Central

Quarterly Results for Administrative Reviews

Administrative Review Division

7/1/2010 - 9/30/2010

This report presents data collected by the Administrative Review Division (ARD) through the Out-of-Home Review process. The results are grouped by CFSR Outcome and Item.

There are several key components to fully understanding the report. First, any item which is Compliance related will have the question number displayed in **BOLD** font, while those that are Data oriented (i.e., collected in order to gather more systemic information) will be displayed in normal font.

Also, as the compliance level for achieving Substantial Conformity during the CFSR is now set at 95%, any item falling below this level will be highlighted by the following symbol:

After the end of each quarter, a new report containing the most recent quarter's data will be made available for all stakeholders on the Colorado Department of Human Services Portal.

First Quarter = July - September
Second Quarter = October - December
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Fourth Quarter = April - June

Report created on: 11/1/2010

Central

Quarterly Results for Administrative Reviews

Administrative Review Division

7/1/2010 - 9/30/2010

Safety Outcome 2

Item 4: Risk of Harm

Safety

		2nd Quarter SFY 2010				3rd Quarter SFY 2010				4th Quarter SFY 2010				1st Quarter SFY 2011			
		Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%
8506	If any new allegations/incidents of abuse or neglect identified during the review period, were all of these reported/documented in Trails as new referrals?	0	0	0		0	0	0		0	0	0		15	0	97	100.0%
8507	If any new safety concerns were received regarding this client, were the safety needs of the client adequately addressed during the review period? (Check all No responses that apply)	0	0	0		0	0	0		0	0	0		31	0	81	100.0%

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Administrative Review Division

7/1/2010 - 9/30/2010

Permanency Outcome 1

		2nd Quarter SFY 2010				3rd Quarter SFY 2010				4th Quarter SFY 2010				1st Quarter SFY 2011			
		Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%
Item 6: Stability of Foster Care Placements																	
Case Planning/Services																	
8518	At the time of the review, is the client placed in the most appropriate setting to meet his/her individual needs? (Check all No responses that apply)	0	0	0		0	0	0		0	0	0		94	0	18	100.0%
Permanency																	
8538	If the client experienced one or more moves during the review period, were all of the placement changes planned by the Division in an effort to achieve the client's case goals or to meet the needs of the client? (Check "Yes, in line with case goal + planned" if both "Yes" answers are appropriate)	0	0	0		0	0	0		0	0	0		31	14	67	68.9%
	Yes, in line with case goal and planned			0			0				0				30		
	Yes, to meet client's specific needs and planned			0			0				0				1		
8539	If the client experienced one or more moves that were not planned by the Division in an effort to achieve the client's case goals or to meet the needs of the client, what was/were the reason(s) for the move(s) during the review period? (Check all that apply)	0	0	0		0	0	0		0	0	0		0	0	99	
	Client-on-client abuse			0			0				0				1		
	Escape			0			0				0				9		
	More than one move			0			0				0				3		
	Other			0			0				0				1		
	Provider quit or closed			0			0				0				1		
	Temporary setting			0			0				0				6		
Item 7: Permanency Goal for Child																	
Permanency																	
8542	In the reviewer's opinion, is the primary permanency goal, at the time of the review, appropriate for this client?	0	0	0		0	0	0		0	0	0		110	2	0	98.2%
8543	If, in the reviewer's opinion, the permanency goal is not appropriate at the time of the review, what should the appropriate permanency goal be?	0	0	0		0	0	0		0	0	0		0	0	110	
	Return Home			0			0				0				2		

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Administrative Review Division

7/1/2010 - 9/30/2010

		2nd Quarter SFY 2010				3rd Quarter SFY 2010				4th Quarter SFY 2010				1st Quarter SFY 2011			
		Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%
Permanency Outcome 1																	
Permanency																	
8540	For clients with a permanency goal of return home, is progress being made toward achieving the goal? (Check all No responses that apply)	0	0	0		0	0	0		0	0	0		33	21	58	61.1%
	No, client lack of progress			0			0				0				10		
	No, inadequate monthly parent contact			0			0				0				15		
8541	For clients with a permanency goal of permanent placement with a relative/non-relative through legal guardianship/permanent custody, is progress being made toward achieving the goal? (Check all No responses that apply)	0	0	0		0	0	0		0	0	0		7	0	105	100.0%
Item 10: Other Planned Living Arrangement																	
Case Planning/Services																	
8522	Is the client, age 16 years + 60 days or older, receiving all the services identified in the assessment and the ILP? (Check all No responses that apply)	0	0	0		0	0	0		0	0	0		106	0	6	100.0%
8524	Is there a comprehensive, client-driven Emancipation Transition Plan (ETP) that was developed 90 business days before the end of the client's commitment? (Check all No responses that apply) (Use only "No Plan" if there is no ETP)	0	0	0		0	0	0		0	0	0		0	7	105	0.0%
	No plan			0			0				0				7		
8525	Have all vital documents been obtained for clients with an OPPLA goal 90 business days before the end of the client's commitment?	0	0	0		0	0	0		0	0	0		5	1	106	83.3%
	No Birth Certificate			0			0				0				1		
	No Social Security card			0			0				0				1		
	No State ID/driver's license			0			0				0				1		
	No medical/dental records			0			0				0				1		

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Administrative Review Division

7/1/2010 - 9/30/2010

Permanency Outcome 2

		2nd Quarter SFY 2010				3rd Quarter SFY 2010				4th Quarter SFY 2010				1st Quarter SFY 2011			
		Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%
Item 11: Proximity of Placement																	
Case Planning/Services																	
8516	Is the client placed within close proximity to his/her parents or other potential permanent caregiver's home?	0	0	0		0	0	0		0	0	0		47	4	61	92.2%
Item 13: Visiting with Parents and Siblings in Foster Care																	
Permanency																	
8552	Does the frequency of visitation with the mother/guardian/kin adequately address the needs of the client to maintain or promote continuity of the relationship? (Check all No responses that apply)	0	0	0		0	0	0		0	0	0		75	3	34	96.2%
	No, mother/guardian/kin			0				0				0				3	
8553	Does the frequency of visitation with the father/guardian/kin adequately address the needs of the client to maintain or promote continuity of the relationship? (Check all No responses that apply)	0	0	0		0	0	0		0	0	0		36	0	76	100.0%
Miscellaneous																	
8554	Does the frequency of visitation with the sibling(s) adequately address the needs of the client to maintain or promote continuity of the relationship(s)? (Check all No reponses that apply)	0	0	0		0	0	0		0	0	0		62	1	49	98.4%
	No, other			0				0				0				1	
Item 16: Relationship of Child in Care with Parents																	
Case Planning/Services																	
8517	If the client is not placed in close proximity to his/her parents or other potential permanent caregiver's home, were reasonable efforts made to support or facilitate face-to-face contact with the parents or potential permanent caregivers?	0	0	0		0	0	0		0	0	0		5	0	107	100.0%

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7/1/2010 - 9/30/2010

Well Being Outcome 1

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

		2nd Quarter SFY 2010				3rd Quarter SFY 2010				4th Quarter SFY 2010				1st Quarter SFY 2011			
		Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%
Case Planning/Services																	
8520	Does the DCP/Parole Plan document services directed at the areas of need identified through assessment?	0	0	0		0	0	0		0	0	0		87	24	1	78.4%
	No DCP developed			0			0				0				1		
	No, IL not addressed			0			0				0				10		
	No, all task time frames expired			0			0				0				8		
	No, some task time frames expired			0			0				0				5		
8521	Does the DCP/Parole Plan include clear expectations of all parties in order to achieve the permanency goal? (Check all No responses that apply)	0	0	0		0	0	0		0	0	0		92	20	0	82.1%
	No DCP/Parole Plan developed			0			0				0				1		
	No, Division			0			0				0				10		
	No, all task time frames expired			0			0				0				8		
	No, client			0			0				0				1		
	No, father/guardian			0			0				0				2		
	No, mother/guardian			0			0				0				9		
	No, provider			0			0				0				6		
Health																	
8536	If substance abuse issues have been identified during the review period for the client, what are the substances of use? (Check all that apply)	0	0	0		0	0	0		0	0	0		0	0	34	
	Alcohol			0			0				0				41		
	CNS Stimulants/Amphetamine			0			0				0				2		
	Cocaine/Crack			0			0				0				11		
	Marijuana			0			0				0				72		
	Methamphetamine			0			0				0				2		
	Other			0			0				0				8		
8537	If substance abuse issues have been identified during the review period for the client, were substance abuse treatment services provided to the client? (Check all No responses that apply)	0	0	0		0	0	0		0	0	0		78	0	34	100.0%

