

HANDOUT

Comprehensive Continuous Quality Assessment (CQA) Tip Sheet

Maltreatment /Presenting Problem

EVALUATION CRITERIA

INTAKE

- Are all prompts addressed?
- Does it contain a brief physical description of victim and dates interviewed?
- Are collaterals identified (with dates interviewed) and relationships indicated?
- Is documentation of reports and their sources referenced?

ONGOING

- Are all prompts addressed?
- Does it contain a brief restatement of the initial maltreatment discovered?
- Does it include a description of any reoccurrence of (or lack of) maltreatment since the initial or last CQA? (i.e. "Since the initial CQA, there have been no known or reported.....etc")
- Are any new injuries or conditions described in graphic, behaviorally specific terms?
- Are collaterals identified (with dates interviewed) and relationships indicated?
- Is documentation of reports and their sources referenced?

1. Assessment Points

What is the extent of the maltreatment?

Collateral/witness description of maltreatment.

This is the legal evidence section and should read like a petition. This is "what" was found, not how it happened.

Investigative Services

Start with a brief physical description [B/F, age 5] of the victim and the date/time of the interview. Clearly describe what was found or what allegations were not substantiated. [For example, if the DSS-115 alleges that a child has a black eye and the child was not found to have a black eye, that fact needs to be documented.]

Identify the collaterals, the dates interviewed and their relationship to the child. Document only what collateral statements can prove, or disprove, the allegations. This is "what" was found, not how it happened. [For example, a child's teacher, neighbor, or relative saw the child's black eye, then his/her statement regarding what was seen, or not seen, would be included here.] This is where police reports, school records, medical records or other pertinent collateral records are documented, as they are related to the allegations. [Per ER report, the child was seen for a

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black eye on 1/15/01.] Any photographs or written statements from the victim(s) should be referenced in this section. "Found and substantiated" allegations are documented in this section.

Status Offenders

State the contents of the status petition that resulted in the case being opened. Describe the child's behavior and rate according to the level of risk of harm to the child and/or family.

On-going Narrative

To update this section, copy/paste the initial maltreatment information from the original substantiated CQA that led to this case being open. If the original substantiated risk issue is not in the CQA format, summarize the maltreatment and cite the previous risk assessment by date.

Progress: "Since the initial CQA, there have been no known or reported high risk incidents."

No Progress: "Since the initial CQA, there have been no known or reported high risk incidents." In cases of neglect where acts of omission are still present, write a summary statement of the present conditions highlighting the remaining issues from the original maltreatment. [For example, if the DSS-115 alleges that the child is not attending school regularly and this continues to be the case, you must document those facts.]

Lapse/Relapse: When known lapses or known/reported relapses have occurred, the new maltreatment information should be documented. Start with "since the initial CQA there have been (number) of DSS-115's (cite dates). The maltreatment substantiated was. . . (summarize). If there were any unsubstantiated referrals since the initial CQA, those should be documented in this section.

Children in OOHC

If children are in care and parents have supervised or no visitation, then state "No new maltreatment, children are in care and parents do not have access to children. " Give this section a rating of 0.

If children are in care and the parents have unsupervised contact with them, then you follow the instructions for a regular on-going case.

Adoptions

Summarize why and when parental rights were terminated then state "No new maltreatment, however, the child has not yet achieved permanency. " Give this section a rating of 0.

2. Safety Factors

There are no safety factors in this section.

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3. Rating/Anchors

In choosing a rating score, you should always review the anchors before selecting a rating. When reading the anchors, you start from top to bottom and select the anchor that contains the first true statement. Your documentation must thoroughly support the rating/anchor findings.

In this section, you are rating the severity of the maltreatment regardless of the perpetrator.

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Sequence of Events

EVALUATION CRITERIA

INTAKE

- Are all prompts addressed?
- Does the section begin with a brief description of the ongoing assessment interviews?
- Does it include a thorough description of what has actually happened to create risk, based on direct interviews?
- Does the narrative identify the source of information, including collateral quotes?
- Does the section include comments from all possible parties regarding the risk?
- Are the family's attempts to create safety since the risk as discovered described?
- Are the workers action steps to create safety also documented?

ONGOING

- Are all prompts addresses?
- Does the section include a brief description of the home-based assessment visits?
- Does it include a summary of the sequence of events regarding any new maltreatment that highlights any similarities to original concerns?
- If there has been new maltreatment, does the section include a thorough description of what has happened to create risk based on direct interviews?
- Does the narrative identify the source of information, including collateral quotes?
- Does the section include comments from all possible parties regarding the risk?
- Are the family's attempts to create safety since the most recent risk was discovered described?

1. Assessment Points

What surrounding circumstances and sequence of events accompany the maltreatment (according to victims, siblings/other household members, non-ending caretaker(s), perpetrator, and collateral sources)? Include environmental factors such as clean house, exposed wiring, etc.

Investigative Services

This is the "HOW" of the story. It captures everyone's version of how the maltreatment occurred. What was happening in the family in the hours or days prior to the incident? This section tends to be the most lengthy and detailed.

Start with a brief description of the home, if not described in the maltreatment section. [For example, "From SSW home visits (1-5, 1-7, 1-12) the family lives at

100 W. Mann in a 3 BR, single-family dwelling that appears clean, neat and well-maintained."]

How does each person described the event?

Complainant

Collaterals/ alleged witnesses

Alleged victim

Children/siblings/household members

Non-offending adults/parent

Perpetrator

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Don't forget to enter contact screens in TWIST and TCM documentation!

On-going Services

This section details the thoughts, feeling and behaviors surrounding the high-risk event, especially the pattern that led up to the report of abuse or neglect. A summary paragraph that outlines previous "Sequences of Events" is entered here.

[For example, On 1-21-01 physical abuse to the child by the father was substantiated. Injuries included a black eye, linear bruises on buttocks from a "beating" with a belt and a fractured wrist. The incident occurred after the father lost his job and his use of alcohol escalated. The mother was working two jobs to support the family and was not available to protect the child.

A petition was filed and heard in family court on 1-22-01. Temporary custody was given to the maternal grandmother, Anne Smith, 555-1212. The father was ordered to JADAC for a chemical dependency assessment and to Anger Management classes. A no contact order was entered for the father. Referrals to JADAC and Seven Counties Services were made on 1-29-01 and the case was transferred to on-going services.]

