1. Introduction
Southeast Region Quality Assurance opted to conduct the Side-by-Side and In-Depth reviews semi-annually. Two cases were eliminated from the sample of sixteen (16) at the direction of the statewide director of Quality Assurance to be included in a pilot project later in the fiscal year. Case selection is based on the permanency goal identified in the Florida Safe Families Network (FSFN) and for this review included: Maintain and Strengthen (4), Reunification (4), Permanent Guardianship (1), Permanent Guardianship to a Relative (2), Adoption (1) or Another Planned Permanent Living Arrangement (APPLA) (2). Prior to reviewing the cases, it was determined that goals in six cases had changed from that represented in the sample pulled from FSFN.

Child and Family Connections (CFC) recently selected a new case management contractor. The cases transitioned from the prior case management organization, Family Preservation Services, to the new provider, Eckerd Youth Alternative, Inc. (EYA) for approximately one-half of the children served in the circuit. The transition to EYA minimized case reassignment with the maintenance of case management staff. Management staff and administrative oversight representation changed. This transition occurred during the midst of the period under review and the impact on review findings is not measureable. However, readers should consider this change when assessing the data presented below. EYA comprised 43% of the cases reviewed. The remaining cases, 57%, represented Children’s Home Society of Florida (CHS).

2. Overall Performance in Achieving Safety, Permanency and Well-Being
Child and Family Connections achieved an overall performance rating of seventy-one percent (71%). This represents a 2% decline in performance from the first semi-annual review of FY 10-11 (73%). Reviewers determined, based on the information reviewed, it was likely that all but two teenagers who were on runaway status would live in a safe and nurturing environment with their needs met during the next twelve months.

Listed below are the outcome measures with percentages of achievement for this review. Also below is a comparative chart for the domain findings of the Side-by-Side reviews completed in FY 2009/2010 and for FY 2010/2011.

- Safety Outcome 1 (81%)
- Safety Outcome 2 (69%)
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- Permanency Outcome 1 (68%)  
  Permanency Outcome 2 (62%)  
  preserved for children
- Well Being Outcome 1 (79%)  
  needs
- Well Being Outcome 2 (82%)  
  Children receive appropriate services to meet their educational
- Well Being Outcome 3 (71%)  
  mental health needs
  Children receive adequate services to meet their physical and

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Comparing recent findings with the findings from previous reviews reveals systemic strengths and areas that warrant improvement. While there have been highs and lows achieved in performance, data from the most recent review does not reflect sustained improvement over time. Performance in outcomes and individual standards and sub-items may vary from review to review due to the number of applicable cases. Assessing performance across the five reviews is the best way to determine where systemic practices may be preventing performance improvement.
Standards assessed for Safety Outcome 1 includes incidents of re-abuse (new reports of maltreatment classified as Substantiated or Verified) for both in-home and out-of-home cases. Three of the fourteen (14) cases included Verified reports during the review period. Appropriate action occurred in each of the three reports. In the first case, one child was the subject of Verified maltreatment while in the care of her mother while under supervision. This child subsequently entered out-of-home care after receipt of two additional Verified reports (one for domestic violence and one for substance abuse). Appropriate action occurred in response to the verified reports. In a second in-home case, another child in the home was the subject of three Verified reports (physical abuse and inadequate supervision). The child’s grandmother accepted permanent guardianship of the child after verification of the first two reports. Corrective action again occurred after a third report resulted in Verified findings on this placement. A fourth report on the child was open and not classified at the time of this review. In the third case, one child residing in a group care facility was one of several subjects of a Verified report. In this case, the perpetrator was a staff member who handled the children in a rough manner and was directing inappropriate language toward the residents. The facility director took immediate action to terminate employment of the individual.

Standards assessed for Safety Outcome 2 include completion of initial and updated family assessments, service referrals, and, addressing emerging safety issues. Reviewers assess the service needs of the family and efforts made to provide those services in a manner that mitigates the presenting risk factors when rating this outcome measure. In each of the re-abuse cases noted above, appropriate ameliorative action occurred to ensure child safety. In addition, for each case requiring an initial family assessment during the period under review, one was completed; however, not all met required timeframes. Updated family assessments that are required quarterly brought the ratings down for this outcome. Reviewers identified both comprehensiveness and timeliness as factors affecting the ratings.
Permanency outcomes assess how well we are working with families and achieving permanence for children. Permanency Outcome 1 is composed of items relating to stability in out-of-home care placements and Permanency Outcome 2 considers items relating to maintaining the continuity of family relationships while the child is in out-of-home care. Results for both Permanency Outcomes are almost identical to the results of the first review shown above in Quarter 2 in FY 09-10.

Ratings for Permanency Outcome 1 consider children who experienced multiple placements during the period under review for non-therapeutic reasons. The standard addressing the need for multi-disciplinary staffings or assessments prior to each placement to ensure that the move was unavoidable also affected the ratings for this outcome. Federal Child and Family Services Reviews support compliance with this standard even though Florida Statute and Administrative Code do not address these actions.

Ratings for Permanency Outcome 2 include standards relating to visitation between the child and parents and siblings residing in other out-of-home care placements. The overall rating for Permanency Outcome 2 included ratings on the lack of efforts to engage parents, particularly fathers, in case planning efforts. Also included in the ratings was the lack of documentation of notification to parents and the court of a child's placement changes.
Well-Being

Well-Being Outcomes assure families have the enhanced ability to meet their children's needs as well as the agency meeting the child's educational, physical, dental, and mental health needs while in out-of-home care.

Well-Being Outcome 1 includes standards for the assessment of service needs for case participants and engagement of those individuals in the case plan process and activities. Again, performance over time, as indicated above, has remained relatively unchanged. As noted in prior reviews, this standard could show improved performance with the engagement of fathers.

Ratings for Well Being 2 and 3 primarily reflect the lack of follow-up on identified educational, medical and dental health issues. Although children may be receiving timely assessments and medical/dental care, the lack of information in the files makes it impossible to confirm. Caregivers, who are the most likely to take children to medical/dental appointments, play an integral part in keeping case managers informed of a child's medical and dental status. It is also an expectation they add documentation from the appointments to the Child Resource Record and this should include documentation of any needed follow-up. Complete historical records of children in care are of utmost importance and are a requirement in rule and practice. Reviewer comments and FSNFN chronological notes indicate case managers are discussing children's medical/dental status during regular home visits but are not obtaining copies of these records and including them in the case file.
2. Practice Trends

A. Assessment (How well is the agency doing in conducting critical assessment activities? Standards considered include the completion of initial and on-going family assessments; assessment of needs of the child, parent and caregiver; completion of a pre-independent living assessment for 13-15 year olds, and the completion of exit interviews.) Overall performance 74%

Completion of initial and on-going family assessments is critical to effective case management. Assessments determine whether, during the period under review, the agency made concerted efforts to assess and address the risk and safety concerns relating to the children in their own homes or while in foster care and to identify service needs for case participants. Performance improvement since the last review was evident in some areas. Ratings indicated improvement in the following standards:

- Initial family assessments (100% from 0%)
- Six-month family assessments (50% from 38%)*
- Safety assessments of a home prior to reunification (75% from 67%)*
- Exit Interviews (100% from 50%)
- Pre-independent living assessments (100% from 67%)
- Assessment of the father’s needs (75% from 63%)*
- Assessment of educational needs (80% from 73%)*
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- Assessment of physical health care needs (58% from 40%) *
- Assessment of dental health care needs (64% from 30%)*

Areas identified above with an asterisk (*) should receive on-going attention for continued performance improvement. Reviewing performance on standard sub-items may assist in identifying more specific practice areas in need of improvement. For example, the sub-item measuring the six-month family assessment is completed and approved timely (21%) needs attention. Other sub-items to address may include ensuring timely completion of the initial medical assessment upon case opening (0%) and ensuring that children in-care receive dental care according to the periodicity schedule (50%).

The sub-item addressing the completion of a medical screening within 72 hours of removal is particularly concerning. Child Protective Investigation (CPI) Reviews assess the identical standard with historically similar results. Performance ratings for both case management and CPI indicate there is confusion as to who, ultimately, is responsible for arrangement, completion and documentation of this activity. While the protective investigator may maintain initial responsibility, the case management agency makes the actual arrangements for the exam. Both the investigative and case management records must contain the documentation of the medical examination. Communication and coordination for this activity needs to occur in order to improve performance. Clearly defined, written areas of responsibility should enhance performance. Department and CFC management has frequently addressed these issues in the monthly “Operations Meetings” yet significant improvement is not evident in review findings.

Case managers completed an exit interview for all children requiring one, however, reviewers found documentation of the interviews in a separate CFC tracking system rather than in the case records. The child’s record and Florida Safe Family Network (FSFN) constitute the child’s official record, thus the child’s record should be the primary source for documentation of the exit interview. However, the agency may wish to continue the use of a separate tracking system to complement the information found in the child’s record.

