

ATTACH LABEL HERE

Staff Assistant: _____ **Board:** _____ **Date:** _____

CUSTODY/GUARDIANSHIP (G)				
Quarter of Review				
(1) = 1st Quarter	(2) = 2nd Quarter	(3) = 3rd Quarter	(4) = 4th Quarter	
Reason for Review				
(1) = Plan Change	(2) = Existing	(3) = Court Request	(4) = DSS Request	(5) = IP Request
(6) = Age 17	(7) = Age 20	(8) = Board Request	(9) = Other/Advocacy	
Stage of Review: (2) Has case been previously reviewed				
(3) = Yes	(4) = No			

WAIVER OF REUNIFICATION SERVICES (WRS) [1] Yes [2] No [3] N/A

The Board Agrees / Disagrees N/A

Board's Waiver Recommendations:

Waiver Granted Waiver Filed N/A

Permanency:

[PE-01] When was the Plan Established ? ____/____/____; (MM/DD/YY)

[PE-02] Was the permanency plan established in a timely manner? [1] Yes [2] No (Why ? Use comments) [3] N/A

[PE-03] Were other permanency options considered and why were they ruled out? [1] Yes [2] No [3] N/A (Skip to PE-14)
(if YES check all that apply below, If NO use Permanency Option Reasons)

[PE-01] Reunification = [H] [PE-02] Relative Placement = [R] [PE-03] Adoption [A] [PE-04] Appla = [O]

Permanency Option Reasons (Use [M] for Mother, [F] for Father, and [B] for Both)

- [PE-08] Parent(s) whereabouts unknown
- [PE-09] Parent(s) deceased
- [PE-10] Parent(s) unable or unwilling to work towards reunification
- [PE-11] Parent(s) unable to meet child's needs
- [PE-12] LDSS did not identify a suitable relative
- [PE-13] Child did not consent to adoption

[PE-14] Is there a concurrent plan identified by the courts? [1] Yes [2] No
If Yes, what is the concurrent plan ?
[1] Reunification [2] Relative Placement [3] Adoption [4] Appla

[PE-15] Is the LDSS implementing the concurrent plan set forth by the courts? [1] Yes [2] No [3] N/A
If No, what is the plan the LDSS is implementing?
[1] Reunification [2] Relative Placement [3] Adoption [4] Appla [5] NONE

[PE-16] Does the Local Board Agree that the appropriate Concurrent Planning took place according to State and Federal guidelines?

[1] Yes [2] No

[PE-17] Is Birth parent incarcerated ? [1] Yes [2] No [3] Unknown

[PE-18] Did child/youth consent to adoption ? [____] (Use the codes below to enter above)

Code	Description
1	Yes
2	Child DID NOT want to be adopted
3	N/A under age of consent
4	Unknown
5	No, (medically fragile or mental health reasons)
6	Yes, with conditions

[PE-19] Did child/youth receive adoptive counseling in last 6 months ? [1] Yes [2] No [3] N/A

[PE-20] How long has the child/youth had a plan of Custody/Guardianship ?

- [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

Board's Permanency Recommendations

[PE-21] [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-22] [1] Reunification [2] Relative Placement [3] Adoption [4] Appa

[PE-23] **Permanency Comments:** (Use back page for more)

Termination of Parental Rights (TPR)

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

[TP-02] If filed, was TPR filed timely ? [1] Yes [2] No [3] N/A

[TP-03] TPR Filed Date: ___/___/___ [3] N/A

Filed Notice of Objection: (If TPR filed)

[TP-04] Mother [1] Yes [2] No [3] N/A [4] Unknown

[TP-05] Father [1] Yes [2] No [3] N/A [4] Unknown

[TP-06]__ Was Publication made for Parent whose whereabouts are Unknown ? [1] _Yes [2] _No [3] _N/A

TPR Filed

[TP-07]__ TPR Hearing Date: __/__/____ [3] _N/A

[TP-08]__ TPR Granted: [1] _Yes [2] _No [3] _N/A

[TP-09]__ TPR Granted Date: __/__/____

[TP-10]__ Was TPR APPEALED ? : [1] _Yes [2] _No [3] _N/A [4] _Pending [5] _Unknown

[TP-11]__ Did Appeal delay TPR? [1] _Yes [2] _No [3] _N/A

[TP-12]__ Does Local Board Agree that TPR was done timely? [1] _Yes [2] _No [3] _N/A

TPR Petition (Only if TPR is NOT Filed)

The Board recommends that a petition for TPR: [TP-13]___[1] be filed OR, _[2] be granted

[TP-14]__ The Board finds that **F.L. Article 5-525.1**, applies, because it requires action for TPR due to;

[TP-14-a] ___[1] child in care 15 out of 22 months;

[TP-14-b] ___[2] abandoned infant;

[TP-14-c]__conviction/incarceration; [M] _Mother [F] _Father [B] _Both.

