

**Child and Family Services Review**  
**Frequently Asked Questions**  
<http://centerforchildwelfare.fmhi.usf.edu/CFSRHome.shtml>

| Item # | QUESTION   | RESPONSE   |
|--------|--|--|
|        | <b>General</b>   |  |
|        | a. In home cases in which children placed with non-maltreating parents related to the 12 months to permanency (I am sure we decided as it is technically in-home there is no permanency issue) | <p>a. This is an in-home case. Children who are placed with a non-removal parent are not considered in foster care.</p> <p>Federal regulations define Foster Care as "...24 hour substitute care for all children placed away from their parents or guardians and for whom the State agency has placement and care responsibility." The regulations further state, "Foster care does not include children who are in their own homes under the responsibility of the State agency."</p> <p>Therefore, a child placed away from one parent because of abuse or neglect and placed with the other parent is not in out-of-home/foster care, even though the Department may have court ordered supervision. Placement with a legal parent does not constitute a removal for the purposes of case management, but may be considered a removal for the purposes of obtaining a shelter order.</p> <p>Refer to DCF Memo dated 9/26/2012, Subject: Status of Children Placed with a Non-Removal Parent<br/> <a href="http://centerforchildwelfare.fmhi.usf.edu/kb/policymemos/Memo_ChildwithNonRemovalParent9-26-12.pdf">http://centerforchildwelfare.fmhi.usf.edu/kb/policymemos/Memo_ChildwithNonRemovalParent9-26-12.pdf</a></p> |
|        | b. Some confusion on the CFSR language related to PUR for the timeliness of CPI responses.   | b. The Period Under Review (PUR) begins with the sampling start date and ends on the date of the case review. If the investigation was initiated prior to the sample start date, this case is not applicable for Item 1, timeliness of investigation.  |
|        | c. We have a question about youth who reach age 18 during the Period Under Review... do we continue for the entire period if in EFC, or do we stop at the 18th Birthday?                       | c. No, review only for services and activities up to age of 18.<br><a href="https://training.cfsrportal.org/resources/3077">https://training.cfsrportal.org/resources/3077</a>   |
|        | d. When completing a federal CFSR or a PIP monitored sample case are we reviewing strictly from FSFN or both FSFN and hard case file?  | d. The review for a CFSR and PIP monitored case includes both the electronic (FSFN) and hard case files, as well as case specific interviews.  |
|        | <b>Face Sheet</b>  |  |
| G2.    | Should the biological parents be listed in the Case Participant Table if their rights had been terminated prior to the period under review?  | Yes, the biological parents should be included on the OSRI Face sheet as Case Participants. Reviewers should note in the "relationship to child" section that TPR occurred prior to the PUR.<br>(3/11/16 email from Elizabeth Wynn) and OSRI Frequently Asked Questions – Face Sheet   |

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| H.     | a. The child came into care in 5-2015 because she was a child in need of supervision. Historical information states that the child was raised by her grandmother after her father was incarcerated and her mother is deceased. In 2010, her grandmother became ill and passed away but under a Power of Attorney, she was placed with a paternal aunt and uncle until 5-2013 when she entered foster care. The child was Baker Acted and refused to return to her relatives. While completing the face sheet, I entered YES for "H" and stated that the child entered care in need of supervision rather than abuse or neglect. Was this the appropriate response before I continue with my review? | a. ACF/CB: Since your question is so case-specific, and since we don't have all of the case dynamics we cannot give guidance on how to respond to that question. Consider the instructions for question H in determining your response.<br>Question H Instruction:<br>Examples of cases opened for reasons other than child abuse or neglect include: (1) cases opened because of the child's behavior, including juvenile delinquency, substance abuse, or "child in need of supervision," and there were no maltreatment concerns in the family; or (2) cases opened because parents requested mental/behavioral health services for their child(ren). |
| I.     | a. Question I on the OSRI Face Sheet asks, "What is the date of the first case opening, of the cases open for services during the period under review?" What is the date that should be entered? Is it the date after the disposition of the investigation and a decision to open the case, or is it the date on which the investigation begins?  | a. The date that should be entered is the date on which the agency opened the case for services. The case could be considered open for services after the disposition of the investigation and a decision to open the case, or could be considered open as of the date on which the investigation begins. For Florida, the date the case is opened is the date of investigation. (See Start Dates below)<br><br>See Child and Family Services Reviews FAQs<br><a href="https://training.cfsrportal.org/resources/3077">https://training.cfsrportal.org/resources/3077</a>  |
|        | b. The instructions about Trial Home Visit are confusing since we don't generally use those terms for PPS, are they synonymous?   | c. This can be confusing since trial home visits are not generally practiced in Florida as described in the CFSR instructions. Post Placement Supervision and what is considered a trial home visit are two different things. In states where there are trial home visits, custody is not returned to the parent(s) until after the trial visit. In Florida, custody is returned to the parent(s) at reunification.  |
|        | c. In reference to SDMM family made arrangements, this is not considered OHC, correct?  | d. For a case to be considered in out-of-home care, the Department must be given placement and care responsibilities by the court. For the most part, family made arrangements are not court involved and the Department does not have placement and care.   |
|        | d. In reference to a mom on an in-home judicial case making her own community arrangements for placement in a community (non-licensed foster home) that does not disqualify the case from in-home sample does it?   | e. This is an in-home case. The custody remains with the mother and the Department does not have placement and care responsibility. The mother can pick the child up at any time since she retains custody. We would be looking at the safety planning and safety management aspects to ensure the plan in place is a good plan and is being monitored until the danger threat is mitigated. The "family arrangement" (mother  |

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|             |   | voluntarily placing child in a community facility) does not meet the criteria for elimination in this situation. A home study is necessary for a “family arrangement.”   |
| Start Dates | The guidance on page 5 states the “...the date the case was actually opened within the agency. Consider all cases that were opened for services during the period under review...” Some folks are using the date of the CPI investigation opening and some using transfer to services. It matters in questions such as visits with the child and family as while the cases remain with CPI, the monthly visits do not always occur as they do within case management. If a case spent more time with the CPI, there may not be enough time in the PUR to establish the pattern of monthly visits.                       | <p>6. Any case practice (child protective investigation and case management) activities occurring during the entire period under review must be assessed as a part of the CFSR or Florida CFSR.</p> <p>The “period under review” includes all agency (DCF, Sheriffs’ and CBC) services and actions on all accepted maltreatment reports and open cases from the start of the period under review, up to the date that the case is reviewed or case is closed, whichever comes first.</p> <p>To accurately answer all questions in the OSRI, it is necessary for reviewers to consider all services and actions provided by the state during the entire period under review. This includes the CPI investigation opening during the period under review. For example, during the period under review a state may be conducting safety and risk assessments, linking families to services, and coordinating safety planning during an investigation or differential response assessment, before actually opening the case.</p>   |
| G.2.        | The group discussed step fathers and paramours of parents that were actively involved in the reason for involvement. The consensus from the group is that these folks, as they are not the legal fathers, are included in the reviews on a case by case basis. The group felt that if the person was in a caretaker role and was part of the reason for involvement then they would be included in the ratings. Everyone seemed to be doing this the same way so if incorrect we will need to know. One specific case also had a legal father that was not involved and the team rated the paramour as he was involved. | <p>The OSRI instructions, tips, guidance for each question will guide the reviewer on the case participant who is being assessed by item. The OSRI Quality Assurance Guide (attached) is available on the Children’s Bureau web site at <a href="https://training.cfsrportal.org/resources/3105#CFSR">https://training.cfsrportal.org/resources/3105#CFSR</a> Case Review Criteria FAQs. This document is an excellent source.</p> <p>Based on case circumstances, paramours who have contact with children should be considered in the provision of safety-related services (item 2), and assessments of risk and safety (item 3). Paramours typically should be assessed in the context of their relationship with the primary caregiver(s) who will be caring for the children. For example, if the biological mother is the caregiver that the child(ren) will be reunified with and her boyfriend needs services to ensure he can appropriately care for the child(ren) because he lives in the home, the agency may need to assess and provide services to him, but that would be captured under “mother” in item 12 because it impacts the assessment of her protective capacity in caring for her children. If he doesn’t comply with services, that could necessitate a change in assessment and service provision to the mother.</p> |

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| <b>Safety 1</b> |  |   |
| 1.              | a. When additional information is later reported on a case that is already open for on-going services, resulting in additional allegations being added and investigated, are those rated as individual maltreatment reports even though a "new case" is not opened? What if the additional information involves the same allegations but a separate incident and a "new" case is not open? How do you determine the total of maltreatment reports, by date or by each separate call that is accepted by an agency considering that some states combine additional reports into the initial report?                         | a. ACF/CB: We received the question below that was recently posted on the CFSR Portal – FAQs. The CFSR unit has asked Region IV to follow up with you for further discussion. At this point, with the information provided, both scenarios described appear to be one report for item 1, unless the new/additional information results in a new <i>investigation</i> with a new priority level assigned.  |
| 1.              | b. Is a special conditions report assessed under item 1?   | Yes, any report that is accepted for investigation or assessment during the period under review is included.  |
| <b>Safety 2</b> |  |   |
| 2.              | If we are understanding correctly, item 2 is only for safety<br><br>So for example, if you have a substance abuse case that includes domestic violence, the safety related services would be random drug screens, substance abuse assessment and domestic violence services. These provide assistance to the parent and work to ensure child safety.   | Correct. Item 2 captures safety related (management) services.<br><br>Random drug screens and substance abuse treatment help you determine the services needed. They would not be safety related services; rather substance abuse treatment is the service.<br><br>Domestic violence services would be considered safety related services.  |
| 2.              | a. The group discussed step fathers and paramours of parents that were actively involved in the reason for involvement. The consensus from the group is that these folks, as they are not the legal fathers, are included in the reviews on a case by case basis. The group felt that if the person was in a caretaker role and was part of the reason for involvement then they would be included in the ratings. Everyone seemed to be doing this the same way so if incorrect we will need to know. One specific case also had a legal father that was not involved and the team rated the paramour as he was involved. | a. Based on case circumstances, paramours who have contact with children should be considered in the provision of safety-related services (item 2), and assessments of risk and safety (item 3). Paramours typically should be assessed in the context of their relationship with the primary caregiver(s) who will be caring for the children. For example, if the biological mother is the caregiver that the child(ren) will be reunified with and her boyfriend needs services to ensure he can appropriately care for the child(ren) because he lives in the home, the agency may need to assess and provide services to him, but that would be captured under “mother” in item 12 because it impacts the assessment of her protective capacity in caring for her children. If he doesn’t comply with services, that could necessitate a change in assessment and service provision to the mother. |

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|        | <b>Permanency 1</b>   |   |
| 4      | Placement Table: When reviewing an out of home care case where the child was placed with relatives and then reunified during the PUR, how would you enter the information?  | <p>Begin with the child’s placement setting at the onset of the period under review, or if the child entered foster care during the period under review, begin with the first placement setting at entry into foster care. If there was only one placement setting, complete only the first two columns of the first row.</p> <p>To complete the table correctly, you will need to select “NA. This is the current placement” instead of “Other”, even though the child is not currently in that placement. By selecting “NA. This is the current placement” here in the table indicates the child was not moved to a different placement during the PUR. Reunification is captured in captured in Item 5 under Permanency.</p> |
| 5.B.   | <p>a. item 5.B. Were all the permanency goals that were in effect during the PUR established in a timely manner?</p> <p>Options are Yes, No and N/A. N/A only if the child has been in foster care less than 60 days.</p> <p>During the PUR review, if the goal was established prior to the PUR (e.g. such as adoption), and the goal of adoption remains in effect during the PUR, how should we rate it?<br/> It wasn’t established during the PUR, yet it’s the goal in effect. We can’t N/A since the child has been in foster care greater than 60 days. And no time frames for establishing a goal exist at this point in the case.</p>  | <p>a. The question is asking whether or not the current goal (goal in effect) was established in a timely manner (regardless of whether established during the PUR or prior to the PUR). If a goal was established prior to the PUR and it remains the permanency goal, answer the question based on when the goal was established. For example, if the PUR is 10/1/2015 through 3/31/2016 and the goal of adoption was established in July 2015, then respond based on whether the goal was established timely.</p>  |
| 11     | <p>a. The case file indicates that a teenager had been approved by the court to visit parent for four months in another state - about 1,500 miles from the agency. It was not feasible to conduct face-to-face visits so the agency used Skype to conduct visits alone with the teen and alone with the parent each month. The case manager was able to conduct an unannounced Skype visit with the teen as well. The documentation for the visit indicates that issues related to safety, permanency, and well-being were assessed and addressed. Can Skype be considered as a face-to-face visit? What is the appropriate rating for 14A?</p> | <p>a. ACF/CB: Generally, Skype is discouraged as a means of making worker contacts with children and parents, but also recognize that at times there are extenuating circumstances where Skype may be appropriate. Consider the following:</p> <ul style="list-style-type: none"> <li>• Was courtesy supervision by the other state explored/ruled out for the family?</li> <li>• Does the other state know that the child is there?</li> <li>• Was there any assessment completed on the parent’s home regarding safety?</li> <li>• Is the plan for the child reunification with that parent?</li> </ul> <p>Comment:<br/> There is not enough case detail to respond to the question.</p>                                      |

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|                     |  | Assuming the other state is aware of the child’s extended visit with his/her parent, is providing courtesy supervision, a home study was approved, and the case plan goal is reunification, Skype may suffice as a face-to-face visit in this type of situation. Keep in mind that Florida does not practice trial home visits. Was this young person reunified with his/her parents during the 4 months?   |
| <b>Permanency 2</b> |  |   |
| 8                   | a. Once we change the goal to adoption and file a TPR what is our stance on the CFSR in reference to 1) caseworker visits and 2) parent involvement in case planning (are we going to be strict about the monthly h/v)? Generally we have looked at it case by case based on maintaining contact to know status/whereabouts.                         | a. Until the TPR is granted, we should be following the requirements for caseworker visits and parent involvement in case planning. These should be looked at case-by-case. Of NOTE: Follow the CFSR guidance for the question.   |
| <b>Well-Being 1</b> |  |   |
| 12                  | Item 12 is basically everything else that is not mental health, education or medical for the child but may include medical, mental health and educational for the parent if not already listed a safety management service? Would this also include offering to provide transportation to assist with ensuring the needs of the child and parenting? | When reviewing for Item 12 consider what the parent needs to provide care and supervision and to ensure the well-being of the child.<br><br>What is needed to support the relationship, or build a relationship; what underlying needs (if continue to be unmet) affect the parent’s capacity to parent and nurture the child; what is the parent’s capacity to engage in services and what may be needed to support engagement. Your example of transportation would be appropriate.<br><br>Also, there is a CFSR Reviewer Brief on Item 12 that is posted on the CFSR portal. <a href="https://training.cfsrportal.org/resources/3105">https://training.cfsrportal.org/resources/3105</a> |
| 13                  | a. A question on mentally ill parents and what would concerted efforts be to involve in case planning etc.   | a. Each situation must be reviewed based on the parent’s capacity to engage. Some examples of concerted efforts are when the case manager worked jointly with the parent to arrange or coordinate their involvement; with great or concentrated effort. This may involve meeting the parent outside of normal work hours; arranging transportation for the parent; etc. The case manager not only attempted to involve the parent but continues efforts to involve the parent in case planning may be a factor.   |
| 13                  | When reviewing a case that is open only for the investigation (does not go into ongoing case management), what is the appropriate response for sub-items 13B and 13C?  | The instructions don’t support an N/A rating in this situation. When reviewing an investigation open beyond 45 days (in-home) case, and the investigation results did not necessitate an ongoing services case, the rating for the sub-item is based on the participants’ involvement in the case planning process (even though a formal case plan  |

