

**CRBC LOCAL REVIEW BOARD WORKSHEET**

ATTACH LABEL HERE

**USED FOR ALL PERMANENCY PLANS**

Staff Assistant: \_\_\_\_\_ Board: \_\_\_\_\_ Date: \_\_\_\_\_

<b><u>Quarter of Review</u></b>			
(1) = 1st Quarter	(2) = 2nd Quarter	(3) = 3rd Quarter	(4) = 4th Quarter
<b><u>Review Code</u></b>		<b><u>Number of Reviews</u></b>	
<b><u>Child's Age at time of Review</u></b>			

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[PE-00] – PLAN

[1]  Reunification    [2]  Relative Placement for Adoption    [3]  Relative Placement for Custody/Guardianship  
[4]  Non Relative Adoption    [5]  Non Relative Custody/Guardianship    [6]  APPLA

=====

[WR-00]  (1) Parental rights have been terminated     (2) Parents are deceased    (if any checked, skip to Permanency)

[WR-01] **WAIVER OF REUNIFICATION SERVICES (WRS)** Does WRS Apply? [1]  Yes    [2]  No (skip to TPR)

<b><u>Status of WRS</u></b>	<b><u>Mother(1)</u></b>	<b><u>Father(2)</u></b>	<b><u>Both(3)</u></b>
[WR-02] <input type="checkbox"/> The court has granted WRS to	_____	_____	_____
[WR-03] <input type="checkbox"/> The court denied WRS for	_____	_____	_____
[WR-04] <input type="checkbox"/> DSS requested WRS, that is still pending for	_____	_____	_____
[WR-05] <input type="checkbox"/> DSS did not request/file a WRS for	_____	_____	_____

Choose reasons below ONLY if WR-05 above is checked and the Board feels that a WRS should be requested

- [WR-07]  mother  father subjects child to chronic and life threatening neglect.
- [WR-08]  mother  father subjects child to chronic abuse.
- [WR-09]  mother  father is convicted of an applicable crime of violence.
- [WR-10]  mother  father subjects child to torture.
- [WR-11]  mother  father subjects child to sexual abuse.
- [WR-12]  mother  father has involuntarily lost parent's rights of a sibling (\_\_\_\_\_)
- [WR-13]  other \_\_\_\_\_
- [WR-14]  NONE

**WAIVER COMMENTS** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TERMINATION OF PARENTAL RIGHTS (TPR)**

[TP-01] Was TPR filed? [1]  Yes    [2]  No (Go to TPR Petition)

[TP-02] Was TPR filed in a timely manner (15 out of 22 months)? [1]  Yes    [2]  No    [3]  N/A

**CRBC LOCAL REVIEW BOARD WORKSHEET**

**Filed Notice of Objection: (If TPR filed)**

- [TP-03]\_\_ Mother [1] \_Yes [2] \_No [3] \_N/A [4] \_Unknown
- [TP-04]\_\_ Father [1] \_Yes [2] \_No [3] \_N/A [4] \_Unknown
- [TP-05]\_\_ Was Publication made for Parent whose whereabouts are Unknown?  
[1] \_Yes [2] \_No [3] \_N/A [4] \_Unknown

**IF TPR Filed**

- [TP-06]\_\_ TPR Granted? [1] \_Yes [2] \_No
- [TP-07]\_\_ Was TPR APPEALED? [1] \_Yes [2] \_No [3] \_N/A [4] \_Pending [5] \_Unknown
- [TP-08]\_\_ Did Appeal delay TPR? [1] \_Yes [2] \_No [3] \_N/A

**TPR Petition**

[TP-09]\_\_ The Board recommends that a petition for TPR: \_be filed because

The Board finds that F.L. Article 5-525.1, applies, because it requires action for TPR due to (choose only 1 below)

- [TP-10]\_\_ \_ [1]\_\_ child in care 15 out of 22 months
- \_ [2]\_\_ abandoned infant
- \_ [3]\_\_ conviction/incarceration - Mother
- \_ [4]\_\_ conviction/incarceration - Father
- \_ [5]\_\_ conviction/incarceration - Both
- \_ [6]\_\_ other

[TP-11]\_\_ The Board recommends that a petition for TPR: \_NOT be filed due to (choose only 1 below)

- [TP-12]\_\_ \_ [1]\_\_ the child has been placed with relatives
- \_ [2]\_\_ DSS failed to provide required reunification services
- \_ [3]\_\_ there is a compelling reason not to file

TPR\_COMMENTS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Permanency:**

[PE-01]\_\_ Were other permanency options considered and why were they ruled out? [1] \_Yes [2] \_No (Skip to PE-03)  
*(if YES choose plan below)*

- [PE-02]
- [1]\_\_ \_ Reunification [2]\_\_ \_ Relative Placement for Adoption [3]\_\_ \_ Relative Placement for Custody/Guardianship
- [4]\_\_ \_ Non Relative Adoption [5]\_\_ \_ Non Relative Custody/Guardianship [6]\_\_ \_ APPLA

