Quarterly Results for Administrative Reviews Administrative Review Division

7/1/2012 - 6/30/2013

This report presents data collected by the Administrative Review Division (ARD) through the Out-of-Home Review process. The results are grouped by CFSR Outcome and Item.

There are several key components to fully understanding the report. First, any item which is Compliance related will have the question number displayed in BOLD font, while those that are Data oriented (i.e., collected in order to gather more systemic information) will be displayed in normal font.

Also, as the compliance level for achieving Substantial Conformity during the CFSR is now set at 95%, any item falling below this level will be highlighted by the following symbol:

After the end of each quarter, a new report containing the most recent quarter's data will be made available for all stakeholders on the Colorado Department of Human Services Portal.

> First Quarter = July - September **Second Quarter = October - December** Third Quarter = January - March Fourth Quarter = April - June

Report created on: 7/15/2013

Quarterly Results for Administrative Reviews Administrative Review Division

		<u>1st Q</u>	<u>uarter</u>	SFY 20	<u>13</u>	<u>2nd</u> (Quarter	SFY 2	<u>013</u>	<u>3rd</u>	Quarte	r SFY 2	<u> 2013</u>	<u>4th (</u>	Quarte	SFY 2	<u>2013</u>
		<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>
Safety O	utcome 2																
	Risk of Harm fety																
1709	If there were new allegations of abuse or neglect identified during the review period, were they entered as a referral into Trails?	0	0	2	0.0 %	0	0	1		1	C	4	100.0%	0	0	5	
1712	If a new safety concern was identified regarding this child/youth, were the safety needs of the child/youth adequately addressed during the review period? (Check all No responses that apply)	0	0	2	0.0 %	0	0	1		1	C	4	100.0%	1	0	4 1	00.0%

Quarterly Results for Administrative Reviews

Administrative Review Division

		<u>1st Qւ</u>	uarter	SFY 2	<u> 2013</u>	2nd C	uarter	SFY 2013		3rd Q	uarter	SFY	<u>2013</u>	<u>4th</u>	Quarte	r SFY	<u>2013</u>
Permane	ency Outcome 1	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u> %	<u>Y</u>	<u>es</u>	<u>No</u>	<u>NA</u>	<u>%</u>	Yes	<u>No</u>	<u>NA</u>	<u>%</u>
Item 6:	Stability of Foster Care Placements Ise Planning/Services At the time of the review, is the child/youth placed in the most appropriate setting to meet his/her individual needs? (Check all No responses that apply)	2	0	C	0 100.0 %	1	0	0 100.0%		5	0	(00.0%	5	0	0	100.0%
Pe 1 753 1754	If the child/youth experienced one or more moves during the review period, were all of the placement changes planned by the agency in an effort to achieve the child/youth's case goals or to meet the needs of the child/youth? (Check "Yes, in line with case goal + planned" if both Yes answers are appropriate) Yes, in line with case goal and planned Yes, to meet youth's specific needs and planned If the child/youth experienced one or more moves during the review period that were not planned, what was/were the reason(s) for the move(s)? (Check all that apply)	2	0	1 1	100.0 %	0	0 0	1		0	0 0	Ę	5	3	1 2	2	100.0%
	Permanency Goal for Child rmanency In the reviewer's opinion, is the primary court ordered permanency goal, at the time of the review, appropriate for this child/youth? If a petition/motion to terminate parental rights has not been filed, and a compelling reason has been identified, in the reviewer's opinion, is the compelling reason appropriate?	2	0	1	100.0 %	1 0	0	0 100.0%		4 0	1	(80.0%	0	1 0	0	80.0%