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Administrative Review Division

7/1/2010 - 9/30/2010

Well Being Outcome 1

Item 18: Child/Family Involvement in Case Planning

Case Planning/Services

		2nd Quarter SFY 2010				3rd Quarter SFY 2010				4th Quarter SFY 2010				1st Quarter SFY 2011			
		Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%
8508	Was the out-of-home provider engaged in case planning during the review period?	0	0	0		0	0	0		0	0	0		105	0	7	100.0%
8510	Was the client engaged in case planning during the review period?	0	0	0		0	0	0		0	0	0		111	0	1	100.0%
8512	Was the mother/guardian/kin engaged in case planning during the review period?	0	0	0		0	0	0		0	0	0		73	17	22	81.1%
	No			0			0				0				10		
	No, efforts made but refused			0			0				0				7		
8514	Was the father/guardian/kin engaged in case planning during the review period?	0	0	0		0	0	0		0	0	0		31	16	65	66.0%
	No			0			0				0				10		
	No, efforts made but refused			0			0				0				6		

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Administrative Review Division

7/1/2010 - 9/30/2010

Well Being Outcome 1

Item 19: Worker Visits with Child

Permanency

		2nd Quarter SFY 2010				3rd Quarter SFY 2010				4th Quarter SFY 2010				1st Quarter SFY 2011			
		Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%
8544	How many months should the assigned client manager have made face-to-face contact with the client during the review period?	0	0	0		0	0	0		0	0	0		0	0	2	
	1			0				0				0				3	
	2			0				0				0				5	
	3			0				0				0				3	
	4			0				0				0				10	
	5			0				0				0				27	
	6			0				0				0				16	
	7			0				0				0				46	
8545	How many months did the assigned client manager make face-to-face contact with the client during the review period?	0	0	0		0	0	0		0	0	0		0	0	2	
	1			0				0				0				3	
	2			0				0				0				5	
	3			0				0				0				4	
	4			0				0				0				12	
	5			0				0				0				26	
	6			0				0				0				15	
	7			0				0				0				45	
	Of all the months requiring contact, in what percent did agency personnel have contact with the child?				0.0%				0.0%				0.0%				%98.9
8546	For a client placed outside the state, is there documentation that the client is visited at least monthly by a professional of either the sending or receivng state??	0	0	0		0	0	0		0	0	0		1	0	111	100.0%
8547	Was the quality of contacts made with the client sufficient to address issues pertaining to the safety, permanency, and well-being of the client and to promote achievement of case goals? (Check all No responses that apply)	0	0	0		0	0	0		0	0	0		50	60	2	45.5%
	No assessment of safety			0				0				0				27	
	No time alone with client			0				0				0				58	
	No, content insufficient			0				0				0				14	

Central

Quarterly Results for Administrative Reviews

Administrative Review Division

7/1/2010 - 9/30/2010

Well Being Outcome 1

Item 20: Worker Visits with Parents

Permanency

		2nd Quarter SFY 2010				3rd Quarter SFY 2010				4th Quarter SFY 2010				1st Quarter SFY 2011			
		Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%
8548	If the client's goal is to return home, did contact with the mother/guardian/kin occur on a monthly basis?	0	0	0		0	0	0		0	0	0		11	39	62	22.0%
8549	If the client's goal is to return home, was the quality of contacts made with the mother/guardian/kin sufficient to address isses pertaining to the safety, permanency, and well-being of the client and to promote achievement of case goals?	0	0	0		0	0	0		0	0	0		37	1	74	97.4%
8550	If the client's goal is to return home, did contact with the father/guardian/kin occur on a monthly basis?	0	0	0		0	0	0		0	0	0		2	14	96	12.5%
8551	If the client's goal is to return home, was the quality of contacts made with the father/guardian/kin sufficient to address issues pertaining to the safety, permanency, and well being of the client and to promote achievement of case goals? (Check all No responses)	0	0	0		0	0	0		0	0	0		10	0	102	100.0%

Central

Quarterly Results for Administrative Reviews

Administrative Review Division

7/1/2010 - 9/30/2010

Well Being Outcome 2

Item 21: Educational Needs of Child

		2nd Quarter SFY 2010				3rd Quarter SFY 2010				4th Quarter SFY 2010				1st Quarter SFY 2011			
		Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%
Education																	
8526	Is the client's education/school record in the case file? (During the review period) (Check all No responses that apply)	0	0	0		0	0	0		0	0	0		73	18	21	80.2%
	No GED/Diploma			0			0				0				12		
	No credit count			0			0				0				2		
	No current IEP			0			0				0				4		
	No current grade reports			0			0				0				3		
8527	Were the client's educational needs adequately addressed through appropriate educational services during the review period?	0	0	0		0	0	0		0	0	0		92	0	20	100.0%
8528	Is the client, age 16 or older, on track to graduate from and/or complete high school?	0	0	0		0	0	0		0	0	0		105	2	5	98.1%
	GED			0			0				0				16		
	GED earned			0			0				0				36		
	Graduated			0			0				0				6		
	No GED			0			0				0				1		
	No, graduate			0			0				0				2		
8529	Was educational stability provided for the client during the review period? (Check all No responses that apply)	0	0	0		0	0	0		0	0	0		67	11	34	85.9%
	No, changed schools during review period			0			0				0				10		
	No, other			0			0				0				1		
Miscellaneous																	
8556	Were the child/youth's educational needs assessed?	0	0	0		0	0	0		0	0	0		92	0	20	100.0%

Central

Quarterly Results for Administrative Reviews

Administrative Review Division

7/1/2010 - 9/30/2010

Well Being Outcome 3

		2nd Quarter SFY 2010				3rd Quarter SFY 2010				4th Quarter SFY 2010				1st Quarter SFY 2011			
		Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%
Item 22: Physical Health of Child																	
Health																	
8530	Is health information in the case file, including name and address of current health care provider(s), known medical problems and current medications? (Check all No responses that apply)	0	0	0		0	0	0		0	0	0		108	0	4	100.0%
8531	Did the client receive a medical exam or medical screening within 30 days of commitment? (Check all No responses that apply) (Initial Review Only)	0	0	0		0	0	0		0	0	0		83	0	29	100.0%
8532	Did the client receive a full dental examination within 30 days of commitment? (Check all No responses that apply) (Initial Review Only)	0	0	0		0	0	0		0	0	0		82	1	29	98.8%
8533	Has the client received regular health care, including immunizations and/or treatment for identified health needs, during the review period? (Services delivered) (Check all No responses that apply)	0	0	0		0	0	0		0	0	0		92	14	6	86.8%
	No treatment for identified needs			0			0				0				1		
	No, Medicaid			0			0				0				1		
	No, delay in services, systemic			0			0				0				1		
	No, lack of timely referral or follow through			0			0				0				12		
8534	Has the client received regular dental care and treatment for identified dental needs during the review period? (Services delivered) (Check all No responses that apply)	0	0	0		0	0	0		0	0	0		83	23	6	78.3%
	No treatment for identified needs			0			0				0				1		
	No, Medicaid			0			0				0				3		
	No, lack of timely referral or follow through			0			0				0				19		
	No, other			0			0				0				2		
Item 23: Mental Health of Child																	
Health																	
8535	Were mental health services provided to meet the client's needs during the review period? (Check all No responses that apply)	0	0	0		0	0	0		0	0	0		71	11	30	86.6%
	No, changed mental health provider			0			0				0				11		
Miscellaneous																	
8557	Were the child/youth's mental health needs assessed?	0	0	0		0	0	0		0	0	0		111	0	1	100.0%

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Administrative Review Division

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		2nd Quarter SFY 2010				3rd Quarter SFY 2010				4th Quarter SFY 2010				1st Quarter SFY 2011			
		Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%
Systemic Factors																	
Item 25: Process to Ensure Each Child Has a Written Case Plan Developed Jointly with Parents																	
Case Planning/Services																	
8519	Does the DCP contain a description of the type and appropriateness of the homes or facilities in which the client was placed during the review period?	0	0	0		0	0	0		0	0	0		70	34	8	67.3%
Miscellaneous																	
Miscellaneous																	
Court																	
8501	Is there a mittimus that contains best interest or welfare of the child language, and determines if reasonable efforts were made or an emergency justified lack of reasonable efforts, and does not contain "nunc pro tunc" language? (Check all No responses that apply) (Initial Review Only)	0	0	0		0	0	0		0	0	0		73	11	28	86.9%
	No best interest			0			0				0				5		
	No reasonable efforts/emergency			0			0				0				8		
	No, contains "nunc pro tunc" language			0			0				0				4		
8502	Is this a combined 6-month period review and Permanency Hearing with the ALJ?	0	0	0		0	0	0		0	0	0		20	90	2	18.2%
IV-E																	
8503	Has IV-E Eligibility been determined within 45 days of removal?	0	0	0		0	0	0		0	0	0		66	3	43	95.7%
8504	Has a timely IV-E redetermination been completed during the review period? (Re-Review Only)	0	0	0		0	0	0		0	0	0		0	2	110	0.0%
Due Process																	
8505	Were all required parties invited to the review and given at least two-weeks' notice? (Check all No responses that apply)	0	0	0		0	0	0		0	0	0		102	10	0	91.1%
	No, father/guardian			0			0				0				7		
	No, mother/guardian			0			0				0				3		
	No, provider			0			0				0				1		
Miscellaneous																	
8555	Were the previous compliance issues addressed?	0	0	0		0	0	0		0	0	0		11	5	96	68.8%

Northeast

Quarterly Results for Administrative Reviews

Administrative Review Division

7/1/2010 - 9/30/2010

This report presents data collected by the Administrative Review Division (ARD) through the Out-of-Home Review process. The results are grouped by CFSR Outcome and Item.

