, self-help skills, building supportive relationships, etc.)	
8. If the child is to reunify with the family, has the family received supports and services for smooth transition home?	
9. For children aging out of care, have post custody options and services been explored and provided regarding education, vocation, employment, financial management, etc.? Is the planning person-centered to empower them to achieve their goals?	
10. If the life circumstances for the family are unstable, what is being done to stabilize the family to adjust to the next transition?	

System Rating 11: Transitioning for Child and Family

Description and Rating of Service System Performance — **Rating Level**

- **Optimal Transitioning.** The child's next age-appropriate transition has been planned consistent with the child's long-term view. What the child should know, be able to do, and have as supports to be successful after the transition occurs is planned and being addressed. If a transition to another setting (or return to home and school) is imminent, all necessary arrangements (for supports and services) with persons in the receiving settings are being made to assure success following the move. If the child has made a transition (or return) within the past six months, the child is fully stable and successful in his/her daily settings. The family is stable and has received all of the supports and services needed to cope successfully with transitions over the short- and long-term. — **6** ☐

- **Substantially Acceptable Transitioning.** The child's next age-appropriate transition has been identified and discussed. What the child should know, be able to do, and have as supports to be successful after the transition occurs is being developed now. If a transition to another setting (or return to home and school) is imminent, essential arrangements (for supports and services) with persons in the receiving settings are being made to assist the child during and after the move. If the child has made a transition (or return) within the past three months, the child is generally stable and successful in his/her daily settings. The family is generally stable and has received most of the supports and services needed to cope successfully with transitions over the short- and long-term. — **5** ☐

- **Minimally Acceptable Transition Planning**. The child's next age-appropriate transition has been identified. What the child should know, be able to do, and have as supports to be successful are known and being used for planning. If a transition to another setting (or return to home and school) is imminent, basic arrangements (for supports and services) with persons in the receiving settings are minimally in place to assist the child during and after the move. If the child has made a transition (or return) within the past 30 days, the child is stable in his/her daily settings and is not at risk of disruption due to transition problems. The family is relatively stable and has received some of the supports and services needed to cope successfully with transitions over the short- and long-term. — **4** ☐

- **Minimally Unacceptable Transition Planning**. The child's next age-appropriate transition has been identified. What the child should know, be able to do, and have as supports to be successful have not been assessed and no plans have been made. If a transition to another setting (or return to home and school) is imminent, few or partial arrangements (for supports and services) with persons in the receiving settings are in place to assist the child during and after the move. If the child has made a transition (or return) within the past 30 days, the child is experiencing mild transition problems in his/her daily settings and is at low risk of disruption. The family is somewhat stable and has received some of the supports and services needed to cope successfully with transitions over the short-term. — **3** ☐

- **Substantially Unacceptable Transition Planning**. The child's next age-appropriate transition has not been addressed. If a transition to another setting (or return to home and school) is imminent, inadequate arrangements (for supports and services) with persons in the receiving settings are in place to assist the child during and after the move. If the child has made a transition (or return) within the past 30 days, the child is experiencing substantial transition problems in his/her daily settings and is at moderate to high risk of disruption. The family is not very stable and has received very few of the supports and services needed to cope successfully with transitions. — **2** ☐

- **Adverse or Absent Transition Planning**. The child's next age-appropriate transition has not been considered. If a transition to another setting (or return to home and school) is imminent, arrangements (for supports and services) with persons in the receiving settings are not in place to assist the child during and after the move. If the child has made a transition (or return) within the past 30 days, the child is experiencing major transition problems in his/her daily settings and is at high risk of disruption. The family is very unstable and has received none of the supports and services needed to cope successfully with transitions. — **1** ☐

- **Not Applicable**. Identification efforts reveal no evidence of needs to be addressed for transition services at this time. — **NA** ☐

Please list the reasons or facts that led to your rating here:

System Review 12: Legal System Interface

LEGAL SYSTEM INTERFACE: • Are all parties (FSW, attorneys, GAL, judge, youth, family members and other team members) working together, both before, during and after hearings, toward the same goals and outcomes to achieve the permanency goal in a timely manner? • Who is making recommendations for services, timelines, and goals – an individual or the team as a whole? • Are the parents, family members and child receiving adequate legal representation? • Is the child welfare system being adequately represented?