Quarterly Results for Administrative Reviews Administrative Review Division

7/1/2012 - 6/30/2013

		.,.,-		0,00	,_0.0													
		1st Qı	uarter (SFY 20	<u>)13</u>	<u>2nd C</u>	uarter	SFY 2	<u> 2013</u>	<u>3rc</u>	d Quar	ter S	FY 201	<u>13</u>	4th C	<u>Quarter</u> (SFY 201	<u>3</u>
		<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	Yes	No	<u>N</u>	IA	<u>%</u>	Yes	<u>No</u>	<u>NA</u> %	, <u>0</u>
Permane	ency Outcome 1																	
Pe	rmanency																	
1755	At the time of the review, are reasonable efforts being made to achieve permanency? (Check all No responses that apply)	2	0	0	100.0 %	1	0	0	100.0%		5	0	0100	0.0%	5	0	0 100.	0%
1756	For a child/youth with a goal of return home, is progress being made toward achieving the goal? (Check all No responses that apply)	0	1	1	0.0 %	1	0	0	100.0%		2	1	2 66	6.7%	1	3	1 25.	0%
	No, child lack of progress No, other		1	 			0					1 D				2 1		
1758	For a child/youth with a permanency goal of permanent placement with a relative/non-relative through legal guardianship/permanent custody, is progress being made toward the goal? (Check all No responses that apply)	0	0	2	0.0 %	0	0	1			0	0	5		0	0	5	
	Adoption ermanency																	
1757	For a child/youth with a goal of adoption, is progress being made toward finalizing the adoption? (Check all No responses that apply) No, appeal of termination	0	0	2	0.0 %	0	0	1			0	1	4 (0.0%	1	0	4 100.	0%
	: Other Planned Living Arrangement ase Planning/Services																	
1731	For all youth over age 16 years and 60 days, is there a comprehensive ILP that addresses all needs identified from a state-approved assessment? (Check all No responses that apply)	0	1	1	0.0 %	 0	0	1			1	0	4 100	0.0%	2	0	3 100.	0%
	No plan		1	l			0					0				0		
1733	For all youth over age 16 years and 60 days, is the youth receiving services to address all the needs identified in the comprehensive	0	1	1	0.0 %	 0	0	1			0	1	4 (0.0%	2	0	3 100.	0%

assessment and the FSP 4D? (Check all that apply)

Quarterly Results for Administrative Reviews Administrative Review Division

7/1/2012 - 6/30/2013

		1st Q	<u>uarter</u>	SFY 20	<u>13</u>	2nd (Quarter	SFY 2	<u>013</u>	<u>3rd</u>	Quar	ter SFY	<u> 2013</u>	4th	Quarte	r SFY	<u> 2013</u>
		<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	Yes	<u>No</u>	NA	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	Yes	No	<u>NA</u>	<u>%</u>
Permane	ncy Outcome 1																
Item 10:	: Other Planned Living Arrangement																
Ca	se Planning/Services																
1735	Is there a comprehensive, youth-driven Emancipation Transition Plan (ETP) developed 90 business days before the youth's projected permanency date? (Check all No responses that apply) (Check only "No plan" if there is not ETP plan)	0	0	2	0.0 %	0	0	1		0		0 5		0	0	5	
1736	Per Volume 7, have all vital documents been obtained for youth with an OPPLA goal 90 business days before their projected permanency date? (Check all No responses that apply)	0	0	2	0.0 %	0	0	1		0		0 5]	0	0	5	
	: Other Planned Living Arrangement rmanency																
1759	For a child/youth a permanency goal of Other Planned Permanent Living Arrangement, is it documented that all other more permanent goals have been considered and appropriately ruled out? (Check all No responses	1	0	1 1	00.0 %	0	0	1		1		0 4	100.0%	0	0	5	

that apply)