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Also, as the compliance level for achieving Substantial Conformity during the CFSR is now set at 95%, any item falling below this level will be highlighted by the following symbol:

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Report created on: 11/1/2010

Northeast

Quarterly Results for Administrative Reviews

Administrative Review Division

7/1/2010 - 9/30/2010

Safety Outcome 2

Item 4: Risk of Harm

Safety

		2nd Quarter SFY 2010				3rd Quarter SFY 2010				4th Quarter SFY 2010				1st Quarter SFY 2011			
		Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%
8506	If any new allegations/incidents of abuse or neglect identified during the review period, were all of these reported/documented in Trails as new referrals?	0	0	0		0	0	0		0	0	0		5	1	67	83.3%
8507	If any new safety concerns were received regarding this client, were the safety needs of the client adequately addressed during the review period? (Check all No responses that apply)	0	0	0		0	0	0		0	0	0		5	0	68	100.0%

Northeast

Quarterly Results for Administrative Reviews

Administrative Review Division

7/1/2010 - 9/30/2010

Permanency Outcome 1

		2nd Quarter SFY 2010				3rd Quarter SFY 2010				4th Quarter SFY 2010				1st Quarter SFY 2011			
		Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%
Item 6: Stability of Foster Care Placements																	
Case Planning/Services																	
8518	At the time of the review, is the client placed in the most appropriate setting to meet his/her individual needs? (Check all No responses that apply)	0	0	0		0	0	0		0	0	0		61	1	11	98.4%
	No, client's needs not addressed/met			0			0				0				1		
Permanency																	
8538	If the client experienced one or more moves during the review period, were all of the placement changes planned by the Division in an effort to achieve the client's case goals or to meet the needs of the client? (Check "Yes, in line with case goal + planned" if both "Yes" answers are appropriate)	0	0	0		0	0	0		0	0	0		4	5	64	44.4%
	Yes, in line with case goal and planned			0			0				0				4		
8539	If the client experienced one or more moves that were not planned by the Division in an effort to achieve the client's case goals or to meet the needs of the client, what was/were the reason(s) for the move(s) during the review period? (Check all that apply)	0	0	0		0	0	0		0	0	0		0	0	68	
	Escape			0			0				0				2		
	More than one move			0			0				0				1		
	Other			0			0				0				2		
	Provider quit or closed			0			0				0				1		
	Provider request			0			0				0				2		
Item 7: Permanency Goal for Child																	
Permanency																	
8542	In the reviewer's opinion, is the primary permanency goal, at the time of the review, appropriate for this client?	0	0	0		0	0	0		0	0	0		67	6	0	91.8%
8543	If, in the reviewer's opinion, the permanency goal is not appropriate at the time of the review, what should the appropriate permanency goal be?	0	0	0		0	0	0		0	0	0		0	0	67	
	All options have not been sufficiently explored			0			0				0				1		
	OPPLA - Emancipation			0			0				0				3		
	Relative Custody or Legal Guardianship			0			0				0				2		

Northeast

Quarterly Results for Administrative Reviews

Administrative Review Division

7/1/2010 - 9/30/2010

Permanency Outcome 1

		2nd Quarter SFY 2010				3rd Quarter SFY 2010				4th Quarter SFY 2010				1st Quarter SFY 2011			
		Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%
Permanency																	
8540	For clients with a permanency goal of return home, is progress being made toward achieving the goal? (Check all No responses that apply)	0	0	0		0	0	0		0	0	0		33	13	27	71.7%
	No, client lack of progress			0			0				0				9		
	No, inadequate monthly parent contact			0			0				0				5		
	No, parent lack of progress			0			0				0				6		
8541	For clients with a permanency goal of permanent placement with a relative/non-relative through legal guardianship/permanent custody, is progress being made toward achieving the goal? (Check all No responses that apply)	0	0	0		0	0	0		0	0	0		3	3	67	50.0%
	No, client lack of progress			0			0				0				2		
	No, client services appropriateness			0			0				0				1		
	No, other			0			0				0				1		
Item 10: Other Planned Living Arrangement																	
Case Planning/Services																	
8522	Is the client, age 16 years + 60 days or older, receiving all the services identified in the assessment and the ILP? (Check all No responses that apply)	0	0	0		0	0	0		0	0	0		58	5	10	92.1%
	No, provider issues			0			0				0				3		
8524	Is there a comprehensive, client-driven Emancipation Transition Plan (ETP) that was developed 90 business days before the end of the client's commitment? (Check all No responses that apply) (Use only "No Plan" if there is no ETP)	0	0	0		0	0	0		0	0	0		3	6	64	33.3%
	No plan			0			0				0				6		
8525	Have all vital documents been obtained for clients with an OPPLA goal 90 business days before the end of the client's commitment?	0	0	0		0	0	0		0	0	0		6	1	66	85.7%
	No State ID/driver's license			0			0				0				1		

Northeast

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Administrative Review Division

7/1/2010 - 9/30/2010

Permanency Outcome 2

		2nd Quarter SFY 2010				3rd Quarter SFY 2010				4th Quarter SFY 2010				1st Quarter SFY 2011			
		Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%
Item 11: Proximity of Placement																	
Case Planning/Services																	
8516	Is the client placed within close proximity to his/her parents or other potential permanent caregiver's home?	0	0	0		0	0	0		0	0	0		25	24	24	51.0%
Item 13: Visiting with Parents and Siblings in Foster Care																	
Permanency																	
8552	Does the frequency of visitation with the mother/guardian/kin adequately address the needs of the client to maintain or promote continuity of the relationship? (Check all No responses that apply)	0	0	0		0	0	0		0	0	0		51	9	13	85.0%
	No, mother/guardian/kin			0			0				0				8		
	No, other			0			0				0				1		
8553	Does the frequency of visitation with the father/guardian/kin adequately address the needs of the client to maintain or promote continuity of the relationship? (Check all No responses that apply)	0	0	0		0	0	0		0	0	0		34	6	33	85.0%
	No, father/guardian/kin			0			0				0				6		
Miscellaneous																	
8554	Does the frequency of visitation with the sibling(s) adequately address the needs of the client to maintain or promote continuity of the relationship(s)? (Check all No reponses that apply)	0	0	0		0	0	0		0	0	0		54	2	17	96.4%
	No, parent/guardian/kin			0			0				0				2		
Item 16: Relationship of Child in Care with Parents																	
Case Planning/Services																	
8517	If the client is not placed in close proximity to his/her parents or other potential permanent caregiver's home, were reasonable efforts made to support or facilitate face-to-face contact with the parents or potential permanent caregivers?	0	0	0		0	0	0		0	0	0		23	1	49	95.8%

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Well Being Outcome 1

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

		2nd Quarter SFY 2010				3rd Quarter SFY 2010				4th Quarter SFY 2010				1st Quarter SFY 2011			
		Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%
Case Planning/Services																	
8520	Does the DCP/Parole Plan document services directed at the areas of need identified through assessment?	0	0	0		0	0	0		0	0	0		35	38	0	47.9%
	No, IL not addressed			0			0				0				35		
	No, all task time frames expired			0			0				0				1		
	No, some task time frames expired			0			0				0				7		
8521	Does the DCP/Parole Plan include clear expectations of all parties in order to achieve the permanency goal? (Check all No responses that apply)	0	0	0		0	0	0		0	0	0		58	15	0	79.5%
	No, Division			0			0				0				12		
	No, all task time frames expired			0			0				0				1		
	No, father/guardian			0			0				0				6		
	No, mother/guardian			0			0				0				10		
	No, provider			0			0				0				13		
Health																	
8536	If substance abuse issues have been identified during the review period for the client, what are the substances of use? (Check all that apply)	0	0	0		0	0	0		0	0	0		0	0	11	
	Alcohol			0			0				0				50		
	CNS Depressants			0			0				0				2		
	Cocaine/Crack			0			0				0				5		
	Marijuana			0			0				0				55		
	Methamphetamine			0			0				0				5		
	Other			0			0				0				5		
8537	If substance abuse issues have been identified during the review period for the client, were substance abuse treatment services provided to the client? (Check all No responses that apply)	0	0	0		0	0	0		0	0	0		56	6	11	90.3%
	No, client refused services			0			0				0				1		
	No, delays of 2 + weeks			0			0				0				5		

