

Statewide DYC - Community Placement

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: 7/18/2013

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Safety Outcome 2

Item 4: Risk of Harm
Safety

- 8506

If any new allegations/incidents of abuse or neglect identified during the review period, were all of these reported/documented in Trails as new referrals?
- 8507

If any new safety concerns were received regarding this client, were the safety needs of the client adequately addressed during the review period?
(Check all No responses that apply)

1st Quarter SFY 2013				2nd Quarter SFY 2013				3rd Quarter SFY 2013				4th Quarter SFY 2013			
Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%
32	3	159	91.4 %	31	0	159	00.0%	22	0	154	100.0%	26	1	125	96.3%
38	1	155	97.4 %	39	0	151	00.0%	45	0	131	100.0%	35	1	116	97.2%

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Permanency Outcome 1

Item 6: Stability of Foster Care Placements

Case Planning/Services

	1st Quarter SFY 2013				2nd Quarter SFY 2013				3rd Quarter SFY 2013				4th Quarter SFY 2013			
	Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%
8518 At the time of the review, is the client placed in the most appropriate setting to meet his/her individual needs? (Check all No responses that apply) <i>No, client's needs not addressed/met</i>	168	0	26	100.0 %	167	0	23	00.0%	161	2	13	98.8%	142	0	10	00.0%
			0			0				2				0		

Permanency

8538 If the client experienced one or more moves during the review period, were all of the placement changes planned by the Division in an effort to achieve the client's case goals or to meet the needs of the client? (Check "Yes, in line with case goal + planned" if both "Yes" answers are appropriate) <i>Yes, in line with case goal and planned</i> <i>Yes, to meet client's specific needs and planned</i>	43	29	122	59.7 %	31	22	137	58.5%	28	17	131	62.2%	25	28	99	47.2%
			41			27				28				23		
			3			4				0				1		
8539 If the client experienced one or more moves that were not planned by the Division in an effort to achieve the client's case goals or to meet the needs of the client, what was/were the reason(s) for the move(s) during the review period? (Check all that apply) <i>Escape</i> <i>More than one move</i> <i>Other</i> <i>Provider quit or closed</i> <i>Provider request</i> <i>Temporary setting</i> <i>Youth's behavior</i>			14			12				4				16		
			5			7				3				9		
			0			0				0				1		
			3			3				1				0		
			2			3				3				0		
			13			9				9				16		
			15			8				12				16		

Item 7: Permanency Goal for Child

Permanency

8542 In the reviewer's opinion, is the primary permanency goal, at the time of the review, appropriate for this client?	189	4	1	97.9 %	189	1	0	99.5%	172	4	0	97.7%	148	4	0	97.4%
8543 If, in the reviewer's opinion, the permanency goal is not appropriate at the time of the review, what should the appropriate permanency goal be? <i>All options have not been sufficiently explored</i> <i>OPPLA - Emancipation</i> <i>OPPLA - LTFC</i> <i>Relative Custody or Legal Guardianship</i>			1			0				4				3		
			2			0				0				0		
			1			1				0				1		

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Permanency Outcome 1

Permanency

		1st Quarter SFY 2013				2nd Quarter SFY 2013				3rd Quarter SFY 2013				4th Quarter SFY 2013			
		Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%
8540	For clients with a permanency goal of return home, is progress being made toward achieving the goal? (Check all No responses that apply)	76	36	82	67.9 %	84	29	77	74.3%	82	27	67	75.2%	55	25	72	68.8%
	<i>No, client lack of progress</i>			24			19				17				22		
	<i>No, client services appropriateness</i>			1			0				0				0		
	<i>No, inadequate monthly parent contact</i>			13			11				3				4		
	<i>No, other</i>			5			2				4				2		
	<i>No, parent lack of progress</i>			2			0				4				3		
8541	For clients with a permanency goal of permanent placement with a relative/non-relative through legal guardianship/permanent custody, is progress being made toward achieving the goal? (Check all No responses that apply)	5	4	185	55.6 %	13	7	170	65.0%	9	3	164	75.0%	5	4	143	55.6%
	<i>No, client lack of progress</i>			3			7				2				3		
	<i>No, other</i>			0			0				1				1		
	<i>No, other potential caregiver lack of progress</i>			1			1				0				1		

