Quality Service Review (QSR)

This Roll-Up sheet is to be utilized only when the web-based Roll-Up Sheet is unavailable. There is no validation programmed for this electronic/hard copy of the Roll-up Sheet. Once completed please forward to Hornby Zeller Associates (earthur@hornbyzeller.com) so that the information contained in this version can be entered into the online database for validation and future quality assurance by the Site Leads.

Roll-Up Sheet

# **Review Information**

|  |  |
| --- | --- |
| 1. County of review:
 |  |

|  |  |
| --- | --- |
| 1. Onsite review start date: **1**
 |  |
| 1. Assigned Site Lead(s):
 |  |
| 1. First reviewer’s name:
 |  |
| 1. Second reviewer’s name:
 |  |

|  |  |
| --- | --- |
| 1. Sub-indicator role assignment chart2
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|  |  |  |  |
| --- | --- | --- | --- |
| Case participant initials3 | Assigned sub-indicator role | Case participant role4 | Case participant interviewed5 |
|  | Child/Youth |  | Yes [ ]  | No [ ]  |
|  | Mother |  | Yes [ ]  | No [ ]  |
|  | Father |  | Yes [ ]  | No [ ]  |
|  | Substitute Caregiver |  | Yes [ ]  | No [ ]  |
|  | Other |  | Yes [ ]  | No [ ]  |

|  |  |
| --- | --- |
| 1. Additional case participants chart
 |  |
| Case participant initials6 | **Case participant role** | **Case Participant interviewed** |
|  |  | Yes [ ]  | No [ ]  |
|  |  | Yes [ ]  | No [ ]  |
|  |  | Yes [ ]  | No [ ]  |
|  |  | Yes [ ]  | No [ ]  |
|  |  | Yes [ ]  | No [ ]  |
|  |  | Yes [ ]  | No [ ]  |
|  |  | Yes [ ]  | No [ ]  |
|  |  | Yes [ ]  | No [ ]  |
|  |  | Yes [ ]  | No [ ]  |
|  |  | Yes [ ]  | No [ ]  |

|  |  |
| --- | --- |
| 1. Number of participants interviewed:
 | No response required.  |

# **Focus Child/Youth Information**

|  |  |
| --- | --- |
| 1. Focus child/youth’s initials:
 |  |

|  |  |
| --- | --- |
| 1. Focus child/youth’s MCI#:7
 |  |
| 1. Focus child/youth’s date of birth:

*(MM/DD/YYYY)* |  |
| 1. Focus child/youth’s age:
 | No response required. |
| 1. Focus child/youth’s gender:

 *(select only one)* | [ ] Male[ ] Female[ ] Transgender/Transitioning |
| 1. Focus child/youth’s race: 8

*(select all that apply)* | [ ] White/Caucasian[ ] Black/African American[ ] American Indian/Alaskan Native[ ] Native Hawaiian/Pacific Islander[ ] Asian[ ] Unknown/Unable to Determine[ ] Other (please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. Focus child/youth’s ethnicity:

*(select only one)* | [ ] Latino/Hispanic[ ] Not Latino/Hispanic[ ] Unknown/Unable to Determine |

|  |  |
| --- | --- |
| 1. Select the option(s) which best describes the focus child/youth’s current early learning/educational situation: 9

*(select all that apply)* | [ ] N/A (Focus child is too young for any level of schooling, child is an infant)[ ] Early Intervention[ ] Early Learning[ ] Head Start[ ] Pre-School[ ] K-12[ ] Public School[ ] Private School[ ] Home School[ ] Charter School[ ] Cyber School[ ] Residential/Onsite[ ] Alternative Education[ ] Gifted Program[ ] Advanced Placement[ ] Vocational/Technical[ ] Special Education[ ] Part-time[ ] Full-time[ ] Honor Roll[ ] English as a Second Language[ ] Graduated[ ] General Equivalency Diploma (GED)[ ] Truant[ ] Suspended[ ] Expelled[ ] Dropped Out[ ] Post-Secondary Education[ ] Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| 1. Provide the focus child/youth’s current grade level: 10
 |  |
| 1. The focus child/youth has an Individualized Education Plan (IEP): 11

*(select only one)* | [ ] Yes[ ] No [ ] Not in school |

# **Case Information**

|  |  |
| --- | --- |
| 1. County case file #:12
 |  |
| 1. Case type: 13

*(select only one)* | [ ] In-Home[ ] Out-of-Home |
| 1. This is a shared case: 14

*(select only one)* | [ ] Yes[ ] No  |

|  |  |
| --- | --- |
| 1. Select the reason(s) for the case being accepted for services:

