

NOTICE OF FORM CHANGE NO. 04-032

DATE

02/09/2004

TO:
County Welfare Director
Supply Clerk / Forms Coordinator

FROM:
Forms Management Unit
(916) 657-1907

Community Care Licensing District Offices
 Private and Public Adoption Agencies

District Attorney
 Other

Listed below is information regarding a form change. Only applicable information is shown.

This notice updates your Department of Social Services County Forms Catalog.

FORM NUMBER AND TITLE CWS 1 (2/04) - California Child Welfare Outcomes and Accountability System Peer Quality Case Review

ORDER UNIT MASTER ONLY	<input checked="" type="checkbox"/> Free <input type="checkbox"/> Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> New <input type="checkbox"/> Revised	DATE OF FORM 2/04	REPLACES	<input type="checkbox"/> Obsolete
REQUIRED FORM- <input checked="" type="checkbox"/> No Change Permitted	REQUIRED FORM- <input type="checkbox"/> Substitute Permitted With Prior DSS Approval	<input type="checkbox"/> Recommended Form	
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788		<input type="checkbox"/> Other:	

FORMS DISPOSITION AND SPECIAL INSTRUCTIONS

DISPOSITION OF OLD SUPPLY

Use until exhausted Destroy

USE NEW FORM

When supply available in DSS Warehouse Use new form effective 2/04

USE FORM IN ACCORDANCE WITH

All County Letter No.
 Other (specify)

ADDITIONAL INFORMATION REGARDING FORM CHANGE

Form is a Master Only.

Attached is a Reproducible Copy

Check on the internet to see if forms are available at www.dss.cahwnet.gov

For camera-ready copies of English and Spanish forms, please call the Forms Management Unit (FMU) at (916) 657-1907, or by electronic mail at: fmudss@dss.ca.gov.



**CALIFORNIA CHILD WELFARE
 OUTCOMES AND ACCOUNTABILITY SYSTEM
 PEER QUALITY CASE REVIEW
 PART I - ONSITE CASE REVIEW TOOL**

FACE SHEET

A. Name of County:	B. Case Name:	C. Case Number:
D. Date Case Record Reviewed:		
E. Reviewers' Names: State Staff: County Staff:	F. Type of Case Reviewed: <input type="checkbox"/> In-Home <input type="checkbox"/> Out-of-Home	

CASE INFORMATION

G. Date of Most Recent Case Opening:	H. Date of Most Recent Removal from Home: (if applicable)	
I. Date Case Closed: (if applicable)	J. Date Child Returned Home: (if applicable)	
K. Focus (Case) Child's Name: First MI Last	L. Focus Child's Ethnicity:	M. Date of Birth of Focus Child:
N. Name of Focus Child's Sibling(s): (if applicable) First MI Last	O. Sibling(s)' Ethnicity:	P. Date of Birth of Sibling(s):
1.		
2.		
3.		
4.		
5.		

SECTION I: SAFETY

A. Timeliness in Response to Investigating Reports (Historical)

1. How many reports of suspected abuse or neglect have been received on this child?
 (Note: Exclude Evaluated Out referrals) Number of reports: _____

Questions 2 through 5 refer to the two most recent referrals

2. What was the type of abuse?	<u>1st Report</u>	<u>2nd Report</u>
	<input type="checkbox"/> Physical Abuse <input type="checkbox"/> General Neglect <input type="checkbox"/> Emotional Abuse <input type="checkbox"/> Sexual Abuse <input type="checkbox"/> Parent Incarcerated/ Incapacitated/Absent <input type="checkbox"/> Severe Neglect	<input type="checkbox"/> Physical Abuse <input type="checkbox"/> General Neglect <input type="checkbox"/> Emotional Abuse <input type="checkbox"/> Sexual Abuse <input type="checkbox"/> Parent Incarcerated/ Incapacitated/Absent <input type="checkbox"/> Severe Neglect
3. What was the priority level assigned to the most recent reports of abuse or neglect?	<u>1st Report</u>	<u>2nd Report</u>
	<input type="checkbox"/> Evaluate Out <input type="checkbox"/> Immediate <input type="checkbox"/> 10 day <input type="checkbox"/> Other: _____ day	<input type="checkbox"/> Evaluate Out <input type="checkbox"/> Immediate <input type="checkbox"/> 10 day <input type="checkbox"/> Other: _____ day
3a. Were the reports responded to in accordance with the State's statutory timeframes for the priority level?	<u>1st Report</u>	<u>2nd Report</u>
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Was face-to-face contact with the child made by the investigating worker?	<u>1st Report</u>	<u>2nd Report</u>
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a. If the answer to Question 4 is "No", is there documentation in the case file explaining why not?	<u>1st Report</u>	<u>2nd Report</u>
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4b. If the answer to Question 4a is "Yes", what were the documented reasons for no face-to-face?	<u>1st Report</u>	<u>2nd Report</u>
	<input type="checkbox"/> High Caseload <input type="checkbox"/> Court Appearance <input type="checkbox"/> Other: _____	<input type="checkbox"/> High Caseload <input type="checkbox"/> Court Appearance <input type="checkbox"/> Other: _____
5. What was the conclusion of the abuse allegation?	<u>1st Report</u>	<u>2nd Report</u>
	<input type="checkbox"/> Substantiated <input type="checkbox"/> Inconclusive <input type="checkbox"/> Unfounded	<input type="checkbox"/> Substantiated <input type="checkbox"/> Inconclusive <input type="checkbox"/> Unfounded