**Concurrent Planning (All Except APPLA)**

[PE-03]\_\_ Is there a concurrent plan identified by the courts? [1] \_Yes [2] \_No (GOTO PE-05)  
*(If Yes, what is the concurrent plan?)*\_\_ [PE-04]

- [1]\_\_ \_ Reunification [2]\_\_ \_ Relative Placement for Adoption [3]\_\_ \_ Relative Placement for Custody/Guardianship
- [4]\_\_ \_ Non Relative Adoption [5]\_\_ \_ Non Relative Custody/Guardianship [6]\_\_ \_ APPLA

[PE-05]\_\_ Is the LDSS implementing the concurrent plan set by the courts? [1] \_Yes (GOTO PE-07) [2] \_No  
*(If No, what plan is the LDSS implementing?)*\_\_ [PE-06]

- [1]\_\_ \_ Reunification [2]\_\_ \_ Relative Placement for Adoption [3]\_\_ \_ Relative Placement for Custody/Guardianship
- [4]\_\_ \_ Non Relative Adoption [5]\_\_ \_ Non Relative Custody/Guardianship [6]\_\_ \_ APPLA [7]\_\_ \_ None

[PE-07]\_\_ Does the Local Board agree that the appropriate Concurrent Planning took place according to State and Federal

**CRBC LOCAL REVIEW BOARD WORKSHEET**

guidelines? [1] \_Yes [2] \_No [3] \_N/A – No concurrent plan

[PE-08]\_\_When was the Plan ESTABLISHED? \_\_\_\_/\_\_\_\_/\_\_\_\_; (MM/DD/YY)

[PE-09]\_\_ How long has the youth had this Permanency Plan?

- [1]\_\_0 to 6 months
- [2]\_\_7 to 11 months
- [3]\_\_1 year to 2 years
- [4]\_\_2 year to 3 years
- [5]\_\_3 years or more

[PE-10] Why is Plan APPLA? (Choose the best answer that applies below or check N/A and Skip to Recommendations) \_N/A

- \_1\_\_Parent(s) whereabouts unknown
- \_2\_\_Parent(s) deceased
- \_3\_\_Parent(s) unable or unwilling to work towards reunification
- \_4\_\_Parent(s) unable to meet child’s needs
- \_5\_\_LDSS did not identify a suitable relative
- \_6\_\_Agency saw age as barrier and did not pursue ADOPTION
- \_7\_\_Behavior
- \_8\_\_Lack of Family Resources
- \_9\_\_Child did NOT consent to ADOPTION
- \_10\_\_Medically or Mentally Fragile
- \_11\_\_Placed with long term resources and does not want to Adopt
- \_12\_\_Not Eligible for Guardianship
- \_13\_\_NO TPR Granted
- \_14\_\_Worker Unaware

[PE-11]\_\_What is the category of the child’s APPLA permanency plan?  
(Choose 1 below or check N/A and Skip to PE-24 if NOT APPLA) \_N/A

- [1] \_\_Emancipation/Independence (Child is expected to remain in existing placement until he/she reaches the age of maturity)
- [2] \_\_Long term out-of-home care placement with a non-relative foster parent
- [3] \_\_Long term out-of-home care placement with a specified relative
- [4] \_\_Placement in a long-term care facility until transition to an adult facility
- [5] \_\_Other (specify)\_\_\_\_\_

**Board’s Permanency Recommendations**

[PE-12]\_\_ [1]\_\_\_Yes, The Board Agrees with the Departments Permanency plan.

[2]\_\_\_No, The Board Disagrees with the Departments Permanency plan.

*If NO, what Permanency Plan does the Board Recommend? and Why?*

[PE-13]

[1]\_\_\_Reunification [2]\_\_\_Relative Placement for Adoption [3]\_\_\_Relative Placement for Custody/Guardianship  
 [4]\_\_\_Non Relative Adoption [5]\_\_\_Non Relative Custody/Guardianship [6]\_\_\_APPLA

Permanency Comments: (Use back page for more)

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**CRBC LOCAL REVIEW BOARD WORKSHEET**

**CASE PLANNING**

[CP-01]\_\_Is Birth parent incarcerated? **Mother** [1] \_Yes [2] \_No [3] \_Unknown  
[CP-02]\_\_Is Birth parent incarcerated? **Father** [1] \_Yes [2] \_No [3] \_Unknown

[CP-03]\_\_Were efforts made to involve the **family** in the case planning process? [1] \_Yes [2] \_No [3] \_Unknown

[CP-04]\_\_Did the child have a **Family Involvement Meeting (FIM)** prior to entry? [1] \_Yes [2] \_No [3] \_Unknown

[CP-05]\_\_Has a **Family Involvement Meeting** been held in the last 6 months? [1] \_Yes [2] \_No [3] \_Unknown

Case Planning Comments: (Use back page for more)

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**SERVICE AGREEMENT**

[SA-01]\_\_Is there a signed service agreement?