In addition to those items noted above, staff remains challenged by the following standards:
- Management of risks following reunification to prevent re-entry (50% from 75%)
- Placement planning to ensure re-placement was unavoidable (25% from 75%)

B. Family Engagement (Addresses whether the agency is engaging and supporting families, to include regular contact and involvement in making decisions. Standards include visitation between separated siblings and with parents; case planning process standards such as the engagement of parents; and, compliance with parental notification of placement changes.) Overall performance 64%

Review findings indicate performance declined in most areas measuring engagement. In order to achieve permanency and desired outcomes timely, case managers must make concerted efforts to engage parents in services and the case planning processes. The definition of concerted effort is “reasonable efforts on the part of the agency to:
• Provide the assessment and services necessary to ensure children are safe and to assist children and their families in achieving goals, and
• Assist in overcoming any internal or external barriers that may interfere with achieving goals."

Slight improvement was seen (83% from 80%) in involving all case participants in the case planning process. This appears due to 100% performance in embracing all of the children and their caregivers in this process.

Areas involving parental engagement declined as follows:

• Efforts to encourage and support the mother in making decisions about the child's needs and activities, 50% from 92%
• Efforts to encourage and support the father in making decisions about the child's needs and activities, 14% from 63%

Parents should be encouraged to maintain involvement in their child's life to assist in strengthening the parent/child relationship. Reviewers look for evidence the case managers notify of and engage the parents in their child's medical and dental appointments, educational meetings, birthday celebrations, and community and extracurricular activities.

• Efforts to support the mother's engagement with services, 75 % from 91%
• Efforts to support the father's engagement with services, 50% from 60%

The concerted efforts case managers make to encourage the support of mothers and fathers are critical to achieving timely permanency and other desired outcomes. Documentation of concerted efforts will eventually influence successful reunification or the decision to pursue another permanency goal. One case did not document any efforts to contact the mother even though she lived locally. In this instance, the mother had informed the child protective investigator she did not want the child back in her home. The mother was also reportedly receiving residential mental health services. No efforts were made to verify the mother's situation through a third party, assess her need for services, attempt to contact her to engage in services or to contact her for information regarding the child's father or other relatives as possible resources for the child.

Case reviews indicate agency staff is conducting regular permanency staffings. Staff usually document individual participant involvement on staffing forms or in chronological notes. However, in those instances where the parent's attendance is not noted, it is difficult to determine if the case manager informed the parent of the time and place of the staffing. Case records should clearly document parental notification.

Performance in both visitation standards also declined during this review period. Parental visitation with children in out-of-home care measured 80%, down from 85%. Reviewers determined visitation between separated siblings in out-of-home care declined from 75% to 60%. In addition, concerted efforts to maintain the children's other important connections also declined from 93% to 83%. It is essential children are given opportunities to maintain contact with parents and siblings to ensure the continuity of their relationships and to
maintain contact with other important connections in their lives. In instances where visitation is not possible, reviewers assess other forms of contact such as telephone calls, e-mail and letters.

Parental notification of placement changes occurred in two of four cases (50%) where the child resided in more than one out-of-home placement. Case managers should notify parents of their child's whereabouts even if the parents are not cooperating with services.

Family engagement also addresses the involvement of the parent and the court in the informed consent process if a physician prescribes psychotropic medication for a child in out-of-home care. The case manager, with the help of Children's Legal Services, must obtain a court order when a parent is not available or refuses to give Informed Consent. In this review, performance also declined to 50% from 67%. This standard considers not just the parental involvement in this decision making process but also whether or not the prescribing physician is provided with all of the child's relevant medical history. Two of the four applicable cases did not meet the essential requirements for documentation of parental involvement in the Informed Consent process.

C. Service Planning and Provision (Does the agency provide services to children and families to promote positive outcomes and improve child well-being? Standards include facilitating the engagement of parents; involving case participants in the case planning process; and, involving parents in the consent for psychotropic medication process.) Overall performance 76%

Permanency for children cannot occur without service provision, planning and engagement of parents. Case managers are crucial to these activities.

Service planning and provision performance standards have shown improvement since the last review. Ratings show improvement in the following standards:

- Children who were victims of re-abuse or re-neglect received immediate interventions scored 100% as in the last review
- Concerted efforts were made to provide services to prevent entry into out-of-home care scored 100% as in the last review
- Completion of appropriate service referrals (83% from 75%)
- All immediate and emerging safety concerns received appropriate service provision (50% from 33%)*
- Teens in out-of-home care had opportunities for normal life activities (100% from 33%)
- Teens aged 15 to 18, had regular Independent Living staffings (67% from 0%)*
- Visits by service workers were of sufficient quality to address safety, permanency and well-being (85% from 75%)
- Identified educational needs received appropriate services (83% from 60%)
- Service provision resolved educational issues (83% from 65%)
- Physical health care needs received appropriate services (88% from 14%)
- Dental health care needs received appropriate services (50% from 25%)*
Mental and behavioral health care needs received appropriate services (90% from 75%)

Areas identified above with an asterisk (*) should receive on-going attention for continued performance improvement. Reviewing performance on standard sub-items may assist in identifying more specific practice areas in need of improvement.

One area assessed in Service Planning and Provision that remains challenging is addressing immediate and emerging safety concerns through service provision. There are four cases where reviewers concluded this did not occur.

- One case did not contain documentation of a new, required home study for a family that moved.
- A relative home study, required for visitation purposes, did not occur prior to an allowed visit. In addition, in the same case, unapproved contact occurred with the children’s mother.
- Documentation of follow-up activities regarding a child’s safety plan when his placement changed was not located.
- And, although the court returned children home to their mother against the agency’s recommendations, the mother’s recent arrest for violation of probation was not addressed prior to or after reunification and it was unknown at the time of the review if the mother’s actions posed a threat to the children.

Three of six applicable cases did not meet standards for response to identified dental health care needs. Documentation did not support that dental health care needs received appropriate attention in all three cases.

Reviewers did not find evidence of regular independent living staffing in all cases involving teens aged 15-18 years. Although there has been much progress seen in this standard in the last six months further work is necessary to ensure that all required staffings occur as required.

Several standards measured under Service Planning and Provision declined in performance. Although past performance indicates staff has the ability to achieve performance standards in these tasks, they remain challenging.

- Staff made concerted efforts to identify, locate and evaluate potential relative placement (78% from 100%)
- Placement changes occurred to meet case goals of children who experienced two or more placements (50% from 100%)
- Notification to the court occurred when there were placement changes (40% from 80%)
- Visits by case managers were of sufficient frequency to address safety, permanency, and well-being (62% from 81%)

Seven of nine applicable cases contained documentation of exploration of potential relative placements (78% from 100%). The two cases where this did not occur involved a teen who came into care due to her ungovernable behavior and four siblings who had been in care since 2007. Exploration of relatives is an on-going task. It is crucial that it occur regardless of the length of time the child has been in out-of-home care or reason for placement.
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Two of the 14 children reviewed experienced two or more placement changes during the period under review. Placement moves in one of the two cases occurred explicitly to achieve the child's permanency goal (50% from 100%). The second case involved the teenager who came into care due to her ungovernable behavior and the inability of her mother to care for her and her siblings. In this case, the teen experienced multiple placements precipitated by her behaviors including runaway episodes.

It is essential the court receive all case specific information through judicial review reports. In three of five applicable cases, the court did not receive sufficient information regarding changes to the children's placements. Court reports frequently noted the type of placement the child was in currently but did not provide detailed information regarding the placement changes experienced by the child since the last review and the reasons for those changes.

The overall frequency of visits with case participants by case managers declined by 19 percentage points (52% from 81%) while the documentation of the quality of those visits improved by 10 percentage points (85% from 75%). Although the case managers see the children frequently, they do not see the parents and caregivers as often. In particular, in cases where the mother was an active participant, reviewers rated the frequency of contacts at 62% down from 92%. The frequency of contacts with fathers was far less at 14% down from 50%. Documentation of contacts indicates staff discusses the issues related to safety, permanency and well-being during visits (85% from 75%).

The Side-by-Side review debriefing process surfaced the issue of completion of diligent searches. Reviewers discussed the local procedure for completing diligent searches. The documented supervisory reviews provided direction to complete a diligent search but the case managers did not do it for several quarters. Reviewers determined there was no consensus of the knowledge of the local procedures and expectations of staff for completing diligent searches at either the lead or case management agencies. Lack of timely diligent searches in at least two of the review cases resulted in major delays in locating out-of-state and incarcerated fathers. In each instance, resulting communication with the father affected the case planning process.

D. Promoting Case Progress (Does the agency conduct activities that facilitate achieving and maintaining permanency for children? Standards include appropriateness of the case plan stated activities and goal; stability of the child's placement, exploration of Indian Child Welfare Act eligibility; compliance with Interstate Compact Procedures; and timely judicial reviews.) Overall performance 68%

Circuit staff, including CFC, case management and Children's Legal Services (CLS), has been working to address several issues regarding case plans and tracking case goals. Resolving the number of cases lacking a current case plan is a priority. Child and Family Connections reports indicate the number of cases without a current case has decreased substantially in the last six months. Case management staff has been working diligently to complete and submit expired case plans and plans for cases in which the goal has changed. In addition, CLS has been inputting historical and current information into the legal module in the statewide
information system, FSFN. This includes updating the case goal when necessary. As noted earlier, case plan goals had changed in six of the 14 cases reviewed. In some instances, the case goal changed after selection of the review sample (for example, children in-home entered into out-of-home placement). In other cases, simply updating an earlier change of goal in FSFN was the reason for the change. Both projects should be nearing completion in the next few months.