The subsequent paragraphs should document pertinent events that have occurred since the previous CQA, and should include: Documentation regarding whether or not the perpetrator has learned their triggers and warning signals, how they have begun to initiate an intervention plan, and a description of the sequence and then how the intervention will occur.

See example below.

Progress: Just like in Maltreatment, a statement should be made "Since the initial CQA, there have been no known or reported incidents."

No Progress: Write a statement like the one above.

Lapse/Relapse: Write, "Since the initial CQA there have been (number) of high risk patterns" and then summarize the Sequence of Events and highlight the similarities to the original event.

[For example, " Since the last CQA on 1-29-01, this case was assigned to this SW on 2-7-01. A home visit was made on 2-8-01 to the parents' home and on 2-9-01 to the child and grandmother. All parties were interviewed during these visits regarding the case planning process and what needs to happen to reunite the family. A case planning conference was held on 2-14-01 with the parents, MGM, JADAC counselor, SCS counselor and the SW supervisor in attendance. While discussing case plan objectives, father stated that he has learned that being overly tired leads to drinking to feel better. When he drinks, he loses his ability to be patient, especially when the baby cries. Father stated that he never feels like shaking the baby if he is not tired or drinking. IN order to avoid being in that situation, mother and father have agreed to call MGM if the baby is up all night and he is alone with her the next day after getting no sleep]

No progress has been made in achieving the objectives outlined in the case plan as evidenced by the following information. During the course of monthly home visits and contacts with service providers, the worker has learned that the father continues to drink and has missed five of the

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last six anger management classes. Additionally, the mother has recently become unemployed. The father remains out of work and the family's only income is unemployment compensation. The child has visited regularly with the mother in the grandmother's home. The child has not had contact with the father, as per court order.

The case was heard in family court for pre-trial on 3-15-01 and for trial on 5-8-01, at which time the mother and father stipulated to abuse. A separate disposition was waived. Final court orders were for father to complete drug and alcohol treatment and anger management courses. Temporary custody remains with Anne Smith, MGM. Supervised visitation with the father is to occur in a therapeutic environment as determined by the worker. The case is to be redocketed when all court orders are fulfilled.]

Child in OOHC

The documentation required for children in OOHC is no different than for On-going Services.

Status Offenders

This section details the thoughts, feeling and behaviors surrounding the high-risk event, especially the pattern that led up to the original offense. A summary paragraph that outlines previous "Sequences of Events" is entered here. Next, document what has happened in the family in the last six months including changes in placement, educational status, services and service providers. Following a summary paragraph, should be a description of the progress, or lack of progress, experienced by the child/family in achieving the objectives outlined in the case plan.

Adoptions

A summary paragraph that outlines previous "Sequences of Events" is entered here. Next, document what has happened in the child's life during the last six months including changes in placement, educational status, services and service providers. Following a summary paragraph, should be a description of the progress, or lack of progress, experienced by the child in achieving the objectives outlined in the case plan. Specifically state what efforts have been made to achieve permanency and what barriers remain, if any.

After a TPR, this section should be rated a "O".

2. Safety Factors

There are no safety factors in this section.

3. Rating/Anchors

In choosing a rating score, you should always review the anchors before selecting a rating. When reading the anchors, you start from top to bottom and select the anchor that contains the first true statement. Your documentation must thoroughly support the rating/anchor findings.

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Child Safety Screening

Selected assessment factors that are selected will populate to appropriate screens and must be addressed in that section. The window that they populate to is a single line and the worker must use the drop down box to view all the safety factors that have populated to each screen.

Investigative Services

All safety factors must be assessed as they relate to family with whom the child was living at the time of the incident.

Status Offenders

All safety factors must be assessed as they relate to the birth family, regardless of their current placement or living arrangements.

On-going Services/Children in OOHC

All safety factors must be assessed as they relate to the birth family, regardless of their current placement or living arrangements.

Adoptions

After a TPR, all safety factors must be assessed as they apply to the child, but not the birth family. Any safety factor that refers to adults in the home relates to the birth family and should be checked "no". (For example, safety factors that address domestic risk, history of CA/N, criminal history, parents' whereabouts, a pattern of serial relationships and substance abuse relate to the birth family and should be checked "no".)

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Family Developmental Status

EVALUATION CRITERIA

INTAKE

- Are all prompts addressed?
- Are all of the family members identified and named?
- Are the family's life cycle tasks identified and discussed?
- Are the key tasks that are problematic identified and related the issue of risk?
- Are prior casework experiences with the family noted and discussed?
- Are cultural factors discussed?

ONGOING

- Are all prompts addressed?
- Has the family's progress on the Family Level Objectives (since the last CQA) been described and documented?
- If no progress has been made on the Family Level, has the lack of progress been described and documented?
- Are any changes in family functioning been discussed?

1. Assessment Points

What are the overall tasks that the family typically face? How effective are their current parenting practices? Include strengths (i.e. nurturing, protective of child, etc.) and risks (i.e. ignores child's needs, has unrealistic expectations of child's functioning) any cultural or health issues which impact the developmental stage and tasks of the family. (A separate tab is provided for discussing discipline)

This section addresses those daily tasks that the family struggles with and is very focused on what tasks we would expect them to deal with based upon the ages of their children and their family situation (i.e. single parent with newborn, blended family with teen-agers, divorced/widowed with school-age children, etc.)

Investigative Services

Name all the members of the family and any other individuals living in the home. If some members of the family do not live in the home, document where they are living and their involvement with the family.

Identify the life cycles and stages the family is experiencing. [For example, this is a family with adolescents and issues that these families typically face are curfew, peer relationships, promoting independence, dating, and school performance.] Discuss which tasks are causing stress in the family (i. E., toilet training, an

adolescent's lack of respect, etc.) and how these issues are affecting the safety/welfare of the children.

