United for Families

QUALITY MANAGEMENT PLAN

Version 5.1
(Revised June 17, 2008)

Quality Management Department
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Port St. Lucie, FL 34952
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I. Background and Introduction

In 1996, the Florida Legislature (section 409.1617, Florida Statutes) mandated that the Department of Children and Families (hereinafter referred to as the “Department”) establish pilot programs during fiscal year 1996-1997 that privatized child protective services through contracts with community –based agencies. The stated purpose was to strengthen the support and commitment of communities to protect abused, neglected and abandoned children, and to increase the efficiency and accountability of the child protection system. In the 1998 legislative session House Bill 3217 was passed. The Bill amended the original privatization legislation by adding new provisions requiring the Department to develop an implementation plan by July 1, 1999 which would outline incrementally the process for privatizing the entire child protection system by January 1, 2003.

In Circuit 19 the process of complying with the implementation plan was initiated by the Department with the posting of an Invitation To Negotiate (ITN). This document requested that providers seeking lead agency status in the Circuit to submit a proposal outlining specific information detailing how they would deliver improved services with improved outcomes to the children and families in their communities.

United for Families (UFF) assumed the responsibility for the children and families of Circuit 19 as follows:

1. UFF assumed management of all protective services cases in Martin County on December 1, 2003; Okeechobee County on February 1, 2004; St. Lucie County on April 1, 2004; and Indian River County on June 1, 2004. The total number of children served during this transition period was approximately 1,700.
2. UFF assumed management of front-end service sub-contracts on September 1, 2003.
3. UFF assumed the management of DCF foster homes, approximately 120 homes, on September 1, 2003.
4. UFF assumed management of out of home care sub-contracts on December 1, 2003.
Services Provided by UFF and Subcontracted Providers

UFF contracts with a network of service providers within the Circuit, as well as across the state for some residential services. The services fall within the following categories:

1. Adoptions Services
2. Case Management
3. Emergency Shelter Services
4. Foster Care Recruitment & Licensing
5. Independent Living Services/Road to Success
6. Mobile Crisis Services
7. Enhanced Foster Care
8. Prevention Services
9. Residential Group Care
10. Residential Services – Specialized
11. Support Services
12. Therapeutic Foster Care

Each contracted provider and the service is listed in the table below.

<table>
<thead>
<tr>
<th>Provider</th>
<th>Program</th>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychiatric Solutions, Inc d/b/a/ Sandy Pines</td>
<td>Hospital</td>
<td>Adolescent Psychiatric Hospital Services</td>
</tr>
<tr>
<td>Children's Home Society of Florida</td>
<td>Adoption Support</td>
<td>Adoptions Services</td>
</tr>
<tr>
<td>Children's Home Society of Florida</td>
<td>Dependency Case Management</td>
<td>Case Management</td>
</tr>
<tr>
<td>Family Preservation Services of Florida</td>
<td>Dependency Case Management</td>
<td>Case Management</td>
</tr>
<tr>
<td>Children's Home Society of Florida</td>
<td>Wave Crest – Emergency Shelter</td>
<td>Emergency Shelter</td>
</tr>
<tr>
<td>Hibiscus Children’s Center</td>
<td>Children’s Center - Emergency Shelter</td>
<td>Emergency Shelter</td>
</tr>
<tr>
<td>Troy, Inc</td>
<td>Enhanced Foster Care</td>
<td>Enhanced Foster Care</td>
</tr>
<tr>
<td>Hibiscus Children’s Center</td>
<td>Recruitment &amp; Licensing</td>
<td>Foster Care Recruitment &amp; Licensing</td>
</tr>
<tr>
<td>New Horizons of the Treasure Coast</td>
<td>Mobile Crisis Response</td>
<td>Mobile Crisis Services</td>
</tr>
<tr>
<td>Exchange Club CASTLE</td>
<td>Parent Education</td>
<td>Prevention Services</td>
</tr>
<tr>
<td>Hibiscus Children’s Center</td>
<td>Crisis Nursery</td>
<td>Prevention Services</td>
</tr>
<tr>
<td>Brookwood East</td>
<td>Residential</td>
<td>Residential Group Care</td>
</tr>
<tr>
<td>Charlee Family Care Services</td>
<td>Residential</td>
<td>Residential Group Care</td>
</tr>
<tr>
<td>Children's Home Society of Florida</td>
<td>Vero Girls Group Home - Residential</td>
<td>Residential Group Care</td>
</tr>
<tr>
<td>Children's Home Society of Florida</td>
<td>Hacienda Girls Ranch - Residential</td>
<td>Residential Group Care</td>
</tr>
<tr>
<td>Provider</td>
<td>Program</td>
<td>Category</td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>----------------------------------------------</td>
<td>------------------------------------</td>
</tr>
<tr>
<td>Covenant Kids Manor</td>
<td>Residential</td>
<td>Residential Group Care</td>
</tr>
<tr>
<td>Daniel Memorial</td>
<td>Residential</td>
<td>Residential Group Care</td>
</tr>
<tr>
<td>Girls &amp; Boys Town of Central Florida</td>
<td>Residential &amp; Shelter</td>
<td>Residential Group Care</td>
</tr>
<tr>
<td>Green Isles Children’s Ranch</td>
<td>Residential</td>
<td>Residential Group Care</td>
</tr>
<tr>
<td>Hands of Mercy Everywhere, Inc</td>
<td>Residential</td>
<td>Residential Group Care</td>
</tr>
<tr>
<td>Hibiscus Children’s Center</td>
<td>Children’s Center – Village - Residential</td>
<td>Residential Group Care</td>
</tr>
<tr>
<td>Mentor</td>
<td>Residential</td>
<td>Residential Group Care</td>
</tr>
<tr>
<td>Monarch/Chrysalis</td>
<td>Residential</td>
<td>Residential Group Care</td>
</tr>
<tr>
<td>Park Place Behavioral Health</td>
<td>Residential</td>
<td>Residential Group Care</td>
</tr>
<tr>
<td>Real Life Children’s Ranch</td>
<td>Residential</td>
<td>Residential Group Care</td>
</tr>
<tr>
<td>Tampa Bay Academy</td>
<td>Residential</td>
<td>Residential Group Care</td>
</tr>
<tr>
<td>The Children’s Place at Home safe – Libra House</td>
<td>Residential</td>
<td>Residential Group Care</td>
</tr>
<tr>
<td>The Haven</td>
<td>Residential</td>
<td>Residential Group Care</td>
</tr>
<tr>
<td>University Behavioral Health</td>
<td>Residential</td>
<td>Residential Group Care</td>
</tr>
<tr>
<td>Vision Quest</td>
<td>Residential</td>
<td>Residential Group Care</td>
</tr>
<tr>
<td>Camelot Community Care</td>
<td>Residential</td>
<td>Residential Services</td>
</tr>
<tr>
<td>Alpha House of Tampa</td>
<td>Pregnant Teen</td>
<td>Residential Services - Specialized</td>
</tr>
<tr>
<td>The Devereux Foundation</td>
<td>Residential; Specialized-Hospital; DD</td>
<td>Residential Services - Specialized</td>
</tr>
<tr>
<td>Hibiscus Children’s Center</td>
<td>HOPE</td>
<td>Reunification</td>
</tr>
<tr>
<td>Exchange Club CASTLE</td>
<td>Supervised Visitation</td>
<td>Support Services</td>
</tr>
<tr>
<td>Family Preservation Services of Florida</td>
<td>Home Studies</td>
<td>Support Services</td>
</tr>
</tbody>
</table>
II. Mission
Our mission is to *break the cycle of child abuse through a diverse network of community partners and innovative services.*

III. Vision Statement
Our vision is to be the recognized statewide leader providing a continuum of dynamic and innovative programs and services that result in family stability and permanency for all children and families in our four-county community.

IV. Quality Management Statement and Definitions
The primary purpose of the UFF Quality Management System is to strengthen practice, improve the timeliness, accessibility, quality and effectiveness of services and increase natural and enduring community supports for children and families.

UFF’s Quality Management Plan is based on the overall company culture of values: respect, diversity, dignity, integrity, caring and confidentiality as well as nationally recognized accreditation standards for child welfare services.

- We must *respect* our children, families and caregivers and value their *diversity.*
- We must treat our consumers with the *dignity* that they deserve and operate with *integrity* in all aspects of our jobs.
- We must provide services to children and families in a *caring* manner that protects their *confidentiality.*

To effectively implement our Quality Management Plan, UFF incorporates each level of our staffing pattern in addressing Quality Assurance and Quality Improvement. Although the majority of the day-to-day function rests with the Quality Management Department, the Senior Management Team, supervisors, line staff and support staff play a role in quality activities. This role is best defined as the company-wide participation in quality improvement teams and efforts.

Utilizing the Council on Accreditation best practice standards, UFF strives to meet each standard as prescribed. Through our annual update to the Quality Management Plan, the standards are reviewed by the Director of Quality Management to ensure compliance or at a minimum, to develop measures that will bring the company to compliance status. UFF is not accredited at this time, but becoming accredited is part of the agency’s strategic plan.
**Quality Assurance (QA)** - is a system that validates internal practices and uses sound principles of evaluation to ensure that data is collected accurately, analyzed appropriately, reported, and acted upon. The QA function looks at the entire system of care. Products of the QA function include reports that validate data at the agency, unit and case manager level, which evaluates the impact of practice on in-process and end-process measurements, and provide recommendations for actions.

**Quality Improvement (QI)** - is an “internally” driven process that is conducted and initiated by the staff actually providing or supervising the service. QI provides opportunities for all staff to use data and make improvements in their operational processes and daily work environment. QI is an ongoing process that is dynamic and occurs as a result of action planning that is designed to provide program improvement.

**Continuous Quality Improvement (CQI)** - is the progression toward desired improvements in process, products or outcomes through incremental steps, with periodic review and readjustment of objectives.

**Quality Management (QM)** - is the systematic integrated review of Quality Assurance and Improvement activities.

The Quality Management Plan is updated based on two actions:
- changes in the contract performance measures
- the agency strategic plan

**V. The Three–Tier Quality Management Structure**

The QA model refines and expands the three-tier approach that has been in place for the past few years. The three-tier model had some benefits that were retained in the regional model.

Assumptions included:

Tier 1, closest to where service delivery occurred (i.e., the Community-Based Care agencies, and the Department’s or Sheriff’s child protective investigation areas) is responsible for its own quality assurance, including planning, within statewide criteria.

Tier 2, where direct oversight of service delivery is provided (i.e., region program management and executive direction) was responsible for validating that Tier 1 quality assurance plans were implemented and review results were accurate. This has been refined to include participation in
case level reviews, and analysis of quality data and integration into quality improvement, as well as oversight of Tier 1 quality assurance processes and results.

Tier 3, where statewide policy and general oversight resides (i.e., Family Safety Program headquarters and executive direction) was responsible for defining process and performance requirements, establishing quality assurance approaches and planning criteria, collating and analyzing information across the state, and providing technical assistance to Tiers 1 and 2.

VI. UFF Quality and Data Management Structure/Resources

UFF’s Quality and Data Management Department works diligently to effectively implement, evaluate and maintain all quality assurance/quality improvement activities contained within the plan. We are confident that our efforts are making a positive impact on our overall system of care, and resources are adequate at this time. As part of the annual review of our Plan, the adequacies of resources are evaluated.

The Quality and Data Management Department structure consists of three components: quality management, data and records management and information systems management. The department is led by the Director of Quality and Data Management. The Quality Management Team consists of a Quality Management Supervisor and three (3) Quality Management Specialists. The Quality Management Team is responsible for scheduling, completing and evaluating all quality assurance and improvement activities. These activities include case file reviews, incident reporting, complaint and grievance tracking, customer satisfaction surveys, and subcontract monitoring. The Director of Quality and Data Management will collaborate with the Director of Quality Assurance for the Region on all Quality Management activities.

The Data Management Team consists of a Data Management Supervisor and five (3) Data Management Specialists. The Data Management Team is responsible for maintaining the records in each of the four service centers and data entry into the three main information systems utilized by the agency – FSFN, ICWSIS, and ARGOS.

Additionally, we contract with Children’s Home Society of Florida, Administrative Services Organization (ASO) that provides the ARGOS information system and ad hoc report capabilities. The Information Systems Administrator serves as the liaison to the ASO.
The Director of Quality and Data Management is required to possess a degree in the human services field and a minimum of 5 years of child welfare experience at a management level, 2 years of quality management experience, and 2 years of data management experience. This position is responsible for the quality management activities of the company, supervision of the quality management personnel, review of quality assurance/improvement reports prior to submission and serving as the quality management contact for the agency (the programmatic contact is the Director of Program Services).

The Quality Management Supervisor is required to possess a degree in the human services field and a minimum of 3 years of quality management experience in child welfare. This position is responsible for managing all quality assurance and continuous quality improvement (CQI) activities within the Quality Management Department.

The Quality Management Specialists are required to possess a degree in the human services field and a minimum of one (1) year of related experience with emphasis on statistics and data analysis. These positions are responsible for data collection, analysis and distribution, case practice reviews, ad hoc reviews, supportive activities outlined in the state’s Program Improvement Plan, working with the various supervisors within the agency through the initiation of quality improvement teams, and numerous other internally directed assurance activities.

The Data Management Supervisor is required to possess a degree in the statistical or human services field and a minimum of 5 years of child welfare information systems experience and database or data analyzing experience. The position is responsible for monitoring and providing supervision pertinent to record maintenance, data collection and timely data entry of programmatic case information to ensure statistical validation related to compliance.

The Data Management Specialists are required to possess a high school diploma and three (3) years of experience in records management and complete data analysis and Excel training. This position is responsible for data collection, preparation for external reviews and maintenance of the client record.
Quality Management Department Organizational Structure

Chief Operating and Information Officer

Director of Quality and Data Management

Quality Management Supervisor

Data Management Supervisor

Quality Management Specialist (3)

Data Management Specialist (5)
Resources utilized to support quality assurance activities, track and report on strategic objectives include the following:

- **Ongoing Internal Communication** – a high level of communication is maintained within each area of the agency. Methods utilized include email, interoffice memo, and formal meetings. Information and data is shared and service delivery is monitored on a daily, weekly, monthly and/or quarterly basis.

- **Data Reports** – Data reports are gathered from a variety of sources and combined to form a single report that is electronically shared with the agency management, staff and/or providers. Various reports are disseminated on a daily, weekly, monthly and quarterly basis. The primary sources of data are FSFN and ICWSIS.

- **FSFN** – Florida Safe Families Network (FSFN) is utilized as the official source of record for all case management activities and other applicable information. The data and functionality contained within the system provide reports as well as determine compliance with multiple outcome measures and internally set benchmarks. This system also serves as an information source during case practice reviews.

- **ICWSIS** – Interim Child Welfare Services Information System is utilized to collect licensing and placement information in order to generate and process invoices for payment for children in licensed care.

- **ARGOS** – ARGOS is a placement tracking software program that allows the company to enter placement data and extract reports to identify needs and trends and serve as a source of information to evaluate compliance.

- **Case Practice Review Tool** – UFF utilizes a standardized tool to review and evaluate case practice. This tool combines a multitude of requirements that meet the required core elements as prescribed by the Department of Children and Families.

- **Various process checklists** – In developing the System of Care, numerous processes have been implemented to drive service delivery and accuracy. These checklists range from Case Transfer Staffing components and Home Study document requirements to Supervisory Reviews. They are intended to serve as a teaching and compliance aid for Case Managers, Supervisors and Program Directors.
• **Document/Process Tracking Systems** – In focusing on compliance, numerous documents and process tracking systems have been implemented to ensure completion, receipt and appropriateness of process execution. These systems range from case transfer packet content and system of care activities (first 30 days) to supervisory reviews and child exit interviews.

• **Reliability and Integrity of Data Assurance** – Through internal and external monitoring of reports, various Quality Assurance activities and on-going case supervision, the reliability and integrity of data is maintained.

All of these components work collectively to drive service delivery, ensure compliance, communicate with management, the Board, interested stakeholders and serve as teaching aids.

### VII. Quality Assurance: Four (4) Principle Outcomes

UFF structures the core basis of our Quality Management Plan to encompass four (4) principle outcome categories:

1. Contract Performance Measures  
2. Internal Strategic Quality Goals  
3. Case Practice Review Findings  
4. Fiscal Management/Revenue Maximization

Various Quality Assurance Activities that support one or more of the categories listed above are conducted on a regular basis that support one or more of the categories listed above.

**Principle Outcome Category 1 – Contract Performance Measures**

The Contract Performance Measures category addresses the measures listed within our contract with the Department of Children and Families and are adjusted annually.
The 2008-2009 contract performance measures are as follows:

<table>
<thead>
<tr>
<th>Measure</th>
<th>Standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>The percentage of children receiving in-home services in a 12-month period who are not victims of reports of verified or indicated maltreatment during services shall be at least ___ percent.</td>
<td>95%</td>
</tr>
<tr>
<td>The percentage of children who are not victims of reports of verified or indicated maltreatment within 6 months after termination of services shall be at least ___ percent.</td>
<td>95%</td>
</tr>
<tr>
<td>The percentage of children served in out-of-home care in a 12-month period who are not victims of reports of verified maltreatment during services shall be at least ___ percent.</td>
<td>99.68%</td>
</tr>
<tr>
<td>The percentage of children under supervision who were visited by the caseworker handling the case at least once every 30 days shall be at least ___ percent.</td>
<td>99.9%</td>
</tr>
<tr>
<td>The average daily rate of children missing from care per 1,000 children in in-home and out-of-home care shall not exceed ___.</td>
<td>10</td>
</tr>
</tbody>
</table>

**Permanency Measures**

<table>
<thead>
<tr>
<th>Measure</th>
<th>Standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>C1.1: The percentage of children reunified who were reunified within 12 months of the latest removal shall be at least ___ percent.</td>
<td>75.2%</td>
</tr>
<tr>
<td>C1.2: The median length of stay for children reunified shall not exceed ___ months.</td>
<td>5.4</td>
</tr>
<tr>
<td>C1.3: The percentage of children entering out-of-home care who were reunified within 12 months of the latest removal shall be at least ___ percent.</td>
<td>48.4%</td>
</tr>
<tr>
<td>C1.4: The percentage of children reunified who re-enter out-of-home care within 12 months shall not exceed ___ percent.</td>
<td>9.9%</td>
</tr>
<tr>
<td>C2.1: The percentage of children adopted who were adopted within 24 months of the latest removal shall be at least ___ percent.</td>
<td>36.6%</td>
</tr>
<tr>
<td>C2.2: The median length of stay for children adopted shall not exceed ___ months.</td>
<td>27.3</td>
</tr>
<tr>
<td>C2.3: The percentage of children in out-of-home care 17 months or longer on July 1 whose adoptions were finalized by June 30 shall be at least ___ percent.</td>
<td>22.7%</td>
</tr>
<tr>
<td>C2.4: The percentage of children in out-of-home care 17 months or longer on July 1(January 1) who became legally free for adoption by December 31 (June 30) shall be at least ___ percent.</td>
<td>10.9%</td>
</tr>
<tr>
<td>C2.5: The percentage of children who were free for adoption on July 1 whose adoptions were finalized by June 30 shall be at least ___ percent.</td>
<td>53.7%</td>
</tr>
<tr>
<td>C3.1: The percentage of children in out-of-home care 24 months or longer on July 1 who achieved permanency prior to their 18th birthday and by June 30 shall be at least ___ percent.</td>
<td>29.1%</td>
</tr>
<tr>
<td>C3.2: Of the children who were discharged from out-of-home care during the fiscal year and who were legally free for adoption at the time of discharge, the percentage that achieved permanency prior to their 18th birthday shall be at least ___ percent.&quot;</td>
<td>98.0%</td>
</tr>
<tr>
<td>C3.3: Of the children who were discharged from out-of-home care during the fiscal year, due to either emancipation or reaching their 18th birthday while in out-of-home care, the percentage that had been in care 3 years or longer shall be no more than ___ percent.</td>
<td>37.5%</td>
</tr>
<tr>
<td>C4.1: The percentage of children in out-of-home care 8 days to 12 months who had two or fewer placement settings shall be at least ___ percent.</td>
<td>86.0%</td>
</tr>
<tr>
<td>C4.2: The percentage of children in out-of-home care at least 12 months but less than 24 months who had two or fewer placement settings shall be at least ___ percent.</td>
<td>65.4%</td>
</tr>
<tr>
<td>C4.3: The percentage of children in out-of-home care at least 24 months who had two or fewer placement settings shall be at least ___ percent.</td>
<td>41.8%</td>
</tr>
<tr>
<td>The number of children with finalized adoptions between July 1, 20__ and June 30, 20__ shall be at least ___.</td>
<td>(Varies)</td>
</tr>
</tbody>
</table>
Each contract performance measure is tracked weekly, monthly and/or quarterly to ensure compliance.

1. Permanency Tracking – measures 3 - 4
2. Data Reports – measures 1 – 21
3. Supervisory Reviews – measures 1 – 21
4. Incident Report Analysis – measures 1 – 3
5. Case Practice Review – measures 1 – 21
6. Senior Management Team Meetings – measures 1 – 21
7. FSFN Validation – measures 1 – 21
8. Communication – measures 1 – 21
9. CMA Peer Review – measures 1 – 21
10. Monitoring Subcontracted Providers – measures 1 – 21

These activities are described in detail in section VIII – Quality Assurance Activities.

Principle Outcome Category 2 – Internal Strategic Quality Goals

The Internal Strategic Quality Goals category is based on the critical areas identified with the Board and Stakeholders in 2005 and has been defined to consist of ten (10) major strategic quality goals for 2006 – 2011.

The Board is updated monthly through the Board Report, as well as semi-annually (at Board retreats), on all United for Families strategic objective performance goals. Data is received through internal data reporting systems such as IRiS, ARGOS the Exit Interview System and automated daily data reports. Externally, data is received through FSFN.

The Strategic Plan can be located at www.uff.us

Specific Quality Assurance activities directly related to this category include the following:

1. Case Transfer Task Tracking
2. System of Care Monitoring
3. Permanency Tracking
4. Data Reports
5. Supervisory Reviews
6. Case Practice Reviews
7. Senior Management Team Meetings
8. FSFN Validation
9. Communication
10. CMA Peer Review
11. Stakeholder Participation
12. Monitoring Subcontracted Providers

These activities are described in detail in Section VIII – Quality Assurance Activities.

**Principle Outcome Category 3 – Case Practice Review Findings**

The Case Practice Review Findings category addresses the quality of case practice as outlined in the core elements prescribed by the Department of Children and Families. The Case Practice Review Findings apply to both in-home and out-of-home cases. The purpose is to provide case management units with data that will aid in service delivery. The target outcome is 80% compliance per unit.

Specific Quality Assurance activities directly related to this category include the following:

1. Case Transfer Task Compliance
2. System of Care Monitoring
3. Permanency Tracking
4. Data Reports
5. Supervisory Reviews
6. Case Practice Reviews
7. Senior Management Team Meetings
8. FSFN Validation
9. CMA Peer Reviews
10. Communication

Detailed process explanation of the case practice review is provided in Section VIII – Quality Assurance Activities.
Principle Outcome Category 4 – Fiscal Management/Revenue Maximization

The Fiscal Management/Revenue Maximization category addresses internal tracking regarding Title IV-E and TANF and validation of the data in FSFN and ICWSIS.

The Federal Funding/Revenue Maximization Department consists of one (1) Eligibility Determination Supervisor who is supervised by the Controller. The Federal Eligibility Determination Supervisor has direct supervision of four (4) Eligibility Determination Specialists who are assigned all duties associated with determining eligibility for federal funding. Responsibilities are assigned by county of service and consist of all out-of-home care clients.

To ensure ongoing training and technical assistance activities comply with changing federal requirements, the Eligibility Determination Supervisor participates in monthly Revenue Maximization statewide conference calls, facilitated by DCF Central Office. Information obtained is disseminated to the Eligibility Determination Specialists in written and verbal form along with supporting documentation, if applicable.

All Region trainings are attended by the Eligibility Determination Supervisor. The Eligibility Determination Supervisor and at least one Eligibility Determination Specialist attend the statewide annual conference. All information is disseminated to the Eligibility Determination Specialists in written form along with supporting documentation, if applicable.

The Region or Central Office Revenue Maximization Specialists provide technical assistance upon request.

Specific Quality Assurance activities directly related to this category include the following:

1. Data Reports
2. Subcontractor Performance Reports
3. Senior Management Team Meetings
4. FSFN Validation
5. Communication
6. Monitoring Subcontracted Providers
7. Federal Funding Compliance Reports
8. Random Validation of Federal Funding Eligibility

These activities are described in detail in Section VIII – Quality Assurance Activities.
UFF conducts a large number of quality assurance activities on a daily, monthly, quarterly and annual basis. The information gained from these activities is collected via various tools and methods and is used to determine compliance and drive service delivery. The resulting reports are shared with UFF management on a weekly/monthly/quarterly basis and with the department monthly. Data and reports are submitted to respective stakeholders no later than 10 days following the reporting month, unless an alternative timeline has been formally negotiated.

The Quality Assurance component begins with continual review of the day-to-day operational data, and numerous quality assurance activities (outlined at the conclusion of this section). Quality Assurance is the ongoing review of data to ensure that required contract outcome measures and internal benchmarks are met. If an area is determined to be deficient or non-compliant, the Quality Management Department assumes the lead role in seeking the appropriate method to address the issue. Methods include, but are not limited to; in-depth reviews of the data to ensure accuracy, development of quality performance improvement teams, specific studies to determine root cause, identification of training needs, and general process evaluation. Through the implementation of one or more methods, assignments are made dependent upon the area of the company that is directly affected. For example, if the agency is not meeting the target for completion of home visits, the Quality Management Department may work with the case management agencies to research barriers, review FSFN entries to determine accuracy, develop a quality improvement team to work to determine root cause, develop solutions, conduct unit comparisons, identify training needs and/or evaluate the process by which home visits are completed or entered into FSFN. If a critical life, health, or safety threat to a child is identified during any quality assurance review, notifications will be made to the appropriate authority. Quality Management will follow up on all situations that fall into this category. The Quality Management Department will notify the CMA Executive Director, Program Director, Unit Supervisor, United for Families CEO and COO of all situations that fall into the category of critical life, health, or safety threats to a child identified during a quality assurance review. The CMA will have 48 hours to respond to the United for Families Quality Management Department with the action steps taken to correct the situation.

The Quality Management Department is the originating source of the method of action. Once the method is decided, the Quality Improvement Team is developed based on the area of concentration within the agency and includes all levels of staff associated with the issue. In the instance of home visits, the Quality Management Department works with the Program Directors, Case Management Supervisors, Case Managers, CBC Trainers and unit support staff to gather
data. Once the cause for non-compliance or poor performance is identified, the Quality Management Department, in conjunction with associated staff, determines what method should be formulated to address the issue. After completion of the quality improvement process, the Quality Management Department supports performance through standardized quality assurance activities or special ad hoc studies to determine increased success and compliance.

The following is a comprehensive list of ongoing and new performance initiatives that United for Families Quality Management Department will continue and/or assume in the upcoming year:

1. **Activity: Case Transfer Staffing Task Compliance – Ongoing Activity**
   **Frequency:** Weekly
   **Process/Methodology:** This activity is designed to ensure that all cases being transferred provide or contain the documents and information necessary for the supervisor and case manager to effectively begin working with the family. The goal is to ensure that all activities and documents that should accompany the case transfer process/file are completed in order for the case manager to have the information necessary to effectively initiate contact and services for the family.

   Case Transfer packets are tracked to ensure compliance with documents and FSFN data entry as outlined in the *Memorandum of Agreement with Protective Investigations and CLS*. The compliance is recorded on an Excel spreadsheet, calculated and reported to the Circuit monthly. FSFN is reviewed to ensure compliance with case creation. Entries are posted in FSFN that outline the initial case transfer compliance and any follow up activities that must occur. In the event that required documents are not received, the Data Management Department secures the documents and enters information into FSFN. This information is shared with the Program Directors and DCF on a monthly basis.

   **Data Tools:** Excel, FSFN

2. **Activity: System of Care Monitoring - Ongoing Activity**
   **Frequency:** Weekly
   **Process/Methodology:** This activity is designed to engage the family in services at the earliest possible time.

   UFF has identified specific activities that need to be completed within the first 30 days of care. These activities include assigning the case to a case manager within 2 days of
case receipt, ensuring family contact within 72 hours of case assignment, engaging the family at the earliest possible time, and ensuring completion of the case plan. This information is shared with the CMA Program Directors on a monthly basis.

**Data Tools:** Excel, FSFN, ad hoc reports from FSFN repository data

3. **Activity: Permanency Tracking - Ongoing Activity**
   **Frequency:** Monthly
   **Process/Methodology:** This activity is designed to evaluate the status of case activities toward achieving permanency. The goal is to systematically track the cases by length of time in care and focus on reunification/permanency while providing the specific case information to the CMA program directors and the UFF Permanency Director.

   This process reviews the cases at specific intervals (3, 5, 9, 11 months) through the life of the case in order to ensure achievement of permanency within required timeframes. This information is shared with the Senior Management Team and the CMA Program Directors on a monthly basis.

   **Data Tools:** Excel, FSFN, ad hoc reports from FSFN repository data

4. **Activity: Data Reports - Ongoing Activity**
   **Frequency:** Daily, Weekly, Monthly, Quarterly, Semi-Annually, Annually
   **Process/Methodology:** This activity is designed to provide constant, ongoing data to all departments within the agency for the purpose of driving service delivery. The goal is to place these issues as a priority in our day-to-day operations and use them as a benchmark to gauge the success of our activities in meeting the service needs of our families.

   Numerous data reports are reviewed on an on going basis at various intervals. The CEO, COO, Quality Management Department, Program Services Director, Finance Department, and the Case Management agencies review this data. Various sources are utilized to collect the data and all are shared with the Senior Management Team and appropriate departments on a weekly basis. If data suggests that our compliance or service delivery is not satisfactory or declines, daily reports are developed to provide an ongoing baseline for monitoring.

   **Data Tools:** FSFN, ICWSIS, ARGOS
5. **Activity: Incident Report Analysis - Ongoing Activity**
   **Frequency:** Monthly
   **Process/Methodology:** This activity is designed to analyze the incident report data and identify trends or concerns. The goal is to ensure that providers are adhering to procedure, that children remain safe and that any concerning trends are identified and addressed (both internally and externally).

Incident reports, both internal and external, are collected by the Incident Reporting Information System (IRiS). The Quality Management Department organizes the data on a monthly basis and analyzes the data based on systematic criteria or categories. Trend reports are created and discussed at the quarterly CQI meetings with providers to address any concerns. Copies of the summary and trend reports are also provided to the UFF Contract Management Department and DCF as requested.

**Data Tools:** IRiS summary and trend reports

6. **Activity: Subcontractor Performance Reports - Ongoing Activity**
   **Frequency:** Quarterly
   **Process/Methodology:** This activity is designed to maintain compliance with the various service outcome measures. The goal is to ensure all subcontractors are meeting the contracted outcome measures and that the designated services are being effectively delivered.

The subcontractor submits monthly reports to the respective contract manager within the Contract Management Department. The reports are specific to the type of contract/services provided and directly reflect progress or compliance with outcome measures. The reports are reviewed and analyzed by the Contract Manager. If the data is consistent with the reporting requirements, the report is then entered into a formal tracking system. Data is collected monthly and provided to the subcontractor quarterly. In the event that the Contract Manager identifies performance trends that need immediate attention, the Contract Manager provides technical support to providers as necessary. The Quality Management Department provides technical support to the Contract Management Department as necessary.
The individual subcontractor performance data is cumulatively compiled on a quarterly basis to determine the overall system of care performance.

**Data Tools:** Subcontractor reports, Excel, quarterly progress reports

7. **Activity:** Federal Funding Compliance Report (Daily Log) - *Ongoing Activity*
   **Frequency:** Daily

   **Process/Methodology:** This activity is designed to ensure that accurate placement type and eligibility data is collected and recorded accurately. The goal is to ensure 95% accuracy of all data.

   Child in Care packets consisting of information necessary to recommend eligibility determination are submitted on a daily basis to the Eligibility Determination Specialist from Case Managers and Protective Investigations. The information is used to complete a Title IV-E/Medicaid application to make a recommendation of presumed IV-E eligibility or Non-IVE if child is illegal alien to Child in Care (CIC) staff in the Department of Economic Self Sufficiency. A notice of case action which includes the child's eligibility determination is from the CIC staff. The Eligibility Determination Supervisor and Eligibility Determination Specialists validate the information prior to utilizing such for the placement or payment of a child in licensed foster care. Discrepancies are addressed immediately with CIC.

   Determination through the information obtained in the CIC packet for all children initially brought into care must be completed within 72 hours of the initial removal. The FSFN report, Eligibility Exception Report and Eligibility Types, is reviewed weekly by the Eligibility Determination Specialist assigned to the respective case(s) who is responsible for obtaining the necessary information from the primary Case Manager or Protective Investigator correcting inaccurate information, if necessary.

   In order to maintain constant supervision of federal funding compliance, the Eligibility Determination Specialists re-determine eligibility on all cases annually. On a monthly basis through the invoice authorization process, the Eligibility Determination Specialists monitor placement types within their assigned county (ies) and communicate changes when child leave paid placement to the CIC office, therefore maintaining appropriate eligibility.

   **Data Tools:** FSFN, CIC paperwork
8. **Activity**: Random Validation of Eligibility – Federal Funding - *Ongoing Activity*
   
   **Frequency**: Monthly
   
   **Process/Methodology**: This activity is designed to assure accuracy of the revenue maximization files. The goal is to ensure 95% accuracy.
   
   On a monthly basis, the Eligibility Determination Supervisor completes random file audits per Eligibility Determination Specialist. The supervisor verifies the paperwork contained within the file against the check sheets that serve as a self-help tool for each Eligibility Determination Specialist. The information is also validated against the Federal Funding Compliance Report/Daily Log.
   
   Incomplete files or inaccuracies in paperwork are returned to the Eligibility Determination Specialist for correction.
   
   **Data Tools**: Federal Funding Compliance Report/Daily Log and eligibility determination files

9. **Activity**: State Program Improvement Plan Supporting Activities - *Ongoing Activity*
   
   **Frequency**: Various
   
   **Process/Methodology**: Based on the current emphasis and requirements outlined in the state Program Improvement Plan, UFF participates in all activities passed to the local Circuit/CBC level. These activities vary based upon specifically identified areas of emphasis.
   
   **Data Tools**: FSFN, internal data collection, internal data analysis

10. **Activity**: Senior Management Team Meetings - *Ongoing Activity*
    
    **Frequency**: Weekly
    
    **Process/Methodology**: This activity is designed to address performance and service delivery issues, ensure the dissemination of information, provide a platform for feedback, discussion, decision-making and planning, and track task completion. The goal is to ensure consistency and cohesiveness within the system of care.
    
    The Senior Management Team meets weekly to discuss issues of performance, service delivery and situational items. Each senior manager of the company (Chief Executive Officer, Chief Operating and Information Officer, Director of Quality & Data Management, Director of Program Services, Chief Financial Officer, Director of Information
Technology, and Director of Development, Chief Legal Council, Grant and Training Manager) attends the meetings.

**Data Tools:** Excel and various reports

11. **Activity:** FSFN Validation - *Ongoing Activity*

**Frequency:** Continual

**Process/Methodology:** This activity is designed to ensure accurate data is entered into the official system of record, FSFN. The goal is to achieve 95% accuracy of all data related to cases.

Based on numerous ad hoc reports developed from the FSFN raw data within the data warehouse, as well as standard reports from within FSFN, information is updated to maintain compliance and/or provide insight to areas of concern.

For areas that cannot be tracked via the system or the raw data, the supervisory review, case practice review and ad hoc target areas are validated through activities associated with each.

**Data Tools:** FSFN and ad hoc internal review tools

12. **Activity:** Exit Interviews *Ongoing Activity*

**Frequency:** Continual

**Process/Methodology:** This activity is designed to meet regulatory requirements and gain feedback from children regarding each placement they experience. The goal is to ensure quality foster homes for children.

The process outlines that exit interviews must be completed by the Case Manager for any child that exits a placement that lasted 30 days or more in duration. The interview form is submitted via the web-based system to UFF for review and data collection. Based on the data, quality improvement activities may be initiated. Data is disseminated to the CMA’s, Program Services, Placement, Licensing Provider, Foster Care Coordinator, Quality Management Department for feedback and review.

**Data Tools:** Exit Interview web-based form, Excel
13. **Activity: Communication**  - *Ongoing Activity*

**Frequency:** Continual  
**Process/Methodology:** This activity is designed to ensure every UFF staff member and stakeholder receives accurate and up to date information in order to drive service delivery and continually enhance the quality of our system of care. The goal is to create a culture of information sharing, ensure accuracy of information and establish a common sense of service delivery.

Communication is provided through three (3) methods; verbal, written and electronic. All communications are based on data obtained from a variety of sources, with FSFN being the primary data source.

**Data Tools:** Interagency memo, email, conferences, telephone calls, video teleconferencing, and Development Department Newsletters on the internet/intranet.

14. **Activity: Local Improvement Plan**  – *Ongoing Activity*

**Frequency – Ongoing/Quarterly**  
**Process/Methodology** – The Local Improvement Plan was created to improve services within the local community. The improvement initiatives are developed by the UFF Senior Management Team along with stakeholder information from annual surveys. The plan lists all of the local improvement initiatives including goals and benchmarks. The Local Improvement Plan is monitored monthly with quarterly updates and submitted to the DCF contract manager. See attached Local Improvement Plan for specific performance improvement initiatives.

**Data Tools:** Internal and external systems, FSFN

15. **Activity: Mid-Year and Annual Reporting**  – *New Activity*

**Frequency:** Semi-Annually  
**Process/Methodology:** CBC’s will compile agency reports. Regions will be responsible for reviewing CBC reports, program data and submitting summary reports to the Office of Family Safety.

**Data Tools:** TBD

**Frequency:** Annually

**Process/Methodology:** This activity is designed to give the UFF Quality Management Department “real time” data in order to provide effective monitoring of contracts. Real time data produces accurate and timely information. Providers receive immediate insight regarding contract performance and compliance and have the opportunity to immediately work with the funder on correcting any issues prior to them escalating.

United for Families Quality Management Department continually assesses the contract monitoring process and will manage the changes made to the process as they develop.

