

**DEPARTMENT OF FAMILY ADMINISTRATION
FOSTER CARE COURT IMPROVEMENT PROJECT
TPR/PERMANENCY GRANT QUARTERLY REPORT**

Grant No. _____ FY: _____ Quarter 1 2 3 4

Please use this form to report on the services provided with funding from the TPR/Permanency Grant. This report is due 15 days after the end of each quarter:

1st Quarter (July 1 through September 30)	Quarterly report due - October 15
2nd Quarter (October 1 through December 31)	Quarterly report due - January 15
3rd Quarter (January 1 through March 31)	Quarterly report due - April 15
4th Quarter (April 1 through June 30)	Quarterly report due - July 15

Submit completed Quarterly Reports by mail only to:
Connie Kratovil-Lavelle, Executive Director
Department of Family Administration
Administrative Office of the Courts
580 Taylor Avenue
Annapolis, Maryland 21401

I. Grantee Information

Organization Name: _____

Organization Address: _____

Contact Person(s): _____ Phone: _____

Email: _____

Fiscal Contact: _____ Phone: _____
(If different from contact person)

Email: _____

This Quarterly Report has been prepared and submitted by:

_____	_____
Printed Name	Title
_____	_____
Signature	Date

Approved By: _____
(Signature of administrative judge or other court officer if applicable)

II. Expenditures

This section applies to all grants. Please complete the appropriate columns.

Grant No. _____ FY: _____ Quarter 1 2 3 4

Description	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	YTD	Approved Budget
Operational Expenses	A	B	C	D	E	F
Personnel Costs						
Salary						
Fringe						
Subtotal Personnel Costs						
Administrative Costs						
Equipment / Software						
Contract / Consultations						
Printing / Photocopying						
Supplies						
Telephone						
Training: 1. 2.						
Travel						
Other Direct Costs						
Indirect Costs/Administrative						
Subtotal Administrative Costs						
Total Operational Expenses*						

*Subtotals Personnel Costs + Subtotals Administrative Costs

III. Program Summary

This section applies to all grants. Please answer all applicable questions and attach additional sheets as necessary.

Grant No. _____ **FY:** _____ **Quarter** 1 2 3 4

1. ***Program Description:***

Describe the nature of the program funded by this grant, types of services provided, and any changes this quarter. Discuss how the program helps resolve barriers to permanency, e.g. meeting time standards, early identification of parents, shortening time between removal and reunification.

2. ***Quarterly Accomplishments:***

Discuss accomplishments made this quarter toward overall goal(s). Share any anecdotal success stories (do not provide names) that demonstrate achievement of program goals.

3. ***Community Education:***

Describe how stakeholders were educated about the program during this quarter. This includes community presentations to the public, court personnel, etc.

4. ***Collaboration:***

Describe any collaborative efforts this quarter with the Family Division in which you serve, or with other agencies.

5. ***Other Funding Sources:***

List any additional funding sources below and identify which aspects of the program are provided through that additional funding.

IV. Program Statistics

This section applies to all grants. Please answer all applicable questions for the services funded by the TPR/Permanency Grant.

Grant No. _____ FY: _____ Quarter 1 2 3 4

How many CINA and TPR cases were referred and accepted for program services?	This Quarter	Year to Date	Comments
Number of cases referred			
Number of cases rejected			
Total no. of cases accepted for program services			
Who initiated the referral of the case to the program?			
Number of cases by Judge or Master			
Number of cases by Attorney for Child			
Number of cases by Attorney for DSS			
Number of cases by Attorney for Parent			
Number of cases by Social Worker			
Other (<i>please specify</i>)			
At what point in the case were referrals made?			
Number at shelter care			
Number at adjudication/disposition			
Number at permanency planning			
Number at review			
Number at TPR			
Other (<i>please specify</i>)			

V. ADR Program Outcomes

Complete and include this section only for ADR programs funded by the TPR/Permanency Grant