Item 10: Other Planned Living Arrangement

Case Planning/Services

8522	Is the client, age 16 years + 60 days or older, receiving all the services identified in the assessment and the ILP? (Check all No responses that apply)	175	5	14	97.2 %	173	0	17	00.0%	152	3	21	98.1%	138	2	12	98.6%
	<i>No, client refused services</i>			2			0				0				1		
	<i>No, lack of resources</i>			1			0				0				0		
	<i>No, provider issues</i>			1			0				3				0		
8524	Is there a comprehensive, client-driven Emancipation Transition Plan (ETP) that was developed 90 business days before the end of the client's commitment? (Check all No responses that apply) (Use only "No Plan" if there is no ETP)	10	12	172	45.5 %	6	15	169	28.6%	6	8	162	42.9%	7	6	139	53.8%
	<i>No plan</i>			12			15				7				7		

Item 10: Other Planned Living Arrangement

8525	Have all vital documents been obtained for clients with an OPPLA goal 90 business days before the end of the client's commitment?	14	2	178	87.5 %	14	0	176	00.0%	11	3	162	78.6%	9	2	141	81.8%
	<i>No Birth Certificate</i>			0			0				0				1		
	<i>No Social Security card</i>			1			0				0				1		
	<i>No State ID/driver's license</i>			2			0				3				1		

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Permanency Outcome 2

Item 11: Proximity of Placement

Case Planning/Services

8516 Is the client placed within close proximity to his/her parents or other potential permanent caregiver's home?

1st Quarter SFY 2013				2nd Quarter SFY 2013				3rd Quarter SFY 2013				4th Quarter SFY 2013			
Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%

85	22	87	79.4 %	92	24	74	79.3%	82	28	66	74.5%	68	15	69	81.9%
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Item 13: Visiting with Parents and Siblings in Foster Care

Permanency

8552 Does the frequency of visitation with the mother/guardian/kin adequately address the needs of the client to maintain or promote continuity of the relationship? (Check all No responses that apply)

148	12	34	92.5 %	146	6	38	96.1%	148	7	21	95.5%	121	5	25	96.0%
-----	----	----	--------	-----	---	----	-------	-----	---	----	-------	-----	---	----	-------

No, client

2

2

1

0

No, mother/guardian/kin

10

5

6

5

No, other

1

0

0

0

8553 Does the frequency of visitation with the father/guardian/kin adequately address the needs of the client to maintain or promote continuity of the relationship? (Check all No responses that apply)

77	14	103	84.6 %	73	5	112	93.6%	65	18	93	78.3%	68	6	78	91.9%
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No, Division

0

0

0

1

No, client

2

1

3

0

No, father/guardian/kin

11

4

13

6

No, other

1

0

4

0

Miscellaneous

8554 Does the frequency of visitation with the sibling(s) adequately address the needs of the client to maintain or promote continuity of the relationship(s)? (Check all No reponses that apply)

101	5	88	95.3 %	86	4	100	95.6%	88	6	82	93.6%	74	3	74	96.1%
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No, OOH Provider

1

0

0

0

No, client

1

3

0

0

No, other

0

1

3

0

No, parent/guardian/kin

3

1

4

2

No, sibling

1

0

0

1

Item 16: Relationship of Child in Care with Parents

Case Planning/Services

8517 If the client is not placed in close proximity to his/her parents or other potential permanent caregiver's home, were reasonable efforts made to support or facilitate face-to-face contact with the parents or potential permanent caregivers?

23	0	171	100.0 %	25	0	165	00.0%	31	0	145	100.0%	16	0	136	00.0%
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Well Being Outcome 1

Item 17: Needs/Services of Child, Parents, and Foster Parents

Case Planning/Services

		1st Quarter SFY 2013				2nd Quarter SFY 2013				3rd Quarter SFY 2013				4th Quarter SFY 2013			
		Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%
8520	Does the DCP/Parole Plan document services directed at the areas of need identified through assessment?	165	29	0	85.1 %	163	27	0	85.8%	155	21	0	88.1%	132	20	0	86.8%
	No DCP developed		1				1				0				0		
	No, IL not addressed		15				14				18				17		
	No, all task time frames expired		7				7				2				1		
	No, some task time frames expired		6				6				1				3		
8521	Does the DCP/Parole Plan include clear expectations of all parties in order to achieve the permanency goal? (Check all No responses that apply)	182	12	0	93.8 %	177	13	0	93.2%	168	8	0	95.5%	147	5	0	96.7%
	No DCP/Parole Plan developed		0				1				0				0		
	No, Division		2				2				5				1		
	No, all task time frames expired		8				6				2				1		
	No, client		2				0				0				0		
	No, father/guardian		2				4				2				0		
	No, mother/guardian		1				3				4				2		
	No, provider		3				4				5				1		
	No, some task time frames expired		1				0				0				0		