[TP-15]___[1] NOT be filed OR, _[2] NOT be granted because:

[TP-16]___[1] the child has been placed with relatives,

_[2] DSS failed to provide required reunification services, or

_[3] there is a compelling reason not to file.

[TP-17] TPR Comments: (Use back page for more)

CASE PLANNING

[CP-01]__ Were efforts made to involve the **family** in the case planning process? [1] _Yes [2] _No

[CP-02]__ Did the child/youth have a Family Involvement Meeting (FIM) prior to entry? [1] _Yes [2] _No [3] _Unknown

If yes dates:

[CP-03]__ (date#1) __/__/____

[CP-04]__ (date#2) __/__/____

[CP-05]__ (date#3) __/__/____

[CP-06]__ (date#4) __/__/____

[CP-07]__ If no, has a Family Involvement Meeting been scheduled? [1] _Yes [2] _No

[CP-08] Case Planning Comments: (Use back page for more)

SERVICE AGREEMENT

[SA-01]__Is there a signed service agreement ?

[1]____Yes [2]____No

[4]____ Worker reported signed service agreement but did not provide documentation to support.

[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 _____

[SA-03]__Date of last signed service agreement ___/___/_____ (MM/DD/YYYY)

[SA-04] **Service Agreement Comments:** (Use back page for more)

Emancipation/Independence: (Is Child 14 years old and older?) [1]____Yes [2]____No (SKIP Section)

Code	Description
1	Yes
2	No
3	Medically Fragile
4	Mental Health Reasons
5	No, in Juvenile Justice Facility
6	Correctional Facility
7	OTHER:

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

[EI-02]__Has LDSS or another agency assessed youth for independent living skills? [____] (Use the codes above)

[EI-03]__Is youth receiving required Independent Living Skills? [1]____Yes [2]____No [3]____N/A

[EI-04]__Does Board agree that youth is receiving appropriate Independent Living Skills? [1]____Yes [2]____No [3]____N/A

[EI-05] **Emancipation/Independence Comments:** (Use back page for more)

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

(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) Other (Specify in Comments)	[SS-COT]		[SS-FOT]		[SS-BOT]	
[SS-10] (10) Visitation	[SS-COO]		[SS-FOO]		[SS-BOO]	
[SS-11] (11) Substance Abuse	[SS-CSA]		[SS-FSA]		[SS-BSA]	

[SS-12] Does the Board recommend that the identified services continue during aftercare? [1] Yes [2] No

[SS-13] Supportive Services Comments: (Use back page for more)

Siblings

[SB-01] Does child/youth have siblings with a permanency plan ? [1] Yes [2] No If Yes How many siblings? _____

[SB-02] Are siblings being reviewed together ? [1] Yes [2] No (If no explain in comments below)

[SB-03] Sibling Parent Name: _____

[SB-04] Sibling Parent ID: _____

[SB-05] 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-06] Does child/youth have visits with siblings who do not reside together? [1] Yes [2] No (If no explain in comments below)

[SB-07] Does child/youth have visits with siblings who are not in care? [1] Yes [2] No (If no explain in comments below)
 [3] Unknown

[SB-08] Sibling Comments: (Use back page for more)

LIVING ARRANGEMENT[LA-02] If child is currently in a Living Arrangement, where does the child reside: *(choose one)* = []

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

Placement

(Use other and identify any category not listed below. If child is on runaway status and will return to one of the placement types listed below when returned check the appropriate category below).

[PL-01] Child’s current placement is: (*choose one*) = []

<u>Code</u>	<u>Description</u>		<u>Description</u>
	<u>Family Homes</u>		<u>Group Homes</u>
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		<u>Residential Treatment Centers</u>
49	Treatment Foster Care (Private)	56	Residential Treatment Centers
	<u>SILA</u>		
	Relative		
	Non-Relative		
	Own Dwelling		
99	OTHER		

[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 ? []

Placement Stability (Placement Change within Last 12 months (If no changes select N/A or No Change)

[PS-01] Did Family Involvement Meeting (FIM) take place with most recent placement change?

