

NOTICE OF FORM CHANGE NO. 04-034

DATE

02/09/2004

TO:
County Welfare Director
Supply Clerk / Forms Coordinator

FROM:
Forms Management Unit
(916) 657-1907

Community Care Licensing District Offices
 Private and Public Adoption Agencies

District Attorney
 Other

Listed below is information regarding a form change. Only applicable information is shown.

This notice updates your Department of Social Services County Forms Catalog.

FORM NUMBER AND TITLE CWS 3 (2/04) - Peer Quality Case Review - Part III
Supervisor's Focus Group Interview Tool

ORDER UNIT MASTER ONLY	<input checked="" type="checkbox"/> Free <input type="checkbox"/> Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> New <input type="checkbox"/> Revised	DATE OF FORM 2/04	REPLACES	<input type="checkbox"/> Obsolete
REQUIRED FORM- <input checked="" type="checkbox"/> No Change Permitted	REQUIRED FORM- <input type="checkbox"/> Substitute Permitted With Prior DSS Approval	<input type="checkbox"/> Recommended Form	
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788		<input type="checkbox"/> Other:	

FORMS DISPOSITION AND SPECIAL INSTRUCTIONS

DISPOSITION OF OLD SUPPLY

Use until exhausted Destroy

USE NEW FORM

When supply available in DSS Warehouse Use new form effective 2/04

USE FORM IN ACCORDANCE WITH

All County Letter No.
 Other (specify)

ADDITIONAL INFORMATION REGARDING FORM CHANGE

Form is a Master Only.

Attached is a Reproducible Copy

Check on the internet to see if forms are available at www.dss.cahwnet.gov

For camera-ready copies of English and Spanish forms, please call the Forms Management Unit (FMU) at (916) 657-1907, or by electronic mail at: fmudss@dss.ca.gov.



**PEER QUALITY CASE REVIEW
 PART III - SUPERVISOR/FOCUS GROUP INTERVIEW TOOL**

SUPERVISOR/FOCUS GROUP INTERVIEW INFORMATION	
County Name:	Case Name:
Supervisor or Focus Group Members Name(s): Supervisor: Focus Group Members:	
Date of Supervisor or Focus Group Interview:	
Interviewers: State: County:	

<i>Supervisor Interview/Focus Group Q's</i>	
1. Did anything about the data you received surprise you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1a. If the answer to Question 1 is "Yes," please explain why.	
2. Does the data accurately represent the social work being done in your county? ➤ Why?	

*County data should be sent to supervisors prior to group attendance.

3. For supervisors, please tell us about the program areas that are working well in your county.

- **In particular, could you address the area of focus**_____

4. Could you describe to us what are the most significant recurring challenges, barriers or themes you experience in the work you are doing?

- Would you consider these to be the same barriers for SW in their performance and duties?

5. What are the three most influential practices that lead to outcomes for families and children?

- **In particular could you address the area of focus for your county**_____

6. What difficulties is the county experiencing with complying with ICWA, and how are they being addressed?

7. Describe the barriers/challenges toward timely reunification/adoption?

8. How effective is your concurrent planning program?

9. What processes do you use with workers to help them assess, plan for and monitor for Safety/Permanency/Well Being?

10. Would you like to expand?

- additional barriers
- improvements
- changes
- training needs to accomplish better outcomes for children and families within or outside your agency

11. Is there any thing you would like to add?