Quarterly Report
Evaluation Form

GENERAL INFORMATION			
Contractor			
Service Area:			
Contractor Contract Liaison:			
Plan Submitted On-Time	☐ ***Yes*** ☐ *No*	**Date Plan Submitted:**	
REVIEW INFORMATION:			
Reviewer Name:		**Date:**	

MINIMUM QUARTERLY REPORT REQUIREMENTS:	
GENERAL OVERVIEW	
1. Did the Contractor provide a broad general overview of their accomplishments and / or barriers encountered during the quarter?	☐**Y** ☐**N**
Reviewer Comments:	
2. Did the Contractor describe their accomplishments and / or barriers encountered with their strategic partnerships / collaborations during the quarter? *Reviewer Note: This includes Partnering with other Stakeholders, Local Community Engagement, and Subcontractor Management.* ***How are they building partnerships and barriers with building these partnerships?***	☐**Y** ☐**N**
Reviewer Comments:	
3. Did the Contractor describe their results of utilization of identified service models *Reviewer Note: This should be a broad narrative regarding the achievement and any barriers to reaching their intended results. Did they use the models; are they reaching results with them as expected?*	☐**Y** ☐**N**
Reviewer Comments:	
4. Did the Contractor describe their future plans / next steps *Reviewer Note: This should be a broad description of any plans or steps they plan to take to address any identified barriers.*	☐**Y** ☐**N**
Reviewer Comments:	

QUARTERLY STAFFING	
5. Did the Contractor include the following data in the Quarterly Staffing section? • Contractor allotted FTE's for Service Coordinators; • Contractor Service Coordinator positions that are filled and able to carry a full caseload (they have completed pre-service training) • Contractor Service Coordinator positions that are currently in pre-service training • Contractor Service Coordinator positions that are vacant • Contractor allotted FTE's for Supervisors • Contractor Supervisor positions that are filled; and • Contractor Supervisor positions that are vacant *Reviewer Notes: This data is also included in reports to the Legislature.*	☐**Y** ☐**N** ☐**Y** ☐**N** ☐**Y** ☐**N** ☐**Y** ☐**N** ☐**Y** ☐**N** ☐**Y** ☐**N** ☐**Y** ☐**N**
Reviewer Comments:	
6. Did the Contractor include the following data in the Length of Employment Quarterly Section? • Average length of employment for Service Coordinators (Contractor staff only); • Average length of employment for Supervisors (Contractor staff only)	☐**Y** ☐**N** ☐**Y** ☐**N**
Reviewer Comments:	
FOSTER PARENT RECRUITMENT AND RETENTION	
7. Did the Contractor describe their diligent recruitment efforts of potential foster and adoptive families conducted for this quarter? *Reviewer Notes: This relates to the Foster Parent Recruitment Plan.*	☐**Y** ☐**N**
Reviewer Comments:	
7a. Did the Contractor report the following data? • Number of foster homes newly licensed this quarter Number of licensed foster homes closed this quarter	☐**Y** ☐**N** ☐**Y** ☐**N**

Reviewer Comments:	
8. Did the Contractor describe their individualized (child specific) recruitment efforts of homes? *Reviewer Note: This should include their efforts in recruitment of relative placement, homes known to the child or family. Individualized includes Child Specific and homes known the child and relatives.*	☐**Y** ☐**N**
Reviewer Comments:	
8a. Did the Contractor report the following data?	
• Number of child specific foster homes approved this quarter	☐**Y** ☐**N**
• Number of child specific foster homes (recommended for) licensed this quarter	☐**Y** ☐**N**
• Number of approved child specific foster homes closed this quarter	☐**Y** ☐**N**
• Number of licensed child specific foster homes closed this quarter	☐**Y** ☐**N**
Reviewer Comments:	
9. Did the contractor report foster homes transferred to their organization from another organization and transferred from their organization to another organization including the reasons for the transfers? *Reviewer Note: Any transfers including agency based.*	☐**Y** ☐**N**
Reviewer Comments:	
9a. Did the Lead Contractor report the following data?	
• Number of foster homes transferred <u>to their organization</u>	☐**Y** ☐**N**
• Number of foster homes transferred <u>from their organization</u> to another organization	☐**Y** ☐**N**
Reviewer notes: including the reasons for transfers	
Reviewer Comments:	
10. Did the contractor update their protocol that "matches" children and youth with resource families during the quarter? *Reviewer Note: The contractor should provide a written description of this update. If the contractor had no changes to their matching protocol, this would be marked as not applicable.*	☐**Y** ☐**N** ☐**NA**
10a. Did the contractor describe activities regarding how they "matched" children and youth with resource families during the quarter?	☐**Y** ☐**N**