**Data Tools:** Contract Monitoring Tools, United for Families Contract Monitoring Manual


**Frequency:** Monthly/quarterly

**Process/Methodology:** This activity is designed to structure and increased attention to this mandated review process, and obtain information focused on how practice is supporting the outcomes of safety, permanency, and well-being for children. The goal is to review every case quarterly and provide direction to ensure timely achievement of permanency. Front line supervisors review all their open cases, using predefined quality information as well as core elements to assess key practice standards. Supervisory review is intended for immediate corrective feedback and evaluation of case activities that have been completed to achieve permanency. By its fundamental nature supervisory review is intended to provide directional feedback to caseworkers for quality improvement. However, since quality of casework is the most critical aspect of the system, it is also the most timely and earliest opportunity to capture information vital to understanding practice. The supervisory discussion guide or “Mentoring Guide” will be used to conduct the quarterly discussions. The supervisor will document in a case note in FSFN that discussion occurred, summarizing any major points that may need further attention and/or clarification. Any potential characteristics that need to be considered in the future will also be documented. The supervisory discussion guide or “Mentoring Guide” will be presented at United for Families quarterly Continuous Quality Improvement meeting. All CMA supervisors and Program Directors will be in attendance for this meeting and will be advised of the guide contents, review tools to be utilized and the CBC’s expectation of supervisory discussions. Data Information can be made available at the circuit and regional level through FSFN and Quality Management’s Case File Review Tool. The Quality Management Department will be monitoring the system...
and data reports for compliance and quality indicators. QM will be continuously analyzing the quality of the FSFN note to ensure compliance with the “Mentoring Guide”. Additional training needs will be assessed based on the quality of the note, systematic changes and quality improvement initiatives. The analysis of the data will be presented quarterly in our Continuous Quality Improvement (CQI) meetings.

Data Tools: FSFN, Mentor Guide, Supervisory Review Tool

18. Activity: Case File Reviews – New Activity

Frequency: Monthly/Quarterly

Process/Methodology: This activity is designed to focus CMA attention on the quality of their casework and document all pertinent information for Quality Assurance reviews.

**CBC base reviews (3b)**

Quarterly, CBC’s will conduct a case file review of service process compliance and quality. A sample of 25 cases per quarter will be reviewed. The department will select 25 cases to be reviewed quarterly based upon four distinct population groups. The base review will be conducted on 17 of the 25 cases selected for review. The CBC will coordinate with Regional QA the input of the base review results and analysis into the Statewide Automated Review and Data Collection System. The tool will include components of service process compliance that drive child and family outcomes, and outcomes of service quality elements including selected quality practice standards that can be assessed via case file review. The protocol for the review will promote objectivity in assessment. In order to perform this file review function, CBC Quality Management Team will receive the required certification training through the Department of Children and Families. United for Families will track, analyze and report findings as needed by utilizing the internal Case Practice Review Tool Database. This database was designed to provide immediate data for internal, local and state (DCF) information reporting. In addition to the internal Case Practice Review Tool Database, UFF will also use the state web-based QA reporting system to track, analyze and report findings. The transferring and reporting from the UFF system to the state system will be updated as additional information is received in reference to the new state QA web-based reporting system. Attached to this plan is an example of United for Families current web based data collection system.

All staff participating in these reviews will be required to attend DCF QA training.
The local review schedule can be located at [www.uff.us](http://www.uff.us).

**CBC and region side-by-side comprehensive reviews (3c)**

The department will select 25 cases to be reviewed quarterly based upon four distinct population groups; the Side-by-Side review will be conducted on eight of the 25 cases selected for review. The case file review will be completed utilizing the same tool used in the CBC base review. The CBC will coordinate with Regional QA the input of the side-by-side review results and analysis into the Statewide Automated Review and Data Collection System.

The review facilitator will be a DCF Regional employee based upon the criteria being set forth in the new statewide QA plan.

All CBC Quality Management staff will be trained and certified to participate in case file reviews. United for Families will track, analyze and report findings quarterly and as needed to the Region by utilizing the Case Practice Review Tool Data Base. This internal Database was designed to provide immediate data for internal, local and state (DCF) information reporting. Data analysis and reporting will be completed utilizing the statewide QA reporting format currently being developed.

**In-depth quality of practice reviews (3d).**

Quarterly, regions will conduct an in-depth review of the quality of practice by CBC’s for a small (2-3 cases) sub sample of cases from activities 3b and 3c. These reviews will delve deeper into the quality of casework by using interviews with case-specific informants and other techniques (focus group, survey, etc.) to supplement the case file review conducted on the sub sample in activity 3c. The tool will include selected quality practice standards from the tool in 3b and 3c, with some added items or subcomponents of items that may not have been suitable for file review but that can be addressed by stakeholder interview, survey, or other techniques. Regions may add items for local purposes, such as to address Program Improvement Plan or other quality improvement countermeasures. Participants of this review will be Regional Quality Assurance staff.

**Data Tool:** TBD
Regions will provide technical assistance to CBC’s in developing an annual quality assurance plan according to statewide criteria, will review and approve those plans, and will conduct a mid-year assessment of the implementation of the plan. Plan criteria developed by the Family Safety program office will be incorporated into a plan review tool to be developed by that office.

**Data Tools:** TBD

**Executive Management Discretionary Reviews:**

The Secretary or other executive member of the Department may determine at any point during the year that a statewide focus topic review will be conducted and provide guidance on the requirements. These reviews will be based on quality assurance review results, performance improvement plans and various data analyses. This activity will likely require specially designed review tools and other protocols depending on subject matter. Discretionary reviews may also be assigned by regional directors for local purposes. These reviews will include high profile cases. United for Families will respond to all Executive Management Discretionary Reviews and will work closely with Regional Quality Assurance staff in obtaining all required information.

19. **Activity:** Accreditation (through Council on Accreditation) – *New Activity*
   **Frequency:** Ongoing

**Process/Methodology:** The process of national social work accreditation through the Council on Accreditation (and re-accreditation), is an ongoing process that establishes United for Families as an organization that is continuously changing, growing, improving and working towards best practice in the industry. Our dedication to the goal of meeting national standards of excellence demonstrates to our clients, board, staff and clients that we are serious about quality improvement. COA standards serve as a framework to measure CQI. It is the intention of United for Families to adhere to the COA standards and to use those standards diligently in our daily operations as a management tool to analyze our strengths and weaknesses.

United for Families is currently in the process of accreditation and plans to be fully accredited under the COA 8th edition standards by January, 2009.
20. ENABLING CHILDREN IN FOSTER CARE TO DEVELOP THE SKILLS FOR SUCCESSFUL TRANSITION TO ADULTHOOD

A. **Activity:** Increase educational stability for children in foster care. – *New Activity*
   **Frequency:** Monthly
   **Methodology/Process:** This activity was selected due to The Independent Living Program being brought in-house as a direct service that United for Families provides. Redesign of the Independent Living Program currently in progress, is called “Road to Success”. The primary focus is on educational goals and progress. United for Families’ Program Services Department will meet with St. Lucie County and Martin County schools to get educational information, status, etc. on Road to Success youth. Additionally, accessing web-portals for St. Lucie County and Martin County school districts will soon be a reality. The information contained in the web portals (grades, progress, behavior) will bring about stability and greatly enhance the amount of information the program has to work with for the youth. As a result, services will be more personalized.
   **Data Tools:** Web-portal system

B. **Activity:** Increase opportunities and supports to enhance normalcy. – *New Activity*
   **Frequency:** Quarterly
   **Methodology/Process:** "Teen Normalcy Plans" are developed with age-appropriate activities by the youth’s dependency case manager as part of the Road to Success program. Plans are reviewed every 90 days. Additionally, United for Families’ volunteer mentor life coaches from the community are trained and matched to teens. Life Coaches assist, encourage, and guide a foster teen during their critical transition years before they turn 18.
   **Data Tools:** On-site record reviews of Road to Success files

C. **Activity:** Increase youth involvement in developing their case plans. – *New Activity*
   **Frequency:** As appropriate, at development or goal change of case plan
   **Methodology/Process:** The New Road to Success Program will be designed around youth-directed planning. A critical staffing for each youth in care will be held at appropriate intervals and will be directed or guided by the youth.
   **Data Tools:** DCF Record Review Tool
21. INCREASE IN-HOME INTERVENTION AND SUPPORTS

A. **Activity:** Reduce children entering into out-of-home care without compromising safety. – **New Activity**

**Frequency:** Ongoing

**Methodology/Process:** This activity was selected to maintain children in the home without compromising the child’s safety. The new system of care design underway will provide more assessment and support at the initial stages of the case to reduce removals. Mandatory safety in-service training conducted in April 2008, from Regional Family Safety Program staff focused on safety and risk factors. Ensure more frequent utilization of Family Mobile Response Team. Removal trends to be monitored for patterns within units and among individual Child Protective Investigators.

**Data Tools:** CPI Safety Assessment, Team One Assessment

B. **Activity:** Engage the family, especially the father, in determining child’s well being. – **New Activity**

**Frequency:** As appropriate, at development or goal change in case plan

**Methodology/Process:** This activity was selected due to the need for fathers to be stronger participants in the development of their child’s case plan. The new system of care redesign incorporates ‘Family Group Decision Making’ into all cases. This engages family, friends, and other supports of the family in the case planning process to determine positive outcomes toward child safety.

**Data Tools:** Family case plan, Team One assessment

Ongoing status reports on performance improvement initiatives will be communicated to management through agenda items in weekly Senior Management meetings. This information will be captured and communicated to the board and interested stakeholders through monthly board and alliance meeting minutes.

**Local Review Schedule:**

The local review schedule for all quality management activities including Board of Directors Meetings and other activities of local importance is located at [www.uff.us](http://www.uff.us)

**Peer Participation:**

UFF includes peer participation in the day-to-day implementation of the Quality Management Plan. The plan is collaboratively developed with the local Circuit and each department within the agency. It is necessary that a close working relationship needs to be established with the Circuit and Central Region, and this needs to include on-site training in the areas of case file review, quality management plan development, FSFN issues, etc. UFF is encouraged that as
the new plan is implemented, the Circuit and Region will accept the invitation to participate in all quality assurance/improvement activities.

The local community alliance and board participates in the quality management plan implementation through the review and evaluation of performance data and assists in the development of specific plans to address identified needs.

Minimal qualifications of participants strongly depend upon the activity. In specific regards to Case Practice Reviews, the only participants will be Dependency Case Management supervisory staff, UFF Quality Management staff and those from the Region or those that have successfully been identified by the Region as qualified reviewers through case evaluation review, interviews, co-reviewing, etc. for conducting quarterly chart reviews using the Case File Review Tool or other approved monitoring/review tools. Other activities that have been identified as a collaborative effort between the Region, Circuit and UFF include the Circuit participating with UFF Quality Management staff in facilitating “service center days”. This activity will occur one day of the month at each of the four service centers. During this activity, hands on assistance is provided to the Dependency Case Management Supervisors. An additional activity with the Region and the Circuit staff are quarterly Continuous Quality Improvement (CQI) meetings that include updates on FSFN data, UFF quality management initiatives/improvement/activities, data management updates and DCF Circuit/Regional informational updates. Specific qualifications for participation in case practice reviews are outlined within the quality assurance activity process / methodology.

**Stakeholder Participation:**
UFF utilizes input from and feedback to stakeholders through a variety of channels: written surveys, meetings, evaluations, monitoring and data sharing. Stakeholders include the children and families served, personnel, providers, Board of Directors, Department of Children and Families, Community Alliance and community members as a whole. The information gained through each avenue is cumulatively shared with the Senior Management Team for discussion and action. Ideas, concerns and comments are utilized to evaluate our system of care, drive service delivery, identify areas of strength and weakness and provide the agency with an overall means in improving our services. The current Contract Performance Measures located on the Department of Children and Families Dashboard, and any other mutually agreed to at the local level, are communicated monthly to the Board of Directors and stakeholders by the United for Families CEO. The contract performance measures are reported in graph form and are located in the board meeting minutes. Board packets are provided to each board member electronically before the planned meeting and as a handout on the day of the board meeting. All interested
stakeholders receive the contract performance measures report during the monthly board meetings.

The Quality Management Department coordinates the questionnaire and satisfaction survey process. A web-based survey system is used to generate surveys based on criteria and set timelines and to distribute them via email. The results of all surveys are recorded in the back-end database and used to generate reports for analysis. These reports are reviewed by the Senior Management Team, Board of Directors and local Alliance members to assess the overall quality of service to meet the needs of children, families and other stakeholders.

There are five (5) different categories of surveys/questionnaires:

1. Satisfaction of parents/child (ren)
2. Satisfaction of adoptive parents
3. Satisfaction of foster parents
4. Satisfaction of providers
5. Satisfaction of stakeholders (e.g., courts, GAL’s, etc.)

Child and family satisfaction surveys include questions addressing the services the clients received, the professionalism of the staff, the ease with which services were provided, whether or not the clients felt that they received the help they needed, and whether the facilities were convenient. Surveys are aggregated, reviewed and reported by quality management staff. The information resulting from the reports is used to develop new services, change existing services, and to strategically plan.

Consumer satisfaction surveys are administered to those agencies/individuals who work with UFF. This data is also aggregated, reviewed and reported by quality management staff. The information is then used to identify any issues that consumers have not otherwise communicated in order to secure the most positive working relationships between agencies and caregivers.

Each stakeholder group plays a role in the UFF quality assurance/improvement activities both formally and informally. Input from each stakeholder group plays an important role in the strategic planning, ensuring that UFF is sensitive to the needs of each as well as maintaining a system of care that meets the needs of the service community. Feedback is provided through newsletters, data reports, interaction with the print media, public relations efforts and an open door/information exchange policy with our CEO.
Customer Relations: Inquiries, Complaints, and Grievances:

It is the policy of UFF to encourage children, families, and community stakeholders to make inquiries, share concerns, and register complaints in order to continuously improve the quality of services. UFF will ensure a prompt and appropriate response to all inquiries, complaints and concerns that are received verbally or in writing.

Inquiries

An “inquiry” is defined as an issue raised that requires clarification or attention but which may not indicate dissatisfaction with services. Client inquiries may be made to any employee, at any level, within the organization. The employee will seek to resolve the concern quickly and efficiently to the satisfaction of the inquirer. If this cannot be accomplished, the employee will enter the inquiry into the web-based inquiry tracking system. The inquiry will then be routed electronically to the Quality Management department for follow up by a Quality Management Specialist.

The Quality Management Specialist will investigate the inquiry to determine what occurred, making a preliminary assessment about what action is required. The Quality Management Specialist will seek to resolve the concern or problem expressed, making reasonable efforts to obtain resolution as requested by the inquirer. Resolution of the concern or problem will occur in no more than three (3) business days from the date the inquiry was received. The results will be forwarded to all relevant parties.

If satisfactory resolution of the inquiry cannot be obtained within three (3) business days, the inquirer will be offered an opportunity to follow UFF’s grievance procedure in an effort to reach satisfactory resolution.

The Quality Management department will report inquiry data trends on a quarterly basis to the Senior Management Team and the CQI Committee. Data reports include the number of inquiries, average time from inquiry to resolution, and number of inquiries referred as grievances.

Complaints

UFF defines a complaint as dissatisfaction with a case specific issue or service delivery issue, which is received verbally or in writing and for which a response is requested. Complaints are handled by the UFF Quality Management department to provide a point of contact for individuals wishing to file a complaint. Complaints are answered by QM staff during regular business hours or the next business day during non-working hours. QM staff ensure the
complaint polices are explained to the individual filing a complaint and that the policies and procedures are followed.

Within one business day of receipt of the complaint/concern, the designated QM staff member will enter the complaint into a tracking system. The QM staff members are responsible for contacting the individual who made the complaint to obtain the information necessary to complete all required fields in the tracking system. If a complaint was received in written form, the written form will be uploaded into the tracking system.

Confirmation of the complaint and the UFF complaint procedure are forwarded to the complainant. This confirmation informs the complainant that UFF is investigating into the complaint/concern.

The QM staff use the tracking system to document the actions taken after discussing the issue with the caller. All complaints raised will be resolved within 3-5 days or the reason for delay in resolution will be noted in the tracking system. The Quality Management department is responsible for monitoring and tracking the complaint resolution to insure timelines are met.

If any complaint remains unresolved, the issue is referred to the UFF Quality Management Director, and the person issuing the complaint will be advised of further grievance and appeals procedures.

Grievance & Appeals Resolution Process

It is the policy of UFF to respond to all grievances and appeals in a manner that is respectful of individual clients, providers, and others who file a grievance. This policy is included in all contracts with service providers. The grievance and appeals process promotes fair, non-intimidating, and timely resolution.

Grievance and appeals processes for parents:
The Case Manager will explain the grievance and appeals process to the child and family at the initial contact. Grievance and appeals forms are included in the consumer guide that will be provided at initial contact. The following procedure will be followed when a child/youth or a parent files a grievance:

a) In the event that a difference of opinion or conflict occurs, the dissatisfied person(s) is encouraged to bring the specific issue to the attention of the case manager in the context of an inquiry. The forum for this dialog is informal and the results are documented in the appropriate file. Documentation includes the circumstances surrounding the issue and resolution/status.
b) If the concerns are not resolved at the inquiry or complaint level, the case manager will provide the person(s) with the name of his/her supervisor so that the person(s) may speak with them regarding the concern/complaint. This process should move up the chain of command within the case management agency until the issue is resolved.

c) If the management personnel within the case management agency cannot resolve the issue, the CMA shall request a meeting with UFF management and the complainant to discuss the outstanding issue.

d) Final authority to resolve disagreements, if necessary, rests with the UFF Chief Executive Officer. If needed, all data collected will be forwarded to the CEO for final review. The agency designee will notify the person(s) served of the final decision which will be given no later than five (5) days after the CEO receives the request for review.

**Grievances or Appeals Made By CMAs or Providers**

All UFF contracts for services require providers to follow UFF grievance and appeals procedures. If a contract provider wishes to file a grievance, a summary of the process is outlined below:

a) In the event that a difference of opinion or conflict occurs, the dissatisfied provider is encouraged to bring the specific issue to the attention of UFF in the context of an inquiry. The UFF Quality Management department processes all inquiries and provides the response.

b) If the UFF Quality Management department cannot resolve the issue, a meeting with UFF management and the provider will be set to discuss the issue.

c) If the UFF management team and the provider cannot resolve the issue, a meeting with the UFF Chief Executive Officer will be set for final resolution.

d) Final authority to resolve disagreements, if necessary, rests with the UFF Chief Executive Officer. If needed, all data collected will be forwarded to the CEO for final review. The agency designee will notify the provider of the final decision which will be given no later than five (5) days after the CEO receives the request for review.

**Review of all Complaints and Grievances**

On a quarterly basis, the UFF Quality Management Director reviews all complaints and grievances filed within the quarter. Results are reviewed with the UFF Senior Management Team. Timeliness of resolution, corrective actions taken, and customer satisfaction with the resolution is evaluated.
**Monitoring Subcontracted Providers:**

For the 2008-2009 contract period, UFF revised the contracts that govern service provision, developed various tools or methods in determining contract compliance and performance and implemented initiatives to strengthen collaboration. The revisions include service-specific contract measures, monitoring guidelines, monitoring tools specific to the service provided, performance reports, and regularly scheduled provider meetings. All of these functions work together in developing a more effective and efficient system of. Performance of sub-contracted providers will be communicated to the management, Board and stakeholders through annual program exit reviews and monthly board meetings.

The specific section within agency policy that addresses the monitoring activity is as follows:

- UFF monitors the contracted providers in the network through a number of mechanisms. The Contract Manager conducts continuous management and monitoring of activities through on-site visits to providers and through the review of required reports.

- UFF contract staff collect and analyze provider data from FSFN and internal systems on a monthly basis. The contract manager discusses any performance issues with the provider and the actions the provider will take to improve performance. This is documented in the contract file. The contract manager provides technical assistance as necessary. As United for Families evaluates and monitors programs, and new information becomes available, Quality Management Department will work in conjunction with the program and contract management on performance improvement teams, corrective action follow-up and new performance initiatives.

- An invoice tracking log which includes date of service, payment amount, and expenditure type is managed by the contract manager for all active contracts.

- Every contract will undergo an annual monitoring by UFF in accordance with the UFF Contract Monitoring Manual (*Refer UFF Contract Monitoring Manual*). Providers will be required to document corrective actions taken to improve performance in areas found deficient in this monitoring.

**IX. Quality Improvement**

Quality Improvement is implemented based on the level of performance or compliance with each quality assurance activity or other source. Performance and compliance is determined based on established benchmarks and performance expectations. The indication of poor
performance or lack of service delivery is based on data reports and analysis conducted as part of the quality assurance activities.

UFF believes that in order to strengthen our system of care, we must continually strive to:

1. Exceed our established outcomes
2. Improve the quality of our services
3. Address substandard performance

To ensure Excellence and improvement, UFF addresses each area through the Performance Improvement Team approach. Once an area is identified as an area for improvement (based on performance data or reviews), the Team reviews the data and determines who should be assigned as the team leader. The team leader(s) is most often a seasoned staff member(s) that has experience within the department or departments that directly impact the data or performance, while the Quality Management Department provides technical assistance, gathers data and determines trends. The team, which includes members of the Quality Management Department and is required to be inclusive of all levels of staff within the associated department, is responsible to review data provided, conduct an analysis to determine the potential root cause, formulate a solution plan, set target outcomes, implement deployment and monitor progress. The Quality Management Department then ensures continual quality improvement through regular auditing and reporting of the process.

The key to any implementation process is effective and efficient deployment. UFF facilitates quality improvement through careful analysis of processes and resources, training, meeting technical needs, effective communication, and feedback.

Initiatives utilized to enhance and drive deployment are:

- Performance Improvement Plan
- State/Local Program Improvement Plan
- Use of Quality Improvement Teams

The Performance Improvement Plan combines results or outcomes from external and internal reviews, identification of specific indicators and continual evaluation of outcomes. The process for implementation of solution plans is initiated, monitored and evaluated by the Quality Management department in collaboration with the assigned Quality Improvement Team.
The State/Local Program Improvement Plan outlines statewide indicators and identifies outcomes for collaborative improvement throughout each Circuit based on results from the CFSR. The process for implementation is based on action steps collaboratively developed between UFF and the Department of Children and Families – Circuit 19. The Local Improvement Plan is updated quarterly and is designed to track and report on ongoing improvement initiatives.

The use of Performance Improvement Teams combines the indicators outlined in the Quality Improvement Plan and those identified through regular process or procedural evaluation. Multiple Performance Improvement Teams are developed within the delivery system and assigned various tasks or action steps outlined in the solution plan. This team approach strengthens the overall plan deployment.

Data Collection and Analysis

*Data Collection:* In order to effectively address Quality Improvement measures, data collection is completed through two separate processes: external and internal. External data is collected via reports and audits. Internal data is collected through FSFN, ICWSIS, internal tracking processes, case file reviews, and standardized reporting tools.

Data collection is driven by the agency’s established indicators and activities contained within the quality management plan. The frequency of data collection occurs at various scheduled time periods based on data availability, required reports or the status of a performance outcome.

*Data Analysis:* Identifies and verifies root cause through validating strengths, identifying weaknesses and ensuring the quality of the process that directly drives a specific indicator determined through the quality assurance activity to effectively implement the processes. UFF will determine the process of the analysis, ensure valid and accurate data collection, review current procedures and practices, establish desired outcomes and targets, and develop and deploy a plan of solution. For successful and continual quality improvement, UFF will compare the data analyzed at each interval to determine trends. As new information concerning performance is made available, QM will appropriately utilize the data to facilitate improvements in the following manner: focus groups facilitated by QM Department staff and CMA supervisors, PIT Teams (CMA’s and QM Team members), QM Department improvement initiatives, and Performance Improvement Plans. These projects will work to modify and/or improve the processes at the CMA and CBC levels.
To effectively communicate the data, UFF generates reports in the form of lists, tables, graphs and/or charts as required. This information is disseminated to the department, community partners, providers, staff and other interested or related stakeholders.

X. Staff and Provider Training

Training / Staff Development

Training and staff development play a large role in the successful implementation of the Quality Management Plan as well as the quality assurance and quality improvement efforts. Not only do we utilize training to ensure effective deployment of processes but we also provide training on the various quality assurance activities and the appropriate manner in which to successfully complete quality improvement activities. This method has served to enhance both the training program and the quality assurance/improvement initiatives simultaneously.

Case File Review training: The Department of Children and Families Quality Management Department will be providing certification training to all quality management staff responsible for the completion of case practice reviews. These certification trainings will ensure inter-rater reliability, consistent tool utilization, defined intent of questions, and logical analysis of subjectivity. To further support consistency, the Central Region has assigned two Quality Management Specialists to provide technical assistance through the sharing of up-to-date interpretations and guidance associated with the tool.

Pre-service Training, In-service Training

Pre-service Training

Case management staff receives Pre-service training through the Learning Institute operated by Children’s Home Society of Florida. The pre-service training includes structured field activities and classroom training and requires successful completion of a knowledge-based test to achieve Phase I Certification. All pre-service training follows the requirements outlined by state.

In-service Training

Effective July 1, 2006, United for Families will be responsible for coordinating and facilitating all needed staff in-service training, either by directly providing the training or arranging an outside training opportunity. At least quarterly, guest lecturers will be invited to share their expertise with United for Families staff, as well as case management staff, Department of Children and
Families staff, and staff employed by the community network providers. Notice of these trainings will be provided to all staff in calendar format, and will require prior registration. Topics of interest will be determined by the results of an annual Training Needs Assessment. At least one in-service training yearly will be directed at morale and staff retention issues. United for Families provides exceptional quarterly training relating to issues that impact the lives of children and families. Examples include: domestic violence, working with substance abusing families, assessment and intervention, sexually reactive youth, family group decision making, and mobilizing resources for effective service delivery.

XI. National Accreditation:

United for Families is currently pursuing accreditation through the Council on Accreditation (COA). COA is an international, independent, not-for-profit, child and family service and behavioral healthcare accrediting organization. It was founded in 1977 by the Child Welfare League of America and Family Service America (now the Alliance for Children and Families).

Originally known as an accrediting body for family and children's agencies, COA currently accredits 38 different service areas and over 60 types of programs. COA views accreditation as a catalyst for change that builds on an organization’s strengths and helps it achieve better results in all areas.

In our current outcomes-oriented environment, organizations are increasingly called upon to demonstrate the impact of their services. Accreditation is designed to be a framework within which an organization can measure a variety of its achievements.

The value and credibility of COA accreditation are formally recognized in over one hundred distinct instances in forty-four different states, the District of Columbia, as well as British Columbia, Canada. Additionally, the U.S. Department of State has designated COA as the sole national independent accreditor for organizations providing inter-country adoption services in the United States that work with sending countries that have ratified the Hague Treaty. United for Families will be accredited as a Network/Lead Agency under the following Administrative Standards:

- ETH: Ethical Practice
- FIN: Finance
- GOV: Governance
- HR: Human Resources
- PQI: Performance and Quality Improvement
- RPM: Risk Prevention and Management
- ASE: Administrative and Service Environment
Additionally, United for Families will be accredited in 2 areas of program services. Those Service Standards are:

- CSE: Counseling, Support and Education Services
- YIL: Youth Independent Living

Currently, United for Families is engaged in the many tasks associated with accreditation. Including gathering evidence of implementation, revision and development of policies and procedures, organizational self-evaluation and change, and development of the COA required self-study document. The self-study document is due to be submitted to COA in early September, 2008. Eight weeks after receipt of the self-study, a team of reviewers will conduct a site visit to United for Families to clarify/validate the information contained in the self-study.
Locale Entity: United for Families  
Locale: Circuit 19  
Contact: Chad Collins, Chief Operating Officer  
Address: 10570 S Federal Hwy, Ste. 300, Port St. Lucie, FL 34952  
Phone (772) 398-2920 Ext. 307 Fax (772) 398-2925  
Email: chad.collins@uff.us

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<tr>
<th>Outcome or Systemic Factor Needing Improvement</th>
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<th>Method of Measuring and Tracking Goal Improvement</th>
<th>Benchmarks &amp; Milestones Toward Achieving Goal</th>
<th>Status and Comments</th>
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<tbody>
<tr>
<td>1. Repeat Maltreatment (FS101)</td>
<td>The percentage of children not abused or neglected during services will be at least 95%.</td>
<td>FSFN data is extracted from the FSFN production database and placed in the data repository nightly. Quarterly reports posted to the DCF Performance Dashboard are generated after close of business on the 5th working day of the 3rd month following the end of the quarter.</td>
<td>We are exceeding this measure with 97.20%.</td>
<td>As of 4/11/08, the most current dashboard data reflects 97.20%.</td>
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<td>2. Maltreatment in Out-of-Home Care (FS106)</td>
<td>No more than 1% of the children served in out-of-home care shall experience maltreatment.</td>
<td>FSFN data is extracted from the FSFN production database and placed in the data repository nightly. Quarterly reports posted to the DCF Performance Dashboard are generated after close of business on the 5th working day of the 3rd month following the end of the quarter.</td>
<td>We are exceeding this measure with .26%.</td>
<td>As of 4/11/08, the most current dashboard data reflects .26%.</td>
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<td>3. Re-entry into Out-of-Home Care (FS302)</td>
<td>No more than 9% of children are removed within 12 months of a prior reunification.</td>
<td>FSFN data is extracted from the FSFN production database and placed in the data repository nightly. Quarterly reports posted to the DCF Performance Dashboard are generated after close of business on the 5th working day of the 3rd month following the end of the quarter.</td>
<td>Ancillary Monitoring continued this quarter, with Innovative Treatment Services monitored on 3/2/08. At the CQI Meeting on 1/24/08, this measure was explored in focus groups. Shared ideas to enhance this measure included a team approach with family, court, resources, and a support network, reunification planning, partnering between PI and GAL, aftercare planning and relative support. We are exceeding this measure with 3.45%.</td>
<td>As of 4/11/08, the most current dashboard data reflects 3.45%.</td>
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<tr>
<td>4. Time to Reunification (FS301)</td>
<td>The percentage of children reunified who were reunified within 12 months of the latest removal shall be at least 76.2%.</td>
<td>FSFN data is extracted from the FSFN production database and placed in the data repository nightly. Quarterly reports posted to the DCF Performance Dashboard are generated after close of business on the 5th working day of the 3rd month following the end of the quarter. FSFN report program uses repository data to produce a report, “Children Reunified within 12 Months”.</td>
<td></td>
<td>As of 4/11/08, the most current dashboard data reflects 73.44%.</td>
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<td>5. Time to Adoption (FS303)</td>
<td>The percentage of children with finalized adoptions whose adoptions were finalized within 24 months of the latest removal shall be at least 32%.</td>
<td>FSFN data is extracted from the FSFN production database and placed in the data repository nightly. Quarterly reports posted to the DCF Performance Dashboard are generated after close of business on the 5th working day of the 3rd month following the end of the quarter. FSFN report program uses repository data to produce a report, &quot;Children Adopted within 24 Months&quot;.</td>
<td>At the CQI Meeting on 1/24/08, this measure was explored in focus groups. Shared ideas to enhance this measure included permanency staffings at 3, 6, 9, and 11 months to identify adoptive homes, focusing on case plan compliance and being judicious with any requests for extensions, ensuring parents are invited to permanency staffings, requiring CLS to attend permanency staffings at 5 month staffing and at TPR staffing and the &quot;1100 Club&quot;.</td>
<td>As of 4/11/08, the most current dashboard data reflects 45.45%.</td>
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<td>6. Children in Out-of-Home Care More than 12 Months (M0388)</td>
<td>No more than TBD children will be in out-of-home care 12 months or more on June 30, 2008.</td>
<td>FSFN data is extracted from the FSFN production database and placed in the data repository nightly. Monthly reports are generated after close of business on the 5th working day of the month following the report month. FSFN report program uses repository data to produce a report, &quot;Children in Out-of-Home Care by Time in Care&quot;.</td>
<td>At the CQI Meeting on 1/24/08, this measure was explored in focus groups. Shared ideas to enhance this measure included the &quot;1100 Club&quot;, targeted recruitment of adoptive families, diligent efforts to locate relatives/non-relatives and increasing efforts to engage families in early services such as with family team conferencing and permanency staffings with parents.</td>
<td>As of 4/11/08, the most current dashboard data reflects 59.87%.</td>
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<td>7. Number of Finalized Adoptions (FS304)</td>
<td>The number of finalized adoptions shall be 96 by June 30, 2008.</td>
<td>FSFN data is extracted from the FSFN production database and placed in the data repository nightly. Quarterly reports posted to the DCF Performance Dashboard are generated after close of business on the 5th working day of the 3rd month following the end of the quarter. FSFN report program uses repository data to produce a report, “Adoptions Finalized by Month and SFY”.</td>
<td></td>
<td>As of 4/11/08, the most current dashboard data reflects 90.95%.</td>
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<td>8. Children Seen Each Month (FS107)</td>
<td>100% of children under supervision who are required to be seen each month shall be seen each month.</td>
<td>FSFN. data are extracted from the FSFN production database and placed in the data repository nightly. Data are extracted from the production database via automated queries and aggregated on a weekly basis for tracking purposes and on the 5th business day following the end of the month for the official measure.</td>
<td>At the CQI Meeting on 1/24/08, this measure was explored in focus groups. Shared ideas to enhance this measure included Supervisors tracking chronos notes on FSFN, PD’s getting updates from Supervisors, incentives and visiting “difficult/problematic” cases early in the month. Barriers to achieving this goal were identified as spending too much time in court in St. Lucie County and relying on courtesy workers as needed. On target to achieve measure.</td>
<td>As of 4/11/08, the most current dashboard data reflects 99.85%.</td>
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### Locale Entity Performance Improvement Plan & Reporting Instrument

**Reporting Period Ending:** March 31, 2008

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| 9. Decrease in the number of children under supervision. | **Goal:**
The total number of children placed in out of home care will decrease to 1300 or below during the next 12 months. | **“1300 club” meetings** with United for Families, Family Preservation Services and Children’s Home Society Executive Management. FSFN, Auto generated reports, Out-of-home over 12 months and living arrangements over 12 months. | **“1100 club” - Case Management Agencies** meet with United for Families CEO, COO, Legal Counsel and the Permanency Director bi-weekly to review all children in out of home placements and plan possible case closures. | With the progress being made in lowering Circuit 19’s case loads, we have renamed the club to the “1100 club”.

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<th>Date</th>
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<td>09/30/2007</td>
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<td>12/26/2007</td>
<td>1364</td>
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<td>01/31/2008</td>
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CMA’s achievement of “fully staffed” status resultant reduction in case load per worker allows for increased focus on permanency of cases.
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| 10. Increase in Training and Retention for Dependency Case Management Agencies. | **Training Goal:**  
All Dependency Case Managers (DCM) will successfully complete their required Department of Children and Families pre-service training as well as the additional 2 weeks of United for Families in-service training.  
United for Families will offer in-service training on a quarterly basis for staff. | **Surveys will be provided to all participants 6 and 12 months after completion of the 2-week training.**  
**United for Families performs an annual training needs assessment in February of each year to gather training needs by geographical areas.**  
Surveys are provided to all participants during quarterly in-service trainings. The quarterly in-service surveys are aggregated by the Quality Management Department.  
Retention reports will be requested from the Case Management Agencies and will be reviewed during their annual program monitoring. | **United for Families began a 2-week training program for all Dependency Case Managers starting September 2007. The curriculum focused on various modules to enhance participants' understanding of their role as a DCM and the agency as a whole.**  
**United for Families has made 2007 the year of the Dependency Case Manager. Case Manager of the year was implemented for both Case Management Agencies in order to recognize one case manager, each quarter, for outstanding case management work. Case Manager of the quarter receives $250.00 dollars in cash, tickets to Le Bal Masque, etc. Case manager of the year receives $1000.00 dollars in cash, and various other gifts.**  
**United for Families salary increase initiative for DCMs has supported retention** | **United for Families hosted its third in-service training on 3/20/08, “Ethics in Child Welfare”. One hundred and seventy participants attended.**  
**United for Families commenced its supplemental two week training for case managers on 3/13/08. Focus groups are being held with participants who attended the previous courses to assist in the evaluation and development of future training.**  
**United for Families has developed a “Training Needs Assessment” survey and will distribute next quarter.** |
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<tr>
<td>11. Decrease in Racial Disparity Within Dependency Cases in Circuit 19.</td>
<td>Goal: A decrease in the number of the African American population currently documented in our system of care.</td>
<td>United for Families is sorting this data in a manner that will provide root causes, although substance abuse, inadequate supervision, and neglect issues at first blush seem to be heavy factors. Data reports will be generated from the Florida Safe Families Network system including children actively receiving in-home or out-of-home services. The local census data will be utilized for reporting.</td>
<td>Increase access to interpreters in geographical areas within circuit 19 where English is not the first language. Training for all dependency case management staff on cultural diversity and sensitivity. Increase the number of bi-lingual dependency case management staff.</td>
<td>All new Dependency Case Managers received training on cultural diversity and sensitivity during the two week supplemental pre-service training. The Case Management Agency currently has the following numbers of bi-lingual staff: Martin: Three Dependency Case Managers are fluent in Spanish. Okeechobee: One Dependency Case Manager is fluent in Spanish and one in Spanish/Creole. St Lucie: Spanish is spoken by one Program Director and three Dependency Case Managers. Creole is spoken by one Family Support Worker. Two Dependency Case Managers are fluent in sign language. One staff member speaks Hindi/Punjab and one Dependency Case Manager speaks German. Indian River: One Dependency Case Manager is fluent in Spanish.</td>
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| Increase of Voluntary Protective Services Within Circuit 19. | **Goal:**
To increase the number of voluntary protective services cases in Circuit 19. | United for Families Systems Administrator will produce a report utilizing Florida Safe Families Network tracking data consisting of the number of voluntary cases opened and closed semi-annually in circuit 19. | If the Protective Investigator believes that the risk is low to intermediate, with mitigating circumstances and a cooperative family, the Protective investigator will refer the case to United for Families for Voluntary Protective Services. The assigned case manager will contact the family within 48 hours of the case transfer staffing, unless the Protective Investigator or United for Families requests a more immediate response. | United for Families has started to review all cases where children have been removed from their home. This review enables the team to consider whether any additional services could have prevented the children’s removal. A “Fast Track” system has been developed to facilitate earlier intervention by the Case Management Agencies to assist families in crisis. |
| Increase of caregiver support services through United for Families Caregiver Support Program (formerly, RAPP and Mentor programs) | **Goals:**
- 75% of participants will report being satisfied with the program at the end of 12 months.
- The number of disruptions to child placements will decrease by 25%.
- The number of foster parents who rescind their license due to lack of support following a year in the program will decrease by 25%. | Six-month surveys, placement disruptions reports, foster home closure logs | The Caregiver Support Program is designed to provide support to unlicensed relative and non-relative caregivers as well as licensed foster parents. United for Families will address the needs of unlicensed relative and non-relative caregivers by providing support groups, education workshops, and financial support as needed. A Kinship Coordinator, who has experience as a relative caregiver assists with monthly program meetings and facilitates communication between caregivers and United for Families Caregiver Support Coordinator. United for Families will address the needs of foster parents by providing a peer Mentor in each of Circuit 19’s four counties. The Mentor provides 24-hour support to foster parents as needed, particularly to those who are newly licensed and reports to United for Families Caregiver Support Coordinator. | The Caregiver Support program guide is 100% complete. Placement disruptions for foster care children and relative/non-relative placements have declined during this quarter. There is a new Kinship Mentor as of 3/1/08 who is currently a relative caregiver who has benefited from the program and would like to get more relatives/non-relatives involved. Also, United for Families increased the incentive pay from $320.00 a month to $500.00 a month. |
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<tr>
<td>14. Achieving timely Termination of Parental Rights. (TPR)</td>
<td>Goal: Movement of identified TPR cases through the court system in a timely manner.</td>
<td>Data will be gathered and reviewed through Children's Legal Services and the Case Management Agencies for timely submission of documents to all required parties. Data will also be reviewed for timely court Involvement/execution.</td>
<td>United for families' Permanency Director, United for Families' Legal Counsel and Children's Legal Services will meet quarterly to review identified TPR cases.</td>
<td>United for Families Permanency Director provides oversight of all services related to achieving permanency for children. United for Families is currently funding $10,000 for the 2007-2008 fiscal year for a private process server, specifically for utilization in Termination of Parental Rights cases only. United for Families continues to utilize the 1100 club to review all cases over 10 months old on a bi-weekly basis. United for Families is contractually requiring that all cases be reviewed by Case Management at a staffing, reviewing permanency issues not only at the statutorily mandated intervals of 6 and 12 months, but also at 3 and 9 months until permanency has been achieved. The cases are then to be staffed at intervals of 5 and 11 months from the date of removal. For the 2008-2009 fiscal year we requested a contract change from conducting staffings at 3, 6, 9 and 11 months to conducting staffings at 3, 5, 9 and 11 months. This provides an opportunity for the permanency specialist to provide input prior to each Judicial Review.</td>
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<td>Method of Measuring and Tracking Goal Improvement</td>
<td>Benchmarks &amp; Milestones Toward Achieving Goal</td>
<td>Status and Comments</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>------------------------------------------</td>
<td>-------------------------------------------------</td>
<td>---------------------------------------------</td>
<td>--------------------</td>
</tr>
<tr>
<td>15. Implementing and/or Establishing Family Group Decision-Making (FGDM).</td>
<td>Goal: A baseline will be developed for families participating in Family Group Decision-Making by county during 2007-2008 fiscal year.</td>
<td>Participants' children will not come into care within 12 months of participating in the program. Surveys will be provided to all participants following each Family Group Decision Making Conference.</td>
<td>The purpose of the Family Group Decision-Making Program is to permit families to be engaged and empowered to make decisions and develop plans to nurture and protect their children from enduring further abuse and neglect. Family Group Decision Making is characterized as a family-centered, family strength-oriented, culturally based, and community-based practice. The program recognizes that only the families have the pertinent information about themselves that is necessary to make well-informed decisions regarding their lives. As a result, individuals can find security and a sense of belonging within their families.</td>
<td>The Family Group Conference Decision-Making Specialists have re-designed the program guide and have developed the &quot;conference process&quot; outline in English and Spanish. The Family Group Conference Decision-Making Specialists now attend the DCF/UFF transfer staffings. The Family Group Conference Decision-Making Specialists provided training on FGDM to DCF and GAL staff. UFF was selected to receive 1 scholarship of attendance to the National FGDM Conference in Tucson AZ in June 2008. The program guide has been developed. The FGDM program has been working with local churches and is currently partnering with several to facilitate FGDM conferences in their community/meeting rooms. During the quarter there have been 7 Family Group Decision Making Conferences held.</td>
</tr>
</tbody>
</table>
UFF - Quality Management
Compliance and Quality Review Instrument
Dependency Case Management

Review of CERTS for Tracy Bell

For the review period of:
03/20/08 through 03/26/08
<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Child's Gender</th>
<th>Child(ren)'s Dates of Birth</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sydney</td>
<td>Hirsch</td>
<td>Female</td>
<td>6/21/2005</td>
<td>2</td>
</tr>
<tr>
<td>Garrett</td>
<td>Kuehn</td>
<td>Male</td>
<td>3/26/1995</td>
<td>13</td>
</tr>
<tr>
<td>Mackenzie</td>
<td>Kuehn</td>
<td>Female</td>
<td>9/6/1993</td>
<td>14</td>
</tr>
</tbody>
</table>

Date of most recent case opening (MM/DD/YYYY):  7/18/2007

Date of most recent removal from home (out-of-home care cases only) (MM/DD/YYYY):  7/12/2007
Date(s) of previous removal(s) from home (all cases - including if prior to current case start date or review period) (MM/DD/YY)

Indicate the cause of the agency's initial involvement with this child or family. Check all that apply; and place a dot next to the primary reason.