The percent of cases reviewed containing a current case plan improved to 82% from 75%. Two of twelve applicable cases did not contain a current case plan. In one case, the children reunified with their parent and the court had not accepted a post-placement supervision case plan with the goal of Maintain and Strengthen. The second case involved a change of goal from reunification to permanent guardianship. In this case, there was a delay of several months in filing the new plan. In each of the two cases, the court received the new case plan prior to the review.

Reviewers agreed with the appropriateness of the stated case plan goal in all but one of the twelve cases (92% from 83%). This particular case involved a teen who came into care due to her ungovernable behavior. It appeared establishing the APPLA goal resulted from the mother’s statements that she did not want the teen back home. The case record did not document addressing or ruling out the goals of reunification, permanency guardianship or permanent placement with a relative. In addition, there were no attempts to contact the mother to verify her previous statements or to engage the mother in any case planning activities. It is noteworthy reviewers also disagreed with the appropriateness of an APPLA goal in the last review. Continued training and review of cases with the APPLA goal appears warranted.

Review standards applied to the 12 cases with a current case plan include:

- Case plan addressed visitation with parents and siblings in care: 70%*
- Case plan contained appropriate tasks for achieving permanency: 82%

Additional standards associated with the case plan include:

- Child’s placement was in close proximity to family: 67%*
- Focus child was placed with siblings who are in care: 63%*

Areas identified above with an asterisk (*) should receive on-going attention for continued performance improvement.

Reviewers determined nine of 11 out-of-home placements were found to be stable and appropriate in meeting the child’s needs with no apparent or significant risks of disruption (82% from 100%). Two teenagers on runaway status kept this standard from achieving 100%. Placing siblings together occurred in five of eight applicable cases (63% from 89%). However, evidence supported the separation of siblings in order to meet a child’s specialized needs in all three cases where siblings did not reside together. Placement of a child in close proximity to their parents facilitates face-to-face contact. This occurred in six of nine applicable cases (67% from 91%). In the two of the three cases not meeting the standard, meeting the child’s needs and achieving the case goal explained the placement choice.
Also impacting case planning is the timely filing of Termination of Parental Rights (TPR) petitions or documenting the reason extraordinary circumstances exist that support not pursuing TPR for children who have been in care 12 of the most recent 22 months. Filing a TPR petition occurred in only one of seven applicable cases (14% from 56%). Only two of the six cases without a TPR petition contained documentation of extraordinary circumstances.

Performance regarding compliance with judicial review hearings and the completion of a thorough court report declined since the last review (57% from 63%). Reviewers based their rating on the lack of comprehensive information in court reports rather than on the actual timeliness of the Judicial Reviews.

On-going communication with service providers and obtaining their reports continues to be a challenge. Communication about the effectiveness of services occurred 69% of the time (from 67%). Lack of pertinent, relevant information from service providers has an impact on the assessment of risk and safety, engagement of parents, quality of supervisory reviews and follow-up, the content and quality of reports to the court and, ultimately, timeliness of achieving permanency. This standard specifies the reviewer, in order to consider this standard met, must have supporting contacts and documentation from service providers.

As in the last review, two standards achieved 100%. A child in one case was successfully re-unified with his family, remained safe and did not re-enter out-of-home care for at least 12 months after reunification. In the second case, active efforts to recruit an adoptive family were evident for a child where Termination of Parental Rights occurred.

Compliance with the Indian Child Welfare Act continues to improve (64% from 50%).

E. 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? Standards include completion of timely quarterly case reviews; supervisory consideration of all aspects of child safety, permanency and well-being; and, follow through on guidance and direction. Overall performance 57%

Statewide practice requires supervisors to provide face-to-face oversight to case managers quarterly on each case utilizing the Supervisory Quality Discussion guide and documenting each face-to-face meeting in FSFN. In rating performance, reviewers considered timeliness of the quarterly review and quality and follow-up of the guidance and direction provided.

Overall performance declined from the last review (57% from 75%). Twelve of the 14 cases contained timely quarterly supervisory reviews (86% from 94%). Reviewers determined there is more follow through on supervisory directives (71%) than in the past (50%). Supervisory consideration of the child’s safety, permanency and well-being occurred in 71% of the cases. This is an improvement over the last review where 50% was the rate of achievement.
The quarterly supervisory review is an opportunity to assure needed safeguards, services are in place, and casework activity is moving the child toward an appropriate safe and permanent living arrangement. Supervisors also use the quarterly review as an opportunity to address compliance with case management activities such as the inclusion of educational and medical records in the file. Although reviewers saw improvement in the area of follow-up activities originating from directives on supervisory reviews, case managers should develop a 'sense of urgency' for follow-up activities. Supervisors should be aware of the status and timeliness of the subsequent activities undertaken by case managers. Reviewers often see the same directive noted in several quarterly reviews with no follow-up activity noted by the case managers.

In-Depth Review Findings

The 2010 statewide Quality Assurance guidelines require interviews with participants from Side-by-Side cases each review cycle. Interviewees should include the child, parents, caregivers, providers, advocates and CLS as applicable. The purpose of the in-depth interviews is to obtain a different perspective on service delivery and examine the case in more detail than file review provides. The lead reviewer, with input from the teams, selected two cases for in-depth interviews.

The lead reviewer chose the interview cases based on variable criteria involving each individual case and the case goal. One case, RB, involved several siblings in care since 2007 due to parental substance abuse. The court recently returned the children to their mother's custody against the recommendation of the case management agency. The second case, SA, involved young siblings removed from the care of their parents due to failure to thrive and domestic violence. The court subsequently placed the children with relatives under permanent guardianship.

RB

The focus child is a 12-year-old boy who first entered out-of-home care in 2007. RB and his three siblings were victims of the mother's substance abuse and physical abuse. The fathers of each of the siblings are not involved in their lives. One of the siblings turned age 18 during the period under review and returned home to live with her mother. The court returned the remaining three siblings to their mother against the recommendation of the case management agency in December 2010.

The reviewer conducted interviews with the mother, case manager and the CLS attorney. The interviewer did not speak with the focus child because, due to a last minute change of schedule, the mother completed the interview by telephone. The mother stated she forgot about the scheduled interview and was not prepared to have the child interviewed. The assigned Guardian ad Litem (GAL) also completed the interview by phone.

The Department, with court concurrence, placed the focus child (RB) in out-of-home care when he was eight years old. While in out-of-home care, RB resided with his older brother in a group-care setting. The two sisters also resided together in a separate group care facility. The mother regained custody after she and the GAL petitioned the court for return of the children. The case management agency was not in support of reunification, as the mother had not been complying with requested drug screens and she openly acknowledged she was continuing to use marijuana. The judge granted the petition and the children were reunited with their mother, first the sister and then the two boys. The case manager reported the placement is stable and the mother is following through on recommendations and cooperating with supervision.
The current case manager reported she has worked with the family for the last six months. The case manager stated she visited the children regularly while in placement and conducts monthly home visits since reunification. The case manager also indicated she actively worked at engaging the mother in follow-up drug counseling services. The mother was resistant and therefore, the case manager could not support reunification when the motion was before the court. However, due to the length of time the children had been in care, all parties were eager to achieve permanency for the children. The mother had complied with some of her tasks, was visiting with the children regularly (demonstrating good parenting skills at those times), had obtained appropriate housing and appeared to be ready for the children to come home. The court granted the motion with supervision of the family to continue.

The case manager stated, while in care, the focus child received counseling services at the group care program and attended after-school tutoring. On one recent occasion, the facility director indicated the focus child’s behavior was deteriorating and recommended a more restrictive placement even though the house parents and therapists did not see the need. The mother was involved in the decision-making process and ultimately influenced the decision to allow the child to remain where he was. Because of the mother’s advocacy, the child’s behavior improved. The case manager afforded the mother the opportunity to be involved in the children’s medical and dental appointments and educational meetings, however, she did not attend. The case manager consulted with the mother when the group homes reported the children were experiencing behavior problems in their placements and when the doctor prescribed psychotropic medication for RB. In addition, she reported the community services needed for the mother to complete her tasks were readily available in the community. The case manager indicated she had a very good relationship with the previous CLS attorney assigned to the case (the attorney interviewed). However, she stated she did not feel the communication was as good as it could be with the current attorney.

In her interview, the mother advised she knows the reason for her involvement with the child welfare system and her expectations as to the case plan. She stated she was not involved in the development of the case plan and indicated she does not agree all of the services required are necessary. She does feel the counseling family members have received has been beneficial. She confirmed the case manager makes regular visits and talks to both her and the children during the visits. She is able to reach the case manager when necessary and she (case manager) responds to her (the mother) requests and needs. The mother stated, while the children were in out-of-home care, she visited them in both of the group care placements and staff at each facility kept her informed of the children’s progress. She also advised she did not always receive notice of staffings and she did not always attend court hearings. She indicated staff did not keep her informed of the children’s medical and dental appointments when they were in care and she was not included in their extracurricular activities. This is contrary to statements received from the current case manager and the interviewer did not obtain clarification regarding which case manager the mother was referencing.

