

		Yes	No	UTD	NA	Total	Non error	%	QA				
Custody and Foster Care													
Foster Care Cases						0							
1	Kin	Were kin and/or safety resource involved with planning and decision making?	0	0	0	0	0	0	#DIV/0!	0			
		Was the child residing with a safety resource prior to agency assuming custody?	0	0	0	0	0	0	0	#DIV/0!	0		
		How many days from date of the child residing with the safety resource until legal custody of child?	0	0	0	0	0	0	0	#DIV/0!	0		
2	Pre Placement	Was a CFT held prior to custody?	0	0	0	0	0	0	#DIV/0!	0			
		Were the child and family appropriately prepared for the placement prior to the physical move of the child or in the case of an emergency removal is there documentation of as soon as possible after the move?	0	0	0	0	0	0	0	#DIV/0!	0		
		Was the child entering foster care, ages 12-17, provided "Understanding Foster Care-A Handbook for Youth"?	0	0	0	0	0	0	0	#DIV/0!	0		
		Joint Visit	Was a joint visit made to the child and caregivers with the sending and receiving social workers?	0	0	0	0	0	0	0	#DIV/0!	0	
			Was a joint visit made to the following with the sending and receiving social workers:	Mother	0	0	0	0	0	0	0	#DIV/0!	0
				Father	0	0	0	0	0	0	0	#DIV/0!	0
				Other removal caregiver	0	0	0	0	0	0	0	#DIV/0!	0
3	Native American/ ICWA	Was Native American heritage assessed?	0	0	0	0	0	0	#DIV/0!	0			
		Was the tribe contacted at the time of the decision to petition?	0	0	0	0	0	0	0	#DIV/0!	0		
	Mexican Parentage	Was Mexican parentage assessed? If the 5027 race code indicates an even number, this must be assessed. If it is an odd number, mark N/A	0	0	0	0	0	0	0	#DIV/0!	0		
		Was the Mexican consulate notified in writing of a Mexican minor in the agency's custody within 10 business days?	0	0	0	0	0	0	0	#DIV/0!	0		
4	Petition	Did the child come into custody through	0	0	0	0	0	0	#DIV/0!	0			
		Non Secure Custody	0	0	0	0	0	0	0	#DIV/0!	0		
		Compliance Petition	0	0	0	0	0	0	0	#DIV/0!	0		
		DJJ	0	0	0	0	0	0	0	#DIV/0!	0		
		Civil Court	0	0	0	0	0	0	0	#DIV/0!	0		
		Other	0	0	0	0	0	0	0	#DIV/0!	0		
Was the most recent AOC-J-150 used as of the date of custody?	0	0	0	0	0	0	0	#DIV/0!	0				
If there was a petition, was it signed by the petitioner?	0	0	0	0	0	0	0	#DIV/0!	0				
5	Court Hearings	How many days from the Date of Petition until Adjudication Hearing?	0	0	0	0	0	0	#DIV/0!	0			
		Was the dispositional hearing held within 30 days of the adjudication?	0	0	0	0	0	0	0	#DIV/0!	0		
		Were review hearings held within 90 days of the disposition and every 6 months thereafter?	0	0	0	0	0	0	0	#DIV/0!	0		

		Was a permanency planning hearing held within 12 months of custody?	0	0	0	0	0	0	#DIV/0!	0	
		Did the court make findings of reasonable efforts to finalize a permanent plan at least yearly?	0	0	0	0	0	0	#DIV/0!	0	
6	Court Reports	Were court reports submitted for each hearing?	0	0	0	0	0	0	#DIV/0!	0	
		Was the model court report format used for court reports?	0	0	0	0	0	0	0	#DIV/0!	0
		If the model court report format is not being used, do court reports contain all required information?	0	0	0	0	0	0	0	#DIV/0!	0
7	Legal Work	Was the child afforded the opportunity to attend court or have their input known to the court?	0	0	0	0	0	0	0	#DIV/0!	0
		Did the court approve any unsupervised visits or trial home visits with the parents, before they took place?	0	0	0	0	0	0	0	#DIV/0!	0
		Is the concurrent/secondary plan identified in the permanency planning court order?	0	0	0	0	0	0	0	#DIV/0!	0
		Was there a TPR Petition?	0	0	0	0	0	0	0	#DIV/0!	0
		How many days from the Date of court sanctioning the primary plan of adoption until the TPR petition was file stamped?	0				0		#DIV/0!		