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Well Being Outcome 1

Item 17: Needs/Services of Child, Parents, and Foster Parents

Health

8536 If substance abuse issues have been identified during the review period for the client, what are the substances of use? (Check all that apply)

	1st Quarter SFY 2013				2nd Quarter SFY 2013				3rd Quarter SFY 2013				4th Quarter SFY 2013			
	Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%
<i>Alcohol</i>		75				75				72				51		
<i>CNS Depressants</i>		13				2				9				3		
<i>CNS Stimulants/Amphetamine</i>		8				2				10				3		
<i>Cocaine/Crack</i>		9				17				23				8		
<i>Heroin</i>		5				5				6				5		
<i>Marijuana</i>		126				113				105				82		
<i>Methamphetamine</i>		11				10				10				7		
<i>Other</i>		24				9				18				12		
<i>Other Opiates</i>		2				3				5				6		

8537 If substance abuse issues have been identified during the review period for the client, were substance abuse treatment services provided to the client? (Check all No responses that apply)

	Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%
	132	2	60	98.5 %	122	2	66	98.4%	110	2	64	98.2%	86	1	65	98.9%
<i>No available services</i>		1				0				0				1		
<i>No received provider report</i>		0				0				1				0		
<i>No referral made</i>		0				1				0				0		
<i>No, client refused services</i>		1				0				1				0		
<i>No, delays of 2 + weeks</i>		1				0				0				0		

Item 18: Child/Family Involvement in Case Planning

Case Planning/Services

8508 Was the out-of-home provider engaged in case planning during the review period?

	Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%
	189	0	5	100.0 %	186	0	4	100.0%	176	0	0	100.0%	150	0	2	100.0%

8510 Was the client engaged in case planning during the review period?

	Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%
	192	0	2	100.0 %	189	0	1	100.0%	176	0	0	100.0%	151	0	1	100.0%

8512 Was the mother/guardian/kin engaged in case planning during the review period?

	Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%
	141	23	30	86.0 %	141	18	31	88.7%	139	17	20	89.1%	112	20	20	84.8%

No

16

9

4

10

No, efforts made but refused

7

10

12

10

8514 Was the father/guardian/kin engaged in case planning during the review period?

	Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%
	68	23	103	74.7 %	57	21	112	73.1%	53	27	96	66.3%	51	21	80	70.8%

No

18

12

20

13

No, efforts made but refused

6

9

7

7

Item 19: Worker Visits with Child

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Well Being Outcome 1

Item 19: Worker Visits with Child
Permanency

8544 How many months should the assigned client manager have made face-to-face contact with the client during the review period?

1	2	5	4	6
2	6	6	8	9
3	3	7	9	2
4	16	14	12	14
5	62	72	76	64
6	85	65	58	46
7	18	19	8	10

8545 How many months did the assigned client manager make face-to-face contact with the client during the review period?

0				
1	2	5	4	6
2	6	6	8	9
3	6	11	10	2
4	17	15	16	16
5	63	72	74	66
6	83	60	55	42
7	15	19	9	9

Of all the months requiring contact, in what percent did agency personnel have contact with the child?

98.5%	98.7%	99.0%	98.9%
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In what percent of cases did agency personnel have contact with the child every month?

178	10	92.7%	178	10	94.7%	169	7	96.0%	143	8	94.7%
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Item 19: Worker Visits with Child

8546 For a client placed outside the state, is there documentation that the client is visited at least monthly by a professional of either the sending or receiving state??

1	0	193	100.0 %	0	0	190	0	0	176	1	0	151	100.0%
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8547 Was the quality of contacts made with the client sufficient to address issues pertaining to the safety, permanency, and well-being of the client and to promote achievement of case goals? (Check all No responses that apply)

159	33	2	82.8 %	164	24	2	87.2%	145	30	1	82.9%	136	14	2	90.7%
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No assessment of safety

15	16	19	9
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No time alone with client

22	22	26	13
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No, content insufficient

11	3	3	1
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Item 20: Worker Visits with Parents

