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](mailto: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: |  |

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

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| 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 |

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| 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 |

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

# **Focus Child/Youth Information**

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

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| 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 |

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| 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 |

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| --- | --- |
| 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. | |

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| 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)* |  |

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

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

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| --- | --- | --- | --- |
| Indicator | Rating  Write-in Rating (6-1) or N/A | Favorable Rationale  Write-in rationale, the space will expand as your type. | Unfavorable Rationale  Write-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 | Rating  Write-in Rating (6-1) or N/A | Favorable Rationale  Write-in rationale, the space will expand as your type. | Unfavorable Rationale  Write-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**

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| --- | --- |
| 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) |

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

1. [↑](#endnote-ref-1)