QCR Review Score Sheet

General Review Information

QCR Assigned Num:		Review Period: (Dates)		Office:	
Child's Name:	*First:*		*Last:*		
Lead Reviewer:	*First:*		*Last:*		
Shadow:	*First:*		*Last:*		
Supervisor:	*First:*		*Last:*		
Case Worker:	*First:*		*Last:*		

Demographic and Service Information

Age:

Child's Gender:

Months Open:

Child's Ethnicity

- ☐ Asian
- ☐ Hispanic
- ☐ African American
- ☐ Pacific Islander
- ☐ American Indian / Alaskan Native
- ☐ Caucasian

Current Target Child Services

SCF Placement Code

Current Residence

- ☐ Biological Family
- ☐ Det./Corr. Ctr.
- ☐ Adoptive Home
- ☐ Res. Treatmt Ctr
- ☐ Rel./Kin. Home
- ☐ Hosp./Institution
- ☐ Foster Home
- ☐ IL Apartment
- ☐ Group Home
- ☐ Other

Identified Needs/Issues

For the child/family throughout the life of the case (Check all that apply)

☐ Domestic Violence ☐ Substance Abuse ☐ Sex Abuse Victim ☐ Mental Health ☐ Disability ☐ Sex Offender ☐ Illegal Status

☐ Other:

Current Court Ordered Permanency Goal for Child

Current Court Ordered Concurrent Goal for Child

Child/Family Status

	Unaccept. 1	2	3	Accept. 4	5	6	NA
Child's Safety From Others	☐	☐	☐	☐	☐	☐	
Child's Risk to Self and/or Others	☐	☐	☐	☐	☐	☐	
Overall Safety	☐	☐	☐	☐	☐	☐	
Stability	☐	☐	☐	☐	☐	☐	
Prospects for Permanence	☐	☐	☐	☐	☐	☐	
Health / Physical Well-being	☐	☐	☐	☐	☐	☐	
Emotional / Behavioral Well-being	☐	☐	☐	☐	☐	☐	
Learning or Development	☐	☐	☐	☐	☐	☐	
Overall Family Connections	☐	☐	☐	☐	☐	☐	☐
Child's Connection to Mother	☐	☐	☐	☐	☐	☐	☐
Child's Connection to Father	☐	☐	☐	☐	☐	☐	☐
Child's Connection to Siblings	☐	☐	☐	☐	☐	☐	☐
Child's Connection to Other	☐	☐	☐	☐	☐	☐	☐
Overall Satisfaction	☐	☐	☐	☐	☐	☐	
Child Satisfaction	☐	☐	☐	☐	☐	☐	☐
Mother Satisfaction	☐	☐	☐	☐	☐	☐	☐
Father Satisfaction	☐	☐	☐	☐	☐	☐	☐
Caregiver Satisfaction	☐	☐	☐	☐	☐	☐	☐
Other Satisfaction	☐	☐	☐	☐	☐	☐	☐
Overall Child Status Rating:	☐	☐	☐	☐	☐	☐	

System Performance

	Unaccept. 1	2	3	Accept. 4	5	6	NA
Overall Engagement	☐	☐	☐	☐	☐	☐	
Child (Engagement)	☐	☐	☐	☐	☐	☐	☐
Mother (Engagement)	☐	☐	☐	☐	☐	☐	☐
Father (Engagement)	☐	☐	☐	☐	☐	☐	☐
Caregiver (Engagement)	☐	☐	☐	☐	☐	☐	☐
Other (Engagement)	☐	☐	☐	☐	☐	☐	☐
Teaming	☐	☐	☐	☐	☐	☐	
Overall Assessment	☐	☐	☐	☐	☐	☐	
Child (Assessment)	☐	☐	☐	☐	☐	☐	
Mother (Assessment)	☐	☐	☐	☐	☐	☐	☐
Father (Assessment)	☐	☐	☐	☐	☐	☐	☐
Caregiver (Assessment)	☐	☐	☐	☐	☐	☐	☐
Other (Assessment)	☐	☐	☐	☐	☐	☐	☐
Long-Term View	☐	☐	☐	☐	☐	☐	
Child and Family Plan	☐	☐	☐	☐	☐	☐	
Overall Intervention Adequacy	☐	☐	☐	☐	☐	☐	
Child (Intervention Adequacy)	☐	☐	☐	☐	☐	☐	☐
Mother (Intervention Adequacy)	☐	☐	☐	☐	☐	☐	☐
Father (Intervention Adequacy)	☐	☐	☐	☐	☐	☐	☐
Caregiver (Intervention Adequacy)	☐	☐	☐	☐	☐	☐	☐
Other (Intervention Adequacy)	☐	☐	☐	☐	☐	☐	☐
Tracking and Adaptation	☐	☐	☐	☐	☐	☐	
Overall Sys. Perform. Rating:	☐	☐	☐	☐	☐	☐	