(For cases that are subject to court or legal reviews, involve court orders, or have GAL/CASA involvement.)

The Juvenile Court plays a key role in relation to the achievement of outcomes for children and their families brought before the court. Though the court is a very important piece of any legally involved child welfare case, the Child and Family Team should be driving the case. For the Juvenile Court to act in the child's best interests, it is essential that when a case comes to court, all parties be prepared to present their client's circumstances and preferences. There should be clearly articulated legal and clinical judgments driven by the best interests of the child. Legal authorities and the Department should work closely together and should request and/or argue for court rulings that will result in the best possible outcomes for the child. The FSW's clinical judgment and recommendations should be shared and respected, and the FSW/Department should not depend on the judge to make decisions about the direction of the case. Everyone should be working towards achieving permanence (including consideration of ASFA guidelines for custodial cases and timeliness of case progress for non-custodial cases).

Determine from Informants, Plans, and Records	Facts and Observations
1. Are the child, family and team members understanding of and involved in the court process? • Have their concerns been heard and adequately addressed? • Do they feel they are part of the decision-making process? • Do all parties receive timely notice and information to attend hearings and conferences? • Were non-adversarial efforts offered to reach agreement before the court hearing (e.g. mediation, CFTM, pre-hearing conferences?) 2. Do the child, family and caregivers have access to adequate, timely legal representation? • Does the child's GAL or other appointed or obtained counsel meet with the child and/or family prior to hearings and other key meetings? • Do appointed legal representatives for the family appear engaged and working in the best interests of their clients, and appear to understand the wishes of the child and/or family? • Are legal representatives for the child and family integrated into the teaming process? 3. Does the Department Attorney adequately represent the views of the Department? • Do the FSW and attorney communicate prior to court to establish what position will be represented in court? • Does the same Department Attorney remain involved throughout the case? • Does the Department Attorney attend planning meetings or CFTM's related to this child and family as needed? 4. Are requirements and conditions of court orders clear and made available to the Department, CFT and other parties in a timely manner to be effective? 5. Do hearings focus on those factors that brought the case before the court? • Do hearings address the issues that are preventing permanence? • Do hearings address the changes necessary to achieve safe case closure? • Do hearings address the concerns of the child and family? 6. Does the Court appear to base decisions on the best interests of the child and family? • If appropriate, does the judge recognize concurrent planning as an approach for the child? • Do decisions appear to be culturally appropriate? • For JJ cases, do adjudications, sentencing or other decisions appear commensurate with case circumstances? • Do decisions appear to support timely achievement of permanence? 7. Does the judge hold parties accountable for carrying out their respective responsibilities in reaching the desired permanence outcome for the child?	

System Rating 12: Legal System Interface

Description and Rating of Service System Performance — **Rating**

- **Optimal Legal System Interface.** All parties (family service worker, child, family, attorneys, GAL, and other team members) coordinate before court hearings to make recommendations that are agreed upon by the entire team. The judge respects clinical recommendations by the team. All decisions regarding services, placements, etc., are focused on achieving the permanence goal. The parent(s), child and child welfare system are effectively represented. Court orders are fulfilled on time. The legal system is continuously achieving appropriate legal outcomes in this case. **6** ☐

- **Substantially Acceptable Legal System Interface.** Most parties (FSW, child, family, attorneys, GAL, and other team members) coordinate with each other before court hearings to make recommendations that have been agreed upon by the majority of the team. The judge usually respects clinical recommendations by the team. Most decisions regarding services, placement, etc., are focused on achieving the permanence goal. The parents(s), child and child welfare system are represented satisfactorily. Court orders are usually fulfilled on time. The legal system is achieving appropriate legal outcomes in this case. **5** ☐

- **Minimally Acceptable Legal System Interface.** Most parties (FSW, child, family, attorneys, GAL, and other team members) communicate before hearings to create recommendations. A few key members agree on the best course of action to achieve the permanence goal. The judge may not always respect clinical recommendations by the team, but court decisions do not impede progress toward permanence. Decisions regarding services, placements, etc., are beginning to lead the case toward permanence. The parent(s), child and child welfare system are usually satisfied with their legal representation. Court orders are sometimes left unfulfilled, or are not fulfilled timely. The legal system is achieving some appropriate legal outcomes in this case. **4** ☐