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Quarterly Results for Administrative Reviews

Administrative Review Division

7/1/2010 - 9/30/2010

Well Being Outcome 1

Item 18: Child/Family Involvement in Case Planning

Case Planning/Services

		2nd Quarter SFY 2010				3rd Quarter SFY 2010				4th Quarter SFY 2010				1st Quarter SFY 2011			
		Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%
8508	Was the out-of-home provider engaged in case planning during the review period?	0	0	0		0	0	0		0	0	0		69	0	4	100.0%
8510	Was the client engaged in case planning during the review period?	0	0	0		0	0	0		0	0	0		72	0	1	100.0%
8512	Was the mother/guardian/kin engaged in case planning during the review period?	0	0	0		0	0	0		0	0	0		50	16	7	75.8%
	No			0			0				0				11		
	No, efforts made but refused			0			0				0				5		
8514	Was the father/guardian/kin engaged in case planning during the review period?	0	0	0		0	0	0		0	0	0		22	19	32	53.7%
	No			0			0				0				14		
	No, efforts made but refused			0			0				0				5		

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7/1/2010 - 9/30/2010

Well Being Outcome 1

Item 19: Worker Visits with Child

Permanency

		2nd Quarter SFY 2010				3rd Quarter SFY 2010				4th Quarter SFY 2010				1st Quarter SFY 2011			
		Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%
8544	How many months should the assigned client manager have made face-to-face contact with the client during the review period?	0	0	0		0	0	0		0	0	0		0	0	1	
	1			0				0				0				1	
	2			0				0				0				2	
	4			0				0				0				3	
	5			0				0				0				10	
	6			0				0				0				19	
	7			0				0				0				37	
8545	How many months did the assigned client manager make face-to-face contact with the client during the review period?	0	0	0		0	0	0		0	0	0		0	0	1	
	0			0				0				0				3	
	1			0				0				0				1	
	2			0				0				0				2	
	3			0				0				0				1	
	4			0				0				0				5	
	5			0				0				0				12	
	6			0				0				0				22	
	7			0				0				0				26	
	Of all the months requiring contact, in what percent did agency personnel have contact with the child?				0.0%				0.0%				0.0%				%91.4
8546	For a client placed outside the state, is there documentation that the client is visited at least monthly by a professional of either the sending or receivng state??	0	0	0		0	0	0		0	0	0		4	0	69	100.0%
8547	Was the quality of contacts made with the client sufficient to address issues pertaining to the safety, permanency, and well-being of the client and to promote achievement of case goals? (Check all No responses that apply)	0	0	0		0	0	0		0	0	0		42	29	2	59.2%
	No assessment of safety			0				0				0				22	
	No time alone with client			0				0				0				29	
	No, content insufficient			0				0				0				8	

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7/1/2010 - 9/30/2010

Well Being Outcome 1

Item 20: Worker Visits with Parents

Permanency

		2nd Quarter SFY 2010				3rd Quarter SFY 2010				4th Quarter SFY 2010				1st Quarter SFY 2011			
		Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%
8548	If the client's goal is to return home, did contact with the mother/guardian/kin occur on a monthly basis?	0	0	0		0	0	0		0	0	0		11	32	30	25.6%
8549	If the client's goal is to return home, was the quality of contacts made with the mother/guardian/kin sufficient to address isses pertaining to the safety, permanency, and well-being of the client and to promote achievement of case goals?	0	0	0		0	0	0		0	0	0		27	6	40	81.8%
8550	If the client's goal is to return home, did contact with the father/guardian/kin occur on a monthly basis?	0	0	0		0	0	0		0	0	0		3	15	55	16.7%
8551	If the client's goal is to return home, was the quality of contacts made with the father/guardian/kin sufficient to address issues pertaining to the safety, permanency, and well being of the client and to promote achievement of case goals? (Check all No responses)	0	0	0		0	0	0		0	0	0		10	0	63	100.0%

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Quarterly Results for Administrative Reviews

Administrative Review Division

7/1/2010 - 9/30/2010

Well Being Outcome 2

Item 21: Educational Needs of Child

		2nd Quarter SFY 2010				3rd Quarter SFY 2010				4th Quarter SFY 2010				1st Quarter SFY 2011			
		Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%
Education																	
8526	Is the client's education/school record in the case file? (During the review period) (Check all No responses that apply)	0	0	0		0	0	0		0	0	0		57	10	6	85.1%
	No GED/Diploma			0			0				0				2		
	No address of current school			0			0				0				1		
	No current IEP			0			0				0				2		
	No current grade reports			0			0				0				8		
8527	Were the client's educational needs adequately addressed through appropriate educational services during the review period?	0	0	0		0	0	0		0	0	0		63	0	10	100.0%
8528	Is the client, age 16 or older, on track to graduate from and/or complete high school?	0	0	0		0	0	0		0	0	0		56	5	12	91.8%
	GED			0			0				0				15		
	GED earned			0			0				0				15		
	Graduated			0			0				0				3		
	No, graduate			0			0				0				5		
8529	Was educational stability provided for the client during the review period? (Check all No responses that apply)	0	0	0		0	0	0		0	0	0		60	2	11	96.8%
	No, changed schools during review period			0			0				0				2		
Miscellaneous																	
8556	Were the child/youth's educational needs assessed?	0	0	0		0	0	0		0	0	0		71	0	2	100.0%

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Administrative Review Division

7/1/2010 - 9/30/2010

Well Being Outcome 3

		2nd Quarter SFY 2010				3rd Quarter SFY 2010				4th Quarter SFY 2010				1st Quarter SFY 2011			
		Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%
Item 22: Physical Health of Child																	
Health																	
8530	Is health information in the case file, including name and address of current health care provider(s), known medical problems and current medications? (Check all No responses that apply)	0	0	0		0	0	0		0	0	0		69	3	1	95.8%
	No provider address/phone number			0			0				0				2		
	No provider name			0			0				0				2		
	No, medical problems not documented			0			0				0				1		
8531	Did the client receive a medical exam or medical screening within 30 days of commitment? (Check all No responses that apply) (Initial Review Only)	0	0	0		0	0	0		0	0	0		60	0	13	100.0%
8532	Did the client receive a full dental examination within 30 days of commitment? (Check all No responses that apply) (Initial Review Only)	0	0	0		0	0	0		0	0	0		56	4	13	93.3%
	No, not timely			0			0				0				2		
8533	Has the client received regular health care, including immunizations and/or treatment for identified health needs, during the review period? (Services delivered) (Check all No responses that apply)	0	0	0		0	0	0		0	0	0		54	15	4	78.3%
	No treatment for identified needs			0			0				0				2		
	No, delay in services, systemic			0			0				0				1		
	No, immunizations			0			0				0				1		
	No, lack of timely referral or follow through			0			0				0				12		
	No, other			0			0				0				1		
8534	Has the client received regular dental care and treatment for identified dental needs during the review period? (Services delivered) (Check all No responses that apply)	0	0	0		0	0	0		0	0	0		49	20	4	71.0%
	No treatment for identified needs			0			0				0				1		
	No, lack of timely referral or follow through			0			0				0				20		
Item 23: Mental Health of Child																	
Health																	
8535	Were mental health services provided to meet the client's needs during the review period? (Check all No responses that apply)	0	0	0		0	0	0		0	0	0		61	4	8	93.8%
	No sufficient services			0			0				0				1		
	No, changed mental health provider			0			0				0				2		
	No, delays of 2 + weeks			0			0				0				1		
Miscellaneous																	
8557	Were the child/youth's mental health needs assessed?	0	0	0		0	0	0		0	0	0		72	1	0	98.6%

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Administrative Review Division