8	Initial Placement Type	Home	0				0		#DIV/0!		
		Relative/Non Removal Parent/Kin	0				0		#DIV/0!		
		Licensed Foster Home	0				0		#DIV/0!		
		Congregate Care	0				0		#DIV/0!		
		Other	0				0		#DIV/0!		
9	Did the placement allow the child to:	Remain in same school	0	0	0	0	0	0	#DIV/0!	0	
		If the child's school changed, was there documentation as to why it was in the child's best interest?	0	0	0	0	0	0	0	#DIV/0!	0
		Be placed with siblings	0	0	0	0	0	0	0	#DIV/0!	0
		Participate in faith of choice	0	0	0	0	0	0	0	#DIV/0!	0
		Maintain therapeutic contacts	0	0	0	0	0	0	0	#DIV/0!	0
		Engage in "normal childhood activities"	0	0	0	0	0	0	0	#DIV/0!	0
		Participate in activities prior to placement	0	0	0	0	0	0	#DIV/0!	0	
10	Initial Placement	Was a face to face contact made to the child within 7 days of placement?	0	0	0	0	0	0	#DIV/0!	0	
		Was contact made with the placement resource within 7 days of placement?	0	0	0	0	0	0	0	#DIV/0!	0
		Was there a shared parenting meeting between the parent and placement resource within 7 days of custody?	0	0	0	0	0	0	0	#DIV/0!	0
		If there was not a shared parenting meeting within 7 days of custody, was there documentation as to why not?	0	0	0	0	0	0	0	#DIV/0!	0
		If there was documentation as to why a shared parenting meeting was not held within 7 days of custody, was this an appropriate justification?	0	0	0	0	0	0	0	#DIV/0!	0
	Fostering	Was the maternal family notified within 30 days of the child coming into care as per Fostering Connections?	0	0	0	0	0	0	#DIV/0!	0	
		Was the paternal family notified within 30 days of the child coming into care as per Fostering Connections?	0	0	0	0	0	0	0	#DIV/0!	0

11		Fostering Connections	If the juvenile has siblings in the custody of another adult, was there written notification?	0	0	0	0	0	0	#DIV/0!	0		
			If relatives expressed an interest in being involved with the foster child, is there follow up on this?	0	0	0	0	0	0	0	#DIV/0!	0	
12	Kinship Placement	Has a kinship placement been used?	0	0	0	0	0	0	0	#DIV/0!	0		
		When the child was placed in an unlicensed placement, is there a court order sanctioning this placement?	0	0	0	0	0	0	0	0	#DIV/0!	0	
		Was an Initial Provider Assessment filled out completely, with both comments and recommendations, and in the record?	0	0	0	0	0	0	0	0	#DIV/0!	0	
		Was the Initial Provider Assessment form signed by the kinship placement, social worker, and supervisor prior to placement?	0	0	0	0	0	0	0	0	#DIV/0!	0	
		Were criminal record checks made on all persons 16 and older residing in the kinship care home?	0	0	0	0	0	0	0	0	#DIV/0!	0	
		Were RIL checks made on all adults residing in the kinship care home?	0	0	0	0	0	0	0	0	#DIV/0!	0	
		Was a home visit made to the kinship care home prior to placement?	0	0	0	0	0	0	0	0	#DIV/0!	0	
		Were relatives or kin given an opportunity to be licensed?	0	0	0	0	0	0	0	0	#DIV/0!	0	
		Did the agency provide supportive services to support the kinship provider, if needed?	0	0	0	0	0	0	0	0	#DIV/0!	0	
