



CONNECTICUT
Children & Families

Child and Family Services Review
Round 4
Program Improvement Plan

Pilot Per Technical Bulletin 14:
Advancing a Home for Every Child

June 6, 2026

**Minor formatting adjustments may have been made to this document for 508 compliance.
Content is unaffected.**

Introduction

Connecticut has been diligently developing and negotiating a Child and Family Services Review (CFSR) Program Improvement Plan (PIP) under the existing Technical Bulletin (TB) #13a specifications since early 2025. Connecticut Child Welfare system (agency, courts, attorneys, foster parents and providers) partners and people with lived experience were engaged in a set of workgroups to better understand the CFSR outcomes and data indicators, self-assessment and stakeholder interview group results. Workgroups conducted root cause analysis, offered their thoughts and experiences towards understanding system performance and proposed strategies to overcome challenges. Drafts of the system's proposed PIP were submitted to the Children's Bureau on the schedule required, and PIP Case Reviews began as of February 2026, while the final draft of the document was being reviewed for approval.

In late December 2025 the Children's Bureau released TB #14 as the initial phase of a broader CFSR modernization effort. States were offered the option to switch conduct of their PIPs to meet a more flexible and streamlined set of requirements focused solely on achieving a clear goal of having a foster home for every child in the care of state child welfare systems. The pilot process calls for states to select strategies that impact both the numerator (homes) and denominator (children) in the ratio of homes to children. States are to report out monthly on their ratio, as well as on five "chaser" metrics specified by the Children's Bureau, and between eight and eleven "lead" metrics that help states evaluate effective implementation of their strategies. Finally, fiscal penalties would only be applied to states if they failed to implement negotiated strategies, rather than be tied to specified goal achievement as required under TB#13a.

After consulting with the Children's Bureau, Judicial partners, the agency's Statewide Advisory Council (SAC) and internal partners, Connecticut has decided to opt into the TB#14 Pilot PIP opportunity.

PIP Goals, Strategies and Metrics

For the proposed TB#14 PIP, Connecticut will focus our efforts on two primary Goals:

1. **Safely Reduce the Number of Children in Care**
Connecticut will reduce the number of children in care by focusing on strategies that improve the safety of children in their own homes, and for those that must enter care, to reduce the time in care from entry to a safe permanency exit.

2. Increase the Number of Licensed Foster Homes

Connecticut will increase the number of licensed foster homes by streamlining the recruitment, retention and licensing process, modernizing our foster and kinship training curricula to better prepare foster parents to meet children's needs and increase stability and retention.

Further, Connecticut has chosen to select most of our strategies from those already developed and/or in process for our TB#13a PIP that we also believe will produce positive impact on the ratio of homes to children. The following table outlines the selected Goals and related Strategies and Metrics that will make up our pilot PIP.

Goal	Strategy	Action Steps	Metric
1. Safely Reduce # of Children in Care	1. Improve Safety to Prevent Entry or Re-Entry to Care	1. Update and implement Purposeful Visitation policy, practice guide and tip sheets to improve Safety practice, to remove maternal bias and improve specific focus on fathers. 2. Create and/or specify use of existing reports that Supervisors will review prior to Supervisory Conferences and utilize to guide safety practice improvements. 3. Implement a structured Supervisory Observation Tool that Supervisors will use to assess and coach Worker Safety practice model through field observations at least once per year. 4. Implement a structured set of required trainings to meet the annual 30-hour training requirement, starting with Social Workers, Supervisors and Program Supervisors. 5. DCF Program Leads will conduct analysis of safety-related services to improve timely referral and utilization including Family-Based Recovery (FBR), Intensive Family Preservation (IFP)	CORE: • #Entries To Care CHASER: • Recent Maltreatment History LEAD: • Timeliness of Response • Twice Monthly Caseworker Visits to In-Home Families • Maltreatment in Foster Care
[Goal 1]	[Strategy 1]		

Goal	Strategy	Action Steps	Metric
[Goal 1]	2. Reduce Time In Care from Entry to Safe Permanency Exit	1. Establish additional court requirements to review progress towards achieving Permanency with parents, court, DCF and other partners 2. Implement a structured Supervisory Observation Tool that Supervisors will use to assess Worker Permanency practice through field observations at least once per year. 3. Create and/or specify use of existing reports that Supervisors will review prior to Supervisory Conferences and utilize to guide Permanency practice improvements. 4. Improve timely referral and utilization of permanency-related services such as Reunification and Therapeutic Family Time (RTFT). 5. Update and implement Purposeful Visitation policy, practice guide and tip sheets to improve Permanency practice and to remove maternal bias and improve specific focus on fathers.	CORE: • #Exits From Care CHASER: • %Maintaining Family Connections • %Congregate Care • Foster Home Disruptions LEAD: • Placement Stability • Monthly Caseworker Visits with Child • Permanency in 12 Months from Entry
2. Increase # of Licensed Foster Homes	1. Increase Recruitment of Foster Homes	1. Streamline the process of recruitment of foster homes. 2. Conduct an analysis to determine need and definitions for different levels/types of therapeutic foster care	CORE: • #Licensed Foster Homes

Goal	Strategy	Action Steps	Metric
[Goal 2]	2. Streamline Foster Home Licensing Process	1. FCD to identify and implement improvements to requirements and process for licensing Core Foster and Kinship homes that will reduce the time to licensure. 2. Develop an automated report to show the median time to licensure for Core/Kinship homes that FCD will use to evaluate effectiveness of their interventions 3. Licensing and FCD to collaborate on improvements to quality assurance requirements for oversight of Child-Placing Agency (CPA) licensing and re-licensing of foster homes	LEAD: • Decrease Time to Licensure for Core and Kin homes
[Goal 2]	3. Modernize Foster Home Training Curricula	1. FCD to complete implementation of National Training and Development Curriculum (NTDC) pre-licensing training curriculum for Foster and Kinship caregivers to better prepare foster parents and increase placement stability 2. Evaluate the effectiveness of the NTDC curricula on foster parent knowledge, skills, attitudes and outcomes on retention.	LEAD: • %Foster Homes Trained with Positive Satisfaction Ratings

Conclusion

Connecticut has established a CFSR Steering Committee and PIP Implementation Workgroups that will be responsible for ensuring that each of the selected strategies is implemented, and that performance metrics are produced on a monthly basis as required by TB#14. These groups are a collaboration between the Bureaus of Continuous Quality Improvement, Child Welfare (which includes the Foster Care Division), and other supporting divisions depending on their relevance to the specific strategy.

The strategies selected for this pilot PIP are all already in progress and because they are, or will be, integrated into policy, practice guides, and training curricula, they should be reliably sustained well beyond the two-year PIP implementation period. We want to thank all our partners across the system, including those with lived experience, that helped develop this plan, and will continue to assist with its implementation. These efforts will further improve our ability to realize our vision of ensuring that Connecticut's children are safe and sound within loving and supportive families.