The CLS attorney interviewed represented the case for nine months of the period under review. The case was transferred to a second CLS attorney just prior to reunification. The attorney reported the case goal of reunification was appropriate for the family. The mother had completed some of her tasks but was not following through on required drug screens. The attorney stated the case manager was pro-active with referrals to the Drug Abuse Foundation and Multi-Lingual. She reported there was good communication between herself and the case manager. She indicated everyone working on the case was very involved including the GAL and the case management supervisor. The case was also very active in court with many status hearings scheduled. Although she was the attorney assigned to the case, she did not attend permanency staffings. The local procedure is for a designated attorney to attend and represent all cases.
discussed. However, she said the case manager would routinely respond to her requests and follow-up on any recommendations made at the staffing.

The Guardian ad Litem program assigned the family to the current Guardian just over one year ago. The GAL stated she has frequent visits with the children and their mother and has had contact with service providers. Her frequent contacts have allowed her to stay informed about case developments. However, she advised the current case manager has not been as forthcoming with information as the previous case manager has. She stated, with the previous case manager, she received invitations to attend staffings and had good communication. She does not feel this has been the case with the current counselor. Due to the communication issues, she is not aware of the case manager's visits with the family or the outcomes of those visits.

The GAL stated she was in agreement with the court’s decision to return the children home. She stated this was best for the children due to the length of time they had been in care. In addition, as all of the children were now teenagers, they all were beginning to display behavior problems that she attributed to their lengthy placement in group care. The current situation supported reunification because the children were now older, with changing needs and the mother had completed the essential tasks in her case plan. While in care, the children received appropriate medical and dental services. She stated however, the school system did not have the most appropriate services to meet RB’s educational needs and they promoted him even though he was not achieving the level of performance required to move to a higher grade. The mother also received appropriate services but she did not feel the requirement for a recent psychological on the mother was necessary. The GAL stated all the children are adjusting to being back at home with their mother and their behavior is improving.

SS

The case reviewer conducted in-depth interviews on the S.S. case. The family consisted of an African-American, single mother and her five children ages six months to ten years old. The family had previously been under supervision with a case closure occurring in June 2009. At that time, the children were in the care of their mother. In March 2010, the Department removed the children from their mother due to allegations of physical abuse. The paternal grandmother of the two oldest children assumed temporary custody of all the children. The mother gave birth to a fifth child in October 2010. The newborn remained in the mother’s care because she was complying with her case plan tasks. The four children removed achieved reunification with their mother the beginning of March 2011 after an abuse report on the relative caregiver late in February 2011 (reunification occurred after the case review had been completed and prior to the initiation of the case interviews). The reviewer interviewed the mother, focus child, EYA case manager, CLS attorney, and the Family Preservation Services (FPS) therapist.

The reviewer met with the mother, S.S. at her residence in the evening after she arrived home from her job at Publix Supermarket and picked up her children from their respective day care and after-school programs. The apartment was a modest, sparsely furnished, two-bedroom apartment with basic items which included a refrigerator, a portable washing machine, a small kitchen table with chairs, a playpen, a crib, and beds. During
the interview, the mother indicated she knew the reason for her involvement with the dependency system and explained she used excessive corporal punishment in disciplining one of her children. The mother stated she receives therapy and her case manager visits the home weekly since the boys returned home; she believes both services are beneficial to her although she admitted to not having always felt that way. S.S. stated she did not know if she had a case plan but was confident she knew what she had to do in order to have the children returned to her custody. When asked about her participation in her case plan development and opportunities to speak in court, she responded that she did not feel she had any say in the plan and has always felt the case manager/court told her what she needed to do. She expressed that ‘Johnny’ (the father of the three youngest children) had to move out as a condition to getting her children back because he hadn’t completed counseling and parenting classes. She stated she was the one who beat her son and did not understand why he could not be in the home with them. The mother stated now he could not help her financially because they were paying two separate rents. She stated she would like some financial assistance to move into a cheaper apartment and was concerned that she never received the second set of bunk beds the case manager promised for her children. The reviewer advised the mother she would share her issues with her case manager and encouraged her to express her concerns to the court and the EYA administration if she felt her case manager was not willing or able to assist her.

The reviewer obtained mother’s permission to interview the seven-year-old male focus child, S.A. privately. Interviewer and child went outside to talk. S.A.’s ten year-old brother also came outside but he started playing football with a neighbor. S.A. stated he likes hanging out with his mom and playing football with his brothers. S.A. identified his family as his mom, his three brothers and his baby sister. He also mentioned his paternal grandmother and his mom’s family in Georgia (mother is from Atlanta, GA). Child stated the Department removed his brothers and him from his mother because she "popped" his brother. When asked what he meant by ‘popped’ he said it meant his brother got a “whooping.” S.A. stated his worker comes out to see him at home and talks to him and his brothers outside or in their bedroom by themselves. When asked about school, doctor, or dentist visits, S. A. said he went to the dentist and opened his mouth to show his filling. At this point, the child’s attention span began to wane and he did not want to answer any more questions so the interview concluded.

The reviewer observed the focus child and his siblings were healthy and developmentally appropriate for their ages. The children appeared cheerful and displayed no signs of fear towards their mother; occasionally one of them would approach the baby sister and kiss her on her cheek. The mother was holding the baby at the time.

The reviewer also interviewed the case manager who stated the supervisor assigned the case to her around August 2010 after she successfully completed her in-service training. The family’s prior case manager left employment with the agency. The case manager stated the family had already gone to mediation and the initial case plan developed prior to her receiving the case. She also stated she followed-up by ensuring the mother and father (Johnny) of three youngest children had their referrals. She advised that once case managers submit referrals there is typically no waiting list and services can begin within one to two weeks. She said the mother and children are participating in services, but the boyfriend, Johnny, does not think he needs any services although he initially agreed to services in mediation. The reviewer discussed the concerns the mother expressed during her interview. The case manager stated her agency has a process in place for
purchasing services (flex funds), but she was told they currently have no money. She stated she encourages the mother to utilize her therapist and talk about the things she finds stressful. She advised, that after reunification, she visits the family in their home once a week and she interviews the children by themselves outside or in their bedroom. The case manager also stated she is working on getting the bunk bed the agency purchased when the children lived with their paternal grandmother. She stated this case has progressed well, however it would be helpful if there were some slots reserved on the Section 8 housing list for their clients because affordable housing for clients is challenging.

The CLS attorney interviewed stated he received the case when it re-opened in March 2010. The family had a prior history with the dependency system, but supervision terminated prior to receipt of the report that resulted in the most recent removal of the children. The attorney said the previous and current case managers, as well as their supervisor, have been very responsive and accessible when he needed information on the case. The attorney stated, to the best of his knowledge, the services provided to the family were appropriate and resources were readily available. Initially the mother was slow to engage in services, but eventually she complied with her tasks. The father of the three youngest children has not fully complied and, as a result, he was required to move out of the home as a condition of the children’s reunification with the mother. The attorney stated CFC invites him to staffings but, due to conflicts with court, it is not always possible to attend, however a CLS attorney attends all staffings and represents all reviewed cases. The attorney advised that the attorney attending the staffing notifies him of the outcome and provides a copy of any documentation generated.

The reviewer also interviewed the Family Preservation Services therapist who advised she provided counseling to the family for approximately nine months. Another therapist worked with the family prior to her involvement. The therapist stated she provides individual therapy to the school-aged children at their after-school program, individual therapy to the mother at the FPS office, and family therapy to the mother and children in their home. The therapist indicated the sessions with the children have always gone well. Initially, the mother was resistant to therapy but has since opened up and is now receptive to treatment. The therapist stated the EYA case manager is co-located in the same building with their office and this helps facilitate regular communication; they also communicate via phone or email. The therapist said the case manager is very responsive to her requests for information about the family. She also indicated that for staffing and court her recommendations are considered. The therapist felt this case has progressed well because of the consistency and cooperation of the case manager.

3. Requests for Action (RFA)
Reviewers submitted Requests for Action (RFA) on three of the 14 cases. Regional Quality Assurance staff is now required to ensure follow-up only on Safety Concerns and those Administrative Concerns involving psychotropic medication issues. CBCs are to ensure appropriate follow-up occurs on all other Administrative Requests for Action. Reviewers did not identify any safety concerns during this review. Two of the three Administrative Requests for Action involved issues relating to prescribed psychotropic medications. In one case, reviewers did not locate the appropriate informed consent form. Required medical information was lacking in FSFN on the second case.
Child and Family Connections reports that all Requests for Action on psychotropic medication issues have been resolved.

4. Summary

Regional Quality Assurance recommends CFC quality improvement efforts focus on the areas below in order to achieve improved performance ratings on The Quality of Practice Standards for Case Management. Reviewers made some of the same recommendations in the review completed in the first half of this fiscal year.

