



**ANNUAL CHILD PROTECTION
QUALITY ASSURANCE AND
CONTINUOUS QUALITY
IMPROVEMENT PLAN**

*Fiscal Year 2026/2027
July 1, 2026 through June 30, 2027*

Annual Child Protection, Quality Assurance, and Continuous Quality Improvement Plan

Fiscal Year 2026/2027

July 1, 2026 through June 30, 2027

Prepared for the Florida Department of Children and Families
Lead Agency Contract Managers

Contract	Service area
East BJ102	Circuits 2 and 14
West AJ500	Circuit 1

Purpose and priorities

NWF Health Network establishes its FY 2026/27 quality assurance and continuous quality improvement work for Child Protection contracts BJ102 and AJ500. The plan directs the provider network and supporting functions toward safe case decisions, meaningful family engagement, timely permanency, and completed physical, dental and behavioral health care.

The plan continues the Child Protection provisions of the FY 2025/26 Performance and Quality Improvement Plan and carries forward earlier CMO commitments. Prior-year performance and review activity provide the baseline for the objectives, actions, review schedule and evaluation measures that follow.

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Plan version: October 20, 2026. Implementation status is recorded as of this date. Existing casework and safety responsibilities apply throughout the fiscal year; enhancement start dates are identified in the action schedule.

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Use of the plan

Sections 1-8 establish FY 2026/27 responsibilities, activities, timelines and evaluation. Appendices retain historical performance baselines and a supplemental field-support dashboard snapshot. Each source keeps its own reporting scope; the snapshot is not assigned to a fiscal-year total.

E1-E8 and W1-W8 identify the East and West implementation records for the same eight agency actions. Each action is tracked by the responsible provider, circuit and county within one lead-agency improvement system.

1 Purpose and Continuity

Scope and intended results

This plan applies to Child Protection services under East Contract BJ102 and West Contract AJ500. NWFHN will use review findings, performance data, family and partner feedback, training, supervision and monitoring to improve safety, permanency and well-being. Supporting organizational functions are included to the extent that they contribute to these contracts.

Mission and performance philosophy

NWFHN advances quality Child Protection services for children and families within their communities through a managed network of accredited providers. Local ownership, coordinated services and participation by children, families, caregivers, providers, DCF, courts and Children's Legal Services guide the work. [S2, p. 1]

The FY 2026/27 plan retains the prior plan's analytic and systematic approach. Reliable data, continuous assessment, training, stakeholder feedback, monitoring and evaluation guide decisions. Staff, providers, and licensed caregivers share responsibility for quality services. Findings and mistakes inform learning, corrective action, and the sharing of practices supported by evidence. [S2, pp. 1-2]

FY 2025/26 commitment	FY 2026/27 continuation
Integrated provider network and shared accountability	Maintain current provider ownership by circuit and county, with coordinated Quality, Operations and support functions.
Reviewer qualifications and ongoing development	Retain required training within six months of hire; add case-based coaching, calibration and practice checks.
In-depth, desk and side-by-side review methods	Maintain these methods within the current review program; reconcile Department assignments and local improvement reviews.
Clear tasks, deadlines and performance goals	Carry forward all 35 earlier CMO tasks with original dates and evidence; link enhancements through Actions 1-8.
Stakeholder feedback and continuous learning	Record participant themes, resulting decisions and feedback returned; evaluate whether changed practice improves outcomes.

Department framework and annual planning

Windows into Practice, January 2025, Chapter 2 and sections 8.1.7-8.1.8 guide this plan. NWFHN will apply outcomes monitoring, data analysis, research review, evaluation and quality improvement as a continuous process. Monthly Expanded Circuit oversight updates and monthly OQI QA/data participation connect local work with the Department's quality system. [S3]

The annual report and plan may be provided separately under the Department's reporting provision. This document presents the FY 2026/27 plan; the FY 2025/26 results in its appendices support planning and comparison. Actual implementation, early results and adjustments will be documented through the review cycle. [S3]

2 Governance and Provider Accountability

The Director of Quality and Professional Development coordinates implementation, professional development, measurement and escalation. Quality verifies practice and results; Operations and current CMO directors own case actions, service delivery and resolution of operational barriers. [S1, S2]

Contract and area	Current accountable provider	Assignment effective
East BJ102 Circuit 2	DISC for all Circuit 2 case management	December 1, 2025
East BJ102 Circuit 14	Anchorage and Twin Oaks for their assigned cases	Continuing assignments
West AJ500 Escambia County	First City Outreach	October 1, 2026
West AJ500 Okaloosa, Walton and Santa Rosa	Lutheran Services Florida	October 1, 2026

Responsible function	FY 2026/27 accountability
Director of Quality and Professional Development	Lead the annual plan, coordinate PIP and training work, review resources, and escalate unresolved system barriers.
Quality Manager and Specialists	Conduct and calibrate reviews, analyze causes, provide feedback, verify corrections and report action and outcome evidence.
Operations and CMO directors	Assign responsible staff, complete protective and service actions, resolve provider barriers and sustain improved practice.
Training Manager and Specialists	Translate findings into training and coaching; maintain required reviewer development and check transfer to practice.
MDT Manager and Specialists	Support timely and inclusive staffings, participant voice, documented decisions and completed transition actions.
Data Administration and Data Integrity	Maintain definitions, extracts and reporting schedules; correct data and preserve comparable denominators.
Monitoring and Attestation	Follow provider findings and CAP evidence; address contract and licensing process concerns within assigned roles.

Continuity of responsibility

DISC will carry unresolved transferred Circuit 2 work forward. First City Outreach and Lutheran Services Florida will carry unresolved Circuit 1 work forward by county and case assignment. Anchorage and Twin Oaks retain responsibility for their assigned Circuit 14 cases. The register will show both the historical provider and the current resolver.

Camelot and FFN results retain historical attribution. East baselines span providers and circuits; West FY 2025/26 results precede the October 2026 transition. FY 2026/27 Q1 also precedes that West transition. Provider evaluation will use assignment dates, periods under review and applicable case populations.

3 Performance Basis and Improvement priorities

The planning baseline combines FY 2024/25 and FY 2025/26 CFSR results, comparable quantitative Q3 observations across three fiscal years, DCF monitoring findings, and review activity. East met 10 of 18 percentage/rate targets in the latest supplied quarter; West met six. Adoption counts are evaluated separately. All 18 CFSR items and all 19 operational measures are retained in the appendices. [S1]

Priority	Baseline and practice question	Lead action
Safety management	Out-of-home maltreatment rates: East 18.55; West 17.12; source ceiling 9.07. Test plan sufficiency, reassessment, transfer information and supervisory follow-through.	3
Trauma and behavioral health	Item 18: East 27.9%; West 31.8%. Trace screening and assessment through completed care, treatment monitoring, and applicable medication review.	4
Engagement and individualized services	Item 12: East 19.1%; West 25.3%. Item 15: 10.3% and 27.4%. Test whether meaningful participation and assessment result in matched services.	5
Permanency and family resources	Item 6: East 46.4%; West 56.8%. Relative/nonrelative placement: 43.8% and 48.0%. Follow family leads and staffing decisions through resolved barriers.	6
Physical and dental care	Item 17: East 53.3%; West 44.4%. Dental receipt: 93.0% and 75.8%. Connect assessed needs, appointments, completed care and follow-up.	7