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Well Being Outcome 1

Item 20: Worker Visits with Parents

Permanency

		1st Quarter SFY 2013				2nd Quarter SFY 2013				3rd Quarter SFY 2013				4th Quarter SFY 2013			
		Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%
8548	If the client's goal is to return home, did contact with the mother/guardian/kin occur on a monthly basis?	47	54	93	46.5 %	53	49	88	52.0%	75	32	69	70.1%	41	30	81	57.7%
8549	If the client's goal is to return home, was the quality of contacts made with the mother/guardian/kin sufficient to address issues pertaining to the safety, permanency, and well-being of the client and to promote achievement of case goals?	92	0	102	100.0 %	97	1	92	99.0%	102	0	74	100.0%	64	2	86	97.0%
8550	If the client's goal is to return home, did contact with the father/guardian/kin occur on a monthly basis?	15	25	154	37.5 %	17	25	148	40.5%	18	13	145	58.1%	15	18	119	45.5%
8551	If the client's goal is to return home, was the quality of contacts made with the father/guardian/kin sufficient to address issues pertaining to the safety, permanency, and well being of the client and to promote achievement of case goals? (Check all No responses)	36	0	158	100.0 %	35	0	155	00.0%	29	0	147	100.0%	27	0	125	00.0%

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Well Being Outcome 2

Item 21: Educational Needs of Child
Education

		1st Quarter SFY 2013				2nd Quarter SFY 2013				3rd Quarter SFY 2013				4th Quarter SFY 2013			
		Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%
8526	Is the client's education/school record in the case file? (During the review period) (Check all No responses that apply)	129	32	33	80.1 %	140	15	35	90.3%	133	23	20	85.3%	115	11	26	91.3%
	No GED/Diploma			11				6				4				4	
	No credit count			8				0				2				0	
	No current IEP			5				5				13				5	
	No current grade reports			14				5				8				3	
8527	Were the client's educational needs adequately addressed through appropriate educational services during the review period?	150	2	42	98.7 %	150	0	40	00.0%	148	2	26	98.7%	124	1	27	99.2%
8528	Is the client, age 16 or older, on track to graduate from and/or complete high school?	153	15	26	91.1 %	156	6	28	96.3%	149	8	19	94.9%	134	5	13	96.4%
	GED			25				29				40				28	
	GED earned			51				40				34				34	
	Graduated			12				11				10				17	
	Information not available			3				0				1				0	
	No GED			4				2				4				3	
	No, graduate			8				5				3				1	
8529	Was educational stability provided for the client during the review period? (Check all No responses that apply)	132	13	49	91.0 %	138	8	44	94.5%	137	10	29	93.2%	111	10	31	91.7%
	No, changed schools during review period			13				8				9				10	
	No, other			1				0				0				0	
Miscellaneous																	
8556	Were the child/youth's educational needs assessed?	156	0	38	100.0 %	159	0	31	00.0%	153	1	22	99.4%	131	1	20	99.2%

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Well Being Outcome 3

Item 22: Physical Health of Child Health

		1st Quarter SFY 2013				2nd Quarter SFY 2013				3rd Quarter SFY 2013				4th Quarter SFY 2013			
		Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%
8530	Is health information in the case file, including name and address of current health care provider(s), known medical problems and current medications? (Check all No responses that apply)	178	5	11	97.3 %	175	4	11	97.8%	171	2	3	98.8%	148	1	3	99.3%
	<i>No provider address/phone number</i>			5				3				2				1	
	<i>No provider name</i>			3				3				2				1	
	<i>No, medications not documented</i>			0				1				1				0	
8531	Did the client receive a medical exam or medical screening within 30 days of commitment? (Check all No responses that apply) (Initial Review Only)	79	0	115	100.0 %	90	1	99	98.9%	103	3	70	97.2%	80	2	70	97.6%
8532	Did the client receive a full dental examination within 30 days of commitment? (Check all No responses that apply) (Initial Review Only)	78	1	115	98.7 %	85	6	99	93.4%	106	0	70	100.0%	78	4	70	95.1%
	<i>No, not timely</i>			1				5				0				3	
8533	Has the client received regular health care, including immunizations and/or treatment for identified health needs, during the review period? (Services delivered) (Check all No responses that apply)	172	14	7	92.5 %	174	9	7	95.1%	165	11	0	93.8%	143	8	1	94.7%
	<i>No treatment for identified needs</i>			1				0				0				1	
	<i>No, Medicaid</i>			1				0				0				0	
	<i>No, delay in services, systemic</i>			1				0				3				5	
	<i>No, immunizations</i>			0				1				0				0	
	<i>No, lack of timely referral or follow through</i>			11				8				7				2	
	<i>No, other</i>			1				0				1				0	
8534	Has the client received regular dental care and treatment for identified dental needs during the review period? (Services delivered) (Check all No responses that apply)	165	21	7	88.7 %	172	11	7	94.0%	157	19	0	89.2%	135	16	1	89.4%
	<i>No treatment for identified needs</i>			2				0				0				0	
	<i>No, delay in services, systemic</i>			0				0				0				2	
	<i>No, lack of timely referral or follow through</i>			18				11				17				10	
	<i>No, other</i>			2				0				1				4	