B. Recurrence of Abuse or Neglect

6. Subsequent to the case being opened, were there additional substantiated reports of abuse or neglect received on the child?	<input type="checkbox"/> Yes <input type="checkbox"/> No If the answer is "No" please go to Sections C	
7. Did the reports involve the same general circumstances?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Did the reports involve the same perpetrator?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9. What was the relationship of the perpetrator to the child?	<p style="text-align: center;"><u>1st Report</u></p> <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Sibling <input type="checkbox"/> Care Provider <input type="checkbox"/> Other: _____	<p style="text-align: center;"><u>2nd Report</u></p> <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Sibling <input type="checkbox"/> Care Provider <input type="checkbox"/> Other: _____
10. What was the allegation type of the reports?	<p style="text-align: center;"><u>1st Report</u></p> <input type="checkbox"/> Physical Abuse <input type="checkbox"/> General Neglect <input type="checkbox"/> Emotional Abuse <input type="checkbox"/> Sexual Abuse <input type="checkbox"/> Parent Incarcerated/- Incapacitated/Absent <input type="checkbox"/> Severe Neglect	<p style="text-align: center;"><u>2nd Report</u></p> <input type="checkbox"/> Physical Abuse <input type="checkbox"/> General Neglect <input type="checkbox"/> Emotional Abuse <input type="checkbox"/> Sexual Abuse <input type="checkbox"/> Parent Incarcerated/- Incapacitated/ Absent <input type="checkbox"/> Severe Neglect
11. What type of response was determined for the reports listed in Question 8 above?	<p style="text-align: center;"><u>1st Report</u></p> <input type="checkbox"/> Evaluate Out <input type="checkbox"/> Immediate <input type="checkbox"/> 10 day <input type="checkbox"/> Other: ____ day	<p style="text-align: center;"><u>2nd Report</u></p> <input type="checkbox"/> Evaluate Out <input type="checkbox"/> Immediate <input type="checkbox"/> 10 day <input type="checkbox"/> Other: ____ day
12. Where did the incidents take place?	<p style="text-align: center;"><u>1st Report</u></p> <input type="checkbox"/> Home <input type="checkbox"/> Foster Home <input type="checkbox"/> School <input type="checkbox"/> Other Location: _____	<p style="text-align: center;"><u>2nd Report</u></p> <input type="checkbox"/> Home <input type="checkbox"/> Foster Home <input type="checkbox"/> School <input type="checkbox"/> Other Location: _____

C. In-Home Services

13. Were in-home services provided to the family voluntarily?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Court Ordered
13.a Where in-home services provided to the family if the child was removed and then returned home?	<input type="checkbox"/> Yes <input type="checkbox"/> No

13b. If the answer to Question 14 or 14 b is "No", state the reason(s) why the in-home services were not provided:

D. Assessment of Needs and Services

14. Were the needs of the child assessed and identified while developing case plans? Yes No

14a. If the answer to Question 15 is "Yes", identify the needs and describe the process the agency used to assess the needs:

15. Were the needs of the parent(s) assessed and identified while developing case plans? Yes No

15a. If the answer to Question 16 is "Yes", identify the needs and describe the process the agency used to assess the needs:

16. Were the services provided matched to the needs of the child? Yes No

17. Were the services provided matched to the needs of his/her parents/caretakers? Yes No N/A

18. Were services accessible and available for the child's needs (e.g., location, schedule, and cost)? Yes No

(COMPLETE ONLY IF OUT OF HOME PLACEMENT)

19. Were needs of the caretaker assessed and identified while developing case plans? Yes No

19a. If the answer to Question 20 is "Yes", identify the needs and describe the process the agency used to assess the needs:

20. Were services accessible and available for the parents'/caretakers needs (e.g., location, schedule, and cost)? Yes No N/A