- Physical Abuse
- Sexual Abuse
- Emotional maltreatment
- Neglect (not including medical)
- Medical neglect
- Abandonment
- Mental/physical health of parent
- Mental/physical health of child
- Substance abuse by parent(s)
- Substance abuse by child
- Domestic violence in child's home
- Child in Juvenile Justice system
- Other (specify below)

For children taking psychotropic medications, does the file contain parental consent or an appropriate court order?  Yes  No  N/A

Is there a Targeted Case Manager?  Yes  No
Is there a GAL (Guardian ad Litem) assigned to the case?  Yes  No
**Outcome S1: Children are, first and foremost, protected from abuse and neglect**

Goal for Safety Outcome #1: The victim was seen and the investigation of the report of suspected abuse and neglect was completed in accordance with the State guidelines. During the 6-month period following the initial report, there were not multiple substantiated or indicated reports of maltreatment that were due to the same perpetrator or to the same general circumstances.

### Item # 2

1. Was the child within the family under supervision kept safe from abuse and neglect? (No subsequent reports documenting some indicators or verified findings). 98; s39.001 (3)(a)(1), F.S.; CFSR

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<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
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</table>

2. If the child within the family under supervision was not kept safe from abuse and neglect did the subsequent report(s) involve:

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
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</thead>
<tbody>
<tr>
<td>a. Different perpetrator(s)? 100; CFSR</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Different general circumstances? 100; CFSR</td>
<td></td>
<td></td>
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<tr>
<td>c. If the child within the family under supervision was not kept safe from abuse and neglect were the agency’s interventions to protect the child following the initial report appropriate? (The subsequent maltreatment could not have been prevented.) CFSR</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. Was the child placed in out-of-home care kept safe from abuse and neglect once placed? (No subsequent reports documenting some indicators or verified findings and involve the foster parent, relative, or non-relative caregivers while the child was in out-of-home care?) 98; s39.001(3)(a)(1), F.S.; CFSR

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
</table>

4. If the child placed in out-of-home care was not kept safe from abuse and neglect did the subsequent report(s) involve:

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Different perpetrator(s)? 100; CFSR</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Different general circumstances? 100; CFSR</td>
<td></td>
<td></td>
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</tbody>
</table>

5. If the child placed in out-of-home care was not kept safe from abuse and neglect, were the agency’s interventions to protect the child following the initial report appropriate? (The subsequent maltreatment could not be prevented.) CFSR

### Outcome S2: Children are safely maintained in their homes whenever possible and appropriate.

Goal for Safety Outcome #2: The agency provided family preservation services, family counseling, and other services to prevent the child from being removed from his/her home and to reduce his/her risk of harm. Services were appropriately matched to the family’s needs. The agency provided services to keep the child who was in either licensed or non-licensed out-of-home care safe from abuse and neglect.

### Item # 3

1. For children in their homes during a portion or throughout the review period:

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
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<tbody>
<tr>
<td>a. The case was appropriate for in-home or reunification (post-placement supervision) services. 105; s39.521, F.S.; CFSR</td>
<td></td>
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<tr>
<td>b. Appropriate services are provided to or arranged for the family to protect the child and to prevent removal. s39.001(1)(f), F.S.; CFS</td>
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</table>

### Item # 4

1. There is an ongoing assessment of risk to assure child safety. 41; s39.701, F.S.; CFSR

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<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
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2. There is evidence that child safety was a focus during monthly face-to-face contacts with the mother, the father, the child, and the child’s caregiver. 46; s39.701, F.S.; CFSR

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<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
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</table>
3. During monthly contacts, there is documentation the case manager observed:
   a. The child's physical appearance (particularly as it relates to the factors that resulted in service provision), 47; CFSR
   
   b. The child's interaction with parent(s), caregivers and other significant household members, CFSR.

4. The decision made to place the child in an out-of-home care placement was appropriate given the presenting circumstances at the time the decision was made. 108; S39.401(1), F.S.; CFSR

5. For children placed in out-of-home care, services were provided to keep the child safe from abuse and neglect. s39.001(3)(a)(1), F.S.; CFSR

6. For children placed with relatives/non-relatives, a complete home study was accomplished: 117; CFOP 175-79; s39.521(1)(r) 1-7, F.S.
   a. Appropriate background checks were completed and assessed prior to placement, 117; CFOP 175-79; s39.521(1)(r) 1-7, F.S.
   b. An assessment from a physical inspection of the home environment was completed prior to placement, 117; CFOP 175-79; s39.521(1)(r) 1-7, F.S.
   c. An evaluation of the prospective caregivers' ongoing commitment and capacity to protect the children was conducted prior to placement, 117; CFOP 175-79; s39.521(1)(r) 1-7, F.S.
   d. Services are provided to keep the child safe from abuse and neglect. s39.001(3)(a)(1), F.S.; CFSR

7. There is a justifiable reason for continuation of:
   a. In-home services. 106; s39.701, F.S.; CFS
   b. Out-of-home placement. s39.701, F.S.; CFSR

8. When the child was not kept safe from abuse and neglect during service provision, appropriate services were provided to alleviate risk.** 99; s39.001(3)(a)(1), F.S.

9. When services were provided to alleviate risk as a result of subsequent abuse/neglect, appropriate follow up was completed to ensure the actions taken effectively ameliorated risk.** 101; s39.001(3)(a)(1), F.S.

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**Outcome P1: Children have permanency and stability in their living situations.**

Goal for Permanency Outcome #1: The agency provided services to the child and family to manage the risk of abuse and neglect upon reunification and to prevent the child’s reentry into out-of-home care. While in out-of-home care, the agency provided services to the child and the caregiver(s) to maintain a stable placement and to prevent unnecessary moves. The agency appropriately matched the child’s permanency goal to his needs.

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**Item # 5**

1. Entries during the period under review did not occur within a 12-month period of the child being discharged from another out-of-home care entry. 109, CFSR

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**Item # 6**

1. The child had no placement changes during this episode of care. 121; CFSR
<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.</td>
<td>If placement changes occurred, they were for reasons directly related to helping the child achieve the goals in the case plan. 124; CFSR</td>
<td>☐ Yes ☐ No ☐ N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Efforts were made by the agency to prevent unnecessary moves. CFSR</td>
<td>☐ Yes ☐ No ☐ N/A</td>
<td></td>
<td></td>
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<tr>
<td>4.</td>
<td>Placement settings were appropriate to the child's needs. ss39.001(i), 39.601(3)(b), F.S.; CFSR</td>
<td>☐ Yes ☐ No ☐ N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>The case plan indicates the child's current placement.* 83; ss39.601(3)(a)(b)(e), F.S.</td>
<td>☐ Yes ☐ No ☐ N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>The case plan explains why the child's placement in a residential or group home is appropriate.* 84; ss 39.523(1), 39.601(3)(b)(e), 39.701(7)(a)8, F.S.</td>
<td>☐ Yes ☐ No ☐ N/A</td>
<td></td>
<td></td>
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<tr>
<td>7.</td>
<td>The case manager discussed achieving the case plan goal in contacts with the child's out-of-home caregivers. 44; ss39.701(7)(a)4, F.S.</td>
<td>☐ Yes ☐ No ☐ N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>The child's out-of-home caregiver was involved or was given the opportunity to be involved in the development of the case plan. 72; ss39.601(3)(e), F.S.</td>
<td>☐ Yes ☐ No ☐ N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>The case manager visited the out-of-home caregiver monthly in the home. 137; ss39.701(7)(a)4, F.S.</td>
<td>☐ Yes ☐ No ☐ N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>The out-of-home caregiver was notified of court hearings.* 92; ss39.502(6), 30.701(5)(b), F.S.; CFSR</td>
<td>☐ Yes ☐ No ☐ N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td>The out-of-home caregiver was given an opportunity to be heard at court hearings.* 92; ss39.701(7)(a)6,(d), F.S.; CFSR</td>
<td>☐ Yes ☐ No ☐ N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td>The current placement setting is stable, i.e., no apparent or significant risks of projected placement disruption. 126; CFSR</td>
<td>☐ Yes ☐ No ☐ N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13.</td>
<td>The parent(s) were notified of all changes in the child's placement. CFSR</td>
<td>☐ Yes ☐ No ☐ N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14.</td>
<td>The court was informed of the: &lt;ul&gt;&lt;li&gt;a. Number and types of placements the child has had; ss39.701(7)(a)8, F.S, and the &lt;br&gt;☐ Yes ☐ No ☐ N/A&lt;/li&gt;&lt;li&gt;b. Reason for any change in the child's placement. ss39.701(7)(a)8, F.S. &lt;br&gt;☐ Yes ☐ No ☐ N/A&lt;/li&gt;&lt;/ul&gt;</td>
<td>No JR.</td>
<td></td>
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</tbody>
</table>

**Item # 7**

1. The child's permanency goal is appropriate. 39; ss39.601(3)(a), 39.621, F.S.; CFSR | ☐ Yes ☐ No ☐ N/A |
2. The case plan included appropriate tasks for the case manager. 75d; ss39.601(1)(c),(2)(b),(3)(g)-(j), F.S.; CFSR | ☐ Yes ☐ No ☐ N/A |
3. The case manager is correctly listed in HomeSafenet (HSn). 187 | ☐ Yes ☐ No ☐ N/A |
4. The court was informed of the: <ul><li>a. Reasonable efforts made to prevent the child's removal. (This review element is applied to out-of-home care cases only.) ss39.521(1)(f)1-3, F.S. <br>☐ Yes ☐ No ☐ N/A No JR.</li><li>b. Continuing appropriateness of, and necessity for, the child's placement status, including reasonable efforts to return the child to the home or achieve other permanency status. (The applies to out-of-home <br>☐ Yes ☐ No ☐ N/A No JR.</li></ul>
<table>
<thead>
<tr>
<th>Item # 8</th>
<th>1. The goal was achieved within 12 months of the child's most recent entry into out-of-home care. CFSR</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Less than 12 months.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2. If the goal was not achieved within 12 months of the child's most recent entry into out-of-home care:</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a. The agency identified barriers to achieving the goal, CFSR and</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b. The agency is taking/took steps to facilitate the goal achievement. CFSR</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Item # 9</td>
<td>1. The birth parents were notified in writing of the adoption reunion registry prior to TPR. 155; s63.165, F.S.</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2. The delays in freeing the child for adoption are outside of the agency's ability to correct. 148; s39.703, F.S.; CFSR</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3. The child was registered on the adoption exchange within 30 days of the TPR Order. 151; s409.167, F.S.; CFSR</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>
4. The child was web authorized on the State, regional and national adoption exchanges if not placed in an adoptive home within 90 days of the TPR order. 152; s409.167, F.S.; CFSR

5. The agency is taking/has taken steps to identify, recruit, process and approve an adoptive family that matches the child's needs. ss39.601(3)(i),39.812(7), F.S.; CFSR

6. The pre-adoptive parents were notified of court hearings.* 92; ss39.502(6), 39.701(5)(e), F.S.; CFSR

7. The pre-adoptive parents were given an opportunity to be heard at court hearings. 92; ss39.701(7)(d),F.S.; CFSR

8. A complete adoptive home study was accomplished by the agency to include: 158; s63.092(3), F.S.; 65C-16.004,005, F.A.C.
   a. Application to Adopt is less than 12 months old,
   b. Notarized Affidavit of Good Moral character,
   c. Background record checks, to include:
   i. Fingerprints (FBI clearance within 1 year for recruited, every 5 years for foster parents or relatives)
   ii. FDLE current within 90 days of placement,
   iii. Local law enforcement current within 90 days of placement,
   iv. Abuse Hotline,
   d. Five (5) References,
   e. Marriage License,
   f. All Divorce Decrees, and
   g. Income and Expenditure Sheet.

9. The adoptive parents were notified in writing of the adoption reunion registry prior to the adoption placement. 157; s

10. The agency is taking/has taken steps to place the child for adoption: prepare the child for adoption, and transition the child into an adoptive placement. ss39.701(7)(c) F.S.; CFSR

11. The adoption was finalized within 24 months of the most recent entry into out-of-home care. CFSR

Item # 10

1. For the child with an “other” planned permanency goal, the more permanent goals of reunification, adoption, long-term custody to a relative or legal guardianship have been considered and appropriately ruled out. 142;

2. Review of the goal for continued appropriateness is done regularly by the agency. CFSR

3. For those children with a goal of long-term licensed custody, the following criteria were met:
Outcome P2: The continuity of family relationships and connections is preserved for children.

Goal for Permanency Outcome #2: The child was placed in close proximity to his parents, extended family, and neighborhood to promote an enhanced relationship with family members. Regular visitation with parents and siblings, when appropriate, was facilitated by the agency. Relatives were appropriately assessed for placement and the agency ensured the child's primary connections were preserved when in out-of-home placement.

### Item # 11

1. The child is placed in the same community or county as the parent(s) and/or extended family members. 144; s39.601(3)(e), F.S.; CFSR

2. For the child placed outside the residential community or county of his parent(s):
   - a. The reason was clearly related to the best interests of the child. 144; s39.601(3)(e), F.S.; CFSR
   - b. If the child is placed out of state, the placement was approved through ICPC. 145; s39.601(3)(e), F.S.; CFSR

### Item # 12

1. The child and all siblings in out-of-home care were placed together. 128; s39.001(1)(k), F.S.; CFSR

2. When the child and all siblings in out-of-home care were not placed together, there was clear evidence that separation was necessary to meet the needs of one of the children. 129; s39.001(1)(k), F.S.; CFSR

### Item # 13

1. The child has routine and regular visitation with his parent(s). s39.601(3)(d), F.S.; CFSR

2. The child has routine and regular visitation with his siblings separated in other out-of-home care placements. 130; s39.601(3)(d), F.S.; CFSR

3. The child was afforded other means of contact with his parent(s). CFSR

4. The child was afforded other means of contact with his siblings separated in other out-of-home care placements. s39.

5. The case plan includes visitation and other contact plans with parents and/or siblings separated in other out-of-home care placements. 87h; s39.601(3)(d), F.S.; CFSR

6. The parents were notified of all changes in visitation privileges. 96; CFSR
1. The child’s primary connections to his/her neighborhood, community, faith, family, and friends were maintained in the out-of-home placement. 127; CFSR

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
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</table>

2. The child’s and his family’s unique characteristics – language, religion, values and beliefs, traditions, and background – are/were supported in the child’s out-of-home care placement. 127; s39.001(1)(i), F.S.

<table>
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<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
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</table>

3. If the child is Native American/Alaska Native, his interests are/were addressed through:
   a. Timely notification of the tribe, and 133; s39.001(1)(d), F.S.; CFSR

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
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</table>
   b. Placement with the child’s extended family or tribe. 134; s39.001(1)(d), F.S.; CFSR

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<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
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</table>

4. The court was kept informed of the progress of diligent search by the agency until excused. 97; s39.502(8)(9), F.S.

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<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
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</table>

5. Relationships between the child and his mother/father have been accurately identified in HomeSafenet. 190

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
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**Item # 15**

1. The non-custodial parent, if applicable, was considered a placement resource before consideration was given to relati

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<th></th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
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2. Both maternal and paternal relatives are/were sought out and evaluated as a potential placement resource. CFSR

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<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
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</table>

3. For the child not placed with relatives, relatives were considered for placement. 115; s39.5085(c), F.S.; CFSR

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<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
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</table>

4. The child’s relatives were continually assessed as placement resources throughout the life of the case. CFSR

<table>
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<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
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</table>

**Item # 16**

1. The agency is making efforts to promote and maintain a strong, emotionally supportive relationship between the child and his parent(s) through visits and other contacts. 136; CFSR

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<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
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</table>

2. The agency encourages and supports parental participation in activities with the child, e.g., school functions, special occasions, medical appointments, etc. CFSR

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<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
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</table>

3. The agency encourages and supports parental involvement in making decisions about the child’s needs and activities.

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<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
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</thead>
</table>

**Outcome WB1: Families have enhanced capacity to provide for their children’s needs.**

Goal for Well Being Outcome #1: The agency assessed the needs and services of the child, family and caregivers and provided appropriate services based on identified needs. Age appropriate children and relevant family members were involved in the development of initial case plans and in ongoing case planning activities. Agency contact with children and parents was consistent with the needs of the child and parent and sufficient to ensure the child’s safety, permanency and well-being.

**Item # 17**

1. Contact with the child, the parent(s) or caregiver to initiate service provision was made within a reasonable amount of time following acceptance of the case. 48

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
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</thead>
</table>

2. The case manager has identified tasks and needed services consistent with the case plan goal for the child, child’s mother, child’s father, child’s out-of-home caregivers, and others. 49, 75; ss39.601(2)(b),(3)(e)(h), F.S.; CFSR

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
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</table>

3. The case manager has arranged for services needed to attain the case plan goal, for the child, child’s mother, child’s father, and child’s out-of-home caregivers. 51; ss39.601(1)(c),(2)(b),(3)(g)-(j), F.S.; CFSR

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
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<tbody>
<tr>
<td>Item #</td>
<td>Description</td>
<td>Yes</td>
<td>No</td>
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<td>--------</td>
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<td>4.</td>
<td>Substance abuse treatment if applicable, was documented for the child's mother, and the child's father. ss39.601(2)(b),(3)(e)(h), F.S.; CFSR</td>
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<tr>
<td>5.</td>
<td>The case manager communicated with service providers about the effectiveness of the services for the child, child's mother, child's father, and child's out-of-home caregivers. 53; CFSR</td>
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<tr>
<td>6.</td>
<td>A current family assessment for children placed with relatives or non-relatives if applicable, was documented upon initiation of services, and every 6 months. 120</td>
<td></td>
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<tr>
<td>7.</td>
<td>The DJJ “Youth Requirements/Supervision Plan” is in the case record if applicable. 184</td>
<td></td>
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<tr>
<td>8.</td>
<td>For adolescents age 13 – 15 years:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a.</td>
<td>A pre-independent living assessment was completed .163; s409.1451(4)(a), F.S.; CFSR</td>
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<tr>
<td>b.</td>
<td>Services based on the pre-independent living assessment, were provided. ** 165; s39.601 (3)(h), F.S.; CFSR</td>
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<td>9.</td>
<td>For adolescents age 16 – 17 years:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a.</td>
<td>A formal independent living plan was developed. 169</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b.</td>
<td>Services consistent with the youth's formal independent living plan were provided. ** 172; s409.145, F.S.; CFSR</td>
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<tr>
<td>10.</td>
<td>For adolescents age 16 – 17 years without a formal independent living plan, services that address goals, skills and needed services, were offered. ** 170; s409.1451 F.S.; CFSR</td>
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<tr>
<td>11.</td>
<td>Supervisory reviews: occurred quarterly for service cases, and appropriate guidance and case direction were provided. 57,59; CFOP 175-42</td>
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<tr>
<td>12.</td>
<td>Services were provided to the child for a minimum of 6 months after reunification or placement in the home of the current caregiver before case closure.** 61; ss39.521(3)(a), 39.701.(1)(b), F.S.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.</td>
<td>The initial case plan was developed within 60 days of initial contact with the family for in-home supervision cases.* 70; s39.601(9)(a), F.S.</td>
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<tr>
<td>2.</td>
<td>The initial case plan was developed with the family within 60 days of the child's removal for out-of-home cases.* 70; s39.601(9)(a), F.S.</td>
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<tr>
<td>3.</td>
<td>The following individuals participated or were given the opportunity to participate in the development of the case plan: the mother, the father, the child if age and developmentally appropriate. 72; s39.601(1)(a), F.S., and caregiver.</td>
<td></td>
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<tr>
<td>4.</td>
<td>The following individuals were actively engaged in completing case plan tasks and services: the mother, father, child, and caregiver. 52; s39.701(7)(a) 1-11, F.S.</td>
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<tr>
<td>5.</td>
<td>The following individuals were actively involved in ongoing case planning activities (relative to modifications to existing case plan): mother, father, child, and caregiver.* 88; s39.701(7)(a) 1-11, F.S.; CFSR</td>
<td></td>
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<tr>
<td>6.</td>
<td>The following individuals were notified of court hearings: mother, father, child.* 92; ss39.502(6),701(5)(c), F.S. and caregiver.* 92; s39.701(5)(b), F.S.</td>
<td></td>
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<tr>
<td>7.</td>
<td>The following individuals were given an opportunity to be heard at court hearings: mother, father, child, 92 and caregiver. 92; s39.701(7)(d), F.S.</td>
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<td>8.</td>
<td>There is a current – not expired – case plan. * 71; ss39.601,602, F.S.</td>
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</tbody>
</table>
9. The case plan was amended to reflect changes in the goal, tasks and services, and placement type.* 89; s39.601(9)(f), F.S.

10. A staffing was held to discuss the transition into adulthood for an adolescent age 6 months prior to their 18th birthday. 178; s409.1451, F.S.

### Item # 19
1. A minimum of monthly face-to-face home visits occurred between the case manager and the child. 42; CFSR

2. Visits between the case manager and the child focused on issues pertinent to case planning, service delivery, and goal attainment. 44,45; CFSR

### Item # 20
1. A minimum of monthly face-to-face home visits occurred between the case manager and the parents when the goal was reunification. 43; s39.601(1)(c), F.S.

2. A minimum of monthly face-to-face home visits occurred between the case manager and the parents when the goal was maintain and strengthen. 43; s39.601(1)(c), F.S.

3. Visits between the case manager and the parents focused on issues pertinent to case planning, service delivery, and goal attainment. 44, 45; s39.601(1)(c), F.S.

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**Outcome WB2: Children receive appropriate services to meet their educational needs.**

Goal for WB Outcome #2: The agency assessed the child’s educational issues and made extensive efforts to address the child’s educational needs through the school system or other early intervention providers, if needed. The agency ensured continuity of the child’s educational placement. All applicable educational records were provided to out-of-home caregivers and were included in the case plan and case record.

### Item # 21
1. The case plan includes the following:
   a. Names and addresses of child’s current educational providers; 87
   b. Explanation regarding why the child was moved to a new school if the child attends a different school as a result of the placement; 87; CFSR
   c. Child’s school records (e.g., most recent report card). 87; CFSR

2a. Educational needs for the child have been identified, and formally addressed in the case plan. 54; s39.601(3)(f), F.S.; CFSR

2b. The case manager has monitored the results of the service provision to meet the child’s educational needs and determined whether progress has been made, and emerging needs or problems have been identified and addressed. 56; s39.701(7)(a)9, F.S.; CFSR

3. The case manager has advocated with the educational/school system to obtain educational services to meet the child’s needs if applicable. 55; s39.701(7)(a)9, F.S.; CFSR

4. The case manager has provided the child’s education records to the out-of-home caregiver. CFSR

5. The child’s school placement has been stable. 138; CFSR

6. The case manager has advised the court of:
   a. Number of times the child’s educational placement has been changed; s39.701(7)(a) 9, F.S.
### Outcome WB3: Children receive adequate services to meet their physical and mental health needs.

Goal for WB Outcome #3: The child's physical health needs (including follow-up services) were addressed in the following through preventive health care, preventive dental care, immunizations, treatment for identified health needs, treatment for identified dental needs and by providing health records to out-of-home caregivers. The agency ensured the child received an initial mental health assessment or screening and provided appropriate services to address identified mental health needs, if indicated.

#### Item # 22

1. The child's health needs are being met through:
   - a. Preventive healthcare; 63; s39.001(1)(a), F.S.; CFSR  ○ Yes  ○ No  ○ N/A
   - b. Appropriate treatment for identified needs; 63; s39.001(1)(a), F.S.; CFSR  ○ Yes  ○ No  ○ N/A
   - c. Preventive dental; 63; s39.001(1)(a), F.S.; CFSR  ○ Yes  ○ No  ○ N/A
   - d. Appropriate treatment for identified dental needs; 63; s39.001(1)(a), F.S.; CFSR and  ○ Yes  ○ No  ○ N/A
   - e. Immunization. 63; s39.001(1)(a), F.S.; CFSR  ○ Yes  ○ No  ○ N/A

2. An initial health screening was provided within 72 hours of removal if the child was in out of home care. 64; s39.407(1), F.S.  ○ Yes  ○ No  ○ N/A  None.

3. The case plan for the child includes:
   - a. Names and addresses of health care providers; 87a; s39.601(3)(j), F.S.  ○ Yes  ○ No  ○ N/A
   - b. Current immunization history; and 87b; s39.601(3)(j), F.S.  ○ Yes  ○ No  ○ N/A
   - c. Known medical health conditions and medications.* 87c; s39.601(3)(j), F.S.; CFSR  ○ Yes  ○ No  ○ N/A

4. A pre-placement physical examination was conducted on the child within 6 months of signing the memorandum of agreement for adoptive placement. 156; s39.810 (4), F.S.; 65c-16.002 (7)(f) F.A.C  ○ Yes  ○ No  ○ N/A

#### Item # 23

1. The child's mental health needs were identified through assessment or screening. 65; ss39, 394, F.S.; CFSR  ○ Yes  ○ No  ○ N/A

2. When an assessment or screening indicated a need for services, a referral for further assessment was made within 30 days of the initial assessment or screening. 66; ss39,394, F.S.; CFSR  ○ Yes  ○ No  ○ N/A

3. A Comprehensive Behavioral Health Assessment (CBHA) was conducted and included a review of four domains: behavioral, educational, health and home environment, and was completed and signed by a licensed mental health professional or certified addictions case manager within 30 days of removal of the child. 67; CFOP 155-10; ss39, 394, F.S.  ○ Yes  ○ No  ○ N/A

4. The case file documents the reason(s) the CBHA was not completed and signed by a licensed mental health professional or certified addictions counselor within 30 days of the child's removal. 67; CFOP 155-10  ○ Yes  ○ No  ○ N/A
5. When treatment needs were indicated in the CBHA, a referral for services, further assessment and/or treatment was completed within the same 30-day time frame allowed for the CBHA. * 68; CFOP 155-10  

6. The case file documents the reason(s) a referral for services, further assessment and/or treatment recommended in the CBHA was not made within the same 30-day time frame allowed for the CBHA. * 68; CFOP 155-10.

7. Mental health and/or substance abuse services provided to the child were consistent with the identified needs and/or recommendations in the CBHA, including the type, frequency, duration, location and name of the provider. 80;

8. Mental health and/or substance abuse services recommended for the child in the CBHA were implemented within 30 days of the completed referral(s).** 69; CFOP 155-10; ss39.601(2)(b),(3)(e)(h), F.S.

9. When mental health and/or substance abuse services recommended in the CBHA for the child were not implemented within 30-ays of the completed referral(s), the reason(s) was documented in the case file.* 69; CFOP 155-10

10. Substance abuse treatment was documented for the child if needed. 82c; ss39.601(2)(b),(3)(e)(h), F.S.

11. The case plan includes for the child:
   a. Names and addresses of health care providers. 87a; s39.601(3)(j), F.S.; CFSR
   b. Known mental health conditions and medications.* 87c; s39.601(3)(j), F.S.; CFSR

12. An assessment for Residential Group Care (RGC) was completed for the child 11 years of age or older who has been removed 6 months or longer, and has had more than one placement. 112; s39.523, F.S.

---

**CERT RECORD REVIEW ADDENDUM**

**Quality Indicators**

<table>
<thead>
<tr>
<th>1. There is a current copy of the H5n ID Summary in the file.</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Birth Certificates or Birth Verification forms for all children related to the case are in the file.</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>3. Social Security cards or SS numbers are present in the file for all children related to the case.</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>4. There is an updated photo in the file for all children related to the case, including full name of child and date photo taken documented on the photo.</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>5. Fingerprint/footprint cards for all children related to the case are in the file.</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>6. A copy of the shelter petition is in the file, if appropriate.</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>7. A copy of the shelter order is in the file, if appropriate.</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>8. A copy of the Dependency Petition is in the file, if appropriate.</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>9. A copy of the Dependency Order or Order of Adjudication is in the file, if appropriate.</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
</tbody>
</table>
10. A Permanency Staffing was held with all pertinent parties at 11 months or sooner.  

11. There is clear documentation of case transfer from PI Unit to DCM Unit.  

* If appropriate, a current, signed and dated consent form authorizing the release of confidential information to specific providers is in the file.  

12. If indicators of sexual abuse victimization or other outlying behaviors with regard to sexual behavior are present, a safety plan has been completed per DCF guidelines, is signed, dated and a copy is in the file.  

13. Home Visit Forms are signed by all parties seen and the DCM, dated, and clearly delineate the time parameters of the visit? (i.e., 1:00 – 2:30 PM)  

* The DCM and/or DCM supervisor signed, dated and credentialed all notes, summaries and reports.  

* All documentation in the file is related to the case. (There should be no misfiled documentation)  

* Print-outs of all (monthly at a minimum) HSn case notes are in the file.  

* There are NO abbreviations in any documentation completed by the DCM or DCM supervisor of record.  

14. FSFN notes are composed /documented in a professional manner.  

15. FSFN notes are purposeful, individualized, address emerging issues and related to the reason for services.  

16. Client names are spelled correctly and there are not several different spellings of client names contained in the file  

* Documentation in the file is legible.  

* Errors are crossed out with one line only and initialed.  

* There is no evidence of correction fluid use.  

* There is evidence of client progress/updates shared with Providers, GAL’s, Court, and Caregivers as appropriate.  

17. There is clear documentation of a meaningful supervisory review conducted every 90 days, at a minimum.  

* There is no evidence of duplicate or multiple copies of court documents in the file.  

18. If a CPT referral has been made the final report/summary is in the file.  

* There is no evidence of doodling on legal or other documentation in the file.  

* The majority of the documentation is filed in the proper sections according to the indexes.
* Eligibility paperwork, TANF applications, Medicaid or other insurance #’s are in the file as appropriate.  

<table>
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<tr>
<th></th>
<th>Yes</th>
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* The file does not contain loose paperwork, notes scribbled on scrap paper and/or sticky notes.  

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<th></th>
<th>Yes</th>
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<th>N/A</th>
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* The various volumes pertaining to the case are in good condition.  

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<th></th>
<th>Yes</th>
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<th>N/A</th>
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* There is evidence that the file contains current, (not to exceed one year) signed consents/medication orders for all children taking psychotropic medication.  

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<tr>
<th></th>
<th>Yes</th>
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<th>N/A</th>
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19. A reunification staffing was held within the appropriate timeframe.  

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<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
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</table>

20. The home study contained in the file is comprehensive and detailed, providing a clear picture of the family home, relationships and finances.  

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<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
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21. The Normalcy Plan was completed by the DCM for all youths ages 13-17 in licensed care and reviewed every 90 days.  

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<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
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22. The ILP Staffing/Case Plan Form was completed 1 X per year for youths ages 13-14 and completed every 6 months for youths ages 15-17, and signed by the youth.  

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<th></th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
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23. SIL Assessments were completed for youths ages 16-17.  

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<th></th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
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</table>

24. The Ansell Casey Life Skills Assessment was conducted yearly for youths ages 13-17.  

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<th></th>
<th>Yes</th>
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<th>N/A</th>
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* These questions are only valid for CERTS completed between 7-1-07 and 1-31-08.

**Reviewer’s Comments:**

Children seen monthly, not every 30 days.
## Case Practice Review Tool
### Face Sheet

<table>
<thead>
<tr>
<th>District/Region/CBC Lead Agency</th>
<th>Case Name</th>
<th>Period under review</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>Reviewer:</th>
<th>Date case reviewed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kulscar, Suzanne</td>
<td>3/25/2008</td>
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</tbody>
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<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Child's Gender</th>
<th>MM/DD/YYYY</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ethan</td>
<td>Garver</td>
<td>Male</td>
<td>10/15/2006</td>
<td>1</td>
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<tr>
<th>Child(ren)'s Dates of Birth</th>
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<table>
<thead>
<tr>
<th>Type of case reviewed:</th>
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</thead>
<tbody>
<tr>
<td>☑ Out-of-home care</td>
</tr>
<tr>
<td>☐ Child in-home services</td>
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</table>

(Child was in out-of-home care for all or some portion of the period under review)

- ☐ Child was out-of home for some of the review period
- ☑ Child was out-of home for all of the review period

**Date of most recent case opening (MM/DD/YYYY):** 3/16/2007

**Date of most recent removal from home (out-of-home care cases only) (MM/DD/YYYY):** 3/16/2007

**Date(s) of previous removal(s) from home** (all cases - including if prior to current case start date or review period) (MM/DD/YY)

**Date child returned home from most recent out-of-home episode (out-of-home care cases only) (MM/DD/YYYY):**

**Date case closed (if applicable) (MM/DD/YYYY):**

Indicate the cause of the agency's initial involvement with this child or family. Check all that apply; and place a dot next to the primary reason.

- ☐ Physical Abuse
- ☐ Abandonment
- ☐ Substance abuse by child
- ☐ Sexual Abuse
- ☐ Mental/physical health of parent
- ☐ Domestic violence in child's home
- ☐ Emotional maltreatment
- ☐ Mental/physical health of child
- ☐ Child in Juvenile Justice system
- ☐ Neglect (not including medical)
- ☐ Substance abuse by parent(s)
- ☐ Other (specify below)
- ☐ Medical neglect
- ☐ Child's behavior
- ☐ Threatened Harm

For children taking psychotropic medications, does the file contain parental consent or an appropriate court order? ☐ Yes ☐ No ☐ N/A

Is there a Targeted Case Manager? ☐ Yes ☐ No

Is there a GAL (Guardian ad Litem) assigned to the case? ☐ Yes ☐ No
### Outcome S1: Children are, first and foremost, protected from abuse and neglect

Goal for Safety Outcome #1: The victim was seen and the investigation of the report of suspected abuse and neglect was completed in accordance with the State guidelines. During the 6-month period following the initial report, there were not multiple substantiated or indicated reports of maltreatment that were due to the same perpetrator or to the same general circumstances.