7/1/2010 - 9/30/2010

		2nd Quarter SFY 2010				3rd Quarter SFY 2010				4th Quarter SFY 2010				1st Quarter SFY 2011			
		Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%
Systemic Factors																	
Item 25: Process to Ensure Each Child Has a Written Case Plan Developed Jointly with Parents																	
Case Planning/Services																	
8519	Does the DCP contain a description of the type and appropriateness of the homes or facilities in which the client was placed during the review period?	0	0	0		0	0	0		0	0	0		53	18	2	74.6%
Miscellaneous																	
Miscellaneous																	
Court																	
8501	Is there a mittimus that contains best interest or welfare of the child language, and determines if reasonable efforts were made or an emergency justified lack of reasonable efforts, and does not contain "nunc pro tunc" language? (Check all No responses that apply) (Initial Review Only)	0	0	0		0	0	0		0	0	0		58	2	13	96.7%
	No best interest			0			0				0				2		
	No reasonable efforts/emergency			0			0				0				2		
8502	Is this a combined 6-month period review and Permanency Hearing with the ALJ?	0	0	0		0	0	0		0	0	0		7	35	31	16.7%
IV-E																	
8503	Has IV-E Eligibility been determined within 45 days of removal?	0	0	0		0	0	0		0	0	0		53	6	14	89.8%
8504	Has a timely IV-E redetermination been completed during the review period? (Re-Review Only)	0	0	0		0	0	0		0	0	0		4	3	66	57.1%
Due Process																	
8505	Were all required parties invited to the review and given at least two-weeks' notice? (Check all No responses that apply)	0	0	0		0	0	0		0	0	0		62	11	0	84.9%
	No, father/guardian			0			0				0				10		
	No, mother/guardian			0			0				0				5		
Miscellaneous																	
8555	Were the previous compliance issues addressed?	0	0	0		0	0	0		0	0	0		6	4	63	60.0%

Southern

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Administrative Review Division

7/1/2010 - 9/30/2010

This report presents data collected by the Administrative Review Division (ARD) through the Out-of-Home Review process. The results are grouped by CFSR Outcome and Item.

There are several key components to fully understanding the report. First, any item which is Compliance related will have the question number displayed in **BOLD** font, while those that are Data oriented (i.e., collected in order to gather more systemic information) will be displayed in normal font.

Also, as the compliance level for achieving Substantial Conformity during the CFSR is now set at 95%, any item falling below this level will be highlighted by the following symbol:

After the end of each quarter, a new report containing the most recent quarter's data will be made available for all stakeholders on the Colorado Department of Human Services Portal.

First Quarter = July - September
Second Quarter = October - December
Third Quarter = January - March
Fourth Quarter = April - June

Report created on: 11/1/2010

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Safety Outcome 2

Item 4: Risk of Harm

Safety

		2nd Quarter SFY 2010				3rd Quarter SFY 2010				4th Quarter SFY 2010				1st Quarter SFY 2011			
		Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%
8506	If any new allegations/incidents of abuse or neglect identified during the review period, were all of these reported/documented in Trails as new referrals?	0	0	0		0	0	0		0	0	0		5	0	35	100.0%
8507	If any new safety concerns were received regarding this client, were the safety needs of the client adequately addressed during the review period? (Check all No responses that apply)	0	0	0		0	0	0		0	0	0		4	0	36	100.0%

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Administrative Review Division

7/1/2010 - 9/30/2010

Permanency Outcome 1

		2nd Quarter SFY 2010				3rd Quarter SFY 2010				4th Quarter SFY 2010				1st Quarter SFY 2011			
		Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%
Item 6: Stability of Foster Care Placements																	
Case Planning/Services																	
8518	At the time of the review, is the client placed in the most appropriate setting to meet his/her individual needs? (Check all No responses that apply)	0	0	0		0	0	0		0	0	0		40	0	0	100.0%
Permanency																	
8538	If the client experienced one or more moves during the review period, were all of the placement changes planned by the Division in an effort to achieve the client's case goals or to meet the needs of the client? (Check "Yes, in line with case goal + planned" if both "Yes" answers are appropriate)	0	0	0		0	0	0		0	0	0		5	2	33	71.4%
	Yes, in line with case goal and planned			0				0				0				5	
8539	If the client experienced one or more moves that were not planned by the Division in an effort to achieve the client's case goals or to meet the needs of the client, what was/were the reason(s) for the move(s) during the review period? (Check all that apply)	0	0	0		0	0	0		0	0	0		0	0	38	
	More than one move			0				0				0				1	
	Other			0				0				0				2	
	Provider request			0				0				0				2	
Item 7: Permanency Goal for Child																	
Permanency																	
8542	In the reviewer's opinion, is the primary permanency goal, at the time of the review, appropriate for this client?	0	0	0		0	0	0		0	0	0		33	4	3	89.2%
8543	If, in the reviewer's opinion, the permanency goal is not appropriate at the time of the review, what should the appropriate permanency goal be?	0	0	0		0	0	0		0	0	0		0	0	36	
	OPPLA - Emancipation			0				0				0				2	
	Relative Custody or Legal Guardianship			0				0				0				1	
	Return Home			0				0				0				1	

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7/1/2010 - 9/30/2010

		2nd Quarter SFY 2010				3rd Quarter SFY 2010				4th Quarter SFY 2010				1st Quarter SFY 2011			
		Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%
Permanency Outcome 1																	
Permanency																	
8540	For clients with a permanency goal of return home, is progress being made toward achieving the goal? (Check all No responses that apply)	0	0	0		0	0	0		0	0	0		15	2	23	88.2%
	No, client lack of progress			0			0				0				2		
	No, parent lack of progress			0			0				0				1		
8541	For clients with a permanency goal of permanent placement with a relative/non-relative through legal guardianship/permanent custody, is progress being made toward achieving the goal? (Check all No responses that apply)	0	0	0		0	0	0		0	0	0		3	1	36	75.0%
	No, other			0			0				0				1		
Item 10: Other Planned Living Arrangement																	
Case Planning/Services																	
8522	Is the client, age 16 years + 60 days or older, receiving all the services identified in the assessment and the ILP? (Check all No responses that apply)	0	0	0		0	0	0		0	0	0		34	3	3	91.9%
8524	Is there a comprehensive, client-driven Emancipation Transition Plan (ETP) that was developed 90 business days before the end of the client's commitment? (Check all No responses that apply) (Use only "No Plan" if there is no ETP)	0	0	0		0	0	0		0	0	0		2	1	37	66.7%
	No plan			0			0				0				1		
	No signature			0			0				0				1		
8525	Have all vital documents been obtained for clients with an OPPLA goal 90 business days before the end of the client's commitment?	0	0	0		0	0	0		0	0	0		4	0	36	100.0%

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7/1/2010 - 9/30/2010

Permanency Outcome 2

		2nd Quarter SFY 2010				3rd Quarter SFY 2010				4th Quarter SFY 2010				1st Quarter SFY 2011			
		Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%
Item 11: Proximity of Placement																	
Case Planning/Services																	
8516	Is the client placed within close proximity to his/her parents or other potential permanent caregiver's home?	0	0	0		0	0	0		0	0	0		12	27	1	30.8%
Item 13: Visiting with Parents and Siblings in Foster Care																	
Permanency																	
8552	Does the frequency of visitation with the mother/guardian/kin adequately address the needs of the client to maintain or promote continuity of the relationship? (Check all No responses that apply)	0	0	0		0	0	0		0	0	0		24	3	13	88.9%
	No, mother/guardian/kin			0			0				0				2		
	No, other			0			0				0				1		
8553	Does the frequency of visitation with the father/guardian/kin adequately address the needs of the client to maintain or promote continuity of the relationship? (Check all No responses that apply)	0	0	0		0	0	0		0	0	0		14	1	25	93.3%
	No, father/guardian/kin			0			0				0				1		
Miscellaneous																	
8554	Does the frequency of visitation with the sibling(s) adequately address the needs of the client to maintain or promote continuity of the relationship(s)? (Check all No reponses that apply)	0	0	0		0	0	0		0	0	0		7	0	33	100.0%
Item 16: Relationship of Child in Care with Parents																	
Case Planning/Services																	
8517	If the client is not placed in close proximity to his/her parents or other potential permanent caregiver's home, were reasonable efforts made to support or facilitate face-to-face contact with the parents or potential permanent caregivers?	0	0	0		0	0	0		0	0	0		24	0	16	100.0%

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Quarterly Results for Administrative Reviews