21. Has the child had a physical examination during the last year? Yes No

Date of last visit: _____

22. Has the child had a dental examination during the last year? Date of last visit: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
22a. Are the child's medical and dental treatment needs being met?	<input type="checkbox"/> Yes <input type="checkbox"/> No
23. Is the child on psychotropic medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No
23a. If the answer to Question 24 is "Yes", is there a current court authorization on file?	<input type="checkbox"/> Yes <input type="checkbox"/> No
E. Child and Family Involvement in Case Planning	
24. Is there a case plan on file?	<input type="checkbox"/> Yes <input type="checkbox"/> No
24a. If the answer to Question 25 is "Yes", is the case plan updated every six months as required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
25. When appropriate, is the child involved in developing case planning activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
25a. If the answer to Question 26 is "Yes", describe how the child is involved:	
26. Are the parents involved in developing case planning activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
26a. If the answer to Question 27 is "Yes", describe how they are involved:	
<u>(COMPLETE ONLY IF OUT OF HOME PLACEMENT)</u>	
27. Is the caretaker involved in developing case planning activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
27a. If the answer to Question 28 is "Yes", describe how they are involved:	
SECTION II: OUT-OF-HOME PLACEMENT	
ONLY complete Section II if this is an "Out-of-Home" placement.	
F. Placement Stability	
28. Did the child change placement settings while in an out-of-home care? <i>(when?)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

28a. If the answer to Question 29 is "Yes", note the number of placements and the factors contributing in the placement changes. Factors: _____	No. of placements _____
29. Did any of the placement changes occur for reasons not directly related to helping the child achieve the goals in his/her case plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
29a. If the answer to Question 30 is "Yes", specify reasons: _____	
G. Family Relationships and Connections	
30. What is the proximity of the child's current placement to their parent(s)? Placement to Mother <input type="checkbox"/> Same Neighborhood <input type="checkbox"/> Same county <input type="checkbox"/> Out of county <input type="checkbox"/> Out of state <input type="checkbox"/> Other: _____ Placement to Father <input type="checkbox"/> Same Neighborhood <input type="checkbox"/> Same county <input type="checkbox"/> Out of county <input type="checkbox"/> Out of state <input type="checkbox"/> Other _____	
31. For children not placed in the same county as either of their parents' residence, is the reason for the location of the placement clearly related to helping the child achieve his/her case plan goals?	<input type="checkbox"/> Yes <input type="checkbox"/> No
32. Does the placement location maintain important family connections?	<input type="checkbox"/> Yes <input type="checkbox"/> No
32a. If the answer to Question 33 is "Yes", describe how the placement location maintains family connections.	
33. Does the placement location maintain important community connections (e.g. school, friends)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
33a. If answer to Question 34 is "Yes", describe how the placement location maintains community connections:	
34. What efforts did the agency make to place sibling(s) together?	
35. What were the reason(s) sibling(s) were not placed together?	
H. Visitation between Parents and Siblings	
36. What is the most typical pattern of visitation between the child and his/her family? Mother: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Less than monthly <input type="checkbox"/> No visits Father: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Less than monthly <input type="checkbox"/> No visits Siblings: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Less than monthly <input type="checkbox"/> No visits	

I.. Indian Child Welfare Act (ICWA) (complete this section if applicable)	
37. Is the child a Native American/Indian? If the answer is "Yes", continue with Question 39. If the answer is "No", go to Section J.	<input type="checkbox"/> Yes <input type="checkbox"/> No
38. Was the tribe notified of the child's involvement in child welfare services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
39. Was the tribe notified of scheduled court proceedings?	<input type="checkbox"/> Yes <input type="checkbox"/> No
40. Are the child's interests being addressed through placement with the child's extended family or tribe?	<input type="checkbox"/> Yes <input type="checkbox"/> No
40a. If the answer to Question 41 is "No", why not?	
41. Is there documentation that supports placement preferences (e.g., working with tribes and courts around decisions for Indian children in out-of-home placements)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
J. Permanency Goal for Child (Complete only if Out of Home Placement)	
42. What is the child's current permanency goal?	<input type="checkbox"/> Adoption <input type="checkbox"/> Emancipation <input type="checkbox"/> Family Reunification <input type="checkbox"/> Long Term Placement <input type="checkbox"/> Kin <input type="checkbox"/> Non Kin <input type="checkbox"/> Guardianship <input type="checkbox"/> Kin <input type="checkbox"/> Non Kin
43. Was there a timely establishment of a permanency goal?	<input type="checkbox"/> Yes <input type="checkbox"/> No
43a. If the answer to Question 45 is "No" then what prevented the establishment of a timely permanency goal?	
44. Is there a concurrent plan in place (working toward two different goals simultaneously, e.g., adoption and reunification)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

45. What factors did the agency consider when making decisions about the child's permanency goals?

Age Ethnicity Medical condition Placement with siblings Relatives Other: _____

46. Was there a compelling reason documented as to why a TPR was not ordered? Yes No N/A

47.a If yes, what was the compelling reason?

K. Summary of Case Review Findings

Examples of Case Findings

Effective use of CWS/CMS Trends of documentation Were contacts well narrated and entered timely

Name of County:	Case Name:	Case Number:
Date Case Record Reviewed:		

L. Summary Issues to follow-up with SW Interviews

➤ Areas for further Review

➤ Trends from Case Review