#### Item # 2

1. **Was the child within the family under supervision kept safe from abuse and neglect?** (No subsequent reports documenting some indicators or verified findings).  
   - 98; s39.001 (3)(a)(1), F.S.; CFSR
   - Yes ☐  No ☐  N/A ☐

2. **If the child within the family under supervision was not kept safe from abuse and neglect did the subsequent report(s) involve:**
   a. **Different perpetrator(s)?**  
      - Yes ☐  No ☐  N/A ☐
   b. **Different general circumstances?**  
      - Yes ☐  No ☐  N/A ☐
   c. **If the child within the family under supervision was not kept safe from abuse and neglect were the agency’s interventions to protect the child following the initial report appropriate?** (The subsequent maltreatment could not have been prevented.)  
      - Yes ☐  No ☐  N/A ☐

3. **Was the child placed in out-of-home care kept safe from abuse and neglect once placed?** (No subsequent reports documenting some indicators or verified findings and involve the foster parent, relative, or non-relative caregivers while the child was in out-of-home care?)  
   - 98; s39.001(3)(a)(1), F.S.; CFSR
   - Yes ☐  No ☐  N/A ☐

4. **If the child placed in out-of-home care was not kept safe from abuse and neglect did the subsequent report(s) involve:**
   a. **Different perpetrator(s)?**  
      - Yes ☐  No ☐  N/A ☐
   b. **Different general circumstances?**  
      - Yes ☐  No ☐  N/A ☐

5. **If the child placed in out-of-home care was not kept safe from abuse and neglect, were the agency’s interventions to protect the child following the initial report appropriate?** (The subsequent maltreatment could not be prevented.)  
   - Yes ☐  No ☐  N/A ☐

### Outcome S2: Children are safely maintained in their homes whenever possible and appropriate.

Goal for Safety Outcome #2: The agency provided family preservation services, family counseling, and other services to prevent the child from being removed from his/her home and to reduce his/her risk of harm. Services were appropriately matched to the family’s needs. The agency provided services to keep the child who was in either licensed or non-licensed out-of-home care safe from abuse and neglect.

#### Item # 3

1. **For children in their homes during a portion or throughout the review period:**
   a. **The case was appropriate for in-home or reunification (post-placement supervision) services.**  
      - 105; s39.521, F.S.; CFSR
      - Yes ☐  No ☐  N/A ☐
   b. **Appropriate services are provided to or arranged for the family to protect the child and to prevent removal.**  
      - s39.001(1)(f), F.S.; CFS
      - Yes ☐  No ☐  N/A ☐

#### Item # 4

1. **There is an ongoing assessment of risk to assure child safety.**  
   - 41; s39.701, F.S.; CFSR
   - Yes ☐  No ☐  N/A ☐

2. **There is evidence that child safety was a focus during monthly face-to-face contacts with the mother, the father, the child, and the child’s caregiver.**  
   - 46; s39.701, F.S.; CFSR
   - Yes ☐  No ☐  N/A ☐
3. During monthly contacts, there is documentation the case manager observed:
   a. The child’s physical appearance (particularly as it relates to the factors that resulted in service  
      provision), 47; CFSR  
   b. The child’s interaction with parent(s), caregivers and other significant household members, CFSR.

4. The decision made to place the child in an out-of-home care placement was appropriate given the presenting  
   circumstances at the time the decision was made. 108; S39.401(1), F.S.; CFSR

5. For children placed in out-of-home care, services were provided to keep the child safe from abuse and neglect.  
   s39.001(3)(a)(1), F.S.; CFSR

6. For children placed with relatives/non-relatives, a complete home study was accomplished: 117; CFOP 175-79; s39.521(1)(r) 1-7, F.S.  
   a. Appropriate background checks were completed and assessed prior to placement, 117; CFOP 175-79;  
      s39.521(1)(r) 1-7, F.S.
   b. An assessment from a physical inspection of the home environment was completed prior to placement,  
      117; CFOP 175-79; s39.521(1)(r) 1-7, F.S.
   c. An evaluation of the prospective caregivers’ ongoing commitment and capacity to protect the children  
      was conducted prior to placement, 117; CFOP 175-79; s39.521(1)(r) 1-7, F.S.
   d. Services are provided to keep the child safe from abuse and neglect. s39.001(3)(a)(1), F.S.; CFSR

7. There is a justifiable reason for continuation of:  
   a. In-home services. 106; s39.701, F.S.; CFS

8. When the child was not kept safe from abuse and neglect during service provision, appropriate services were  
   provided to alleviate risk.** 99; s39.001(3)(a)(1), F.S.

9. When services were provided to alleviate risk as a result of subsequent abuse/neglect, appropriate follow up was  
   completed to ensure the actions taken effectively ameliorated risk.** 101; s39.001(3)(a)(1), F.S.

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**Outcome P1: Children have permanency and stability in their living situations.**

Goal for Permanency Outcome #1: The agency provided services to the child and family to manage the risk of abuse and neglect upon reunification and to prevent the child’s reentry into out-of-home care. While in out-of-home care, the agency provided services to the child and the caregiver(s) to maintain a stable placement and to prevent unnecessary moves. The agency appropriately matched the child’s permanency goal to his needs.

**Item # 5**

1. Entries during the period under review did not occur within a 12-month period of the child being discharged from  
   another out-of-home care entry. 109, CFSR  
   ○ Yes ○ No ○ N/A

2. Re-entries within a 12-month period of the child being discharged from another out-of-home care entry were not  
   the result of the same general reasons or circumstances or same perpetrators. CFS
   ○ Yes ○ No ○ N/A

3. The agency did what was reasonable to manage the risk following reunification and to prevent re-entry into out-of- 
   home care. CFSR  
   ○ Yes ○ No ○ N/A

**Item # 6**

1. The child had no placement changes during this episode of care. 121; CFSR  
   ○ Yes ○ No ○ N/A
<table>
<thead>
<tr>
<th>Item # 2</th>
<th>2. If placement changes occurred, they were for reasons directly related to helping the child achieve the goals in the case plan. 124; CFSR</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Item # 3</td>
<td>3. Efforts were made by the agency to prevent unnecessary moves. CFSR</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>Item # 4</td>
<td>4. Placement settings were appropriate to the child's needs. ss39.001(i), 39.601(3)(b), F.S.; CFSR</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>Item # 5</td>
<td>5. The case plan indicates the child's current placement.* 83; s39.601(3)(a)(b)(e), F.S.</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>Item # 6</td>
<td>6. The case plan explains why the child's placement in a residential or group home is appropriate.* 84; ss 39.523(1), 39.601(3)(b)(e), 39.701(7)(a)8, F.S.</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>Item # 7</td>
<td>7. The case manager discussed achieving the case plan goal in contacts with the child's out-of-home caregivers. 44; s39.701(7)(a)4, F.S.</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>Item # 8</td>
<td>8. The child's out-of-home caregiver was involved or was given the opportunity to be involved in the development of the case plan. 72; s39.601(3)(e), F.S.</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>Item # 9</td>
<td>9. The case manager visited the out-of-home caregiver monthly in the home. 137; s39.701(7)(a)4, F.S.</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>Item # 10</td>
<td>10. The out-of-home caregiver was notified of court hearings.* 92; ss39.502(6), 30.701(5)(b), F.S.; CFSR</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>Item # 11</td>
<td>11. The out-of-home caregiver was given an opportunity to be heard at court hearings.* 92; ss39.701(7)(a)6,(d), F.S.; CFSR</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>Item # 12</td>
<td>12. The current placement setting is stable, i.e., no apparent or significant risks of projected placement disruption. 126; CFSR</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>Item # 13</td>
<td>13. The parent(s) were notified of all changes in the child's placement. CFSR</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>Item # 14</td>
<td>14. The court was informed of the:</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>a. Number and types of placements the child has had; s39.701(7)(a)8, F.S, and the</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>b. Reason for any change in the child's placement. s39.701(7)(a)8, F.S.</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**Item # 7**

<table>
<thead>
<tr>
<th>Item # 1</th>
<th>1. The child's permanency goal is appropriate. 39; ss39.601(3)(a), 39.621, F.S.; CFSR</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Item # 2</td>
<td>2. The case plan included appropriate tasks for the case manager. 75d; ss39.601(1)(c),(2)(b),(3)(g)-(j), F.S.; CFSR</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>Item # 3</td>
<td>3. The case manager is correctly listed in HomeSafenet (HSn). 187</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>Item # 4</td>
<td>4. The court was informed of the:</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>a. Reasonable efforts made to prevent the child's removal. (This review element is applied to out-of-home care cases only.) s39.521(1)(f)1-3, F.S.</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>b. Continuing appropriateness of, and necessity for, the child's placement status, including reasonable efforts to return the child to the home or achieve other permanency status. (The applies to out-of-home</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
</tbody>
</table>
c. Extent of compliance by all parties with the case plan, including non-compliance if applicable. 94; s39.701(7)(a)2, F.S.  
   | Yes | No | N/A |

d. Progress made toward alleviating risk of harm that caused the child’s placement. (This is applied to out-of-home care cases only.) 94; s39.701(7)(a), F.S.  
   | Yes | No | N/A |

e. Projected date for child’s return to family or other permanent placement arrangement with plans for achieving permanence within 12-months. (This is applied to out-of-home cases only.) 94; s39.701(8)(h), F.S.  
   | Yes | No | N/A |

f. Changing needs of the child. 91; s39.701(7)(a)4, F.S  
   | Yes | No | N/A |

g. Changes in the family’s situation, including, but not limited to, visitation with the child. 95; s39.701(7)(a)5,7, F.S.  
   | Yes | No | N/A |

h. Adolescent’s, age 13 – 17 years, participation in the Independent Living Program:  
   i. Copies of assessments. 168; ss39.701(7)(a)10, 409.1451(4)(a)5,(5)(b)5, F.S.  
      | Yes | No | N/A |
   ii. Copies of staffing summary documents signed by the adolescent. 168; ss39.701(7)10, 409.1451(4)(a)5,(5)(b)5, F.S.  
      | Yes | No | N/A |

5. A concurrent plan to place the child for adoption while reasonable efforts to prevent the child’s removal or to reunify the child are made if applicable. 85; s39.601(3)(a), F.S.  
   | Yes | No | N/A |

6. A petition to terminate parental rights has been filed or co-filed by the agency if the child has been in out-of-home care 15 of the most recent 22 months or the child meets other AFSA criteria for TPR. 139; CFSR  
   | Yes | No | N/A |

7. If an exception to the requirement to file a TPR petition was made, the basis for the exception is one of the following:  
   a. The child is being cared for by a relative; ss39.621(2),(3)(a)(b), F.S.; CFSR  
      | Yes | No | N/A |
   b. The case plan documents a compelling reason that TPR is not in the child’s best interest; s39.621(2), F.S.; CFSR  
      | Yes | No | N/A |
   c. The agency has not provided the family or the child with the services deemed necessary for the safe return of the child. s39.701(9)(c), F.S.; CFSR  
      | Yes | No | N/A |

**Item # 8**

1. The goal was achieved within 12 months of the child’s most recent entry into out-of-home care. CFSR  
   | Yes | No | N/A |

2. If the goal was not achieved within 12 months of the child’s most recent entry into out-of-home care:  
   a. The agency identified barriers to achieving the goal, CFSR and  
      | Yes | No | N/A |
   b. The agency is taking/took steps to facilitate the goal achievement. CFSR  
      | Yes | No | N/A |

**Item # 9**

1. The birth parents were notified in writing of the adoption reunion registry prior to TPR. 155; s63.165, F.S.  
   | Yes | No | N/A |

2. The delays in freeing the child for adoption are outside of the agency’s ability to correct. 148; s39.703, F.S.; CFSR  
   | Yes | No | N/A |

3. The child was registered on the adoption exchange within 30 days of the TPR Order. 151; s409.167, F.S.; CFSR  
   | Yes | No | N/A |
4. The child was web authorized on the State, regional and national adoption exchanges if not placed in an adoptive home within 90 days of the TPR order. 152; s409.167, F.S.; CFSR

5. The agency is taking/has taken steps to identify, recruit, process and approve an adoptive family that matches the child's needs. ss39.601(3)(i),39.812(7), F.S.; CFSR

6. The pre-adoptive parents were notified of court hearings. 92; ss39.502(6), 39.701(5)(e), F.S.; CFSR

7. The pre-adoptive parents were given an opportunity to be heard at court hearings. 92; s39.701(7)(d),F.S.; CFSR

8. A complete adoptive home study was accomplished by the agency to include: 158; s63.092(3), F.S.; 65C-16.004,005, F.A.C.
   a. Application to Adopt is less than 12 months old,  
   b. Notarized Affidavit of Good Moral character,  
   c. Background record checks, to include:
      i. Fingerprints (FBI clearance within 1 year for recruited, every 5 years for foster parents or relati  
      ii. FDLE current within 90 days of placement,  
      iii. Local law enforcement current within 90 days of placement,  
      iv. Abuse Hotline,  
   d. Five (5) References,  
   e. Marriage License,  
   f. All Divorce Decrees, and  
   g. Income and Expenditure Sheet.

9. The adoptive parents were notified in writing of the adoption reunion registry prior to the adoption placement. 157; s

10. The agency is taking/has taken steps to place the child for adoption: prepare the child for adoption, and transition the child into an adoptive placement. s39.701(7)(c) F.S.; CFSR

11. The adoption was finalized within 24 months of the most recent entry into out-of-home care. CFSR

**Item # 10**

1. For the child with an “other” planned permanency goal, the more permanent goals of reunification, adoption, long-term custody to a relative or legal guardianship have been considered and appropriately ruled out. 142;

2. Review of the goal for continued appropriateness is done regularly by the agency. CFSR

3. For those children with a goal of long-term licensed custody, the following criteria were met:
- The child is 14 years of age or older,
- The child has remained in the foster home for a continuous period of 12 months,
- The child and his/her foster parent(s) do not desire adoption,
- The foster parent(s) have made a commitment to provide for the child until the age of majority and to prepare him/her for adulthood and independence,
- The agency's social services study recommends the goal. s39.623, F.S.

**Outcome P2: The continuity of family relationships and connections is preserved for children.**

Goal for Permanency Outcome #2: The child was placed in close proximity to his parents, extended family, and neighborhood to promote an enhanced relationship with family members. Regular visitation with parents and siblings, when appropriate, was facilitated by the agency. Relatives were appropriately assessed for placement and the agency ensured the child's primary connections were preserved when in out-of-home placement.

### Item # 11

1. The child is placed in the same community or county as the parent(s) and/or extended family members. 144; s39.601(3)(e), F.S.; CFSR
2. For the child placed outside the residential community or county of his parent(s):
   - a. The reason was clearly related to the best interests of the child. 144; s39.601(3)(e), F.S.; CFSR
   - b. If the child is placed out of state, the placement was approved through ICPC. 145; s39.601(3)(e), F.S.; CFSR

### Item # 12

1. The child and all siblings in out-of-home care were placed together. 128; s39.001(1)(k), F.S.; CFSR
2. When the child and all siblings in out-of-home care were not placed together, there was clear evidence that separation was necessary to meet the needs of one of the children. 129; s39.001(1)(k), F.S.; CFSR

### Item # 13

1. The child has routine and regular visitation with his parent(s). s39.601(3)(d), F.S.; CFSR
2. The child has routine and regular visitation with his siblings separated in other out-of-home care placements. 130; s39.601(3)(d), F.S.; CFSR
3. The child was afforded other means of contact with his parent(s). CFSR
4. The child was afforded other means of contact with his siblings separated in other out-of-home care placements. s39.
5. The case plan includes visitation and other contact plans with parents and/or siblings separated in other out-of-home care placements. 87h; s39.601(3)(d), F.S.; CFSR
6. The parents were notified of all changes in visitation privileges. 96; CFSR

### Item # 14
<table>
<thead>
<tr>
<th>Item # 15</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The child's primary connections to his/her neighborhood, community, faith, family, and friends were maintained in the out-of-home placement. 127; CFSR</td>
</tr>
<tr>
<td>2. The child's and his family's unique characteristics – language, religion, values and beliefs, traditions, and background – are/were supported in the child's out-of-home care placement. 127; s39.001(1)(i), F.S.</td>
</tr>
<tr>
<td>3. If the child is Native American/Alaska Native, his interests are/were addressed through:</td>
</tr>
<tr>
<td>a. Timely notification of the tribe, and 133; s39.001(1)(d), F.S.; CFSR</td>
</tr>
<tr>
<td>b. Placement with the child's extended family or tribe. 134; s39.001(1)(d), F.S.; CFSR</td>
</tr>
<tr>
<td>4. The court was kept informed of the progress of diligent search by the agency until excused. 97; s39.502(8)(9), F.S.; CFSR</td>
</tr>
<tr>
<td>5. Relationships between the child and his mother/father have been accurately identified in HomeSafenet. 190</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Item # 16</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The non-custodial parent, if applicable, was considered a placement resource before consideration was given to relati</td>
</tr>
<tr>
<td>2. Both maternal and paternal relatives are/were sought out and evaluated as a potential placement resource. CFSR</td>
</tr>
<tr>
<td>3. For the child not placed with relatives, relatives were considered for placement. 115; s39.5085(c), F.S.; CFSR</td>
</tr>
<tr>
<td>4. The child's relatives were continually assessed as placement resources throughout the life of the case. CFSR</td>
</tr>
</tbody>
</table>

**Outcome WB1: Families have enhanced capacity to provide for their children's needs.**

Goal for Well Being Outcome #1: The agency assessed the needs and services of the child, family and caregivers and provided appropriate services based on identified needs. Age appropriate children and relevant family members were involved in the development of initial case plans and in ongoing case planning activities. Agency contact with children and parents was consistent with the needs of the child and parent and sufficient to ensure the child's safety, permanency and well-being.

<table>
<thead>
<tr>
<th>Item # 17</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Contact with the child, the parent(s) or caregiver to initiate service provision was made within a reasonable amount of time following acceptance of the case. 48</td>
</tr>
<tr>
<td>2. The case manager has identified tasks and needed services consistent with the case plan goal for the child, child's mother, child's father, child's out-of-home caregivers, and others. 49, 75; ss39.601(2)(b),(3)(e)(h), F.S.; CFSR, 51; ss39.601(1)(c),(2)(b),(3)(g)-(j), F.S.; CFSR</td>
</tr>
<tr>
<td>3. The case manager has arranged for services needed to attain the case plan goal, for the child, child's mother, child's father, and child's out-of-home caregivers. 51; ss39.601(1)(c),(2)(b),(3)(g)-(j), F.S.; CFSR</td>
</tr>
</tbody>
</table>
4. Substance abuse treatment if applicable, was documented for the child's mother, and the child's father. 82; ss39.601(2)(b),(3)(e)(h), F.S.; CFSR

5. The case manager communicated with service providers about the effectiveness of the services for the child, child's mother, child's father, and child's out-of-home caregivers. 53; CFSR

6. A current family assessment for children placed with relatives or non-relatives if applicable, was documented upon initiation of services, and every 6 months. 120

7. The DJJ “Youth Requirements/Supervision Plan” is in the case record if applicable. 184

8. For adolescents age 13 – 15 years:
   a. A pre-independent living assessment was completed .163; s409.1451(4)(a), F.S.; CFSR

   b. Services based on the pre-independent living assessment, were provided. ** 165; s39.601 (3)(h), F.S.; CFSR

9. For adolescents age 16 – 17 years:
   a. A formal independent living plan was developed. 169

   b. Services consistent with the youth's formal independent living plan were provided. ** 172; s409.145, F.S.; CFSR

10. For adolescents age 16 – 17 years without a formal independent living plan, services that address goals, skills and needed services, were offered. ** 170; s409.1451 F.S.; CFSR

11. Supervisory reviews: occurred quarterly for service cases, and appropriate guidance and case direction were provided. 57,59; CFOP 175-42

12. Services were provided to the child for a minimum of 6 months after reunification or placement in the home of the current caregiver before case closure.** 61; ss39.521(3)(a), 39.701.(1)(b), F.S.

<table>
<thead>
<tr>
<th>Item #</th>
<th>Description</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>The initial case plan was developed within 60 days of initial contact with the family for in-home supervision cases.* 70; s39.601(9)(a), F.S.</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>2.</td>
<td>The initial case plan was developed with the family within 60 days of the child’s removal for out-of-home cases.* 70; s39.601(9)(a), F.S.</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>3.</td>
<td>The following individuals participated or were given the opportunity to participate in the development of the case plan: the mother, the father, the child if age and developmentally appropriate. 72; s39.601(1)(a), F.S., and caregiver.</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>4.</td>
<td>The following individuals were actively engaged in completing case plan tasks and services: the mother, father, child, and caregiver. 52; s39.701(7)(a) 1-11, F.S.</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>5.</td>
<td>The following individuals were actively involved in ongoing case planning activities (relative to modifications to existing case plan): mother, father, child, and caregiver.* 88; s39.701(7)(a) 1-11, F.S.; CFSR</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>6.</td>
<td>The following individuals were notified of court hearings: mother, father, child.* 92; ss39.502(6),701(5)(c), F.S. and caregiver.* 92; s39.701(5)(b), F.S.</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>7.</td>
<td>The following individuals were given an opportunity to be heard at court hearings: mother, father, child, and caregiver. 92; s39.701(7)(d), F.S.</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>8.</td>
<td>There is a current – not expired – case plan. * 71; ss39.601,602, F.S.</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
</tbody>
</table>
9. The case plan was amended to reflect changes in the goal, tasks and services, and placement type. * 89; s39.601(9)(f), F.S.

10. A staffing was held to discuss the transition into adulthood for an adolescent age 6 months prior to their 18th birthday. 178; s409.1451, F.S.

Item # 19

1. A minimum of monthly face-to-face home visits occurred between the case manager and the child. 42; CFSR

2. Visits between the case manager and the child focused on issues pertinent to case planning, service delivery, and goal attainment. 44,45; CFSR

Item # 20

1. A minimum of monthly face-to-face home visits occurred between the case manager and the parents when the goal was reunification. 43; s39.601(1)(c), F.S.

2. A minimum of monthly face-to-face home visits occurred between the case manager and the parents when the goal was maintain and strengthen. 43; s39.601(1)(c), F.S.

3. Visits between the case manager and the parents focused on issues pertinent to case planning, service delivery, and goal attainment. 44, 45; s39.601(1)(c), F.S.

Outcome WB2: Children receive appropriate services to meet their educational needs.

Goal for WB Outcome #2: The agency assessed the child's educational issues and made extensive efforts to address the child's educational needs through the school system or other early intervention providers, if needed. The agency ensured continuity of the child's educational placement. All applicable educational records were provided to out-of-home caregivers and were included in the case plan and case record.

Item # 21

1. The case plan includes the following:
   a. Names and addresses of child's current educational providers; 87
   b. Explanation regarding why the child was moved to a new school if the child attends a different school as a result of the placement; 87; CFSR
   d. Child's school records (e.g., most recent report card). 87; CFSR

2a. Educational needs for the child have been identified, and formally addressed in the case plan. 54; s39.601(3)(f), F.S.; CFSR

2b. The case manager has monitored the results of the service provision to meet the child's educational needs and determined whether progress has been made, and emerging needs or problems have been identified and addressed. 56; s39.701(7)(a)9, F.S.; CFSR

3. The case manager has advocated with the educational/school system to obtain educational services to meet the child’s needs if applicable. 55; s39.701(7)(a)9, F.S.; CFSR

4. The case manager has provided the child’s education records to the out-of-home caregiver. CFSR

5. The child's school placement has been stable. 138; CFSR

6. The case manager has advised the court of:
   a. Number of times the child's educational placement has been changed; s39.701(7)(a)9, F.S.
b. Number and types of educational placements that have occurred: s39.701(7)(a) 9, F.S., and ○ Yes ○ No ○ N/A

c. Reason(s) for any change in educational placement. s39.701(7)(a) 9, F.S. ○ Yes ○ No ○ N/A

Outcome WB3: Children receive adequate services to meet their physical and mental health needs.

Goal for WB Outcome #3: The child's physical health needs (including follow-up services) were addressed in the following through preventive health care, preventive dental care, immunizations, treatment for identified health needs, treatment for identified dental needs and by providing health records to out-of-home caregivers. The agency ensured the child received an initial mental health assessment or screening and provided appropriate services to address identified mental health needs, if indicated.

Item # 22

1. The child's health needs are being met through:
   a. Preventive healthcare; 63; s39.001(1)(a), F.S.; CFSR ○ Yes ○ No ○ N/A
   b. Appropriate treatment for identified needs; 63; s39.001(1)(a), F.S.; CFSR ○ Yes ○ No ○ N/A
   c. Preventive dental; 63; s39.001(1)(a), F.S.; CFSR ○ Yes ○ No ○ N/A
   d. Appropriate treatment for identified dental needs; 63; s39.001(1)(a), F.S.; CFSR and ○ Yes ○ No ○ N/A
   e. Immunization. 63; s39.001(1)(a), F.S.; CFSR ○ Yes ○ No ○ N/A

2. An initial health screening was provided within 72 hours of removal if the child was in out of home care. 64; s39.407(1), F.S. ○ Yes ○ No ○ N/A

3. The case plan for the child includes:
   a. Names and addresses of health care providers; 87a; s39.601(3)(j), F.S. ○ Yes ○ No ○ N/A
   b. Current immunization history; and 87b; s39.601(3)(j), F.S. ○ Yes ○ No ○ N/A
   c. Known medical health conditions and medications.* 87c; s39.601(3)(j), F.S.; CFSR ○ Yes ○ No ○ N/A

4. A pre-placement physical examination was conducted on the child within 6 months of signing the memorandum of agreement for adoptive placement. 156; s39.810 (4), F.S.; 65c-16.002 (7)(f) F.A.C ○ Yes ○ No ○ N/A

Item # 23

1. The child's mental health needs were identified through assessment or screening. 65; ss39, 394, F.S.; CFSR. ○ Yes ○ No ○ N/A

2. When an assessment or screening indicated a need for services, a referral for further assessment was made within 30 days of the initial assessment or screening. 66; ss39,394, F.S.; CFSR ○ Yes ○ No ○ N/A

3. A Comprehensive Behavioral Health Assessment (CBHA) was conducted and included a review of four domains: behavioral, educational, health and home environment, and was completed and signed by a licensed mental health professional or certified addictions case manager within 30 days of removal of the child. 67; CFOP 155-10; ss39, 394, F.S. ○ Yes ○ No ○ N/A

4. The case file documents the reason(s) the CBHA was not completed and signed by a licensed mental health professional or certified addictions counselor within 30 days of the child's removal. 67; CFOP 155-10 ○ Yes ○ No ○ N/A
5. When treatment needs were indicated in the CBHA, a referral for services, further assessment and/or treatment was completed within the same 30-day time frame allowed for the CBHA. *[68; CFOP 155-10]*

6. The case file documents the reason(s) a referral for services, further assessment and/or treatment recommended in the CBHA was not made within the same 30-day time frame allowed for the CBHA. *[68; CFOP 155-10]*

7. Mental health and/or substance abuse services provided to the child were consistent with the identified needs and/or recommendations in the CBHA, including the type, frequency, duration, location and name of the provider. *[80;]*

8. Mental health and/or substance abuse services recommended for the child in the CBHA were implemented within 30 days of the completed referral(s).*[69; CFOP 155-10; ss39.601(2)(b),(3)(e)(h), F.S.]*

9. When mental health and/or substance abuse services recommended in the CBHA for the child were not implemented within 30 days of the completed referral(s), the reason(s) was documented in the case file.*[69; CFOP 155-10]*

10. Substance abuse treatment was documented for the child if needed. *[82c; ss39.601(2)(b),(3)(e)(h), F.S.]*

11. The case plan includes for the child:
   a. Names and addresses of health care providers. *[87a; s39.601(3)(j), F.S.; CFSR]*
   b. Known mental health conditions and medications.*[87c; s39.601(3)(j), F.S.; CFSR]*

12. An assessment for Residential Group Care (RGC) was completed for the child 11 years of age or older who has been removed 6 months or longer, and has had more than one placement. *[112; s39.523, F.S.]*

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**CERT RECORD REVIEW ADDENDUM**

**Quality Indicators**

<table>
<thead>
<tr>
<th>Quality Indicator</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. There is a current copy of the H5n ID Summary in the file.</td>
<td></td>
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<tr>
<td>2. Birth Certificates or Birth Verification forms for all children related to the case are in the file.</td>
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<tr>
<td>3. Social Security cards or SS numbers are present in the file for all children related to the case.</td>
<td></td>
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<tr>
<td>4. There is an updated photo in the file for all children related to the case, including full name of child and date photo taken documented on the photo.</td>
<td></td>
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<tr>
<td>5. Fingerprint/footprint cards for all children related to the case are in the file.</td>
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<tr>
<td>6. A copy of the shelter petition is in the file, if appropriate.</td>
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<tr>
<td>7. A copy of the shelter order is in the file, if appropriate.</td>
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<tr>
<td>8. A copy of the Dependency Petition is in the file, if appropriate.</td>
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<tr>
<td>9. A copy of the Dependency Order or Order of Adjudication is in the file, if appropriate.</td>
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<tr>
<td>10. A Permanency Staffing was held with all pertinent parties at 11 months or sooner.</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>11. There is clear documentation of case transfer from PI Unit to DCM Unit.</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>* If appropriate, a current, signed and dated consent form authorizing the release of confidential information to specific providers is in the file.</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>12. If indicators of sexual abuse victimization or other outlying behaviors with regard to sexual behavior are present, a safety plan has been completed per DCF guidelines, is signed, dated and a copy is in the file.</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>13. Home Visit Forms are signed by all parties seen and the DCM, dated, and clearly delineate the time parameters of the visit? (i.e., 1:00 – 2:30 PM)</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>* The DCM and/or DCM supervisor signed, dated and credentialed all notes, summaries and reports.</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>* All documentation in the file is related to the case. (There should be no misfiled documentation)</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>* Print-outs of all (monthly at a minimum) HSn case notes are in the file.</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>* There are NO abbreviations in any documentation completed by the DCM or DCM supervisor of record.</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>14. FSFN notes are composed /documented in a professional manner.</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>15. FSFN notes are purposeful, individualized, address emerging issues and related to the reason for services.</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>16. Client names are spelled correctly and there are not several different spellings of client names contained in the file.</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>* Documentation in the file is legible.</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>* Errors are crossed out with one line only and initialed.</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>* There is no evidence of correction fluid use.</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>* There is evidence of client progress/updates shared with Providers, GAL’s, Court, and Caregivers as appropriate.</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>17. There is clear documentation of a meaningful supervisory review conducted every 90 days, at a minimum.</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>* There is no evidence of duplicate or multiple copies of court documents in the file.</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>18. If a CPT referral has been made the final report/summary is in the file.</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>* There is no evidence of doodling on legal or other documentation in the file.</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>* The majority of the documentation is filed in the proper sections according to the indexes.</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
</tbody>
</table>
* Eligibility paperwork, TANF applications, Medicaid or other insurance #’s are in the file as appropriate.  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
</table>

* The file does not contain loose paperwork, notes scribbled on scrap paper and/or sticky notes.  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
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</thead>
</table>

* The various volumes pertaining to the case are in good condition.  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
</table>

* There is evidence that the file contains current, (not to exceed one year) signed consents/medication orders for all children taking psychotropic medication.  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
</table>

19. A reunification staffing was held within the appropriate timeframe.  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
</table>

20. The home study contained in the file is comprehensive and detailed, providing a clear picture of the family home, relationships and finances.  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
</table>

21. The Normalcy Plan was completed by the DCM for all youths ages 13-17 in licensed care and reviewed every 90 days.  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
</table>

22. The ILP Staffing/Case Plan Form was completed 1 X per year for youths ages 13-14 and completed every 6 months for youths ages 15-17, and signed by the youth.  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
</table>

23. SIL Assessments were completed for youths ages 16-17.  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
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</thead>
</table>

24. The Ansell Casey Life Skills Assessment was conducted yearly for youths ages 13-17.  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
</table>

* These questions are only valid for CERTS completed between 7-1-07 and 1-31-08.

**Reviewer’s Comments:**
### Case Practice Review Tool
**Face Sheet**

<table>
<thead>
<tr>
<th>District/Region/CBC Lead Agency</th>
<th>Case Name</th>
<th>Period under review</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Reviewer:</th>
<th>Date case reviewed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kulscar, Suzanne</td>
<td>3/25/2008</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Child's Gender</th>
<th>Child(ren)'s Dates of Birth</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ashley</td>
<td>Wiggins</td>
<td>Female</td>
<td>12/29/1993</td>
<td>14</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of most recent case opening (MM/DD/YYYY):</th>
<th>Date of most recent removal from home (out-of-home care cases only) (MM/DD/YYYY):</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date(s) of previous removal(s) from home (all cases - including if prior to current case start date or review period) (MM/DD/YY):</th>
<th>Date case closed (if applicable) (MM/DD/YYYY):</th>
</tr>
</thead>
<tbody>
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</table>

**Type of case reviewed:**
- **Out-of-home care**
  - Child was out-of-home for all or some portion of the period under review
- **Child in-home services**
  - (No child in the family was in out-of-home care for any portion of the period under review)

**Child was out-of-home for some of the review period**
- Child was out-of-home for all of the review period

Indicate the cause of the agency's initial involvement with this child or family. Check all that apply; and place a dot next to the primary reason.

- **Physical Abuse**
- **Abandonment**
- **Substance abuse by child**
- **Sexual Abuse**
- **Mental/physical health of parent**
- **Domestic violence in child's home**
- **Emotional maltreatment**
- **Mental/physical health of child**
- **Child in Juvenile Justice system**
- **Neglect (not including medical)**
- **Substance abuse by parent(s)**
- **Other (specify below)**
- **Medical neglect**
- **Child's behavior**

For children taking psychotropic medications, does the file contain parental consent or an appropriate court order?  
- **Yes**  
- **No**  
- **N/A**

Is there a Targeted Case Manager?  
- **Yes**  
- **No**

Is there a GAL (Guardian ad Litem) assigned to the case?  
- **Yes**  
- **No**
### Outcome S1: Children are, first and foremost, protected from abuse and neglect

Goal for Safety Outcome #1: The victim was seen and the investigation of the report of suspected abuse and neglect was completed in accordance with the State guidelines. During the 6-month period following the initial report, there were not multiple substantiated or indicated reports of maltreatment that were due to the same perpetrator or to the same general circumstances.

<table>
<thead>
<tr>
<th>Item # 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Was the child within the family under supervision kept safe from abuse and neglect? (No subsequent reports documenting some indicators or verified findings). 98; s39.001 (3)(a)(1), F.S.; CFSR</td>
</tr>
<tr>
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<table>
<thead>
<tr>
<th>Item # 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. For children in their homes during a portion or throughout the review period:</td>
</tr>
<tr>
<td>a. The case was appropriate for in-home or reunification (post-placement supervision) services. 105; s39.521, F.S.; CFSR</td>
</tr>
<tr>
<td>b. Appropriate services are provided to or arranged for the family to protect the child and to prevent removal. s39.001(1)(f), F.S.; CFS</td>
</tr>
</tbody>
</table>

### Outcome S2: Children are safely maintained in their homes whenever possible and appropriate.

Goal for Safety Outcome #2: The agency provided family preservation services, family counseling, and other services to prevent the child from being removed from his/her home and to reduce his/her risk of harm. Services were appropriately matched to the family’s needs. The agency provided services to keep the child who was in either licensed or non-licensed out-of-home care safe from abuse and neglect.

<table>
<thead>
<tr>
<th>Item # 4</th>
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</thead>
<tbody>
<tr>
<td>1. There is an ongoing assessment of risk to assure child safety. 41; s39.701, F.S.; CFSR</td>
</tr>
<tr>
<td>2. There is evidence that child safety was a focus during monthly face-to-face contacts with the mother, the father, the child, and the child’s caregiver. 46; s39.701, F.S.; CFSR</td>
</tr>
</tbody>
</table>
3. During monthly contacts, there is documentation the case manager observed:
   a. The child’s physical appearance (particularly as it relates to the factors that resulted in service provision), 47; CFSR
   b. The child’s interaction with parent(s), caregivers and other significant household members, CFSR.

4. The decision made to place the child in an out-of-home care placement was appropriate given the presenting circumstances at the time the decision was made. 108; S39.401(1), F.S.; CFSR

5. For children placed in out-of-home care, services were provided to keep the child safe from abuse and neglect. s39.001(3)(a)(1), F.S.; CFSR

6. For children placed with relatives/non-relatives, a complete home study was accomplished: 117; CFOP 175-79; s39.521(1)(r) 1-7, F.S.
   a. Appropriate background checks were completed and assessed prior to placement, 117; CFOP 175-79; s39.521(1)(r) 1-7, F.S.
   b. An assessment from a physical inspection of the home environment was completed prior to placement, 117; CFOP 175-79; s39.521(1)(r) 1-7, F.S.
   c. An evaluation of the prospective caregivers’ ongoing commitment and capacity to protect the children was conducted prior to placement, 117; CFOP 175-79; s39.521(1)(r) 1-7, F.S.
   d. Services are provided to keep the child safe from abuse and neglect. s39.001(3)(a)(1), F.S.; CFSR

7. There is a justifiable reason for continuation of:
   a. In-home services. 106; s39.701, F.S.; CFS
   b. Out-of-home placement. s39.701, F.S.; CFSR

8. When the child was not kept safe from abuse and neglect during service provision, appropriate services were provided to alleviate risk.** 99; s39.001(3)(a)(1), F.S.

9. When services were provided to alleviate risk as a result of subsequent abuse/neglect, appropriate follow up was completed to ensure the actions taken effectively ameliorated risk.** 101; s39.001(3)(a)(1), F.S.

**Outcome P1: Children have permanency and stability in their living situations.**

Goal for Permanency Outcome #1: The agency provided services to the child and family to manage the risk of abuse and neglect upon reunification and to prevent the child’s reentry into out-of-home care. While in out-of-home care, the agency provided services to the child and the caregiver(s) to maintain a stable placement and to prevent unnecessary moves. The agency appropriately matched the child’s permanency goal to his needs.

**Item # 5**

1. Entries during the period under review did not occur within a 12-month period of the child being discharged from another out-of-home care entry. 109, CFSR

2. Re-entries within a 12-month period of the child being discharged from another out-of-home care entry were not the result of the same general reasons or circumstances or same perpetrators. CFS

3. The agency did what was reasonable to manage the risk following reunification and to prevent re-entry into out-of-home care. CFSR

**Item # 6**

1. The child had no placement changes during this episode of care. 121; CFSR
2. If placement changes occurred, they were for reasons directly related to helping the child achieve the goals in the case plan. 124; CFSR

3. Efforts were made by the agency to prevent unnecessary moves. CFSR

4. Placement settings were appropriate to the child's needs. ss39.001(i), 39.601(3)(b), F.S.; CFSR

5. The case plan indicates the child's current placement.* 83; ss39.601(3)(a)(b)(e), F.S.

6. The case plan explains why the child's placement in a residential or group home is appropriate.* 84; ss 39.523(1), 39.601(3)(b)(e), 39.701(7)(a)8, F.S.

7. The case manager discussed achieving the case plan goal in contacts with the child's out-of-home caregivers. 44; ss39.701(7)(a)4, F.S.

8. The child's out-of-home caregiver was involved or was given the opportunity to be involved in the development of the case plan. 72; ss39.601(3)(e), F.S.