Administrative Review Division

7/1/2010 - 9/30/2010

Well Being Outcome 1

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

		2nd Quarter SFY 2010				3rd Quarter SFY 2010				4th Quarter SFY 2010				1st Quarter SFY 2011			
		Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%
Case Planning/Services																	
8520	Does the DCP/Parole Plan document services directed at the areas of need identified through assessment?	0	0	0		0	0	0		0	0	0		39	1	0	97.5%
	No, all task time frames expired			0			0				0				1		
8521	Does the DCP/Parole Plan include clear expectations of all parties in order to achieve the permanency goal? (Check all No responses that apply)	0	0	0		0	0	0		0	0	0		27	13	0	67.5%
	No, Division			0			0				0				4		
	No, all task time frames expired			0			0				0				1		
	No, father/guardian			0			0				0				3		
	No, mother/guardian			0			0				0				3		
	No, provider			0			0				0				12		
Health																	
8536	If substance abuse issues have been identified during the review period for the client, what are the substances of use? (Check all that apply)	0	0	0		0	0	0		0	0	0		0	0	14	
	Alcohol			0			0				0				22		
	CNS Stimulants/Amphetamine			0			0				0				1		
	Cocaine/Crack			0			0				0				4		
	Marijuana			0			0				0				26		
	Methamphetamine			0			0				0				2		
	Other			0			0				0				2		
8537	If substance abuse issues have been identified during the review period for the client, were substance abuse treatment services provided to the client? (Check all No responses that apply)	0	0	0		0	0	0		0	0	0		22	4	14	84.6%
	No, delays of 2 + weeks			0			0				0				4		

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Quarterly Results for Administrative Reviews

Administrative Review Division

7/1/2010 - 9/30/2010

Well Being Outcome 1

Item 18: Child/Family Involvement in Case Planning

Case Planning/Services

		2nd Quarter SFY 2010				3rd Quarter SFY 2010				4th Quarter SFY 2010				1st Quarter SFY 2011			
		Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%
8508	Was the out-of-home provider engaged in case planning during the review period?	0	0	0		0	0	0		0	0	0		40	0	0	100.0%
8510	Was the client engaged in case planning during the review period?	0	0	0		0	0	0		0	0	0		40	0	0	100.0%
8512	Was the mother/guardian/kin engaged in case planning during the review period?	0	0	0		0	0	0		0	0	0		21	2	17	91.3%
	No			0				0				0				2	
8514	Was the father/guardian/kin engaged in case planning during the review period?	0	0	0		0	0	0		0	0	0		13	4	23	76.5%
	No			0				0				0				4	

Item 19: Worker Visits with Child

Permanency

8544	How many months should the assigned client manager have made face-to-face contact with the client during the review period?	0	0	0		0	0	0		0	0	0		0	0	0	
	3			0				0				0				2	
	4			0				0				0				2	
	6			0				0				0				26	
	7			0				0				0				10	
8545	How many months did the assigned client manager make face-to-face contact with the client during the review period?	0	0	0		0	0	0		0	0	0		0	0	0	
	3			0				0				0				2	
	4			0				0				0				2	
	6			0				0				0				26	
	7			0				0				0				10	
	Of all the months requiring contact, in what percent did agency personnel have contact with the child?				0.0%				0.0%				0.0%				%100.0

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Administrative Review Division

7/1/2010 - 9/30/2010

Well Being Outcome 1

		2nd Quarter SFY 2010				3rd Quarter SFY 2010				4th Quarter SFY 2010				1st Quarter SFY 2011			
		Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%
Item 19: Worker Visits with Child																	
Permanency																	
8546	For a client placed outside the state, is there documentation that the client is visited at least monthly by a professional of either the sending or receivng state??	0	0	0		0	0	0		0	0	0		0	0	40	
8547	Was the quality of contacts made with the client sufficient to address issues pertaining to the safety, permanency, and well-being of the client and to promote achievement of case goals? (Check all No responses that apply)	0	0	0		0	0	0		0	0	0		5	35	0	12.5%
	No assessment of safety			0			0				0				33		
	No time alone with client			0			0				0				33		
	No, content insufficient			0			0				0				27		
Item 20: Worker Visits with Parents																	
Permanency																	
8548	If the client's goal is to return home, did contact with the mother/guardian/kin occur on a monthly basis?	0	0	0		0	0	0		0	0	0		3	12	25	20.0%
8549	If the client's goal is to return home, was the quality of contacts made with the mother/guardian/kin sufficient to address isses pertaining to the safety, permanency, and well-being of the client and to promote achievement of case goals?	0	0	0		0	0	0		0	0	0		3	1	36	75.0%
8550	If the client's goal is to return home, did contact with the father/guardian/kin occur on a monthly basis?	0	0	0		0	0	0		0	0	0		1	9	30	10.0%
8551	If the client's goal is to return home, was the quality of contacts made with the father/guardian/kin sufficient to address issues pertaining to the safety, permanency, and well being of the client and to promote achievement of case goals? (Check all No responses)	0	0	0		0	0	0		0	0	0		1	0	39	100.0%

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Administrative Review Division

7/1/2010 - 9/30/2010

Well Being Outcome 2

Item 21: Educational Needs of Child

		2nd Quarter SFY 2010				3rd Quarter SFY 2010				4th Quarter SFY 2010				1st Quarter SFY 2011			
		Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%
Education																	
8526	Is the client's education/school record in the case file? (During the review period) (Check all No responses that apply)	0	0	0		0	0	0		0	0	0		33	7	0	82.5%
	No GED/Diploma			0				0				0				3	
	No address of current school			0				0				0				1	
	No credit count			0				0				0				1	
	No current IEP			0				0				0				1	
	No current grade reports			0				0				0				4	
	No name of current school			0				0				0				1	
8527	Were the client's educational needs adequately addressed through appropriate educational services during the review period?	0	0	0		0	0	0		0	0	0		40	0	0	100.0%
8528	Is the client, age 16 or older, on track to graduate from and/or complete high school?	0	0	0		0	0	0		0	0	0		37	2	1	94.9%
	GED			0				0				0				3	
	GED earned			0				0				0				11	
	Graduated			0				0				0				1	
	Information not available			0				0				0				1	
	No GED			0				0				0				1	
8529	Was educational stability provided for the client during the review period? (Check all No responses that apply)	0	0	0		0	0	0		0	0	0		17	7	16	70.8%
	No, changed schools during review period			0				0				0				7	
Miscellaneous																	
8556	Were the child/youth's educational needs assessed?	0	0	0		0	0	0		0	0	0		40	0	0	100.0%

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Administrative Review Division

7/1/2010 - 9/30/2010

Well Being Outcome 3

		2nd Quarter SFY 2010				3rd Quarter SFY 2010				4th Quarter SFY 2010				1st Quarter SFY 2011			
		Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%
Item 22: Physical Health of Child																	
Health																	
8530	Is health information in the case file, including name and address of current health care provider(s), known medical problems and current medications? (Check all No responses that apply)	0	0	0		0	0	0		0	0	0		38	2	0	95.0%
	No provider address/phone number			0			0				0				2		
	No provider name			0			0				0				2		
8531	Did the client receive a medical exam or medical screening within 30 days of commitment? (Check all No responses that apply) (Initial Review Only)	0	0	0		0	0	0		0	0	0		19	12	9	61.3%
8532	Did the client receive a full dental examination within 30 days of commitment? (Check all No responses that apply) (Initial Review Only)	0	0	0		0	0	0		0	0	0		28	3	9	90.3%
8533	Has the client received regular health care, including immunizations and/or treatment for identified health needs, during the review period? (Services delivered) (Check all No responses that apply)	0	0	0		0	0	0		0	0	0		32	8	0	80.0%
	No, immunizations			0			0				0				5		
	No, lack of timely referral or follow through			0			0				0				4		
8534	Has the client received regular dental care and treatment for identified dental needs during the review period? (Services delivered) (Check all No responses that apply)	0	0	0		0	0	0		0	0	0		26	13	1	66.7%
	No treatment for identified needs			0			0				0				1		
	No, lack of timely referral or follow through			0			0				0				12		
Item 23: Mental Health of Child																	
Health																	
8535	Were mental health services provided to meet the client's needs during the review period? (Check all No responses that apply)	0	0	0		0	0	0		0	0	0		37	2	1	94.9%
	No, changed mental health provider			0			0				0				2		
Miscellaneous																	
8557	Were the child/youth's mental health needs assessed?	0	0	0		0	0	0		0	0	0		40	0	0	100.0%

