# Kit Carson

## 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 | % |
| 1709 | If there were new allegations of abuse or neglect identified during the review period, were they entered as a referral into Trails? | 0 | 0 | 0 | | 0 | 0 | 0 | | 0 | 0 | 0 | | 5 | 0 | 0 | 100.0% |
| 1712 | If a new safety concern was identified regarding this child/youth, were the safety needs of the child/youth adequately addressed during the review period? (Check all No responses that apply) | 0 | 0 | 0 | | 0 | 0 | 0 | | 0 | 0 | 0 | | 0 | 5 | 0 | 0.0% |
| | *No change in treatment plan* | | | 0 | | | | 0 | | | | 0 | | | | 5 | |
| | *No court intervention* | | | 0 | | | | 0 | | | | 0 | | | | 5 | |
| | *No placement change* | | | 0 | | | | 0 | | | | 0 | | | | 5 | |

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### Administrative Review Division

7/1/2010 - 9/30/2010

## Permanency Outcome 1

### Item 6: Stability of Foster Care Placements

**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 | % |
| **1729** | At the time of the review, is the child/youth 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 | | 0 | 5 | 0 | 0.0% |
| | *No, child/youth's needs not addressed* | | | 0 | | | | 0 | | | | 0 | | | | 5 | |

**Permanency**

| | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **1753** | If the child/youth experienced one or more moves during the review period, were all of the placement changes planned by the agency in an effort to achieve the child/youth's case goals or to meet the needs of the child/youth? (Check "Yes, in line with case goal + planned" if both Yes answers are appropriate) | 0 | 0 | 0 | | 0 | 0 | 0 | | 0 | 0 | 0 | | 0 | 0 | 5 | |
| 1754 | If the child/youth experienced one or more moves during the review period that were not planned, what was/were the reason(s) for the move(s)? (Check all that apply) | | | | | | | | | | | | | | | | |

### Item 7: Permanency Goal for Child

**Permanency**

| | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1760 | In the reviewer's opinion, is the primary court ordered permanency goal, at the time of the review, appropriate for this child/youth? | 0 | 0 | 0 | | 0 | 0 | 0 | | 0 | 0 | 0 | | 0 | 5 | 0 | 0.0% |
| **1762** | If a petition/motion to terminate parental rights has not been filed, and a compelling reason has been identified, in the reviewer's opinion, is the compelling reason appropriate? | 0 | 0 | 0 | | 0 | 0 | 0 | | 0 | 0 | 0 | | 0 | 0 | 5 | |

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## 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** | | | | | | | | | | | | | | | | | |
| **1755** | At the time of the review, are reasonable efforts being made to achieve permanency? (Check all No responses that apply) | 0 | 0 | 0 | | 0 | 0 | 0 | | 0 | 0 | 0 | | 5 | 0 | 0 | 100.0% |
| 1756 | For a child/youth with a 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 | | 0 | 5 | 0 | 0.0% |
| | *No, child lack of progress* | | | 0 | | | 0 | | | | 0 | | | | 3 | | |
| | *No, parent lack of progress* | | | 0 | | | 0 | | | | 0 | | | | 5 | | |
| | *No, placement provider does not support perm. goal* | | | 0 | | | 0 | | | | 0 | | | | 5 | | |
| 1758 | For a child/youth with a permanency goal of permanent placement with a relative/non-relative through legal guardianship/permanent custody, is progress being made toward the goal? (Check all No responses that apply) | 0 | 0 | 0 | | 0 | 0 | 0 | | 0 | 0 | 0 | | 0 | 0 | 5 | |
| **Item 9: Adoption** | | | | | | | | | | | | | | | | | |
| **Permanency** | | | | | | | | | | | | | | | | | |
| 1757 | For a child/youth with a goal of adoption, is progress being made toward finalizing the adoption? (Check all No responses that apply) | 0 | 0 | 0 | | 0 | 0 | 0 | | 0 | 0 | 0 | | 0 | 0 | 5 | |
| **Item 10: Other Planned Living Arrangement** | | | | | | | | | | | | | | | | | |
| **Case Planning/Services** | | | | | | | | | | | | | | | | | |
| **1731** | For all youth over age 16 years and 60 days, is there a comprehensive ILP that addresses all needs identified from a state-approved assessment? (Check all No responses that apply) | 0 | 0 | 0 | | 0 | 0 | 0 | | 0 | 0 | 0 | | 0 | 1 | 4 | 0.0% |
| | *No plan* | | | 0 | | | 0 | | | | 0 | | | | 1 | | |
| **1733** | For all youth over age 16 years and 60 days, is the youth receiving services to address all the needs identified in the comprehensive assessment and the FSP 4D? (Check all that apply) | 0 | 0 | 0 | | 0 | 0 | 0 | | 0 | 0 | 0 | | 0 | 0 | 5 | |