[1] \_Yes [2] \_No

[SA-02]\_\_If there is a signed service agreement, **who SIGNED** it? (Check all that apply)

[1] \_Youth [2] \_Mother [3] \_Father [4] \_Both [5] \_Relative [6] \_Guardian  
[7] \_Fictive Kin [8] \_Other \_\_\_\_\_ [9] \_N/A - no signed agreement

[SA-03]\_\_Date of the most recent signed service agreement \_\_\_/\_\_\_/\_\_\_\_ (MM/DD/YYYY)

[SA-04]\_\_Has anybody refused to sign the service agreement? [1] \_Yes (Check all that apply) [2] \_No [3] \_N/A

[SA-05]\_\_ [1] \_Youth [2] \_Mother [3] \_Father [4] \_Both [5] \_Relative  
[6] \_Guardian [7] \_Fictive Kin [8] \_Other \_\_\_\_\_ [9] \_N/A - no signed agreement

Have efforts been made to involve the parent/youth/caregiver in the development of the service agreement?

[SA-06]\_\_ Parent [1] \_Yes [2] \_No

[SA-07]\_\_ Youth [1] \_Yes [2] \_No

[SA-08]\_\_ Caregiver [1] \_Yes [2] \_No

[SA-09]\_\_Does the Board agree that the service agreement is appropriate to meet the needs of the child?

[1] \_Yes [2] \_No [3] \_N/A - No Service Agreement

Service Agreement Comments: (Use back page for more)

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**Supportive Services**

Are appropriate services being offered to:

[SS-A]\_\_ Child: [1] \_Yes [2] \_No

[SS-B]\_\_ Foster/Kin Family: [1] \_Yes [2] \_No [3] \_N/A (Not placed in foster family setting)

[SS-C]\_\_ Birth Family: [1] \_Yes [2] \_No

**CRBC LOCAL REVIEW BOARD WORKSHEET**

(If YES, choose the services below)

DESCRIPTION		CHILD		FOSTER		BIRTH
[SS-01] _(1)_Housing	[SS-CHO]		[SS-FHO]		[SS-BHO]	
[SS-02] _(2)_Medical	[SS-CME]		[SS-FME]		[SS-BME]	
[SS-03] _(3)_Mental Health	[SS-CMH]		[SS-FMH]		[SS-BMH]	
[SS-04] _(4)_Educational	[SS-CED]		[SS-FED]		[SS-BED]	
[SS-05] _(5)_Employment	[SS-CEM]		[SS-FEM]		[SS-BEM]	
[SS-06] _(6)_Special Needs	[SS-CSN]		[SS-FSN]		[SS-BSN]	
[SS-07] _(7)_Referral to DDA	[SS-CDA]		[SS-FDA]		[SS-BDA]	
[SS-08] _(8)_Referral to DORS	[SS-CDR]		[SS-FDR]		[SS-BDR]	
[SS-09] _(9)_Visitation	[SS-CVT]		[SS-FVT]		[SS-BVT]	
[SS-10] _(10)_Substance Abuse	[SS-CSA]		[SS-FSA]		[SS-BSA]	
[SS-11] _(11)_Other (Specify in Comments)	[SS-COT]		[SS-FOT]		[SS-BOT]	

[SS-12]\_\_Does the Board recommend that the identified services continue during aftercare? [1] \_Yes [2] \_No

Supportive Services Comments: (Use back page for more)

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**Siblings**

[SB-01]\_\_Does child/youth have siblings in care? [1] \_Yes [2] \_No (Skip to SB-06)

[SB-02]\_\_If Yes How many siblings? \_\_\_\_\_

[SB-03]\_\_Are siblings being reviewed together? [1] \_Yes [2] \_No (If no explain in comments below)

[SB-04]\_\_If siblings do not reside with child/youth, have efforts been made to place siblings together?  
[1] \_Yes [2] \_No (If no, explain in comments below)

[SB-05]\_\_Does child/youth have visits with siblings who do not reside with him/her?  
[1] \_Yes [2] \_No (If no explain in comments below)

[SB-06]\_\_Does child/youth have visits with siblings who are not in care?  
[1] \_Yes [2] \_No (If no explain in comments below) [3] \_Unknown [4] \_N/A

Sibling Comments

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**CRBC LOCAL REVIEW BOARD WORKSHEET**

**Living Arrangement**

<b>Code</b>	<b>Description</b>
00	N/A
40	College
41	Correctional Institution
42	Halfway House
43	Homeless Shelter
44	Own Home/Apartment
45	<b><u>ICPC Adoptive Home (incoming) – DO NOT USE FOR Out of Home Placement</u></b>
46	<b><u>ICPC Foster Home (incoming) – DO NOT USE FOR Out of Home Placement</u></b>
47	Inpatient Psychiatric Care
48	Inpatient Medical Care
49	Job Corps
50	Runway
51	<b><u>Relative Home – DO NOT USE FOR Out of Home Placement</u></b>
52	Respite Care- Not Psychiatric Respite
53	Secure Detention Facility
54	<b><u>Father's Home – DO NOT USE FOR Out of Home Placement</u></b>
55	<b><u>Father and Stepmother/Paramour – DO NOT USE FOR Out of Home Placement</u></b>
56	<b><u>Mother's Home – DO NOT USE FOR Out of Home Placement</u></b>
57	<b><u>Mother and Father's Home – DO NOT USE FOR Out of Home Placement</u></b>
58	<b><u>Mother and Stepfather/Paramour – DO NOT USE FOR Out of Home Placement</u></b>
59	Trial Home Visit (Aftercare)
99	Other

[LA-01]\_\_If child is currently in a Living Arrangement, where does the child reside: (*choose one above*) = [ \_\_\_\_ ]

[LA-02]\_\_If OTHER, please specify: \_\_\_\_\_

**CRBC LOCAL REVIEW BOARD WORKSHEET**

**Placement (Paid for by DSS)**

(If child is on runaway status and the placement is still open check the appropriate category below. Use other to identify any category not listed below).

<u>Code</u>	<u>Description</u>		<u>Description</u>
	<b><u>Family Homes</u></b>		<b><u>Group Homes</u></b>
41	Emergency Foster Home Care	50	Alternative Living Units
42	Formal Kinship Care	51	Emergency Group Shelter Care
43	Intermediate Foster Care	52	Residential Group Homes
44	Pre-Finalized Adoptive Home	53	Teen Mother Programs
45	Refugee Child	54	Therapeutic Group Homes
46	Regular Foster Care	55	Independent Living Residential Program
47	Restricted (Relative) Foster Care		
48	Treatment Foster Care		<b><u>Residential Treatment Centers</u></b>
49	Treatment Foster Care (Private)	56	Residential Treatment Centers
	<b><u>SILA</u></b>		
57	Relative		
58	Non-Relative		
59	Own Dwelling		
99	OTHER	00	NONE

[PL-01]\_\_Child's current placement is: (*choose one above*) = [ \_\_\_\_\_ ]

[PL-02]\_\_If OTHER, please specify: \_\_\_\_\_

[PL-03]\_\_How many placements has child/youth had in the last 12 months? \_None \_1 \_2 \_3 \_4 or more

[PL-04]\_\_Is child/youth placed in their home jurisdiction? [1] \_Yes [2] \_No

[PL-05]\_\_If NO above, what is the 2 digit jurisdiction placed in? [ \_\_\_\_\_ ]

**Board's Placement Recommendations**

[PL-06] [1]  The Board Agrees with the Departments Placement plan.

[2]  The Board Disagrees with the Departments Placement plan.

*If NO, what Placement Plan does the Board Recommend? and Why?*

[PL-07] \_\_(*Choose Placement Code from Placement Table*) [ \_\_\_\_\_ ]

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**CRBC LOCAL REVIEW BOARD WORKSHEET**

**Placement Stability (Placement Change within Last 12 months)**

[PS-01]\_\_Was there a placement change within the last 12 months? [1] \_\_Yes [2] \_\_No (Skip Section)

[PS-02]\_\_Did Family Involvement Meeting (FIM) take place with the most recent placement change?  
[1] \_\_Yes [2] \_\_No [3] \_\_Unknown

[PS-03]\_\_For the **most recent placement change**, indicate the **level of care** for the new placement.

- [1] \_\_ Less restrictive level of care
- [2] \_\_ More restrictive level of care
- [3] \_\_ Same level of care.
- [4] \_\_ Unknown, information not available should be selected if there is not enough information in the case file, or review participants in attendance do not have sufficient information to allow for an answer.

[PS-04]\_\_If the **most recent placement change** occurred for a **positive reason**, please indicate the primary reason below.

- [1] \_\_ Transition towards Permanency Goal
- [2] \_\_ Placement with Relatives
- [3] \_\_ Placement with Siblings
- [4] \_\_ Other (specify) \_\_\_\_\_
- [5] \_\_ Not Applicable should be selected if the move did not occur for a positive reason, or the child did not experience a placement change in the past 12 months

[PS-05]\_\_If the child's **most recent placement change** was primarily related to **provider specific issues**, please indicate the primary issue below.

- [1] \_\_ Provider home closed
- [2] \_\_ Provider request (due to issues unrelated to the child)
- [3] \_\_ Allegation of Provider Abuse/Neglect
- [4] \_\_ Founded incident of provider abuse/neglect
- [5] \_\_ Other (specify) \_\_\_\_\_
- [6] \_\_ Not Applicable should be selected if the placement change was not due to a provider specific issue, or the child did not experience a placement move in the past 12 months.
- [7] \_\_ Unknown, information not available should be selected if there is not enough information in the case file, or review participants in attendance do not have sufficient information to allow for an answer.

[PS-06]\_\_If the child's **most recent placement change** was primarily related to the **child's specific issues**, please indicate the primary issue below.

