

CRBC LOCAL REVIEW BOARD WORKSHEET

ATTACH LABEL HERE

USED FOR ALL PERMANENCY PLANS

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

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

=====

[PE-00] – PLAN

[H] ☐ Reunification [R] ☐ Relative Placement for Adoption [C] ☐ Relative Placement for Custody/Guardianship
[A] ☐ Non Relative Adoption [G] ☐ Non Relative Custody/Guardianship [O] ☐ 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)

Status of WRS	Mother(1)	Father(2)	Both(3)
[WR-02] <input type="checkbox"/> The court has granted WRS for	_____	_____	_____
[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 eligible child to applicable act.
[WR-08] ☐ mother ☐ father, failure to protect eligible child from an applicable act.
[WR-09] ☐ mother ☐ father, is convicted of an applicable crime of violence.
[WR-10] ☐ mother ☐ unknown perpetrator still in household.
[WR-11] ☐ mother ☐ abandonment of child.
[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

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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 Hearing Held

[TP-06]__ TPR Granted? [1] ☐ Yes [2] ☐ No [3] ☐ Pending [4] Vacated [5] Conditional
[TP-07]__ Was TPR APPEALED? [1] ☐ Yes [2] ☐ No [3] ☐ Unknown

TPR Petition (If Not Filed – Child under age 18)

[TP-08]__ 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-09]__ ☐ [1] child in care 15 out of 22 months
☐ [2] abandoned infant
☐ [3] conviction - Mother
☐ [4] conviction - Father
☐ [5] conviction - Both
☐ [6] other

[TP-10]__ The Board recommends that a petition for TPR: ☐ NOT be filed due to (choose only 1 below)

[TP-11]__ ☐ [1] the child has been placed with relatives ☐ [4] child does not consent to adoption
☐ [2] DSS failed to provide required reunification services
☐ [3] other compelling reason not to file

TPR_COMMENTS _____

Permanency:

[PE-01]__ Were other permanency options considered? [1] ☐ Yes [2] ☐ No (Skip to PE-03)
(if YES what plan was most recently ruled out)

[PE-02]
[H] ☐ Reunification [R] ☐ Relative Placement for Adoption [C] ☐ Relative Placement for Custody/Guardianship
[A] ☐ Non Relative Adoption [G] ☐ Non Relative Custody/Guardianship [O] ☐ APPLA

Concurrent Planning (ALL EXCEPT APPLA - Skip to PE-07 if APPLA or Post TPR Adoption)

[PE-03]__ Is there a concurrent plan identified by the courts? [1] ☐ Yes [2] ☐ No (GOTO PE-06)

[PE-04]__ If Yes, what is the concurrent plan?

[H] ☐ Reunification [R] ☐ Relative Placement for Adoption [C] ☐ Relative Placement for Custody/Guardianship
[A] ☐ Non Relative Adoption [G] ☐ Non Relative Custody/Guardianship [O] ☐ APPLA

[PE-05]__ Is the LDSS implementing the concurrent plan set by the courts? [1] ☐ Yes (GOTO PE-07) [2] ☐ No

[PE-06]__ If No, what concurrent plan is the LDSS implementing?

[H] ☐ Reunification [R] ☐ Relative Placement for Adoption [C] ☐ Relative Placement for Custody/Guardianship
[A] ☐ Non Relative Adoption [G] ☐ Non Relative Custody/Guardianship [O] ☐ APPLA [N] ☐ None

[PE-07]__ Does the Local Board agree that the LDSS engaged in Concurrent Planning?

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[PE-07]__Continued [1] ☐_Yes [2] ☐_No [3] ☐_N/A – No concurrent plan required

[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__LDSS did not identify a suitable relative
- ☐_2__Agency saw age as barrier and did not pursue ADOPTION
- ☐_3__Child refuses other permanency options
- ☐_4__Medically or Mentally Fragile
- ☐_5__Placed with long term resources and does not want to be Adopted or pursue C & G
- ☐_6__Worker Unaware
- ☐_7__Other _____

[PE-11]__What is the **category of the child's APPLA** permanency plan?

- [1]__Emancipation/Independence
- [2]__Transition to an adult supportive living arrangement
- [3]__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)

CASE PLANNING

[CP-00]__Is parent deceased? [1] **Mother** [2] **Father** [3] **Adoptive Parent** [4] **Guardian**

[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]__Did the child have a **Family Involvement Meeting (FIM)** prior to entry? [1] ☐_Yes [2] ☐_No [3] ☐_Unknown

[CP-04]__Has a **Family Involvement Meeting** been held in the last 6 months? [1] ☐_Yes [2] ☐_No

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Case Planning Comments: (Use back page for more)

SERVICE AGREEMENT/FAMILY SERVICE PLAN (FOR YOUTH OVER AGE 14)

[SA-01]__Is there a signed current service agreement/family service plan dated within 180 days of the review?

- [1]__☐__ Yes [2]__☐__ No (Skip to SA-06) [3]__☐__ No, Youth Transition Plan (indicate in Ready-By-21)
[4]__☐__ N/A Post TPR (Skip section)

If there is a signed service agreement, **who SIGNED it?** (Check all that apply)

- [SA-02]__ [1]__☐__ Mother [2]__☐__ Father [3]__☐__ Both
[SA-03]__☐__ Youth
[SA-04]__☐__ Caregiver

[SA-05]__Date of the most recent signed service agreement ____/____/____ (MM/DD/YYYY)

[SA-06]__Has anybody refused to sign the service agreement? [1]__☐__ Yes (Check all that apply) [2]__☐__ No (Skip to SA-10)

- [SA-07]__ [1]__☐__ Mother [2]__☐__ Father [3]__☐__ Both
[SA-08]__☐__ Youth
[SA-09]__☐__ Caregiver

[SA-10]__Have efforts been made to involve the parent/youth/caregiver in the development of the service agreement?

- [1]__☐__ Yes (Check all that apply below) [2]__☐__ No (Skip to SA-14)
[SA-11]__ [1]__☐__ Mother [2]__☐__ Father [3]__☐__ Both
[SA-12]__☐__ Youth
[SA-13]__☐__ Caregiver

[SA-14]__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)

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]__Do siblings reside together? [1]__☐__ Yes (Skip to SB-05) [2]__☐__ No

[SB-04]__If siblings **Do Not** reside together, have efforts been made to place siblings together?

- [1]__☐__ Yes [2]__☐__ No (If no, explain in comments below)

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[SB-05]__Does child/youth have visits with siblings who **Do Not** reside with them?

[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

Sibling Comments

Living Arrangement (Unpaid Placement)

<u>Code</u>	<u>Description</u>
00	N/A
40	College
41	Correctional Institution
42	Halfway House
43	Homeless Shelter
44	Own Home/Apartment
47	Inpatient Psychiatric Care
48	Inpatient Medical Care/Hospital
49	Job Corps
50	Runway
53	Secure Detention Facility
59	Trial Home Visit (Aftercare)
60	Military
61	Kinship Home – Not Approved
62	Unapproved Living Arrangement
63	Hotel
99	Other

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

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[LA-02]__If OTHER, please specify: _____

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).

Code	Description		Description
	<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 (Public)		<u>Residential Treatment Centers</u>
49	Treatment Foster Care (Private)	56	Residential Treatment Centers
		60	Psychiatric Respite
	<u>SILA</u>	61	Diagnostic Center
57	Relative		
58	Non-Relative	62	Temporary Respite Care
59	Own Dwelling		
00	NONE	99	OTHER

[PL-01]__Child's current placement is: (**choose one above**) = [_____] if NONE skip to [PL-05]

[PL-02]__If OTHER, please specify: _____

[PL-03]__Is child/youth placed in their home jurisdiction? [1] ☐ Yes [2] ☐ No

[PL-04]__If NO above, what is the 2 digit jurisdiction placed in? [_____] or Out-of-State Abbreviation [_____]]

Board's Placement Recommendations

[PL-05] [1] ☐ **The Board Agrees** with the Department's **Placement** plan.