Reviewer Comments:	
11. Did the contractor update their protocol that required to actively search and identify non-custodial (both maternal and paternal) and other relatives for possible placement and as life long connections? *Reviewer Note: The contractor should provide a written description If the contractor had no changes to their protocol, this would not be filled in and would be not applicable.* **11a. Did the contractor describe activities regarding searching and identifying non-custodial (both maternal and paternal) and other relatives for possible placement and as lifelong connections?**	☐**Y** ☐**N** ☐**NA** ☐**Y** ☐**N**
Reviewer Comments:	
12. Did the contractor provide a written description of supports and education/ training for foster and adoptive parents and relatives and kin-care providers during the quarter? *Reviewer Note: This provides information for the Federal IV-B Plan and Legislature. How many waivers did you request? How many were granted by DHHS? What did they provide, and where (City)*	☐**Y** ☐**N**
Reviewer Comments:	
LICENSING WAIVERS	
13. Did the contractors provide the number of waivers of non-safety licensing standards granted this quarter? *Reviewer Note: This provides information for the Federal IV-B Plan and Legislature. How many waivers were requested? How many were granted by DHHS?*	☐**Y** ☐**N**
Reviewer Comments:	
14. Did the contractor include a written assessment of how granting such waivers have affected children in foster care, including their safety, permanency and well-being? *Reviewer Note: How has this affected the families? (Should not affect safety or wellbeing?)*	☐**Y** ☐**N**
Reviewer Comments:	
15. Did the contractor include reasons why relative foster family homes may not be licensed despite authority to grant such case-by-case waivers of non-safety licensing standards?	☐**Y** ☐**N**
Reviewer Comments:	
16. Did the contractor include a description of the plans the will take or is considering taking to increase the percentage of relative foster family homes that are licensed while ensuring the safety of children in foster care and improving their permanence and well-being? ***Reviewer Notes:*** *This provides information for the Federal IV-B Plan and Legislature*	☐**Y** ☐**N**

Reviewer Comments:	
16. a. Did the contractor provide any suggestions the Contractor has for administrative and/or legislative actions to increase licensed relative care?	☐Y ☐N
Reviewer Comments:	
CHILD AND FAMILY SERVICES PLAN	
17. Did the contractor describe their specific accomplishments and progress made toward meeting each goal and objective in the State's CFSP, including information on outcomes for children and families, and a more comprehensive, coordinated, effective child and family services continuum? *Reviewer Note: Supports p. 6 of IV-B plan, State goals – absence of maltreatment, reduce state wards, increase permanency. Say how they are helping achieve these outcomes. Timeliness of adoption, stability.*	☐Y ☐N
Reviewer Comments:	
DISASTER PLAN	
18. Did the contractor have any changes to their Disaster Plan this quarter regarding how they will: **a. Identify and locate children/youth placed in out-of-home care and all families that are assigned to the Contractor.** **b. Identify, locate and continue availability of services for children/youth under State care or supervision that are displaced or adversely affected by a disaster.** **c. Respond to new CFS cases in areas adversely affected by a disaster, and provide services in those cases.** **d. Remain in communication with DHHS and other essential CFS personnel who are displaced because of a disaster; and** ***e.* Preserve essential program records.** *Reviewer Note: The contractor should provide a written description of the changes. If the contractor had no changes to their Disaster Pan, this would be marked as not applicable.*	 ☐Y ☐N ☐NA ☐Y ☐N ☐NA ☐Y ☐N ☐NA ☐Y ☐N ☐NA ☐Y ☐N ☐NA
Reviewer Comments:	
CHAFEE FOSTER CARE INDEPENDENCE PLAN	