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### Administrative Review Division

7/1/2010 - 9/30/2010

## Permanency Outcome 1

**Item 10: Other Planned Living Arrangement**

**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 | % |
| 1735 | Is there a comprehensive, youth-driven Emancipation Transition Plan (ETP) developed 90 business days before the youth's projected permanency date? (Check all No responses that apply) (Check only "No plan" if there is not ETP plan) | 0 | 0 | 0 | | 0 | 0 | 0 | | 0 | 0 | 0 | | 0 | 0 | 5 | |
| 1736 | Per Volume 7, have all vital documents been obtained for youth with an OPPLA goal 90 business days before their projected permanency date? (Check all No responses that apply) | 0 | 0 | 0 | | 0 | 0 | 0 | | 0 | 0 | 0 | | 0 | 0 | 5 | |

**Item 10: Other Planned Living Arrangement**

**Permanency**

| | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1759 | For a child/youth a permanency goal of Other Planned Permanent Living Arrangement, is it documented that all other more permanent goals have been considered and appropriately ruled out? (Check all No responses that apply) | 0 | 0 | 0 | | 0 | 0 | 0 | | 0 | 0 | 0 | | 0 | 0 | 5 | |

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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** | | | | | | | | | | | | | | | | | |
| 1726 | Is the child/youth placed within close proximity to his/her parents or other potential permanent caregiver's home? | 0 | 0 | 0 | | 0 | 0 | 0 | | 0 | 0 | 0 | | 5 | 0 | 0 | 100.0% |
| 1727 | If a child/youth 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 | | 0 | 0 | 5 | |
| **Item 13: Visiting with Parents and Siblings in Foster Care** | | | | | | | | | | | | | | | | | |
| **Permanency** | | | | | | | | | | | | | | | | | |
| 1773 | Does the frequency of visitation with the mother/guardian/kin adequately address the needs of the child/youth to maintain or promote continuity of the relationship? (Check all No responses that apply) | 0 | 0 | 0 | | 0 | 0 | 0 | | 0 | 0 | 0 | | 5 | 0 | 0 | 100.0% |
| 1774 | Does the frequency of visitation with the father/guardian/kin adequately address the needs of the child/youth to maintain or promote continuity of the relationship? (Check all No responses that apply) | 0 | 0 | 0 | | 0 | 0 | 0 | | 0 | 0 | 0 | | 5 | 0 | 0 | 100.0% |
| 1775 | Does the frequency of visitation with the sibling(s) adequately address the needs of the child/youth to maintain or promote continuity of the relationship(s)? (Check all No responses that apply) | 0 | 0 | 0 | | 0 | 0 | 0 | | 0 | 0 | 0 | | 0 | 0 | 5 | |
| **Item 14: Preserving Connections** | | | | | | | | | | | | | | | | | |
| **Court** | | | | | | | | | | | | | | | | | |
| 1705 | Were these ICWA requirements met? (Check all that apply) | 0 | 0 | 0 | | 0 | 0 | 0 | | 0 | 0 | 0 | | 0 | 5 | 0 | 0.0% |
| | *No docum. of inquiry of Native American heritage* | | | 0 | | | | 0 | | | | 0 | | | | 5 | |
| **Case Planning/Services** | | | | | | | | | | | | | | | | | |
| 1728 | Is the department making concerted efforts to maintain the child/youth's connections during the review period? | 0 | 0 | 0 | | 0 | 0 | 0 | | 0 | 0 | 0 | | 5 | 0 | 0 | 100.0% |