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7/1/2010 - 9/30/2010

		2nd Quarter SFY 2010				3rd Quarter SFY 2010				4th Quarter SFY 2010				1st Quarter SFY 2011			
		Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%
Systemic Factors																	
Item 25: Process to Ensure Each Child Has a Written Case Plan Developed Jointly with Parents																	
Case Planning/Services																	
8519	Does the DCP contain a description of the type and appropriateness of the homes or facilities in which the client was placed during the review period?	0	0	0		0	0	0		0	0	0		21	19	0	52.5%
Miscellaneous																	
Miscellaneous																	
Court																	
8501	Is there a mittimus that contains best interest or welfare of the child language, and determines if reasonable efforts were made or an emergency justified lack of reasonable efforts, and does not contain "nunc pro tunc" language? (Check all No responses that apply) (Initial Review Only)	0	0	0		0	0	0		0	0	0		39	1	0	97.5%
	No best interest			0			0				0				1		
	No reasonable efforts/emergency			0			0				0				1		
8502	Is this a combined 6-month period review and Permanency Hearing with the ALJ?	0	0	0		0	0	0		0	0	0		8	32	0	20.0%
IV-E																	
8503	Has IV-E Eligibility been determined within 45 days of removal?	0	0	0		0	0	0		0	0	0		18	19	3	48.6%
8504	Has a timely IV-E redetermination been completed during the review period? (Re-Review Only)	0	0	0		0	0	0		0	0	0		2	0	38	100.0%
Due Process																	
8505	Were all required parties invited to the review and given at least two-weeks' notice? (Check all No responses that apply)	0	0	0		0	0	0		0	0	0		33	7	0	82.5%
	No, client manager			0			0				0				1		
	No, father/guardian			0			0				0				4		
	No, mother/guardian			0			0				0				3		
Miscellaneous																	
8555	Were the previous compliance issues addressed?	0	0	0		0	0	0		0	0	0		2	1	37	66.7%

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Quarterly Results for Administrative Reviews

Administrative Review Division

7/1/2010 - 9/30/2010

This report presents data collected by the Administrative Review Division (ARD) through the Out-of-Home Review process. The results are grouped by CFSR Outcome and Item.

There are several key components to fully understanding the report. First, any item which is Compliance related will have the question number displayed in **BOLD** font, while those that are Data oriented (i.e., collected in order to gather more systemic information) will be displayed in normal font.

Also, as the compliance level for achieving Substantial Conformity during the CFSR is now set at 95%, any item falling below this level will be highlighted by the following symbol:

After the end of each quarter, a new report containing the most recent quarter's data will be made available for all stakeholders on the Colorado Department of Human Services Portal.

First Quarter = July - September
Second Quarter = October - December
Third Quarter = January - March
Fourth Quarter = April - June

Report created on: 11/1/2010

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Quarterly Results for Administrative Reviews

Administrative Review Division

7/1/2010 - 9/30/2010

Safety Outcome 2

Item 4: Risk of Harm

Safety

		2nd Quarter SFY 2010				3rd Quarter SFY 2010				4th Quarter SFY 2010				1st Quarter SFY 2011			
		Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%
8506	If any new allegations/incidents of abuse or neglect identified during the review period, were all of these reported/documented in Trails as new referrals?	0	0	0		0	0	0		0	0	0		1	0	10	100.0%
8507	If any new safety concerns were received regarding this client, were the safety needs of the client adequately addressed during the review period? (Check all No responses that apply)	0	0	0		0	0	0		0	0	0		1	0	10	100.0%

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Quarterly Results for Administrative Reviews

Administrative Review Division

7/1/2010 - 9/30/2010

Permanency Outcome 1

		2nd Quarter SFY 2010				3rd Quarter SFY 2010				4th Quarter SFY 2010				1st Quarter SFY 2011			
		Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%
Item 6: Stability of Foster Care Placements																	
Case Planning/Services																	
8518	At the time of the review, is the client placed in the most appropriate setting to meet his/her individual needs? (Check all No responses that apply)	0	0	0		0	0	0		0	0	0		10	0	1	100.0%
Permanency																	
8538	If the client experienced one or more moves during the review period, were all of the placement changes planned by the Division in an effort to achieve the client's case goals or to meet the needs of the client? (Check "Yes, in line with case goal + planned" if both "Yes" answers are appropriate)	0	0	0		0	0	0		0	0	0		2	0	9	100.0%
	Yes, in line with case goal and planned			0				0				0				2	
8539	If the client experienced one or more moves that were not planned by the Division in an effort to achieve the client's case goals or to meet the needs of the client, what was/were the reason(s) for the move(s) during the review period? (Check all that apply)	0	0	0		0	0	0		0	0	0		0	0	11	
Item 7: Permanency Goal for Child																	
Permanency																	
8542	In the reviewer's opinion, is the primary permanency goal, at the time of the review, appropriate for this client?	0	0	0		0	0	0		0	0	0		11	0	0	100.0%
8543	If, in the reviewer's opinion, the permanency goal is not appropriate at the time of the review, what should the appropriate permanency goal be?	0	0	0		0	0	0		0	0	0		0	0	11	

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Quarterly Results for Administrative Reviews

Administrative Review Division

7/1/2010 - 9/30/2010

		2nd Quarter SFY 2010				3rd Quarter SFY 2010				4th Quarter SFY 2010				1st Quarter SFY 2011			
		Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%
Permanency Outcome 1																	
Permanency																	
8540	For clients with a permanency goal of return home, is progress being made toward achieving the goal? (Check all No responses that apply)	0	0	0		0	0	0		0	0	0		8	2	1	80.0%
	No, client lack of progress			0			0				0				2		
	No, parent lack of progress			0			0				0				1		
8541	For clients with a permanency goal of permanent placement with a relative/non-relative through legal guardianship/permanent custody, is progress being made toward achieving the goal? (Check all No responses that apply)	0	0	0		0	0	0		0	0	0		0	0	11	
Item 10: Other Planned Living Arrangement																	
Case Planning/Services																	
8522	Is the client, age 16 years + 60 days or older, receiving all the services identified in the assessment and the ILP? (Check all No responses that apply)	0	0	0		0	0	0		0	0	0		6	4	1	60.0%
	No, provider issues			0			0				0				3		
8524	Is there a comprehensive, client-driven Emancipation Transition Plan (ETP) that was developed 90 business days before the end of the client's commitment? (Check all No responses that apply) (Use only "No Plan" if there is no ETP)	0	0	0		0	0	0		0	0	0		0	2	9	0.0%
	No plan			0			0				0				2		
8525	Have all vital documents been obtained for clients with an OPPLA goal 90 business days before the end of the client's commitment?	0	0	0		0	0	0		0	0	0		1	0	10	100.0%

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7/1/2010 - 9/30/2010

Permanency Outcome 2

		2nd Quarter SFY 2010				3rd Quarter SFY 2010				4th Quarter SFY 2010				1st Quarter SFY 2011			
		Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%
Item 11: Proximity of Placement																	
Case Planning/Services																	
8516	Is the client placed within close proximity to his/her parents or other potential permanent caregiver's home?	0	0	0		0	0	0		0	0	0		1	9	1	10.0%
Item 13: Visiting with Parents and Siblings in Foster Care																	
Permanency																	
8552	Does the frequency of visitation with the mother/guardian/kin adequately address the needs of the client to maintain or promote continuity of the relationship? (Check all No responses that apply)	0	0	0		0	0	0		0	0	0		9	1	1	90.0%
	No, mother/guardian/kin			0				0				0				1	
8553	Does the frequency of visitation with the father/guardian/kin adequately address the needs of the client to maintain or promote continuity of the relationship? (Check all No responses that apply)	0	0	0		0	0	0		0	0	0		3	2	6	60.0%
	No, father/guardian/kin			0				0				0				2	
Miscellaneous																	
8554	Does the frequency of visitation with the sibling(s) adequately address the needs of the client to maintain or promote continuity of the relationship(s)? (Check all No reponses that apply)	0	0	0		0	0	0		0	0	0		6	4	1	60.0%
	No, parent/guardian/kin			0				0				0				1	
	No, sibling			0				0				0				3	
Item 16: Relationship of Child in Care with Parents																	
Case Planning/Services																	
8517	If the client is not placed in close proximity to his/her parents or other potential permanent caregiver's home, were reasonable efforts made to support or facilitate face-to-face contact with the parents or potential permanent caregivers?	0	0	0		0	0	0		0	0	0		9	0	2	100.0%

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Quarterly Results for Administrative Reviews

Administrative Review Division

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Well Being Outcome 1

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

Case Planning/Services

		2nd Quarter SFY 2010				3rd Quarter SFY 2010				4th Quarter SFY 2010				1st Quarter SFY 2011			
		Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%
8520	Does the DCP/Parole Plan document services directed at the areas of need identified through assessment?	0	0	0		0	0	0		0	0	0		9	2	0	81.8%
	No, IL not addressed			0			0				0				2		
8521	Does the DCP/Parole Plan include clear expectations of all parties in order to achieve the permanency goal? (Check all No responses that apply)	0	0	0		0	0	0		0	0	0		11	0	0	100.0%