- Continue to implement procedures to track expiring case plans or the completion of updated case plans where goals have changed.
- Continue to address case management activities promoting the engagement of parents, particularly fathers, in the case planning process, case plan activities, decision making and involvement on their child’s need and activities, and notification of placement moves and court hearing and staffing dates.
- Continue to work with supervisory staff to ensure case managers complete thorough and timely initial and updated family assessments and supervisors review and approve in a timely manner.
- Continue efforts to train staff on the appropriate use of the APPLA goal and continue to review those cases with the APPLA goal to ensure other permanency goals are not appropriate and the APPLA goal is in the child’s best interests.
- Ensure timely, documented follow-up on supervisory guidance and directives.
- Ensure follow through occurs on all identified medical, dental and educational issues.
- Continue efforts to secure complete medical and dental records for all children in out-of-home care and place in the case management file (scan into FSFN).
- Clarify roles and responsibilities regarding the diligent search process.
- Assess efforts to improve the quality and comprehensiveness of court reports.
- Continue to use proactive measures to ensure staff complies with all psychotropic medication requirements.
<table>
<thead>
<tr>
<th>Question #</th>
<th>Question</th>
<th>Y</th>
<th>N</th>
<th>NA</th>
<th>% Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.0</td>
<td>No child living in the home was abused or neglected. (applicable to in-home cases)</td>
<td>2</td>
<td>2</td>
<td>10</td>
<td>50%</td>
</tr>
<tr>
<td>2.0</td>
<td>The focus child was not abused or neglected. (applicable to out-of-home care cases)</td>
<td>11</td>
<td>1</td>
<td>2</td>
<td>92%</td>
</tr>
<tr>
<td>3.0</td>
<td>If a child was re-abused or re-neglected, immediate and ameliorative interventions were initiated on behalf of the child. (applicable to all cases)</td>
<td>3</td>
<td>0</td>
<td>11</td>
<td>100%</td>
</tr>
<tr>
<td>4.0</td>
<td>Concerted efforts were made to provide or arrange for appropriate services for the family to protect the child and prevent the child's entry into out-of-home care. (applicable to in-home cases)</td>
<td>3</td>
<td>0</td>
<td>11</td>
<td>100%</td>
</tr>
<tr>
<td>5.0</td>
<td>A thorough initial family assessment was conducted following the investigative safety assessment that sufficiently addressed child safety factors and emerging risks. (applicable to all cases)</td>
<td>2</td>
<td>0</td>
<td>12</td>
<td>100%</td>
</tr>
<tr>
<td>5.0.1</td>
<td>Caregivers' (if removed from)/parents' capacity to protect and nurture the child;</td>
<td>0</td>
<td>1</td>
<td>13</td>
<td>0%</td>
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<tr>
<td>5.0.2</td>
<td>Observations of interactions between the child and siblings and household members;</td>
<td>1</td>
<td>0</td>
<td>13</td>
<td>100%</td>
</tr>
<tr>
<td>5.0.3</td>
<td>Emerging risk factors;</td>
<td>2</td>
<td>0</td>
<td>12</td>
<td>100%</td>
</tr>
<tr>
<td>5.0.4</td>
<td>Actions needed to address emerging risk factors; and</td>
<td>1</td>
<td>0</td>
<td>13</td>
<td>100%</td>
</tr>
<tr>
<td>5.0.5</td>
<td>Implementation of a safety plan when needed.</td>
<td>0</td>
<td>0</td>
<td>14</td>
<td>-</td>
</tr>
<tr>
<td>5.0.6</td>
<td>The initial family assessment was completed within 15 working days of ESI staffing / case transfer.</td>
<td>1</td>
<td>1</td>
<td>12</td>
<td>50%</td>
</tr>
<tr>
<td>6.0</td>
<td>Completed service referrals were consistent with the needs identified through investigative assessment(s), and other assessments related to safety. (applicable to all cases)</td>
<td>10</td>
<td>2</td>
<td>2</td>
<td>83%</td>
</tr>
<tr>
<td>7.0</td>
<td>The updated family assessment was focused on the immediate and prospective safety of the child, as well as any changes and implications in the family's situation related to emerging concerns and service needs. (applicable to all cases)</td>
<td>7</td>
<td>7</td>
<td>0</td>
<td>50%</td>
</tr>
<tr>
<td>7.0.1</td>
<td>A review of changes in the family's condition or circumstances since the initial assessment that positively or negatively impacted the child's safety.</td>
<td>8</td>
<td>6</td>
<td>0</td>
<td>57%</td>
</tr>
<tr>
<td>7.0.2</td>
<td>A review of the short and long-term implication of any changes in individual or family factors affecting family resources, strengths and/or protective capacities;</td>
<td>7</td>
<td>6</td>
<td>1</td>
<td>54%</td>
</tr>
<tr>
<td>7.0.3</td>
<td>An evaluation of signs of emerging danger and a plan to address them;</td>
<td>8</td>
<td>5</td>
<td>1</td>
<td>62%</td>
</tr>
<tr>
<td>7.0.4</td>
<td>A review of the case plan goals that were met and are remaining, and the plan to address any barriers that exist to fully meet the case plan goals.</td>
<td>8</td>
<td>5</td>
<td>1</td>
<td>62%</td>
</tr>
<tr>
<td>Question #</td>
<td>Question</td>
<td>Total</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.0.5</td>
<td>The family assessment was completed at least every six months and/or at critical changes in circumstances of the family unit</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.0</td>
<td>All immediate and emerging safety concerns were addressed and additional needed interventions were provided to protect the child. (applicable to all cases)</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.0</td>
<td>A thorough safety assessment of the home was completed prior to reunification or placement of the child in an unlicensed out-of-home care setting. (Applies to cases involving post placement supervision, and where a child will be placed in an unlicensed [relative/non-relative] setting.)</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.0</td>
<td>Concerted efforts were made during post-placement supervision to manage the risks following reunification or placement of the child in an unlicensed out-of-home care setting. (Applicable to in-home post-reunification cases)</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11.0</td>
<td>The child remained safe in his/her home after being discharged from out-of-home care and did not re-enter out-of-home care at least 12 months following discharge. (Applicable to out-of-home care cases)</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12.0</td>
<td>A multi-disciplinary staffing/assessment for placement planning was conducted before each placement to ensure the placement or move was unavoidable. (Applicable to out-of-home care cases)</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13.0</td>
<td>The child's current placement is stable and appropriate to meet the child's needs with no apparent or significant risks or projections of disruption. (Applicable to out-of-home care cases)</td>
<td>9</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14.0</td>
<td>Concerted efforts were made to identify, locate and evaluate other potential relatives and possible permanent placements for the child. (Applicable to out-of-home care cases)</td>
<td>7</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15.0</td>
<td>The child experienced no more than two out-of-home care placement settings during the period under review. (Applicable to out-of-home care cases)</td>
<td>10</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16.0</td>
<td>If no was entered for #15, all placement changes were planned in an effort to achieve the child's case goals or to meet the needs of the child. (Applicable to out-of-home care cases)</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17.0</td>
<td>In cases involving a child in a licensed placement setting, an exit interview was conducted with the child when moved from one placement to another, and appropriate action was taken if the exit interview documented a concern. (Applicable to licensed out-of-home care cases)</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17.0.1</td>
<td>An exit interview was conducted with the child when he/she was moved from one placement to another to discuss the previous placement</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Question #</td>
<td>Question</td>
<td>Y</td>
<td>N</td>
<td>NA</td>
<td>% Yes</td>
</tr>
<tr>
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</tr>
<tr>
<td>17.0.2</td>
<td>Appropriate action was taken if the exit interview documented a concern.</td>
<td>0</td>
<td>0</td>
<td>14</td>
<td>-</td>
</tr>
<tr>
<td>18.0</td>
<td>The parents were notified of all the child's placement changes. (applicable to out-of-home care cases)</td>
<td>2</td>
<td>2</td>
<td>10</td>
<td>50%</td>
</tr>
<tr>
<td>19.0</td>
<td>The court was informed of the child's placements and reasons for changes in placement. (applicable to out-of-home care cases)</td>
<td>2</td>
<td>3</td>
<td>9</td>
<td>40%</td>
</tr>
<tr>
<td>19.0.1</td>
<td>Number and type of placement; and,</td>
<td>2</td>
<td>3</td>
<td>9</td>
<td>40%</td>
</tr>
<tr>
<td>19.0.2</td>
<td>Reason for the change in placement.</td>
<td>2</td>
<td>3</td>
<td>9</td>
<td>40%</td>
</tr>
<tr>
<td>20</td>
<td>Qualitative supervisory reviews and follow through were conducted as needed and required. (applicable to all cases)</td>
<td>8</td>
<td>6</td>
<td>0</td>
<td>57%</td>
</tr>
<tr>
<td>20.0.1</td>
<td>Reviews were completed quarterly.</td>
<td>12</td>
<td>2</td>
<td>0</td>
<td>86%</td>
</tr>
<tr>
<td>20.0.2</td>
<td>Supervisor considered all aspects of the child's safety, well-being and permanency; and</td>
<td>10</td>
<td>4</td>
<td>0</td>
<td>71%</td>
</tr>
<tr>
<td>20.0.3</td>
<td>Supervisor ensured follow through on guidance and direction or documented the reasons the guidance and direction were no longer necessary.</td>
<td>10</td>
<td>4</td>
<td>0</td>
<td>71%</td>
</tr>
<tr>
<td>21.0</td>
<td>The case record contained a current (not expired) case plan. (applicable to court all cases)</td>
<td>12</td>
<td>2</td>
<td>0</td>
<td>86%</td>
</tr>
<tr>
<td>22.0</td>
<td>The current case plan goal was appropriate based on the child's, and family's circumstances. (applicable to all cases)</td>
<td>11</td>
<td>1</td>
<td>2</td>
<td>92%</td>
</tr>
<tr>
<td>23.0</td>
<td>The case plan specifically addressed visitation and other contact plans with all case participants. (applicable to out-of-home care cases)</td>
<td>7</td>
<td>3</td>
<td>4</td>