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7/1/2010 - 9/30/2010

## Permanency Outcome 2

**Item 16: Relationship of Child in Care 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 | % |
| 1777 | Did the agency promote and support a positive and nurturing relationship between the child/youth and his/her parents? (Check all that apply) | 0 | 0 | 0 | | 0 | 0 | 0 | | 0 | 0 | 0 | | 1 | 4 | 0 | 20.0% |
| | *Yes, provid. therap. situations to strengthen rel.* | | | 0 | | | | 0 | | | | 0 | | | | 1 | |

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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**

**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 | % |
| **1721** | Does the Family Services Plan treatment plan document services that are directed at the areas of need identified through assessment? | 0 | 0 | 0 | | 0 | 0 | 0 | | 0 | 0 | 0 | | 0 | 5 | 0 | 0.0% |
| | *No* | | | 0 | | | 0 | | | | 0 | | | | 5 | | |
| **1722** | Were all required parties addressed in the treatment plan? (Check all No responses that apply) | 0 | 0 | 0 | | 0 | 0 | 0 | | 0 | 0 | 0 | | 0 | 5 | 0 | 0.0% |
| | *No, county* | | | 0 | | | 0 | | | | 0 | | | | 5 | | |
| | *No, out of home provider* | | | 0 | | | 0 | | | | 0 | | | | 5 | | |
| **1723** | Does the Family Services Plan treatment plan include objectives and action steps that document clear expectations in order to achieve the permanency goal? (Check all No responses that apply) | 0 | 0 | 0 | | 0 | 0 | 0 | | 0 | 0 | 0 | | 0 | 5 | 0 | 0.0% |
| | *No, measurable* | | | 0 | | | 0 | | | | 0 | | | | 5 | | |
| | *No, realistic* | | | 0 | | | 0 | | | | 0 | | | | 5 | | |
| | *No, specific* | | | 0 | | | 0 | | | | 0 | | | | 5 | | |
| **1724** | Does the most recent 90-day review/Court report in Trails meet Volume 7 requirements? (Check all No responses that apply) | 0 | 0 | 0 | | 0 | 0 | 0 | | 0 | 0 | 0 | | 0 | 5 | 0 | 0.0% |
| | *No, child/youth services and progress* | | | 0 | | | 0 | | | | 0 | | | | 5 | | |
| | *No, child/youth services appropriateness* | | | 0 | | | 0 | | | | 0 | | | | 5 | | |
| | *No, child/youth's safety* | | | 0 | | | 0 | | | | 0 | | | | 5 | | |
| | *No, need for add./diff. svcs. and how provided* | | | 0 | | | 0 | | | | 0 | | | | 5 | | |

**Health**

1749 If the goal is/was return home during the review period and substance abuse issues have been identified for the parent(s)/guardian(s), what are the substances of use? (Check all that apply)

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## Quarterly Results for Administrative Reviews

**Administrative Review Division**

7/1/2010 - 9/30/2010

## Well Being Outcome 1

**Health**

| | | 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 | % |
| 1750 | If the goal is/was return home during the review period and substance abuse issues have been identified for the parent(s)/guardian(s), were substance abuse treatment services provided to the parent(s)/guardian(s)? (Check all No responses that apply) | 0 | 0 | 0 | | 0 | 0 | 0 | | 0 | 0 | 0 | | 0 | 0 | 5 | |
| 1751 | If substance abuse issues have been identified during the review period for the child/youth, what are the substances of use? (Check all that apply) | | | | | | | | | | | | | | | | |
| 1752 | If substances abuse issues have been identified during the review period for the child/youth, were substance abuse treatment services provided to the child/youth? (Check all No responses that apply) | 0 | 0 | 0 | | 0 | 0 | 0 | | 0 | 0 | 0 | | 0 | 0 | 5 | |