- [1] \_\_ Behavioral
- [2] \_\_ Health
- [3] \_\_ Threats of Harm to Self or Others
- [4] \_\_ Sexualized
- [5] \_\_ Delinquent Behavior
- [6] \_\_ Runaway
- [7] \_\_ Hospitalization
- [8] \_\_ Other (specify) \_\_\_\_\_
- [9] \_\_ Not Applicable should be selected if the reason for the most recent placement change was unrelated to any specific behavior on the part of the child, or the child did not experience a placement move in the past 12 months.
- [10] \_\_ Unknown information not available should be selected if there is not enough information in the case file, or review participants in attendance do not have sufficient information to allow for an answer.

[PS-07]\_\_While the child/youth was in the placement from which they were moved, were **placement specific services provided, adequate to support the foster parent** (e.g., transportation, respite care, foster family counseling)?



## CRBC LOCAL REVIEW BOARD WORKSHEET

[1]  Yes

[2]  No

[3]  Not Applicable should be selected if the child did not experience a placement change in the past 12 months, if the placement was from a shelter or temporary placement setting, or the child did not experience a placement move in the past 12 months.

[4]  Unknown information not available should be selected if there is not enough information in the case file, or review participants in attendance do not have sufficient information to allow for an answer.

[PS-08] For the current placement, is there information that indicates a match between the child's needs and the provider's ability to meet those needs?

[1]  Yes

[2]  No

[3]  Not applicable should not be used. However, it is included on the instrument in the event a reviewer encounters an odd circumstance in which it would not make sense to select any other option, such as in the case of a child on runaway status.

[4]  Unknown information not available should be selected if there is not enough information in the case file, or review participants in attendance do not have sufficient information to allow for an answer.

[PS-09] Does the Board find that the child's Placement Stability meets the needs of the child?

[1]  Yes [2]  No [3]  N/A

### Case Worker Visits

[CW-01] What is the frequency of caseworker contact/visits with the child/youth? Choose from below:

[0]  Daily

[1]  Once a week

[2]  More than once a week

[3]  Less than once a week, but at least twice a month

[4]  Less than twice a month, but at least once a month

[5]  Less than once a month

[6]  Quarterly

[7]  LDSS reports visits but it is undocumented (also for Unknown)

[8]  Never

### Child Visits

[CH-01] Is the child having visits with parents/relatives? [1]  Yes [2]  No (why? in comments - If NO SKIP section)

[CH-02] Who is the child having visits with?

[1]  Parent

[2]  Relative

[CH-03] What is the frequency of the child's visits? Choose from above: [\_\_\_\_\_] or  N/A if No above

[CH-04] Are child visits with parents/relative supervised or unsupervised? [1]  Supervised [2]  Unsupervised

[CH-05] If visits are supervised who is supervising?

[1]  LDSS Agency Representative

[2]  Other Agency Representative

[3]  Court Appointed Representative

[4]  Biological Family Member

[5]  CASA

[6]  Foster Parent

[7]  Other

**CRBC LOCAL REVIEW BOARD WORKSHEET**

[CH-06]\_\_Where do the visits occur?

- [1]  Parent Home
- [2]  Visitation Center
- [3]  Relative Home
- [4]  Public Area (i.e. park, restaurant)
- [5]  Other\_\_\_\_\_

[CH-07]\_\_Do the visits between the child and parent/relative include overnight visits?

- [1]  Yes
- [2]  No (if no, why in comments?)

Child Visit Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Health and Mental Health (At the Time of the Review)**

[HM-00]\_\_Does child/youth have documented developmental or other special needs? [1]  Yes [2]  No

[HM-01]\_\_(Physical) Does the child/youth have a documented current physical? [1]  Yes [2]  No

[HM-02]\_\_(Vision) Does the child/youth have a documented current vision exam? [1]  Yes [2]  No

[HM-03]\_\_(Dental) Does the child/youth have a documented current dental exam? [1]  Yes [2]  No

[HM-04]\_\_Has the local department ensured that appropriate follow-up occurred on all health concerns noted by physician?  
[1]  Yes [2]  No [3]  N/A

[HM-05]\_\_Does child/youth have documented completed medical records? [1]  Yes [2]  No

[HM-06]\_\_Did child/youth receive a comprehensive health assessment, including mental health and quality services in a timely manner to address their needs? [1]  Yes [2]  No

[HM-07]\_\_Does the child/youth take any prescription medications? [1]  Yes [2]  No

[HM-08]\_\_If YES, is the medication being monitored regularly? [1]  Yes [2]  No [3]  N/A

[HM-09]\_\_Does child/youth take any psychotropic medication? [1]  Yes [2]  No

[HM-10]\_\_If YES, is the medication being monitored at least quarterly? [1]  Yes [2]  No [3]  N/A

[HM-11]\_\_Has the child/youth refused to take prescribed medication? [1]  Yes [2]  No [3]  N/A

[HM-12]\_\_If child/youth has a mental health issue and is transitioning out of care do they have an identified plan to obtain services in the mental health care system? [1]  Yes [2]  No [3]  N/A - no mental health issue [3]  N/A - Not Transitioning