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Include cultural/health issues that impact the developmental stages and tasks of the family. To address the cultural issues identify the race of the family members, the family's socio-economic status, religious preference, and geographic differences (e.g. family from Eastern Kentucky that is living in Louisville). To address the health issues identify any health conditions that affect any of the family and household members. **You must include whether or not any family member has ever had a seizure. This is a Quality Central requirement.** [For example, the mother and the oldest child suffer from severe asthma and use inhalers daily. Both of them have required treatment in the ER within the last six months for this condition. No other family members report significant health conditions, including seizures. The frequent doctor's visits have put a financial strain on the family. As a result, mother acknowledges not seeking treatment as often as suggested by her doctor.]

This is also the section where you include previous reports or casework with the family. [For example, CPS substantiated physical abuse in 1992 on Sue by mother's boyfriend, Tom Smith. Since that time, there have been 4 reports of unsubstantiated neglect.]

Remember that your first Family Level Objective should be based upon information documented in this section.

Using the questions below will help you adequately address this section.

What are the overall tasks that the family typically faces?

What are the family rules? Who makes the rules in the family? How are the tasks of daily living carried out? By whom?

What tasks of daily living are causing stress for the family?

What activities do the parents/caretakers do with the children?

How effective are their current parenting practices?

Identify the overall family strengths, including parenting strengths (i.e. nurturing, protective of child, etc.) This is required by COA.

Identify parenting risks (i.e. ignores child's needs, has unrealistic expectations of child's functioning).

Are there any cultural or health issues which impact the developmental stage and tasks of the family?

What is the parent's/caretaker's perception of the impact of domestic risk on the parent child relationship?

What is the parent's/caretaker's perception of the impact of substance abuse on

the parent/child relationship?
How are the children protected when the parents/caretakers argue?
What was the family trying to accomplish that resulted in harm? (E.g. trying to get the child to go to sleep or eat breakfast or go to school or not go out.)

Discuss discipline in the Family Choice of Discipline section.

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Status Offenders

This section should be addressed like the On-going Services narrative. Be sure to address the birth family and not the OOHC placement. If there is permanent custody to a relative, address the family with permanent custody and NOT the birth family.

When naming foster family members, identify who is living in the home but do not use names (for example, this foster home has two parents, and three other foster children, 14/B/M,

On-going Services

This section should be addressed like the Investigative Services section.

In updating a CQA, this section will be the lengthiest. Remember, your first Family Level Objective should be based upon information documented in this section. The subsequent paragraphs should document pertinent events that have occurred since the previous CQA.

Progress: Document the progress that the family has made on the Family Level Objective(s)/Prevention Plan(s). This should summarize the documentation on the contact screens for the family. Start this section with "Since the last CQA,"

No progress: Document the lack of progress on the FLO/PP. Cite the reasons assessed from the contact screens for this family. "Since the last CQA, the family has made little or no progress on their ability to (FLO).". ..

Children in OOHC

This section should be addressed like the On-going Services narrative. Be sure to address the birth family and not the OOHC placement. If there is permanent

custody to a relative. address the family with permanent custody and NOT the birth family.

When naming foster family members, identify who is living in the home but do not use names (for example, this foster home has two parents, and three other foster children, 14/B/M, 12/W/M and 11/B/M). We cannot identify names of foster care providers due to confidentiality.

Remember, your first Family Level Objective should be based upon information documented in this section.

Adoptions

After the TPR, this section should address the current placement of the child, not the birth family. This information is useful in preparing the potential adoptive placement to meet the needs of the child.

When naming foster family members, identify who is living in the home but do not use names (for example, this foster home has two parents, and three other foster children, 14/B/M, 12/W/M and 11/B/). We cannot identify names of foster care providers due to confidentiality.

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Adoption workers do not need to identify the entire history of previous reports, only those that have occurred since the TPR.

All of the rest of the investigative guidelines apply equally to adoption cases.

After a TPR, case plans will not include a Family Level Objective. This section should be rated a "0" since this section refers to the family of origin.

2. Safety Factors

Safety factors that are selected will populate to appropriate screens and must be addressed in that section. The window that they populate to is a single line and the worker must use the drop down box to view all the safety factors that have populated to each screen.

3. Ratings/Anchors

In choosing a rating score, you should always review the anchors before selecting a rating. When reading the anchors, you start from top to bottom and select the anchor that contains the first true statement. Your documentation must

thoroughly support the rating/anchor finding.

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Family Choice of Discipline

EVALUATION CRITERIA

INTAKE

- Are all prompts addressed?
- Is the family's approach to discipline described?
- Has the worker confirmed the approach through collateral interviews?
- Are cultural factors discussed?

ONGOING

- Are all prompts addressed?
- Has the original information from this section of the intake CQA been summarized?
- Has the family's progress on any Family Level Objectives related to choice of discipline been described and documented?
- Has confirmation of findings from others been obtained?

1. Assessment Points

What are the disciplinary approaches used by the parents/caretakers? Are certain developmental tasks high risk for reactive discipline? Include strengths (i.e. uses self-control while disciplining child, is fair and consistent, etc.) and risks (i.e. uses risk or threats, discipline is vengeful).

Investigative Services

You must comment on the family's disciplinary approach even if it is not directly related to the initial allegation.

The following points may be useful to assess the discipline used by the family.

Describe in detail the techniques that the parents use in disciplining their children. This may vary depending on the ages of the children.

For example, "The parents use time out for their four-year-old by placing him in a corner away from other activities for no more than four minutes and then discuss the reason that he was placed there." Another example... "The parents will suspend privileges for the TV or phone for their 8 and 10 year olds for one week. The parents report that this technique works most of the time. When it doesn't work, they often ask for advice from the MGM and implement those suggestions. They have been pleased with the outcomes."

A lack of discipline is considered to be inappropriate discipline and should be documented here as well. Discipline is not just punishment, but is a tool that caregivers use to teach responsibility and appropriate behavior. The worker should confirm with children or collaterals the disciplinary approach the parents say they use.

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If the family uses extreme measures of discipline or if the family has a blatant lack of knowledge of age appropriate discipline, you must write a second Family Level Objective on discipline. This objective will help the family address their disciplinary style.

Status offenders

This section should be addressed like Investigative Services narrative. Be sure to address the birth family and not the OOHC placement. If there is permanent custody to a relative, address the family with permanent custody and NOT the birth family.

In this section copy/paste the original information and then explain progress or lack thereof: "Since the last CQA of (date) of (date)..."

On-going Services

This section should be addressed like the Investigative Services section.