*(select all that apply)* | [ ] Physical Abuse |
| [ ] Sexual Abuse |
| [ ] Emotional Maltreatment |
| [ ] Neglect (not including medical neglect) |
| [ ] Medical Neglect |
| [ ] Abandonment |
| [ ] Mental/Physical health of parent |
| [ ] Mental/Physical health of child/youth |
| [ ] Substance abuse by parent(s) |
| [ ] Child/Youth’s behavior |
| [ ] Substance abuse by child/youth |
| [ ] Domestic violence in child/youth’s home |
| [ ] Child/Youth in Juvenile Justice system |
| [ ] Other (please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
| 1. Date case most recently accepted for services: 15

*(MM/DD/YYYY)* |  |
| Time (years, months) since case was most recently accepted for services: | No response required. |

|  |  |
| --- | --- |
| 1. Date of most recent entry into out-of-home care, if applicable: 16

*(MM/DD/YYYY)* |  |
| Date of discharge from out-of-home care from the most recent entry, if applicable: 17*(MM/DD/YYYY)* |  |
| Time (years, months) in out-of-home care: | No response required. |
| 1. The case is closed:

*(select only one)* | [ ] Yes[ ] No |
| If yes, provide the date the case closed:*(MM/DD/YYYY)* |  |
| 1. Focus child/youth's placement setting: 18

*(select only one)* | **Birth Family Home:** [ ] Bio-Mother Only [ ] Bio-Father Only [ ] Both Bio Parents **Post Adoptive Home:** [ ] Post Adoptive - Mother only [ ] Post Adoptive - Father Only [ ] Post Adoptive – Both Parents**Kinship Home:**[ ] Formal [ ] Informal **Additional Placement Settings:**[ ] Traditional Foster Home[ ] Group/Congregate Home[ ] Residential Treatment Facility[ ] Permanent Legal Custodian/Subsidized Legal Custodian[ ] Juvenile Correctional Facility[ ] Medical/Psychiatric Hospital[ ] Detention[ ] Other (please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. Focus child/youth’s primary permanency goal: 19 *(select only one)*
 | [ ] Remain in the home (in-home cases)[ ] Return home[ ] Adoption[ ] Permanent Legal Custodian/Subsidized Legal Custodian[ ] Placement with a fit and willing relative[ ] Other planned placement intended to be permanent/ Another Planned Permanent Living Arrangement[ ] No primary goal established  |
| The primary permanency goal is appropriate:20 *(select only one)* | [ ] Yes[ ] No |
| Explain why the primary permanency goal is appropriate or inappropriate: |  |
| The primary permanency goal is specified in the case file: 21*(select only one)* | [ ] Yes[ ] No[ ] N/A |
|  |  |
| 1. Focus child/youth’s concurrent permanency goal: 22

*(select only one)* | [ ] Return home[ ] Adoption[ ] Permanent Legal Custodian/Subsidized Legal Custodian[ ] Placement with a fit and willing relative[ ] Other planned placement intended to be permanent/ Another Planned Permanent Living Arrangement[ ] No concurrent goal established  |
| The concurrent permanency goal is appropriate: 23*(select only one)* | [ ] Yes[ ] No |
| Explain why the concurrent permanency goal is appropriate or inappropriate: |  |
| The concurrent permanency goal is specified in the case file: 24*(select only one)* | [ ] Yes[ ] No[ ] N/A |
| **In-Home Cases skip to Q33.** **Out-of-Home Cases continue on to Q29.** |
| 1. Select the statement which best describes the child/youth’s Adoption and Safe Families Act (ASFA) status: 25

*(select only one)* | [ ] Child/Youth has been in out-of-home care 15 of the last 22 months[ ] Child/Youth has NOT been in out-of-home care 15 of the last 22 months but meets other ASFA Termination of Parental Rights (TPR) criteria[ ] Child/Youth has NOT been in out-of-home care 15 of the last 22 months and does NOT meet other ASFA Termination of Parental Rights (TPR) criteria |
| 1. Date TPR (mother) filed: 26

 *(MM/DD/YYYY)* |  |
| The TPR (mother) was filed timely: 27*(select only one)* | [ ] Yes[ ] No |
| If "No" was selected above, report the compelling reason identified by the Court: 28*(select only one)* | [ ] No compelling reason(s) for TPR not filed timely[ ] At the option of the County, the child/youth is being cared for by a relative[ ] The County has documented in the case plan a compelling reason for determining that TPR would not be in the best interests of the child/youth[ ] The County has not provided to the family the services that the County deemed necessary for the safe return of the child/youth to the child/youth’s home |
| There was an appeal of the TPR (mother):*(select only one)* | [ ] Yes[ ] No |
| Date TPR (mother) was finalized: 29*(MM/DD/YYYY)* |  |