19. Did the contractor describe their Chafee Foster Care Independence Plan efforts this quarter regarding: **a. Help youth transition to self-sufficiency;** **b. Help youth receive the education, training, and services necessary to obtain employment;** **c. Help youth prepare for and enter post-secondary training and educational institutions;** **d. Provide personal and emotional support to youth aging out of foster care through mentors and the promotion of interactions with dedicated adults** **e. Provide financial, housing, counseling, employment, education and other appropriate services and support to former foster care recipients between 18 and 21 years of age** *Reviewer Note: The contractor should provide a written description of the changes. If the contractor had no changes to their Chafee Plan, this would be marked as not applicable.*	☐Y ☐N ☐Y ☐N ☐Y ☐N ☐Y ☐N ☐Y ☐N
Reviewer Comments:	
20. Did the Contractor provide a description of the types of new worker training offered and provided by the Department and the Contractor for Service Coordinators during the quarter? *Reviewer Note: regarding pre-service training.*	☐Y ☐N
Reviewer Comments:	
TRAINING	
21. Did the Contractor provide the number of Service Coordination staff who completed the pre-service training requirement during the quarter?	☐Y ☐N
Reviewer Comments:	
22. Did the Contractor provide the number of new employee training hours delivered during the quarter? *Reviewer Notes: Regarding the service coordinators.*	☐Y ☐N
Reviewer Comments:	
23. Did the Contractor provide a description of the types of on-going training/in-service training made available for Service Coordinators during the quarter?	☐Y ☐N
Reviewer Comments:	
24. Did the Contractor provide the number of on-going/in-service training hours delivered to staff during the quarter?	☐Y ☐N
Reviewer Comments:	
25. Did the Contractor provide the cost of training provided by the Contractor to Service Coordinators for the quarter?	☐Y ☐N
Reviewer Comments:	

PROGRAM EVIDENCE BASED PRACTICE AND PROMISINIG PRACTICE	
26. Program (EBP/PP) – Did the contractors report what percentage are receiving instruments at the programs defined timeline? *Reviewer Note: (For example, for Homebuilders, what percentage of clients has data on NCFAS or NCFAS-R; do they receive the required measure at intake, at the start of the program, at discharge, or six weeks in?)* • Numbers of children and families served by service type • Average length of stay by service type • Number of children and families successfully discharged by service type Number of direct service hours provided to children and families by service type	☐Y ☐N
Reviewer Comments:	
27. Program (EBP/PP) – Did the contractors report describe ~~some of~~ the processes they have in place to ensure the data received is reliable? *Reviewer Note: This is regarding data quality*	☐Y ☐N
Reviewer Comments:	
28. Did the contractor describe strengths of their EBP/PP Programs?	☐Y ☐N
Reviewer Comments:	
29. Did the contractor describe weaknesses of their EBP/PP Programs?	☐Y ☐N
Reviewer Comments:	
30. Did the contractor include points for Improvement and a Plan of Action?	☐Y ☐N
Reviewer Comments:	
31. Program (Non-EBP/PP) Program Quality – Did the contractor describe what some of the processes they have in place to ensure the program is being implemented reliably? *Reviewer Note: This question is in regards to the fidelity and implementation of their Non-EBP/PP programs. (If Data is collected for the Non-EBP, what percentage are receiving instrument at the programs defined timeline?)*	☐Y ☐N
Reviewer Comments:	
32. Did the contractor describe strengths of their strengths of their Non-EBP/PP Programs?	☐Y ☐N
Reviewer Comments:	

33. Did the contractor describe strengths of their weaknesses of their Non-EBP/PP Programs?	☐**Y** ☐**N**
Reviewer Comments:	
34. Did the contractor include points for Improvement and a Plan of Action?	☐**Y** ☐**N**
Reviewer Comments:	
AFTERCARE SERVICES	
35. Did the contractor include After Care Services and Activities provided to families discharged from the system this quarter?	☐**Y** ☐**N**

Reviewer Notes: This item was added with the 2/16/10 update to the report matrix in the Operations Manual, and is section16 of the Operations Manual. Did the contractor indicate the number of families receiving after care, and what types of care are being provided?

Operations Manual:

Aftercare shall be provided for 12 months following case closure. Aftercare is not required in the following situations:

1) In the cases where the only services provided were related to an Initial Safety Assessment or OJS evaluation.
2) Families who move out of state.
3) When the youngest child in the family has reached the age of 19. (Note: The contractor is required to continue to work with the youth through their independent living program until age 21 as set out in Section 17.)
4) If the case is closed within a 48 hour law enforcement hold.

Reviewer Comments: