

Windows into Practice Debriefing Guide

*In Depth Interview Y____N____ RFA Y____N____

Background Information

Case Name:

Focus Child:

Type of Case:

Family Composition:

Date Case Opened:

Date Case Closed:

Reason(s) for Referral to Services:

Unresolved Concerns Currently or at the Time of Case Closure:

Rating Documented for Standard #66:

Case Managers During Review Period:

*Individuals Interviewed if In-Depth Case

Summary of Practice Trends: *NOTE – If in-depth case, include findings from interviews as related to specific areas.

1. Assessment. How well is the agency doing in conducting critical assessment activities? Consider questions 5; 7, 9, 10, 12, 17, 44, 48, 49, 50, 52, 57, 58, 61, 63.

Comments:

2. Family Engagement. Is the agency engaging and supporting families, to include regular contact and involvement in decision-making? Consider Questions 10, 30, 31, 32, 36, 37, 49, 51, 53, 54, 55, 65.

Comments:

3. Service Planning and Provision. Does the agency provide services to children and families to promote positive outcomes and improve child-well-being?? Consider Questions 3, 4, 6, 8, 10, 17, 25, 57, 58, 60, 62, 64, 65.

Comments:

May 2009

DRAFT

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4. **Promoting Case Progress. Does the agency conduct activities that facilitate achieving and maintaining permanency for children?** Consider Questions 13, 14, 16, 18, 19, 21, 22, 23, 24, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 38, 39, 40, 41, 42, 43, 45, 54, 55.

Comments:

5. **Quality of Supervisory Reviews, Direction and Follow-up. Are regular supervisory reviews being conducted timely and do they document that all aspects of the child's safety, permanency, and well-being were considered? Is there follow-up to supervisory direction?** Consider Questions 20.0.1, 20.0.2, and 20.0.3)

Comments:

6. **Other Issues/Trends**

Date of Debrief _____

Debriefing Completed with: Region _____ CBC _____

Debriefing Completed by: _____

Follow-up Requested: Y _____ N _____ Date Requested: _____

Follow-up Received: Y _____ N _____ Date _____

Issue Resolved: Y _____ N _____ Date _____