Quarterly Results for Administrative Reviews

Administrative Review Division

		7/4/	0040	0/0/	/0040												
				- 6/30													
		1st Qı	<u>uarter</u>	SFY 2	<u>)13</u>	2nd	Quarte	er SFY 2	<u>2013</u>	<u>3rd (</u>	<u>Quarte</u>	SFY	<u>2013</u>	4th C	Quarter	SFY 2	<u>2013</u>
		<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>
Permane	ency Outcome 2																
	: Proximity of Placement																
Ca	se Planning/Services																
1726	Is the child/youth placed within close proximity to his/her parents or other potential permanent caregiver's home?	0	1	1	0.0 % 🚹	0	1	0	0.0%	1	4	(20.0%	2	3		40.0% 🔥
1727	If a child/youth is not placed in close proximity to his/her parents or other potential permanent caregiver's home, were reasonable efforts made to	1	0	1	100.0 %	1	0	0 ′	100.0%	3	0	2	2100.0%	3	0	2 1	00.0%
	support or facilitate face-to-face contact with the parents or potential permanent caregivers?																
Item 13	: Visiting with Parents and Siblings in Foster Care																
Pe	ermanency																
1773	Does the frequency of visitation with the mother/guardian/kin adequately address the needs of the child/youth to maintain or promote continuity of	2	0	0	100.0 %	0	0	1		2	1	2	2 66.7% 🔥	4	0	1 1	00.0%
	the relationship? (Check all No responses that apply)			•			•				4				0		
	No, child/youth			0			0				1				0		
1774	Does the frequency of visitation with the father/guardian/kin adequately address the needs of the child/youth to maintain or promote continuity of	1	0	1	100.0 %	0	1	0	0.0% 🔥	1	1	(3 50.0%	3	0	2 1	00.0%
	the relationship? (Check all No responses that apply) No, child/youth			0			0				1				0		
	No, father/guardian/kin			0			1				0				0		
1775	Does the frequency of visitation with the sibling(s) adequately address the needs of the child/youth to maintain or promote continuity of the relationship(s)? (Check all No responses that apply)	1	0	1	100.0 %	0	0	1		1	2	2	2 33.3% 🔥	1	0	4 1	00.0%
	No, GAL			0			0				1				0		
	No, OOH Provider			0			0				1				0		
	No, child/youth			0			0				1				0		
	No, county			0			0				1				0		
	No, court			0			0				1				0		
	: Preserving Connections																
	ourt									T T			_				
1705	Were these ICWA requirements met? (Check all that apply)	0	0	2	0.0 %	0	0	1		0	0	ţ	5	0	0	5	
Ca	ase Planning/Services																
1728	Is the department making concerted efforts to maintain the child/youth's connections during the review period?	2	0	0	100.0 %	1	0	0 ′	100.0%	5	0	(0100.0%	5	0	0 1	00.0%

Quarterly Results for Administrative Reviews

Administrative Review Division

		<u>1st Q</u>	<u>uarter</u>	SFY 2	<u>013</u>	2nd (Quarter	SFY 2013	<u>3rd</u>	Quarte	r SFY	<u> 2013</u>	<u>4th</u>	Quarte	r SFY	2013
		<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	Yes	<u>No</u>	<u>NA</u> %	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>
Permane	ency Outcome 2															
	: Relationship of Child in Care with Parents rmanency															
1777	Did the agency promote and support a positive and nurturing relationship between the child/youth and his/her parents? (Check all that apply)	2	0	0	100.0 %	1	0	0 100.0%	3	C	2	100.0%	4	0	1	100.0%
	Yes, other			2			1			3				4		
	Yes, provid. therap. situations to strengthen rel.			2			0			2				3		
	Yes, provided transportation/funds			1			0			1				2		

Quarterly Results for Administrative Reviews

Administrative Review Division 7/1/2012 - 6/30/2013

		<u>1st Q</u>	<u>uarter</u>	SFY 2	<u>2013</u>	2nd C	<u>Quarter</u>	SFY 2	<u>013</u>	3rd	Quarte	r SFY	<u>2013</u>	<u>4th (</u>	Quarte	r SFY	<u>2013</u>
		<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	Yes	<u>No</u>	<u>NA</u>	<u>%</u>	Yes	<u>No</u>	<u>NA</u>	<u>%</u>
Well Bei	ng Outcome 1																
	: Needs/Services of Child, Parents, and Foster Parents																
Ca	se Planning/Services																
1721	Does the Family Services Plan treatment plan document services that are directed at the areas of need identified through assessment?	2	0	0	100.0 %	0	1	0	0.0% 🔥	5	0	(0100.0%	5	0	0	100.0%
	No, all task time frames expired			0			1				0				0		
1722	Were all required parties addressed in the treatment plan? (Check all No responses that apply)	2	0	0	100.0 %	0	1	0	0.0%	4	1	(80.0%	5	0	0	100.0%
	No, all task time frames expired No, some task time frames expired			0			1				0				0 0		
1723	Does the Family Services Plan treatment plan include objectives and action steps that document clear expectations in order to achieve the	2	0	0	100.0 %	0	1	0	0.0% 🔥	5	0	(0100.0%	5	0	0	100.0%
	permanency goal? (Check all No responses that apply) No, all task time frames expired			0			1				0				0		
1724	Does the most recent 90-day review/Court report in Trails meet Volume 7 requirements? (Check all No responses that apply)	2	0	0	100.0 %	0	1	0	0.0% 🔥	5	0	(0100.0%	4	1	0	80.0%
	No diligent search			0			0				0				1		
	No, task time frames			0			1				0				0		
He	ealth																
1749	If the goal is/was return home during the review period and substance abuse issues have been identified for the parent(s)/guardian(s), what are the substances of use? (Check all that apply)																
	Alcohol			0			1				0				1		