- **Minimally Unacceptable Legal System Interface.** Child and family involvement is limited in the legal decision-making process. The FSW, GAL, and attorneys do not sufficiently plan before hearings. Decisions regarding services, placements, etc., are more focused on maintaining stability than achieving permanence. Some parties are not satisfied with their legal representation. Court orders are often left unfulfilled, or are not fulfilled timely. The legal system is achieving few appropriate legal outcomes in this case. **3** ☐

- **Substantially Unacceptable Legal System Interface.** The child and family may not be involved in the legal decision-making process. The FSW, GAL, and attorneys do not come to hearings with an agreed-upon plan. Decisions regarding current services, placements, or hearings in other courts result in delays of a magnitude that the timely implementation of the service plan is adversely affected. Lack of a shared vision reduces effective communication and cooperation. One or more parties do not receive effective representation. Court orders are often ignored. **2** ☐

- **Absent or Adverse Legal System Interface.** The family and youth are not involved in the legal decision-making process. There is no apparent coordination between the FSW, GAL, and attorneys to achieve the permanence goal. The absence of a shared vision creates breakdown in communication and lack of coordination. One or more parties receive inadequate representation. Court orders are rarely met. The legal system appears to have had a direct negative affect on the welfare of the child or achieving best outcomes for the child and/or family. **1** ☐

- **Not Applicable.** This is not a court-involved case. **NA** ☐

Please list the reasons or facts that led to your rating here:

Six-Month Forecast or Prognosis

Estimating the Trajectory of this Child's Expected Course of Change

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?*

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 factual basis for determination of current child status and service system performance. Forming a six-month forecast is based on predictable future events and informed predictions about the expected course of change over the next six months, grounded on known current status and system performance as well as knowledge of tendency patterns found in case history.

If a case were being reviewed in the last quarter of the school year (April), then the trajectory point for consideration is the first quarter (October) of the next school year. Suppose that the child being reviewed has demonstrated a pattern of serious, complex, and recurrent behavior problems that were just being brought under control in April. Suppose that this child got into trouble with the law last summer (a fact) while out of school with no structured summer program (a fact) and inadequate supervision in the home (a fact). Suppose this child is to be discharged from the residential treatment facility in June (a fact), but has no transition plan for returning to home and school (a fact), no planned summer program to provide supervision (a fact), continuing problems at home (a fact), and no contact or planning with the neighborhood school expected to admit and serve the child when school begins in August (a fact). Based on what is now known about this child, what is the probability that the child's status in six months (October) will: (1) Improve to a higher level? (2) Stay about the same? Or (3) Decline or deteriorate to a lower level? Given this set of case facts plus the child's tendency patterns described in recent history, most reviewers would make an informed prediction that the case trajectory would be downward and that the child's status is likely to decline or deteriorate. One may "hope" for a different trajectory and a more optimistic situation, but "hope" is not a strategy to change the conditions that are likely to cause a decline. Based on the reviewer's six-month forecast for a case, the reviewer offers practical "next step" recommendations to alter an expected decline or to maintain a currently favorable situation over the next six months.

Based on what is known about this case and what is likely to occur in the near-term future, make an informed prediction of the forecast in this case. Mark the appropriate alternative future statement in the space provided below. The facts that lead the reviewer to this view of case trajectory should be reflected in the reviewer's recommendations. Insert your determination in the appropriate space on the roll-up sheet (Question 21). Please choose only one!

Quality Service Review
"Grand Rounds" Oral Presentation Outline

5 Minutes: Briefly tell the core story for the child and family:

- Reason for services: (Why are we involved with this child and family?)
- Goals that focus the service plan: (What are we trying to achieve in this case?)
- Strengths and needs of the child and family
- Services provided and by which agencies
- Progress toward goals and desired outcomes

10 Minutes: Discuss your findings regarding the child status and the system performance. Present enough information to provide an understanding of this child and family based on the findings. Avoid emphasis on numeric scores.