		If the kinship placement exceeded 30 days, was a Comprehensive Kinship Care Assessment filled out completely and in the record and signed by kinship providers, social worker and supervisor?	0	0	0	0	0	0	0	0	#DIV/0!	0	
13		Parent Visitation Plan	Initial	0	0	0	0	0	0	0	#DIV/0!	0	
			Updated	0	0	0	0	0	0	0	0	#DIV/0!	0
			Provided to parents	0	0	0	0	0	0	0	0	#DIV/0!	0
			Provided to placement	0	0	0	0	0	0	0	0	#DIV/0!	0
		Does visitation between the child and the parent(s) occur frequently and include a variety of methods?	0	0	0	0	0	0	0	0	#DIV/0!	0	
		Does documentation of visitation include behavioral observations and actions?	0	0	0	0	0	0	0	0	#DIV/0!	0	
		Sibling Visitation Agreement	Initial	0	0	0	0	0	0	0	0	#DIV/0!	0
			Updated	0	0	0	0	0	0	0	0	#DIV/0!	0
			Provided to parents	0	0	0	0	0	0	0	0	#DIV/0!	0
			Provided to placement	0	0	0	0	0	0	0	0	#DIV/0!	0
		Does contact between siblings occur frequently and include a variety of methods?	0	0	0	0	0	0	0	0	#DIV/0!	0	
		If siblings are not placed together, is the ability to place siblings together being reviewed quarterly?	0	0	0	0	0	0	0	0	#DIV/0!	0	
		Health Status Component/ Health History Form	Initial	0	0	0	0	0	0	0	0	#DIV/0!	0
Updated	0		0	0	0	0	0	0	0	#DIV/0!	0		
Provided to medical provider	0		0	0	0	0	0	0	0	#DIV/0!	0		
Provided to placement	0		0	0	0	0	0	0	0	#DIV/0!	0		
Health Physical Forms	Initial	0	0	0	0	0	0	0	0	#DIV/0!	0		
	Updated	0	0	0	0	0	0	0	0	#DIV/0!	0		
	Provided to placement	0	0	0	0	0	0	0	0	#DIV/0!	0		

18			Family Reunification Assessment	Initial (within 60 days of custody)	0	0	0	0	0	0	#DIV/0!	0		
				Updated	0	0	0	0	0	0	0	#DIV/0!	0	
				Approval	0	0	0	0	0	0	0	#DIV/0!	0	
			DSS-5120 and 5120A				0	0	0	0	0	0	#DIV/0!	0
			Placement Log Updated and includes all required information (at a minimum the names of all caregivers, addresses, dates of placement and specific reasons for any move)?				0	0	0	0	0	0	#DIV/0!	0
			Permanency Planning Action Team meeting			Initial (within 60 days of custody)	0	0	0	0	0	0	0	#DIV/0!
Ongoing	0	0				0	0	0	0	0	0	#DIV/0!	0	
19	Planning	CFTs	Is there documentation of preparing the family for the CFT, including who should be in attendance and the purpose?		0	0	0	0	0	0	#DIV/0!	0		
			Are CFT Documentation Instruments used to document CFT's as prescribed in policy?		0	0	0	0	0	0	0	#DIV/0!	0	
			Were both the removal social worker and foster care social worker part of the initial CFT?		0	0	0	0	0	0	0	#DIV/0!	0	
Are CFTs held according to policy?			Initial within 30 days of custody?	0	0	0	0	0	0	0	#DIV/0!	0		
			Ongoing according to policy?	0	0	0	0	0	0	0	#DIV/0!	0		
			When there was a change in family circumstance?	0	0	0	0	0	0	0	#DIV/0!	0		
Was a facilitator used for CFT's according to policy?		0	0	0	0	0	0	0	0	#DIV/0!	0			
Was the child involved in CFT's?		Initial CFT	0	0	0	0	0	0	0	#DIV/0!	0			
		Ongoing CFT's	0	0	0	0	0	0	0	0	#DIV/0!	0		
21		Do these parties exist in this family?		Mother	0	0			0	0	#DIV/0!			
				Biological Father	0	0			0	0	#DIV/0!			
				Legal Father	0	0			0	0	#DIV/0!			
				Removal Caretaker **someone not listed above	0	0			0	0	#DIV/0!			