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|          |   | may not be developed) which would include the parents working with the agency in identifying strengths, needs, services and providers.  |
| 14       | <p>a. On Item 14, the directions require private contact alone with any small child older than an infant. We've been working to educate our staff on this requirement, however, other than stated in the OSRI tool, I've been unable to find the source of this requirement (statute, etc.). This would be beneficial to provide to staff. Also, what is the definition of "infant"? Is there a specific age or developmental milestone that should be looked for?</p> <p>See document on Developmental milestones<br/> <a href="http://www.floridahealthfinder.gov/healthencyclopedia/Health%20Illustrated%20Encyclopedia/1/002002.aspx">http://www.floridahealthfinder.gov/healthencyclopedia/Health%20Illustrated%20Encyclopedia/1/002002.aspx</a></p> | <p>a. The instructions for 14B advise reviewers to “Consider whether the caseworker (or other responsible party) saw the child alone...If the child was older than an infant, and the caseworker did not see the child alone for at least part of each visit, then the answer to question B should be No.”</p> <p>Monthly visit standard. Section 422(b)(17) of the Act, requires State and Tribal title IV-B/IV-E agencies to describe standards for monthly caseworker visits with children in foster care. This provision also applies to a youth in foster care age 18 or older per section 475(8)(B) of the Act on whose behalf a title IV-E foster care maintenance payment is made.</p> <p>Consistent with the federal law, at a minimum, the standards are to ensure that caseworker visits are well-planned and focused on issues pertinent to case planning and service delivery to ensure the safety, permanency and well-being of the youth. Visits may be conducted by any caseworker with whom the title IV-B/IV-E agency has assigned or contracted case management or visitation responsibilities and must be held face-to-face. Within these parameters, the agency may determine which caseworkers are appropriate to conduct the visits. The Children’s Bureau encourage the Department to engage youth fully in determining how to balance meeting the youth’s needs with the requirement for the caseworker to visit the youth monthly.</p> <p>An infant is a child under one year of age. See information on developmental milestones on the following link:<br/> <a href="http://www.floridahealthfinder.gov/HealthEncyclopedia/Health%20Illustrated%20Encyclopedia/catchildhealth74.aspx">http://www.floridahealthfinder.gov/HealthEncyclopedia/Health%20Illustrated%20Encyclopedia/catchildhealth74.aspx</a></p> |
| 12/16/17 | <p>Regarding speech therapy which seems to come up frequently (related to development) are we addressing this in item 12, 16 (education), or 17 (physical).<br/> I have generally seen this as an educational need if it is developmental; or if it relates to physical issues (hearing loss, or a medical related cause) as physical health.</p>   | This is correct and is a good guide for others.   |

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|                               | On occasion I have seen this as behavioral if it relates to trauma and addressed it in 18 then. Is that correct and how you want us to consider it?  |  |
| <b>Well-Being 2</b>           |  |  |
| 16.A1                         | Education Table: Item 16A1 refers to educational for the child. Should the table be left blank if the child does not have an identified need or should the reviewer enter a comment indicating the child does not have an identified need?                                   | The table is left blank if the child does not have an identified educational need. It is always good to enter a comment in the rating summary indicating the child has no identified need. The instructions for 16.A1., Education Table, require that we document in the table the child’s educational needs, services provided to meet those needs, and services needed but not provided.   |
| <b>Well-Being 3</b>           |  |  |
| 17.A3                         | Physical and Dental Health Table: Item 17A3 refers to physical and dental services for the child. Should the table be left blank if the child does not have an identified need or should the reviewer enter a comment indicating the child does not have an identified need? | The table is left blank if the child has no identified physical or dental health needs. It is always good to enter a comment in the rating summary indicating the child has no identified needs. The instructions for 17. A3., Physical and Dental Health Table, require that we document each identified physical or dental health need, the services provided to meet those needs, and the services needed but not provided related to each identified need. |
| <b>Stakeholder Interviews</b> |  |  |
| Systemic Factor               | a. For systemic factors, there remains confusion about the stakeholder interviews. Some folks understood that the CBC folks would set up interviews but the ACF folks would conduct them, others thought the CBC folks would schedule and conduct the interviews.            | a. The stakeholder interviews are generally conducted with a federal (CB) and state (DCF/CBC) team. You are correct in that the CBC will be working in conjunction with the CB when scheduling the systemic factor related stakeholder interviews.   |