- Child Status: Focus on the key indicators of Safety, Permanency, Health, Emotional Well-Being, and Family Functioning. What are the main factors contributing to acceptable/unacceptable child status? Make sure you explain your findings on safety:

- System Performance: Focus on the *Practice Wheel*: Engagement, Teaming, Assessment, Long-Term View, Planning, Implementation, and Tracking/Adaptation. What are the main issues/themes/concerns contributing to acceptable/unacceptable system performance? What's working now and why? Which system functions need the most attention?

5 Minutes: 6-Month Prognosis for the review child:

Suggestions for Next Steps:

Case Story Outline

****Italicized information is for reviewer reference only. Please delete this before final submission of the case story.*

****Please remember to send your case story to the FSW/TL, YDC, and Private Agency Case Manager for a fact-check and for questions prior to submitting your final draft.*
Final stories are due 10 days after the last day of the QSR.
**Please try to keep the entire report to 6-8 pages.*

FACTS ABOUT THE CHILD AND FAMILY

Family Composition: ****Identify the review child's current living situation. It is also helpful to describe the circumstances of the birth family and any other family members/significant people to the review child.*

Prior CPS Investigations and DCS Involvement: ****Briefly describe the family's prior history with system involvement. Describe the circumstances of prior CPS or other involvement.*

Service Plan goal: ****Please list the permanency goal for the child listed on the service plan. List concurrent goals also (if applicable).*

Persons Interviewed: ****Identify each of the individuals interviewed for the case by describing their role in the case (ie. FSW, Resource Parent, Birth Parent). Do not utilize formal names.*

CORE STORY FOR THE CHILD AND FAMILY

****In this area, provide a brief summary of the family's story, outlining the reason(s) for the current custody episode, current circumstances of the case and the direction the case is heading. It is not necessary to revisit the family's prior history of involvement with the system or to discuss specific indicators here. When factors relating to current status are not captured in specific indicators, they may be described here.*

<u>Child and Family Status Indicators</u>

Favorable Results for Child and Family Indicators

****For each child and family status indicator that rated acceptable (4, 5 or 6), list the indicator and provide supporting information to support your rating. Where applicable, you may discuss interrelated indicators in the same paragraph, or you may list them separately. In either case, please ensure you provide a complete explanation to fully support the rating(s). Please clearly indicate the level of acceptability (ie. minimally, substantially, optimal).*

Unfavorable Results for Child and Family Indicators

****For each child and family status indicator that rated unacceptable (3, 2, or 1), list the indicator and provide supporting information to support your rating. Where applicable, you may discuss interrelated indicators in the same paragraph, or you may list them separately. In either case, please ensure you*

provide a complete explanation to fully support the rating(s). Please clearly indicate the level of unacceptability (ie. minimally, substantially, serious and worsening). Please discuss what would contribute to improvement of these conditions and, if applicable, what risks might be managed to avoid a decline in status.

System Performance Indicators

Favorable Results for System Performance Indicators

****For each system performance indicator that rated acceptable (4, 5 or 6), list the indicator and provide supporting information to support your rating. Where applicable, you may discuss interrelated indicators in the same paragraph, or you may list them separately. In either case, please ensure you provide a complete explanation to fully support the rating(s). Please clearly indicate the level of acceptability (ie. minimally, substantially, optimal).*

Unfavorable Results for System Performance Indicators

****For each system performance indicator that rated unacceptable (3, 2, or 1), list the indicator and provide supporting information to support your rating. Where applicable, you may discuss interrelated indicators in the same paragraph, or you may list them separately. In either case, please ensure you provide a complete explanation to fully support the rating(s). Please clearly indicate the level of unacceptability (ie. minimally, substantially, serious and worsening). Please discuss what would contribute to improvement of these conditions and, if applicable, what risks might be managed to avoid a decline in status.*

Stability of Findings:

****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 in the next six months?*

Practical Steps to Sustain Success and Overcome Obstacles

Suggest practical steps that could be taken to sustain and improve the successful system functions for this case. Include any steps that could be taken to overcome current obstacles and to improve service system functioning, if any, so that they will work adequately for the child, family, and caregiver. Please try to relate the "next steps" to the practice wheel when applicable.