<td>70%</td>
</tr>
<tr>
<td>23.0.1</td>
<td>Mother</td>
<td>7</td>
<td>3</td>
<td>4</td>
<td>70%</td>
</tr>
<tr>
<td>23.0.2</td>
<td>Father</td>
<td>5</td>
<td>3</td>
<td>6</td>
<td>63%</td>
</tr>
<tr>
<td>23.0.3</td>
<td>Caregiver (removed from)</td>
<td>0</td>
<td>2</td>
<td>12</td>
<td>0%</td>
</tr>
<tr>
<td>23.0.4</td>
<td>Between siblings</td>
<td>1</td>
<td>3</td>
<td>10</td>
<td>25%</td>
</tr>
<tr>
<td>24.0</td>
<td>The case plan is designed to achieve permanency (out-of-home care cases) and safety and stability (in-home cases) through appropriate tasks for the case participants.</td>
<td>9</td>
<td>2</td>
<td>3</td>
<td>82%</td>
</tr>
<tr>
<td>24.0.1</td>
<td>Mother</td>
<td>8</td>
<td>2</td>
<td>4</td>
<td>80%</td>
</tr>
<tr>
<td>24.0.2</td>
<td>Father</td>
<td>6</td>
<td>1</td>
<td>7</td>
<td>86%</td>
</tr>
<tr>
<td>Question #</td>
<td>Question</td>
<td>Y</td>
<td>N</td>
<td>NA</td>
<td>% Yes</td>
</tr>
<tr>
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<td>--------------------------------------------------------------------------</td>
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<td>----</td>
<td>-------</td>
</tr>
<tr>
<td>24.0.3</td>
<td>Child (if developmentally or age appropriate)</td>
<td>6</td>
<td>2</td>
<td>6</td>
<td>75%</td>
</tr>
<tr>
<td>24.0.4</td>
<td>Caregiver (removed from)</td>
<td>1</td>
<td>0</td>
<td>13</td>
<td>100%</td>
</tr>
<tr>
<td>25.0</td>
<td>The services worker communicated with service providers about the effectiveness of services for involved case participants. (applicable to all cases)</td>
<td>9</td>
<td>4</td>
<td>1</td>
<td>69%</td>
</tr>
<tr>
<td>25.0.1</td>
<td>Mother</td>
<td>7</td>
<td>5</td>
<td>2</td>
<td>58%</td>
</tr>
<tr>
<td>25.0.2</td>
<td>Father</td>
<td>4</td>
<td>2</td>
<td>8</td>
<td>67%</td>
</tr>
<tr>
<td>25.0.3</td>
<td>Child</td>
<td>9</td>
<td>4</td>
<td>1</td>
<td>69%</td>
</tr>
<tr>
<td>25.0.4</td>
<td>Out of Home Care Provider (includes relative / non-relative)</td>
<td>4</td>
<td>2</td>
<td>8</td>
<td>67%</td>
</tr>
<tr>
<td>26.0</td>
<td>The child's current placement was in close proximity to the parents to facilitate face-to-face contact between the child and parents while the child was in out-of-home care. (applicable to out-of-home care cases)</td>
<td>6</td>
<td>3</td>
<td>5</td>
<td>67%</td>
</tr>
<tr>
<td>26.0.1</td>
<td>Mother</td>
<td>6</td>
<td>3</td>
<td>5</td>
<td>67%</td>
</tr>
<tr>
<td>26.0.2</td>
<td>Father</td>
<td>3</td>
<td>2</td>
<td>9</td>
<td>60%</td>
</tr>
<tr>
<td>27.0</td>
<td>If No was entered for #26, the location of the child's current placement was based on the child's needs and achieving the case plan goal. (applicable to out-of-home care cases)</td>
<td>2</td>
<td>1</td>
<td>11</td>
<td>67%</td>
</tr>
<tr>
<td>28.0</td>
<td>The child was placed with siblings who were also in licensed and/or non-licensed out-of-home care. (applicable to out-of-home care cases)</td>
<td>5</td>
<td>3</td>
<td>6</td>
<td>63%</td>
</tr>
<tr>
<td>29.0</td>
<td>If No was entered for #28, there was clear evidence separation was necessary to meet the child's needs. (applicable to out-of-home care cases)</td>
<td>3</td>
<td>0</td>
<td>11</td>
<td>100%</td>
</tr>
<tr>
<td>30.0</td>
<td>Concerted efforts were made to ensure visitation (or other contact) between the child and parents were sufficient to maintain or promote the continuity of the relationship between them. (applicable to out-of-home care cases)</td>
<td>8</td>
<td>2</td>
<td>4</td>
<td>80%</td>
</tr>
<tr>
<td>30.0.1</td>
<td>Mother</td>
<td>8</td>
<td>3</td>
<td>3</td>
<td>73%</td>
</tr>
<tr>
<td>30.0.2</td>
<td>Father</td>
<td>5</td>
<td>2</td>
<td>7</td>
<td>71%</td>
</tr>
<tr>
<td>31.0</td>
<td>Concerted efforts were made to ensure visitation (or other forms of contact if visitation was not possible) between the child and his or her siblings and it was of sufficient frequency to maintain or promote the continuity of the relationship. (applicable to out-of-home care cases)</td>
<td>3</td>
<td>2</td>
<td>9</td>
<td>60%</td>
</tr>
<tr>
<td>Question #</td>
<td>Question</td>
<td>Y</td>
<td>N</td>
<td>NA</td>
<td>% Yes</td>
</tr>
<tr>
<td>-----------</td>
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<td>---</td>
<td>----</td>
<td>-------</td>
</tr>
<tr>
<td>32.0</td>
<td>Concerted efforts were made to maintain the child's important connections. (applicable to out-of-home care cases)</td>
<td>10</td>
<td>2</td>
<td>2</td>
<td>83%</td>
</tr>
<tr>
<td>33.0</td>
<td>An inquiry was made to determine if the child was of Native American or Alaskan Native heritage. (Life of Case - applicable to out-of-home care and court ordered supervision cases)</td>
<td>9</td>
<td>5</td>
<td>0</td>
<td>64%</td>
</tr>
<tr>
<td>34.0</td>
<td>If the child is of Native American or Alaskan Native heritage, the tribe was provided timely notification of its right to intervene in any state court proceedings seeking court ordered supervision, an involuntary out-of-home care placement or termination of parental rights. (applicable to out-of-home care and court ordered supervision cases)</td>
<td>0</td>
<td>0</td>
<td>14</td>
<td>-</td>
</tr>
<tr>
<td>35.0</td>
<td>Concerted efforts were made to place the child in out-of-home care in accordance with the Indian Child Welfare Act placement preferences if the child was of Native American or Alaskan Native heritage. (Life of Case - applicable to out-of-home care cases)</td>
<td>0</td>
<td>0</td>
<td>14</td>
<td>-</td>
</tr>
<tr>
<td>36.0</td>
<td>The mother was encouraged and supported to participate in making decisions about her child's needs and activities.</td>
<td>5</td>
<td>5</td>
<td>4</td>
<td>50%</td>
</tr>
<tr>
<td>37.0</td>
<td>The father was encouraged and supported to participate in making decisions about his child's needs and activities.</td>
<td>1</td>
<td>6</td>
<td>7</td>
<td>14%</td>
</tr>
<tr>
<td>38.0</td>
<td>For cases in which an out-of-state placement was, or is being, explored for the focus child, a complete Interstate Compact for the Placement of Children (ICPC) packet requesting a home study was submitted within the required timeframe. (applicable to out-of-home care cases)</td>
<td>0</td>
<td>1</td>
<td>13</td>
<td>0%</td>
</tr>
<tr>
<td>39.0</td>
<td>The information provided in the ICPC packet regarding the focus child was sufficient to enable the receiving state to make an appropriate decision concerning approval of the proposed placement for the focus child. (applicable to out-of-home care cases)</td>
<td>0</td>
<td>0</td>
<td>14</td>
<td>-</td>
</tr>
<tr>
<td>40.0</td>
<td>If the child was in out-of-home care for at least 12 of the most recent 22 months or met other ASFA criteria for TPR, a TPR petition was filed or joined. (applicable to out-of-home care cases) Life of Case</td>
<td>1</td>
<td>6</td>
<td>7</td>
<td>14%</td>
</tr>
<tr>
<td>41.0</td>
<td>If a Termination of Parental Rights petition was not filed, there were compelling reasons and an exception for not filing the petition was documented. (applicable to out-of-home cases)</td>
<td>1</td>
<td>4</td>
<td>9</td>
<td>20%</td>
</tr>
<tr>
<td>42.0</td>
<td>Appropriate steps were taken to identify and recruit an adoptive family that matched the child's needs. (applicable to out-of-home care cases)</td>
<td>1</td>
<td>0</td>
<td>13</td>
<td>100%</td>
</tr>
<tr>
<td>42.0.1</td>
<td>if TPR has occurred, then have appropriate steps been taken to identify and recruit an adoptive</td>
<td>1</td>
<td>0</td>
<td>13</td>
<td>100%</td>
</tr>
<tr>
<td>Question #</td>
<td>Question</td>
<td>Total</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>-----------</td>
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<td>-------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Y</td>
<td>N</td>
<td>NA</td>
<td>%</td>
</tr>
<tr>
<td>42.02</td>
<td>if TPR has not occurred; then is there evidence of recruitment efforts being initiated.</td>
<td>0</td>
<td>0</td>
<td>14</td>
<td></td>
</tr>
<tr>
<td>43.0</td>
<td>Appropriate steps were taken to process and approve an adoptive family that matched the child's needs. (applicable to out-of-home care cases)</td>
<td>0</td>
<td>0</td>
<td>14</td>
<td></td>
</tr>
<tr>
<td>44.0</td>
<td>If the case involves a youth who has reached 13 but not yet 15 years of age and he/she is living in a licensed, out-of-home care placement, a pre-independent living assessment was completed that identified service needs and services were provided. (applicable to licensed out-of-home care cases)</td>
<td>3</td>
<td>0</td>
<td>11</td>
<td>100%</td>
</tr>
<tr>
<td>45.0</td>
<td>If the child is 13 years of age or older and in licensed foster care, the case management agency provided guidance and assistance in developing an educational and career path that is based on the child's individual abilities and interests. (applicable to licensed out-of-home care cases)</td>
<td>4</td>
<td>1</td>
<td>9</td>
<td>80%</td>
</tr>
<tr>
<td>46.0</td>
<td>The teen-aged focus child is afforded opportunities to participate in normal life skills activities in the foster home and community that are reasonable and appropriate for his/her respective age or special needs. (applicable to licensed out-of-home care cases)</td>
<td>5</td>
<td>0</td>
<td>9</td>
<td>100%</td>
</tr>
<tr>
<td>47.0</td>
<td>For youth 15 years of age but not yet 18, the agency appropriately monitored his/her progress towards successfully transitioning from foster care to independence through regular informative staffings.</td>
<td>2</td>
<td>1</td>
<td>11</td>
<td>67%</td>
</tr>
<tr>
<td>48.0</td>
<td>An ongoing assessment of the child(ren)'s needs was conducted to provide updated information for case planning purposes. (applicable to all cases)</td>
<td>12</td>
<td>1</td>
<td>1</td>
<td>92%</td>
</tr>
<tr>
<td>49.0</td>
<td>An assessment for residential group care was completed when required. (applicable to out-of-home care cases)</td>
<td>2</td>
<td>1</td>
<td>11</td>
<td>67%</td>
</tr>
<tr>
<td>50.0</td>
<td>An ongoing assessment of the mother's needs was conducted to provide updated information for case planning purposes. (applicable to all cases)</td>
<td>11</td>
<td>1</td>
<td>2</td>
<td>92%</td>
</tr>
<tr>
<td>51.0</td>
<td>Concerted efforts were made to support the mother's engagement with services. (applicable to all cases)</td>
<td>9</td>
<td>3</td>
<td>2</td>
<td>75%</td>
</tr>
<tr>
<td>52.0</td>