Continue and strengthen the previous priorities

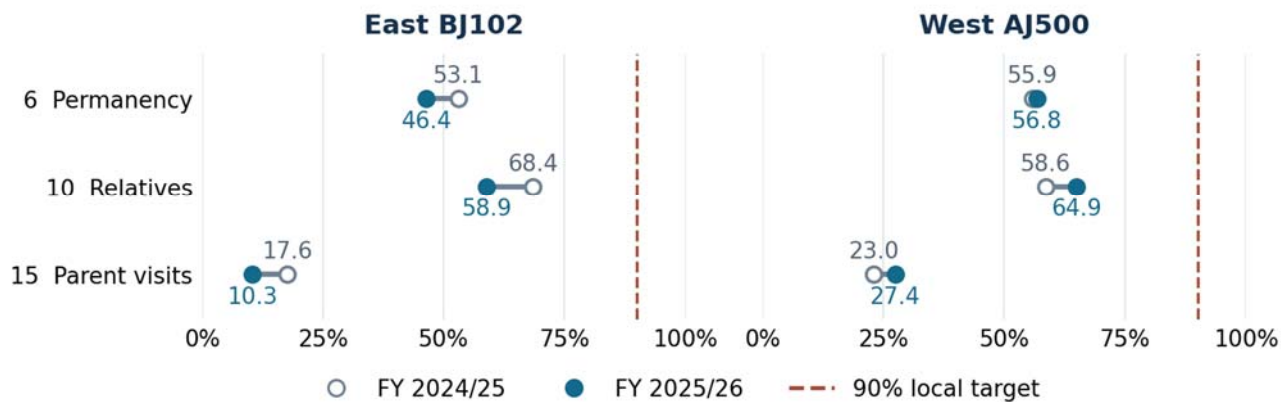


Figure 1. Annual CFSR Strength rates for Items 6, 10 and 15, the focus of the 35 earlier CMO tasks. Regional changes do not establish that a particular strategy caused the result. [S1]

Both regions met the latest in-home safety and child-contact timeliness targets. East medical receipt and the West longer-stay permanency cohorts also met the goal. Quality will examine stronger case pathways for methods to sustain and share, while testing possible causes of weaker results. [S1]

4 Quality Review and Sampling program

NWFHN will maintain standardized reviews, calibrated ratings, case-level feedback and follow-up verification across both contracts. The Quality Manager will reconcile Department assignments, PIP work, local priorities and staff capacity in one review schedule, preserving the purpose and required scope of each review. [S2, S3]

Review activity	FY 2026/27 schedule and coverage	Required record
CFSR in-depth and PIP reviews	Complete reviews assigned by OQI within applicable periods, including required participant interviews. Retain the current assignment schedule and approved revisions.	Assignment, case ID, period, interviews, completion and feedback
CFSR desk and side-by-side reviews	Review OQI findings and local desk work throughout the year. Coordinate voluntary side-by-side participation with OQI.	Review type, circuit, applicable cases, rating questions and follow-up
Benchmark and special reviews	Participate in the benchmark process at least once during the fiscal year and in Department special reviews as requested.	Participation date, findings, calibration and resulting action
Local improvement samples	Ten distinct cases per contract monthly from November 2026 through June 2027; 160 scheduled review events.	Selection basis, repeat-case flag, applicable denominators and action results
Provider contract monitoring	Maintain risk-based annual and corrective-action monitoring; verify correction through follow-up evidence and practice review.	Active contract/program inventory, risk schedule, CAP and verification

Quarter	Local improvement sample	Management emphasis
Q1 July-September 2026	Actual review activity remains in its original register	Maintain existing review duties and baseline evidence.
Q2 October-December 2026	November-December: 20 per contract; 40 total	Reconcile assignments and begin enhanced tools, coaching and sampling.
Q3 January-March 2027	30 per contract; 60 total	Complete practice checks and the March evaluation.
Q4 April-June 2027	30 per contract; 60 total	Assess sustained correction and continuing work by June 30.

Selection and interpretation

Local samples will cover Circuits 2 and 14 and both current West providers, include in-home and out-of-home practice as applicable, and emphasize the finding areas and placement safety. Use participant interviews and other evidence appropriate to the review question. Record selection rules, eligibility, provider tenure, case setting and periods under review.

The 160 events are distinct within each monthly contract sample; a case may recur across months for verification. These samples test improvement and do not establish statistical representativeness or replace OQI/PIP assignments. Record overlapping purposes and count staff effort once. The prior-year schedule in Appendix C remains a historical baseline.

5 Staffing Resources and Professional development

The Quality unit has seven authorized and filled full-time positions and no vacancies as confirmed October 8, 2026. Jeanna McBride serves as Quality Manager; Christina Dexter, Javita Haynes, Sheena Bruce, Valarie Battle, Chelsie Sapp and Cindy Schostag serve as Quality Specialists. [S1]

Resource component	FY 2026/27 planning basis and control
Confirmed Quality staffing	7.0 authorized FTE; 7.0 filled FTE; 0.0 vacant FTE; vacancy rate 0%. Maintain current position and assignment records.
Gross scheduled time	280 hours weekly; 14,560 annualized hours at 40 hours for 52 weeks. Actual available time depends on filled periods, holidays, leave and Child Protection allocation.
Supporting functions	The prior plan places Quality, Training and MDT under the Director, each with a manager and six specialists. Filled support positions and allocated hours will be verified separately.
Data and training estimate	An estimated 1,040 hours / 0.50 FTE for each function is excluded from the combined capacity total until additional, nonoverlapping time is verified.
QA/CQI budget allocation	The dedicated FY 2026/27 cost allocation remains under Finance validation. Finance and the Director will document personnel, training, travel and systems amounts allocated to BJ102/AJ500 by November 30, 2026.
Capacity assessment	Use the NWFHN QA/CQI Workload and Staffing Capacity Assessment. The Director and Finance will reconcile required workload and net available hours by December 15, 2026, then review changes monthly.

Workload and budget oversight

The assessment will include reviews, preparation, interviews, documentation, quality checks, travel, feedback, training, field support, case consultation, monitoring and follow-up. The supplemental dashboard reports 113.0 support hours for its All Agencies view. Validate dates, contract scope, hour definitions and overlap before allocating that effort to BJ102/AJ500; it is not additional staffing capacity. See Appendix D. [S4, S5]

Finance will validate allocated time and count each person and hour once. The seven-position roster alone does not establish staffing sufficiency. The Director will bring workload conflicts and resource needs to monthly leadership oversight for resolution while maintaining required reviews and casework.

Qualifications and ongoing development

The prior plan describes the Director as a master's-level Child Protection professional, Tier 1 CFSR reviewer, DCF-certified Quality Reviewer and former COA peer reviewer; Quality Specialists are described as Florida Certification Board-certified Child Protection professionals and CFSR reviewers. Maintain current credentials and training records. [S2]

New reviewers conducting CFSR desk, in-depth or PIP reviews will complete required federal OMS QA CFSR training within six months of hire. Maintain continuing CFSR, Practice Model and available DCF training. Action 2 adds coaching and calibration; its milestones do not extend existing training deadlines. [S3, section 8.1.1]

6 Implementation and measurement framework

The eight actions below comprise one agency plan. E1-E8 apply to East; W1-W8 apply to West. Enhancement status is Planning as of October 20, 2026. The accountable leads will document the transition to implementation, monitoring and completion through the monthly register. Routine responsibilities and immediate safety action continue throughout the plan year.

Action	Accountable lead	Start	First milestone
1 Evidence and ownership	Quality Director	11/15/26	11/30/26
2 Reviewer and supervisor practice	Quality Manager / Training Manager	11/16/26	12/15/26
3 Safety management	Operations / CMO directors	11/15/26	12/15/26
4 Trauma and behavioral health	CMO directors	11/15/26	12/15/26
5 Engagement planning and education	CMO directors / supervisors	11/16/26	12/15/26
6 Permanency and family resources	Operations / CMO directors	11/15/26	12/15/26
7 Physical and dental care	CMO directors	11/15/26	12/15/26
8 Evaluation and adjustment	Quality Director	12/01/26	December review

Performance expectations

The local qualitative goal is 90% Strength for every CFSR item, evaluated at the June 30, 2027 endpoint and through quarterly progress reviews. The 70% source reference is retained only for historical comparison. Required process steps remain subject to their full applicable compliance and timeliness requirements.

NWFHN will use the percentage and rate thresholds in Appendix B as management benchmarks for this plan. Contract Compliance will reconcile them with FY 2026/27 executed requirements and amendments by November 30, 2026; the operative contract governs contractual compliance. The adoption target will follow the executed FY 2026/27 schedule. Prior-year adoption goals are shown only with their historical results.

Implementation evidence and escalation

Each current CMO director will assign responsible staff. The register will contain the action, historical and current owner, due date, status date, evidence, applicable numerator and denominator, result, barrier and next adjustment. Original commitments retain their original dates and dispositions. A scheduled endpoint does not itself close a task or a Department finding.

Providers will review overdue and priority actions weekly. Nonurgent barriers persisting through two weekly reviews will be escalated to Operations and the Quality Director. Urgent safety and health concerns follow the applicable immediate response procedures. Monthly review will assess completion and practice; December, March and June evaluations will determine whether to retain, revise or expand each response.

Action 1 Align the work plan and Evidence

E1 / W1 | Start November 15, 2026 | Annual evaluation June 30, 2027 | Status: Planning

Accountable lead: Director of Quality and Professional Development

NWFHN will maintain one action register that carries the prior PQI plan forward and connects findings, performance benchmarks, current owners, due dates, resources, and verified results.

Prior-year baseline. The supplied historical CMO plans contain 35 tasks: 11 addressing Item 6, 10 addressing Item 10, and 14 addressing Item 15. Their task-level completion and effectiveness are not verified. East has six reported DCF findings and West five; the exact East finding-to-reference reconciliation remains open.

Implementation

- Map prior PQI commitments, monitoring findings, and below-benchmark measures to current actions. Preserve source definitions, applicable denominators, circuit, county, and observation period.
- Reconcile all 35 historical CMO tasks. Retain original provider, commitment, due date, status, and evidence. Link enhancements without resetting earlier obligations; document supported dispositions and current owners.
- Finance and function managers will document FY 2026/27 Child Protection QA/CQI allocations, actual filled time, and supporting-function inputs by November 30 for the December 15 capacity assessment. Count each person's allocated capacity once.
- Reconcile the current-year in-depth, desk, side-by-side, OQI/PIP, and local-review workload by December 15. Identify 160 local review events separately and count overlapping effort once.

Implementation milestones

Date	Deliverable
November 30, 2026	Complete the initial finding crosswalk, historical-task reconciliation, current-owner assignments, and Finance allocation record.
December 15, 2026	Reconcile current review assignments, the review schedule, required hours, available capacity, and resource gaps.
June 30, 2027	Complete the annual evaluation, supported task dispositions, and continuing-action schedule.

Measurement and verification

NWFHN management goal: 100% of documented findings and below-benchmark measures have an accountable action.

All 35 historical tasks will have a supported disposition or a defined verification action. Report missing evidence and overdue work separately.

Evaluate qualitative results against the 90% local goal at June 30; use the plan's operational benchmarks and executed contract terms for their respective assessments.

Evidence: Prior-plan crosswalk, original task records, current assignments, disposition evidence, Finance allocations, review schedule, workload calculations, and provider acknowledgment.

Partners: Quality Improvement Manager, Data, Operations, Monitoring, and current CMO directors

Escalation: Quality brings unresolved evidence and ownership to monthly oversight. Operations resolves assignments; the Director and leadership address documented resource gaps.

Action 2 Strengthen Reviewer and Supervisor practice

E2 / W2 | Start November 16, 2026 | Annual evaluation June 30, 2027 | Status: Planning

Accountable lead: Quality Improvement Manager and Training Manager

NWFHN will continue the prior PQI plan's reviewer development and Quality/Training coordination while strengthening consistent ratings and supervisory application.

Baseline and support evidence. The FY 2025/26 review register contains 183 desk reviews, 14 side-by-side reviews and nine coded CQI reviews. The supplemental Field Support Dashboard reports 101 supports, 183 participants and 113.0 hours for an unverified selected period. These activity counts do not establish consistent ratings or transfer of learning. See Appendix D. [S1, S5]

Implementation

- Revise review and consultation questions to cover safety, trauma, family participation, needs assessment, service completion, meaningful visits, education, and health oversight.
- Retain required reviewer training within six months of hire and continuing CFSR, Practice Model, and available DCF training. Track credentials, hire dates, training due dates, and completion.
- Calibrate ratings using common cases and resolve material scoring differences before aggregating results. Retain applicable OQI guidance.
- Provide case-based coaching to the defined cohort. Link verified Child Protection field support and case consultation to a practice objective and follow-up check approximately 30–60 days later when the case timeline supports assessment.

Implementation milestones

Date	Deliverable
December 15, 2026	Complete revised tools, the participant roster, and the documented calibration process.
January 15, 2027	Complete initial coaching and schedule follow-up practice checks. Existing reviewer-training due dates remain in effect.
June 30, 2027	Evaluate training coverage, rating consistency, observed practice change, and continuing learning needs.

Measurement and verification

NWFHN management goal: 100% of the designated initial cohort completes coaching by January 15. A completion plan is reported separately and is not counted as completed coaching.

Report follow-up checks completed divided by checks due, coaching completion, scoring differences and support activity. Count support as cohort coaching only when participant, content and completion records meet this action's requirements.

Qualitative goal: 90% on the relevant CFSR items by June 30. Report attendance and coaching alongside subsequent case-practice evidence.

Evidence: Credentials, training due dates and completion, revised tools, coaching roster, validated support records, calibration and follow-up findings with applicable denominators.

Partners: Training Specialists, Quality reviewers, current CMO supervisors, and Operations

Escalation: The Quality Manager resolves scoring questions. Supervisors and Training address recurring application gaps; Operations addresses structural barriers.

Action 3 Improve Safety Management

E3 / W3 | Start November 15, 2026, | Annual evaluation June 30, 2027 | Status: Planning

Accountable lead: Child Protection Operations

NWFHN and current CMOs will strengthen protective decisions and follow-through across transfer, placement, permanency, and closure. Immediate safety responsibilities continue throughout the plan year.

Prior-year baseline. Annual Item 2 performance was 35.1% in East and 71.9% in West; Item 3 was 43.0% and 52.7%. Q3 out-of-home maltreatment rates were 18.55 and 17.12 against the supplied 9.07 ceiling. No re-entry was 86.9% and 88.7% against 94.4%. West's separate direct safety-plan sample was 44% across 43 cases.

Implementation

- Evaluate transfer information, current danger, safety-plan sufficiency, changing circumstances, assigned responsibilities, and supervisory follow-through.
- Prioritize East's prevention decline and both regions' out-of-home maltreatment and re-entry concerns. Include recurrence and post-supervision safety in West.
- Link each concern to protective action within the applicable requirement, an owner, and verification evidence. Review completed responses and unresolved concerns.
- Use case timelines and participant information to validate causes and distinguish pre-transfer, continuing, and post-transfer practice. Collaborate with DCF CPI on Item 1 and investigative interfaces.