9. The case manager visited the out-of-home caregiver monthly in the home. 137; ss39.701(7)(a)4, F.S.

10. The out-of-home caregiver was notified of court hearings.* 92; ss39.502(6), 30.701(5)(b), F.S.; CFSR

11. The out-of-home caregiver was given an opportunity to be heard at court hearings.* 92; ss39.701(7)(a)6,(d), F.S.; CFSR

12. The current placement setting is stable, i.e., no apparent or significant risks of projected placement disruption. 126; CFSR

13. The parent(s) were notified of all changes in the child's placement. CFSR

14. The court was informed of the:
   a. Number and types of placements the child has had; ss39.701(7)(a)8, F.S, and the
   b. Reason for any change in the child's placement. ss39.701(7)(a)8, F.S.

**Item # 7**

1. The child's permanency goal is appropriate. 39; ss39.601(3)(a), 39.621, F.S.; CFSR

2. The case plan included appropriate tasks for the case manager. 75d; ss39.601(1)(c),(2)(b),(3)(g)-(j), F.S.; CFSR

3. The case manager is correctly listed in HomeSafenet (HSn). 187

4. The court was informed of the:
   a. Reasonable efforts made to prevent the child's removal. (This review element is applied to out-of-home care cases only.) ss39.521(1)(f)1-3, F.S.
   b. Continuing appropriateness of, and necessity for, the child's placement status, including reasonable efforts to return the child to the home or achieve other permanency status. (The applies to out-of-home
c. Extent of compliance by all parties with the case plan, including non-compliance if applicable. 94; s39.701(7)(a)2, F.S.
   - Yes  No  N/A

d. Progress made toward alleviating risk of harm that caused the child's placement. (This is applied to out-of-home care cases only.) 94; s39.701(7)(a), F.S.
   - Yes  No  N/A

e. Projected date for child's return to family or other permanent placement arrangement with plans for achieving permanence within 12-months. (This is applied to out-of-home cases only.) 94; s39.701(8)(h), F.S.
   - Yes  No  N/A

f. Changing needs of the child. 91; s39.701(7)(a)4, F.S
   - Yes  No  N/A

g. Changes in the family's situation, including, but not limited to, visitation with the child. 95; s39.701(7)(a)5,7, F.S.
   - Yes  No  N/A

h. Adolescent's, age 13 – 17 years, participation in the Independent Living Program:
   i. Copies of assessments. 168; ss39.701(7)(a)10, 409.1451(4)(a)(5)(b)5, F.S.
      - Yes  No  N/A
   ii. Copies of staffing summary documents signed by the adolescent. 168; ss39.701(7)10, 409.1451(4)(a)(5)(b)5, F.S.
      - Yes  No  N/A

5. A concurrent plan to place the child for adoption while reasonable efforts to prevent the child's removal or to reunify the child are made if applicable. 85; s39.601(3)(a), F.S.
   - Yes  No  N/A

6. A petition to terminate parental rights has been filed or co-filed by the agency if the child has been in out-of-home care 15 of the most recent 22 months or the child meets other AFSA criteria for TPR. 139; CFSR
   - Yes  No  N/A

7. If an exception to the requirement to file a TPR petition was made, the basis for the exception is one of the following:
   a. The child is being cared for by a relative; ss39.621(2),(3)(a)(b), F.S.; CFSR
      - Yes  No  N/A
   b. The case plan documents a compelling reason that TPR is not in the child's best interest; s39.621(2), F.S.; CFSR
      - Yes  No  N/A
   c. The agency has not provided the family or the child with the services deemed necessary for the safe return of the child. s39.701(9)(c), F.S.; CFSR
      - Yes  No  N/A

---

### Item # 8

1. The goal was achieved within 12 months of the child's most recent entry into out-of-home care. CFSR
   - Yes  No  N/A

2. If the goal was not achieved within 12 months of the child's most recent entry into out-of-home care:
   a. The agency identified barriers to achieving the goal, CFSR and
      - Yes  No  N/A
   b. The agency is taking/took steps to facilitate the goal achievement. CFSR
      - Yes  No  N/A

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### Item # 9

1. The birth parents were notified in writing of the adoption reunion registry prior to TPR. 155; s63.165, F.S.
   - Yes  No  N/A

2. The delays in freeing the child for adoption are outside of the agency's ability to correct. 148; s39.703, F.S.; CFSR
   - Yes  No  N/A

3. The child was registered on the adoption exchange within 30 days of the TPR Order. 151; s409.167, F.S.; CFSR
   - Yes  No  N/A
4. The child was web authorized on the State, regional and national adoption exchanges if not placed in an adoptive home within 90 days of the TPR order. 152; s409.167, F.S.; CFSR  
5. The agency is taking/has taken steps to identify, recruit, process and approve an adoptive family that matches the child's needs. ss39.601(3)(i),39.812(7), F.S.; CFSR  
6. The pre-adoptive parents were notified of court hearings.* 92; ss39.502(6), 39.701(5)(e), F.S.; CFSR  
7. The pre-adoptive parents were given an opportunity to be heard at court hearings. 92; s39.701(7)(d), F.S.; CFSR  
8. A complete adoptive home study was accomplished by the agency to include: 158; s63.092(3), F.S.; 65C-16.004,005, F.A.C.
   a. Application to Adopt is less than 12 months old,  
   b. Notarized Affidavit of Good Moral character,  
   c. Background record checks, to include:  
      i. Fingerprints (FBI clearance within 1 year for recruited, every 5 years for foster parents or relatives),  
      ii. FDLE current within 90 days of placement,  
      iii. Local law enforcement current within 90 days of placement,  
      iv. Abuse Hotline,  
   d. Five (5) References,  
   e. Marriage License,  
   f. All Divorce Decrees, and  
   g. Income and Expenditure Sheet.  
9. The adoptive parents were notified in writing of the adoption reunion registry prior to the adoption placement. 157; s  
10. The agency is taking/has taken steps to place the child for adoption: prepare the child for adoption, and transition the child into an adoptive placement. s39.701(7)(c) F.S.; CFSR  
11. The adoption was finalized within 24 months of the most recent entry into out-of-home care. CFSR  

**Item # 10**

1. For the child with an “other” planned permanency goal, the more permanent goals of reunification, adoption, long-term custody to a relative or legal guardianship have been considered and appropriately ruled out. 142;  
2. Review of the goal for continued appropriateness is done regularly by the agency. CFSR  
3. For those children with a goal of long-term licensed custody, the following criteria were met:
a. The child is 14 years of age or older, □ Yes □ No □ N/A

b. The child has remained in the foster home for a continuous period of 12 months, □ Yes □ No □ N/A

c. The child and his/her foster parent(s) do not desire adoption, □ Yes □ No □ N/A

d. The foster parent(s) have made a commitment to provide for the child until the age of majority and to prepare him/her for adulthood and independence, and □ Yes □ No □ N/A

e. The agency's social services study recommends the goal. s39.623, F.S. □ Yes □ No □ N/A

Outcome P2: The continuity of family relationships and connections is preserved for children.

Goal for Permanency Outcome #2: The child was placed in close proximity to his parents, extended family, and neighborhood to promote an enhanced relationship with family members. Regular visitation with parents and siblings, when appropriate, was facilitated by the agency. Relatives were appropriately assessed for placement and the agency ensured the child's primary connections were preserved when in out-of-home placement.

Item # 11

1. The child is placed in the same community or county as the parent(s) and/or extended family members. 144; s39.601(3)(e), F.S.; CFSR □ Yes □ No □ N/A

2. For the child placed outside the residential community or county of his parent(s):
   a. The reason was clearly related to the best interests of the child. 144; s39.601(3)(e), F.S.; CFSR □ Yes □ No □ N/A

   b. If the child is placed out of state, the placement was approved through ICPC. 145; s39.601(3)(e), F.S.; CFSR □ Yes □ No □ N/A

Item # 12

1. The child and all siblings in out-of-home care were placed together. 128; s39.001(1)(k), F.S.; CFSR □ Yes □ No □ N/A

2. When the child and all siblings in out-of-home care were not placed together, there was clear evidence that separation was necessary to meet the needs of one of the children. 129; s39.001(1)(k), F.S.; CFSR □ Yes □ No □ N/A

Item # 13

1. The child has routine and regular visitation with his parent(s). s39.601(3)(d), F.S.; CFSR □ Yes □ No □ N/A

2. The child has routine and regular visitation with his siblings separated in other out-of-home care placements. 130; s39.601(3)(d), F.S.; CFSR □ Yes □ No □ N/A

3. The child was afforded other means of contact with his parent(s). CFSR □ Yes □ No □ N/A

4. The child was afforded other means of contact with his siblings separated in other out-of-home care placements. s39. □ Yes □ No □ N/A

5. The case plan includes visitation and other contact plans with parents and/or siblings separated in other out-of-home care placements. 87h; s39.601(3)(d), F.S.; CFSR □ Yes □ No □ N/A

6. The parents were notified of all changes in visitation privileges. 96; CFSR □ Yes □ No □ N/A

Item # 14
1. The child's primary connections to his/her neighborhood, community, faith, family, and friends were maintained in the out-of-home placement. 127; CFSR

2. The child's and his family's unique characteristics – language, religion, values and beliefs, traditions, and background – are/were supported in the child's out-of-home care placement. 127; s39.001(1)(i), F.S.

3. If the child is Native American/Alaska Native, his interests are/were addressed through:
   a. Timely notification of the tribe, and 133; s39.001(1)(d), F.S.; CFSR
   b. Placement with the child's extended family or tribe. 134; s39.001(1)(d), F.S.; CFSR

4. The court was kept informed of the progress of diligent search by the agency until excused. 97; s39.502(8)(9), F.S.;

5. Relationships between the child and his mother/father have been accurately identified in HomeSafenet. 190

Item # 15

1. The non-custodial parent, if applicable, was considered a placement resource before consideration was given to relati

2. Both maternal and paternal relatives are/were sought out and evaluated as a potential placement resource. CFSR

3. For the child not placed with relatives, relatives were considered for placement. 115; s39.5085(c), F.S.; CFSR

4. The child's relatives were continually assessed as placement resources throughout the life of the case. CFSR

Item # 16

1. The agency is making efforts to promote and maintain a strong, emotionally supportive relationship between the child and his parent(s) through visits and other contacts. 136; CFSR

2. The agency encourages and supports parental participation in activities with the child, e.g., school functions, special occasions, medical appointments, etc. CFSR

3. The agency encourages and supports parental involvement in making decisions about the child's needs and activities.

Outcome WB1: Families have enhanced capacity to provide for their children's needs.

Goal for Well Being Outcome #1: The agency assessed the needs and services of the child, family and caregivers and provided appropriate services based on identified needs. Age appropriate children and relevant family members were involved in the development of initial case plans and in ongoing case planning activities. Agency contact with children and parents was consistent with the needs of the child and parent and sufficient to ensure the child's safety, permanency and well-being.

Item # 17

1. Contact with the child, the parent(s) or caregiver to initiate service provision was made within a reasonable amount of time following acceptance of the case. 48

2. The case manager has identified tasks and needed services consistent with the case plan goal for the child, child's mother, child's father, child's out-of-home caregivers, and others. 49, 75; ss39.601(2)(b),(3)(e)(h), F.S.; CFSR

3. The case manager has arranged for services needed to attain the case plan goal, for the child, child's mother, child's father, and child's out-of-home caregivers. 51; ss39.601(1)(c),(2)(b),(3)(g)-(j), F.S.; CFSR
<table>
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<tr>
<th>Item # 18</th>
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<tbody>
<tr>
<td>1. The initial case plan was developed within 60 days of initial contact with the family for in-home supervision cases.* 70; s39.601(9)(a), F.S.</td>
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<tr>
<td>2. The initial case plan was developed with the family within 60 days of the child's removal for out-of-home cases.* 70; s39.601(9)(a), F.S.</td>
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<td>3. The following individuals participated or were given the opportunity to participate in the development of the case plan: the mother, the father, the child if age and developmentally appropriate. 72; s39.601(1)(a), F.S., and caregiver.</td>
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<td>4. The following individuals were actively engaged in completing case plan tasks and services: the mother, father, child, and caregiver. 52; s39.701(7)(a) 1-11, F.S.</td>
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<td>5. The following individuals were actively involved in ongoing case planning activities (relative to modifications to existing case plan): mother, father, child, and caregiver.* 88; s39.701(7)(a) 1-11, F.S.; CFSR</td>
</tr>
<tr>
<td>6. The following individuals were notified of court hearings: mother, father, child.* 92; ss39.502(6),701(5)(c), F.S. and caregiver.* 92; s39.701(5)(b), F.S.</td>
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<tr>
<td>7. The following individuals were given an opportunity to be heard at court hearings: mother, father, child and caregiver. 92; s39.701(7)(d), F.S.</td>
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<td>8. There is a current – not expired – case plan. * 71; ss39.601,602, F.S.</td>
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</table>
9. The case plan was amended to reflect changes in the goal, tasks and services, and placement type.* 89; s39.601(9)(f), F.S. ○ Yes ○ No ○ N/A

10. A staffing was held to discuss the transition into adulthood for an adolescent age 6 months prior to their 18th birthday. 178; s409.1451, F.S. ○ Yes ○ No ○ N/A

**Item # 19**

1. A minimum of monthly face-to-face home visits occurred between the case manager and the child. 42; CFSR ○ Yes ○ No ○ N/A

2. Visits between the case manager and the child focused on issues pertinent to case planning, service delivery, and goal attainment. 44, 45; CFSR ○ Yes ○ No ○ N/A

**Item # 20**

1. A minimum of monthly face-to-face home visits occurred between the case manager and the parents when the goal was reunification. 43; s39.601(1)(c), F.S. ○ Yes ○ No ○ N/A

2. A minimum of monthly face-to-face home visits occurred between the case manager and the parents when the goal was maintain and strengthen. 43; s39.601(1)(c), F.S. ○ Yes ○ No ○ N/A

3. Visits between the case manager and the parents focused on issues pertinent to case planning, service delivery, and goal attainment. 44, 45; s39.601(1)(c), F.S. ○ Yes ○ No ○ N/A

**Outcome WB2: Children receive appropriate services to meet their educational needs.**

Goal for WB Outcome #2: The agency assessed the child's educational issues and made extensive efforts to address the child's educational needs through the school system or other early intervention providers, if needed. The agency ensured continuity of the child's educational placement. All applicable educational records were provided to out-of-home caregivers and were included in the case plan and case record.

**Item # 21**

1. The case plan includes the following: ○ Yes ○ No ○ N/A
   a. Names and addresses of child's current educational providers; 87
   b. Explanation regarding why the child was moved to a new school if the child attends a different school as a result of the placement; 87; CFSR
   c. Child's school records (e.g., most recent report card). 87; CFSR

2a. Educational needs for the child have been identified, and formally addressed in the case plan. 54; s39.601(3)(f), F.S.; CFSR ○ Yes ○ No ○ N/A

2b. The case manager has monitored the results of the service provision to meet the child's educational needs and determined whether progress has been made, and emerging needs or problems have been identified and addressed. 56; s39.701(7)(a)9, F.S.; CFSR ○ Yes ○ No ○ N/A

3. The case manager has advocated with the educational/school system to obtain educational services to meet the child's needs if applicable. 55; s39.701(7)(a)9, F.S.; CFSR ○ Yes ○ No ○ N/A

4. The case manager has provided the child's education records to the out-of-home caregiver. CFSR ○ Yes ○ No ○ N/A

5. The child's school placement has been stable. 138; CFSR ○ Yes ○ No ○ N/A

6. The case manager has advised the court of: ○ Yes ○ No ○ N/A
   a. Number of times the child's educational placement has been changed; s39.701(7)(a)9, F.S.
Outcome WB3: Children receive adequate services to meet their physical and mental health needs.

Goal for WB Outcome #3: The child’s physical health needs (including follow-up services) were addressed in the following through preventive health care, preventive dental care, immunizations, treatment for identified health needs, treatment for identified dental needs and by providing health records to out-of-home caregivers. The agency ensured the child received an initial mental health assessment or screening and provided appropriate services to address identified mental health needs, if indicated.

Item # 22

1. The child’s health needs are being met through:
   a. Preventive healthcare; 63; s39.001(1)(a), F.S.; CFSR
   b. Appropriate treatment for identified needs; 63; s39.001(1)(a), F.S.; CFSR
   c. Preventive dental; 63; s39.001(1)(a), F.S.; CFSR
   d. Appropriate treatment for identified dental needs; 63; s39.001(1)(a), F.S.; CFSR and
   e. Immunization. 63; s39.001(1)(a), F.S.; CFSR

2. An initial health screening was provided within 72 hours of removal if the child was in out of home care. 64; s39.407(1), F.S.

3. The case plan for the child includes:
   a. Names and addresses of health care providers; 87a; s39.601(3)(j), F.S.
   b. Current immunization history; and 87b; s39.601(3)(j), F.S.
   c. Known medical health conditions and medications.* 87c; s39.601(3)(j), F.S.; CFSR

4. A pre-placement physical examination was conducted on the child within 6 months of signing the memorandum of agreement for adoptive placement. 156; s39.810 (4), F.S.; 65c-16.002 (7)(f) F.A.C

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Outcome WB2: Children and families receive adequate housing and community services to meet their needs.

Item # 23

1. The child’s mental health needs were identified through assessment or screening. 65; ss39, 394, F.S.; CFSR.

2. When an assessment or screening indicated a need for services, a referral for further assessment was made within 30 days of the initial assessment or screening. 66; ss39,394, F.S.; CFSR

3. A Comprehensive Behavioral Health Assessment (CBHA) was conducted and included a review of four domains: behavioral, educational, health and home environment, and was completed and signed by a licensed mental health professional or certified addictions case manager within 30 days of removal of the child. 67; CFOP 155-10; ss39, 394, F.S.

4. The case file documents the reason(s) the CBHA was not completed and signed by a licensed mental health professional or certified addictions counselor within 30 days of the child’s removal. 67; CFOP 155-10
5. When treatment needs were indicated in the CBHA, a referral for services, further assessment and/or treatment was completed within the same 30-day time frame allowed for the CBHA. *

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6. The case file documents the reason(s) a referral for services, further assessment and/or treatment recommended in the CBHA was not made within the same 30-day time frame allowed for the CBHA. *

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7. Mental health and/or substance abuse services provided to the child were consistent with the identified needs and/or recommendations in the CBHA, including the type, frequency, duration, location and name of the provider. 

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8. Mental health and/or substance abuse services recommended for the child in the CBHA were implemented within 30 days of the completed referral(s).**

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9. When mental health and/or substance abuse services recommended in the CBHA for the child were not implemented within 30 days of the completed referral(s), the reason(s) was documented in the case file.*

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10. Substance abuse treatment was documented for the child if needed. 82c; ss39.601(2)(b),(3)(e)(h), F.S.

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11. The case plan includes for the child:
   a. Names and addresses of health care providers. 87a; s39.601(3)(j), F.S.; CFSR

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   b. Known mental health conditions and medications.* 87c; s39.601(3)(j), F.S.; CFSR

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12. An assessment for Residential Group Care (RGC) was completed for the child 11 years of age or older who has been removed 6 months or longer, and has had more than one placement. 112; s39.523, F.S.

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## CERT RECORD REVIEW ADDENDUM

### Quality Indicators

1. There is a current copy of the H5n ID Summary in the file.

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<th>Yes</th>
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2. Birth Certificates or Birth Verification forms for all children related to the case are in the file.

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<th>Yes</th>
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3. Social Security cards or SS numbers are present in the file for all children related to the case.

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<th>Yes</th>
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4. There is an updated photo in the file for all children related to the case, including full name of child and date photo taken documented on the photo.

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5. Fingerprint/footprint cards for all children related to the case are in the file.

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6. A copy of the shelter petition is in the file, if appropriate.

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<th>Yes</th>
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7. A copy of the shelter order is in the file, if appropriate.

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<tr>
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8. A copy of the Dependency Petition is in the file, if appropriate.

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<tr>
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9. A copy of the Dependency Order or Order of Adjudication is in the file, if appropriate.

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<td>10. A Permanency Staffing was held with all pertinent parties at 11 months or sooner.</td>
<td>Yes  No  N/A</td>
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<tr>
<td>11. There is clear documentation of case transfer from PI Unit to DCM Unit.</td>
<td>Yes  No  N/A</td>
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<tr>
<td>* If appropriate, a current, signed and dated consent form authorizing the release of confidential information to specific providers is in the file.</td>
<td>Yes  No  N/A</td>
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<tr>
<td>12. If indicators of sexual abuse victimization or other outlying behaviors with regard to sexual behavior are present, a safety plan has been completed per DCF guidelines, is signed, dated and a copy is in the file.</td>
<td>Yes  No  N/A</td>
<td></td>
</tr>
<tr>
<td>13. Home Visit Forms are signed by all parties seen and the DCM, dated, and clearly delineate the time parameters of the visit? (i.e., 1:00 – 2:30 PM)</td>
<td>Yes  No  N/A</td>
<td></td>
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<tr>
<td>* The DCM and/or DCM supervisor signed, dated and credentialed all notes, summaries and reports.</td>
<td>Yes  No  N/A</td>
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</tr>
<tr>
<td>* All documentation in the file is related to the case. (There should be no misfiled documentation)</td>
<td>Yes  No  N/A</td>
<td></td>
</tr>
<tr>
<td>* Print-outs of all (monthly at a minimum) HSn case notes are in the file.</td>
<td>Yes  No  N/A</td>
<td></td>
</tr>
<tr>
<td>* There are NO abbreviations in any documentation completed by the DCM or DCM supervisor of record.</td>
<td>Yes  No  N/A</td>
<td></td>
</tr>
<tr>
<td>14. FSFN notes are composed /documented in a professional manner.</td>
<td>Yes  No  N/A</td>
<td></td>
</tr>
<tr>
<td>15. FSFN notes are purposeful, individualized, address emerging issues and related to the reason for services.</td>
<td>Yes  No  N/A</td>
<td></td>
</tr>
<tr>
<td>16. Client names are spelled correctly and there are not several different spellings of client names contained in the file d</td>
<td>Yes  No  N/A</td>
<td></td>
</tr>
<tr>
<td>* Documentation in the file is legible.</td>
<td>Yes  No  N/A</td>
<td></td>
</tr>
<tr>
<td>* Errors are crossed out with one line only and initialed.</td>
<td>Yes  No  N/A</td>
<td></td>
</tr>
<tr>
<td>* There is no evidence of correction fluid use.</td>
<td>Yes  No  N/A</td>
<td></td>
</tr>
<tr>
<td>* There is evidence of client progress/updates shared with Providers, GAL's, Court, and Caregivers as appropriate.</td>
<td>Yes  No  N/A</td>
<td></td>
</tr>
<tr>
<td>17. There is clear documentation of a meaningful supervisory review conducted every 90 days, at a minimum.</td>
<td>Yes  No  N/A</td>
<td></td>
</tr>
<tr>
<td>* There is no evidence of duplicate or multiple copies of court documents in the file.</td>
<td>Yes  No  N/A</td>
<td></td>
</tr>
<tr>
<td>18. If a CPT referral has been made the final report/summary is in the file.</td>
<td>Yes  No  N/A</td>
<td></td>
</tr>
<tr>
<td>* There is no evidence of doodling on legal or other documentation in the file.</td>
<td>Yes  No  N/A</td>
<td></td>
</tr>
<tr>
<td>* The majority of the documentation is filed in the proper sections according to the indexes.</td>
<td>Yes  No  N/A</td>
<td></td>
</tr>
<tr>
<td>* Eligibility paperwork, TANF applications, Medicaid or other insurance #’s are in the file as appropriate.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>* The file does not contain loose paperwork, notes scribbled on scrap paper and/or sticky notes.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>* The various volumes pertaining to the case are in good condition.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>* There is evidence that the file contains current, (not to exceed one year) signed consents/medication orders for all children taking psychotropic medication.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>19. A reunification staffing was held within the appropriate timeframe.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>20. The home study contained in the file is comprehensive and detailed, providing a clear picture of the family home, relationships and finances.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>21. The Normalcy Plan was completed by the DCM for all youths ages 13-17 in licensed care and reviewed every 90 days.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>22. The ILP Staffing/Case Plan Form was completed 1 X per year for youths ages 13-14 and completed every 6 months for youths ages 15-17, and signed by the youth.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>23. SIL Assessments were completed for youths ages 16-17.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>24. The Ansell Casey Life Skills Assessment was conducted yearly for youths ages 13-17.</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

* These questions are only valid for CERTS completed between 7-1-07 and 1-31-08.

Reviewer’s Comments:
UFF - Quality Management
Compliance and Quality Review Instrument
Dependency Case Management

Summary for Tracy Bell

For the review period of:
01/01/08 through 03/31/08
**Outcome S1: Children are, first and foremost, protected from abuse and neglect**

Goal for Safety Outcome #1: The victim was seen and the investigation of the report of suspected abuse and neglect was completed in accordance with the State guidelines. During the 6-month period following the initial report, there were not multiple substantiated or indicated reports of maltreatment that were due to the same perpetrator or to the same general circumstances.

**Item # 2**

1. Was the child within the family under supervision kept safe from abuse and neglect? (No subsequent reports documenting some indicators or verified findings). 98; s39.001(3)(a)(1), F.S.; CFSR

   - Total countable cases for question: 1
   - Compliance rate for question: 100.00%

2. If the child within the family under supervision was not kept safe from abuse and neglect did the subsequent report(s) involve:

   - a. Different perpetrator(s)? 100; CFSR
   - Total countable cases for question: 0
   - Compliance rate for question: NA

   - b. Different general circumstances? 100; CFSR
   - Total countable cases for question: 0
   - Compliance rate for question: NA

   - c. If the child within the family under supervision was not kept safe from abuse and neglect were the agency’s interventions to protect the child following the initial report appropriate? (The subsequent maltreatment could not have been prevented.) CFSR
   - Total countable cases for question: 0
   - Compliance rate for question: NA

3. Was the child placed in out-of-home care kept safe from abuse and neglect once placed? (No subsequent reports documenting some indicators or verified findings and involve the foster parent, relative, or non-relative caregivers while the child was in out-of-home care?) 98; s39.001(3)(a)(1), F.S.;

   - Total countable cases for question: 7
   - Compliance rate for question: 85.71%

4. If the child placed in out-of-home care was not kept safe from abuse and neglect did the subsequent report(s) involve:

   - a. Different perpetrator(s)? 100; CFSR
   - Total countable cases for question: 1
   - Compliance rate for question: 100.00%

   - b. Different general circumstances? 100; CFSR
   - Total countable cases for question: 1
   - Compliance rate for question: 100.00%

5. If the child placed in out-of-home care was not kept safe from abuse and neglect, were the agency’s interventions to protect the child following the initial report appropriate? (The subsequent maltreatment could not be prevented.) CFSR

   - Total countable cases for question: 2
   - Compliance rate for question: 100.00%

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**Outcome S2: Children are safely maintained in their homes whenever possible and appropriate.**

Goal for Safety Outcome #2: The agency provided family preservation services, family counseling, and other services to prevent the child from being removed from his/her home and to reduce his/her risk of harm. Services were appropriately matched to the family’s needs. The agency provided services to keep the child who was in either licensed or non-licensed out-of-home care safe from abuse and neglect.

**Item # 3**

1. For children in their homes during a portion or throughout the review period:

   - a. The case was appropriate for in-home or reunification (post-placement supervision) services. 105; s39.521, F.S.; CFSR
   - Total countable cases for question: 1
   - Compliance rate for question: 100.00%

   - b. Appropriate services are provided to or arranged for the family to protect the child and to prevent removal. s39.001(1)(f), F.S.; CFS
   - Total countable cases for question: 0
   - Compliance rate for question: NA

**Item # 4**

1. There is an ongoing assessment of risk to assure child safety. 41; s39.701, F.S.; CFSR

   - Total countable cases for question: 7
   - Compliance rate for question: 100.00%

2. There is evidence that child safety was a focus during monthly face-to-face contacts with the mother, the father, the child, and the child’s caregiver. 46; s39.701, F.S.; CFSR

   - Total countable cases for question: 7
   - Compliance rate for question: 100.00%

3. During monthly contacts, there is documentation the case manager observed:

   - a. The child’s physical appearance (particularly as it relates to the factors that resulted in service provision), 47; CFSR

   - Total countable cases for question: 7
   - Compliance rate for question: 100.00%

   - b. The child’s interaction with parent(s), caregivers and other significant household members, CFSR.

   - Total countable cases for question: 7
   - Compliance rate for question: 85.71%
4. The decision made to place the child in an out-of-home care placement was appropriate given the presenting circumstances at the time the decision was made. 108; S39.401(1), F.S.; CFSR

5. For children placed in out-of-home care, services were provided to keep the child safe from abuse and neglect. s39.001(3)(a)(1), F.S.; CFSR

6. For children placed with relatives/non-relatives, a complete home study was accomplished: 117; CFOP 175-79; s39.521(1)(r) 1-7, F.S.
   a. Appropriate background checks were completed and assessed prior to placement, 117; CFOP 175-79; s39.521(1)(r) 1-7, F.S.
   b. An assessment from a physical inspection of the home environment was completed prior to placement, 117; CFOP 175-79; s39.521(1)(r) 1-7, F.S.
   c. An evaluation of the prospective caregivers' ongoing commitment and capacity to protect the children was conducted prior to placement, 117; CFOP 175-79; s39.521(1)(r) 1-7, F.S.
   d. Services are provided to keep the child safe from abuse and neglect. s39.001(3)(a)(1), F.S.; CFSR

7. There is a justifiable reason for continuation of:
   a. In-home services. 106; s39.701, F.S.; CFS
   b. Out-of-home placement. s39.701, F.S.; CFSR

8. When the child was not kept safe from abuse and neglect during service provision, appropriate services were provided to alleviate risk.** 99; s39.001(3)(a)(1), F.S.

9. When services were provided to alleviate risk as a result of subsequent abuse/neglect, appropriate follow up was completed to ensure the actions taken effectively ameliorated risk.** 101; s39.001(3)(a)(1), F.S.

<table>
<thead>
<tr>
<th>Outcome P1: Children have permanency and stability in their living situations.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Goal for Permanency Outcome #1:</strong> The agency provided services to the child and family to manage the risk of abuse and neglect upon reunification and to prevent the child’s reentry into out-of-home care. While in out-of-home care, the agency provided services to the child and the caregiver(s) to maintain a stable placement and to prevent unnecessary moves. The agency appropriately matched the child’s permanency goal to his needs.</td>
</tr>
</tbody>
</table>

**Item # 5**

1. Entries during the period under review did not occur within a 12-month period of the child being discharged from another out-of-home care entry. 109, CFSR

2. Re-entries within a 12-month period of the child being discharged from another out-of-home care entry were not the result of the same general reasons or circumstances or same perpetrators. CFS

3. The agency did what was reasonable to manage the risk following reunification and to prevent re-entry into out-of-home care. CFSR

**Item # 6**

1. The child had no placement changes during this episode of care. 121; CFSR

2. If placement changes occurred, they were for reasons directly related to helping the child achieve the goals in the case plan. 124; CFSR

3. Efforts were made by the agency to prevent unnecessary moves. CFSR

4. Placement settings were appropriate to the child’s needs. ss39.001(i), 39.601(3)(b), F.S.; CFSR
5. The case plan indicates the child's current placement.* 83; s39.601(3)(a)(b)(e), F.S.  
   Total countable cases for question: 7  
   Compliance rate for question: 71.43%

6. The case plan explains why the child's placement in a residential or group home is appropriate.* 84; ss 39.523(1), 39.601(3)(b)(e), 39.701(7)(a)8, F.S.  
   Total countable cases for question: 2  
   Compliance rate for question: 50.00%

7. The case manager discussed achieving the case plan goal in contacts with the child's out-of-home caregivers. 44; s39.701(7)(a)4, F.S.  
   Total countable cases for question: 6  
   Compliance rate for question: 83.33%

8. The child's out-of-home caregiver was involved or was given the opportunity to be involved in the development of the case plan. 44; s39.601(3)(e), F.S.  
   Total countable cases for question: 5  
   Compliance rate for question: 100.00%

9. The case manager visited the out-of-home caregiver monthly in the home. 137; s39.701(7)(a)4, F.S.  
   Total countable cases for question: 7  
   Compliance rate for question: 71.43%

10. The out-of-home caregiver was notified of court hearings.* 92; ss39.502(6), 30.701(5)(b), F.S.; CFSR  
    Total countable cases for question: 6  
    Compliance rate for question: 66.67%

11. The out-of-home caregiver was given an opportunity to be heard at court hearings.* 92; ss39.701(7)(a)6,(d), F.S.; CFSR  
    Total countable cases for question: 7  
    Compliance rate for question: 85.71%

12. The current placement setting is stable, i.e., no apparent or significant risks of projected placement disruption. 126; CFSR  
    Total countable cases for question: 6  
    Compliance rate for question: 100.00%

13. The parent(s) were notified of all changes in the child's placement. CFSR  
    Total countable cases for question: 2  
    Compliance rate for question: 100.00%

14. The court was informed of the:  
   a. Number and types of placements the child has had; s39.701(7)(a)8, F.S, and the  
      Total countable cases for question: 5  
      Compliance rate for question: 100.00%  
   b. Reason for any change in the child's placement. s39.701(7)(a)8, F.S.  
      Total countable cases for question: 5  
      Compliance rate for question: 100.00%

---

**Item # 7**

1. The child's permanency goal is appropriate. 39; ss39.601(3)(a), 39.621, F.S.; CFSR  
   Total countable cases for question: 7  
   Compliance rate for question: 85.71%

2. The case plan included appropriate tasks for the case manager. 75d; ss39.601(1)(c),(2)(b),(3)(g)-(j), F.S.; CFSR  
   Total countable cases for question: 7  
   Compliance rate for question: 100.00%

3. The case manager is correctly listed in HomeSafenet (HSn). 187  
   Total countable cases for question: 7  
   Compliance rate for question: 100.00%

4. The court was informed of the:  
   a. Reasonable efforts made to prevent the child's removal. (This review element is applied to out-of-home care cases only.) s39.521(1)(f)1-3, F.S.  
      Total countable cases for question: 6  
      Compliance rate for question: 83.33%  
   b. Continuing appropriateness of, and necessity for, the child's placement status, including reasonable efforts to return the child to the home or achieve other permanency status. (The applies to out-of-home care cases only.) 94; ss39.701(7)(a)1,(c), F.S.  
      Total countable cases for question: 7  
      Compliance rate for question: 85.71%  
   c. Extent of compliance by all parties with the case plan, including non-compliance if applicable. 94; s39.701(7)(a)2, F.S.  
      Total countable cases for question: 7  
      Compliance rate for question: 85.71%  
   d. Progress made toward alleviating risk of harm that caused the child's placement. (This is applied to out-of-home care cases only.) 94; s39.701(7)(a), F.S.  
      Total countable cases for question: 7  
      Compliance rate for question: 85.71%  
   e. Projected date for child's return to family or other permanent placement arrangement with plans for achieving permanence within 12-months. (This is applied to out-of-home cases only.) 94; s39.701(8)(h), F.S.  
      Total countable cases for question: 7  
      Compliance rate for question: 85.71%
<table>
<thead>
<tr>
<th>Item # 8</th>
<th>Total countable cases for question:</th>
<th>Compliance rate for question:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The goal was achieved within 12 months of the child’s most recent entry into out-of-home care. CFSR</td>
<td>4</td>
<td>50.00%</td>
</tr>
<tr>
<td>2. If the goal was not achieved within 12 months of the child’s most recent entry into out-of-home care:</td>
<td>Total countable cases for question:</td>
<td>Compliance rate for question:</td>
</tr>
<tr>
<td>a. The agency identified barriers to achieving the goal, CFSR and</td>
<td>2</td>
<td>100.00%</td>
</tr>
<tr>
<td>b. The agency is taking/took steps to facilitate the goal achievement. CFSR</td>
<td>Total countable cases for question:</td>
<td>Compliance rate for question:</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>100.00%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Item # 9</th>
<th>Total countable cases for question:</th>
<th>Compliance rate for question:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The birth parents were notified in writing of the adoption reunion registry prior to TPR. 155; s63.165, F.S.</td>
<td>0</td>
<td>NA</td>
</tr>
<tr>
<td>2. The delays in freeing the child for adoption are outside of the agency’s ability to correct. 148; s39.703, F.S.; CFSR</td>
<td>Total countable cases for question:</td>
<td>Compliance rate for question:</td>
</tr>
<tr>
<td></td>
<td>0</td>
<td>NA</td>
</tr>
<tr>
<td>3. The child was registered on the adoption exchange within 30 days of the TPR Order. 151; s409.167, F.S.; CFSR</td>
<td>Total countable cases for question:</td>
<td>Compliance rate for question:</td>
</tr>
<tr>
<td></td>
<td>0</td>
<td>NA</td>
</tr>
<tr>
<td>4. The child was web authorized on the State, regional and national adoption exchanges if not placed in an adoptive home within 90 days of the TPR order. 152; s409.167, F.S.; CFSR</td>
<td>Total countable cases for question:</td>
<td>Compliance rate for question:</td>
</tr>
<tr>
<td></td>
<td>0</td>
<td>NA</td>
</tr>
<tr>
<td>5. The agency is taking/takes steps to identify, recruit, process and approve an adoptive family that matches the child’s needs. ss39.601(3)(i),39.812(7), F.S.; CFSR</td>
<td>Total countable cases for question:</td>
<td>Compliance rate for question:</td>
</tr>
<tr>
<td></td>
<td>0</td>
<td>NA</td>
</tr>
<tr>
<td>6. The pre-adoptive parents were notified of court hearings.* 92; ss39.502(6), 39.701(5)(e), F.S.; CFSR</td>
<td>Total countable cases for question:</td>
<td>Compliance rate for question:</td>
</tr>
<tr>
<td></td>
<td>0</td>
<td>NA</td>
</tr>
</tbody>
</table>
7. The pre-adoptive parents were given an opportunity to be heard at court hearings. 92; s39.701(7)(d), F.S.; CFSR

<table>
<thead>
<tr>
<th>Item # 10</th>
<th>Total countable cases for question: 1</th>
<th>Compliance rate for question: 100.00%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. For the child with an &quot;other&quot; planned permanency goal, the more permanent goals of reunification, adoption, long-term custody to a relative or legal guardianship have been considered and appropriately ruled out. 142; ss39.601(3)(i), 621.701(7)(c), F.S.; CFSR</td>
<td>Total countable cases for question: 1</td>
<td>Compliance rate for question: 100.00%</td>
</tr>
</tbody>
</table>

8. A complete adoptive home study was accomplished by the agency to include: 158; s63.092(3), F.S.; 65C-16.004,005, F.A.C.