|  |  |
| --- | --- |
| 1. Date TPR (father) filed: 30

 *(MM/DD/YYYY)* |  |
| The TPR (father) was filed timely: 31*(select only one)* | [ ] Yes[ ] No |
| If "No" was selected above, report the compelling reason identified by the Court: 32*(select only one)* | [ ] No compelling reason(s) for TPR not filed timely[ ] At the option of the County, the child/youth is being cared for by a relative[ ] The County has documented in the case plan a compelling reason for determining that TPR would not be in the best interests of the child/youth[ ] The County has not provided to the family the services that the County deemed necessary for the safe return of the child/youth to the child/youth’s home |
| There was an appeal of the TPR (father):*(select only one)* | [ ] Yes[ ] No |
| Date TPR (father) was finalized: 33*(MM/DD/YYYY)* |  |
| 1. The focus child/youth has at least one sibling:
 | [ ] Yes [ ] No (If selected, skip to Q33) |
| The number of the focus child’s/youth’s siblings who are also placed in out-of-home care:**[[1]](#endnote-1)** 34 (If “0” is entered here, skip to Q33) |  |
| Of the siblings in out-of-home care, the number residing in the same out-of-home placement as the focus child/youth: |  |
|  |  |
|  |  |

|  |  |
| --- | --- |
| 33. Describe the family household composition:35 |  |
| 1. Describe the family situation and stressors:
 |  |

# **Child/Youth & Family Status Domain**

|  |  |  |  |
| --- | --- | --- | --- |
| Indicator | RatingWrite-in Rating (6-1) or N/A | Favorable RationaleWrite-in rationale, the space will expand as your type. | Unfavorable RationaleWrite-in rationale, the space will expand as your type. |
| Safety: Exposure to Threats of Harm |
| Family Home #1 |  |  |  |
| Family Home #2 |  |  |  |
| Substitute Home |  |  |  |
| School |  |  |  |
| Other Setting |  |  |  |
| Safety: Risk to Self/Others |
| Risk to Self |  |  |  |
| Risk to Others |  |  |  |
| Stability |
| Living Arrangement |  |  |  |
| School |  |  |  |
| Living arrangement |
| Family Home #1 |  |  |  |
| Family Home #2 |  |  |  |
| Substitute Home |  |  |  |
| Permanency |  |  |  |
| Physical Health |  |  |  |
| Emotional Well-Being |  |  |  |
| Early Learning and Development |  |  |  |
| Academic Status |  |  |  |
| Pathway to Independence |  |  |  |
| Parent and Caregiver Functioning |
| Mother |  |  |  |
| Father |  |  |  |
| Substitute Caregiver |  |  |  |
| Other |  |  |  |

# **Practice Performance Status Domain**

|  |  |  |  |
| --- | --- | --- | --- |
| Indicator | RatingWrite-in Rating (6-1) or N/A | Favorable RationaleWrite-in rationale, the space will expand as your type. | Unfavorable RationaleWrite-in rationale, the space will expand as your type. |
| Engagement Efforts |
| Child/Youth |  |  |  |
| Mother |  |  |  |
| Father |  |  |  |
| Substitute Caregiver |  |  |  |
| Other |  |  |  |
| Role and Voice |
| Child/Youth |  |  |  |
| Mother |  |  |  |
| Father |  |  |  |
| Substitute Caregiver |  |  |  |
| Other |  |  |  |
| Teaming |
| Formation |  |  |  |
| Functioning |  |  |  |
| Cultural Awareness & Responsiveness |
| Child/Youth |  |  |  |
| Mother |  |  |  |
| Father |  |  |  |
| Assessment & Understanding |
| Child/Youth |  |  |  |
| Mother |  |  |  |
| Father |  |  |  |
| Substitute Caregiver |  |  |  |
| Long-Term View |  |  |  |
| Child/Youth & Family Planning Process |
| Child/Youth |  |  |  |
| Mother |  |  |  |
| Father |  |  |  |
| Substitute Caregiver |  |  |  |
| Planning for Transitions & Life Adjustments |  |  |  |
| Efforts to Timely Permanence |
| Efforts |  |  |  |
| Timeliness |  |  |  |
| Intervention Adequacy & Resource Availability  |
| Adequacy |  |  |  |
| Availability |  |  |  |
| Maintaining Family Relationships |
| Mother |  |  |  |
| Father |  |  |  |
| Siblings |  |  |  |
| Other |  |  |  |
| Tracking & Adjustment |
| Tracking |  |  |  |
| Adjustment |  |  |  |

# **Recommendations**

|  |  |
| --- | --- |
| 1. For case specific recommendations, offer 3-5 practical “next step” recommendations to either maintain a currently favorable situation or to improve areas of concern over the next 90 days.
 | a) |
| b) |
| c) |
| d) |
| e) |
| 1. For agency specific recommendations offer 3-5 systemic recommendations that the agency and other agencies that are part of the focus child/youth and family’s team could consider to improve their services to all children, youth and families served.
 | a) |
| b) |
| c) |
| d) |
| e) |

|  |  |
| --- | --- |
| 1. Provide any additional information that will assist Site Leads with the quality assurance review: 36
 |  |

1. [↑](#endnote-ref-1)