22		For the Mother:	Did she participate in the development of the FSA?		0	0	0	0	0	0	#DIV/0!	0		
			Did she sign the FSA (if participated)?		0	0	0	0	0	0	0	#DIV/0!	0	
			Was it complete it within 30 days?		0	0	0	0	0	0	0	#DIV/0!	0	
			If not, was there documentation of diligent efforts to complete or rationale for extra time to develop the FSA?		0	0	0	0	0	0	0	#DIV/0!	0	
			Were well-being needs, or lack of needs, for mom identified in the FSA?		0	0	0	0	0	0	0	#DIV/0!	0	
			Was it reviewed regularly as evidenced by notes on the agreement or other documentation in the record?		0	0	0	0	0	0	0	#DIV/0!	0	
			Was it formally updated when there were significant changes and at least every 6 months?		0	0	0	0	0	0	0	#DIV/0!	0	

			If not, was there documentation of diligent efforts to engage or rationale for continuing the previous FSA?	0	0	0	0	0	0	#DIV/0!	0
			Were well being-needs updated and addressed for her at each FSA update?	0	0	0	0	0	0	#DIV/0!	0
23	Family Services Agreements	For the Biological Father:	Did he participate in the development of the FSA?	0	0	0	0	0	0	#DIV/0!	0
			Did he sign the FSA (if participated)?	0	0	0	0	0	0	#DIV/0!	0
			Was it complete it within 30 days?	0	0	0	0	0	0	#DIV/0!	0
			If not, was there documentation of diligent efforts to complete or rationale for extra time to develop the FSA?	0	0	0	0	0	0	#DIV/0!	0
			Were well-being needs, or lack of needs, for dad identified in the FSA?	0	0	0	0	0	0	#DIV/0!	0
			Was it reviewed regularly as evidenced by notes on the agreement or other documentation in the record?	0	0	0	0	0	0	#DIV/0!	0
			Was it formally updated when there were significant changes and at least every 6 months?	0	0	0	0	0	0	#DIV/0!	0
			If not, was there documentation of diligent efforts to engage or rationale for continuing the previous FSA?	0	0	0	0	0	0	#DIV/0!	0
			Were well being-needs updated and addressed for him at each FSA update?	0	0	0	0	0	0	#DIV/0!	0
			24	Family Services Agreements	For the Legal Father:	Did he participate in the development of the FSA?	0	0	0	0	0
Did he sign the FSA (if participated)?	0	0				0	0	0	0	#DIV/0!	0
Was it complete it within 30 days?	0	0				0	0	0	0	#DIV/0!	0
If not, was there documentation of diligent efforts to complete or rationale for extra time to develop the FSA?	0	0				0	0	0	0	#DIV/0!	0
Were well-being needs, or lack of needs, for dad identified in the FSA?	0	0				0	0	0	0	#DIV/0!	0
Was it reviewed regularly as evidenced by notes on the agreement or other documentation in the record?	0	0				0	0	0	0	#DIV/0!	0
Was it formally updated when there were significant changes and at least every 6 months?	0	0				0	0	0	0	#DIV/0!	0
If not, was there documentation of diligent efforts to engage or rationale for continuing the previous FSA?	0	0				0	0	0	0	#DIV/0!	0
Were well being-needs updated and addressed for him at each FSA update?	0	0				0	0	0	0	#DIV/0!	0
	Family Services Agreements	For the				Did they participate in the development of the FSA?	0	0	0	0	0
			Did they sign the FSA (if participated)?	0	0	0	0	0	0	#DIV/0!	0
			Was it complete it within 30 days?	0	0	0	0	0	0	#DIV/0!	0
			If not, was there documentation of diligent efforts to complete or rationale for extra time to develop the FSA?	0	0	0	0	0	0	#DIV/0!	0
			Were well-being needs, or lack of needs, for them identified in the FSA?	0	0	0	0	0	0	#DIV/0!	0

25		Removal Caretaker:	Was it reviewed regularly as evidenced by notes on the agreement or other documentation in the record?	0	0	0	0	0	0	#DIV/0!	0			
			Was it formally updated when there were significant changes and at least every 6 months?	0	0	0	0	0	0	0	#DIV/0!	0		
			If not, was there documentation of diligent efforts to engage or rationale for continuing the previous FSA?	0	0	0	0	0	0	0	0	#DIV/0!	0	
			Were well being-needs updated and addressed for them at each FSA update?	0	0	0	0	0	0	0	0	#DIV/0!	0	
26	FSA Development & Signatures	Regardless of when it was developed, did these parties participate in the development of the FSA?	Step Mother	0	0	0	0	0	0	0	#DIV/0!	0		