<table>
<thead>
<tr>
<th>Item # 10</th>
<th>Total countable cases for question: 0</th>
<th>Compliance rate for question: NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Application to Adopt is less than 12 months old,</td>
<td>Total countable cases for question: 0</td>
<td>Compliance rate for question: NA</td>
</tr>
<tr>
<td>b. Notarized Affidavit of Good Moral character,</td>
<td>Total countable cases for question: 0</td>
<td>Compliance rate for question: NA</td>
</tr>
<tr>
<td>c. Background record checks, to include:</td>
<td>Total countable cases for question: 0</td>
<td>Compliance rate for question: NA</td>
</tr>
<tr>
<td>i. Fingerprints (FBI clearance within 1 year for recruited, every 5 years for foster parents or relatives),</td>
<td>Total countable cases for question: 0</td>
<td>Compliance rate for question: NA</td>
</tr>
<tr>
<td>ii. FDLE current within 90 days of placement,</td>
<td>Total countable cases for question: 0</td>
<td>Compliance rate for question: NA</td>
</tr>
<tr>
<td>iii. Local law enforcement current within 90 days of placement,</td>
<td>Total countable cases for question: 0</td>
<td>Compliance rate for question: NA</td>
</tr>
<tr>
<td>iv. Abuse Hotline,</td>
<td>Total countable cases for question: 0</td>
<td>Compliance rate for question: NA</td>
</tr>
<tr>
<td>d. Five (5) References,</td>
<td>Total countable cases for question: 0</td>
<td>Compliance rate for question: NA</td>
</tr>
<tr>
<td>e. Marriage License,</td>
<td>Total countable cases for question: 0</td>
<td>Compliance rate for question: NA</td>
</tr>
<tr>
<td>f. All Divorce Decrees, and</td>
<td>Total countable cases for question: 0</td>
<td>Compliance rate for question: NA</td>
</tr>
<tr>
<td>g. Income and Expenditure Sheet.</td>
<td>Total countable cases for question: 0</td>
<td>Compliance rate for question: NA</td>
</tr>
</tbody>
</table>

9. The adoptive parents were notified in writing of the adoption reunion registry prior to the adoption placement. 157; s63.165, F.S.

<table>
<thead>
<tr>
<th>Item # 10</th>
<th>Total countable cases for question: 0</th>
<th>Compliance rate for question: 0%</th>
</tr>
</thead>
<tbody>
<tr>
<td>11. The adoption was finalized within 24 months of the most recent entry into out-of-home care. CFSR</td>
<td>Total countable cases for question: 0</td>
<td>Compliance rate for question: NA</td>
</tr>
</tbody>
</table>

10. The agency is taking/has taken steps to place the child for adoption: prepare the child for adoption, and transition the child into an adoptive placement. s39.701(7)(c) F.S.; CFSR

<table>
<thead>
<tr>
<th>Item # 10</th>
<th>Total countable cases for question: 0</th>
<th>Compliance rate for question: NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. The child is 14 years of age or older,</td>
<td>Total countable cases for question: 0</td>
<td>Compliance rate for question: NA</td>
</tr>
<tr>
<td>b. The child has remained in the foster home for a continuous period of 12 months,</td>
<td>Total countable cases for question: 0</td>
<td>Compliance rate for question: NA</td>
</tr>
</tbody>
</table>
c. The child and his/her foster parent(s) do not desire adoption,  

| Item # 11 | 1. The child is placed in the same community or county as the parent(s) and/or extended family members. 144; s39.601(3)(e), F.S.; CFSR | Total countable cases for question: 6 | Compliance rate for question: 100.00% |
| 2. For the child placed outside the residential community or county of his parent(s): | | | |
| | a. The reason was clearly related to the best interests of the child. 144; s39.601(3)(e), F.S.; CFSR | Total countable cases for question: 0 | Compliance rate for question: NA |
| | b. If the child is placed out of state, the placement was approved through ICPC. 145; s39.601(3)(e), F.S.; CFSR | Total countable cases for question: 0 | Compliance rate for question: NA |

| Item # 12 | 1. The child and all siblings in out-of-home care were placed together. 128; s39.001(1)(k), F.S.; CFSR | Total countable cases for question: 5 | Compliance rate for question: 60.00% |
| 2. When the child and all siblings in out-of-home care were not placed together, there was clear evidence that separation was necessary to meet the needs of one of the children. 129; s39.001(1)(k), F.S.; CFSR | Total countable cases for question: 2 | Compliance rate for question: 100.00% |

| Item # 13 | 1. The child has routine and regular visitation with his parent(s). s39.601(3)(d), F.S.; CFSR | Total countable cases for question: 4 | Compliance rate for question: 75.00% |
| 2. The child has routine and regular visitation with his siblings separated in other out-of-home care placements. 130; s39.001(1)(k), F.S.; CFSR | Total countable cases for question: 2 | Compliance rate for question: 0.00% |
| 3. The child was afforded other means of contact with his parent(s). CFSR | Total countable cases for question: 2 | Compliance rate for question: 100.00% |
| 4. The child was afforded other means of contact with his siblings separated in other out-of-home care placements. s39.001(1)(k), F.S.; CFSR | Total countable cases for question: 2 | Compliance rate for question: 50.00% |
| 5. The case plan includes visitation and other contact plans with parents and/or siblings separated in other out-of-home care placements. 87h; s39.601(3)(d), F.S.; CFSR | Total countable cases for question: 3 | Compliance rate for question: 100.00% |
| 6. The parents were notified of all changes in visitation privileges. 96; CFSR | Total countable cases for question: 1 | Compliance rate for question: 100.00% |

| Item # 14 | 1. The child's primary connections to his/her neighborhood, community, faith, family, and friends were maintained in the out-of-home placement. 127; CFSR | Total countable cases for question: 7 | Compliance rate for question: 100.00% |
2. The child's and his family's unique characteristics – language, religion, values and beliefs, traditions, and background – are/were supported in the child's out-of-home care placement. s39.001(1)(i), F.S.

3. If the child is Native American/Alaska Native, his interests are/were addressed through:
   a. Timely notification of the tribe, and 133; s39.001(1)(d), F.S.; CFSR
   b. Placement with the child's extended family or tribe. 134; s39.001(1)(d), F.S.; CFSR

4. The court was kept informed of the progress of diligent search by the agency until excused. 97; s39.502(8)(9), F.S.; CFSR

5. Relationships between the child and his mother/father have been accurately identified in HomeSafenet. 190

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**Outcome WB1: Families have enhanced capacity to provide for their children's needs.**

Goal for Well Being Outcome #1: The agency assessed the needs and services of the child, family and caregivers and provided appropriate services based on identified needs. Age appropriate children and relevant family members were involved in the development of initial case plans and in ongoing case planning activities. Agency contact with children and parents was consistent with the needs of the child and parent and sufficient to ensure the child's safety, permanency and well-being

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Item # 16

1. Contact with the child, the parent(s) or caregiver to initiate service provision was made within a reasonable amount of time following acceptance of the case. 48

2. The case manager has identified tasks and needed services consistent with the case plan goal for the child, child's mother, child's father, child's out-of-home caregivers, and others. 49, 75; ss39.601(2)(b),(3)(e)(h), F.S.; CFSR

3. The case manager has arranged for services needed to attain the case plan goal, for the child, child's mother, child's father, and child's out-of-home caregivers. 51; ss39.601(1)(c),(2)(b),(3)(g)-(j), F.S.; CFSR

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Item # 17

1. The agency is making efforts to promote and maintain a strong, emotionally supportive relationship between the child and his parent(s) through visits and other contacts. 136; CFSR

2. The agency encourages and supports parental participation in activities with the child, e.g., school functions, special occasions, medical appointments, etc. CFSR

3. The agency encourages and supports parental involvement in making decisions about the child's needs and activities. CFSR
| Item # 18 |
|-----------------|-----------------|-----------------|
| 1. The initial case plan was developed within 60 days of initial contact with the family for in-home supervision cases.* | 70; ss39.601(9)(a), F.S. | Total countable cases for question: 1 Compliance rate for question: 100.00% |
| 2. The initial case plan was developed with the family within 60 days of the child’s removal for out-of-home cases.* | 70; ss39.601(9)(a), F.S. | Total countable cases for question: 4 Compliance rate for question: 75.00% |
| 3. The following individuals participated or were given the opportunity to participate in the development of the case plan: the mother, the father, the child if age and developmentally appropriate. | 72; ss39.601(1)(a), F.S., and caregiver. 72; ss39.601(3)(e), F.S. | Total countable cases for question: 7 Compliance rate for question: 28.57% |
| 4. The following individuals were actively engaged in completing case plan tasks and services: the mother, father, child, and caregiver. | 52; ss39.701(7)(a) 1-11, F.S. | Total countable cases for question: 7 Compliance rate for question: 71.43% |
| 5. The following individuals were actively involved in ongoing case planning activities (relative to modifications to existing case plan): mother, father, child, and caregiver.* | 88; ss39.701(7)(a) 1-11, F.S.; CFSR | Total countable cases for question: 6 Compliance rate for question: 33.33% |
| 6. The following individuals were notified of court hearings: mother, father, child.* | 92; ss39.502(6),701(5)(c), F.S. and caregiver.* 92; ss39.701(5)(b), F.S | Total countable cases for question: 7 Compliance rate for question: 100.00% |
| 7. The following individuals were given an opportunity to be heard at court hearings: mother, father, child, 92 and caregiver. | 92; ss39.701(7)(d), F.S. | Total countable cases for question: 7 Compliance rate for question: 100.00% |
| 8. There is a current – not expired – case plan. | 71; ss39.601,602, F.S. | Total countable cases for question: 7 Compliance rate for question: 71.43% |
10. A staffing was held to discuss the transition into adulthood for an adolescent age 6 months prior to their 18th birthday. 178; s409.1451, F.S.  

<table>
<thead>
<tr>
<th>Item # 19</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. A minimum of monthly face-to-face home visits occurred between the case manager and the child. 42; CFSR</td>
</tr>
<tr>
<td>Compliance rate for question: 85.71%</td>
</tr>
<tr>
<td>2. Visits between the case manager and the child focused on issues pertinent to case planning, service delivery, and goal attainment. 44,45; CFSR</td>
</tr>
<tr>
<td>Compliance rate for question: 100.00%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Item # 20</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. A minimum of monthly face-to-face home visits occurred between the case manager and the parents when the goal was reunification. 43; s39.601(1)(c), F.S.</td>
</tr>
<tr>
<td>Compliance rate for question: 20.00%</td>
</tr>
<tr>
<td>2. A minimum of monthly face-to-face home visits occurred between the case manager and the parents when the goal was maintain and strengthen. 43; s39.601(1)(c), F.S.</td>
</tr>
<tr>
<td>Compliance rate for question: 100.00%</td>
</tr>
<tr>
<td>3. Visits between the case manager and the parents focused on issues pertinent to case planning, service delivery, and goal attainment. 44, 45; s39.601(1)(c), F.S.</td>
</tr>
<tr>
<td>Compliance rate for question: 66.67%</td>
</tr>
</tbody>
</table>

**Outcome WB2: Children receive appropriate services to meet their educational needs.**

Goal for WB Outcome #2: The agency assessed the child's educational issues and made extensive efforts to address the child's educational needs through the school system or other early intervention providers, if needed. The agency ensured continuity of the child's educational placement. All applicable educational records were provided to out-of-home caregivers and were included in the case plan and case record.

<table>
<thead>
<tr>
<th>Item # 21</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The case plan includes the following:</td>
</tr>
<tr>
<td>a. Names and addresses of child's current educational providers; 87</td>
</tr>
<tr>
<td>Compliance rate for question: 50.00%</td>
</tr>
<tr>
<td>b. Explanation regarding why the child was moved to a new school if the child attends a different school as a result of the placement; 87; CFSR</td>
</tr>
<tr>
<td>Compliance rate for question: 50.00%</td>
</tr>
<tr>
<td>d. Child's school records (e.g., most recent report card). 87; CFSR</td>
</tr>
<tr>
<td>Compliance rate for question: 0.00%</td>
</tr>
<tr>
<td>2a. Educational needs for the child have been identified, and formally addressed in the case plan. 54; s39.601(3)(f), F.S.; CFSR</td>
</tr>
<tr>
<td>Compliance rate for question: 100.00%</td>
</tr>
<tr>
<td>2b. The case manager has monitored the results of the service provision to meet the child's educational needs and determined whether progress has been made, and emerging needs or problems have been identified and addressed. 56; s39.701(7)(a)9, F.S.; CFSR</td>
</tr>
<tr>
<td>Compliance rate for question: 100.00%</td>
</tr>
<tr>
<td>3. The case manager has advocated with the educational/school system to obtain educational services to meet the child's needs if applicable. 55; s39.701(7)(a)9, F.S.; CFSR</td>
</tr>
<tr>
<td>Compliance rate for question: NA</td>
</tr>
<tr>
<td>4. The case manager has provided the child's education records to the out-of-home caregiver. CFSR</td>
</tr>
<tr>
<td>Compliance rate for question: 0.00%</td>
</tr>
<tr>
<td>5. The child's school placement has been stable. 138; CFSR</td>
</tr>
<tr>
<td>Compliance rate for question: 20.00%</td>
</tr>
</tbody>
</table>
6. The case manager has advised the court of:

<table>
<thead>
<tr>
<th>Case Details</th>
<th>Countable Cases</th>
<th>Compliance Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Number of times the child's educational placement has been changed</td>
<td>5</td>
<td>60.00%</td>
</tr>
<tr>
<td>b. Number and types of educational placements that have occurred</td>
<td>5</td>
<td>40.00%</td>
</tr>
<tr>
<td>c. Reason(s) for any change in educational placement</td>
<td>4</td>
<td>75.00%</td>
</tr>
</tbody>
</table>

**Outcome WB3: Children receive adequate services to meet their physical and mental health needs.**

Goal for WB Outcome #3: The child's physical health needs (including follow-up services) were addressed in the following through preventive health care, preventive dental care, immunizations, treatment for identified health needs, treatment for identified dental needs and by providing health records to out-of-home caregivers. The agency ensured the child received an initial mental health assessment or screening and provided appropriate services to address identified mental health needs, if indicated.

### Item # 22

1. The child's health needs are being met through:
   - Preventive healthcare; 63; s39.001(1)(a), F.S.; CFSR (7 cases, 100.00% compliance)
   - Appropriate treatment for identified needs; 63; s39.001(1)(a), F.S.; CFSR (4 cases, 100.00% compliance)
   - Preventive dental; 63; s39.001(1)(a), F.S.; CFSR (3 cases, 33.33% compliance)
   - Appropriate treatment for identified dental needs; 63; s39.001(1)(a), F.S.; CFSR and (2 cases, 50.00% compliance)
   - Immunization. 63; s39.001(1)(a), F.S.; CFSR (7 cases, 71.43% compliance)

2. An initial health screening was provided within 72 hours of removal if the child was in out of home care. 64; s39.407(1), F.S. (7 cases, 71.43% compliance)

3. The case plan for the child includes:
   - Names and addresses of health care providers; 87a; s39.601(3)(j), F.S. (7 cases, 71.43% compliance)
   - Current immunization history; and 87b; s39.601(3)(j), F.S. (7 cases, 57.14% compliance)
   - Known medical health conditions and medications.* 87c; s39.601(3)(j), F.S.; CFSR (4 cases, 100.00% compliance)

4. A pre-placement physical examination was conducted on the child within 6 months of signing the memorandum of agreement for adoptive placement. 156; s39.810 (4), F.S.; 65c-16.002 (7)(f) F.A.C (0 cases, NA compliance)

### Item # 23

1. The child's mental health needs were identified through assessment or screening. 65; ss39, 394, F.S.; CFSR (4 cases, 100.00% compliance)

2. When an assessment or screening indicated a need for services, a referral for further assessment was made within 30 days of the initial assessment or screening. 66; ss39,394, F.S.; CFSR (2 cases, 50.00% compliance)

3. A Comprehensive Behavioral Health Assessment (CBHA) was conducted and included a review of four domains: behavioral, educational, health and home environment, and was completed and signed by a licensed mental health professional or certified addictions case manager within 30 days of removal of the child. 67, CFOP 155-10; ss39, 394, F.S. (5 cases, 40.00% compliance)
4. The case file documents the reason(s) the CBHA was not completed and signed by a licensed mental health professional or certified addictions counselor within 30 days of the child’s removal. 67; CFOP 155-10

5. When treatment needs were indicated in the CBHA, a referral for services, further assessment and/or treatment was completed within the same 30-day time frame allowed for the CBHA. * 68; CFOP 155-10

6. The case file documents the reason(s) a referral for services, further assessment and/or treatment recommended in the CBHA was not made within the same 30-day time frame allowed for the CBHA. * 68; CFOP 155-10.

7. Mental health and/or substance abuse services provided to the child were consistent with the identified needs and/or recommendations in the CBHA, including the type, frequency, duration, location and name of the provider. 80; ss39.601(2)(b),(3)(e)(h), F.S.

8. Mental health and/or substance abuse services recommended for the child in the CBHA were implemented within 30 days of the completed referral(s). ** 69; CFOP 155-10; ss39.601(2)(b),(3)(e)(h), F.S.

9. When mental health and/or substance abuse services recommended in the CBHA for the child were not implemented within 30 days of the completed referral(s), the reason(s) was documented in the case file.* 69; CFOP 155-10

10. Substance abuse treatment was documented for the child if needed. 82c; ss39.601(2)(b),(3)(e)(h), F.S.

11. The case plan includes for the child:
   a. Names and addresses of health care providers. 87a; s39.601(3)(j), F.S.; CFSR
   b. Known mental health conditions and medications.* 87c; s39.601(3)(j), F.S.; CFSR

12. An assessment for Residential Group Care (RGC) was completed for the child 11 years of age or older who has been removed 6 months or longer, and has had more than one placement. 112; s39.523, F.S.

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**CERT RECORD REVIEW ADDENDUM**

**Quality Indicators for Tracy Bell**

1. There is a current copy of the HSn ID Summary in the file. Total countable cases for question: 4 Compliance rate for question: 50.00%

2. Birth Certificates or Birth Verification forms for all children related to the case are in the file. Total countable cases for question: 4 Compliance rate for question: 100.00%

3. Social Security cards or SS numbers are present in the file for all children related to the case. Total countable cases for question: 4 Compliance rate for question: 100.00%

4. There is an updated photo in the file for all children related to the case, including full name of child and date photo taken documented on the photo. Total countable cases for question: 4 Compliance rate for question: 50.00%

5. Fingerprint/footprint cards for all children related to the case are in the file. Total countable cases for question: 4 Compliance rate for question: 75.00%

6. A copy of the shelter petition is in the file, if appropriate. Total countable cases for question: 4 Compliance rate for question: 100.00%

7. A copy of the shelter order is in the file, if appropriate. Total countable cases for question: 4 Compliance rate for question: 100.00%

8. A copy of the Dependency Petition is in the file, if appropriate. Total countable cases for question: 4 Compliance rate for question: 100.00%
<table>
<thead>
<tr>
<th>Countable Cases</th>
<th>Compliance Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>100.00%</td>
</tr>
<tr>
<td>11</td>
<td>100.00%</td>
</tr>
<tr>
<td>9</td>
<td>100.00%</td>
</tr>
<tr>
<td>12</td>
<td>100.00%</td>
</tr>
<tr>
<td>13</td>
<td>100.00%</td>
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<tr>
<td>14</td>
<td>100.00%</td>
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<tr>
<td>15</td>
<td>100.00%</td>
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<tr>
<td>16</td>
<td>100.00%</td>
</tr>
<tr>
<td>17</td>
<td>100.00%</td>
</tr>
<tr>
<td>18</td>
<td>100.00%</td>
</tr>
</tbody>
</table>

9. A copy of the Dependency Order or Order of Adjudication is in the file, if appropriate.

10. A Permanency Staffing was held with all pertinent parties at 11 months or sooner.

11. There is clear documentation of case transfer from PI Unit to DCM Unit.

* If appropriate, a current, signed and dated consent form authorizing the release of confidential information to specific providers is in the file.

12. If indicators of sexual abuse victimization or other outlying behaviors with regard to sexual behavior are present, a safety plan has been completed per DCF guidelines, is signed, dated and a copy is in the file.

13. Home Visit Forms are signed by all parties seen and the DCM, dated, and clearly delineate the time parameters of the visit? (i.e., 1:00 – 2:30 PM)

* The DCM and/or DCM supervisor signed, dated and credentialed all notes, summaries and reports.

* All documentation in the file is related to the case. (There should be no misfiled documentation)

* Print-outs of all (monthly at a minimum) HSn case notes are in the file.

* There are NO abbreviations in any documentation completed by the DCM or DCM supervisor of record.

14. FSFN notes are composed /documented in a professional manner.

15. FSFN notes are purposeful, individualized, address emerging issues and related to the reason for services.

16. Client names are spelled correctly and there are not several different spellings of client names contained in the file documentation.

* Documentation in the file is legible.

* Errors are crossed out with one line only and initialed.

* There is no evidence of correction fluid use.

* There is evidence of client progress/updates shared with Providers, GAL’s, Court, and Caregivers as appropriate.

17. There is clear documentation of a meaningful supervisory review conducted every 90 days, at a minimum.

* There is no evidence of duplicate or multiple copies of court documents in the file.

18. If a CPT referral has been made the final report/summary is in the file.

* There is no evidence of doodling on legal or other documentation in the file.
* The majority of the documentation is filed in the proper sections according to the indexes.  
**Total countable cases for question:** 0  
**Compliance rate for question:** NA

* Eligibility paperwork, TANF applications, Medicaid or other insurance #’s are in the file as appropriate.  
**Total countable cases for question:** 0  
**Compliance rate for question:** NA

* The file does not contain loose paperwork, notes scribbled on scrap paper and/or sticky notes.  
**Total countable cases for question:** 0  
**Compliance rate for question:** NA

* The various volumes pertaining to the case are in good condition.  
**Total countable cases for question:** 0  
**Compliance rate for question:** NA

* There is evidence that the file contains current, (not to exceed one year) signed consents/medication orders for all children taking psychotropic medication.  
**Total countable cases for question:** 0  
**Compliance rate for question:** NA

<table>
<thead>
<tr>
<th>Question</th>
<th>Total countable cases</th>
<th>Compliance rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>19. A reunification staffing was held within the appropriate timeframe.</td>
<td>0</td>
<td>NA</td>
</tr>
<tr>
<td>20. The home study contained in the file is comprehensive and detailed, providing a clear picture of the family home, relationships and finances.</td>
<td>3</td>
<td>100.00%</td>
</tr>
<tr>
<td>21. The Normalcy Plan was completed by the DCM for all youths ages 13-17 in licensed care and reviewed every 90 days.</td>
<td>1</td>
<td>100.00%</td>
</tr>
<tr>
<td>22. The ILP Staffing/Case Plan Form was completed 1 X per year for youths ages 13-14 and completed every 6 months for youths ages 15-17, and signed by the youth.</td>
<td>1</td>
<td>0.00%</td>
</tr>
<tr>
<td>23. SIL Assessments were completed for youths ages 16-17.</td>
<td>0</td>
<td>NA</td>
</tr>
<tr>
<td>24. The Ansell Casey Life Skills Assessment was conducted yearly for youths ages 13-17.</td>
<td>1</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

* These questions are only valid for CERTS completed between 7-1-07 and 1-31-08.
Summary for Tracy Bell

Outcome Measure Safety 1: Children are, first and foremost, protected from abuse and neglect

Item 2 Compliance Rate: 100.00%

Outcome Measure Safety 1 Compliance Rate: 100.00%

Outcome Measure Safety 2: Children are safely maintained in their homes whenever possible and appropriate.

Item 3 Compliance Rate: NA
Item 4 Compliance Rate: 95.00%

Outcome Measure Safety 2 Compliance Rate: 95.00%

Outcome Permanency 1: Children have permanency and stability in their living situations.

Item 5 Compliance Rate: 100.00%
Item 6 Compliance Rate: 69.39%
Item 7 Compliance Rate: 74.29%
Item 8 Compliance Rate: 75.00%
Item 9 Compliance Rate: NA
Item 10 Compliance Rate: 100.00%

Outcome Measure Permanency 1 Compliance Rate: 73.68%

Outcome Permanency 2: The continuity of family relationships and connections is preserved for children.

Item 11 Compliance Rate: 100.00%
Item 12 Compliance Rate: 75.00%
Item 13 Compliance Rate: 62.50%
Item 14 Compliance Rate: 78.57%
Item 15 Compliance Rate: 63.64%
Item 16 Compliance Rate: 44.44%

Outcome Measure Permanency 2 Compliance Rate: 68.00%
Summary for Tracy Bell

Outcome Well Being 1: Families have enhanced capacity to provide for their children’s needs.
Item 17 Compliance Rate: 80.00%
Item 18 Compliance Rate: 67.86%
Item 19 Compliance Rate: 100.00%
Item 20 Compliance Rate: 0.00%
Outcome Measure Well Being 1 Compliance Rate: 73.91%

Outcome Well Being 2: Children receive appropriate services to meet their educational needs.
Item 21 Compliance Rate: 28.57%
Outcome Measure Well Being 2 Compliance Rate: 28.57%

Outcome Well Being 3: Children receive adequate services to meet their physical and mental health need
Item 22 Compliance Rate: 57.14%
Item 23 Compliance Rate: 30.43%
Outcome Measure Well Being 3 Compliance Rate: 45.10%

QA Summary for Tracy Bell

Total # of QA Questions = 136
Total # of Yes Answers = 58
Total # of No Answers = 58
Total # of NA Answers = 90
Total Countable Questions (Total - NA) = 46
Total Compliance Rate* = 126.09%

*Note: the QA compliance rate is not a factor in the CERT compliance rate
Summary of all records reviewed for Tracy Bell for review period:

01/01/08 through 03/31/08

Total # of Cases Reviewed = 4
Total # of Review Questions = 704
Total # of Yes Answers = 224
Total # of No Answers = 99
Total # of NA Answers = 381

Total Countable Questions (Total - NA) = 323
Total Compliance Rate = 69.35%
UFF - Quality Management
Compliance and Quality Review Instrument
 Dependency Case Management

Summary for 151905 - IR CHS

For the review period of:
01/01/08 through 03/31/08
### Outcome S1: Children are, first and foremost, protected from abuse and neglect

Goal for Safety Outcome #1: The victim was seen and the investigation of the report of suspected abuse and neglect was completed in accordance with the State guidelines. During the 6-month period following the initial report, there were not multiple substantiated or indicated reports of maltreatment that were due to the same perpetrator or to the same general circumstances.

#### Item # 2

1. Was the child within the family under supervision kept safe from abuse and neglect? (No subsequent reports documenting some indicators or verified findings). 98; s39.001 (3)(a)(1), F.S.; CFSR

   | Total countable cases for question: 1 | Compliance rate for question: 100.00% |

2. If the child within the family under supervision was not kept safe from abuse and neglect did the subsequent report(s) involve:

   a. Different perpetrator(s)? 100; CFSR

   | Total countable cases for question: 0 | Compliance rate for question: NA |

   b. Different general circumstances? 100; CFSR

   | Total countable cases for question: 0 | Compliance rate for question: NA |

   c. If the child within the family under supervision was not kept safe from abuse and neglect were the agency's interventions to protect the child following the initial report appropriate? (The subsequent maltreatment could not have been prevented.) CFSR

   | Total countable cases for question: 0 | Compliance rate for question: NA |

3. Was the child placed in out-of-home care kept safe from abuse and neglect once placed? (No subsequent reports documenting some indicators or verified findings and involve the foster parent, relative, or non-relative caregivers while the child was in out-of-home care?) 98; s39.001(3)(a)(1), F.S.;

   | Total countable cases for question: 7 | Compliance rate for question: 85.71% |

4. If the child placed in out-of-home care was not kept safe from abuse and neglect did the subsequent report(s) involve:

   a. Different perpetrator(s)? 100; CFSR

   | Total countable cases for question: 1 | Compliance rate for question: 100.00% |

   b. Different general circumstances? 100; CFSR

   | Total countable cases for question: 1 | Compliance rate for question: 100.00% |

5. If the child placed in out-of-home care was not kept safe from abuse and neglect, were the agency's interventions to protect the child following the initial report appropriate? (The subsequent maltreatment could not be prevented.) CFSR

   | Total countable cases for question: 2 | Compliance rate for question: 100.00% |

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### Outcome S2: Children are safely maintained in their homes whenever possible and appropriate.

Goal for Safety Outcome #2: The agency provided family preservation services, family counseling, and other services to prevent the child from being removed from his/her home and to reduce his/her risk of harm. Services were appropriately matched to the family’s needs. The agency provided services to keep the child who was in either licensed or non-licensed out-of-home care safe from abuse and neglect.

#### Item # 3

1. For children in their homes during a portion or throughout the review period:

   a. The case was appropriate for in-home or reunification (post-placement supervision) services. 105; s39.521, F.S.; CFSR

   | Total countable cases for question: 1 | Compliance rate for question: 100.00% |

   b. Appropriate services are provided to or arranged for the family to protect the child and to prevent removal. s39.001(1)(f), F.S.; CFS

   | Total countable cases for question: 0 | Compliance rate for question: NA |

#### Item # 4

1. There is an ongoing assessment of risk to assure child safety. 41; s39.701, F.S.; CFSR

   | Total countable cases for question: 7 | Compliance rate for question: 100.00% |

2. There is evidence that child safety was a focus during monthly face-to-face contacts with the mother, the father, the child, and the child’s caregiver. 46; s39.701, F.S.; CFSR

   | Total countable cases for question: 7 | Compliance rate for question: 100.00% |

3. During monthly contacts, there is documentation the case manager observed:

   a. The child’s physical appearance (particularly as it relates to the factors that resulted in service provision), 47; CFSR

   | Total countable cases for question: 7 | Compliance rate for question: 100.00% |

   b. The child’s interaction with parent(s), caregivers and other significant household members, CFSR.

   | Total countable cases for question: 7 | Compliance rate for question: 85.71% |
4. The decision made to place the child in an out-of-home care placement was appropriate given the presenting circumstances at the time the decision was made. 108; S39.401(1), F.S.; CFSR

| Total countable cases for question: 7 | Compliance rate for question: 100.00% |

5. For children placed in out-of-home care, services were provided to keep the child safe from abuse and neglect. s39.001(3)(a)(1), F.S.; CFSR

| Total countable cases for question: 7 | Compliance rate for question: 100.00% |

6. For children placed with relatives/non-relatives, a complete home study was accomplished: 117; CFOP 175-79; s39.521(1)(r) 1-7, F.S.

   a. Appropriate background checks were completed and assessed prior to placement, 117; CFOP 175-79; s39.521(1)(r) 1-7, F.S.

   b. An assessment from a physical inspection of the home environment was completed prior to placement, 117; CFOP 175-79; s39.521(1)(r) 1-7, F.S.

   c. An evaluation of the prospective caregivers' ongoing commitment and capacity to protect the children was conducted prior to placement, 117; CFOP 175-79; s39.521(1)(r) 1-7, F.S.

   d. Services are provided to keep the child safe from abuse and neglect. s39.001(3)(a)(1), F.S.; CFSR

| Total countable cases for question: 6 | Compliance rate for question: 66.67% |

7. There is a justifiable reason for continuation of:

   a. In-home services. 106; s39.701, F.S.; CFS

   b. Out-of-home placement. s39.701, F.S.; CFSR

| Total countable cases for question: 6 | Compliance rate for question: 100.00% |

8. When the child was not kept safe from abuse and neglect during service provision, appropriate services were provided to alleviate risk.** 99; s39.001(3)(a)(1), F.S.

| Total countable cases for question: 1 | Compliance rate for question: 100.00% |

9. When services were provided to alleviate risk as a result of subsequent abuse/neglect, appropriate follow up was completed to ensure the actions taken effectively ameliorated risk.** 101; s39.001(3)(a)(1), F.S.

| Total countable cases for question: 1 | Compliance rate for question: 100.00% |

### Outcome P1: Children have permanency and stability in their living situations.

Goal for Permanency Outcome #1: The agency provided services to the child and family to manage the risk of abuse and neglect upon reunification and to prevent the child's reentry into out-of-home care. While in out-of-home care, the agency provided services to the child and the caregiver(s) to maintain a stable placement and to prevent unnecessary moves. The agency appropriately matched the child's permanency goal to his needs.

#### Item # 5

1. Entries during the period under review did not occur within a 12-month period of the child being discharged from another out-of-home care entry. 109, CFSR

| Total countable cases for question: 4 | Compliance rate for question: 100.00% |

2. Re-entries within a 12-month period of the child being discharged from another out-of-home care entry were not the result of the same general reasons or circumstances or same perpetrators. CFS

| Total countable cases for question: 1 | Compliance rate for question: 100.00% |

3. The agency did what was reasonable to manage the risk following reunification and to prevent re-entry into out-of-home care. CFSR

| Total countable cases for question: 0 | Compliance rate for question: NA |

#### Item # 6

1. The child had no placement changes during this episode of care. 121; CFSR

| Total countable cases for question: 7 | Compliance rate for question: 57.14% |

2. If placement changes occurred, they were for reasons directly related to helping the child achieve the goals in the case plan. 124; CFSR

| Total countable cases for question: 3 | Compliance rate for question: 33.33% |

3. Efforts were made by the agency to prevent unnecessary moves. CFSR

| Total countable cases for question: 7 | Compliance rate for question: 100.00% |

4. Placement settings were appropriate to the child's needs. ss39.001(i), 39.601(3)(b), F.S.; CFSR

| Total countable cases for question: 6 | Compliance rate for question: 100.00% |
5. The case plan indicates the child's current placement.* 83; s39.601(3)(a)(b)(e), F.S.  

6. The case plan explains why the child's placement in a residential or group home is appropriate.* 84; ss 39.523(1), 39.601(3)(b)(e), 39.701(7)(a)8, F.S.  

7. The case manager discussed achieving the case plan goal in contacts with the child's out-of-home caregivers. 44; s39.701(7)(a)4, F.S.  

8. The child's out-of-home caregiver was involved or was given the opportunity to be involved in the development of the case plan. 72; s39.601(3)(e), F.S.  

9. The case manager visited the out-of-home caregiver monthly in the home. 137; s39.701(7)(a)4, F.S.  

10. The out-of-home caregiver was notified of court hearings.* 92; ss39.502(6), 30.701(5)(b), F.S.; CFSR  

11. The out-of-home caregiver was given an opportunity to be heard at court hearings.* 92; ss39.701(7)(a)6,(d), F.S.; CFSR  

12. The current placement setting is stable, i.e., no apparent or significant risks of projected placement disruption. 126; CFSR  

13. The parent(s) were notified of all changes in the child's placement. CFSR  

14. The court was informed of the:  
   a. Number and types of placements the child has had: s39.701(7)(a)8, F.S, and the  
   b. Reason for any change in the child's placement: s39.701(7)(a)8, F.S.  

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**Item # 7**  

1. The child's permanency goal is appropriate. 39; ss39.601(3)(a), 39.621, F.S.; CFSR  

2. The case plan included appropriate tasks for the case manager. 75d; ss39.601(1)(c).(2)(b).(3)(g)-(j), F.S.;CFSR  

3. The case manager is correctly listed in HomeSafenet (H5n). 187  

4. The court was informed of the:  
   a. Reasonable efforts made to prevent the child's removal. (This review element is applied to out-of-home care cases only.) s39.521(1)(f)1-3, F.S.  
   b. Continuing appropriateness of, and necessity for, the child's placement status, including reasonable efforts to return the child to the home or achieve other permanency status. (The applies to out-of-home care cases only.) 94; ss39.701(7)(a)1,(c), F.S.  
   c. Extent of compliance by all parties with the case plan, including non-compliance if applicable. 94; s39.701(7)(a)2, F.S.  
   d. Progress made toward alleviating risk of harm that caused the child's placement. (This is applied to out-of-home care cases only.) 94; s39.701(7)(a), F.S.  
   e. Projected date for child's return to family or other permanent placement arrangement with plans for achieving permanence within 12-months. (This is applied to out-of-home cases only.) 94; s39.701(8)(h), F.S.
### Item # 8

1. The goal was achieved within 12 months of the child’s most recent entry into out-of-home care. CFSR

<table>
<thead>
<tr>
<th>Total countable cases for question:</th>
<th>4</th>
<th>Compliance rate for question: 50.00%</th>
</tr>
</thead>
</table>

2. If the goal was not achieved within 12 months of the child’s most recent entry into out-of-home care:

<table>
<thead>
<tr>
<th>Total countable cases for question:</th>
<th>2</th>
<th>Compliance rate for question: 100.00%</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. The agency identified barriers to achieving the goal, CFSR and</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. The agency is taking/took steps to facilitate the goal achievement. CFSR</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Item # 9

1. The birth parents were notified in writing of the adoption reunion registry prior to TPR. 155; s63.165, F.S.

<table>
<thead>
<tr>
<th>Total countable cases for question:</th>
<th>0</th>
<th>Compliance rate for question: NA</th>
</tr>
</thead>
</table>

2. The delays in freeing the child for adoption are outside of the agency’s ability to correct. 148; s39.703, F.S.; CFSR

<table>
<thead>
<tr>
<th>Total countable cases for question:</th>
<th>0</th>
<th>Compliance rate for question: NA</th>
</tr>
</thead>
</table>

3. The child was registered on the adoption exchange within 30 days of the TPR Order. 151; s409.167, F.S.; CFSR

<table>
<thead>
<tr>
<th>Total countable cases for question:</th>
<th>0</th>
<th>Compliance rate for question: NA</th>
</tr>
</thead>
</table>

4. The child was web authorized on the State, regional and national adoption exchanges if not placed in an adoptive home within 90 days of the TPR order. 152; s409.167, F.S.; CFSR

<table>
<thead>
<tr>
<th>Total countable cases for question:</th>
<th>0</th>
<th>Compliance rate for question: NA</th>
</tr>
</thead>
</table>

5. The agency is taking/has taken steps to identify, recruit, process and approve an adoptive family that matches the child’s needs. ss39.601(3)(i), s39.812(7), F.S.; CFSR

<table>
<thead>
<tr>
<th>Total countable cases for question:</th>
<th>0</th>
<th>Compliance rate for question: NA</th>
</tr>
</thead>
</table>

6. The pre-adoptive parents were notified of court hearings.* 92; ss39.502(6), 39.701(5)(e), F.S.; CFSR

<table>
<thead>
<tr>
<th>Total countable cases for question:</th>
<th>0</th>
<th>Compliance rate for question: NA</th>
</tr>
</thead>
</table>
7. The pre-adoptive parents were given an opportunity to be heard at court hearings. 92; s39.701(7)(d), F.S.; CFSR

8. A complete adoptive home study was accomplished by the agency to include: 158; s63.092(3), F.S.; 65C-16.004,005, F.A.C.
   a. Application to Adopt is less than 12 months old,
   b. Notarized Affidavit of Good Moral character,
   c. Background record checks, to include:
      i. Fingerprints (FBI clearance within 1 year for recruited, every 5 years for foster parents or relatives),
      ii. FDLE current within 90 days of placement,
      iii. Local law enforcement current within 90 days of placement,
      iv. Abuse Hotline,
   d. Five (5) References,
   e. Marriage License,
   f. All Divorce Decrees, and
   g. Income and Expenditure Sheet.

9. The adoptive parents were notified in writing of the adoption reunion registry prior to the adoption placement. 157; s63.165, F.S.