[1] Yes [2] No [3] No Change

[PS-02] For the most recent placement change, indicate the level of care for the new placement.

- [1] No Change in last 12 months
- [2] Less restrictive level of care
- [3] More restrictive level of care
- [4] Same level of care.
- [5] 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-02] 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
- [5] Not Applicable should be selected if the move did not occur for a positive reason, or the child did not experience a placement move in the past 12 months

[PS-03] 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
- [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] 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 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
- [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.
- [0] 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-05] 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)?

- [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] **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] 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] **N/A 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] **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.

Board's Placement Recommendations (Mandatory if the Board **DISAGREES** with the placement plan.)

[PS-07] [1] **Yes, The Board Agrees** with the Departments Placement plan.

[2] **No, The Board Disagrees** with the Departments Placement plan.

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

[PS-08] (Choose Placement Code from Placement Table) []

Case Worker Visits

[CW-01] What is the frequency of caseworker contact/visits between the social worker and 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] Never
- [7] Quartely

[CW-02] LDSS reports visits but is undocumented [1] **Yes** [2] **No**

Health and Mental Health (ALL AGES)

[HM-00] Does child/youth have developmental or other special needs? [1] **Yes** [2] **No**

[HM-01] Does child/youth have completed medical records? [1] **Yes** [2] **No**

[HM-02] 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-03] Does the child/youth take any prescription medications? [1] **Yes** [2] **No**

[HM-04] Does child/youth take any psychotropic medication? [1] **Yes** [2] **No**

[HM-05] If yes, date of last medication review / /

[HM-06] 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] **No Mental Health Issue** [4] **N/A**

[HM-07] Does child/youth have substance problems? [1] **Yes** [2] **No**

[HM-08] Are substance abuse problems being addressed? [1] **Yes** [2] **No** [3] **No Substance Abuse Problem**

[HM-09] Does Local Board Agree that substance abuse needs are being met ? [1] **Yes** [2] **No** [3] **N/A**

[HM-10] Does the child/youth have any behavioral issues? [1] **Yes** [2] **No**

[HM-11] Does Local Board Agree that health and mental health needs are being met ? [1] **Yes** [2] **No** [3] **N/A**

[HM-12] **Health/Mental Health Comments:** (Use back page for more)

Education (ALL Ages)

[ED-01]__Is child/youth enrolled in school or other educational/vocational program ? [1] _Yes [2] _No [3] _N/A due to age

[ED-02]__Does child/youth have a 504 plan or IEP ? [1] _Yes [2] _No

[ED-03]__If yes, is there a copy in the child's/youth's record ? [1] _Yes [2] _No

[ED-04]__Does child/youth have concrete plan detailing how they will complete high school/GED/earn certificate program ? (Age 15/16)
[1] _Yes [2] _No [3] _Not 15 or 16

[ED-05]__Does child/youth have concrete plan for postsecondary education /employment/training ? Includes FAFSA (Age17)
[1] _Yes [2] _No [3] _Not 17

[ED-06]__If child/youth is pursuing Higher education did they apply for FAFSA ? (Age17)
[1] _Yes [2] _No [3] _Not 17 [4] _Not Pursuing Higher Education

[ED-07]__Was child/youth referred for an ETV Grant ?
[1] _Yes [2] _No [3] _N/A

[ED-08]__Is there a transition plan for child/youth with specific educational goals and financial assistance goals ? (Age 17)
[1] _Yes [2] _No [3] _Not 17

[ED-09]__Does child/youth have access to postsecondary supportive services ?
[1] _Yes [2] _No

[ED-10]__If child/youth is disabled and exiting school are they aware of and engaged with community supports ? (Age 20)
[1] _Yes [2] _No [3] _Not 20 [4] _Not Disabled [5] _Not Exiting School
(If NO above, Enter REASON in Comments below)

[ED-11]__Does Local Board Agree that child/youth is being appropriately prepared to meet educational goals ?
[1] _Yes [2] _No

[ED-12]__ **Education Comments**

READY BY 21 (TRANSITIONING YOUTH)

Employment (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 through MD Rise ?

[1] _Yes [2] _No [3] _Not Eligible due to age

[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

[EM--06]__Employment Comments

Housing

[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 was information on alternative housing options provided?