Quarterly Results for Administrative Reviews Administrative Review Division

	Health 150 If the goal is/was return home during the review period and substance abuse issues have been identified for the parent(s)/guardian(s), were substance abuse treatment services provided to the parent(s)/guardian(s)? (Check all No responses that apply) 151 If substance abuse issues have been identified during the review period for the child/youth, what are the substances of use? (Check all that apply) 152 Alcohol 153 Cocaine/Crack 154 Ustances abuse issues have been identified during the review period for the child/youth, were substance abuse issues have been identified during the review period for the child/youth, were substance abuse issues have been identified during the review period for the child/youth, were substance abuse treatment services provided to the child/youth? (Check all No responses that apply) 162 If substances abuse issues have been identified during the review period for the child/youth, were substance abuse treatment services provided to the child/youth? (Check all No responses that apply) 163 Child/Family Involvement in Case Planning 164 Case Planning/Services 175 Ustance Alixed Planning 176 Child/Family Involvement in Case Planning 177 Check all responses that apply) 187 Was the out-of-home provider engaged in case planning, during the review period? 1 0 1 100.0 % 1 0 0 100.0 % 3 0 2 100.0 % 4 1 0 0 100.0 % 1																	
		1st Q	<u>uarter</u>	SFY 20	<u>)13</u>	2nd 0	Quarter	SFY 2	<u>2013</u>	<u>3ı</u>	d Qu	<u>arter</u>	SFY 2	<u>2013</u>	<u>4th</u>	Quar	ter SF	Y 2013
		<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	Yes	<u>.</u>	<u>lo</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>N</u> A	<u>%</u>
	9																	
	•					 												_
1750	abuse issues have been identified for the parent(s)/guardian(s), were substance abuse treatment services provided to the parent(s)/guardian(s)?	0	0	2	0.0 %	1	0	0	100.0%		0	0	5		1	(0	4 100.0%
1751	the child/youth, what are the substances of use? (Check all that apply) Alcohol Cocaine/Crack			0			1 0 1					0 0 0				3 1 2		
1752	for the child/youth, were substance abuse treatment services provided to the child/youth? (Check all No responses that apply)	0	0	2	0.0 %	1	0	0	100.0%		0	0	5		3	(0	2 100.0%
1713	Was the out-of-home provider engaged in case planning, during the review	2	0	0	100.0 %	1	0	0	100.0%		5	0	0	100.0%	5	(0	0 100.0%
1715	Was the child/youth engaged in case planning, during the review period?	1	0	1	100.0 %	1	0	0	100.0%		3	0	2	100.0%	4	(0	1 100.0%
1717	Was the mother/guardian/kin engaged in case planning, during the review period?	2	0	0	100.0 %	0	0	1			3	0	2	100.0%	4	(0	1 100.0%
1719	Was the father/guardian/kin engaged in case planning during the review period? No, efforts made but refused	1	0	1	100.0 %	0	1	0	0.0%	<u> </u>	2	0	3	100.0%	3	0		2 100.0%
				-			•					-						