[HM-13]\_\_Does child/youth have substance abuse problems? [1]  Yes [2]  No

[HM-14]\_\_Does Local Board Agree that substance abuse needs are being addressed? [1]  Yes [2]  No [3]  N/A

[HM-15]\_\_Does the child/youth have any behavioral issues? [1]  Yes [2]  No

[HM-16]\_\_Does Local Board Agree that behavioral issues are being addressed? [1]  Yes [2]  No [3]  N/A

[HM-17]\_\_Has the child/youth refused to comply with standard health exams? [1]  Yes [2]  No

[HM-18]\_\_Does Local Board Agree that Health Needs are being met? [1]  Yes [2]  No

**CRBC LOCAL REVIEW BOARD WORKSHEET**

[HM-19]\_\_Does Local Board Agree that Mental Health Needs are being met? [1] \_Yes [2] \_No

Health/Mental Health Comments: (Use back page for more)

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**Education**

[ED-01]\_\_Is child/youth enrolled in school or other educational/vocational program? [1] \_Yes [2] \_No

[ED-02]\_\_(If No choose why below, then SKIP to [ED-13] )

- [1] \_No, graduated high school
- [2] \_No, refused to attend school
- [3] \_No, under age (under 5 years)

[ED-03]\_\_Does child/youth have a 504 plan or IEP ? [1] \_Yes [2] \_No

[ED-04]\_\_If yes, is there a copy in the child's/youth's record ? [1] \_Yes [2] \_No

[ED-05]\_\_Has an educational plan been established and the child/youth refuses to comply? [1] \_Yes [2] \_No

[ED-06]\_\_Is there a current progress report/report card available for review? [1] \_Yes [2] \_No

[ED-07]\_\_Does child/youth have concrete plans for postsecondary education? (14 & older, i.e. college, trade school, etc.)  
[1] \_Yes [2] \_No [3] \_N/A due to age

[ED-08]\_\_If child/youth is pursuing Higher education did they apply for FAFSA?  
[1] \_Yes [2] \_No [3] \_Not Pursuing Higher Education

[ED-09]\_\_Was child/youth referred for an ETV Grant ?  
[1] \_Yes [2] \_No [3] \_N/A

[ED-10]\_\_Is there a transition plan for child/youth with specific educational goals and financial assistance goals?  
[1] \_Yes [2] \_No [3] \_N/A

[ED-11]\_\_Has child/youth made use of postsecondary supportive services? (14 & OLDER, I.E. COLLEGE, TRADE SCHOOL, ETC.)  
[1] \_Yes [2] \_No [3] \_N/A

[ED-12]\_\_If child/youth is disabled and exiting school are they aware of and engaged with community supports?  
[1] \_Yes [2] \_No [3] \_Not Disabled [4] \_Not Exiting School  
(If NO above, Enter REASON in Comments below)

[ED-13]\_\_Does Local Board Agree that child/youth is being appropriately prepared to meet educational goals?  
[1] \_Yes [2] \_No

Education Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CRBC LOCAL REVIEW BOARD WORKSHEET**

**Ready By 21**

[RD-01]\_\_ (Is Child 14 years old and older?) [1]\_\_\_Yes [2]\_\_\_No (SKIP to Permanent Connections)

**Independent Living Services (age 14 and older)**

Code	Description
1	Yes
2	No (specify why in comments)
3	No, Medically Fragile
4	No, Mental Health Reasons
5	No, in Juvenile Justice Facility
6	No, in Correctional Facility
7	OTHER

[IL-01]\_\_ Is youth receiving appropriate services to adequately prepare for independent living when he/she leaves out-of-home care?  
[ ] (Use the codes above)

[IL-02]\_\_ Has the youth completed the Ansel Casey Life Skills Assessment for successful adulthood? [ ] (Use the codes above)

[IL-03]\_\_ Is youth receiving required Independent Living Skills? [ ] (Use the codes above)

[IL-04]\_\_ Does Board agree that youth is receiving appropriate Independent Living Skills? [1]\_\_\_Yes [2]\_\_\_No [3]\_\_\_N/A - why

Independent Living Services Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Employment (age 14 and older)**

[EM-01]\_\_ Is child/youth currently participating in paid or unpaid work experience?  
[1] \_Yes [2] \_No

[EM-02]\_\_ Is child/youth currently participating in paid or unpaid work experience that is *relevant to career field of choice*?  
[1] \_Yes [2] \_No [3] \_Unknown (Enter REASON in Comments below)

[EM-03]\_\_ Has caseworker referred child/youth to summer or year round training and employment opportunities?  
[1] \_Yes [2] \_No [3] \_Not Eligible due to age [4] \_N/A

[EM-04]\_\_ If child/youth is 20 years old and employed are they earning a living wage? (\$10hr)  
[1] \_Yes [2] \_No [3] \_Not 20 [4] \_Not Employed [5] \_Unknown

[EM-05]\_\_ Does Local Board Agree that child/youth is being appropriately prepared to meet employment goals?  
[1] \_Yes [2] \_No [3] \_N/A

Employment Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CRBC LOCAL REVIEW BOARD WORKSHEET**