			Step Father	0	0	0	0	0	0	0	0	#DIV/0!	0	
			Placement Resource Parent 1	0	0	0	0	0	0	0	0	#DIV/0!	0	
			Placement Resource Parent 2	0	0	0	0	0	0	0	0	#DIV/0!	0	
			Any Other support persons	0	0	0	0	0	0	0	0	#DIV/0!	0	
		Outside of the social worker, parents/caretakers and the youth, was everybody invited to participate in the development of the initial FSA that should have been invited?	0	0	0	0	0	0	0	0	#DIV/0!	0		
		Did the FSA include signatures of:	Social Worker	0	0	0	0	0	0	0	0	#DIV/0!	0	
Supervisor	0	0	0	0	0	0	0	0	0	#DIV/0!	0			
27	Services Agreement Content	Did the FSA address the needs identified in the DSS-5228 or 5010 (Case Decision Summary/Initial Family Services Agreement), and 5229 (Assessment of Strengths and Needs) for:	Mother	0	0	0	0	0	0	0	0	#DIV/0!	0	
			Biological Father	0	0	0	0	0	0	0	0	0	#DIV/0!	0
			Legal Father	0	0	0	0	0	0	0	0	0	#DIV/0!	0
			Other removal caregiver	0	0	0	0	0	0	0	0	0	#DIV/0!	0
			Child	0	0	0	0	0	0	0	0	0	#DIV/0!	0
		Was the FSA focused on the child as the client; the goals focused on child safety and activities impact the goal? Answer for the FSA completed with: (If there was no service agreement with one of these individuals, mark N/A)	Mother	0	0	0	0	0	0	0	0	0	#DIV/0!	0
			Biological Father	0	0	0	0	0	0	0	0	0	#DIV/0!	0
			Legal Father	0	0	0	0	0	0	0	0	0	#DIV/0!	0
			Other removal caregiver	0	0	0	0	0	0	0	0	0	#DIV/0!	0
		For ALL developed FSAs, did the FSA include steps the agency would take to facilitate the agreement goal?	0	0	0	0	0	0	0	0	0	#DIV/0!	0	
Has a transitional living plan been completed for the child who is of the age of 14 or older, concurrently with the Out of Home Family Services Agreement?	0	0	0	0	0	0	0	0	0	#DIV/0!	0			
28	Concurrent Planning	Were one or more secondary plans identified on the Family Services Agreement (Section III)?	0	0	0	0	0	0	0	0	#DIV/0!	0		
		Are there Objectives and Activities to address the secondary plan on the FSA?	0	0	0	0	0	0	0	0	0	#DIV/0!	0	
		Is the agency making efforts towards achieving the secondary plan?	0	0	0	0	0	0	0	0	0	#DIV/0!	0	
		Foster Child	0	0	0	0	0	0	0	0	#DIV/0!	0		

29	Contacts	Were there a minimum of once per month face to face contact made with the following individuals?	If not, was there documentation as to why not and diligent efforts made?	0	0	0	0	0	0	#DIV/0!	0		
			Does the child have needs that would indicate the social worker should have more frequent contact?	0	0	0	0	0	0	0	#DIV/0!	0	
			If more frequent contact was needed, did the agency maintain additional contacts as needed with the foster child?	0	0	0	0	0	0	0	0	#DIV/0!	0
			Mother	0	0	0	0	0	0	0	0	#DIV/0!	0
			If not, was there documentation as to why not and diligent efforts made?	0	0	0	0	0	0	0	0	#DIV/0!	0
			Biological Father	0	0	0	0	0	0	0	0	#DIV/0!	0
			If not, was there documentation as to why not and diligent efforts made?	0	0	0	0	0	0	0	0	#DIV/0!	0
			Legal Father	0	0	0	0	0	0	0	0	#DIV/0!	0
			If not, was there documentation as to why not and diligent efforts made?	0	0	0	0	0	0	0	0	#DIV/0!	0
			Step Mother	0	0	0	0	0	0	0	0	#DIV/0!	0
			If not, was there documentation as to why not and diligent efforts made?	0	0	0	0	0	0	0	0	#DIV/0!	0
			Step Father	0	0	0	0	0	0	0	0	#DIV/0!	0
			If not, was there documentation as to why not and diligent efforts made?	0	0	0	0	0	0	0	0	#DIV/0!	0
			Removal Caretaker (if not listed above)	0	0	0	0	0	0	0	0	#DIV/0!	0
			If not, was there documentation as to why not and diligent efforts made?	0	0	0	0	0	0	0	0	#DIV/0!	0
			Placement Resource Parent 1	0	0	0	0	0	0	0	0	#DIV/0!	0
			If not, was there documentation as to why not and diligent efforts made?	0	0	0	0	0	0	0	0	#DIV/0!	0
			Placement Resource Parent 2	0	0	0	0	0	0	0	0	#DIV/0!	0
			If not, was there documentation as to why not and diligent efforts made?	0	0	0	0	0	0	0	0	#DIV/0!	0
			Congregate Care Provider	0	0	0	0	0	0	0	0	#DIV/0!	0