**Item 18: Child/Family Involvement in Case Planning**

**Case Planning/Services**

| | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **1713** | Was the out-of-home provider engaged in case planning, during the review period? (Check all responses that apply) | 0 | 0 | 0 | | 0 | 0 | 0 | | 0 | 0 | 0 | | 5 | 0 | 0 | 100.0% |
| **1715** | Was the child/youth engaged in case planning, during the review period? | 0 | 0 | 0 | | 0 | 0 | 0 | | 0 | 0 | 0 | | 2 | 0 | 3 | 100.0% |
| **1717** | Was the mother/guardian/kin engaged in case planning, during the review period? | 0 | 0 | 0 | | 0 | 0 | 0 | | 0 | 0 | 0 | | 5 | 0 | 0 | 100.0% |
| **1719** | Was the father/guardian/kin engaged in case planning during the review period? | 0 | 0 | 0 | | 0 | 0 | 0 | | 0 | 0 | 0 | | 5 | 0 | 0 | 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 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 | % |
| **1763** | How many months should the assigned worker have made face-to-face contact with the child/youth during the review period? (Answer for in-state cases only) | | | | | | | | | | | | | | | | |
| | *6* | | | 0 | | | 0 | | | | 0 | | | | 5 | | |
| **1764** | How many months did the assigned worker make face-to-face contact with the child/youth during the review period? (Within the state of Colorado, not an ICPC case) | | | | | | | | | | | | | | | | |
| | *3* | | | 0 | | | 0 | | | | 0 | | | | 5 | | |
| | *Of all the months requiring contact, in what percent did agency personnel have contact with the child?* | | | | 0.0% | | | | 0.0% | | | | 0.0% | | | | %50.0 |
| | *In what percent of cases did agency personnel have contact with the child every month?* | | | | | | | | | | | | | 0 | 5 | | .0% |
| **1765** | How many months should the worker of either the sending or receiving state make face-to-face contact with the child/youth, placed outside the state, during the review period? (Answer for ICPC cases only) | | | | | | | | | | | | | | | | |
| **1766** | How many months did the worker of either the sending or receiving state make face-to-face contact with the child/youth during the review period, for a child/youth placed outside the state? (Answer for ICPC cases only) | | | | | | | | | | | | | | | | |
| | *Of all the months requiring contact, in what percent did agency personnel have contact with the child?* | | | | | | | | | | | | | | | | %0.0 |
| | *In what percent of cases did agency personnel have contact with the child every month?* | | | | | | | | | | | | | 0 | 0 | | .0% |
| **1767** | Did the frequency of contact with the child/youth in his/her place of residence occur according to Volume 7? | 0 | 0 | 0 | | 0 | 0 | 0 | | 0 | 0 | 0 | | 0 | 5 | 0 | 0.0% |

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## Quarterly Results for Administrative Reviews

### 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 | % |
| 1768 | Was the quality of contacts with the child/youth sufficient to address issues pertaining to the safety, permanency, and well-being of the child/youth and to promote achievement of case goals? (Check all No responses that apply) | 0 | 0 | 0 | | 0 | 0 | 0 | | 0 | 0 | 0 | | 0 | 5 | 0 | 0.0% |
| | *No assessment of safety* | | | 0 | | | 0 | | | | 0 | | | | 5 | | |
| | *No, outside presence of provider* | | | 0 | | | 0 | | | | 0 | | | | 5 | | |