[2] ☐ **The Board Disagrees** with the Department's **Placement** plan. [3] ☐ **N/A (Not in Placement)**

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

[PL-06] __(**Choose Placement Code from Placement Table**) [_____]]

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[RK-01] ☐ **Does the Board Agree** that the **Safety and Risk Protocols** have been followed?

[1] ☐ **Yes** [2] ☐ **No** If no, why:

Placement Stability (Placement Change within Last 12 months)

[PS-00]__ Was there a placement change within the last 12 months? [1] ☐ **Yes** [2] ☐ **No** (Skip Section, goto Child Visits)

[PS-01]__ How many placement changes has the child/youth had in the last 12 months? ☐ **1** ☐ **2** ☐ **3** ☐ **4 or more**

[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.
- [5] ☐ N/A - Child on runaway

[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] ☐ N/A, move did not occur for a positive reason.

[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] ☐ Incompatible match between youth and provider.
- [6] ☐ N/A, placement change was not due to a provider specific issue.
- [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] ☐ Mental Health
- [6] ☐ Runaway
- [7] ☐ Hospitalization
- [8] ☐ Child requested removal.
- [9] ☐ Other (specify) _____
- [10] ☐ N/A, most recent placement change was unrelated to any specific behavior on the part of the child.
- [11] ☐ Unknown information not available should be selected if there is not enough information in the case file, or review

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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 provider?** (e.g., transportation, respite care, foster family counseling)?

- [1] ☐ Yes
- [2] ☐ No
- [3] ☐ N/A, placement was from a shelter or temporary placement setting.
- [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] ☐ N/A – Runaway, SILA or Living Arrangement.
- [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.

Child Visits

[CH-01]__ Is the child having visits with **MOTHER**? [1] ☐ Yes [2] ☐ No (skip section)

[CH-02]__ Is the child having visits with **FATHER**? [1] ☐ Yes [2] ☐ No (skip section)

[CH-03]__ Is the child having visits with **RELATIVES**? [1] ☐ Yes [2] ☐ No (skip section)

Frequency of the child's visits?

- [0] ☐ Daily
- [1] ☐ Once a week
- [2] ☐ More than once a week
- [3] ☐ Once a month
- [4] ☐ More than once a month
- [5] ☐ Quarterly
- [6] ☐ LDSS reports visits but it is undocumented (also for Unknown)

Use Frequency of the child visit codes ABOVE for [CH-04 - CH-05 - CH-06] below

[CH-04]__ Visit with Mother [____] [CH-05]__ Visit with Father [____] [CH-06]__ Visit with Relative [____]

[CH-07]__ Are child visits supervised or unsupervised with **Mother**?

- [1] ☐ Supervised [2] ☐ Unsupervised

[CH-08]__ Are child visits supervised or unsupervised with **Father**?

- [1] ☐ Supervised [2] ☐ Unsupervised

[CH-09]__ Are child visits supervised or unsupervised with **Relative**?

- [1] ☐ Supervised [2] ☐ Unsupervised

[CH-10]__ If visits with Mother are supervised, who is supervising?

- [1] ☐ LDSS Agency Representative
- [2] ☐ Other Agency Representative
- [3] ☐ Court Appointed Representative
- [4] ☐ Biological Family Member
- [5] ☐ CASA

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- [6] ☐ Foster Parent
[7] ☐ Other _____
[8] ☐ Therapist

[CH-11] If visits with Father 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 _____
[8] ☐ Therapist

[CH-12] If visits with Relative 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 _____
[8] ☐ Therapist

[CH-13] Where do **MOTHER** visits occur?

