CHILD AND FAMILY SERVICES REVIEW

Agency's Self-Report and Self-Survey

In preparation for the review of your agency's Child and Family Services Review, please prepare your agency's Self Report responding to information outlined in Section I below. Your Agency's Self-Report will be incorporated into the final Child and Family Services Review Report prepared by the Division. Complete the Self-Survey in Section II. This information will assist you in evaluating outcome achievement. Please respond to each question in the appropriate box and briefly describe or attach any explanations as needed. It is not necessary to submit copies of written policies unless otherwise requested.

Section I: Agency's Self-Report

- A. <u>Performance-Based Data</u> Please review the most recent performance data on your agency from the following sources. Comment on any issues or trends that you can identify from this data and briefly describe what you think these data mean for your county. In addition, please describe how your agency analyzes and uses these data on an ongoing basis.
 - Experiences of Children Report
 - Key Indicators Report (CYA 600-1)
 - PQA Data available on XPTR (formally RMDS)
 - Monthly Milestones Reports (for FFK and IV-E Waiver Counties)
 - Cost Neutrality Information (for IV-E Waiver Counties)
 - Any other county or state reports
 - Any reports that your agency generates
- B. <u>Strengths</u> Please describe what you believe are the particular strengths in your agency's Children's Services Programs. Include information about any significant changes in your programs or service delivery since the last review. If your county was required to do a Program Improvement Plan as a result of the last review and you have successfully completed your planned improvements, you may want to include a discussion about your outcomes and changes.
- C. <u>Areas Needing Improvement</u> Please describe what you believe are areas needing improvement in your agency, including any strategies that you have in place to achieve improvements. Please identify the kinds of assistance that you would like to have provided from the Division. If your agency remains in Program Improvement Status from the last review, please describe any remaining issues.
- D. <u>Community Issues</u> Please describe any issues present in your community, including agency turnover, employment, resources, special projects or special community concerns that have had an impact on agency operation in

Children's Services.

Section II:	Self-Survey Questionnaire	YES	NO
1	Does your community currently have an operational and functioning Community Child Protection Team that operates according to state law and policy and that includes a broad- based membership? If not, please explain.		
2	Are the work schedules of staff sufficiently flexible to meet client needs? Briefly describe how after hours services are provided and how staff is available to respond to cases.		
3	Does your agency have specific written procedures for receiving CPS reports and for providing after hours supervisory support for decision making 24 hours a day? If not, please explain.		
4	Have your social work supervisors and social work staff who are responsible for any child welfare duties completed training required by State Law and the Division of Social Services? If not, please document the reasons.		
5	Does the agency meet the supervisor to worker ratio of 1:5? Does the agency meet the worker caseload sizes of 1:12 in Investigative Assessment and Case Planning and Case Management, 1:15 in Child Placement, and 1:100 in Intake?	 	

County

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6	How many vacancies existed in Children's Services during the review period?		
7	Does the agency have access to sufficient attorney time in order to accomplish effective delivery of children's services? Please describe the legal services available to you.		
8	Does your agency make post-adoption services available to every adoptive family as appropriate? If not, please explain.		