Implementation milestones

Date	Deliverable
December 15, 2026	Verify prompt assignment, protective responses, and follow-through for identified concerns; correct remaining safety gaps immediately.
March 31, 2027	Evaluate repeated concerns, protective-action completion, and comparable safety results.
June 30, 2027	Complete the annual assessment of sustained correction and continuing safety actions.

Measurement and verification

Track completion of required safety steps, overdue protective actions, repeated concerns, and verified supervisory follow-through.

Qualitative goal: 90% on CFSR Items 1–3 by June 30. Report targeted Item 3C findings separately from overall Item 3.

Track dashboard measures 1, 5–7, 17, and 19 using their separate definitions and NWFHN plan benchmarks; apply executed terms to contractual assessment.

Evidence: Case records, safety plans, transfer records, protective-action evidence, supervisory decisions, incident analysis, and subsequent verification.

Partners: Current CMO directors and supervisors, Quality, and DCF Child Protective Investigations when applicable

Escalation: Immediate threats follow existing safety-response requirements. Operations addresses unresolved protective and service barriers; Quality escalates recurring system concerns to leadership.

Action 4 Connect Trauma Screening to Completed Care

E4 / W4 | Start November 15, 2026 | Annual evaluation June 30, 2027 | Status: Planning

Accountable lead: Current CMO directors

Current CMOs will follow eligible children from required trauma screening through assessment, services, treatment follow-up, and medication oversight. Existing screening and care duties continue during tracker development.

Prior-year baseline. Annual Item 18 performance was 27.9% in East and 31.8% in West. West's direct monitoring sample showed no documented trauma screening in ten cases and completed required pre-consent review in six of ten. The supplied ACEs activity ratio, 47 completed against 64 removals, does not establish timely screening compliance.

Implementation

- Maintain an eligible-child roster showing the applicable requirement, due date, responsible worker, screening evidence, and assessment or referral decision.
- Track service initiation, treatment recommendations, response, and unresolved needs. Distinguish incomplete work from completed work lacking documentation.
- Review overdue steps weekly, assign a resolver, and document the next action. Verify that services address the identified need.
- Verify applicable psychotropic pre-consent review separately, with particular attention to the West finding. Apply the governing eligibility, sequence, and timeliness requirements.

Implementation milestones

Date	Deliverable
December 15, 2026	Validate the screening and care pathway tracker, including completion evidence and assigned overdue actions.
March 31, 2027	Evaluate pathway completion, recurring barriers, medication oversight, and sampled Item 18 practice.
June 30, 2027	Complete the annual assessment of completed care, treatment follow-up, and sustained correction.

Measurement and verification

Measure timely screening among children whose screening was due, required assessments completed, services initiated, and unresolved needs using defined eligible denominators.

Measure applicable pre-consent review against the governing requirement. Track required process compliance separately from qualitative ratings.

Qualitative goal: 90% on Item 18 by June 30. Keep ACEs activity, timely screening, assessment completion, and treatment outcomes separate.

Evidence: Dated screening and assessment records, referrals, service confirmation, treatment follow-up, medication-review evidence, and weekly exception records.

Partners: CMO supervisors and assigned staff, Operations, relevant health partners, and Quality

Escalation: Urgent clinical or safety needs follow existing response procedures. Supervisors escalate unresolved access to Operations; recurring care or oversight failures enter monthly leadership review.

Action 5 Improve Engagement case planning and Education

E5 / W5 | Start November 16, 2026 | Annual evaluation June 30, 2027 | Status: Planning

Accountable lead: Current CMO directors and supervisors

Current CMOs will connect meaningful family participation and complete needs assessment with individualized plans, family contact, educational supports, and completed services.

Prior-year baseline. Annual Items 12 and 13 were 19.1% and 20.6% in East and 25.3% and 31.8% in West. Item 15 was 10.3% and 27.4%. Both regions met quantitative child-contact timeliness, while qualitative child visits were 30.7% and 54.9%. West education performance was 37.9%, with secondary-education participation at 73.3%.

Implementation

- Expand worker-parent contact tracking and consultation to evaluate visit content, participation, assessment, service matching, and the plan's response to ineffective services.
- Trace sampled needs through child and parent input, planned response, service received, and follow-up. Use accessible family feedback to identify barriers and inform decisions.
- Track children's visits with parents and siblings and actions supporting child-parent relationships. Address barriers within applicable court orders and case requirements; assess these separately from caseworker-parent contact.
- Review educational needs and completed supports, with added attention to West's declining results. Evaluate visit frequency and quality separately.

Implementation milestones

Date	Deliverable
December 15, 2026	Complete revised consultation questions and expectations for documenting participation, family contact, and service follow-through.
January 15, 2027	Complete the initial practice review linking assessed needs to received services, family relationships, and educational supports.
June 30, 2027	Complete the annual assessment of participation, contact quality, service completion, and education outcomes.

Measurement and verification

Report assessed needs with documented responses, participant input reflected in decisions, completed services, overdue educational supports, and unresolved family-contact barriers.

Qualitative goal: 90% on Items 8 and 11–16 by June 30. Distinguish child-family visits and relationships from worker visits with parents and children.

Use NWFHN plan benchmarks of 80% for parent contact, 80% for secondary education, and 99.5% for child-contact timeliness. Preserve the April 2025 parent-contact reporting break.

Evidence: Case plans, assessments, visit records, family feedback, educational records, service confirmation, supervisory decisions, and applicable review denominators.

Partners: Case managers, MDT, Training, Operations, education partners, and Quality

Escalation: Supervisors address unresolved participation, contact, and service needs weekly. Operations coordinates persistent barriers; Quality brings recurring practice gaps to monthly oversight.

Action 6 Advance Permanency and Family Resources

E6 / W6 | Start November 15, 2026 | Annual evaluation June 30, 2027 | Status: Planning

Accountable lead: Child Protection Operations and current CMO directors

Operations and current CMOs will carry family-finding and permanency work through completed decisions, preserved connections, and resolved placement barriers.

Prior-year baseline. Annual Item 6 performance was 46.4% in East and 56.8% in West; Item 10 was 58.9% and 64.9%. Q3 relative/nonrelative placement was 43.8% and 48.0%; siblings together were 52.1% and 55.1%. Both contract placement-move rates exceeded the supplied ceiling. West entry-cohort permanency was 30.5%, below the supplied 35.2% target.

Implementation

- Retain permanency staffings, family-finding referrals, relative inquiry, and reviews of children approaching 12 months in care. Verify completion of resulting decisions.
- Track actionable family resources through contact, assessment, required home-study or other review, and placement or sustained-connection decisions.
- Preserve children's family, cultural, and community connections. Review sibling options, caregiver supports, legal and service delays, and repeated moves; assign owners and next decisions.
- Use MDT and Attestation to support participation, follow-through, and licensing processes within their roles. Current providers carry unresolved historical work for their assigned cases.

Implementation milestones

Date	Deliverable
December 15, 2026	Complete the priority permanency and family-resource register, with owners, connection needs, barriers, and next actions.
March 31, 2027	Evaluate resource progression, completed decisions, preserved connections, and unresolved barriers.
June 30, 2027	Complete the annual assessment of permanency and placement improvement and assign continuing work.

Measurement and verification

Report unresolved leads, next-action timeliness, overdue legal or service steps, completed caregiver support, preserved connections, and follow-through on staffing decisions.