In this section copy/paste the original information and then explain progress or lack thereof: "Since the last CQA of (date) .. " Again, confirmation of the use of discipline by others is needed. If there is an FLO specifically on discipline, then a detailed explanation of progress is needed.

Children in OOHC

This section should be addressed like On-going Services. Be sure to address the birth family and not the OOHC placement.

Adoptions

This section should be addressed like the Investigative Services section.

After the TPR, this section should address the current placement of the child, not the birth family. This information is useful in preparing the potential adoptive placement to meet the needs of the child.

After the TPR, there will be no Family Level Objective. The rating on this section should be a "0" since this section refers to the family of origin.

2. Safety Factors

Safety factors that are selected will populate to appropriate screens and must be addressed in that section. The window that they populate to is a single line and the worker must use the drop down box to view all the safety factors that have populated to each screen.

3. Ratings/Anchors

In choosing a rating score, you should always review the anchors before selecting a rating. When reading the anchors, you start from top to bottom and select the anchor that contains the first true statement. Your documentation must thoroughly support the rating/anchor finding.

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Individual Adult Patterns of Behavior

EVALUATION CRITERIA

INTAKE

- Are all prompts addressed?
- Is every adult in the home assessed for behavior control problems?
- Have physical characteristics been described?
- Have criminal records been checked?
- Has the pattern of behavioral control been adequately described with specific attention to prevention skills present or needed?

ONGOING

- Are all prompts addresses?
- Has the original information from this section of the intake CQA been summarized?
- Has the individual's progress on the Individual Level Objectives (since the last CQA) been described and documented?
- Has the progress in control of their pattern of behavior been adequately described with specific attention to prevention skills present or needed?

1. Assessment Points

Do certain adults have individual self-control problems? What behavioral strengths do you notice (i.e. is able to carry out the activities of daily living, makes plans for safety, etc)? What behavior do you see that may be high risk (i.e. high-risk behavior is escalating, employment problems, education/vocational issues, exhibits little ability to handle or manage life skills.)

Investigative Services

You must assess and comment on every adult in the home and parents living outside of the home, including their individual strengths. Start with the alleged perpetrator.

Describe the individual high-risk patterns in detail, including self-control issues (what behaviors do you see that may be high-risk?). This will be the first Individual Level Objective on the case plan. [For example, the CQA may read "John Smith expresses frustration by screaming at the child when she cries, especially when the child's mother is not around to care for her. Mr. Smith admits shaking the baby out of frustration, which was exacerbated by being alone with the baby for 10 hours while the mother was at work, the baby's recent illness, and the father's lack of sleep." (This would lead to an ILO on the case plan.... "Will use their "Keeping It Together" plan to prevent harmful expressions of anger

as described in tasks.")

Describe the other daily activities, including the extent to which he/she is involved in daily care of children. [Smith has been employed by Sears for six months and works 11 PM-7 AM. This 3rd shift schedule and caring for a six-month old infant has disrupted his sleep significantly as mother works during the day. Additionally, he is responsible for getting the older two children on the school bus at 7:45 AM and meeting the bus at 3:20 PM.]

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What behavioral strengths do you notice (i.e. is able to carry out skills of daily living, is able to make plans for safety.)? Do the adults have an awareness of the problem and/or a willingness to make changes?

Each of the following also need to be assessed:

Financial

Educational/vocational

Health, including mental/emotional

Cultural/social information

Status Offenders

If the focus of treatment is on the status offender and not on the adults, all adults should still be assessed using the Investigative Services section guidelines. The narrative should focus on the adult's role in the youth's pattern of high-risk behavior.

On-going Services/Child in OOHC

Copy/paste the information from the initial CQA and then update the progress or lack thereof. Always start with the person(s) who offended and give an update of the status of treatment.

If a person is still out of the home, for example, you would state "Since the initial CQA, Mr. Smith remains out of the home." Explain why, if it is known.

If the person who offended is in treatment, then you will explain how he/she has progressed on his individual prevention skills (i.e. knows situations that are high risk; knows his warning signals/pattern of risk; uses ways to prevent high risk; uses ways to interrupt/intervene high risk pattern; if all else fails, uses ways to escape relapse.

All other adults in the home must be re-assessed.

Adoptions

The narrative should assess the bulleted points in the Investigative Services section, but does not need to address high-risk behaviors of adults, if none are present. Remember, do not identify caregivers by name.

The rating on this section should be a "O" since this section refers to the family of origin.

2. Safety Factors

Safety factors that are selected will populate to appropriate screens and must be addressed in that section. The window that they populate to is a single line and the worker must use the drop down box to view all the safety factors that have populated to each screen.

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3. Ratings/Anchors

In choosing a rating score, you should always review the anchors before selecting a rating. When reading the anchors, you start from top to bottom and select the anchor that contains the first true statement. Your documentation must thoroughly support the rating/anchor finding.

In this section, you must also fill in the areas indicating that AOC, RUMBA, LINK, and CPS records were checked. If any adult has a record in any category, this must be discussed in the text.

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Child/Youth Development

EVALUATION CRITERIA

INTAKE

- ❑ Are all prompts addressed?
- ❑ Has every child in the home been assessed?
- ❑ Have the areas of Health, Education, Development, Social, Cultural and Emotional been assessed and described?

ONGOING

- ❑ Are all prompts addresses?
- ❑ Has the original information from this section of the intake CQA been summarized?
- ❑ Has any progress on the child's health, education, development, social or emotional issues (since the last CQA) been described and documented?

1. Assessment Points

How do the children function on a daily basis? Are they able to accomplish developmentally appropriate tasks? Include strengths (i.e. developmentally on target, verbal, etc), evasive behaviors, feelings, intellect, physical capacity and temperament, (include risk factors, i.e. intellectual functioning is age appropriate), any cultural or health issues (including seizures) which impact child development, any educational/vocational issues, any independent living skills needed.

Address every child in the home.

Investigative Services

There are the primary areas that must be assessed:

health
educational/vocational (independent living skills)
developmental issues
social/personal skills
cultural issues

Other than the victim(s), combine comments on other children when possible and appropriate. [For example, Natural mother states that the other children have no medical issues and non have ever had seizures. Mother states that all other children rarely get sick with anything more than a cold.]