**Housing (Transitioning Youth 17 and older)**

[HT-01]\_\_For youth transitioning out of care, has housing been specified?  
[1] \_Yes [2] \_No [3] \_Not Transitioning Out of Care [4] \_N/A

[HT-02]\_\_For youth transitioning out of care was information on alternative housing options provided?  
[1] \_Yes [2] \_No [3] \_Not Transitioning Out of Care [4] \_N/A

[HT-03]\_\_Does the Board Agree with the transitional housing plan?  
[1] \_Yes [2] \_No [3] \_Not Transitioning Out of Care [4] \_N/A

[HT-04]\_\_Does the Board Agree that the youth is being appropriately prepared for Transitioning out of care (Ready by 21) ?  
[1] \_Yes [2] \_No [3] \_Not Transitioning Out of Care [4] \_N/A

Housing Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Permanent Connections (APPLA only)**

[PC-01]\_\_Has the LDSS identified anyone as a permanent connection for the child? [1] \_Yes [2] \_No [3] \_N/A – (Not APPLA)

[PC-02]\_\_If YES, Does the Local Board find the identified Permanent Connection appropriate? [1] \_Yes [2] \_No [3] \_N/A

Permanent Connection Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**COURT**

[CT-01]\_\_Does child/youth have a Court Appointed Special Advocate (CASA)? [1] \_Yes [2] \_No

Court Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RISK INDICATORS**

[RI-01]\_\_Are there any indicators of risk? [1] \_Yes (choose indicators below) [2] \_No (SKIP to SAFETY)

[RI-02]\_\_ Indicators of Risk

- \_ [1]\_a CPS report is under review
- \_ [2]\_Abuse (for this child in home)  
found to be [RI-03] \_(I)\_indicated \_(U)\_unsubstantiated for this child in this home
- \_ [3]\_Neglect (for this child in home)  
found to be [RI-05] \_(I)\_indicated \_(U)\_unsubstantiated for this child in this home
- \_ [4]\_Abuse (for another child in home)  
found to be [RI-07] \_(I)\_indicated \_(U)\_unsubstantiated for another child in this home
- \_ [5]\_Neglect (for another child in home)  
found to be [RI-09] \_(I)\_indicated \_(U)\_unsubstantiated for another child in this home
- \_ [6]\_There a risk of domestic violence occurring in this household
- \_ [7]\_Parental visits subject the child to risk

**CRBC LOCAL REVIEW BOARD WORKSHEET**

- [8] A household member has history of violence, child abuse, or child neglect
- [9] Belief that a caregiver in this home is suspected of having a substance abuse problem
- [10] RUNAWAY
- [11] OTHER

Risk Indicator Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SAFETY PROTOCOLS**

[SA-01] Is there a SafeC in the record? [1]  Yes [2]  No

[SA-02] If there are INDICATORS of RISK, have applicable safety assessments and child protection protocols been followed?  
 [1]  Yes [2]  No (if NO check all that apply below) [3]  N/A

[SA-03] Safety Assessment Protocols

- [1] required CPS report not filed
- [2] child's case worker has not completed an inventory of who lives in the house
- [3] required visits with child have not occurred
- [4] foster home recon overdue
- [5] placement agency has not filed required quarterly report
- [6] abuse/investigation pending
- [7] neglect Investigation is pending
- [8] required procedures not completed

[SA-04] Is there a safety plan? [1]  Yes [2]  No [3]  N/A

[SA-05] If Yes, has the safety plan been: [1]  fully implemented [2]  partially implemented  
 [3]  not implemented [4]  N/A

[SA-06] Does the Board agree that safety protocols have been followed? [1]  Yes [2]  No

Safety Protocol Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**CHILD'S CONSENT TO ADOPTION**

Code	Description
1	Yes
2	Yes, with conditions
3	Child DID NOT want to be adopted
4	No, medically fragile
5	No, mental health reasons
6	N/A under age of consent
7	No, Reunification
8	No, Relative Placement
9	Unknown

[CA-01] Did child consent to adoption? [ ] (Use the above codes)

**CRBC LOCAL REVIEW BOARD WORKSHEET**

[CA-02]\_\_Did child receive adoptive counseling in last 6 months ? [1] \_Yes [2] \_No [3] \_N/A

**ADOPTIVE PLACEMENT (FOR ALL ADOPTION CASES ONLY)**

**Pre-Adoptive Placement:**

[PA-01]\_\_Has child been placed in a pre-adoptive home? [1] \_Yes [2] \_No

(If NOT in Pre-Adoptive Home go to ADOPTIVE RECRUITMENT)

[PA-02]\_\_If Yes, what is the Family structure of the child's pre-adoptive family? (Choose one below)

- [1] \_\_\_ Married Couple
- [2] \_\_\_ Unmarried Couple
- [3] \_\_\_ Single Female
- [4] \_\_\_ Single Male

[PA-03]\_\_What is the relationship to the pre-adoptive child?