Qualitative goal: 90% on Items 4–7 and 9–10 by June 30. Track separate permanency, relative/nonrelative, sibling, and placement-stability benchmarks.

Use the adoption target established in each executed FY 2026/27 contract and amendment. Contract Compliance and Data will record the applicable target and period; prior-year adoption goals are historical only.

Evidence: Family-search records, assessments, staffing decisions, home-study tracking, placement and sibling decisions, connection planning, caregiver support, and legal or service follow-up.

Partners: Case managers, family-finding staff, MDT, placement staff, Attestation, and legal partners within their roles

Escalation: Providers review stalled decisions weekly. Operations coordinates unresolved shared barriers and obtains legal or Department input as required; persistent system barriers go to leadership.

Action 7 Improve Physical and Dental care

E7 / W7 | Start November 15, 2026 | Annual evaluation June 30, 2027 | Status: Planning

Accountable lead: Current CMO directors

Current CMOs will track physical and dental needs through completed care and treatment follow-up. Existing health-care duties continue throughout the plan year.

Prior-year baseline. Annual Item 17 performance was 53.3% in East and 44.4% in West. Q3 medical receipt was 97.9% and 89.1%; dental receipt was 93.0% and 75.8%. West's direct monitoring sample was 41% across 39 cases. These measures use different definitions and populations; medical receipt does not establish that all assessed needs were met.

Implementation

- Maintain records of required assessments, overdue care, outstanding treatment recommendations, responsibility, and applicable due dates.
- Review overdue care weekly and verify completed services and follow-up. Record barriers, the responsible resolver, and next action.
- Examine successful East medical-access pathways for practices suitable for wider use. Address East dental gaps and West's medical and dental declines.
- Connect assessments with service receipt and treatment response. Coordinate behavioral-health follow-through with Action 4 while measuring Items 17 and 18 separately.

Implementation milestones

Date	Deliverable
December 15, 2026	Validate overdue-care tracking with completion evidence and assigned resolution of remaining needs.
March 31, 2027	Evaluate completed care, recurring barriers, and practices suitable for wider use.
June 30, 2027	Complete the annual assessment of sustained follow-through and health results.

Measurement and verification

Track overdue required care, completed appointments, outstanding recommendations, and resolved access barriers using defined denominators.

Qualitative goal: 90% on Item 17 by June 30. Report Item 18 separately through Action 4.

Measure medical and dental receipt against NWFHN's 95% plan benchmarks and the applicable dashboard definitions. Verify that completed care addresses the identified need.

Evidence: Assessments, appointment and service confirmation, treatment recommendations, documented follow-up, access-barrier records, and sampled case-practice findings.

Partners: CMO supervisors and assigned staff, Operations, health partners, and Quality

Escalation: Urgent health and safety needs follow existing response procedures. Supervisors escalate unresolved access to Operations; recurring network and transportation barriers enter monthly leadership review.

Action 8 Review Results and Adjust the response

E8 / W8 | Start December 1, 2026 | Annual evaluation June 30, 2027 | Status: Planning

Accountable lead: Director of Quality and Professional Development

NWFHN will integrate implementation evidence, practice findings, outcomes, and stakeholder feedback into monthly oversight and quarterly decisions.

Prior-year baseline. The annual register contains 206 reviews, with unduplicated coverage unverified. Monitoring CAP closures divided by CAPs reviewed are period throughput ratios, not linked-cohort correction rates. FY 2025/26 Q4 outcome data and some supporting baseline records remain unavailable.

Implementation

- Retain in-depth, desk, and side-by-side methods in the current-year schedule. Schedule ten distinct local cases per contract monthly, November–June: 160 review events integrated into the documented workload.
- Cover both East circuits and both current West providers, emphasizing finding areas and out-of-home safety. Record assignment dates, review periods, selection methods, setting, and applicable denominators.
- Identify repeat cases and overlapping purposes. Local improvement reviews do not automatically substitute for OQI assignments or PIP reviews. Report small samples as counts with denominators.
- Verify implementation, conduct subsequent practice checks, and decide whether to retain, revise, or extend the response. Evaluate results quarterly in December, March, and June.

Implementation milestones

Date	Deliverable
December 1, 2026	Issue the first consolidated monthly update incorporating November implementation and sampling.
March 31, 2027	Complete the quarterly evaluation following the December evaluation and document strategy decisions.
June 30, 2027	Complete the annual evaluation and continuing-action schedule with evidence supporting requested Department dispositions.

Measurement and verification

Report review completion, overdue actions, fidelity, verified corrections and barriers. Include validated Child Protection support activity, participants, hours and follow-up by period and provider; retain status, evidence and next adjustment.

Qualitative goal: 90% on all 18 CFSR items by June 30. Assess operational results against NWFHN plan benchmarks and contractual results against executed terms.

Preserve contract and provider attribution. Track linked CAP cohorts and subsequent correction evidence separately from historical period throughput ratios.

Evidence: Monthly register, review and validated field-support records, denominator tables, reconciliation, follow-up verification, quarterly evaluations, stakeholder themes and strategy decisions.

Partners: Quality, Data, Operations, Monitoring, current CMO directors, and leadership

Escalation: Review nonurgent overdue work weekly; barriers persisting through two reviews go to Operations and the Quality Director. Effective controls continue; unresolved work receives continuing actions. Department disposition remains separate.

7 Oversight Stakeholder Participation and Reporting

Review forum	Frequency	Decision and evidence
Provider supervisory review	Weekly	Priority case needs, overdue steps, safety concerns, service barriers and completed follow-through.
Expanded Circuit Continuing Oversight	Monthly	State/Federal indicators, regional measures, actions, systemic barriers and decisions requiring DCF or leadership support.
OQI QA and data meetings	Monthly	QA Manager participation; guidance, calibration, definitions, data issues and local implementation follow-up.
Internal performance review	Monthly	All 19 dashboard measures, local samples, monitoring/CAP activity, field support and consultation, practice follow-up and resource needs.
Co Teams and outcome evaluation	Quarterly	All 18 CFSR items, cause evidence, implementation quality and comparable practice/outcome trends.

Participant voice and use of feedback

Quality and MDT will include children, youth, parents and caregivers through applicable review interviews, accessible feedback and staffings. Providers, DCF, courts, Children's Legal Services, schools, health partners, tribes when applicable, and other relevant partners will help identify barriers and interpret results within their roles. Offer language access, accessible formats, and practical scheduling.

Each quarterly evaluation will record participant groups, themes, the resulting change; its owner and feedback returned to participants. Training and Operations will use these themes with case findings to revise practice. Quality will share methods with providers and peers when case evidence identifies the practice, conditions for implementation, and supporting results.

Performance Management Team packet calendar

Reporting quarter	Quarter ends	Leadership packet
Q1 FY 2026/27	September 30, 2026	November 2, 2026
Q2 FY 2026/27	December 31, 2026	February 1, 2027
Q3 FY 2026/27	March 31, 2027	May 3, 2027
Q4 FY 2026/27	June 30, 2027	August 2, 2027

Packet dates are scheduled reporting dates. Monthly oversight continues between packets; the final Q4 packet follows the June 30 annual evaluation endpoint. [S1]

Evaluation and continuation

December, March and June evaluations will compare like periods and applicable samples, examine differences by contract, provider, county and setting, and distinguish implementation results from outcomes. Document whether the response was delivered, whether practice changed, and whether the available evidence supports continuation, revision or wider use.