Assess the victim(s) first. Physically describe the child and document the five assessment points above. Describe any behavior problems exhibited by the child.

Assess the other children living in the home and siblings to the victim who are temporarily placed out of the home (i.e. JCYC, hospital, etc.). This does not include siblings who have never lived in this family's home. Physically describe the other children and document the five assessment points above.

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Individual child behavioral strengths should be documented (i.e. the child is on the honor roll, child is very popular at school and is class vice-president, or the child is very nurturing to younger siblings).

The need for independent living skills should be assessed for any youth age 16 and older.

Status Offenders

In updating this section, copy/paste the information from the initial CQA or last ongoing CQA. Each child will be re-assessed in the same way described in the Investigative Section. Specific documentation on progress or lack thereof on identified needs should be included. Begin the re-assessment narrative by saying "Since the last CQA of (date)... "

On-going Services

In updating this section, copy/paste the information from the initial CQA or last ongoing CQA. Each child will be re-assessed in the same way described in the Investigative Section. Specific documentation on progress or lack thereof on identified needs should be included. Begin the re-assessment narrative by saying "Since the last CQA of (date)... "

Children placed in the permanent custody of other adults or have turned 18 should have been placed in "inactive" status by the worker and will not be assessed.

Children in OOHC

In updating this section, copy/paste the information from the initial CQA or last ongoing CQA. Each child will be re-assessed in the same way described in the Investigative Section. Specific documentation on progress or lack thereof on identified needs should be included. Begin the re-assessment narrative by saying "Since the last CQA "

Objectives on the Child/Youth Action Plan should be related to issues identified in this section. Progress or lack thereof, on objectives identified on previous case plans should be noted here.

Children who are placed in the permanent custody of other adults or who have turned 18 and have not extended commitment should have been placed in "inactive" status by the worker and will not be assessed.

Describe the youth's high-risk pattern of behavior and individual self control problems. This should include an awareness of the problem and a willingness to make changes. [For example, the child has poor reading skills and becomes easily frustrated in school because of this and states that "other kids call me retard". The child refuses to go to school and has had at least one incident of assaulting his mother when she tried to make him go. The child may be willing to attend school if he were able to go to Binet or an alternative program or if he received intensive reading support that would help him read on grade level.] Children who have been placed in the permanent custody of other adults or who have turned 18 and have not extended commitment should have been placed in "inactive" status by the worker and will not be assessed.

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Adoptions

In updating this section, copy/paste the information from the initial CQA or last on-going CQA. Each child will be re-assessed in the same way described in the Investigative Section. Specific documentation on progress or lack thereof on identified needs should be included. Begin the re-assessment narrative by saying "Since the last CQA of (date)..."

Objectives on the Child/Youth Action Plan should be related to issues identified in this section. Progress or lack thereof, on objectives identified on previous case plans should be noted here.

If the child has behavioral problems that present barriers to permanency, describe the high-risk pattern of behavior and individual self control problems. This should include an awareness of the problem and a willingness to make changes. [For example, the child has poor reading skills and becomes easily frustrated in school because of this and states that "other kids call me retard". The child refuses to go to school and has had at least one incident of assaulting his foster mother when she tried to make him go. The child may be willing to attend school if he were able to go to Binet or an alternative program or if he received intensive reading support that would help him read on grade level.]

2. Safety Factors

Safety factors that are selected will populate to appropriate screens and must be addressed in that section. The window that they populate to is a single line and

the worker must use the drop down box to view all the safety factors that have populated to each screen.

3. Ratings/Anchors

In choosing a rating score, you should always review the anchors before selecting a rating. When reading the anchors, you start from top to bottom and select the anchor that contains the first true statement. Your documentation must thoroughly support the rating/anchor finding.

CQA TIP SHEET

Family Support

EVALUATION CRITERIA

INTAKE

- ❑ Are all prompts in this category addressed?
- ❑ Is the family's use of natural helpers and social services documented?
- ❑ Are newly formed support systems and their benefits to the protection of the children documented? (Ex. "since the last assessment...")
- ❑ Are potential family resources identified such as relatives, friends, and neighbors along with the restraints present that would need to overcome to utilize these resources?

ONGOING

- ❑ Are all prompts in this category addressed?
- ❑ Has the original information from this section of the intake CQA been summarized?
- ❑ Has the family's progress on utilizing family support (since the last CQA) been described and documented?

1. Assessment Points

What is known about appropriate/positive family support systems? How do these support systems help the family protect the children?

This section is meant to:

Describe what is known about the family's social support network and its role in childcare and protection.

Include extended family members, neighbors, supportive friends, church, civic groups, agency providers, etc.

Investigative Services

What is known about appropriate/positive family support systems? Document the names, addresses and phone numbers when possible.

Extended Family Support: What is known about the relationship with extended family? Please describe the care, support, relationship, or lack thereof, in behaviorally specific terms of significant extended family members.

Significant Others, Friends, Neighbors Support: Do significant others exist in this family social network? What is known about the relationship? Please describe the care, support, relationship, or lack thereof, in behaviorally specific terms.

Community Support: Is this family involved with organizations, clubs, agencies,

churches, professionals, etc.? What is the nature of that involvement? Please cite specific support provided or conflict with any community support.

CQA TIP SHEET

Status Offenders

The documentation required for Status Offenders is the same as for On-going Services. If the youth is in OOHC, include the required documentation from that section as well.

Until TWIST is changed to allow a concluding paragraph like the Investigative Results Summary, a conclusion paragraph that summarizes the CQA and indicates future case activities should be added in this section.

On-going Services

In updating this section, copy/paste the information from the last CQA and then summarize their continued use of the support (both natural helpers and social services). Be sure to include any newly formed support systems and their beneficial use in relation to protection of the children. Use the language, "Since the last CQA.... " to distinguish the new information from the previous CQA.

Use the questions from the Investigative Services section to help complete this section.

Until TWIST is changed to allow a concluding paragraph like the Investigative Results Summary, a conclusion paragraph that summarizes the CQA and indicates future case activities should be added in this section. [For example, The children remain in OOHC because the family has failed to meet any of their objectives on the case plan. The worker will redocket the case in Family Court because of the father's failure to comply with court ordered JADAC assessment and treatment. The worker will meet with the On-going Services Specialist to determine case readiness for termination of parental rights.]