- [1] \_\_\_ Foster Parent
- [2] \_\_\_ Former Foster Parent
- [3] \_\_\_ Relative/Kin
- [4] \_\_\_ Non-Relative

[PA-04]\_\_ How long has child resided in pre-adoptive placement?

- [ 1 ]\_\_ 1- 3 months\_\_\_\_\_
- [ 2 ]\_\_ 4 - 6 months\_\_\_\_\_
- [ 3 ]\_\_ 7- 9 months\_\_\_\_\_
- [ 4 ]\_\_ 10 -12 months\_\_\_\_\_
- [ 5 ]\_\_ 12 - 15 months\_\_\_\_\_
- [ 6 ]\_\_ 16 - 20 months\_\_\_\_\_
- [ 7 ]\_\_ 21 months or more\_\_\_\_\_

[PA-05]\_\_Has an adoptive home study been completed and approved? [1] \_Yes [2] \_No (If no why, use comments)

[PA-06]\_\_Has the family been given a social summary? [1] \_Yes [2] \_No

[PA-07]\_\_ Are appropriate services and supports in place for the pre-adoptive provider to meet current identified needs of the child?  
[1] \_Yes [2] \_No

[PA-08]\_\_Does the Local Board find the Pre-Adoptive Placement appropriate? [1] \_Yes [2] \_No

Adoptive Placement Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ADOPTIVE RECRUITMENT (IF NOT IN PRE-ADOPTIVE PLACEMENT)**

[AR-01]\_\_Have documented efforts been made to find an adoptive resource? [1] \_Yes [2] \_No

If yes, list efforts: eg. photos, Wednesday's Child, etc

[AR-02]\_\_ Efforts#1 \_\_\_\_\_ [DT-01] \_\_ (date#1) \_\_\_/\_\_\_/\_\_\_\_\_  
[AR-03]\_\_ Efforts#2 \_\_\_\_\_ [DT-02] \_\_ (date#2) \_\_\_/\_\_\_/\_\_\_\_\_

**CRBC LOCAL REVIEW BOARD WORKSHEET**

[AR-04]\_\_ Efforts#3 \_\_\_\_\_ [DT-03] \_\_ (date#3) \_\_\_/\_\_\_/\_\_\_

[AR-05]\_\_ Efforts#4 \_\_\_\_\_ [DT-04] \_\_ (date#4) \_\_\_/\_\_\_/\_\_\_

[AR-06]\_\_ Has child been listed with Adopt Us Kids? [1] \_Yes [2] \_No

[AR-07]\_\_ Does the Local Board find the Adoptive Recruitment Efforts appropriate? [1] \_Yes [2] \_No

Adoptive Recruitment Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Post-Adoptive Services/Subsidy**

[PS-01]\_\_ Are Post Adoptive Services Needed? [1] \_Yes [2] \_No (Skip to Subsidies)

[PS-02]\_\_ Services Needed (Check all that apply)

- \_(1)\_Medical
- \_(2)\_Mental Health
- \_(3)\_Educational
- \_(4)\_Respite Services
- \_(5)\_Special Needs
- \_(6)\_Referral to DDA
- \_(7)\_Referral to DORS
- \_(8)\_Other (Specify) \_\_\_\_\_

[PS-03]\_\_ Are Post Adoptive Subsidies Needed? [1] \_Yes [2] \_No

If Yes,

[PS-04]\_\_ Is child/youth eligible for subsidy? [1] \_Yes [2] \_No [3] \_N/A

[PS-05]\_\_ Has the subsidy been approved? [1] \_Yes [2] \_No [3] \_N/A

[PS-06]\_\_ Is there a plan for a conditional adoption agreement with siblings/parents to include visits, telephone calls, letters, etc?

[1] \_Yes [2] \_No [3] \_Unknown

[PS-07]\_\_ Does the Local Board find the Post-Adoptive Services appropriate? [1] \_Yes [2] \_No

Post- Adoptive Services Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

[BR-01]\_\_ Are there any barriers/issues? [1] \_Yes [2] \_No



**CRBC LOCAL REVIEW BOARD WORKSHEET**

**Barriers (for ANZIO Entries, use barrier list)**

<u>LABEL</u>	<u>DESC</u>	<u>CODE-1</u>	<u>CODE-2</u>	<u>CODE-3</u>	<u>CODE-4</u>	<u>CODE-5</u>	<u>CODE-6</u>
AG	AGENCY RELATED						
AI	ADMINISTRATIVE ISSUE						
CH	CHILD/YOUTH RELATED						
CO	LDSS COORDINATION						
CR	COMMUNITY RESOURCES						
CT	COURT RELATED						
ED	EDUCATION						
FA	FAMILY RELATED						
IM	LDSS IMPLEMENTATION						
IN	INDEPENDENCE						
LG	LEGAL						
MA	LDSS MANAGEMENT						
MH	MENTAL HEALTH						
PE	PERMANENCY						
PH	PHYSICAL HEALTH						
PL	PLACEMENT						
PN	PLANNING						
PO	POLICY						
SF	SAFETY						
SR	SERVICE RESOURCES						