### Item 20: Worker Visits with Parents

**Permanency**

| | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1769 | Did the frequency of contact with the mother/guardian/kin occur according to Volume 7? | 0 | 0 | 0 | | 0 | 0 | 0 | | 0 | 0 | 0 | | 0 | 5 | 0 | 0.0% |
| 1770 | Was the quality of contacts with the mother/guardian/kin sufficient to address issues pertaining to the safety, permanency, and well-being of the child/youth and to promote achievement of case goals? | 0 | 0 | 0 | | 0 | 0 | 0 | | 0 | 0 | 0 | | 0 | 5 | 0 | 0.0% |
| 1771 | Did the frequency of contact with the father/guardian/kin occur according to Volume 7? | 0 | 0 | 0 | | 0 | 0 | 0 | | 0 | 0 | 0 | | 0 | 5 | 0 | 0.0% |
| 1772 | Was the quality of contacts with the father/guardian/kin sufficient to address issues pertaining to the safety, permanency, and well-being of the child/youth and to promote achievement of case goals? | 0 | 0 | 0 | | 0 | 0 | 0 | | 0 | 0 | 0 | | 0 | 5 | 0 | 0.0% |

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## Quarterly Results for Administrative Reviews

### Administrative Review Division

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## Well Being Outcome 2

### Item 21: Educational Needs of Child

**Education**

| | | 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 | % |
| **1737** | Is the child/youth's education/school record in the case file? (Check all No responses that apply) | 0 | 0 | 0 | | 0 | 0 | 0 | | 0 | 0 | 0 | | 5 | 0 | 0 | 100.0% |
| 1738 | For children aged 3 - 5: Is the child enrolled in Head Start or another early childhood education program? | 0 | 0 | 0 | | 0 | 0 | 0 | | 0 | 0 | 0 | | 0 | 0 | 5 | |
| 1739 | For youth aged 16 or older: Is the youth on track to graduate and/or complete high school? | 0 | 0 | 0 | | 0 | 0 | 0 | | 0 | 0 | 0 | | 2 | 0 | 3 | 100.0% |
| **1740** | Was educational stability provided for the child during the review period? (Check all No responses that apply) | 0 | 0 | 0 | | 0 | 0 | 0 | | 0 | 0 | 0 | | 0 | 5 | 0 | 0.0% |
| | *No, changed schools during review period* | | | 0 | | | | 0 | | | | 0 | | | | 5 | |
| 1741 | Were the child/youth's educational needs assessed? | 0 | 0 | 0 | | 0 | 0 | 0 | | 0 | 0 | 0 | | 5 | 0 | 0 | 100.0% |

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## Quarterly Results for Administrative Reviews

### Administrative Review Division

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## Well Being Outcome 3

### Item 22: Physical Health of Child

**Health**

| | | 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 | % |
| **1742** | 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 | | 5 | 0 | 0 | 100.0% |
| **1743** | Did the child/youth receive a medical exam, medical screening, or was a medical exam scheduled within two weeks of initial placement? (Check all No responses that apply) (Initial Review Only) | 0 | 0 | 0 | | 0 | 0 | 0 | | 0 | 0 | 0 | | 5 | 0 | 0 | 100.0% |
| | *Yes, exam* | | | 0 | | | | 0 | | | | 0 | | | | 5 | |
| **1744** | Did the child/youth receive a full dental examination or was a dental exam scheduled within eight weeks of initial placement? (Check all No responses that apply) (Initial Review Only) | 0 | 0 | 0 | | 0 | 0 | 0 | | 0 | 0 | 0 | | 5 | 0 | 0 | 100.0% |
| | *Yes, exam* | | | 0 | | | | 0 | | | | 0 | | | | 5 | |
| **1745** | Has the child/youth received regular health care, including immunizations, and/or treatment for identified health needs? (Services delivered) (Check all No responses that apply) | 0 | 0 | 0 | | 0 | 0 | 0 | | 0 | 0 | 0 | | 3 | 2 | 0 | 60.0% |
| | *No statement from medical examiner* | | | 0 | | | | 0 | | | | 0 | | | | 2 | |
| **1746** | Has the child/youth received regular dental care and treatment for identified dental needs? (Services delivered) (Check all No responses that apply) | 0 | 0 | 0 | | 0 | 0 | 0 | | 0 | 0 | 0 | | 4 | 0 | 1 | 100.0% |