<td>An ongoing assessment of the father's needs was conducted to provide updated information for case planning purposes. (applicable to all cases)</td>
<td>6</td>
<td>2</td>
<td>6</td>
<td>75%</td>
</tr>
<tr>
<td>53.0</td>
<td>Concerted efforts were made to support the father's engagement in services. (applicable to all cases)</td>
<td>4</td>
<td>4</td>
<td>6</td>
<td>50%</td>
</tr>
<tr>
<td>Question #</td>
<td>Question</td>
<td>Y</td>
<td>N</td>
<td>NA</td>
<td>% Yes</td>
</tr>
<tr>
<td>------------</td>
<td>--------------------------------------------------------------------------</td>
<td>---</td>
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<td>----</td>
<td>-------</td>
</tr>
<tr>
<td>54.0</td>
<td>An ongoing assessment of the out-of-home care providers or pre-adoptive parent’s service needs was conducted in order to ensure appropriate care for the child. (applicable to out-of-home care cases)</td>
<td>5</td>
<td>1</td>
<td>8</td>
<td>83%</td>
</tr>
<tr>
<td>55.0</td>
<td>Concerted efforts were made to actively involve all case participants in the case planning process: (applicable to all cases)</td>
<td>10</td>
<td>2</td>
<td>2</td>
<td>83%</td>
</tr>
<tr>
<td>55.0.1</td>
<td>Mother</td>
<td>9</td>
<td>3</td>
<td>2</td>
<td>75%</td>
</tr>
<tr>
<td>55.0.2</td>
<td>Father</td>
<td>5</td>
<td>4</td>
<td>5</td>
<td>56%</td>
</tr>
<tr>
<td>55.0.3</td>
<td>Child (if developmentally or age appropriate)</td>
<td>7</td>
<td>0</td>
<td>7</td>
<td>100%</td>
</tr>
<tr>
<td>55.0.4</td>
<td>Out of Home Care Providers</td>
<td>9</td>
<td>0</td>
<td>5</td>
<td>100%</td>
</tr>
<tr>
<td>56.0</td>
<td>The frequency of the services worker’s visits with all case participants was sufficient to address issues pertaining to the safety, permanency goal, and well-being of the child. (applicable to all cases)</td>
<td>8</td>
<td>5</td>
<td>1</td>
<td>62%</td>
</tr>
<tr>
<td>56.0.1</td>
<td>Mother</td>
<td>4</td>
<td>8</td>
<td>2</td>
<td>33%</td>
</tr>
<tr>
<td>56.0.2</td>
<td>Father</td>
<td>1</td>
<td>6</td>
<td>7</td>
<td>14%</td>
</tr>
<tr>
<td>56.0.3</td>
<td>Child</td>
<td>12</td>
<td>1</td>
<td>1</td>
<td>92%</td>
</tr>
<tr>
<td>56.0.4</td>
<td>Caregiver (out-of-home)</td>
<td>7</td>
<td>4</td>
<td>3</td>
<td>64%</td>
</tr>
<tr>
<td>57.0</td>
<td>The quality of the services worker’s visits with case participants was sufficient to address issues pertaining to the child’s safety, permanency and well-being. (applicable to all cases)</td>
<td>11</td>
<td>2</td>
<td>1</td>
<td>85%</td>
</tr>
<tr>
<td>57.0.1</td>
<td>Mother</td>
<td>5</td>
<td>5</td>
<td>4</td>
<td>50%</td>
</tr>
<tr>
<td>57.0.2</td>
<td>Father</td>
<td>3</td>
<td>2</td>
<td>9</td>
<td>60%</td>
</tr>
<tr>
<td>57.0.3</td>
<td>Child</td>
<td>11</td>
<td>2</td>
<td>1</td>
<td>85%</td>
</tr>
<tr>
<td>57.0.4</td>
<td>Caregiver (out-of-home)</td>
<td>10</td>
<td>1</td>
<td>3</td>
<td>91%</td>
</tr>
<tr>
<td>58.0</td>
<td>Concerted efforts were made to assess the child’s educational needs during out-of-home placement. (applicable to out-of-home care cases and in-home cases if relevant)</td>
<td>8</td>
<td>2</td>
<td>4</td>
<td>80%</td>
</tr>
<tr>
<td>59.0</td>
<td>If educational needs were identified, necessary educational services were engaged. (applicable to out-of-home care cases and in-home cases if relevant)</td>
<td>5</td>
<td>1</td>
<td>8</td>
<td>83%</td>
</tr>
<tr>
<td>Question #</td>
<td>Question</td>
<td>Y</td>
<td>N</td>
<td>NA</td>
<td>% Yes</td>
</tr>
<tr>
<td>-----------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>---</td>
<td>---</td>
<td>----</td>
<td>-------</td>
</tr>
<tr>
<td>60.0</td>
<td>Services effectively reduced or resolved the issues that interfered with the child's education. (applicable to out-of-home care cases and in-home cases if relevant)</td>
<td>5</td>
<td>1</td>
<td>8</td>
<td>83%</td>
</tr>
<tr>
<td>61.0</td>
<td>Concerted efforts were made to assess the child's physical health care needs. (Applies to all out-of-home care cases. Applies to in-home cases when relevant to why the child and family are involved with the dependency system)</td>
<td>7</td>
<td>5</td>
<td>2</td>
<td>58%</td>
</tr>
<tr>
<td>61.01</td>
<td>If the child was removed during the period under review, or if not removed but brought into the into the dependency system due to health related issues, he/she received a medical screening within 72 hours.</td>
<td>0</td>
<td>4</td>
<td>10</td>
<td>0%</td>
</tr>
<tr>
<td>61.02</td>
<td>After the removal episode or health issues that resulted in interventions by the dependency system, and the medical screening was not done within 72 hours, a medical screening was completed within a week.</td>
<td>1</td>
<td>3</td>
<td>10</td>
<td>25%</td>
</tr>
<tr>
<td>61.03</td>
<td>Documentation reflects that the services agency complied with the periodicity schedule pertinent to the child's age and needs.</td>
<td>7</td>
<td>3</td>
<td>4</td>
<td>70%</td>
</tr>
<tr>
<td>62.0</td>
<td>Concerted efforts were made to provide appropriate services to address the child's identified physical health needs. (applicable to out-of-home care cases and in-home cases if relevant to the reason the agency is involved.)</td>
<td>7</td>
<td>1</td>
<td>6</td>
<td>88%</td>
</tr>
<tr>
<td>62.01</td>
<td>The diagnoses from physical health care screenings are documented in the case file.</td>
<td>7</td>
<td>1</td>
<td>6</td>
<td>88%</td>
</tr>
<tr>
<td>62.02</td>
<td>Documentation reflects that the services agency followed-up on treatment plans that the doctor ordered.</td>
<td>7</td>
<td>1</td>
<td>6</td>
<td>88%</td>
</tr>
<tr>
<td>63.0</td>
<td>Concerted efforts were made to assess the child's dental health care needs. (applicable to out-of-home care cases and in-home cases if relevant)</td>
<td>7</td>
<td>4</td>
<td>3</td>
<td>64%</td>
</tr>
<tr>
<td>63.01</td>
<td>Documentation reflects that the child's dental health care needs were assessed.</td>
<td>8</td>
<td>3</td>
<td>3</td>
<td>73%</td>
</tr>
<tr>
<td>63.02</td>
<td>Documentation reflects that the services agency complied with the periodicity schedule pertinent to the child's age and needs.</td>
<td>5</td>
<td>5</td>
<td>4</td>
<td>50%</td>
</tr>
<tr>
<td>64.0</td>
<td>Appropriate services were provided to address the child's identified dental health needs. (applicable to out-of-home care cases and in-home cases if relevant)</td>
<td>3</td>
<td>3</td>
<td>8</td>
<td>50%</td>
</tr>
<tr>
<td>65.0</td>
<td>An assessment(s) of the child's mental/behavioral health needs was conducted. (applicable to out-of-home care cases and in-home cases if relevant)</td>
<td>9</td>
<td>2</td>
<td>3</td>
<td>82%</td>
</tr>
<tr>
<td>66.0</td>
<td>Appropriate services were provided to address the child's mental/behavioral health needs. (applicable to out-of-home care cases and in-home cases if relevant)</td>
<td>9</td>
<td>1</td>
<td>4</td>
<td>90%</td>
</tr>
<tr>
<td>66.01</td>
<td>Documentation reflects that the services agency matched the needed services specific to the child's mental/behavioral concerns.</td>
<td>9</td>
<td>1</td>
<td>4</td>
<td>90%</td>
</tr>
<tr>
<td>Question #</td>
<td>Question</td>
<td>Y</td>
<td>N</td>
<td>NA</td>
<td>% Yes</td>
</tr>
<tr>
<td>------------</td>
<td>-------------------------------------------------------------------------------------------</td>
<td>---</td>
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<td>----</td>
<td>-------</td>
</tr>
<tr>
<td>66.02</td>
<td>Documentation reflects that the services agency followed-up on all treatment plans that the doctor ordered.</td>
<td>7</td>
<td>2</td>
<td>5</td>
<td>78%</td>
</tr>
<tr>
<td>67.0</td>
<td>Express and Informed consent or court authorization was obtained for the use of each psychotropic medication deemed necessary by a physician to address the child's mental/behavioral health needs. (applicable to out-of-home care cases)</td>
<td>2</td>
<td>2</td>
<td>10</td>
<td>50%</td>
</tr>
<tr>
<td>67.0.1</td>
<td>The case management organization involved the child and the parents/legal guardian in the decision making process by facilitating contacts with physicians for treatment planning.</td>
<td>2</td>
<td>2</td>
<td>10</td>
<td>50%</td>
</tr>
<tr>
<td>67.0.2</td>
<td>Prior to seeking a medical evaluation to determine the need to initiate or continue a psychotropic medication, the case manager provided the Prescribing Physician all pertinent medical information known to the agency at the time.</td>
<td>2</td>
<td>2</td>
<td>10</td>
<td>50%</td>
</tr>
<tr>
<td>67.0.3</td>
<td>The case manager documented communication with the child's parent or guardian to ensure parental awareness of the need to provide express and informed consent for the prescription of each psychotropic medication.</td>
<td>1</td>
<td>2</td>
<td>11</td>
<td>33%</td>
</tr>
<tr>
<td>67.0.4</td>
<td>When express and informed consent could not be obtained from the child's parents, the case management organization submitted a request for court authorization to Children's Legal Services.</td>
<td>2</td>
<td>0</td>
<td>12</td>
<td>100%</td>
</tr>
<tr>
<td>67.0.5</td>
<td>When there was a need for a court order, one was obtained.</td>
<td>2</td>
<td>0</td>
<td>12</td>
<td>100%</td>
</tr>
<tr>
<td>68.0</td>
<td>All data fields in the Florida Safe Families Network related to psychotropic medications appropriately and accurately documented the child's prescribed medications (applies to out-of-home care cases).</td>
<td>3</td>
<td>1</td>
<td>10</td>
<td>75%</td>
</tr>
<tr>
<td>68.0.1</td>
<td>Name of medication and dosages prescribed</td>
<td>3</td>
<td>1</td>
<td>10</td>
<td>75%</td>
</tr>
<tr>
<td>68.0.2</td>
<td>If medication is for psychotropic purposes</td>
<td>3</td>
<td>1</td>
<td>10</td>
<td>75%</td>
</tr>
<tr>
<td>68.0.3</td>
<td>Prescription begin and end dates</td>
<td>3</td>
<td>1</td>
<td>10</td>
<td>75%</td>
</tr>
<tr>
<td>68.0.4</td>
<td>Dates of expressed and informed parental consent or court order</td>
<td>3</td>
<td>1</td>
<td>10</td>
<td>75%</td>
</tr>
<tr>
<td>68.0.5</td>
<td>Name of prescribing physician</td>
<td>3</td>
<td>1</td>
<td>10</td>
<td>75%</td>
</tr>
<tr>
<td>68.0.6</td>
<td>Reason the medication was prescribed</td>
<td>3</td>
<td>1</td>
<td>10</td>
<td>75%</td>
</tr>
<tr>
<td>69.0</td>
<td>Judicial Reviews were held in a timely manner and Judicial Review Social Study Report's (JRSSR's) provided a thorough investigation and social study concerning all pertinent details relating to the child.</td>
<td>8</td>
<td>6</td>
<td>0</td>
<td>57%</td>
</tr>
</tbody>
</table>