Child Status and System Performance Ratings			
Child & Family Status	**Rating**	**System Performance**	**Rating**
Well-Being Indicators:		**Practice Model Indicators:**	
1. Safety of the child		1. Engagement	
2. Stability		2. Teamwork & Coordination	
3. Appropriateness of Placement		3. Ongoing Functional Assessment	
4. Health & Physical Well-Being		4. Long-Term View	
5. Emotional/Behavioral Well-Being		5. Child & Family Planning Process	
6. Learning & Development		6. Permanency Plan Implementation	
7. Caregiver Functioning		7. Tracking & Adjustments	
Family & Permanency Indicators:		**Conditions & Attributes:**	
8. Prospects for Permanence		8. Resource Availability & Use	
9. Family Functioning & Resourcefulness		9. Informal Supports & Connections	
10. Family Connections		10a. Resource Family Supports **– OR –**	
Satisfaction:		10b. Support for Congregate Care Providers	
11. Satisfaction		11. Transitioning for Child & Family	

Quality Service Review – Story Summary/Feedback Outline

Use this form to support analysis of your case and justification of your scoring, as well as to prepare for reviewer presentation and individual case feedback. Present enough information to provide an understanding of the child and family and analysis of practice based on the review findings. Please make 2 **copies** of this document – 1 for the FSW/TL and one for the QSR team.

Core Story:

Briefly describe the core story for the child and family:

- Reason for services (Why are we involved with this child and family?)
- Length of service involvement (How long have we been working with them?)
- Goals that focus the service plans (What are we trying to achieve in this case?)

Child and Family Status:

A. What are the main factors contributing to strengths in the child and family indicators? Elaborate.

B. What are the main factors contributing to opportunities for improvement in the child and family indicators? Elaborate.

System Performance:

A. Looking across the System Performance indicators, what are the main issues and themes contributing to strengths in system performance? What's working now and why?

B. Looking across the System Performance indicators, what are the main issues/themes contributing to opportunities to improve system performance?

Six-Month Prognosis:

Suggestions for Next Steps from reviewers, FSW/TL, and others:

TN QSR Roll-up

General Review Information

1. Child's Name:_____

2. County of Placement:_____

3. Case Manager:_____

3a Agency/YDC Case Manager_____

4. Adjudication: D&N JJ Unruly NA

4a If Delinquent: Determinate/Indeterminate (circle one)

5. Review Date:_____/_____/_____

6. Number of Persons Interviewed:_____

Demographic

8. Child's Age
- ☐ 0-4 yrs
- ☐ 5-9 yrs
- ☐ 10-13 yrs
- ☐ 14+ yrs

9. Gender
- ☐ Male
- ☐ Female

10. Child's Race
- ☐ White/Caucasian
- ☐ Black/African-American
- ☐ American Indian/Alaska Native
- ☐ Native Hawaiian/pacific Islander
- ☐ Asian
- ☐ Unknown
- ☐ Other
- ☐ 2 or more races:_____

11. Hispanic? ☐ yes☐ no

*Hispanic refers to a person, regardless of race, who has ethnic origins in a primarily Spanish-speaking country.

Home and School Placement

12. Current Placement
- ☐ In-home
- ☐ Adoptive Home
- ☐ Kinship Home
- ☐ DCS Foster Home
- ☐ Agency Foster Home
- ☐ Congregate Care
- ☐ Residential Treatment
- ☐ Independent Living
- ☐ Detention/YDC
- ☐ Hospital/Acute Care
- ☐ Other:_____

12a. Name of Foster Home Contract Agency and/or Congregate Care Facility & Agency:

_____

_____

13. Level of Care (current placement classified as)
☐ 1 ☐ 2 ☐ 3 ☐ 4

14. Placed with Siblings?
- ☐ All
- ☐ Some
- ☐ None
- ☐ N/A

Mental Health Services

15. Is child taking any psychotropic medication?
☐ yes ☐ no

15a. If yes, how many?
☐ 1 ☐ 2 ☐ 3 or more

16. Is child receiving therapy or counseling for emotional or behavioral reasons?
☐ yes ☐ no

Educational Placement or Situation

17. Check all that apply:
- ☐ Child not school age AND not attending
- ☐ Child not school age, attending daycare
- ☐ Head Start/Preschool program
- ☐ Public School (Pre-K to 12)
- ☐ Public Alternative School
- ☐ In-House (residential) School
- ☐ Day Treatment Program (non-residential)
- ☐ Other Private School
- ☐ Homebound
- ☐ Home School
- ☐ Adult basic/GED Program
- ☐ Post-Secondary Education
- ☐ Voc Rehab or Job Corps
- ☐ Completed-Regular Diploma
- ☐ Completed-GED Graduate
- ☐ Completed-Special Education Diploma
- ☐ Completed-HS Certificate