If the recommendation is to close the case the worker must cite the reasons and the development of an Aftercare plan that will link them to continued services. A copy of the Aftercare plan should be put in the file. Additionally, you should document in the contact screens that the family was given a copy of the Aftercare plan and the

If a new case plan is to be written from this CQA, then a DSS-1 54A should be given to the family and documented in the contact screens.

Children in OOHC

In addition to a narrative describing the birth family's support (see Ongoing Services section above), this section should address the supports that the child has in his/her placement, including supports to foster families. Also, describe how the foster parents or placement staff are assisting in the permanency plan. [For example, the foster mother is helping the child to create a Life Book and is supportive of the child's visitation with his

birth parents and speaks in positive terms about them.]

Until TWIST is changed to allow a concluding paragraph like the Investigative Results Summary, a conclusion paragraph that summarizes the CQA and indicates future case activities should be added in this section.

CQA TIP SHEET

Adoption, Services

This section should address the supports that the child has in his/her placement, including supports to foster families and pre-adoptive placements. Use the above guidelines from the Investigative Services section to assist you in assessing these supports. A1SO7 describe how the foster parents, pre-adoptive placements or placement staff are assisting in the permanency plan. [For example, the foster mother is helping the child to create a Life Book and is supportive of the child's visitation with pre-adoptive parents and speaks in positive terms about the process.]

If the recommendation is to close the case (due to finalized adoption or the child terminating commitment at age 18 or beyond) the worker must cite the reasons and the development of an Acreage plan that will link them to continued services. A copy of the Aftercare plan should be put in the file. Additionally, you should document in the contact screens that the child was given a copy of the Aftercare plan.

Until TWIST is changed to allow a concluding paragraph like the Investigative Results Summary, a conclusion paragraph that summarizes the CQA and indicates future case activities should be added in this section.

2. Safety Factors

Safety factors that are selected will populate to appropriate screens and must be addressed in that section. The window that they populate to is a single line and the worker must use the drop down box to view all the safety factors that have populated to each screen.

3. Ratings/Anchors

In choosing a rating score, you should always review the anchors before selecting a rating. When reading the anchors, you start from top to bottom and select the anchor that contains the first true statement. Your documentation must thoroughly support the rating/anchor finding.

CQA TIP SHEET

Investigative Results Summary

EVALUATION CRITERIA

INTAKE

- Are the findings and status or recommendations briefly stated?
- Are the justifications for making the recommendation summarized?
- If not providing services, have aftercare plans been utilized?
- Are all supporting documents referenced? (ie. 116, 154, Finding letter, etc.)

ONGOING

- Are the new findings and status or recommendations briefly stated?
- Are the justifications for making the recommendation summarized?
- If not providing continued services, have aftercare plans been utilized?
- Are all supporting documents referenced? (i.e. 116, 154, Finding letter, etc.)

1. Assessment Points

Describe the Overall Protective Capacity of the family. Was a Safety Plan developed? List recommendations with justification/rationale. What actions have already been taken? List after-care services needed if case to be closed.

Investigative Services

This section will justify the overall risk rating and the capacity of the parent to protect the child.

Document the date that the 72-hr update (DSS-116) was sent to law enforcement and County Attorney.

Briefly document the findings and status and recommendations (open, keep open, or close).

If a safety plan was completed, document the date it was completed with the family's participation and the date a copy was given to them.

Be sure to document the date that the letter notifying the family of the finding and the recommendations for case activity was mailed.

Summarize the justifications for your recommendations.

If closing, be sure to document your aftercare planning that was developed with the family and put a copy of the aftercare plan in the file. Remember to document the date the Aftercare Plan was given to the family.

The DSS-154 Notification Rights to Appeal, shall be given to the alleged perpetrator victim(s), if appropriate, and the victim's custodial parent or caregiver. You are to document in this section the date the DSS-154 was given to the above identified individuals.

Document all court activity, including dates and court orders.

Document clearly all short- and long-term service recommendations for the family.

If the child is NOT living at the parent's address listed on the DSS 115, document the name, relationship, address, and phone number of the child's placement.

For all other service areas, refer to Family Support section for information regarding the Conclusion paragraph.

CQA TIP SHEET

General CQA Tips

1. The CQA is a document that should be able to "stand alone." All pertinent case information should be found in this one document.
2. An initial CQA must be completed within 30 working days of the referral.
3. The CQA must be completed within 30 working days prior to the case plan. If the CQA is done correctly, all of your FLO's and ILO's should flow from your assessment. Additionally, many of your tasks will also be identified in the assessment. A good assessment should really make case planning easier.
4. The CQA needs to be updated at least every six months, at the time of a significant event (TPR, marriage, relative placement, divorce, death, etc.), prior to reunification, and prior to case closure. **Every time a CQA is updated, a new case plan should be completed. For closures, the aftercare plan will substitute for a new case plan. The overall risk rating should justify subsequent decisions and actions.**
5. The Familial Perpetrator CQA is used in all cases except for day care, school, and facility investigations.
6. To "Copy As", pull up the previous assessment through the CQA Summary screen, double click on the header row and open document. Click on "File", "Copy As", and TWIST will then copy all text into a new CQA. Workers must then update the previous material and provide new ratings.
7. Remember to address every assessment point on each screen. The Comprehensive CQA Tip sheet will provide you specific information on how to address these assessment points depending on the nature of the case.
8. Safety factors that are selected will populate to appropriate screens and must be addressed in that section. The window that they populate to is a single line and the worker must use the drop down box to view all the safety factors that have populated to each screen.
9. In choosing a rating score, you should always review the anchors before selecting a rating. When reading the anchors, you start from top to bottom and select the anchor that contains the first true statement. Your documentation must thoroughly support the rating/anchor finding.

To "Copy and Paste", highlight the desired material in the previous CQA. Hit the "Control" button and the letter "C" simultaneously to copy. Open the new CQA, put your cursor where the text will be placed, and then hit "Control" and "V" to paste.

Cabinet for Families and Children (2001). *Comprehensive Continuous Quality Assessment (CQA) Tip Sheet*. Retrieved October 16, 2001 from http://cfc.state.ky.us/pandp_process/.