- [1] ☐ Parent Home
[2] ☐ Visitation Center/LDSS
[3] ☐ Public Area (i.e. park, restaurant)
[4] ☐ Child's Placement
[5] ☐ Other _____

[CH-14] Where do **FATHER** visits occur?

- [1] ☐ Parent Home
[2] ☐ Visitation Center/LDSS
[3] ☐ Public Area (i.e. park, restaurant)
[4] ☐ Child's Placement
[5] ☐ Other _____

[CH-15] Where do **RELATIVE** visits occur?

- [1] ☐ Relative Home
[2] ☐ Visitation Center/LDSS
[3] ☐ Public Area (i.e. park, restaurant)
[4] ☐ Child's Placement
[5] ☐ Other _____

[CH-16] Do the visits between the **child and MOTHER** include overnight visits?

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

[CH-17] Do the visits between the **child and FATHER** include overnight visits?

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

[CH-18] Do the visits between the **child and 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 [3] ☐_N/A (if under age 2)

[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]__Does the child/youth take any **Prescription Medications**? [1] ☐_Yes [2] ☐_No

[HM-07]__If YES, is the medication being monitored regularly? [1] ☐_Yes [2] ☐_No [3] ☐_N/A

[HM-08]__Does child/youth take any **Psychotropic Medication**? [1] ☐_Yes [2] ☐_No

[HM-09]__If YES, is the medication being monitored at least quarterly? [1] ☐_Yes [2] ☐_No [3] ☐_N/A

[HM-10]__Has the child/youth refused to take **Prescribed Medication**? [1] ☐_Yes [2] ☐_No [3] ☐_N/A

[HM-11]__Does the child/youth have a **Mental Health Issue**? [1] ☐_Yes [2] ☐_No

[HM-12]__Does the child/youth have a **Mental Health Diagnosis**? [1] ☐_Yes [2] ☐_No

[HM-13]__Does Local Board Agree that **Mental Health Issues** are being addressed? [1] ☐_Yes [2] ☐_No [3] ☐_N/A

[HM-14]__If child/youth has a [1] **Mental Health Issue** and is [2] **Transitioning out of care** do they have an [3] **Identified plan to obtain services** in the adult mental health care system? [1] ☐_Yes (all) [2] ☐_No-Identified Plan [3] ☐_N/A

[HM-15]__Does child/youth have **Substance Abuse** problems? [1] ☐_Yes [2] ☐_No

[HM-16]__Does Local Board Agree that **Substance Abuse** needs are being addressed? [1] ☐_Yes [2] ☐_No [3] ☐_N/A

[HM-17]__Does the child/youth have any **Behavioral Issues**? [1] ☐_Yes [2] ☐_No

[HM-18]__Does Local Board Agree that **Behavioral Issues** are being addressed? [1] ☐_Yes [2] ☐_No [3] ☐_N/A

[HM-19]__Has the child/youth refused to comply with **Standard Health Exams**? [1] ☐_Yes [2] ☐_No

[HM-20]__Does Local Board Agree that **Health Needs** are being met? [1] ☐_Yes [2] ☐_No

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

Education

[ED-01]__ Is child/youth enrolled in school or other educational/vocational program?

☐ **Yes (choose below, then SKIP to [ED-03])**

[1] ☐ **Pre-K thru 12 grade**

[2] ☐ **Enrolled in GED program**

[3] ☐ **College**

[4] ☐ **Trade School**

[ED-02]__ Is child/youth enrolled in school or other educational/vocational program?

☐ **NO (choose why below, then SKIP to [ED-13])**

[1] ☐ **No, graduated high school/GED**

[4] ☐ **Other _____**

[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 (SKIP to [ED-05])**

[ED-04]__ If **YES above**, 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**? (17 & older, i.e. college, trade school, etc.)

[1] ☐ **Yes** [2] ☐ **No (SKIP to ED-12)** [3] ☐ **N/A due to age (SKIP to ED-12)**

[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? (17 & 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 engaged with community supports?