Grant No. _____ FY: _____ Quarter 1 2 3 4

As a result of referral to program services	This Quarter	Year to Date	Comments
Total Number of cases receiving program services			
Number of cases with full agreements			
Number of cases with partial agreements			
Number of cases where no agreement was reached			
Number of cases where ADR did not occur because after referral, ADR was deemed not appropriate			
Number of cases where ADR did not occur due to other circumstances, e.g. settled prior, absent party, session cancelled/judicial order rescinded			

1. What is the average length of time of ADR sessions? How often are additional sessions in the same case requested?

2. In those cases where a full or partial agreement is reached, what are the most common issues parties agree upon?

3. In those cases where no agreement is reached or the ADR does not occur for any reason, how frequently does the mediator document a facilitated discussion amongst parties in attendance in place of a mediation session?

VI. Drug Court or Treatment Enhancement Program Outcomes

Complete and include this section only for drug court or drug treatment enhancement programs funded by the TPR/Permanency Grant.

Grant No. _____ FY: _____ Quarter 1 2 3 4

As a result of referral to program services	This Quarter	Year to Date	Comments
Total number of cases receiving program services			
Number of cases where reunification of a parent and child was achieved			
Number of cases where improvement in compliance or achievement of a specified case/service plan milestone was documented			
Number of cases closed due to completion of the program			
Number of cases closed due to non-compliance			

1. What is the process from referral to acceptance of a case? What is the average length of time or projected time for completion of the program?

2. What are the eligibility criteria for participation in the program?

3. What is the frequency of judicial interaction with each participant?

4. What incentives encourage compliance with the program and how does the program respond to clients not in full compliance or fully participating?

VII. Service of Process or Parent Locator Program Outcomes

Complete and include this section only for Service of Process and/or parent locator programs funded by the TPR/Permanency Grant.

Grant No. _____ FY: _____ Quarter 1 2 3 4

As a result of referral to program services	This Quarter	Year to Date	Comments
Total number of cases receiving program services			
Number of cases where service was effectuated or parent was located			
Number of cases where publication was necessary			
Number of cases where service was attempted on the father or parent locator services were directed at the father.			
Number of cases where service was attempted on the mother or parent locator services were directed at the mother			
Number of cases where the father was found			
Number of cases where the mother was found			

1. On average, how many attempts are made to effectuate service or locate a parent in a single case?

2. What is the average cost of service of process?

3. What is the typical method of service of process?

4. What are the typical methods utilized to locate parents and are there significant monetary costs associated with certain methods?

5. If a parent was not located, were any resources identified in this case? Please specify.

VIII. Paternity Lab Program Outcomes

Complete and include this section only for paternity lab programs funded by the TPR/Permanency Grant.

Grant No. _____ FY: _____ Quarter 1 2 3 4

As a result of referral to program services	This Quarter	Year to Date	Comments
Number of Father samples collected			
Number of Child samples collected			
Number of Mother samples collected.			
Total Number of samples collected			
Of the total number of samples analyzed	This Quarter	Year to Date	Comments
How many fathers were ruled out?			
How many fathers were ruled in or identified?			
Of the cases where the father was identified:	This Quarter	Year to Date	Comments
In how many cases was child placed with Father?			
In how many cases was child placed with paternal relatives?			
How many families were served?	This Quarter	Year to Date	Comments
Mother, child, and father cases			
Father only and child cases			
Mother only and child cases			
Total Number of Families Served			

X. Parenting Skills Enhancement Project Progress Report

Complete and include this section only for parenting skills enhancement programs funded by the TPR/Permanency Grant.

Grant No. _____ FY: _____ Quarter 1 2 3 4

As a result of referral to program services	This Quarter	Year to Date	Comments
Total number of evening dinners			
Number of children attending the dinner			
Number of mothers attending the dinner			
Number of fathers attending the dinner			
Number of foster parents attending the dinner			
Number of families attending the dinner			
Number of parent group sessions			
How many families were found to be appropriate for the program			

1. Please describe the topics discussed and the length of time spent for each group session.

2. What organizations did your agency collaborate with to achieve the outcomes this reporting period?