10. The agency is taking/has taken steps to place the child for adoption: prepare the child for adoption, and transition the child into an adoptive placement. s39.701(7)(c) F.S.; CFSR

11. The adoption was finalized within 24 months of the most recent entry into out-of-home care. CFSR

**Item # 10**

1. For the child with an "other" planned permanency goal, the more permanent goals of reunification, adoption, long-term custody to a relative or legal guardianship have been considered and appropriately ruled out. 142; ss39.601(3)(l),621,701(7)(c), F.S.; CFSR

2. Review of the goal for continued appropriateness is done regularly by the agency. CFSR

3. For those children with a goal of long-term licensed custody, the following criteria were met:
   a. The child is 14 years of age or older,
   b. The child has remained in the foster home for a continuous period of 12 months,
c. The child and his/her foster parent(s) do not desire adoption,

d. The foster parent(s) have made a commitment to provide for the child until the age of majority and to prepare him/her for adulthood and independence, and

e. The agency’s social services study recommends the goal. s39.623, F.S.

### Outcome P2: The continuity of family relationships and connections is preserved for children.

Goal for Permanency Outcome #2: The child was placed in close proximity to his parents, extended family, and neighborhood to promote an enhanced relationship with family members. Regular visitation with parents and siblings, when appropriate, was facilitated by the agency. Relatives were appropriately assessed for placement and the agency ensured the child’s primary connections were preserved when in out-of-home placement.

#### Item # 11

1. The child is placed in the same community or county as the parent(s) and/or extended family members. 144; s39.601(3)(e), F.S.; CFSR

2. For the child placed outside the residential community or county of his parent(s):
   - a. The reason was clearly related to the best interests of the child. 144; s39.601(3)(e), F.S.; CFSR
   - b. If the child is placed out of state, the placement was approved through ICPC. 145; s39.601(3)(e), F.S.; CFSR

#### Item # 12

1. The child and all siblings in out-of-home care were placed together. 128; s39.001(1)(k), F.S.; CFSR

2. When the child and all siblings in out-of-home care were not placed together, there was clear evidence that separation was necessary to meet the needs of one of the children. 129; s39.001(1)(k), F.S.; CFSR

#### Item # 13

1. The child has routine and regular visitation with his parent(s). s39.601(3)(d), F.S.; CFSR

2. The child has routine and regular visitation with his siblings separated in other out-of-home care placements. 130; s39.001(1)(k), F.S.; CFSR

3. The child was afforded other means of contact with his parent(s). CFSR

4. The child was afforded other means of contact with his siblings separated in other out-of-home care placements. s39.001(1)(k), F.S.; CFSR

5. The case plan includes visitation and other contact plans with parents and/or siblings separated in other out-of-home care placements. 87h; s39.601(3)(d), F.S.; CFSR

6. The parents were notified of all changes in visitation privileges. 96; CFSR

#### Item # 14

1. The child’s primary connections to his/her neighborhood, community, faith, family, and friends were maintained in the out-of-home placement. 127; CFSR
2. The child's and his family's unique characteristics - language, religion, values and beliefs, traditions, and background - are/were supported in the child's out-of-home care placement. 127; s39.001(1)(i), F.S.

## Item # 15

1. The non-custodial parent, if applicable, was considered a placement resource before consideration was given to relatives. s39.521(3)(b), F.S.; CFSR

2. Both maternal and paternal relatives are/were sought out and evaluated as a potential placement resource. CFSR

3. For the child not placed with relatives, relatives were considered for placement. 115; s39.5085(c), F.S.; CFSR

4. The child's relatives were continually assessed as placement resources throughout the life of the case. CFSR

## Item # 16

1. Contact with the child, the parent(s) or caregiver to initiate service provision was made within a reasonable amount of time following acceptance of the case. 48

2. The case manager has identified tasks and needed services consistent with the case plan goal for the child, child's mother, child's father, child's out-of-home caregivers, and others. 49, 75; ss39.601(2)(b),(3)(e)(h), F.S.; CFSR,

3. The case manager has arranged for services needed to attain the case plan goal, for the child, child's mother, child's father, and child's out-of-home caregivers. 51; ss39.601(1)(c),(2)(b),(3)(g)-(j), F.S.; CFSR

### Outcome WB1: Families have enhanced capacity to provide for their children's needs.

Goal for Well Being Outcome #1: The agency assessed the needs and services of the child, family and caregivers and provided appropriate services based on identified needs. Age appropriate children and relevant family members were involved in the development of initial case plans and in ongoing case planning activities. Agency contact with children and parents was consistent with the needs of the child and parent and sufficient to ensure the child's safety, permanency and well-being.

## Item # 17

1. Contact with the child, the parent(s) or caregiver to initiate service provision was made within a reasonable amount of time following acceptance of the case. 48

2. The case manager has identified tasks and needed services consistent with the case plan goal for the child, child's mother, child's father, child's out-of-home caregivers, and others. 49, 75; ss39.601(2)(b),(3)(e)(h), F.S.; CFSR,

3. The case manager has arranged for services needed to attain the case plan goal, for the child, child's mother, child's father, and child's out-of-home caregivers. 51; ss39.601(1)(c),(2)(b),(3)(g)-(j), F.S.; CFSR
<table>
<thead>
<tr>
<th>Item # 18</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The initial case plan was developed within 60 days of initial contact with the family for in-home supervision cases.* 70; ss39.601(9)(a), F.S.</td>
</tr>
<tr>
<td>Compliance rate for question: 100.00%</td>
</tr>
<tr>
<td>2. The initial case plan was developed with the family within 60 days of the child’s removal for out-of-home cases.* 70; ss39.601(9)(a), F.S.</td>
</tr>
<tr>
<td>Compliance rate for question: 100.00%</td>
</tr>
<tr>
<td>3. The following individuals participated or were given the opportunity to participate in the development of the case plan: the mother, the father, the child if age and developmentally appropriate. 72; ss39.601(1)(a), F.S., and caregiver. 72; ss39.601(3)(e), F.S.</td>
</tr>
<tr>
<td>Compliance rate for question: 75.00%</td>
</tr>
<tr>
<td>4. The following individuals were actively engaged in completing case plan tasks and services: the mother, father, child, and caregiver, 52; ss39.701(7)(a) 1-11, F.S.</td>
</tr>
<tr>
<td>Compliance rate for question: 71.43%</td>
</tr>
<tr>
<td>5. The following individuals were actively involved in ongoing case planning activities (relative to modifications to existing case plan): mother, father, child, and caregiver.* 88; ss39.701(7)(a) 1-11, F.S.; CFSR</td>
</tr>
<tr>
<td>Compliance rate for question: 33.33%</td>
</tr>
<tr>
<td>6. The following individuals were notified of court hearings: mother, father, child.* 92; ss39.502(6),701(5)(c), F.S. and caregiver.* 92; ss39.701(5)(b), F.S.</td>
</tr>
<tr>
<td>Compliance rate for question: 100.00%</td>
</tr>
<tr>
<td>7. The following individuals were given an opportunity to be heard at court hearings: mother, father, child, and caregiver. 92; ss39.701(7)(d), F.S.</td>
</tr>
<tr>
<td>Compliance rate for question: 71.43%</td>
</tr>
<tr>
<td>8. There is a current – not expired – case plan. * 71; ss39.601,602, F.S.</td>
</tr>
<tr>
<td>Compliance rate for question: 100.00%</td>
</tr>
</tbody>
</table>
9. The case plan was amended to reflect changes in the goal, tasks and services, and placement type. 89; s39.601(9)(f), F.S.

10. A staffing was held to discuss the transition into adulthood for an adolescent age 6 months prior to their 18th birthday. 178; s409.1451, F.S.

### Item # 19

1. A minimum of monthly face-to-face home visits occurred between the case manager and the child. 42; CFSR

2. Visits between the case manager and the child focused on issues pertinent to case planning, service delivery, and goal attainment. 44, 45; CFSR

### Item # 20

1. A minimum of monthly face-to-face home visits occurred between the case manager and the parents when the goal was reunification. 43; s39.601(1)(c), F.S.

2. A minimum of monthly face-to-face home visits occurred between the case manager and the parents when the goal was maintain and strengthen. 43; s39.601(1)(c), F.S.

3. Visits between the case manager and the parents focused on issues pertinent to case planning, service delivery, and goal attainment. 44, 45; s39.601(1)(c), F.S.

### Outcome WB2: Children receive appropriate services to meet their educational needs.

Goal for WB Outcome #2: The agency assessed the child’s educational issues and made extensive efforts to address the child’s educational needs through the school system or other early intervention providers, if needed. The agency ensured continuity of the child’s educational placement. All applicable educational records were provided to out-of-home caregivers and were included in the case plan and case record.

### Item # 21

1. The case plan includes the following:
   - a. Names and addresses of child’s current educational providers; 87
   - b. Explanation regarding why the child was moved to a new school if the child attends a different school as a result of the placement; 87; CFSR
   - d. Child’s school records (e.g., most recent report card); 87; CFSR

2a. Educational needs for the child have been identified, and formally addressed in the case plan. 54; s39.601(3)(f), F.S.; CFSR

2b. The case manager has monitored the results of the service provision to meet the child’s educational needs and determined whether progress has been made, and emerging needs or problems have been identified and addressed. 56; s39.701(7)(a)9, F.S.; CFSR

3. The case manager has advocated with the educational/school system to obtain educational services to meet the child’s needs if applicable. 55; s39.701(7)(a)9, F.S.; CFSR

4. The case manager has provided the child’s education records to the out-of-home caregiver. CFSR

5. The child’s school placement has been stable. 138; CFSR
6. The case manager has advised the court of:
   a. Number of times the child’s educational placement has been changed; s39.701(7)(a) 9, F.S.  
      Total countable cases for question: 5  
      Compliance rate for question: 60.00%
   b. Number and types of educational placements that have occurred; s39.701(7)(a) 9, F.S., and  
      Total countable cases for question: 5  
      Compliance rate for question: 40.00%
   c. Reason(s) for any change in educational placement. s39.701(7)(a) 9, F.S.  
      Total countable cases for question: 4  
      Compliance rate for question: 75.00%

### Outcome WB3: Children receive adequate services to meet their physical and mental health needs.

Goal for WB Outcome #3: The child's physical health needs (including follow-up services) were addressed in the following through preventive health care, preventive dental care, immunizations, treatment for identified health needs, treatment for identified dental needs and by providing health records to out-of-home caregivers. The agency ensured the child received an initial mental health assessment or screening and provided appropriate services to address identified mental health needs, if indicated.

#### Item # 22

1. The child’s health needs are being met through:
   a. Preventive healthcare; 63; s39.001(1)(a), F.S.; CFSR  
      Total countable cases for question: 7  
      Compliance rate for question: 100.00%
   b. Appropriate treatment for identified needs; 63; s39.001(1)(a), F.S.; CFSR  
      Total countable cases for question: 4  
      Compliance rate for question: 100.00%
   c. Preventive dental; 63; s39.001(1)(a), F.S.; CFSR  
      Total countable cases for question: 3  
      Compliance rate for question: 33.33%
   d. Appropriate treatment for identified dental needs; 63; s39.001(1)(a), F.S.; CFSR and  
      Total countable cases for question: 2  
      Compliance rate for question: 50.00%
   e. Immunization. 63; s39.001(1)(a), F.S.; CFSR  
      Total countable cases for question: 7  
      Compliance rate for question: 71.43%

2. An initial health screening was provided within 72 hours of removal if the child was in out of home care. 64; s39.407(1), F.S.  
   Total countable cases for question: 7  
   Compliance rate for question: 14.29%

3. The case plan for the child includes:
   a. Names and addresses of health care providers; 87a; s39.601(3)(j), F.S.  
      Total countable cases for question: 7  
      Compliance rate for question: 100.00%
   b. Current immunization history; and 87b; s39.601(3)(j), F.S.  
      Total countable cases for question: 7  
      Compliance rate for question: 71.43%
   c. Known medical health conditions and medications.* 87c; s39.601(3)(j), F.S.; CFSR  
      Total countable cases for question: 4  
      Compliance rate for question: 100.00%

4. A pre-placement physical examination was conducted on the child within 6 months of signing the memorandum of agreement for adoptive placement. 156; s39.810 (4), F.S.; 65c-16.002 (7)(f) F.A.C  
   Total countable cases for question: 0  
   Compliance rate for question: NA

#### Item # 23

1. The child’s mental health needs were identified through assessment or screening. 65; ss39, 394, F.S.; CFSR.  
   Total countable cases for question: 4  
   Compliance rate for question: 100.00%

2. When an assessment or screening indicated a need for services, a referral for further assessment was made within 30 days of the initial assessment or screening. 66; ss39,394, F.S.; CFSR  
   Total countable cases for question: 2  
   Compliance rate for question: 50.00%

3. A Comprehensive Behavioral Health Assessment (CBHA) was conducted and included a review of four domains: behavioral, educational, health and home environment, and was completed and signed by a licensed mental health professional or certified addictions case manager within 30 days of removal of the child. 67; CFOP 155-10; ss39, 394, F.S.  
   Total countable cases for question: 5  
   Compliance rate for question: 40.00%
4. The case file documents the reason(s) the CBHA was not completed and signed by a licensed mental health professional or certified addictions counselor within 30 days of the child’s removal. 67; CFOP 155-10

5. When treatment needs were indicated in the CBHA, a referral for services, further assessment and/or treatment was completed within the same 30-day time frame allowed for the CBHA.  * 68; CFOP 155-10

6. The case file documents the reason(s) the CBHA was not completed and signed by a licensed mental health professional or certified addictions counselor within the same 30-day time frame allowed for the CBHA.  * 68; CFOP 155-10.

7. Mental health and/or substance abuse services provided to the child were consistent with the identified needs and/or recommendations in the CBHA, including the type, frequency, duration, location and name of the provider. 80; ss39.601(2)(b),(3)(e)(h), F.S.

8. Mental health and/or substance abuse services recommended for the child in the CBHA were implemented within 30 days of the completed referral(s).  * 69; CFOP 155-10; ss39.601(2)(b),(3)(e)(h), F.S.

9. When mental health and/or substance abuse services recommended in the CBHA for the child were not implemented within 30-ays of the completed referral(s), the reason(s) was documented in the case file.  * 69; CFOP 155-10

10. Substance abuse treatment was documented for the child if needed. 82c; ss39.601(2)(b),(3)(e)(h), F.S.

11. The case plan includes for the child:
   a. Names and addresses of health care providers. 87a; s39.601(3)(j), F.S.; CFSR
   b. Known mental health conditions and medications. 87c; s39.601(3)(j), F.S.; CFSR

12. An assessment for Residential Group Care (RGC) was completed for the child 11 years of age or older who has been removed 6 months or longer, and has had more than one placement. 112; s39.523, F.S.

### CERT RECORD REVIEW ADDENDUM

#### Quality Indicators for 154802 - SLC FPS

<table>
<thead>
<tr>
<th>Quality Indicator</th>
<th>Total countable cases</th>
<th>Compliance rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. There is a current copy of the HSn ID Summary in the file.</td>
<td>27</td>
<td>62.96%</td>
</tr>
<tr>
<td>2. Birth Certificates or Birth Verification forms for all children related to the case are in the file.</td>
<td>34</td>
<td>94.12%</td>
</tr>
<tr>
<td>3. Social Security cards or SS numbers are present in the file for all children related to the case.</td>
<td>33</td>
<td>81.82%</td>
</tr>
<tr>
<td>4. There is an updated photo in the file for all children related to the case, including full name of child and date photo taken documented on the photo.</td>
<td>34</td>
<td>55.88%</td>
</tr>
<tr>
<td>5. Fingerprint/footprint cards for all children related to the case are in the file.</td>
<td>27</td>
<td>77.78%</td>
</tr>
<tr>
<td>6. A copy of the shelter petition is in the file, if appropriate.</td>
<td>26</td>
<td>88.46%</td>
</tr>
<tr>
<td>7. A copy of the shelter order is in the file, if appropriate.</td>
<td>26</td>
<td>88.46%</td>
</tr>
<tr>
<td>8. A copy of the Dependency Petition is in the file, if appropriate.</td>
<td>33</td>
<td>84.85%</td>
</tr>
<tr>
<td>Question</td>
<td>Total countable cases</td>
<td>Compliance rate</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------</td>
<td>-----------------------</td>
<td>-----------------</td>
</tr>
<tr>
<td>9. A copy of the Dependency Order or Order of Adjudication is in the file, if appropriate.</td>
<td>30</td>
<td>76.67%</td>
</tr>
<tr>
<td>10. A Permanency Staffing was held with all pertinent parties at 11 months or sooner.</td>
<td>20</td>
<td>80.00%</td>
</tr>
<tr>
<td>11. There is clear documentation of case transfer from PI Unit to DCM Unit.</td>
<td>34</td>
<td>91.18%</td>
</tr>
<tr>
<td>* If appropriate, a current, signed and dated consent form authorizing the release of confidential information to specific providers is in the file.</td>
<td>2</td>
<td>50.00%</td>
</tr>
<tr>
<td>12. If indicators of sexual abuse victimization or other outlying behaviors with regard to sexual behavior are present, a safety plan has been completed per DCF guidelines, is signed, dated and a copy is in the file.</td>
<td>5</td>
<td>80.00%</td>
</tr>
<tr>
<td>13. Home Visit Forms are signed by all parties seen and the DCM, dated, and clearly delineate the time parameters of the visit? (i.e., 1:00 – 2:30 PM)</td>
<td>28</td>
<td>32.14%</td>
</tr>
<tr>
<td>* The DCM and/or DCM supervisor signed, dated and credentialed all notes, summaries and reports.</td>
<td>2</td>
<td>50.00%</td>
</tr>
<tr>
<td>* All documentation in the file is related to the case. (There should be no misfiled documentation)</td>
<td>2</td>
<td>50.00%</td>
</tr>
<tr>
<td>* Print-outs of all (monthly at a minimum) HSn case notes are in the file.</td>
<td>2</td>
<td>0.00%</td>
</tr>
<tr>
<td>* There are NO abbreviations in any documentation completed by the DCM or DCM supervisor of record.</td>
<td>0</td>
<td>NA</td>
</tr>
<tr>
<td>14. FSFN notes are composed /documented in a professional manner.</td>
<td>4</td>
<td>100.00%</td>
</tr>
<tr>
<td>15. FSFN notes are purposeful, individualized, address emerging issues and related to the reason for services.</td>
<td>4</td>
<td>100.00%</td>
</tr>
<tr>
<td>16. Client names are spelled correctly and there are not several different spellings of client names contained in the file documentation.</td>
<td>4</td>
<td>100.00%</td>
</tr>
<tr>
<td>* Documentation in the file is legible.</td>
<td>0</td>
<td>NA</td>
</tr>
<tr>
<td>* Errors are crossed out with one line only and initialed.</td>
<td>0</td>
<td>NA</td>
</tr>
<tr>
<td>* There is no evidence of correction fluid use.</td>
<td>0</td>
<td>NA</td>
</tr>
<tr>
<td>* There is evidence of client progress/updates shared with Providers, GAL’s, Court, and Caregivers as appropriate.</td>
<td>0</td>
<td>NA</td>
</tr>
<tr>
<td>17. There is clear documentation of a meaningful supervisory review conducted every 90 days, at a minimum.</td>
<td>4</td>
<td>75.00%</td>
</tr>
<tr>
<td>* There is no evidence of duplicate or multiple copies of court documents in the file.</td>
<td>0</td>
<td>NA</td>
</tr>
<tr>
<td>18. If a CPT referral has been made the final report/summary is in the file.</td>
<td>0</td>
<td>NA</td>
</tr>
<tr>
<td>* There is no evidence of doodling on legal or other documentation in the file.</td>
<td>0</td>
<td>NA</td>
</tr>
<tr>
<td>Question</td>
<td>Total countable cases for question:</td>
<td>Compliance rate for question:</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>-------------------------------------</td>
<td>------------------------------</td>
</tr>
<tr>
<td>* The majority of the documentation is filed in the proper sections according to the indexes.</td>
<td></td>
<td>NA</td>
</tr>
<tr>
<td>* Eligibility paperwork, TANF applications, Medicaid or other insurance #’s are in the file as appropriate.</td>
<td></td>
<td>NA</td>
</tr>
<tr>
<td>* The file does not contain loose paperwork, notes scribbled on scrap paper and/or sticky notes.</td>
<td></td>
<td>NA</td>
</tr>
<tr>
<td>* The various volumes pertaining to the case are in good condition.</td>
<td></td>
<td>NA</td>
</tr>
<tr>
<td>* There is evidence that the file contains current, (not to exceed one year) signed consents/medication orders for all children taking psychotropic medication.</td>
<td></td>
<td>NA</td>
</tr>
<tr>
<td>19. A reunification staffing was held within the appropriate timeframe.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20. The home study contained in the file is comprehensive and detailed, providing a clear picture of the family home, relationships and finances.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21. The Normalcy Plan was completed by the DCM for all youths ages 13-17 in licensed care and reviewed every 90 days.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22. The ILP Staffing/Case Plan Form was completed 1 X per year for youths ages 13-14 and completed every 6 months for youths ages 15-17, and signed by the youth.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23. SIL Assessments were completed for youths ages 16-17.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24. The Ansell Casey Life Skills Assessment was conducted yearly for youths ages 13-17.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* These questions are only valid for CERTS completed between 7-1-07 and 1-31-08.
**Outcome Measure Safety 1**: Children are, first and foremost, protected from abuse and neglect

Item 2 Compliance Rate: 91.67%

**Outcome Measure Safety 1 Compliance Rate**: 91.67%

**Outcome Measure Safety 2**: Children are safely maintained in their homes whenever possible and appropriate.

Item 3 Compliance Rate: 100.00%
Item 4 Compliance Rate: 96.00%

**Outcome Measure Safety 2 Compliance Rate**: 96.05%

**Outcome Permanency 1**: Children have permanency and stability in their living situations.

Item 5 Compliance Rate: 100.00%
Item 6 Compliance Rate: 78.31%
Item 7 Compliance Rate: 83.33%
Item 8 Compliance Rate: 77.78%
Item 9 Compliance Rate: NA
Item 10 Compliance Rate: 100.00%

**Outcome Measure Permanency 1 Compliance Rate**: 81.87%

**Outcome Permanency 2**: The continuity of family relationships and connections is preserved for children.

Item 11 Compliance Rate: 100.00%
Item 12 Compliance Rate: 71.43%
Item 13 Compliance Rate: 71.43%
Item 14 Compliance Rate: 88.00%
Item 15 Compliance Rate: 71.43%
Item 16 Compliance Rate: 66.67%

**Outcome Measure Permanency 2 Compliance Rate**: 77.27%
Summary for 151905 - IR CHS

Outcome Well Being 1: Families have enhanced capacity to provide for their children’s needs.

Item 17 Compliance Rate: 76.92%
Item 18 Compliance Rate: 66.00%
Item 19 Compliance Rate: 92.31%
Item 20 Compliance Rate: 44.44%

Outcome Measure Well Being 1 Compliance Rate: 71.77%

Outcome Well Being 2: Children receive appropriate services to meet their educational needs.

Item 21 Compliance Rate: 44.74%

Outcome Measure Well Being 2 Compliance Rate: 44.74%

Outcome Well Being 3: Children receive adequate services to meet their physical and mental health need

Item 22 Compliance Rate: 66.67%
Item 23 Compliance Rate: 45.16%

Outcome Measure Well Being 3 Compliance Rate: 58.23%

QA Summary for 151905 - IR CHS

Total # of QA Questions = 238
Total # of Yes Answers = 109
Total # of No Answers = -23
Total # of NA Answers = 152
Total Countable Questions (Total - NA) = 86
Total Compliance Rate* = 126.74%

*Note: the QA compliance rate is not a factor in the CERT compliance rate
Summary of all records reviewed for 151905 - IR CHS for review period:

01/01/08 through 03/31/08

Total # of Cases Reviewed = 7
Total # of Review Questions = 1232
Total # of Yes Answers = 444
Total # of No Answers = 144
Total # of NA Answers = 644

Total Countable Questions (Total - NA) = 588
Total Compliance Rate = 75.51%
UFF - Quality Management
Compliance and Quality Review Instrument
Dependency Case Management

Summary for Indian River

For the review period of:
01/01/08 through 03/31/08
**Outcome S1: Children are, first and foremost, protected from abuse and neglect**

Goal for Safety Outcome #1: The victim was seen and the investigation of the report of suspected abuse and neglect was completed in accordance with the State guidelines. During the 6-month period following the initial report, there were not multiple substantiated or indicated reports of maltreatment that were due to the same perpetrator or to the same general circumstances.

<table>
<thead>
<tr>
<th>Item # 2</th>
<th>Total countable cases for question: 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Was the child within the family under supervision kept safe from abuse and neglect? (No subsequent reports documenting some indicators or verified findings). 98; s39.001 (3)(a)(1), F.S.; CFSR</td>
<td>Compliance rate for question: 100.00%</td>
</tr>
<tr>
<td>2. If the child within the family under supervision was not kept safe from abuse and neglect did the subsequent report(s) involve:</td>
<td>Total countable cases for question: 0</td>
</tr>
<tr>
<td>a. Different perpetrator(s)? 100; CFSR</td>
<td>Compliance rate for question: NA</td>
</tr>
<tr>
<td>b. Different general circumstances? 100; CFSR</td>
<td>Compliance rate for question: NA</td>
</tr>
<tr>
<td>c. If the child within the family under supervision was not kept safe from abuse and neglect were the agency's interventions to protect the child following the initial report appropriate? (The subsequent maltreatment could not have been prevented.) CFSR</td>
<td>Total countable cases for question: 0</td>
</tr>
<tr>
<td>3. Was the child placed in out-of-home care kept safe from abuse and neglect once placed? (No subsequent reports documenting some indicators or verified findings and involve the foster parent, relative, or non-relative caregivers while the child was in out-of-home care?) 98; s39.001(3)(a)(1), F.S.;</td>
<td>Total countable cases for question: 7</td>
</tr>
<tr>
<td>4. If the child placed in out-of-home care was not kept safe from abuse and neglect did the subsequent report(s) involve:</td>
<td>Total countable cases for question: 1</td>
</tr>
<tr>
<td>a. Different perpetrator(s)? 100; CFSR</td>
<td>Compliance rate for question: 100.00%</td>
</tr>
<tr>
<td>b. Different general circumstances? 100; CFSR</td>
<td>Compliance rate for question: 100.00%</td>
</tr>
<tr>
<td>5. If the child placed in out-of-home care was not kept safe from abuse and neglect, were the agency's interventions to protect the child following the initial report appropriate? (The subsequent maltreatment could not be prevented.) CFSR</td>
<td>Total countable cases for question: 2</td>
</tr>
</tbody>
</table>

**Outcome S2: Children are safely maintained in their homes whenever possible and appropriate.**

Goal for Safety Outcome #2: The agency provided family preservation services, family counseling, and other services to prevent the child from being removed from his/her home and to reduce his/her risk of harm. Services were appropriately matched to the family's needs. The agency provided services to keep the child who was in either licensed or non-licensed out-of-home care safe from abuse and neglect.

<table>
<thead>
<tr>
<th>Item # 3</th>
<th>Total countable cases for question: 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. For children in their homes during a portion or throughout the review period:</td>
<td>Total countable cases for question: 1</td>
</tr>
<tr>
<td>a. The case was appropriate for in-home or reunification (post-placement supervision) services. 105; s39.521, F.S.; CFSR</td>
<td>Compliance rate for question: 100.00%</td>
</tr>
<tr>
<td>b. Appropriate services are provided to or arranged for the family to protect the child and to prevent removal. s39.001(1)(f), F.S.; CF</td>
<td>Total countable cases for question: 0</td>
</tr>
<tr>
<td>Compliance rate for question: NA</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Item # 4</th>
<th>Total countable cases for question: 7</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. There is an ongoing assessment of risk to assure child safety. 41; s39.701, F.S.; CFSR</td>
<td>Compliance rate for question: 100.00%</td>
</tr>
<tr>
<td>2. There is evidence that child safety was a focus during monthly face-to-face contacts with the mother, the father, the child, and the child's caregiver. 46; s39.701, F.S.; CFSR</td>
<td>Total countable cases for question: 7</td>
</tr>
<tr>
<td>Compliance rate for question: 100.00%</td>
<td></td>
</tr>
<tr>
<td>3. During monthly contacts, there is documentation the case manager observed:</td>
<td>Total countable cases for question: 7</td>
</tr>
<tr>
<td>a. The child's physical appearance (particularly as it relates to the factors that resulted in service provision), 47; CFSR</td>
<td>Compliance rate for question: 100.00%</td>
</tr>
<tr>
<td>b. The child's interaction with parent(s), caregivers and other significant household members, CFSR.</td>
<td>Total countable cases for question: 7</td>
</tr>
<tr>
<td>Compliance rate for question: 85.71%</td>
<td></td>
</tr>
</tbody>
</table>
4. The decision made to place the child in an out-of-home care placement was appropriate given the presenting circumstances at the time the decision was made. 108; S39.401(1), F.S.; CFSR

5. For children placed in out-of-home care, services were provided to keep the child safe from abuse and neglect. s39.001(3)(a)(1), F.S.; CFSR

6. For children placed with relatives/non-relatives, a complete home study was accomplished: 117; CFOP 175-79; s39.521(1)(r) 1-7, F.S.
   a. Appropriate background checks were completed and assessed prior to placement, 117; CFOP 175-79; s39.521(1)(r) 1-7, F.S.
   b. An assessment from a physical inspection of the home environment was completed prior to placement, 117; CFOP 175-79; s39.521(1)(r) 1-7, F.S.
   c. An evaluation of the prospective caregivers’ ongoing commitment and capacity to protect the children was conducted prior to placement, 117; CFOP 175-79; s39.521(1)(r) 1-7, F.S.
   d. Services are provided to keep the child safe from abuse and neglect. s39.001(3)(a)(1), F.S.; CFSR

7. There is a justifiable reason for continuation of:
   a. In-home services. 106; s39.701, F.S.; CFS
   b. Out-of-home placement. s39.701, F.S.; CFSR

8. When the child was not kept safe from abuse and neglect during service provision, appropriate services were provided to alleviate risk.** 99; s39.001(3)(a)(1), F.S.

9. When services were provided to alleviate risk as a result of subsequent abuse/neglect, appropriate follow up was completed to ensure the actions taken effectively ameliorated risk.** 101; s39.001(3)(a)(1), F.S.

Outcome P1: Children have permanency and stability in their living situations.

Goal for Permanency Outcome #1: The agency provided services to the child and family to manage the risk of abuse and neglect upon reunification and to prevent the child’s reentry into out-of-home care. While in out-of-home care, the agency provided services to the child and the caregiver(s) to maintain a stable placement and to prevent unnecessary moves. The agency appropriately matched the child’s permanency goal to his needs.

### Item # 5

1. Entries during the period under review did not occur within a 12-month period of the child being discharged from another out-of-home care entry. 109, CFSR

### Item # 6

1. The child had no placement changes during this episode of care. 121; CFSR

2. If placement changes occurred, they were for reasons directly related to helping the child achieve the goals in the case plan. 124; CFSR

3. Efforts were made by the agency to prevent unnecessary moves. CFSR

4. Placement settings were appropriate to the child’s needs. ss39.001(i), 39.601(3)(b), F.S.; CFSR
<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Total countable cases for question:</th>
<th>Compliance rate for question:</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.</td>
<td>The case plan indicates the child's current placement. 83; s39.601(3)(a)(b)(e), F.S.</td>
<td>7</td>
<td><strong>71.43%</strong></td>
</tr>
<tr>
<td>6.</td>
<td>The case plan explains why the child's placement in a residential or group home is appropriate. 84; ss 39.523(1), 39.601(3)(b)(e), 39.701(7)(a)8, F.S.</td>
<td>2</td>
<td><strong>50.00%</strong></td>
</tr>
<tr>
<td>7.</td>
<td>The case manager discussed achieving the case plan goal in contacts with the child's out-of-home caregivers. 44; s39.701(7)(a)4, F.S.</td>
<td>6</td>
<td><strong>83.33%</strong></td>
</tr>
<tr>
<td>8.</td>
<td>The child's out-of-home caregiver was involved or was given the opportunity to be involved in the development of the case plan. 72; s39.601(3)(e), F.S.</td>
<td>5</td>
<td><strong>40.00%</strong></td>
</tr>
<tr>
<td>9.</td>
<td>The case manager visited the out-of-home caregiver monthly in the home. 137; s39.701(7)(a)4, F.S.</td>
<td>7</td>
<td><strong>100.00%</strong></td>
</tr>
<tr>
<td>10.</td>
<td>The out-of-home caregiver was notified of court hearings. 92; ss39.502(6), 30.701(5)(b), F.S.; CFSR</td>
<td>6</td>
<td><strong>66.67%</strong></td>
</tr>
<tr>
<td>11.</td>
<td>The out-of-home caregiver was given an opportunity to be heard at court hearings. 92; ss39.701(7)(a)6,(d), F.S.; CFSR</td>
<td>7</td>
<td><strong>85.71%</strong></td>
</tr>
<tr>
<td>12.</td>
<td>The current placement setting is stable, i.e., no apparent or significant risks of projected placement disruption. 126; CFSR</td>
<td>2</td>
<td><strong>100.00%</strong></td>
</tr>
<tr>
<td>13.</td>
<td>The parent(s) were notified of all changes in the child's placement. CFSR</td>
<td>7</td>
<td><strong>85.71%</strong></td>
</tr>
<tr>
<td>14.</td>
<td>The court was informed of the:</td>
<td>6</td>
<td><strong>83.33%</strong></td>
</tr>
<tr>
<td></td>
<td>a. Number and types of placements the child has had: s39.701(7)(a)8, F.S., and the</td>
<td>7</td>
<td><strong>100.00%</strong></td>
</tr>
<tr>
<td></td>
<td>b. Reason for any change in the child's placement. s39.701(7)(a)8, F.S.</td>
<td>5</td>
<td><strong>100.00%</strong></td>
</tr>
</tbody>
</table>

**Item # 7**

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Total countable cases for question:</th>
<th>Compliance rate for question:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>The child's permanency goal is appropriate. 39; ss39.601(3)(a), 39.621, F.S.; CFSR</td>
<td>7</td>
<td><strong>85.71%</strong></td>
</tr>
<tr>
<td>2.</td>
<td>The case plan included appropriate tasks for the case manager. 75d; ss39.601(1)(c),(2)(b),(3)(g)-(j), F.S.; CFSR</td>
<td>7</td>
<td><strong>100.00%</strong></td>
</tr>
<tr>
<td>3.</td>
<td>The case manager is correctly listed in HomeSafenet (HSn). 187</td>
<td>7</td>
<td><strong>100.00%</strong></td>
</tr>
<tr>
<td>4.</td>
<td>The court was informed of the:</td>
<td>6</td>
<td><strong>83.33%</strong></td>
</tr>
<tr>
<td></td>
<td>a. Reasonable efforts made to prevent the child's removal. (This review element is applied to out-of-home care cases only.) s39.521(1)(f)1-3, F.S.</td>
<td>7</td>
<td><strong>85.71%</strong></td>
</tr>
<tr>
<td></td>
<td>b. Continuing appropriateness of, and necessity for, the child's placement status, including reasonable efforts to return the child to the home or achieve other permanency status. (The applies to out-of-home care cases only.) 94; ss39.701(7)(a)1,(c), F.S.</td>
<td>7</td>
<td><strong>85.71%</strong></td>
</tr>
<tr>
<td></td>
<td>c. Extent of compliance by all parties with the case plan, including non-compliance if applicable. 94; s39.701(7)(a)2, F.S.</td>
<td>7</td>
<td><strong>85.71%</strong></td>
</tr>
<tr>
<td></td>
<td>d. Progress made toward alleviating risk of harm that caused the child's placement. (This is applied to out-of-home care cases only.) 94; s39.701(7)(a), F.S.</td>
<td>7</td>
<td><strong>85.71%</strong></td>
</tr>
<tr>
<td></td>
<td>e. Projected date for child's return to family or other permanent placement arrangement with plans for achieving permanence within 12-months. (This is applied to out-of-home cases only.) 94; s39.701(8)(h), F.S.</td>
<td>7</td>
<td><strong>85.71%</strong></td>
</tr>
</tbody>
</table>
Item # 8

1. The goal was achieved within 12 months of the child's most recent entry into out-of-home care. CFSR

   Total countable cases for question: 4
   Compliance rate for question: 50.00%

2. If the goal was not achieved within 12 months of the child's most recent entry into out-of-home care:
   a. The agency identified barriers to achieving the goal, CFSR and
   b. The agency is taking/took steps to facilitate the goal achievement. CFSR

   Total countable cases for question: 3
   Compliance rate for question: 100.00%

Item # 9

1. The birth parents were notified in writing of the adoption reunion registry prior to TPR. 155; s63.165, F.S.

   Total countable cases for question: 0
   Compliance rate for question: NA

2. The delays in freeing the child for adoption are outside of the agency's ability to correct. 148; s39.703, F.S.; CFSR

   Total countable cases for question: 0
   Compliance rate for question: NA

3. The child was registered on the adoption exchange within 30 days of the TPR Order. 151; s409.167, F.S.; CFSR

   Total countable cases for question: 0
   Compliance rate for question: NA

4. The child was web authorized on the State, regional and national adoption exchanges if not placed in an adoptive home within 90 days of the TPR order. 152; s409.167, F.S.; CFSR

   Total countable cases for question: 0
   Compliance rate for question: NA

5. The agency is taking/has taken steps to identify, recruit, process and approve an adoptive family that matches the child's needs. ss39.601(3)(i),39.812(7), F.S.; CFSR

   Total countable cases for question: 0
   Compliance rate for question: NA

6. The pre-adoptive parents were notified of court hearings.* 92; ss39.502(6), 39.701(5)(e), F.S.; CFSR

   Total countable cases for question: 0
   Compliance rate for question: NA
7. The pre-adoptive parents were given an opportunity to be heard at court hearings. 92; s39.701(7)(d), F.S.; CFSR

8. A complete adoptive home study was accomplished by the agency to include: 158; s63.092(3), F.S.; 65C-16.004,005, F.A.C.