ASFA: ASSESSMENT TIP SHEET

There are three major decision points in a child welfare case after the initial investigation. These decision points are related to the assessment of the likelihood of recurrence, case planning, and removal from or reunification of children with their families. Decisions regarding services and post-removal reunification are directly related to an assessment of the child's safety and well-being. The following are some guiding questions for assessment practice:

- ❑ Is the child safe?
- ❑ If the child is not safe, what is needed to protect the child?
 - in the home
 - with kin
 - in out-of-home care
- ❑ What are the strengths, needs, and resources of the family?
- ❑ What supports and services is the family currently receiving (or do they need to receive)? How much of these services are needed for the home environment to improve? What is the most realistic time frame for addressing these issues?
 - employment
 - housing
 - substance abuse
 - domestic risk
 - health and mental health
 - Are reasonable efforts not required?
- ❑ Who can provide care and protection of the child outside of the family?
 - kin
 - foster family
 - pre-adoptive or resource family
 - group or residential facility
- ❑ If the child is in out-of-home care, how do we ensure that visitation is safe and productive?
 - frequency
 - location
 - monitoring
 - support and guidance
- ❑ How do we ensure that the child's needs are being met?
 - emotional needs
 - physical needs
 - educational needs

ASFA: ASSESSMENT TIP SHEET (2)

- ❑ Can this family be reunited?
 - What is the parent's capacity to resume parenting?
 - What progress is being made toward reunification?
 - What about other family members and the capacity to provide a permanent home for the child?
- ❑ What is the best possible permanency option if the child cannot be reunited with his or her parents?
- ❑ Are kin, foster parents, or potential adoptive parents suited to and interested in becoming a permanent family for the child?
- ❑ How do we best achieve the alternate permanency plan?
- ❑ What is the parents' assessment of the best path to permanency, including alternatives to termination of parental rights, parental relinquishment, or guardianship?
- ❑ Is it now time to move to an alternate permanency option for the child?

U. S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau, A resource Guide, *Rethinking Child Welfare Practice Under the Adoption and Safe Families Act of 1997*, November 2000.

**Supervisory Guide for Evaluation:
Intake Assessment Process**

| YES | NO | NA | Evaluation Criteria |
|-----|----|----|---|
| | | | Maltreatment: Are all prompts addressed? |
| | | | a) Does it contain a brief physical description of victim and dates interviewed? |
| | | | b) Are injuries or conditions described in graphic, behavioral, and specific terms. |
| | | | c) Are collaterals identified (with dates interviewed) and relationships indicated? |
| | | | d) Is documentation of reports and their sources referenced? |
| | | | Supervisory Comments: |
| | | | Sequence of Events – Are all prompts addresses? |
| | | | a) Does the section begin with a brief description of the ongoing assessment interviews? |
| | | | b) Does it include a thorough description of what has actually happened to create risk, based on direct interviews? |
| | | | c) Does the narrative identify the source of information, including collateral quotes? |
| | | | d) Does the section include comments from all possible parties regarding the risk? |
| | | | e) Are the family’s attempts to create safety since the risk as discovered described? |
| | | | f) Are the workers action steps to create safety also documented? |
| | | | Supervisory Comments: |
| | | | Family Development Stage - Are all prompts addressed? |
| | | | a) Are all of the family members identified and named? |
| | | | b) Are the family’s life cycle tasks identified and discussed? |
| | | | c) Are the key tasks that are problematic identified and related the issue of risk? |
| | | | d) Are prior casework experiences with the family noted and discussed? |
| | | | e) Are cultural factors discussed? |
| | | | Supervisory Comments: |
| | | | Family Choice of Discipline – Are all prompts addressed? |
| | | | a) Is the family’s approach to discipline described? |
| | | | b) Has the worker confirmed the approach through collateral interviews? |
| | | | c) Are cultural factors discussed? |

Supervisory Comments:

| YES | NO | NA | |
|-----|----|----|--|
| | | | Individual Adult Functioning – Are all prompts addresses? |
| | | | a) Is every adult in the home assessed for behavior control problems? |
| | | | b) Have physical characteristics been described? |
| | | | c) Have criminal records been checked? |
| | | | d) Has the pattern of behavioral control been adequately described with specific attention to prevention skills present or needed? |

Supervisory Comments:

| | | | Child Functioning– Are all prompts addresses? |
|--|--|--|---|
| | | | a.) Has every child in the home been assessed? |
| | | | b.) Have the areas of Health, Education, Development, Social, Cultural and Emotional been assessed and described? |

Supervisory Comments:

| | | | Family Support – Are all prompts in this category addressed? |
|--|--|--|---|
| | | | a.) Is the family’s use of natural helpers and social services documented? |
| | | | b.) Are newly formed support systems and their benefits to the protection of the children documented? (Ex. “since the last assessment...”) |
| | | | c.) Are potential family resources identified such as relatives, friends, and neighbors along with the restraints present that would need to overcome to utilize these resources? |

Supervisory Comments:

| | | | Investigative Summary Screen |
|--|--|--|---|
| | | | a.) Are the findings and status or recommendations briefly stated? |
| | | | b.) Are the justifications for making the recommendation summarized? |
| | | | c.) If not providing services, have aftercare plans been utilized? |
| | | | d.) Are all supporting documents referenced? (ie. 116, 154, Finding letter, etc.) |

Supervisory Comments:

| YES | NO | NA | |
|-----|----|----|--|
| | | | Safety Factors: Are all appropriate factors addressed in subsequent categories? |