QCR Service Result

☐**Outcome 1**	☐**Outcome 2**	☐**Outcome 3**	☐**Outcome 4**
+Child Status	-Child Status	+Child Status	-Child Status
+System Perf.	+System Perf.	-System Perf.	-System Perf.

Might this child qualify for DSPD (Division of Services for People with Disabilities) Services ☐ Yes ☐ No ☐ Already Qualified

Did the child come into services due to delinquency instead of abuse or neglect? ☐ Yes ☐ No

Additional Questions	Notes

Permanency Goal (Applicable to Foster Care cases only, otherwise mark it "NA.")

Were all primary and concurrent permanency goals (as of the day of the review) appropriate to the target child's need for permanency and the circumstances of the case?

	Goal? (RH, AD)	Yes	No	NA
Primary		☐	☐	☐
Concurrent		☐	☐	☐

Maintaining Connections (Applicable to Foster Care cases only, otherwise, mark it "NA.")

A1 Was the child placed with siblings who also were in foster care? ☐ All ☐ Some ☐ None ☐ NA

A2 If the answer to question A1 is Some or None, was there a valid reason for the separation? Yes ☐ No ☐ NA ☐

B Were concerted efforts made to maintain the child's connections (which existed prior to child's removal) to siblings not in care AND to extended family members? Yes ☐ No ☐ NA ☐

C For a child who is placed in their initial placement (not including shelter placement), and whose placement occured in the past 12 months of the review, where concerted efforts made to maintain the child's connection to school? Yes ☐ No ☐ NA ☐

Not applicable: It is an in-home case. Child is not school aged. Child is not in their initial placement. The initial placement occured more than 12 months ago. Child is in a kinship placement.

Indian Child Welfare Act (ICWA) (Applicable to Foster Care cases only.)

A Indicate the Target Child's Tribal Status (select one): ==========>>

If the child is not eligible for membership or it is an in-home case, then answer questions B and C "NA."

- In-Home Case (NA) ☐
- Not eligible (NA) ☐
- Reason to believe ☐
- Eligible for application ☐
- Enrolled Member ☐

B Was the Tribe provided notification within 10 days of its right to intervene in proceedings seeking an involuntary foster care placement or termination of parental rights? Yes ☐ No ☐ NA ☐

C Was the child placed in foster care in accordance with ICWA placement preferences or were concerted efforts made to place the child in accordance with ICWA placement preferences? Yes ☐ No ☐ NA ☐

Caseworker Visits (This section is applicable to all cases)

A1 Describe the 6-month pattern for CW contact with MO, FA, and Other:

	MO	FA	Other
Never:	☐	☐	☐
Less than monthly:	☐	☐	☐
Monthly	☐	☐	☐
Weekly:	☐	☐	☐
NA:	☐	☐	☐

Not applicable: It is an in-home case. MO or FA is deceased, unable to locate, or their rights are terminated. Passive or active refusal of the parents or other. Court documents indicate that it is detrimental to the child for the parent(s) or "Other" to be involved in case planning.

"Other" is an adult who is essential to the achievement of the LTV (enduring safety and permanency) such as a step-parent, parent's paramour, or relative who has or had caretaking responsibilities prior to DCFS involvement.

A2 Was the overall frequency sufficient to achieve the goals and objectives of enduring safety and permanency for the child/family?

	Yes	No	NA
Mother	☐	☐	☐
Father:	☐	☐	☐
Other:	☐	☐	☐

B Was the overall quality of contacts sufficient to achieve the goals and objectives of enduring safety and permanency for the child/family?

	Yes	No	NA
Mother	☐	☐	☐
Father:	☐	☐	☐
Other:	☐	☐	☐

Quality of Contacts are contacts which occur in LOCATIONS conducive to uninhibited communication and which are of sufficient DURATION to address key issues, and the CONTENT of these visits focuses on safety, permanency, well-being, and issues pertaining to case planning, service delivery, and goal achievement.