<table>
<thead>
<tr>
<th>Item # 10</th>
</tr>
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<tbody>
<tr>
<td>Total countable cases for question:</td>
</tr>
<tr>
<td>Compliance rate for question:</td>
</tr>
</tbody>
</table>

| a. Application to Adopt is less than 12 months old, |
| Total countable cases for question: | 0 |
| Compliance rate for question: | NA |

| b. Notarized Affidavit of Good Moral character, |
| Total countable cases for question: | 0 |
| Compliance rate for question: | NA |

<table>
<thead>
<tr>
<th>c. Background record checks, to include:</th>
</tr>
</thead>
<tbody>
<tr>
<td>i. Fingerprint (FBI clearance within 1 year for recruited, every 5 years for foster parents or relatives),</td>
</tr>
<tr>
<td>Total countable cases for question:</td>
</tr>
<tr>
<td>Compliance rate for question:</td>
</tr>
</tbody>
</table>

| ii. FDLE current within 90 days of placement, |
| Total countable cases for question: | 0 |
| Compliance rate for question: | NA |

| iii. Local law enforcement current within 90 days of placement, |
| Total countable cases for question: | 0 |
| Compliance rate for question: | NA |

| iv. Abuse Hotline, |
| Total countable cases for question: | 0 |
| Compliance rate for question: | NA |

| d. Five (5) References, |
| Total countable cases for question: | 0 |
| Compliance rate for question: | NA |

| e. Marriage License, |
| Total countable cases for question: | 0 |
| Compliance rate for question: | NA |

| f. All Divorce Decrees, and |
| Total countable cases for question: | 0 |
| Compliance rate for question: | NA |

| g. Income and Expenditure Sheet. |
| Total countable cases for question: | 0 |
| Compliance rate for question: | NA |

9. The adoptive parents were notified in writing of the adoption reunion registry prior to the adoption placement. 157; s63.165, F.S.

<table>
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<tr>
<th>Item # 10</th>
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<tr>
<td>Total countable cases for question:</td>
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<tr>
<td>Compliance rate for question:</td>
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10. The agency is taking/has taken steps to place the child for adoption: prepare the child for adoption, and transition the child into an adoptive placement. s39.701(7)(c) F.S.; CFSR

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<tr>
<th>Item # 10</th>
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<tbody>
<tr>
<td>Total countable cases for question:</td>
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<td>Compliance rate for question:</td>
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11. The adoption was finalized within 24 months of the most recent entry into out-of-home care. CFSR

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<th>Item # 10</th>
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<tr>
<td>Total countable cases for question:</td>
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<tr>
<td>Compliance rate for question:</td>
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1. For the child with an "other" planned permanency goal, the more permanent goals of reunification, adoption, long-term custody to a relative or legal guardianship have been considered and appropriately ruled out. 142; ss39.601(3)(l),621,701(7)(c), F.S.; CFSR

<table>
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<th>Item # 10</th>
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<tbody>
<tr>
<td>Total countable cases for question:</td>
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<tr>
<td>Compliance rate for question:</td>
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2. Review of the goal for continued appropriateness is done regularly by the agency. CFSR

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<tr>
<th>Item # 10</th>
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<tr>
<td>Total countable cases for question:</td>
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<td>Compliance rate for question:</td>
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3. For those children with a goal of long-term licensed custody, the following criteria were met:

<table>
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<tr>
<th>Item # 10</th>
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<tr>
<td>Total countable cases for question:</td>
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<td>Compliance rate for question:</td>
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a. The child is 14 years of age or older,

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<th>Item # 10</th>
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<tr>
<td>Total countable cases for question:</td>
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<td>Compliance rate for question:</td>
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</table>

b. The child has remained in the foster home for a continuous period of 12 months,
c. The child and his/her foster parent(s) do not desire adoption,
d. The foster parent(s) have made a commitment to provide for the child until the age of majority and to prepare him/her for adulthood and independence, and
e. The agency’s social services study recommends the goal. s39.623, F.S.

### Outcome P2: The continuity of family relationships and connections is preserved for children.

Goal for Permanency Outcome #2: The child was placed in close proximity to his parents, extended family, and neighborhood to promote an enhanced relationship with family members. Regular visitation with parents and siblings, when appropriate, was facilitated by the agency. Relatives were appropriately assessed for placement and the agency ensured the child’s primary connections were preserved when in out-of-home placement.

#### Item # 11

1. The child is placed in the same community or county as the parent(s) and/or extended family members. 144; s39.601(3)(e), F.S.; CFSR

2. For the child placed outside the residential community or county of his parent(s):
   a. The reason was clearly related to the best interests of the child. 144; s39.601(3)(e), F.S.; CFSR
   b. If the child is placed out of state, the placement was approved through ICPC. 145; s39.601(3)(e), F.S.; CFSR

#### Item # 12

1. The child and all siblings in out-of-home care were placed together. 128; s39.001(1)(k), F.S.; CFSR

2. When the child and all siblings in out-of-home care were not placed together, there was clear evidence that separation was necessary to meet the needs of one of the children. 129; s39.001(1)(k), F.S.; CFSR

#### Item # 13

1. The child has routine and regular visitation with his parent(s). s39.601(3)(d), F.S.; CFSR

2. The child has routine and regular visitation with his siblings separated in other out-of-home care placements. 130; s39.001(1)(k), F.S.; CFSR

3. The child was afforded other means of contact with his parent(s). CFSR

4. The child was afforded other means of contact with his siblings separated in other out-of-home care placements. s39.001(1)(k), F.S.; CFSR

5. The case plan includes visitation and other contact plans with parents and/or siblings separated in other out-of-home care placements. 87h; s39.601(3)(d), F.S.; CFSR

6. The parents were notified of all changes in visitation privileges. 96; CFSR

#### Item # 14

1. The child’s primary connections to his/her neighborhood, community, faith, family, and friends were maintained in the out-of-home placement. 127; CFSR

<table>
<thead>
<tr>
<th>Item</th>
<th>Total countable cases for question</th>
<th>Compliance rate for question</th>
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<tbody>
<tr>
<td>Item #11</td>
<td>6</td>
<td>100.00%</td>
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<tr>
<td>Item #12</td>
<td>5</td>
<td>60.00%</td>
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<tr>
<td>Item #13</td>
<td>4</td>
<td>75.00%</td>
</tr>
<tr>
<td>Item #14</td>
<td>7</td>
<td>100.00%</td>
</tr>
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</table>
2. The child's and his family's unique characteristics – language, religion, values and beliefs, traditions, and background – are/were supported in the child's out-of-home care placement. 127; s39.001(1)(i), F.S.

3. If the child is Native American/Alaska Native, his interests are/were addressed through:
   a. Timely notification of the tribe, and 133; s39.001(1)(d), F.S.; CFSR
   b. Placement with the child's extended family or tribe. 134; s39.001(1)(d), F.S.; CFSR

4. The court was kept informed of the progress of diligent search by the agency until excused. 97; s39.502(8)(9), F.S.; CFSR

5. Relationships between the child and his mother/father have been accurately identified in HomeSafenet. 190

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**Outcome WB1: Families have enhanced capacity to provide for their children's needs.**

Goal for Well Being Outcome #1: The agency assessed the needs and services of the child, family and caregivers and provided appropriate services based on identified needs. Age appropriate children and relevant family members were involved in the development of initial case plans and in ongoing case planning activities. Agency contact with children and parents was consistent with the needs of the child and parent and sufficient to ensure the child’s safety, permanency and well-being

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**Item # 15**

1. The non-custodial parent, if applicable, was considered a placement resource before consideration was given to relatives. s39.521(3)(b), F.S.; CFSR

2. Both maternal and paternal relatives are/were sought out and evaluated as a potential placement resource. CFSR

3. For the child not placed with relatives, relatives were considered for placement. 115; s39.5085(c), F.S.; CFSR

4. The court was kept informed of the progress of diligent search by the agency until excused. 97; s39.502(8)(9), F.S.; CFSR

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**Item # 16**

1. The agency is making efforts to promote and maintain a strong, emotionally supportive relationship between the child and his parent(s) through visits and other contacts. 136; CFSR

2. The agency encourages and supports parental participation in activities with the child, e.g., school functions, special occasions, medical appointments, etc. CFSR

3. The agency encourages and supports parental involvement in making decisions about the child's needs and activities. CFSR

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**Item # 17**

1. Contact with the child, the parent(s) or caregiver to initiate service provision was made within a reasonable amount of time following acceptance of the case. 48

2. The case manager has identified tasks and needed services consistent with the case plan goal for the child, child's mother, child's father, child's out-of-home caregivers, and others. 49, 75; ss39.601(2)(b),(3)(e)(h), F.S.; CFSR,

3. The case manager has arranged for services needed to attain the case plan goal, for the child, child's mother, child's father, and child's out-of-home caregivers. 51; ss39.601(1)(c),(2)(b),(3)(g)-(j), F.S.; CFSR
<table>
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<tr>
<th>Item # 18</th>
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| 1. The initial case plan was developed within 60 days of initial contact with the family for in-home supervision cases.* 70; ss39.601(9)(a), F.S. | Total countable cases for question: 1  
Compliance rate for question: 100.00% |
| 2. The initial case plan was developed with the family within 60 days of the child's removal for out-of-home cases.* 70; ss39.601(9)(a), F.S. | Total countable cases for question: 4  
Compliance rate for question: 75.00% |
| 3. The following individuals participated or were given the opportunity to participate in the development of the case plan: the mother, the father, the child if age and developmentally appropriate. 72; ss39.601(1)(a), F.S., and caregiver. 72; ss39.601(3)(e), F.S. | Total countable cases for question: 7  
Compliance rate for question: 28.57% |
| 4. The following individuals were actively engaged in completing case plan tasks and services: the mother, father, child, and caregiver. 52; ss39.701(7)(a) 1-11, F.S. | Total countable cases for question: 7  
Compliance rate for question: 71.43% |
| 5. The following individuals were actively involved in ongoing case planning activities (relative to modifications to existing case plan): mother, father, child, and caregiver.* 88; ss39.701(7)(a) 1-11, F.S. | Total countable cases for question: 6  
Compliance rate for question: 33.33% |
| 6. The following individuals were notified of court hearings: mother, father, child.* 92; ss39.502(6),701(5)(c), F.S. and caregiver.* 92; ss39.701(5)(b), F.S | Total countable cases for question: 7  
Compliance rate for question: 100.00% |
| 7. The following individuals were given an opportunity to be heard at court hearings: mother, father, child, and caregiver. 92; ss39.701(7)(d), F.S. | Total countable cases for question: 7  
Compliance rate for question: 100.00% |
| 8. There is a current - not expired - case plan. * 71; ss39.601,602, F.S. | Total countable cases for question: 7  
Compliance rate for question: 71.43% |
9. The case plan was amended to reflect changes in the goal, tasks and services, and placement type.* 89; s39.601(9)(f), F.S.

10. A staffing was held to discuss the transition into adulthood for an adolescent age 6 months prior to their 18th birthday. 178; s409.1451, F.S.

**Item # 19**

1. A minimum of monthly face-to-face home visits occurred between the case manager and the child. 42; CFSR

2. Visits between the case manager and the child focused on issues pertinent to case planning, service delivery, and goal attainment. 44,45; CFSR

**Item # 20**

1. A minimum of monthly face-to-face home visits occurred between the case manager and the parents when the goal was reunification. 43; s39.601(1)(c), F.S.

2. A minimum of monthly face-to-face home visits occurred between the case manager and the parents when the goal was maintain and strengthen. 43; s39.601(1)(c), F.S.

3. Visits between the case manager and the parents focused on issues pertinent to case planning, service delivery, and goal attainment. 44, 45; s39.601(1)(c), F.S.

**Outcome WB2: Children receive appropriate services to meet their educational needs.**

Goal for WB Outcome #2: The agency assessed the child’s educational issues and made extensive efforts to address the child’s educational needs through the school system or other early intervention providers, if needed. The agency ensured continuity of the child’s educational placement. All applicable educational records were provided to out-of-home caregivers and were included in the case plan and case record.

**Item # 21**

1. The case plan includes the following:
   a. Names and addresses of child’s current educational providers; 87
   b. Explanation regarding why the child was moved to a new school if the child attends a different school as a result of the placement; 87; CFSR
   d. Child’s school records (e.g., most recent report card). 87; CFSR

2a. Educational needs for the child have been identified, and formally addressed in the case plan. 54; s39.601(3)(f), F.S.; CFSR

2b. The case manager has monitored the results of the service provision to meet the child’s educational needs and determined whether progress has been made, and emerging needs or problems have been identified and addressed. 56; s39.701(7)(a)9, F.S.; CFSR

3. The case manager has advocated with the educational/school system to obtain educational services to meet the child’s needs if applicable. 55; s39.701(7)(a)9, F.S.; CFSR

4. The case manager has provided the child’s education records to the out-of-home caregiver. CFSR

5. The child’s school placement has been stable. 138; CFSR
6. The case manager has advised the court of:
   a. Number of times the child's educational placement has been changed; s39.701(7)(a) 9, F.S.  
      Total countable cases for question: 5  
      Compliance rate for question: 60.00%  
   b. Number and types of educational placements that have occurred; s39.701(7)(a) 9, F.S., and  
      Total countable cases for question: 5  
      Compliance rate for question: 40.00%  
   c. Reason(s) for any change in educational placement. s39.701(7)(a) 9, F.S.  
      Total countable cases for question: 4  
      Compliance rate for question: 75.00%  

Outcome WB3: Children receive adequate services to meet their physical and mental health needs.

Goal for WB Outcome #3: The child's physical health needs (including follow-up services) were addressed in the following through preventive health care, preventive dental care, immunizations, treatment for identified health needs, treatment for identified dental needs and by providing health records to out-of-home caregivers. The agency ensured the child received an initial mental health assessment or screening and provided appropriate services to address identified mental health needs, if indicated.

Item # 22

1. The child's health needs are being met through:  
   a. Preventive healthcare; 63; s39.001(1)(a), F.S.; CFSR  
      Total countable cases for question: 7  
      Compliance rate for question: 100.00%  
   b. Appropriate treatment for identified needs; 63; s39.001(1)(a), F.S.; CFSR  
      Total countable cases for question: 4  
      Compliance rate for question: 100.00%  
   c. Preventive dental; 63; s39.001(1)(a), F.S.; CFSR  
      Total countable cases for question: 3  
      Compliance rate for question: 33.33%  
   d. Appropriate treatment for identified dental needs; 63; s39.001(1)(a), F.S.; CFSR and  
      Total countable cases for question: 2  
      Compliance rate for question: 50.00%  
   e. Immunization. 63; s39.001(1)(a), F.S.; CFSR  
      Total countable cases for question: 7  
      Compliance rate for question: 71.43%  

2. An initial health screening was provided within 72 hours of removal if the child was in out of home care. 64; s39.407(1), F.S.  
   Total countable cases for question: 7  
   Compliance rate for question: 14.29%  

3. The case plan for the child includes:  
   a. Names and addresses of health care providers; 87a; s39.601(3)(j), F.S.  
      Total countable cases for question: 7  
      Compliance rate for question: 71.43%  
   b. Current immunization history; and 87b; s39.601(3)(j), F.S.  
      Total countable cases for question: 7  
      Compliance rate for question: 57.14%  
   c. Known medical health conditions and medications.* 87c; s39.601(3)(j), F.S.; CFSR  
      Total countable cases for question: 4  
      Compliance rate for question: 100.00%  

4. A pre-placement physical examination was conducted on the child within 6 months of signing the memorandum of agreement for adoptive placement. 156; s39.810 (4), F.S.; 65c-16.002 (7)(f) F.A.C  
   Total countable cases for question: 0  
   Compliance rate for question: NA

Item # 23

1. The child's mental health needs were identified through assessment or screening. 65; ss39, 394, F.S.; CFSR  
   Total countable cases for question: 4  
   Compliance rate for question: 100.00%  

2. When an assessment or screening indicated a need for services, a referral for further assessment was made within 30 days of the initial assessment or screening. 66; ss39,394, F.S.; CFSR  
   Total countable cases for question: 2  
   Compliance rate for question: 50.00%  

3. A Comprehensive Behavioral Health Assessment (CBHA) was conducted and included a review of four domains: behavioral, educational, health and home environment, and was completed and signed by a licensed mental health professional or certified addictions case manager within 30 days of removal of the child. 67, CFOP 155-10; ss39, 394, F.S.  
   Total countable cases for question: 5  
   Compliance rate for question: 40.00%
4. The case file documents the reason(s) the CBHA was not completed and signed by a licensed mental health professional or certified addictions counselor within 30 days of the child’s removal. 67; CFOP 155-10

5. When treatment needs were indicated in the CBHA, a referral for services, further assessment and/or treatment was completed within the same 30-day time frame allowed for the CBHA. * 68; CFOP 155-10

6. The case file documents the reason(s) a referral for services, further assessment and/or treatment recommended in the CBHA was not made within the same 30-day time frame allowed for the CBHA. * 68; CFOP 155-10.

7. Mental health and/or substance abuse services provided to the child were consistent with the identified needs and/or recommendations in the CBHA, including the type, frequency, duration, location and name of the provider. 80; ss39.601(2)(b),(3)(e)(h), F.S.

8. Mental health and/or substance abuse services recommended for the child in the CBHA were implemented within 30 days of the completed referral(s).** 69; CFOP 155-10; ss39.601(2)(b),(3)(e)(h), F.S.

9. When mental health and/or substance abuse services recommended in the CBHA for the child were not implemented within 30-ays of the completed referral(s), the reason(s) was documented in the case file.* 69; CFOP 155-10

10. Substance abuse treatment was documented for the child if needed. 82c; ss39.601(2)(b),(3)(e)(h), F.S.

11. The case plan includes for the child:
   a. Names and addresses of health care providers. 87a; s39.601(3)(j), F.S.; CFSR
   b. Known mental health conditions and medications.* 87c; s39.601(3)(j), F.S.; CFSR

12. An assessment for Residential Group Care (RGC) was completed for the child 11 years of age or older who has been removed 6 months or longer, and has had more than one placement. 112; s39.523, F.S.

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**CERT RECORD REVIEW ADDENDUM**

**Quality Indicators for Indian River**

1. There is a current copy of the HSn ID Summary in the file.  
   Total countable cases for question: 7  
   Compliance rate for question: 71.43%

2. Birth Certificates or Birth Verification forms for all children related to the case are in the file.  
   Total countable cases for question: 7  
   Compliance rate for question: 100.00%

3. Social Security cards or SS numbers are present in the file for all children related to the case.  
   Total countable cases for question: 7  
   Compliance rate for question: 57.14%

4. There is an updated photo in the file for all children related to the case, including full name of child and date photo taken documented on the photo.  
   Total countable cases for question: 7  
   Compliance rate for question: 57.14%

5. Fingerprint/footprint cards for all children related to the case are in the file.  
   Total countable cases for question: 7  
   Compliance rate for question: 85.71%

6. A copy of the shelter petition is in the file, if appropriate.  
   Total countable cases for question: 7  
   Compliance rate for question: 100.00%

7. A copy of the shelter order is in the file, if appropriate.  
   Total countable cases for question: 7  
   Compliance rate for question: 100.00%

8. A copy of the Dependency Petition is in the file, if appropriate.  
   Total countable cases for question: 7  
   Compliance rate for question: 100.00%
<table>
<thead>
<tr>
<th>Total countable cases for question: 7</th>
<th>Compliance rate for question: 100.00%</th>
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<tbody>
<tr>
<td><strong>9.</strong> A copy of the Dependency Order or Order of Adjudication is in the file, if appropriate.</td>
<td>Total countable cases for question: 6</td>
</tr>
<tr>
<td>10. A Permanency Staffing was held with all pertinent parties at 11 months or sooner.</td>
<td>Total countable cases for question: 7</td>
</tr>
<tr>
<td>11. There is clear documentation of case transfer from PI Unit to DCM Unit.</td>
<td>Total countable cases for question: 7</td>
</tr>
<tr>
<td>* If appropriate, a current, signed and dated consent form authorizing the release of confidential information to specific providers is in the file.</td>
<td>Total countable cases for question: 0</td>
</tr>
<tr>
<td>12. If indicators of sexual abuse victimization or other outlying behaviors with regard to sexual behavior are present, a safety plan has been completed per DCF guidelines, is signed, dated and a copy is in the file.</td>
<td>Total countable cases for question: 2</td>
</tr>
<tr>
<td>13. Home Visit Forms are signed by all parties seen and the DCM, dated, and clearly delineate the time parameters of the visit? (i.e., 1:00 – 2:30 PM)</td>
<td>Total countable cases for question: 6</td>
</tr>
<tr>
<td>* The DCM and/or DCM supervisor signed, dated and credentialed all notes, summaries and reports.</td>
<td>Total countable cases for question: 0</td>
</tr>
<tr>
<td>* All documentation in the file is related to the case. (There should be no misfiled documentation)</td>
<td>Total countable cases for question: 0</td>
</tr>
<tr>
<td>* Print-outs of all (monthly at a minimum) HSn case notes are in the file.</td>
<td>Total countable cases for question: 0</td>
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<tr>
<td>* There are NO abbreviations in any documentation completed by the DCM or DCM supervisor of record.</td>
<td>Total countable cases for question: 0</td>
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<tr>
<td>14. FSFN notes are composed /documented in a professional manner.</td>
<td>Total countable cases for question: 7</td>
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<tr>
<td>15. FSFN notes are purposeful, individualized, address emerging issues and related to the reason for services.</td>
<td>Total countable cases for question: 7</td>
</tr>
<tr>
<td>16. Client names are spelled correctly and there are not several different spellings of client names contained in the file documentation.</td>
<td>Total countable cases for question: 0</td>
</tr>
<tr>
<td>* Documentation in the file is legible.</td>
<td>Total countable cases for question: 0</td>
</tr>
<tr>
<td>* Errors are crossed out with one line only and initialed.</td>
<td>Total countable cases for question: 0</td>
</tr>
<tr>
<td>* There is no evidence of correction fluid use.</td>
<td>Total countable cases for question: 0</td>
</tr>
<tr>
<td>* There is evidence of client progress(updates shared with Providers, GAL’s, Court, and Caregivers as appropriate.</td>
<td>Total countable cases for question: 0</td>
</tr>
<tr>
<td>17. There is clear documentation of a meaningful supervisory review conducted every 90 days, at a minimum.</td>
<td>Total countable cases for question: 7</td>
</tr>
<tr>
<td>* There is no evidence of duplicate or multiple copies of court documents in the file.</td>
<td>Total countable cases for question: 0</td>
</tr>
<tr>
<td>18. If a CPT referral has been made the final report/summary is in the file.</td>
<td>Total countable cases for question: 1</td>
</tr>
<tr>
<td>* There is no evidence of doodling on legal or other documentation in the file.</td>
<td>Total countable cases for question: 0</td>
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| * The majority of the documentation is filed in the proper sections according to the indexes. | Total countable cases for question: 0  
Compliance rate for question: NA |   |   |   |   |
| * Eligibility paperwork, TANF applications, Medicaid or other insurance #’s are in the file as appropriate. | Total countable cases for question: 0  
Compliance rate for question: NA |   |   |   |   |
| * The file does not contain loose paperwork, notes scribbled on scrap paper and/or sticky notes. | Total countable cases for question: 0  
Compliance rate for question: NA |   |   |   |   |
| * The various volumes pertaining to the case are in good condition. | Total countable cases for question: 0  
Compliance rate for question: NA |   |   |   |   |
| * There is evidence that the file contains current, (not to exceed one year) signed consents/medication orders for all children taking psychotropic medication. | Total countable cases for question: 0  
Compliance rate for question: NA |   |   |   |   |
| 19. A reunification staffing was held within the appropriate timeframe. | Total countable cases for question: 2  
Compliance rate for question: 100.00% |   |   |   |   |
| 20. The home study contained in the file is comprehensive and detailed, providing a clear picture of the family home, relationships and finances. | Total countable cases for question: 6  
Compliance rate for question: 100.00% |   |   |   |   |
| 21. The Normalcy Plan was completed by the DCM for all youths ages 13-17 in licensed care and reviewed every 90 days. | Total countable cases for question: 2  
Compliance rate for question: 50.00% |   |   |   |   |
| 22. The ILP Staffing/Case Plan Form was completed 1 X per year for youths ages 13-14 and completed every 6 months for youths ages 15-17, and signed by the youth. | Total countable cases for question: 2  
Compliance rate for question: 0.00% |   |   |   |   |
| 23. SIL Assessments were completed for youths ages 16-17. | Total countable cases for question: 1  
Compliance rate for question: 0.00% |   |   |   |   |
| 24. The Ansell Casey Life Skills Assessment was conducted yearly for youths ages 13-17. | Total countable cases for question: 2  
Compliance rate for question: 0.00% |   |   |   |   |

* These questions are only valid for CERTS completed between 7-1-07 and 1-31-08.
Summary for Indian River

**Outcome Measure Safety 1:** Children are, first and foremost, protected from abuse and neglect

Item 2 Compliance Rate: 91.67%

**Outcome Measure Safety 1 Compliance Rate:** 91.67%

**Outcome Measure Safety 2:** Children are safely maintained in their homes whenever possible and appropriate.

Item 3 Compliance Rate: 100.00%
Item 4 Compliance Rate: 96.00%

**Outcome Measure Safety 2 Compliance Rate:** 96.05%

**Outcome Permanency 1:** Children have permanency and stability in their living situations.

Item 5 Compliance Rate: 100.00%
Item 6 Compliance Rate: 78.31%
Item 7 Compliance Rate: 83.33%
Item 8 Compliance Rate: 77.78%
Item 9 Compliance Rate: NA
Item 10 Compliance Rate: 100.00%

**Outcome Measure Permanency 1 Compliance Rate:** 81.87%

**Outcome Permanency 2:** The continuity of family relationships and connections is preserved for children.

Item 11 Compliance Rate: 100.00%
Item 12 Compliance Rate: 71.43%
Item 13 Compliance Rate: 71.43%
Item 14 Compliance Rate: 88.00%
Item 15 Compliance Rate: 71.43%
Item 16 Compliance Rate: 66.67%

**Outcome Measure Permanency 2 Compliance Rate:** 77.27%
Outcome Well Being 1: Families have enhanced capacity to provide for their children's needs.

Item 17 Compliance Rate: 76.92%
Item 18 Compliance Rate: 66.00%
Item 19 Compliance Rate: 92.31%
Item 20 Compliance Rate: 44.44%

Outcome Measure Well Being 1 Compliance Rate: 71.77%

Outcome Well Being 2: Children receive appropriate services to meet their educational needs.

Item 21 Compliance Rate: 44.74%

Outcome Measure Well Being 2 Compliance Rate: 44.74%

Outcome Well Being 3: Children receive adequate services to meet their physical and mental health needs.

Item 22 Compliance Rate: 66.67%
Item 23 Compliance Rate: 45.16%

Outcome Measure Well Being 3 Compliance Rate: 58.23%

QA Summary for Indian River

Total # of QA Questions = 238
Total # of Yes Answers = 109
Total # of No Answers = -23
Total # of NA Answers = 152
Total Countable Questions (Total - NA) = 86
Total Compliance Rate* = 126.74%

*Note: the QA compliance rate is not a factor in the CERT compliance rate
Summary of all records reviewed for Indian River for review period:

01/01/08 through 03/31/08

Total # of Cases Reviewed = 7
Total # of Review Questions = 1232
Total # of Yes Answers = 444
Total # of No Answers = 144
Total # of NA Answers = 644

Total Countable Questions (Total - NA) = 588

Total Compliance Rate = 75.51%
UFF - Quality Management
Compliance and Quality Review Instrument
Dependency Case Management

Summary for Children's Home Society

For the review period of:

01/01/08 through 03/31/08
Outcome Measure Safety 1: Children are, first and foremost, protected from abuse and neglect

Item 2 Compliance Rate: 68.97%

Outcome Measure Safety 1 Compliance Rate: 68.97%

Outcome Measure Safety 2: Children are safely maintained in their homes whenever possible and appropriate.

Item 3 Compliance Rate: 100.00%
Item 4 Compliance Rate: 97.78%

Outcome Measure Safety 2 Compliance Rate: 97.86%

Outcome Permanency 1: Children have permanency and stability in their living situations.

Item 5 Compliance Rate: 81.82%
Item 6 Compliance Rate: 74.68%
Item 7 Compliance Rate: 82.73%
Item 8 Compliance Rate: 68.42%
Item 9 Compliance Rate: 50.00%
Item 10 Compliance Rate: 95.65%

Outcome Measure Permanency 1 Compliance Rate: 78.98%

Outcome Permanency 2: The continuity of family relationships and connections is preserved for children.

Item 11 Compliance Rate: 84.62%
Item 12 Compliance Rate: 64.29%
Item 13 Compliance Rate: 86.84%
Item 14 Compliance Rate: 92.86%
Item 15 Compliance Rate: 79.31%
Item 16 Compliance Rate: 82.76%

Outcome Measure Permanency 2 Compliance Rate: 84.24%
Outcome Well Being 1: Families have enhanced capacity to provide for their children’s needs.

Item 17 Compliance Rate: 67.62%

Item 18 Compliance Rate: 71.43%

Item 19 Compliance Rate: 92.00%

Item 20 Compliance Rate: 41.18%

Outcome Measure Well Being 1 Compliance Rate: 69.84%

Outcome Well Being 2: Children receive appropriate services to meet their educational needs.

Item 21 Compliance Rate: 57.14%

Outcome Measure Well Being 2 Compliance Rate: 57.14%

Outcome Well Being 3: Children receive adequate services to meet their physical and mental health needs.

Item 22 Compliance Rate: 66.67%

Item 23 Compliance Rate: 59.32%

Outcome Measure Well Being 3 Compliance Rate: 63.98%

CHS: QA Summary

Total # of QA Questions = 476
Total # of Yes Answers = 205
Total # of No Answers = -39
Total # of NA Answers = 310
Total Countable Questions (Total - NA) = 166

Total Compliance Rate* = 123.49%

*Note: the QA compliance rate is not a factor in the CERT compliance rate
Summary of all CHS records reviewed for review period:

01/01/08 through 03/31/08

Total # of Cases Reviewed = 14
Total # of Review Questions = 2464
Total # of Yes Answers = 901
Total # of No Answers = 281
Total # of NA Answers = 1282

Total Countable Questions (Total - NA) = 1182
Total Compliance Rate = 76.23%
UFF - Quality Management
Compliance and Quality Review Instrument

Dependency Case Management

Summary by Agency

For the review period of:

01/01/08 through 03/31/08
UFF - Quality Management
Compliance and Quality Review Instrument
Dependency Case Management

Summary for Children's Home Society

For the review period of:
01/01/08 through 03/31/08
CHS: Summary by Outcome Measure

**Outcome Measure Safety 1: Children are, first and foremost, protected from abuse and neglect**

Item 2 Compliance Rate: **68.97%**

**Outcome Measure Safety 1 Compliance Rate: 68.97%**

**Outcome Measure Safety 2: Children are safely maintained in their homes whenever possible and appropriate.**

Item 3 Compliance Rate: **100.00%**
Item 4 Compliance Rate: **97.78%**

**Outcome Measure Safety 2 Compliance Rate: 97.86%**

**Outcome Permanency 1: Children have permanency and stability in their living situations.**

Item 5 Compliance Rate: **81.82%**
Item 6 Compliance Rate: **74.68%**
Item 7 Compliance Rate: **82.73%**
Item 8 Compliance Rate: **68.42%**
Item 9 Compliance Rate: **50.00%**
Item 10 Compliance Rate: **95.65%**

**Outcome Measure Permanency 1 Compliance Rate: 78.98%**

**Outcome Permanency 2: The continuity of family relationships and connections is preserved for children.**

Item 11 Compliance Rate: **84.62%**
Item 12 Compliance Rate: **64.29%**
Item 13 Compliance Rate: **86.84%**
Item 14 Compliance Rate: **92.86%**
Item 15 Compliance Rate: **79.31%**
Item 16 Compliance Rate: **82.76%**

**Outcome Measure Permanency 2 Compliance Rate: 84.24%**
CHS: Summary by Outcome Measure

**Outcome Well Being 1:** Families have enhanced capacity to provide for their children’s needs.

- Item 17 Compliance Rate: 67.62%
- Item 18 Compliance Rate: 71.43%
- Item 19 Compliance Rate: 92.00%
- Item 20 Compliance Rate: 41.18%

**Outcome Measure Well Being 1 Compliance Rate:** 69.84%

**Outcome Well Being 2:** Children receive appropriate services to meet their educational needs.

- Item 21 Compliance Rate: 57.14%

**Outcome Measure Well Being 2 Compliance Rate:** 57.14%

**Outcome Well Being 3:** Children receive adequate services to meet their physical and mental health needs

- Item 22 Compliance Rate: 66.67%
- Item 23 Compliance Rate: 59.32%

**Outcome Measure Well Being 3 Compliance Rate:** 63.98%

**CHS: QA Summary**

Total # of QA Questions = 476  
Total # of Yes Answers = 205  
Total # of No Answers = -39  
Total # of NA Answers = 310  
Total Countable Questions (Total - NA) = 166  
Total Compliance Rate* = 123.49%

*Note: the QA compliance rate is not a factor in the CERT compliance rate
Summary of all CHS records reviewed for review period:

01/01/08 through 03/31/08

Total # of Cases Reviewed = 14
Total # of Review Questions = 2464
Total # of Yes Answers = 901
Total # of No Answers = 281
Total # of NA Answers = 1282

Total Countable Questions (Total - NA) = 1182

Total Compliance Rate = 76.23%
UFF - Quality Management
Compliance and Quality Review Instrument
Dependency Case Management

Summary for Family Preservation Services

For the review period of:
01/01/08 through 03/31/08
FPS: Summary by Outcome Measure

Outcome Measure Safety 1: Children are, first and foremost, protected from abuse and neglect
Item 2 Compliance Rate: **71.43%**

*Outcome Measure Safety 1 Compliance Rate: 71.43%*

Outcome Measure Safety 2: Children are safely maintained in their homes whenever possible and appropriate.
Item 3 Compliance Rate: **77.78%**
Item 4 Compliance Rate: **87.27%**

*Outcome Measure Safety 2 Compliance Rate: 86.34%*

Outcome Permanency 1: Children have permanency and stability in their living situations.
Item 5 Compliance Rate: **78.95%**
Item 6 Compliance Rate: **66.85%**
Item 7 Compliance Rate: **75.93%**
Item 8 Compliance Rate: **64.71%**
Item 9 Compliance Rate: NA
Item 10 Compliance Rate: **55.00%**

*Outcome Measure Permanency 1 Compliance Rate: 70.47%*

Outcome Permanency 2: The continuity of family relationships and connections is preserved for children.
Item 11 Compliance Rate: **78.57%**
Item 12 Compliance Rate: **75.00%**
Item 13 Compliance Rate: **70.83%**
Item 14 Compliance Rate: **96.23%**
Item 15 Compliance Rate: **71.79%**
Item 16 Compliance Rate: **76.60%**

*Outcome Measure Permanency 2 Compliance Rate: 79.43%*
**FPS: Summary by Outcome Measure**

**Outcome Well Being 1: Families have enhanced capacity to provide for their children’s needs.**

- Item 17 Compliance Rate: **63.03%**
- Item 18 Compliance Rate: **56.74%**
- Item 19 Compliance Rate: **82.05%**
- Item 20 Compliance Rate: **53.49%**

**Outcome Measure Well Being 1 Compliance Rate: **61.40%**

**Outcome Well Being 2: Children receive appropriate services to meet their educational needs.**

- Item 21 Compliance Rate: **39.80%**

**Outcome Measure Well Being 2 Compliance Rate: **39.80%**

**Outcome Well Being 3: Children receive adequate services to meet their physical and mental health needs.**

- Item 22 Compliance Rate: **53.78%**
- Item 23 Compliance Rate: **25.29%**

**Outcome Measure Well Being 3 Compliance Rate: **41.75%**

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**FPS: QA Summary**

- Total # of QA Questions = 680
- Total # of Yes Answers = 221
- Total # of No Answers = -9
- Total # of NA Answers = 468
- Total Countable Questions (Total - NA) = 212
- Total Compliance Rate* = 104.25%

*Note: the QA compliance rate is not a factor in the CERT compliance rate*
Summary of all FPS records reviewed for review period:

01/01/08 through 03/31/08

Total # of Cases Reviewed = 20
Total # of Review Questions = 3520
Total # of Yes Answers = 973
Total # of No Answers = 510
Total # of NA Answers = 2037

Total Countable Questions (Total - NA) = 1483
Total Compliance Rate = 65.61%
District Summary by Outcome Measure

**Outcome Measure Safety 1:** Children are, first and foremost, protected from abuse and neglect

Item 2 Compliance Rate: **70.42%**

*Outcome Measure Safety 1 Compliance Rate: 70.42%*

**Outcome Measure Safety 2:** Children are safely maintained in their homes whenever possible and appropriate.

Item 3 Compliance Rate: **82.61%**
Item 4 Compliance Rate: **92.00%**

*Outcome Measure Safety 2 Compliance Rate: 91.33%*

**Outcome Permanency 1:** Children have permanency and stability in their living situations.

Item 5 Compliance Rate: **80.00%**
Item 6 Compliance Rate: **70.47%**
Item 7 Compliance Rate: **79.07%**
Item 8 Compliance Rate: **66.67%**
Item 9 Compliance Rate: **66.67%**
Item 10 Compliance Rate: **76.74%**

*Outcome Measure Permanency 1 Compliance Rate: 74.44%*

**Outcome Permanency 2:** The continuity of family relationships and connections is preserved for children.

Item 11 Compliance Rate: **81.48%**
Item 12 Compliance Rate: **68.18%**
Item 13 Compliance Rate: **77.91%**
Item 14 Compliance Rate: **94.74%**
Item 15 Compliance Rate: **75.00%**
Item 16 Compliance Rate: **78.95%**

*Outcome Measure Permanency 2 Compliance Rate: 81.55%*
District Summary by Outcome Measure

**Outcome Well Being 1: Families have enhanced capacity to provide for their children’s needs.**

Item 17 Compliance Rate: **65.18%**

Item 18 Compliance Rate: **63.01%**

Item 19 Compliance Rate: **85.94%**

Item 20 Compliance Rate: **50.00%**

*Outcome Measure Well Being 1 Compliance Rate: 64.98%*

**Outcome Well Being 2: Children receive appropriate services to meet their educational needs.**

Item 21 Compliance Rate: **47.80%**

*Outcome Measure Well Being 2 Compliance Rate: 47.80%*

**Outcome Well Being 3: Children receive adequate services to meet their physical and mental health needs**

Item 22 Compliance Rate: **59.73%**

Item 23 Compliance Rate: **39.04%**

*Outcome Measure Well Being 3 Compliance Rate: 51.50%*

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**District QA Summary**

Total # of QA Questions = 1156

Total # of Yes Answers = 426

Total # of No Answers = -48

Total # of NA Answers = 778

Total Countable Questions (Total - NA) = 378

*Total Compliance Rate* = 112.70%

*Note: the QA compliance rate is not a factor in the CERT compliance rate*
Summary of all records reviewed for review period:

01/01/08 through 03/31/08

Total # of Cases Reviewed = 34
Total # of Review Questions = 5984
Total # of Yes Answers = 1874
Total # of No Answers = 791
Total # of NA Answers = 3319

*Total Countable Questions (Total - NA) = 2665*

Total Compliance Rate = 70.32%
UFF - Quality Management

Compliance and Quality Review Instrument

Total Reviewed for Fiscal Year = 107
(7/1/07 - 6/30/087)

Target for Fiscal Year = 132

Percent Complete Fiscal Year = 81.06%