Health

8536	If substance abuse issues have been identified during the review period for the client, what are the substances of use? (Check all that apply)	0	0	0		0	0	0		0	0	0		0	0	3	
	Alcohol			0			0				0				5		
	CNS Depressants			0			0				0				1		
	Cocaine/Crack			0			0				0				1		
	Marijuana			0			0				0				7		
	Methamphetamine			0			0				0				1		
	Other			0			0				0				2		
	Other Opiates			0			0				0				1		
8537	If substance abuse issues have been identified during the review period for the client, were substance abuse treatment services provided to the client? (Check all No responses that apply)	0	0	0		0	0	0		0	0	0		8	0	3	100.0%

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Quarterly Results for Administrative Reviews

Administrative Review Division

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Well Being Outcome 1

Item 18: Child/Family Involvement in Case Planning

Case Planning/Services

		2nd Quarter SFY 2010				3rd Quarter SFY 2010				4th Quarter SFY 2010				1st Quarter SFY 2011			
		Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%
8508	Was the out-of-home provider engaged in case planning during the review period?	0	0	0		0	0	0		0	0	0		11	0	0	100.0%
8510	Was the client engaged in case planning during the review period?	0	0	0		0	0	0		0	0	0		11	0	0	100.0%
8512	Was the mother/guardian/kin engaged in case planning during the review period?	0	0	0		0	0	0		0	0	0		11	0	0	100.0%
8514	Was the father/guardian/kin engaged in case planning during the review period?	0	0	0		0	0	0		0	0	0		3	3	5	50.0%
	No, efforts made but refused			0				0				0				3	

Item 19: Worker Visits with Child

Permanency

8544	How many months should the assigned client manager have made face-to-face contact with the client during the review period?	0	0	0		0	0	0		0	0	0		0	0	0	
	1			0				0				0				1	
	4			0				0				0				1	
	5			0				0				0				5	
	6			0				0				0				3	
	7			0				0				0				1	
8545	How many months did the assigned client manager make face-to-face contact with the client during the review period?	0	0	0		0	0	0		0	0	0		0	0	0	
	0			0				0				0				1	
	4			0				0				0				1	
	5			0				0				0				5	
	6			0				0				0				3	
	7			0				0				0				1	
	Of all the months requiring contact, in what percent did agency personnel have contact with the child?				0.0%				0.0%				0.0%				%98.2

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Administrative Review Division

7/1/2010 - 9/30/2010

Well Being Outcome 1

		2nd Quarter SFY 2010				3rd Quarter SFY 2010				4th Quarter SFY 2010				1st Quarter SFY 2011			
		Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%
Item 19: Worker Visits with Child																	
Permanency																	
8546	For a client placed outside the state, is there documentation that the client is visited at least monthly by a professional of either the sending or receivng state??	0	0	0		0	0	0		0	0	0		0	0	11	
8547	Was the quality of contacts made with the client sufficient to address issues pertaining to the safety, permanency, and well-being of the client and to promote achievement of case goals? (Check all No responses that apply)	0	0	0		0	0	0		0	0	0		1	9	1	10.0%
	No assessment of safety			0			0				0				9		
	No time alone with client			0			0				0				9		
Item 20: Worker Visits with Parents																	
Permanency																	
8548	If the client's goal is to return home, did contact with the mother/guardian/kin occur on a monthly basis?	0	0	0		0	0	0		0	0	0		4	5	2	44.4%
8549	If the client's goal is to return home, was the quality of contacts made with the mother/guardian/kin sufficient to address isses pertaining to the safety, permanency, and well-being of the client and to promote achievement of case goals?	0	0	0		0	0	0		0	0	0		8	0	3	100.0%
8550	If the client's goal is to return home, did contact with the father/guardian/kin occur on a monthly basis?	0	0	0		0	0	0		0	0	0		2	1	8	66.7%
8551	If the client's goal is to return home, was the quality of contacts made with the father/guardian/kin sufficient to address issues pertaining to the safety, permanency, and well being of the client and to promote achievement of case goals? (Check all No responses)	0	0	0		0	0	0		0	0	0		3	0	8	100.0%

Western

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Well Being Outcome 2

Item 21: Educational Needs of Child

		2nd Quarter SFY 2010				3rd Quarter SFY 2010				4th Quarter SFY 2010				1st Quarter SFY 2011			
		Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%
Education																	
8526	Is the client's education/school record in the case file? (During the review period) (Check all No responses that apply)	0	0	0		0	0	0		0	0	0		10	1	0	90.9%
	No GED/Diploma			0			0				0				1		
8527	Were the client's educational needs adequately addressed through appropriate educational services during the review period?	0	0	0		0	0	0		0	0	0		9	0	2	100.0%
8528	Is the client, age 16 or older, on track to graduate from and/or complete high school?	0	0	0		0	0	0		0	0	0		11	0	0	100.0%
	GED			0			0				0				4		
	GED earned			0			0				0				2		
	Graduated			0			0				0				1		
8529	Was educational stability provided for the client during the review period? (Check all No responses that apply)	0	0	0		0	0	0		0	0	0		9	0	2	100.0%
Miscellaneous																	
8556	Were the child/youth's educational needs assessed?	0	0	0		0	0	0		0	0	0		10	0	1	100.0%

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		2nd Quarter SFY 2010				3rd Quarter SFY 2010				4th Quarter SFY 2010				1st Quarter SFY 2011			
		Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%
Well Being Outcome 3																	
Item 22: Physical Health of Child																	
Health																	
8530	Is health information in the case file, including name and address of current health care provider(s), known medical problems and current medications? (Check all No responses that apply)	0	0	0		0	0	0		0	0	0		11	0	0	100.0%
8531	Did the client receive a medical exam or medical screening within 30 days of commitment? (Check all No responses that apply) (Initial Review Only)	0	0	0		0	0	0		0	0	0		7	0	4	100.0%
8532	Did the client receive a full dental examination within 30 days of commitment? (Check all No responses that apply) (Initial Review Only)	0	0	0		0	0	0		0	0	0		7	0	4	100.0%
8533	Has the client received regular health care, including immunizations and/or treatment for identified health needs, during the review period? (Services delivered) (Check all No responses that apply)	0	0	0		0	0	0		0	0	0		11	0	0	100.0%
8534	Has the client received regular dental care and treatment for identified dental needs during the review period? (Services delivered) (Check all No responses that apply)	0	0	0		0	0	0		0	0	0		8	3	0	72.7%
	No, delay in services, systemic			0				0				0				2	
	No, lack of timely referral or follow through			0				0				0				1	
Item 23: Mental Health of Child																	
Health																	
8535	Were mental health services provided to meet the client's needs during the review period? (Check all No responses that apply)	0	0	0		0	0	0		0	0	0		7	2	2	77.8%
	No, delays of 2 + weeks			0				0				0				2	
Miscellaneous																	
8557	Were the child/youth's mental health needs assessed?	0	0	0		0	0	0		0	0	0		11	0	0	100.0%
Systemic Factors																	
Item 25: Process to Ensure Each Child Has a Written Case Plan Developed Jointly with Parents																	
Case Planning/Services																	
8519	Does the DCP contain a description of the type and appropriateness of the homes or facilities in which the client was placed during the review period?	0	0	0		0	0	0		0	0	0		10	1	0	90.9%

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Miscellaneous

		2nd Quarter SFY 2010				3rd Quarter SFY 2010				4th Quarter SFY 2010				1st Quarter SFY 2011			
		Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%
Miscellaneous																	
Court																	
8501	Is there a mittimus that contains best interest or welfare of the child language, and determines if reasonable efforts were made or an emergency justified lack of reasonable efforts, and does not contain "nunc pro tunc" language? (Check all No responses that apply) (Initial Review Only)	0	0	0		0	0	0		0	0	0		7	0	4	100.0%
8502	Is this a combined 6-month period review and Permanency Hearing with the ALJ?	0	0	0		0	0	0		0	0	0		2	9	0	18.2%
IV-E																	
8503	Has IV-E Eligibility been determined within 45 days of removal?	0	0	0		0	0	0		0	0	0		3	4	4	42.9%
8504	Has a timely IV-E redetermination been completed during the review period? (Re-Review Only)	0	0	0		0	0	0		0	0	0		0	0	11	
Due Process																	
8505	Were all required parties invited to the review and given at least two-weeks' notice? (Check all No responses that apply)	0	0	0		0	0	0		0	0	0		11	0	0	100.0%
Miscellaneous																	
8555	Were the previous compliance issues addressed?	0	0	0		0	0	0		0	0	0		3	1	7	75.0%