At June 30, record sustained practices, unresolved needs, responsible owners and continuing due dates. Effective controls move into routine oversight. Quality will retain evidence supporting any request for Department disposition of a finding; internal action completion does not establish that disposition. [S3]

8 Regional Implementation and Finding Response

NWFHN will maintain one finding-level register with separate East and West records. The FY 2024/25 monitoring summaries report six East findings among 85 requirements and five West findings among 79. The areas below direct implementation; original Department finding identifiers and closure requirements will be preserved in the register. [S1]

Practice area	East BJ102 implementation focus	West AJ500 implementation focus	Action
Safety management	Safety-plan sufficiency, reassessment and the prevention decline	Safety after transfer, recurrence, re-entry and post-supervision protection	3
Trauma and behavioral health	Screening, assessment, trauma-sensitive planning and completed care	Screening and care pathway; separate applicable pre-consent medication review	4
Individualized planning and engagement	Needs and services, participation, parent visits and education	Needs and services, visit quality, parent relationships, connections and education	5
Permanency and family resources	Relative and sibling placement, resource progression and completed permanency decisions	Diligent search/family finding and entry-cohort permanency; placement stability	6
Physical and dental health	Sustain useful medical-access routines and close dental and follow-up gaps	Address declining medical/dental receipt and assessment-to-service follow-through	7
Governance and verification	Reconcile findings, historical commitments and case ownership	Reconcile historical FFN tasks and current county/provider responsibilities	1, 2, 8

East implementation: DISC in Circuit 2; Anchorage and Twin Oaks for assigned Circuit 14 cases. West: First City Outreach in Escambia; Lutheran Services Florida in Okaloosa, Walton and Santa Rosa. Education and other supporting CQI concerns are not presented as additional DCF findings.

Complete measure coverage

Primary action	CFSR items	Dashboard measures
3 Safety	1-3	1, 5-7, 17, 19
4 Trauma and behavioral health	18	Required screening, care and medication process measures
5 Engagement planning and education	8, 11-16	8, 15, 16
6 Permanency and family resources	4-7, 9-10	2-4, 9-12, 18
7 Physical and dental care	17	13-14
8 Evaluation	All 18 across applicable evidence	All 19; separate definitions and periods

Item 1 requires coordination with DCF Child Protective Investigations. Item 8 concerns child visits with parents and siblings; Item 15 concerns caseworker visits with parents. Item 11 addresses the child's relationship with parents, and Item 9 includes important family, cultural, and community connections. Each will be evaluated against its own criteria.

Appendix A Qualitative Baseline and action mapping

Annual percent rated Strength among applicable cases. FY 2024/25 and FY 2025/26 are baseline years. The FY 2026/27 local qualitative goal is 90% for every item. [S1]

CFSR item	East 24/25	East 25/26	West 24/25	West 25/26	Primary action
1 Timely investigation initiation	91.3%	83.0%	81.4%	95.6%	3
2 Prevent removal or re-entry	71.3%	35.1%	71.2%	71.9%	3
3 Risk and safety management	47.6%	43.0%	44.0%	52.7%	3
4 Placement stability	77.1%	76.8%	71.2%	86.5%	6
5 Permanency goal	80.9%	80.4%	87.9%	86.5%	6
6 Achieving permanency	53.1%	46.4%	55.9%	56.8%	6
7 Placement with siblings	75.4%	63.3%	73.2%	90.0%	6
8 Visits with parents and siblings	42.2%	32.4%	26.5%	48.3%	5
9 Preserving connections	43.6%	50.0%	44.6%	32.4%	6
10 Relative placement	68.4%	58.9%	58.6%	64.9%	6
11 Child relationship with parents	30.7%	33.3%	26.1%	17.9%	5
12 Needs and services	25.6%	19.1%	20.0%	25.3%	5
13 Family involvement in case planning	25.0%	20.6%	25.5%	31.8%	5
14 Caseworker visits with child	41.2%	30.7%	41.0%	54.9%	5
15 Caseworker visits with parents	17.6%	10.3%	23.0%	27.4%	5
16 Educational needs	64.4%	56.4%	51.9%	37.9%	5
17 Physical and dental health	52.7%	53.3%	48.5%	44.4%	7
18 Mental and behavioral health	33.8%	27.9%	23.2%	31.8%	4

Interpretation of the baseline

East met the source dashboard 70% reference on Items 1, 4 and 5; West met it on Items 1, 2, 4, 5 and 7. East met no items at 90%; West met Items 1 and 7. East improved on three items and West on 13 compared with FY 2024/25. These results direct the plan's priorities and are separate from the smaller direct monitoring samples.

Rates equal Strength divided by Strength plus Area Needing Improvement, excluding not-applicable ratings. Each item requires its own applicable denominator. Subcategory rates use Yes divided by Yes plus No. Regional percentages are not averaged.

East annual rates span the December 2025 Circuit 2 transition and continuing Circuit 14 services. West annual rates precede the October 2026 transition. Provider assignment and practice dates will govern later comparisons. Additional comparable qualitative years will be incorporated as they become available.

Appendix B East Quantitative baseline

East BJ102, Circuits 2 and 14. Comparable Q3 results for three fiscal years. Status assesses FY 2025/26 Q3 against its listed source target; the figures are not FY 2026/27 results. [S1]

Dashboard measure	Baseline target	23/24 Q3	24/25 Q3	25/26 Q3	Baseline status
1 No repeat maltreatment within 12 months	$\geq 90.3\%$	89.7%	93.0%	90.4%	Met
2 Permanency within 12 months of entry	$\geq 35.2\%$	31.4%	29.0%	36.9%	Met
3 Permanency in care 12 to 23 months	$\geq 43.8\%$	60.7%	57.8%	49.0%	Met
4 Permanency in care 24 months or longer	$\geq 37.3\%$	58.2%	45.7%	49.6%	Met
5 No foster care re-entry within 12 months	$\geq 94.4\%$	94.1%	92.3%	86.9%	Not met
6 Maltreatment rate in out-of-home care	≤ 9.07	12.87	8.00	18.55	Not met
7 No maltreatment during in-home services	$\geq 95.0\%$	97.6%	98.3%	99.6%	Met
8 Children seen every 30 days	$\geq 99.5\%$	99.9%	99.9%	99.7%	Met
9 Placement moves per 1,000 foster care days	≤ 4.52	5.47	6.28	6.44	Not met
10 Children placed with relatives or nonrelatives	$\geq 60.0\%$	54.2%	49.0%	43.8%	Not met
11 All siblings placed together	$\geq 65.0\%$	56.8%	51.4%	52.1%	Not met
12 Finalized adoptions during the fiscal year	366 annual	288.5	193.5	189.5	YTD
13 Medical services within 12 months	$\geq 95.0\%$	94.7%	96.7%	97.9%	Met
14 Dental services within 7 months	$\geq 95.0\%$	87.1%	81.2%	93.0%	Not met
15 Young adults completing or enrolled in secondary education	$\geq 80.0\%$	91.4%	87.1%	87.9%	Met
16 Monthly caseworker visits with parents	$\geq 80.0\%$	53.9%	58.4%	61.1%	Not met
17 No maltreatment in out-of-home care	$\geq 98.0\%$	99.0%	99.4%	97.3%	Not met
18 Placement moves per 1,000 days quality measure	≤ 4.52	3.23	3.63	3.76	Met
19 No maltreatment within 6 months after supervision ends	$\geq 95.0\%$	97.4%	98.7%	98.1%	Met

Measures 1-12: contract; 13-15: State; 16-19: NWF. Lower values are favorable for rate measures 6, 9 and 18. These dashboard numbers are separate from CFSR item numbers.