Quarterly Results for Administrative Reviews

Administrative Review Division

		1st Q	<u>uarter</u>	SFY 20	<u>013</u>	<u>2nd</u>	Quarte	SFY 2	<u>:013</u>	3rd	Quarte	r SFY 2	<u> 2013</u>	<u>4th (</u>	Quarte	SFY	<u> 2013</u>
		<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>
Well Bei	ng Outcome 1																
	: Worker Visits with Child rmanency																
1763	How many months should the assigned worker have made face-to-face contact with the child/youth during the review period? (Answer for in-state cases only)										0				4		
	5 6			0 2			1 0				0 2				1 4		
	7			0			0				3				0		
1764	How many months did the assigned worker make face-to-face contact with the child/youth during the review period? (Within the state of Colorado, not an ICPC case)			-			-										
	3		(0			0				0				1		
	5 6			0			1				0				0		
	0 7			2 0			0				2				0		
	Of all the months requiring contact, in what percent did agency personnel have contact with the child?		·	Ĭ	100.0%		U	1	00.0%		Ü		100.0%		Ū		%93.1
	In what percent of cases did agency personnel have contact with the child every month?	2	0		100.0%	1	0	1	00.0%	5	0]	100.0%	4	1	I	80.0%
1765	How many months should the worker of either the sending or receiving state make face-to-face contact with the child/youth, placed outside the state, during the review period? (Answer for ICPC cases only)																
1766	How many months did the worker of either the sending or receiving state make face-to-face contact with the child/youth during the review period, for a child/youth placed outside the state? (Answer for ICPC cases only)																
	Of all the months requiring contact, in what percent did agency personnel have contact with the child?																%0.0
	In what percent of cases did agency personnel have contact with the child every month?	0	0	[.0%	0	0		.0%	0	0		.0%	0	0	[.0% 📤
1767	Did the frequency of contact with the child/youth in his/her place of residence occur according to Volume 7?	2	0	0	100.0 %	1	0	0 1	00.0%	5	0	0	100.0%	5	0	01	00.0%

Quarterly Results for Administrative Reviews

Administrative Review Division

		1st Q	<u>uarter</u>	SFY 20	<u>13</u>	2nd 0	Quarter	SFY 2	<u>013</u>	3rd	Quarte	r SFY 2	<u> 2013</u>	<u>4th (</u>	Quarte	SFY 2	<u>013</u>
*** !! ** •		<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>
Item 19:	ng Outcome 1 : Worker Visits with Child rmanency																
1768	Was the quality of contacts with the child/youth sufficient to address issues pertaining to the safety, permanency, and well-being of the child/youth and to promote achievement of case goals? (Check all No responses that apply)	2	0	0	100.0 %	1	0	0 1	00.0%	5	0	0	100.0%	5	0	0 10	00.0%
	: Worker Visits with Parents rmanency																
1769	Did the frequency of contact with the mother/guardian/kin occur according to Volume 7?	1	1	0	50.0 %	0	0	1		1	2	2	33.3%	2	2	1 5	50.0% 🔥
1770	Was the quality of contacts with the mother/guardian/kin sufficient to address issues pertaining to the safety, permanency, and well-being of the child/youth and to promote achievement of case goals?	2	0	0	100.0 %	0	0	1		1	2	2	33.3%	4	0	1 10	00.0%
1771	Did the frequency of contact with the father/guardian/kin occur according to Volume 7?	0	1	1	0.0 % 🔥	0	1	0	0.0%	0	2	3	0.0%	2	1	2 6	66.7% 🔥
1772	Was the quality of contacts with the father/guardian/kin sufficient to address issues pertaining to the safety, permanency, and well-being of the child/youth and to promote achievement of case goals?	1	0	1	100.0 %	1	0	0 1	00.0%	0	2	3	0.0%	3	0	2 10	00.0%

Quarterly Results for Administrative Reviews Administrative Review Division

		1st Q	uarter	SFY 20	<u>)13</u>	2nd (Quarter	SFY 20	<u>013</u>	3rd	Quarte	r SFY 2	<u>2013</u>	<u>4th (</u>	Quarter	SFY 20	<u>13</u>
		<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>
Well Beir	ng Outcome 2																
	Educational Needs of Child ucation																
1737	Is the child/youth's education/school record in the case file? (Check all No responses that apply)	2	0	0	100.0 %	1	0	0 1	00.0%	4	0	1	100.0%	4	0	1 10	0.0%
1738	For children aged 3 - 5: Is the child enrolled in Head Start or another early childhood education program?	0	0	2	0.0 %	0	0	1		0	0	5		0	0	5	
1739	For youth aged 16 or older: Is the youth on track to graduate and/or complete high school? GED earned	1	0	1	100.0 %	0	0	1		1	0	4	100.0%	2	0	3 10	0.0%
1740	Was educational stability provided for the child during the review period? (Check all No responses that apply) No, changed schools during review period	0	1	1 1	0.0 %	1	0	0 1	00.0%	4	0	1	100.0%	1	3	1 2	5.0% 🚹
1741	Were the child/youth's educational needs assessed?	2	0	0	100.0 %	1	0	0 1	00.0%	5	0	0	100.0%	4	0	1 10	0.0%