This item is not included in the total score.
### Quality Assurance
#### Side by Side Review
First Semi-Annual FY 2010-2011
Child and Family Connections

#### Attachment

<table>
<thead>
<tr>
<th>Question #</th>
<th>Question</th>
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<th>N</th>
<th>NA</th>
<th>% Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>70.0</td>
<td>Based on all the information reviewed, it is likely that the child will live in a safe and nurturing environment with his/her needs being met on a permanent basis during the next 12 months.</td>
<td>12</td>
<td>2</td>
<td>0</td>
<td>86%</td>
</tr>
<tr>
<td>71.0</td>
<td>For children with the goal of &quot;Another Planned Permanent Living Arrangement&quot; (APPLA), the agency made concerted efforts to provide the needed service that would adequately prepare the child for transition to adulthood. (applicable to APPLA cases)</td>
<td>1</td>
<td>2</td>
<td>11</td>
<td>33%</td>
</tr>
<tr>
<td>71.0.1</td>
<td>The agency has made or is making concerted efforts to adequately prepare the child to transition from foster care into independent living upon being emancipated or reaching the age of majority.</td>
<td>2</td>
<td>1</td>
<td>11</td>
<td>67%</td>
</tr>
<tr>
<td>71.0.2</td>
<td>The living arrangement is deemed &quot;permanent&quot; based on a commitment on the part of the foster parent, relative or non-relative caregiver.</td>
<td>0</td>
<td>2</td>
<td>12</td>
<td>0%</td>
</tr>
<tr>
<td>71.0.3</td>
<td>The child is in a long-term facility and will remain in that facility until transition into an adult care facility.</td>
<td>1</td>
<td>0</td>
<td>13</td>
<td>100%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Safety Outcome 1</th>
<th>Safety Outcome 2</th>
<th>Permanency Outcome 1</th>
<th>Permanency Outcome 2</th>
<th>Well-Being Outcome 1</th>
<th>Well-Being Outcome 2</th>
<th>Well-Being Outcome 3</th>
<th>Federal Child and Family Services Review</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>13</td>
<td>3</td>
<td>12</td>
<td>81%</td>
<td>33</td>
<td>15</td>
<td>64</td>
<td>69%</td>
<td>49</td>
</tr>
</tbody>
</table>

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