East met 10 of 18 percentage/rate targets. Adoptions were 189.5 YTD, 51.8% of the historical 366 annual target. All three permanency cohorts, in-home safety, child-contact timeliness and medical receipt met their source targets; placement safety, re-entry, relative/sibling placement and parent contact remain priorities.

Percentage/rate thresholds serve as NWFHN management benchmarks under Section 6; executed FY 2026/27 requirements govern contract assessment. Adoption targets shown belong to FY 2025/26 only. Counts retain reported fractional values. April 2025 target and parent-contact reporting changes limit historical comparison; parent-contact year-over-year change is not calculated. Q4/final-year outcomes will update the baseline when validated.

Appendix B West quantitative baseline

West AJ500, Circuit 1. Comparable Q3 results for three fiscal years. Status assesses FY 2025/26 Q3 against its listed source target; the figures are not FY 2026/27 results. [S1]

Dashboard measure	Baseline target	23/24 Q3	24/25 Q3	25/26 Q3	Baseline status
1 No repeat maltreatment within 12 months	>= 90.3%	91.6%	92.1%	87.8%	Not met
2 Permanency within 12 months of entry	>= 35.2%	36.2%	39.4%	30.5%	Not met
3 Permanency in care 12 to 23 months	>= 43.8%	52.8%	53.1%	65.9%	Met
4 Permanency in care 24 months or longer	>= 37.3%	52.7%	46.9%	53.5%	Met
5 No foster care re-entry within 12 months	>= 94.4%	92.3%	92.0%	88.7%	Not met
6 Maltreatment rate in out-of-home care	<= 9.07	8.08	5.60	17.12	Not met
7 No maltreatment during in-home services	>= 95.0%	98.3%	98.2%	99.3%	Met
8 Children seen every 30 days	>= 99.5%	99.8%	99.9%	99.8%	Met
9 Placement moves per 1,000 foster care days	<= 4.52	6.39	5.89	5.90	Not met
10 Children placed with relatives or nonrelatives	>= 60.0%	57.3%	49.6%	48.0%	Not met
11 All siblings placed together	>= 65.0%	52.0%	57.8%	55.1%	Not met
12 Finalized adoptions during the fiscal year	195 annual	137.0	140.0	115.5	YTD
13 Medical services within 12 months	>= 95.0%	98.4%	95.2%	89.1%	Not met
14 Dental services within 7 months	>= 95.0%	88.5%	91.0%	75.8%	Not met
15 Young adults completing or enrolled in secondary education	>= 80.0%	90.0%	96.8%	73.3%	Not met
16 Monthly caseworker visits with parents	>= 80.0%	45.6%	48.4%	46.5%	Not met
17 No maltreatment in out-of-home care	>= 98.0%	99.5%	99.7%	98.7%	Met
18 Placement moves per 1,000 days quality measure	<= 4.52	3.57	3.20	4.19	Met
19 No maltreatment within 6 months after supervision ends	>= 95.0%	98.4%	98.5%	90.5%	Not met

Measures 1-12: contract; 13-15: State; 16-19: NWF. Lower values are favorable for rate measures 6, 9 and 18. These dashboard numbers are separate from CFSR item numbers.

West met six of 18 percentage/rate targets. Adoptions were 115.5 YTD, 59.2% of the historical 195 annual target. Longer-stay permanency cohorts, in-home safety and child contacts met source goals. Entry-cohort permanency, re-entry, placement, health, education and parent contact require continued improvement.

Percentage/rate thresholds serve as NWFHN management benchmarks under Section 6; executed FY 2026/27 requirements govern contract assessment. Adoption targets shown belong to FY 2025/26 only. Counts retain reported fractional values. April 2025 target and parent-contact reporting changes limit historical comparison; parent-contact year-over-year change is not calculated. Q4/final-year outcomes will update the baseline when validated.

Appendix C Review and Monitoring Activity baseline

Historical review events provide workload and sampling context. They do not establish unique case coverage or verified hours. [S1]

FY 2025/26 provider	Q1	Q2	Q3	Q4	Annual
Anchorage	8	2	4	5	19
Camelot	10	5	0	0	15
DISC	3	15	20	4	42
FFN	57	12	8	14	91
Twin Oaks	5	11	15	8	39
Total	83	45	47	31	206

Prior review category	FY 2025/26 planned	FY 2025/26 recorded	Interpretation
In-depth / coded CQI	84	9	Reconcile scope and coding before judging completion.
Desk reviews	104	183	Additional desk work does not establish in-depth/interview completion.
Side by side	Approximately 16	14	Match review IDs to OQI/PIP purposes.
Total	Approximately 204	206	Method and timing differ despite a similar total.

Recorded reviews were 183 desk, 14 side-by-side and nine coded CQI; 113 involved in-home and 93 out-of-home settings. East accounted for 115 reviews and West 91. The FY 2025/26 PIP allocation was eight co-reviews per contract; FY 2026/27 assignments will be maintained separately. [S1-S3]

Combined contract monitoring	FY 2025/26	FY 2026/27 Q1
Full monitoring events	23	1
Annual contract / program occurrences	25 / 27	1 / 1
Document and file reviews	2,789	240
CAPs reviewed / closed	147 / 55	30 / 23
CAP closure throughput ratio	37.4%	76.7%

The prior Q1 recorded 710 document/file reviews and one closure among ten CAP reviews. Current Q1 file activity is 66.2% lower. These period ratios are not linked CAP cohorts and do not establish backlog reduction or sustained correction. Monitoring entries follow entrance meeting month and can repeat contracts, programs and files.

Monitoring totals remain separate from the 206-review quality register. The activity log does not support allocation to a region or provider without identifiers. NWFHN will maintain the active inventory, original CAP finding, due date, completion evidence and subsequent practice check to evaluate coverage and correction.

Appendix D Field Support and Case Consultation

The Field Support Dashboard adds evidence of direct practice support, case consultation, and recorded effort. Its All Agencies view reports 101 supports, 183 participants and 113.0 support hours, averaging 1.12 hours per support. These activity measures will inform coaching priorities and workload review. [S5]

Total supports	Reported participants	Support hours	Average hours per support
101	183	113.0	1.12
Reported support category		Supports	Share of 101
Field support		64	63.4%
Case consultation		37	36.6%

The two service-mix counters total 101. Category labels follow the supplied display order and will be checked against the underlying record. The average is 113.0 divided by 101, rounded to 1.12 hours.

Specialists displayed by support hours

Specialist	Supports	Participants	Hours
Kourtney Brooker	11	24	18.5
Cindy Schostag	14	19	17.5
Latoya Smith	13	32	16.0
Javita Haynes	6	7	15.3
Valarie Battle	14	35	13.0
Sheena Bruce	14	28	12.0
Chelsie Sapp	3	6	6.5
Debra Walters	10	12	5.5
Displayed rows total	85	163	104.3

The displayed specialist rows total 85 supports, 163 participants and 104.3 hours. Arithmetic differences from the headline are 16 supports, 20 participants and 8.7 hours. These are reconciliation differences, not activity assigned to unnamed staff; matching filters and counting rules must be confirmed.

Reporting scope and use

Quarter options shown run from FY 2024/25 Q1 through FY 2026/27 Q2. The pasted extract does not establish which filters are selected or the numeric quarterly values. Retain this as a supplemental dashboard snapshot, not a FY 2025/26 annual or FY 2026/27 YTD total.

The 183 reported participants are not confirmed unique people. Specialist entries are not a current position roster. Support hours are not verified participant-hours, net available capacity or an FTE allocation. The All Agencies view must be linked to dated activities and contracts before any amount is assigned to BJ102 or AJ500.