Supervisory Guide for Evaluation: On-going Assessment Process

| YES | NO | NA | Evaluation Criteria |
|------------------------------|----|----|---|
| | | | Maltreatment: Are all prompts addressed? |
| | | | e) Does it contain a brief restatement of the initial maltreatment discovered? |
| | | | f) Does it include a description of any reoccurrence of (or lack of) maltreatment since the initial or last CQA? (i.e. "Since the initial CQA, there have been no known or reported.....etc") |
| | | | g) Are any new injuries or conditions described in graphic, behaviorally specific terms? |
| | | | h) Are collaterals identified (with dates interviewed) and relationships indicated? |
| | | | i) Is documentation of reports and their sources referenced? |
| Supervisory Comments: | | | |
| | | | Sequence of Events – Are all prompts addresses? |
| | | | a) Does the section include a brief description of the home-based assessment visits? |
| | | | b) Does it include a summary of the sequence of events regarding any new maltreatment that highlights any similarities to original concerns? |
| | | | c) If there has been new maltreatment, does the section include a thorough description of what has happened to create risk based on direct interviews? |
| | | | d) Does the narrative identify the source of information, including collateral quotes? |
| | | | e) Does the section include comments from all possible parties regarding the risk? |
| | | | f) Are the family's attempts to create safety since the most recent risk was discovered described? |
| Supervisory Comments: | | | |
| | | | Family Development Stage - Are all prompts addressed? |
| | | | f) Has the family's progress on the Family Level Objectives (since the last CQA) been described and documented? |
| | | | g) If no progress has been made on the Family Level, has the lack of progress been described and documented? |
| | | | h) Are any changes in family functioning been discussed? |
| Supervisory Comments: | | | |

| | | | |
|------------------------------|--|--|---|
| | | | Family Choice of Discipline – Are all prompts addressed? |
| | | | d) Has the original information from this section of the intake CQA been summarized? |
| | | | e) Has the family’s progress on any Family Level Objectives related to choice of discipline been described and documented? |
| | | | f) Has confirmation of findings from others been obtained? |
| Supervisory Comment | | | |
| | | | Evaluation Criteria |
| | | | Individual Adult Functioning – Are all prompts addresses? |
| | | | a) Has the original information from this section of the intake CQA been summarized? |
| | | | b) Has the individual’s progress on the Individual Level Objectives (since the last CQA) been described and documented? |
| | | | c) Has the progress in control of their pattern of behavior been adequately described with specific attention to prevention skills present or needed? |
| Supervisory Comments: | | | |
| | | | Child Functioning– Are all prompts addresses? |
| | | | a) Has the original information from this section of the intake CQA been summarized? |
| | | | b) Has any progress on the child’s health, education, development, social or emotional issues (since the last CQA) been described and documented? |
| Supervisory Comments: | | | |
| | | | Family Support – Are all prompts in this category addressed? |
| | | | a) Has the original information from this section of the intake CQA been summarized? |
| | | | b) Has the family’s progress on utilizing family support (since the last CQA) been described and documented? |
| Supervisory Comments: | | | |
| | | | Investigative Summary Screen |
| | | | e.) Are the new findings and status or recommendations briefly stated? |
| | | | f.) Are the justifications for making the recommendation summarized? |
| | | | g.) If not providing continued services, have aftercare plans been utilized? |
| | | | h.) Are all supporting documents referenced? (i.e. 116, 154, Finding letter, etc.) |
| Supervisory Comments: | | | |

| YES | NO | NA | |
|-----|----|----|--|
| | | | Safety Factors: Are all appropriate factors addressed in subsequent categories? |
| | | | |

**Supervisory Guide to
Evaluating the Overall Assessment Process**

| Yes | No | NA | Assessment Concern |
|-----|----|----|---|
| | | | At the time of intake |
| | | | 1. Was information gathered thoroughly during the intake call? |
| | | | 2. Was there justification for determination of the level of risk? |
| | | | 3. Are all family members listed on the intake? |
| | | | During the Investigation |
| | | | 1. Was the process used to gather information (protocol) followed and documented? |
| | | | 2. Was the information gathered thoroughly? |
| | | | 3. Was the information gathered relevant? |
| | | | 4. Are the correct assessment categories completed? |
| | | | 5. Do risk levels match with information gathered? |
| | | | 6. Was significant information judged appropriately? |
| | | | 7. Do risk ratings reflect information in assessment categories? |
| | | | 8. Was justification given for any unknown information? |
| | | | 9. Is the Abbreviated assessment appropriate? |
| | | | 10. Are the safety factors consistent with risk factors? |
| | | | 11. Are reasonable efforts demonstrated? |
| | | | 12. Is there justification for the decision that child/adult can/cannot be maintained safely in the home? |
| | | | 13. Was the choice of placement appropriate? |
| | | | 14. Was family history appropriate? |
| | | | 15. Are family developmental stages and tasks addressed? |
| | | | 16. Are cultural factors addressed? |
| | | | 17. Are health factors addressed? |
| | | | 18. Are discipline factors addressed? |
| | | | 19. Are education factors addressed? |
| | | | 20. Are time frames addressed? |
| | | | The safety plan |
| | | | 1. <i>Was it completed with the family when opening case where children remain in the home?</i> |
| | | | 2. Was it specific and realistic? |
| | | | 3. Does it contain tasks that are specific and persons/supports responsible identified? |
| | | | 4. Does it contain detailed consequences? |
| | | | 5. Does it contain justification for opening the case? |

| | | | |
|--|--|--|---|
| | | | Does the case plan |
| | | | 1. Flow from the assessment? |
| | | | 2. Contain behaviorally specific objectives and tasks? |
| | | | 3. Is there a prevention plan? |
| | | | 4. Are ILO's identified? |
| | | | 5. Are FLO's identified? |
| | | | 6. Is there a C/Y action plan? |
| | | | The aftercare plan |
| | | | 1. Was it completed with the family when a case will not be opened? |
| | | | 2. Is it specific and realistic? |
| | | | 3. Does it contain tasks that are specific and persons/supports responsible identified? |
| | | | 4. Does it contain detailed consequences? |
| | | | 5. Does it contain justification for opening the case? |
| | | | At the time of case closure |
| | | | 1. Is there documentation of a decrease in level of risk? |
| | | | 2. Was the care plan completed with the family? |
| | | | 3. Are the care plan tasks specific and realistic? |
| | | | 4. Is the case closure decision justified? |
| | | | |
| | | | |
| | | | |

**IMPLEMENTATION STRATEGIES:
CONTEXT OF CHILD WELFARE PRACTICE**

| GOAL | STRATEGY | PERSONS INVOLVED | DATE |
|-------------|-----------------|-------------------------|-------------|
| | | | |
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**IMPLEMENTATION STRATEGIES:
ASSESSING THE NEEDS OF FAMILIES AND CHILDREN**

| GOAL | STRATEGY | PERSONS INVOLVED | DATE |
|-------------|-----------------|-------------------------|-------------|
| | | | |
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