Item 23: Mental Health of Child Health

8535	Were mental health services provided to meet the client's needs during the review period? (Check all No responses that apply)	97	21	76	82.2 %	108	14	68	88.5%	94	20	62	82.5%	86	17	49	83.5%
	<i>No, changed mental health provider</i>			20				14				16				14	
	<i>No, client refused services</i>			1				0				0				1	
	<i>No, delays of 2 + weeks</i>			1				0				3				2	
	<i>No, other</i>			0				0				2				0	

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Well Being Outcome 3

Item 23: Mental Health of Child
Miscellaneous

8557 Were the child/youth's mental health needs assessed?

1st Quarter SFY 2013				2nd Quarter SFY 2013				3rd Quarter SFY 2013				4th Quarter SFY 2013			
Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%
191	0	3	100.0 %	184	0	6	00.0%	176	0	0	100.0%	152	0	0	00.0%

Systemic Factors

Item 25: Process to Ensure Each Child Has a Written Case Plan Developed Jointly with Parents
Case Planning/Services

8519 Does the DCP contain a description of the type and appropriateness of the homes or facilities in which the client was placed during the review period?

155	35	4	81.6 %		161	26	3	86.1%		140	35	1	80.0%		131	20	1	86.8%	
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Statewide DYC - Community Placement

Quarterly Results for Administrative Reviews

Administrative Review Division

7/1/2012 - 6/30/2013

Miscellaneous

Miscellaneous

Court

		1st Quarter SFY 2013				2nd Quarter SFY 2013				3rd Quarter SFY 2013				4th Quarter SFY 2013			
		Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%
8501	Is there a mittimus 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 No responses that apply) (Initial Review Only)	65	16	113	80.2 %	73	20	97	78.5%	94	12	70	88.7%	71	12	69	85.5%
	<i>No best interest</i>			7				9				9				8	
	<i>No reasonable efforts/emergency</i>			11				12				8				10	
	<i>No, contains "nunc pro tunc" language</i>			4				6				0				2	
	<i>No, dual reasonable efforts</i>			0				1				1				0	

8502	Is this a combined 6-month period review and Permanency Hearing with the ALJ?	43	151	0	22.2 %	24	165	1	12.7%	27	146	3	15.6%	32	120	0	21.1%
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IV-E

8503	Has IV-E Eligibility been determined within 45 days of removal?	63	7	124	90.0 %	66	6	118	91.7%	81	4	91	95.3%	59	1	92	98.3%
8504	Has a timely IV-E redetermination been completed during the review period? (Re-Review Only)	7	0	187	100.0 %	8	1	181	88.9%	13	0	163	100.0%	9	1	142	90.0%

Due Process

8505	Were all required parties invited to the review and given at least two-weeks' notice? (Check all No responses that apply)	172	22	0	88.7 %	167	23	0	87.9%	153	23	0	86.9%	139	13	0	91.4%
	<i>No, client</i>			1				1				0				0	
	<i>No, client manager</i>			2				1				0				0	
	<i>No, father/guardian</i>			11				15				14				9	
	<i>No, mother/guardian</i>			11				9				7				5	
	<i>No, not timely</i>			2				1				3				0	

Miscellaneous

Miscellaneous

8555	Were the previous compliance issues addressed?	34	38	122	47.2 %	26	24	140	52.0%	20	17	139	54.1%	16	15	121	51.6%
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Credit Report

8558	If the youth is 16 years and older has the youth received a copy of all consumer credit reports annually?	0	0	2	0.0 %	0	0	93		0	0	176		0	0	152	
8559	If the youth is 16 years and older and has a credit report with evidence of inaccuracies, has the Division of Youth Corrections referred the youth to an approved agency to resolve the inaccuracies?	0	0	2	0.0 %	0	0	93		0	0	176		1	0	151	00.0%
8560	If the youth is 16 years and older and has a credit report with evidence of inaccuracies, is the Division of Youth Corrections making efforts to resolve the inaccuracies, or have the inaccuracies been addressed?	0	0	2	0.0 %	0	0	93		0	0	176		1	0	151	00.0%