[1] _Yes [2] _No [3] _Not Transitioning Out of Care [4] _N/A

[HT-03]__Does Local Board Agree with the transitional housing plan?

[1] _Yes [2] _No [3] _Not Transitioning Out of Care [4] _N/A

[HT-04]__Housing Comments

[RD-01]__Does Local Board Agree that the youth is being appropriately prepared for Transition out of care?

[1] _Yes [2] _No [3] _Not Transitioning Out of Care [4] _N/A

COURT

[CT-01] When was the last court date? ____/____/_____(MM/DD/YYYY)

[CT-02] When is the next court date? ____/____/_____(MM/DD/YYYY)

[CT-03] Court Comments: (Use back page for more)

[CT-04] Does child/youth have a Court Appointed Special Advocate (CASA)? [1] _Yes [2] _No

[CT-05] Are there mandates from the court? [1] _Yes (If yes, explain in comments) [2] _No

[CT-06] Mandates Comments: (Use back page for more)

[CT-07] Is there evidence in the child’s/youth’s case record of follow-up with regards to court orders/mandates?

[1] Yes [2] No [3] No Court Order Mandates

If yes dates:

[CT-08] __ (date#1) ___/___/___ (MM/DD/YYYY)

[CT-09] __ (date#2) ___/___/___ (MM/DD/YYYY)

[CT-10] __ (date#3) ___/___/___ (MM/DD/YYYY)

[CT-11] __ (date#4) ___/___/___ (MM/DD/YYYY)

[CT-12] Court Order Comments: (Use back page for more)

RISK INDICATORS

[RI-00] Are there any indicators of risk?: [1] Yes [2] No (SKIP to SAFETY)

[RI-01] [1] a CPS report is under review

[RI-02] [2] Abuse (for this child in home)
found to be [RI-03] (I) indicated (U) unsubstantiated for this child in this home

[RI-04] [3] Neglect (for this child in home)
found to be [RI-05] (I) indicated (U) unsubstantiated for this child in this home

[RI-06] [4] Abuse (for another child in home)
found to be [RI-07] (I) indicated (U) unsubstantiated for another child in this home

[RI-08] [5] Neglect (for another child in home)
found to be [RI-09] (I) indicated (U) unsubstantiated for another child in this home

[RI-10] [6] There a risk of domestic violence occurring in this household

[RI-11] [7] Parental visits subject the child to risk

[RI-12] [8] A household member has history of violence, child abuse, or child neglect

[RI-13] [9] Belief that a caregiver in this home is suspected of having a substance abuse problem

Board’s Risk Indicator Comments/Recommendations:

SAFETY PROTOCOLS

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

[SA-02] If there are INDICATORS of RISK, has applicable safety assessments and child protection protocols been followed?

[1] Yes [2] No (if NO check all that apply)

[SA-03] [1] required CPS report not filed

[SA-04] [2] child’s case worker has not completed an inventory of who lives in the house

[SA-05] [3] required visits with child have not occurred

[SA-06] [4] foster home recon overdue

[SA-07] [5] placement agency has not filed required quarterly report

[SA-08] [6] abuse/investigation pending

[SA-09] [7] neglect Investigation is pending

[SA-10] [8] required procedures not completed

[SA-11] Is there a safety plan? [1] Yes [2] No [3] N/A

[SA-12] If Yes, has the safety plan been: [1] fully implemented [2] partially implemented

[3] not implemented [4] N/A

[SA-13] Does the Board agree that safety protocols have been followed? [1] Yes [2] No
 [3] Yes with recommendations

Board’s Safety Protocol Comments/Recommendations:

Agency Use:

[AG-01] Was the information provided by CHESSE accurate? [1] Yes [2] No

If No why? [Y/N]

		CP-1	CP-2	CP-3/SA	CP-3/Appla	CP-4/LP
[AG-02]	Incorrect Dates					
[AG-03]	Missing Information					
[AG-04]	Other					
[AG-05]	Incorrect Dates and Missing Information					

[AG-06] Does the board wish to **Re-REVIEW** this case in the **4th QUARTER** of the fiscal year ? [1] Yes [2] No

[AG-07] Does the board wish to **REVIEW** this case outside of the **4th QUARTER** of the fiscal year ? [1] Yes [2] No

[AG-08] if **REVIEW** case outside of the **4th QUARTER** , when? (MM/CCYY) _____

What is the Agency’s Plan for the Child ?