### Item 23: Mental Health of Child

**Health**

| | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1747 | Were the child/youth's mental health needs assessed? | 0 | 0 | 0 | | 0 | 0 | 0 | | 0 | 0 | 0 | | 5 | 0 | 0 | 100.0% |
| **1748** | Were mental health services provided to meet the child/youth's needs during the review period? (Check all No responses that apply) | 0 | 0 | 0 | | 0 | 0 | 0 | | 0 | 0 | 0 | | 0 | 5 | 0 | 0.0% |
| | *No, OOH provider issue* | | | 0 | | | | 0 | | | | 0 | | | | 4 | |
| | *No, child refused services* | | | 0 | | | | 0 | | | | 0 | | | | 2 | |
| | *No, delays of 2 + weeks* | | | 0 | | | | 0 | | | | 0 | | | | 1 | |

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## Quarterly Results for Administrative Reviews

**Administrative Review Division**

7/1/2010 - 9/30/2010

## Systemic Factors

| | | 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 25: Process to Ensure Each Child Has a Written Case Plan Developed Jointly with Parents** | | | | | | | | | | | | | | | | | |
| **Case Planning/Services** | | | | | | | | | | | | | | | | | |
| **1730** | Does the FSP 4 B/C contain a comprehensive description of the type and appropriateness of the homes or facilities in which the child/youth was placed during the review period? | 0 | 0 | 0 | | 0 | 0 | 0 | | 0 | 0 | 0 | | 5 | 0 | 0 | 100.0% |
| **Item 27: Permanency Hearing Every Twelve Months** | | | | | | | | | | | | | | | | | |
| **Court** | | | | | | | | | | | | | | | | | |
| **1703** | If a child has been in care for 12 months or longer, is there a court order in the case file that was signed and dated within the last 12 months that contains reasonable efforts to achieve permanency language, and does not contain "nunc pro tunc" language? (Re-Review Only) | 0 | 0 | 0 | | 0 | 0 | 0 | | 0 | 0 | 0 | | 0 | 0 | 5 | |
| **Item 29: Process for Foster Parents, Pre-adoptive Parents, and Relative Caregivers to be Notified of, and an Opportunity to be Heard, in Any Review or Hearing Held with Respect to the Child** | | | | | | | | | | | | | | | | | |
| **Due Process** | | | | | | | | | | | | | | | | | |
| **1708** | Were all required parties invited to the review and given at least two weeks notice? (Check all that apply) | 0 | 0 | 0 | | 0 | 0 | 0 | | 0 | 0 | 0 | | 5 | 0 | 0 | 100.0% |

# Kit Carson

## Quarterly Results for Administrative Reviews

### Administrative Review Division

7/1/2010 - 9/30/2010

## 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** | | | | | | | | | | | | | | | | | |
| 1701 | Is this a court ordered review? | 0 | 0 | 0 | | 0 | 0 | 0 | | 0 | 0 | 0 | | 0 | 5 | 0 | 0.0% |
| **1702** | Is there a signed removal order 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 that apply) (Initial Review Only) | 0 | 0 | 0 | | 0 | 0 | 0 | | 0 | 0 | 0 | | 5 | 0 | 0 | 100.0% |
| **1704** | Has the county had authority for placement within the review period? (A Fiscal Sanction may result if the answer is "No.") | 0 | 0 | 0 | | 0 | 0 | 0 | | 0 | 0 | 0 | | 5 | 0 | 0 | 100.0% |
| **IV-E** | | | | | | | | | | | | | | | | | |
| **1706** | Has IV-E eligibility been determined within 45 days of removal? (A Fiscal Sanction may result if the answer is "No.") (Initial Review Only) | 0 | 0 | 0 | | 0 | 0 | 0 | | 0 | 0 | 0 | | 0 | 5 | 0 | 0.0% |
| **1707** | 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 | 5 | |
| **Permanency** | | | | | | | | | | | | | | | | | |
| **1778** | Were the previous compliance issues addressed? (Re-Review Only) | 0 | 0 | 0 | | 0 | 0 | 0 | | 0 | 0 | 0 | | 0 | 0 | 5 | |