Quarterly Results for Administrative Reviews

Administrative Review Division

	1st Qu	<u>uarter</u>	SFY 2	<u> 2013</u>	<u>2nc</u>	l Quarte	r SFY	2013	<u>3r</u>	d Quar	ter SF	Y 2013	<u>41</u>	h Qu	arter S	FY 2013
	Yes	<u>No</u>	<u>NA</u>	<u>%</u>	Yes	<u>No</u>	<u>NA</u>	<u>%</u>	Yes	No	<u>N/</u>	<u>4</u> %	<u>Ye</u>	<u>s 1</u>	<u> 10</u>	<u>IA</u> %
Outcome 3																
hysical Health of Child																
h																
s health information in the case file, including name and address of current ealth care provider(s), known medical problems and current medications? Check all No responses that apply) No provider address/phone number	2	0	0	100.0 %	1	0	0	100.0%			-	0 100.0%		4	1	0 80.0%
oid the child/youth receive a medical exam, medical screening, or was a nedical exam scheduled within two weeks of initial placement? (Check all	1	0	<u>0</u> 1	100.0 %	0	0 1	0	0.0%	Δ	1	0	4 100.0%		2	2	1 50.0%
No, late No, other Yes, exam			0 0 1			1 0 0					0 0 1				1 1 2	
Did the child/youth receive a full dental examination or was a dental exam cheduled within eight weeks of initial placement? (Check all No esponses that apply) (Initial Review Only) No, late	0	1	1 1	0.0 %	1	0	0	100.0%		1	0	4 100.0%		3	0	2 100.0%
Yes, exam			0			1					1				3	
nd/or treatment for identified health needs? (Services delivered) (Check II No responses that apply)	2	0		100.0 %	1	0	0	100.0%		5	0	0 100.0%		4	1	0 80.0%
No, other			0			0					0				1	
las the child/youth received regular dental care and treatment for dentified dental needs? (Services delivered) (Check all No responses nat apply)	2	0	C	100.0 %	1	0	0	100.0%		4	0	1 100.0%		4	0	1 100.0%
lental Health of Child h																
Vere the child/youth's mental health needs assessed?	2	0	C	100.0 %	1	0	0	100.0%		4	0	1100.0%		4	0	1 100.0%
Vere mental health services provided to meet the child/youth's needs uring the review period? (Check all No responses that apply) No, changed MH provider	2	0			1	0				4	0	1 100.0%		2	2	1 50.0%
hit sec Dink Dice land lake le	health information in the case file, including name and address of current health care provider(s), known medical problems and current medications? wheek all No responses that apply) No provider address/phone number No provider name d the child/youth receive a medical exam, medical screening, or was a dedical exam scheduled within two weeks of initial placement? (Check all possible properties of initial placement? (Check all No sponses that apply) (Initial Review Only) No, late Yes, exam as the child/youth received regular health care, including immunizations, addor treatment for identified health needs? (Services delivered) (Check No responses that apply) No, other as the child/youth received regular dental care and treatment for centified dental needs? (Services delivered) (Check all No responses at apply) Pental Health of Child The ere the child/youth's mental health needs assessed? The ere mental health services provided to meet the child/youth's needs aring the review period? (Check all No responses that apply)	Outcome 3 Nysical Health of Child Nealth information in the case file, including name and address of current alth care provider(s), known medical problems and current medications? Sheck all No responses that apply) No provider address/phone number No provider name of the child/youth receive a medical exam, medical screening, or was a edical exam scheduled within two weeks of initial placement? (Check all presponses that apply) No, late No, other Yes, exam of the child/youth receive a full dental examination or was a dental exam heduled within eight weeks of initial placement? (Check all No sponses that apply) No, late Yes, exam as the child/youth received regular health care, including immunizations, addor treatment for identified health needs? (Services delivered) (Check No responses that apply) No, other as the child/youth received regular dental care and treatment for entified dental needs? (Services delivered) (Check all No responses at apply) Pental Health of Child The cere the child/youth's mental health needs assessed? ere the child/youth's mental health needs assessed? ere mental health services provided to meet the child/youth's needs aring the review period? (Check all No responses that apply)	Outcome 3 Inspiral Health of Child Inhealth information in the case file, including name and address of current at the latth care provider(s), known medical problems and current medications? Inheck all No responses that apply) In No provider address/phone number In No provider name In the child/youth receive a medical exam, medical screening, or was a redical exam scheduled within two weeks of initial placement? (Check all presponses that apply) In Interview Only) In Interview Only	Outcome 3 Vesical Health of Child health information in the case file, including name and address of current alth care provider(s), known medical problems and current medications? heck all No responses that apply) No provider name 0 the child/youth receive a medical exam, medical screening, or was a edical exam scheduled within two weeks of initial placement? (Check all bo responses that apply) No, late No, other 1 the child/youth receive a full dental examination or was a dental exam heduled within eight weeks of initial placement? (Check all No sponses that apply) (Initial Review Only) No, late No, late No, other 1 the child/youth receive a full dental examination or was a dental exam heduled within eight weeks of initial placement? (Check all No sponses that apply) (Initial Review Only) No, late Yes, exam 1 the child/youth received regular health care, including immunizations, addor treatment for identified health needs? (Services delivered) (Check No responses that apply) No, other 1 the child/youth received regular dental care and treatment for sentified dental needs? (Services delivered) (Check all No responses at apply) Postal Health of Child The child/youth's mental health needs assessed? The child/youth's needs assessed?	