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

(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** [3] ☐ **N/A due to ED-02 above**

Education Comments: _____

Ready-By-21

[RD-01]__ (Is Child 14 years old and older?) [1] ☐ **Yes** [2] ☐ **No (SKIP to COURT)**

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Youth Transitional Plan (within 180 days of the review)

[TR-01]__Has youth completed a transitional plan [1]__☐_Yes Date ____/____/____ [2] ☐_No

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 a Life Skills Assessment for successful transition to adulthood? [____] (Use the codes above)

[IL-03]__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? (Use Codes from Ready by 21 ILS above)
[1] [____]

[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

[EM-04]__If child/youth is 20 years old and employed are they earning a living wage? (\$15hr)
[1] ☐_Yes [2] ☐_No [3] ☐_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, why in comments

Employment Comments: _____

Housing (20 and over with APPLA only or exiting within a year of the review date)

[HT-01]__For youth transitioning out of care, has housing been specified?
[1] ☐_Yes [2] ☐_No

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[HT-02]__For youth transitioning out of care was information on alternative housing options provided?

[1] ☐_Yes [2] ☐_No

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

[1] ☐_Yes [2] ☐_No

[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

Housing Comments: _____

Permanent Connections (APPLA only)

[PC-01]__Has the LDSS identified anyone as a permanent connection for the child? [1] ☐_Yes [2] ☐_No

[PC-02]__If YES, Does the Local Board find the identified Permanent Connection appropriate? [1] ☐_Yes [2] ☐_No

Permanent Connection Comments: _____

COURT

[CT-00]__Has the child been referred for a **Court Appointed Special Advocate (CASA)**? [1] ☐_Yes [2] ☐_No

[CT-01]__Has child/youth been appointed a **Court Appointed Special Advocate (CASA)**? [1] ☐_Yes [2] ☐_No

Court Comments: _____

CHILD'S CONSENT TO ADOPTION (CONCURRENT & PLANS OF ADOPTION)

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

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

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

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ADOPTIVE PLACEMENT (FOR ALL ADOPTION CASES – RELATIVE & NON-RELATIVE) ELSE SKIP TO [AP-01] ADEQUATE PROGRESS

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 - Relative
- [2] __ Foster Parent – Non Relative
- [3] __ Foster Parent – Fictive Kin

[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) __/__/____
[AR-04] Efforts#3_____	[DT-03] __ (date#3) __/__/____
[AR-05] Efforts#4_____	[DT-04] __ (date#4) __/__/____

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[AR-06]___Has child been listed with an Adoptive Recruitment Agency? [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 PS-08 Subsidies)

Services Needed (Check all that apply)

- ☐ [PS-02]_Medical
- ☐ [PS-03]_Mental Health
- ☐ [PS-04]_Educational
- ☐ [PS-05]_Respite Services
- ☐ [PS-06]_DDA Support Services
- ☐ [PS-07]_Other (Specify) _____

[PS-08]___Are Post Adoptive Subsidies Needed? [1] ☐_Yes [2] ☐_No [3] ☐_Unknown

If Yes,

[PS-09]___Has the subsidy been approved? [1] ☐_Yes [2] ☐_No [3] ☐_N/A

[PS-10]___Is there a plan for a post adoption agreement with siblings/parents to include visits, telephone calls, letters, etc?
[1] ☐_Yes [2] ☐_No [3] ☐_Unknown

[PS-11]___Does the Local Board find the Post-Adoptive Services appropriate? [1] ☐_Yes [2] ☐_No

Post- Adoptive Services Comments: _____

ADEQUATE PROGRESS

[AP-01]___OVERALL Does the Board agree that ADEQUATE Progress towards PERMANENCY has been made?
[1] ☐_Yes [2] ☐_No

BARRIERS

[BR-01]___Are there any barriers/issues? [1] ☐_Yes [2] ☐_No

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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						