Appendix D Agency Hours and Support activities

Displayed agency labels and hours from the All Agencies dashboard snapshot are preserved below. They are not current-provider performance results or contract cost allocations. [S5]

Agency as displayed	Support hours
Anchorage	1.8
CDAC	0.5
CHS	8.3
Camelot	0.5
Children's Network of Hillsborough	0.0
DISC	18.3
Embrace	0.0
FFN	57.8
NWFHN	20.5
Twin Oaks	5.5
Sum of displayed agency hours	113.2
Dashboard headline hours	113.0

Displayed agency hours sum to 113.2, which is 0.2 hours above the 113.0 headline. The source values are retained while Quality and Data reconcile rounding, filters and underlying records. A cause for the difference has not been established.

Camelot and FFN labels retain historical attribution. Dates and assignments will determine the applicable provider and contract. The absence of First City Outreach or Lutheran Services Florida rows does not establish zero support. A displayed 0.0 represents the rounded hours shown, not a verified absence of support activity.

Support types represented

Adoption Specific Activity; CCWIS; CFSR Debrief; Case Plan Development; Case Transfer Activities; Child Supervision; DST Prep; Documentation Review; FFA-O, Progress Updates, Judicial Reviews; Field Observation; Guidance; Home Study; Home Visit; Professional Development and Retention; Safety Plan Development; Staffings; Supervisor Support.

The supplied support-type chart lists these categories but provides no readable category counts. Its categories cannot be ranked or totaled from the pasted extract.

Use in the FY 2026/27 improvement plan

Action 2 will link each support or consultation to the practice need, participant role, expected change and follow-up check. Safety-plan, transfer and supervisory support can inform Action 3; case planning and family engagement inform Action 5; adoption, home-study and staffing support inform Action 6. Records will establish the specific linkage rather than category names alone.

Action 8 will report validated activity alongside subsequent practice evidence. Quality and Data will reconcile the snapshot by November 30, 2026; verified contract-specific effort will inform the December 15 workload assessment. Support events remain separate from the 206-review register and monitoring counts, with overlapping effort counted once.

Appendix E Measurement and Evidence maintenance

Definitions and safeguards

Quality and Data will preserve each measure's source, extract date, observation period, numerator, denominator, target and eligible population. Report small groups as counts with denominators. Keep quantitative contact occurrence separate from qualitative visit quality and service receipt separate from assessment and treatment follow-through.

The out-of-home maltreatment rate and child-level no-maltreatment percentage use different constructions. The two placement-move measures also retain separate definitions. Official statewide Federal indicators will come from the applicable DCF release, including its period and benchmarks; local dashboard results will not be labeled Federal risk-standardized outcomes.

Record both historical and current provider, circuit, county, assignment dates, review date and period under review. Identify transferred and continuing cases and evidence spanning a transition. Regional changes and review volume alone do not establish a provider or transition effect.

Evidence updates and assigned response

Record	Owner	FY 2026/27 completion or update control
Current contract targets and adoption goals	Contract Compliance / Data	Reconcile executed targets and amendments by November 30, 2026; update the register and retain prior definitions.
FY 2025/26 year-end baseline and longer trend	Data / Quality	Request Q4/final adoption and earlier comparable qualitative data by November 30; validate and update within ten business days of receipt.
Findings and prior CMO tasks	Quality / Monitoring / current CMOs	Reconcile all reported findings and 35 tasks by November 30; document unresolved evidence with a resolver and follow-up date.
Budget and supporting-role allocation	Finance / Director / function managers	Document FY 2026/27 Child Protection personnel, training, travel and systems allocation by November 30.
Review assignments and capacity	Quality Manager / Director / Finance	Reconcile formal assignments, local work and required/net hours by December 15; update monthly.
Field support dashboard	Quality / Data / Training	By November 30, reconcile selected dates, contract scope, service labels, unique counts, hours and displayed totals; link support to practice checks.
Participant feedback and action results	Quality / MDT / Operations	Record dates, groups, themes, decisions and follow-through each quarter; retain actual evidence separately from planned activities.
Statewide Federal results	Data / Quality	Use each applicable DCF release in the next monthly oversight review and document local implications.

Document control and Department reporting

The Director will maintain the annual plan version, revisions, implementation updates and companion annual performance assessment. Retain authorization records and the dates and versions actually transmitted to the Department, together with receipt and any revised instruction. The January 2025 annual reporting provision establishes October 15 as the annual submission deadline. [S3]

Material changes to baselines, targets, ownership, resources or review schedules will be documented with the reason and communicated through Department and leadership oversight. Ongoing case and review obligations continue.

Sources and Abbreviations

Agency and Department evidence

S1. NWFHN annual performance and monitoring materials, incorporating the October 7, 2026 report and October 8 updates, provided for this plan. The baseline record includes the following:

East and West CFSR fiscal-year tables for FY 2024/25 and FY 2025/26, including applicable subcategories.

East and West contract, State and NWF dashboard comparisons through FY 2025/26 Q3, with three comparable Q3 periods.

FY 2024/25 DCF monitoring summaries; historical CMO action plans dated April 2025-March 2026; and the dated provider-transition record.

FY 2025/26 review register, quarterly provider counts, methods and service settings; Child Protection monthly monitoring log through September 2026.

October 8, 2026 Quality staffing confirmation, support-allocation assumptions, PMT calendar, and QA summary of OQI sampling guidance.

S2. NWFHN Performance and Quality Improvement Plan FY 25/26, 800-800 x1, B.M. June 26, 2025, pp. 1-3: mission, philosophy, organizational structure, reviewer development and review schedule. Associated position descriptions dated March 2024-March 2025 support functional responsibilities.

S3. Windows into Practice, January 2025, supplied text. Chapter 2 describes the CQI framework. Chapter 8 addresses reviewer training, assigned reviews, interviews, benchmark participation, monthly oversight, annual reporting and QA/data collaboration. Applicable later Department instructions and executed contracts govern their respective requirements.

S4. NWFHN QA/CQI Organizational Capacity Assessment, October 8, 2026. Preliminary annualized staffing/workload tool supporting contracts BJ102 and AJ500; required workload, net hours and Finance allocations remain subject to validation.

S5. NWFHN Field Support Dashboard, All Agencies view, supplied as pasted dashboard text for this revision. Headline totals: 101 supports, 183 participants, 113.0 support hours and 1.12 hours per support. Includes service-mix counters, eight specialist rows, agency hours and support-type labels. Exact selected dates, quarterly values and underlying records were not included. Appendix D retains the source values and reconciliation limits.

Supporting public guidance

Florida DCF Annual Progress and Services Report 2026

June 30, 2025; pp. 26 and 29-30. CQI framework, feedback and reporting coordination.

DCF Trauma Screening Tool Amended Memo

October 17, 2024. ACEs screening and referral direction.

Florida Statutes section 39 523

2026 statute, subsection (2)(a)2. Trauma screening and indicated assessment requirements.

University of Florida MedConsults

Pre-consent review service guidance; individual applicability follows the governing requirements.

Abbreviations

ACEs adverse childhood experiences; CAP corrective action plan; CFSR Child and Family Services Reviews; CLS Children's Legal Services; CMO case management organization; CPI Child Protective Investigations; CQI continuous quality improvement; DCF Department of Children and Families; FTE full-time equivalent; MDT multidisciplinary team; OHC out-of-home care; OQI Office of Quality and Innovation; PIP Program Improvement Plan; PMT Performance Management Team; PQI performance and quality improvement; QA quality assurance; YTD year to date.