Dutcome 3 Instical Health of Child Inhealth information in the case file, including name and address of current alth care provider(s), known medical problems and current medications? Inhealth information in the case file, including name and address of current alth care provider(s), known medical problems and current medications? Inhealth information in the case file, including name and address of current alth care including information in the case file, including name and address of current and includes	Outcome 3 visical Health of Child No No No No No No No N	Near Health of Child Inhealth information in the case file, including name and address of current path that provider(s), known medical problems and current medications? Inhealth information in the case file, including name and address of current path that provider(s), known medical problems and current medications? Inhealth information in the case file, including name and address of current path that provider(s), known medical problems and current medications? Inhealth information in the case file, including name and address of current path that provider address/plone number No provider address/phone number No provider name 0 0 0 1 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1	Outcome 3 Institute of Child In health information in the case file, including name and address of current leath of Child In health information in the case file, including name and address of current leath of Child In health information in the case file, including name and address of current leath of Child In health information in the case file, including name and address of current leath of Child In health information in the case file, including name and address of current leath of Child In health information in the case file, including name and address of current leath of Child In health information in the case file, including name and address of current leath of Child In health information in the case file, including name and address of current leath of Child In health information in the case file, including name and address of current leath of Child In health information in the case file, including name and address of current leath leath seems of the case file including information leath leath leath leath leads? (Services delivered) (Check No responses that apply) In health information in the case file, including name and address of current leath leath leath leath leads assessed? In health information in the case file, including name and address of current leath leath leath leath leath leads assessed? In health information in the case file, including name and address of current leath leath leath leath leath leath leads assessed? In health of Child In health of Child In health of Child In health services provided to meet the child/youth's needs are the child/youth's needs leath leath leath services provided to meet the child/youth's needs leath leath leath services provided to meet the child/youth's needs leath leath leath services provided to meet the child/youth's needs leath leath leath services provided to meet the child/youth's needs leath l	Outcome 3 Vesical Health of Child health information in the case file, including name and address of current health information in the case file, including name and address of current all the care provider (s), known medical problems and current medications? No provider address/shone number No provider name o 0 0 1 0 0 1 0 0 0 1 0 0 0 1 0 0 0 1 0 0 0 0 1 0 0 0 0 0 1 0	Yes No NA % Yes Outcome 3 Visical Health of Child Nealth information in the case file, including name and address of current lath care provider(s), known medical problems and current medications? heck all No responses that apply) No provider address/phone number	Outcome 3 visical Health of Child health information in the case file, including name and address of current alth care provider(s), known medical problems and current medications? heck all No responses that apply) No provider address/phone number No provider name 0 0 0 0 1 0 0.0% It is is including name and address of current alth care provider(s), known medical problems and current medications? heck all No responses that apply) No provider address/phone number 0 0 0 0 1 0 0.0% It is is including name and address of current alth care including immunizations. It is including immunizations. It is is the child/youth received regular health care, including immunizations. It is the child/youth received regular dental care and treatment for antified dental needs? (Services delivered) (Check all No responses that apply) No, other 0 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Ves No NA Ves Na Na Na Na Na Na Na N	View No NA View No NA View View View Na View Vi	Yes No NA Yes Yes Na Na Na Na Na Na Na N	Outcome 3 See No NA NA	No. No. 00. No. 1