If not, was there documentation as to why not and diligent efforts made?	0	0	0	0	0	0	0	0	#DIV/0!	0			
Is there at least monthly contact with 2 different collaterals?	0	0	0	0	0	0	0	0	#DIV/0!	0			
30	Documentation and Narrative	Was the Monthly Foster Care Contact Record documentation fully completed each month?	0	0	0	0	0	0	0	0	#DIV/0!	0	
		Did the social worker and supervisor both sign the Monthly Foster Care Contact Records?	0	0	0	0	0	0	0	0	#DIV/0!	0	
		Was the Monthly Foster Care Contact Record completed within 7 days?	0	0	0	0	0	0	0	0	#DIV/0!	0	
		Was the placement provider given copies of the Monthly Foster Care Contact Records?	0	0	0	0	0	0	0	0	#DIV/0!	0	
		Is the licensing agency/worker given copies of the Monthly Foster Care Contact Records?	0	0	0	0	0	0	0	0	#DIV/0!	0	
		Was the case narrative clear enough to indicate who said what during interviews/interactions and what observations and actions were made and taken?	0	0	0	0	0	0	0	0	#DIV/0!	0	
		Did the agency make efforts to assist the family in achieving their goals? **The family does not have to be successful, but is there documentation that the agency was making efforts to help the family?	0	0	0	0	0	0	0	0	#DIV/0!	0	
		Was there documentation of a minimum of two supervisor/social worker staffings/conferences each month?	0	0	0	0	0	0	0	0	#DIV/0!	0	

31	Ongoing Activity	Is there a picture taken within the last year in the record?		0	0	0	0	0	0	#DIV/0!	0		
		Does the child have a Lifebook?		0	0	0	0	0	0	0	#DIV/0!	0	
		Placement	Total number of placements for entire foster care episode:	0						0		#DIV/0!	
			Were all parents notified in writing of impending move per policy?	0	0	0	0	0	0	0	0	#DIV/0!	0
			Was the GAL notified in writing of impending move?	0	0	0	0	0	0	0	0	#DIV/0!	0
			Is there clear documentation as to why the child has moved placements?	0	0	0	0	0	0	0	0	#DIV/0!	0
			Is there ongoing assessment of relatives for placement or involvement in the child's life?	0	0	0	0	0	0	0	0	#DIV/0!	0
			Was there ongoing shared parenting between the parent and placement resource?	0	0	0	0	0	0	0	0	#DIV/0!	0
			If the child is placed out of county, was an Inter-County Agreement completed by both agencies?	0	0	0	0	0	0	0	0	#DIV/0!	0
32	Caseworkers	Total number of social workers in Foster Care Episode	0						0		#DIV/0!		
		Total number of supervisors in Foster Care Episode	0						0		#DIV/0!		
		If case is still open during review, # days open:									#VALUE!		
Length of Time from Date of Report to Date of Custody		0						0		#DIV/0!			
Closure													
33	Closed Plan Achieved	If case is closed during review, # days the case was open:								0	#VALUE!		
		Reunification with Removal Parent	0						0		#DIV/0!	0	
		Reunification to Non-Removal Parent	0						0		#DIV/0!	0	
		Guardianship	0						0		#DIV/0!	0	
		Custody	0						0		#DIV/0!	0	
		Aged Out	0						0		#DIV/0!	0	
		Adoption	0						0		#DIV/0!	0	
Other	0						0		#DIV/0!	0			
34	Reunification	Was there a trial placement prior to case closure?		0	0	0	0	0	0	0	#DIV/0!	0	
		Were the issues that brought the child into custody resolved?		0	0	0	0	0	0	0	0	#DIV/0!	0
		Was a risk re-assessment completed within 30 days of closure?		0	0	0	0	0	0	0	0	#DIV/0!	0
		Were supportive services in place for the family at time of case closure?		0	0	0	0	0	0	0	0	#DIV/0!	0
35	Guardianship/ Custody	Was the person receiving guardianship/custody fully informed of benefits, rights, and financial implications?		0	0	0	0	0	0	0	#DIV/0!	0	
		Was adoption discussed as an alternative to guardianship/custody?		0	0	0	0	0	0	0	0	#DIV/0!	0
		Was the Comprehensive Assessment for Guardianship completed?		0	0	0	0	0	0	0	0	#DIV/0!	0
		Was the Comprehensive Assessment signed by the prospective guardians?		0	0	0	0	0	0	0	0	#DIV/0!	0
		Did the guardian have the right to speak in court?		0	0	0	0	0	0	0	0	#DIV/0!	0
36	Aged Out	Was the youth provided all required documents at least 90 days prior to turning 18?		0	0	0	0	0	0	0	#DIV/0!	0	