☐ Other:_____

☐ Not attending any program

Explain:_____

17a. Educational Services
- ☐ TEIS and/or HUGS ongoing services
- ☐ 504 Services
- ☐ Sp. Ed., full inclusion
- ☐ Sp. Ed., part-time
- ☐ Sp. Ed., full time

☐ Other:_____

18. Risks to safety present in home prior to custody:
(Check all that apply)

- ☐ Parental Substance Abuse
- ☐ Sexual Abuse
- ☐ Physical Abuse
- ☐ Domestic Violence
- ☐ Environmental Neglect
- ☐ Lack of Supervision
- ☐ Medical Neglect
- ☐ None/Other_____

19. Reason for Case Opening
(Check all that apply)

- ☐ Abuse and/or Neglect
- ☐ Unruly/Delinquent behavior
- ☐ To obtain needed health/mental health services

20. *WORKING* Permanency Goal

Please check working goal(s), independent of written plan.

- ☐ Reunification
- ☐ Adoption
- ☐ Exit Custody to Live with Relative
- ☐ Exit Custody to Live with non-Relative
- ☐ PPLA/Independent Living
- ☐ Other:_____

21. Six Month Forecast:

Based on review findings, over the next six months the child's situation is likely to:

- ☐ Improve
- ☐ Stay the Same/Status Quo
- ☐ Decline

Child and Family Status Indicators	**Unacceptable**			**Acceptable**			
Well-Being	**1**	**2**	**3**	**4**	**5**	**6**	**NA**
1. Safety	☐	☐	☐	☐	☐	☐	
2. Stability	☐	☐	☐	☐	☐	☐	
3. Appropriate Placement	☐	☐	☐	☐	☐	☐	
4. Health & Physical Well-Being	☐	☐	☐	☐	☐	☐	
5. Emotional Well-Being	☐	☐	☐	☐	☐	☐	☐
6. Learning & Development	☐	☐	☐	☐	☐	☐	
7. Caregiver Functioning	☐	☐	☐	☐	☐	☐	☐
Family & Permanency	**1**	**2**	**3**	**4**	**5**	**6**	**NA**
8. Permanency	☐	☐	☐	☐	☐	☐	
9. Family Functioning & Resourcefulness	☐	☐	☐	☐	☐	☐	☐
10. Family Connections	☐	☐	☐	☐	☐	☐	☐
Satisfaction	**1**	**2**	**3**	**4**	**5**	**6**	
11. Satisfaction	☐	☐	☐	☐	☐	☐	

System Performance Indicators	**Unacceptable**			**Acceptable**			
Practice Model Indicators	**1**	**2**	**3**	**4**	**5**	**6**	
1. Engagement	☐	☐	☐	☐	☐	☐	
2. Teamwork & Coordination	☐	☐	☐	☐	☐	☐	
3. Ongoing Functional Assessment	☐	☐	☐	☐	☐	☐	
4. Long Term View	☐	☐	☐	☐	☐	☐	
5. Child & Family Planning Process	☐	☐	☐	☐	☐	☐	
6. Plan Implementation	☐	☐	☐	☐	☐	☐	
7. Tracking & Adjustments	☐	☐	☐	☐	☐	☐	
Conditions & Attributes	**1**	**2**	**3**	**4**	**5**	**6**	**NA**
8. Resource Availability & Use	☐	☐	☐	☐	☐	☐	
9. Informal Support & Connections	☐	☐	☐	☐	☐	☐	
10a. Resource Family Supports	☐	☐	☐	☐	☐	☐	☐
10b. Support for Congregate Care Providers	☐	☐	☐	☐	☐	☐	☐
11. Transitions	☐	☐	☐	☐	☐	☐	☐
12. Legal System Interface	☐	☐	☐	☐	☐	☐	☐