Quarterly Results for Administrative Reviews

Administrative Review Division

	1st Quarter SFY 2013				2nd (Quarter	SFY 20	<u>)13</u>	<u>3rd</u>	l Quart	<u>/ 2013</u>	<u>4th</u>	4th Quarter SFY 2013			
	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	NA	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>
Systemic Factors																
Item 25: Process to Ensure Each Child Has a Written Case Plan Developed Jointly with Parents																
Case Planning/Services																
1730 Does the FSP 4 B/C contain a comprehensive description of the type and appropriateness of the homes or facilities in which the child/youth was placed during the review period?	2	0	0	100.0 %	1	0	0 10	00.0%	5	5	0	0 100.0%	5	0	0	100.0%
Item 27: Permanency Hearing Every Twelve Months																
Court																
1703 If a child has been in care for 12 months or longer, is there a court order in the case file that was signed and dated within the last 12 months that contains reasonable efforts to achieve permanency language, and does not contain "nunc pro tunc" language? (Re-Review Only)	1	0	1	100.0 %	0	0	1		4	1	0	1 00.0%	1	0	4	100.0%
Item 29: Process for Foster Parents, Pre-adoptive Parents, and Relative Caregivers to be Notified of, and an Opportunity to be Heard, in Any Review or Hearing Held with Respect to the Child Due Process																
Were all required parties invited to the review and given at least two weeks notice? (Check all that apply)	2	0	0	100.0 %	1	0	0 10	00.0%	5	5	0	0100.0%	5	0	0	100.0%

Quarterly Results for Administrative Reviews

Administrative Review Division

		1st Quarter SFY 2013				2	2nd Q	<u>uarter</u>	SFY 2	<u>013</u>	<u>3rd</u> (<u> 2013</u>	4th Quarter SFY 2013					
		<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Y</u>	<u>'es</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>
Miscellar	neous																	
Miscella Co																		
1701	Is this a court ordered review?	0	2	0			0	1	0	0.0%	0	5	0	0.0%	0	5	0	0.0%
1702	Is there a signed removal order that contains best interest or welfare of the child language, and determines if reasonable efforts were made or an emergency justified lack of reasonable efforts, and does not contain "nunc pro tunc" language? (Check all that apply) (Initial Review Only)	1	0	1	100.0 %		1	0	0 1	00.0%	1	0	4	100.0%	4	0	1	100.0%
1704	Has the county had authority for placement within the review period? (A Fiscal Sanction may result if the answer is "No.")	2	0	0	100.0 %		1	0	0 1	00.0%	5	0	0	100.0%	5	0	0	100.0%
IV-	► Has IV-E eligibility been determined within 45 days of removal?(A Fiscal	4		41	100.0.0/	_	41		ماء	00.00/	1 41		1 4	100.00/			4	400.00/
1706	Sanction may result if the answer is "No.") (Initial Review Only)	1	0	1]	100.0 %		1]	U	υμ	00.0%	1	0	4	100.0%	4	U	1	100.0%
1707	Has a timely IV-E redetermination been completed during the review period? (Re-Review Only)	1	0	1	100.0 %		0	0	1		2	0	3	100.0%	0	0	5	
	rmanency			•			•											
	Were the previous compliance issues addressed? (Re-Review Only)	1	0	1	100.0 %		0	0	1		1	0	4	100.0%	1	0	4	100.0%
	edit Report												1	1				
1779	If the youth is 16 years and older have the youth and the GAL received a copy of all consumer credit reports annually?	0	0	0			0	0	0		0	0	5		0	0	5	
1780	If the youth is 16 years and older and has a credit report with evidence of inaccuracies, has the county department or the GAL referred the youth to an approved agency to resolve the inaccuracies?	0	0	0			0	0	0		0	0	5		0	0	5	
1781	If the youth is 16 years and older and has a credit report with evidence of inaccuracies, is the county department making efforts to resolve the inaccuracies, or have the inaccuracies been addressed?	0	0	0			0	0	0		0	0	5		0	0	5	