



DIVISION OF LICENSED RESOURCES (DLR)  
COMPREHENSIVE REVIEW

## CA Worker Questionnaire

INTERVIEWER'S NAME	DATE
AGENCY	
CA WORKER'S NAME	CHILD'S NAME

A Comprehensive Review of the above program is being conducted. We would like to get your thoughts about the care a child on your caseload is receiving. Please provide narrative comments and/or specific strengths / weaknesses after the item(s). Thank you for your help, this information will help us develop stronger programs (please fill out one questionnaire per child you have placed with the above agency).

1. Are you satisfied that the youth is receiving the right level of supervision?  Yes  No  
If no, who have you spoken to about your concerns and/or expectations and what steps have been taken?

2. Are you notified of change in status (i.e., hospital, detention, on the run, change of placement, etc.)?  
 Yes  No  
Comments:

3. Are you invited to the treatment team and child and family team meetings?  Yes  No  
Comments:

4. Have there been any safety concerns that you have had to address?  Yes  No  
Comments:

5. Is the agency responding to crisis situations and how satisfied are you with their response?

6. Are you allowed in the foster home or in the facility?  Yes  No  
Comments:

7. How satisfied are you that the child is receiving the appropriate treatment / behavior management services?

<p>8. Are you satisfied with the health care that the child is receiving? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Comments:</p>
<p>9. Have there been issues with transporting the child to their appointments? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Comments:</p>
<p>10. Is the program delivering the services you expected to receive for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Comments:</p>
<p>11. In your opinion is there an appropriate level of family / community contact? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Comments:</p>
<p>12. Is the agency following the visitation and/or supervision plan(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Comments:</p>
<p>13. Is the agency responsive to your request for communication and required documentation? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, how satisfied are you with the reports / communication you are receiving from the agency?</p>
<p>14. Is the provider complying with the court ordered services? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Comments:</p>
<p>15. Are you and the agency working on permanency planning for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, what does that plan look like?</p>
<p>16. Additional comments:</p>

Please return completed form within seven days of receipt to: \_\_\_\_\_ .

Thank you for your assistance!