

LJ MCD Reporting and Notification Requirements (not including Additional Commitments) (7/12/19 IVA)

MCD Section	MCD Page	Requirement	Listed Recipient	Documents (if different from Requirement column)	Time Frame	Notes
Part One, Section II.A	3	Contracts, Agreements, Bills and Payment Information related to IVA	Plaintiffs	NA	Ongoing	
Part One Section II.F.4	5	Notification of serious injury or death of any class member	Plaintiffs' Counsel	Incident Report, Report of Investigative Outcomes	One working day	Access to child's case file
Part One Section II.F.5	5	All publicly available reports Defendants receive indicating not in compliance with a requirement of the MCD	Plaintiffs' Counsel and IVA	NA	Ongoing	
Part One Section II.J	6	Report addressing performance under Internal Success Measures and Exit Standards and compliance with the Additional Commitments	Plaintiffs and Court		every six months until decree vacated	Must also include IVA certification report
Part One Section III.D	7	Regular and Electronic Mail between the parties	Forum Facilitator	NA	Ongoing	
Part One Section III.E	7	Summary reports of the issues raised through the standardized process established for resolving issues related to individual class members and the resolutions of those issues	Plaintiffs' Counsel and IVA	NA	every six months until decree vacated	

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Part One Section III.G	7	Contracts, Agreements, Bills and Payment Information related to Forum facilitator	Plaintiffs	NA	Ongoing	
Part One Section V. B	8	Notice of change in compliance with an Outcome or change in the methodology for reporting on an outcome	IVA, Plaintiffs		Ongoing	applies after previous certification
Part Two Section I.D.2.a(1)(c)	12	Service Agreement	Parent and, upon request, Child's attorney		Ongoing	
Part Two Section I.D.4.a(3)	14	Intention to Request Change in Permanency Plan	Child's parents, parents' attorney and child's attorney		10 days prior to court review at which plan change will be requested	
Part Two Section I.D.4.a(6)	15	Notification of each six months review and opportunity to participate for each child's case	Child (if age appropriate), child's attorney, child's caregiver, child's parents and parents' attorney		10 days prior to review	
Part Two Section II.D.1.a(4)	18	Notification of Child being placed on waiting list or in temporary placement	Plaintiffs' Counsel		10 working days	

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Part Two Section II.D.1.a(4)	18	Notification of child staying in facility beyond time set by treatment plan or recommendation of facility	Child's Attorney and Juvenile Court		Prior to overstay	child may remain in placement if: (1) it is agreed to by the caseworker's supervisor and child's attorney or (2) requested by BCDSS and determined by Juvenile Court to be in the child's best interest.
Part Two Section II.D.1.a(6)	18	Accurate and Complete Information about permanency options including subsidized guardianship and adoption	Relatives under consideration as permanency caregiver		Ongoing	
Part Two Section II.D.4.a(4)	21	Emergency Number through which caseworker or caseworker's supervisor can be reached at any time	Caregivers and children		Ongoing	

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Part Two Section II.D.5 and 5.b(1) and c(1)	21, 22	Written notification of right to apply to become licensed foster parent	kinship care provider	copy of application	Within 10 days of placement	application deemed to have been made when caregiver indicates in writing desire to become licensed foster parent
Part Two Section II.D.5.b(2)	21	Written notification of BCDSS training opportunities	kinship care provider		Ongoing	shall be afforded same opportunity as licensed foster parents
Part Two Section II.D.7.a(2)	22	Plan to ensure input of children and caseworkers in reassessment, recertification and relicensing of any placement			Ongoing	
Part Two Section II.D.8.a(1) and (2) and c(1)	23	All available information about child's status, background and needs including reasons for initial entry, current placement, medical, psychological or behavioral concerns, ongoing treatment, recent grade and attendance record in school	caregiver		Prior to placement unless child placed emergently, in which case information should be provided as soon as possible; then ongoing	

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Part Two Section II.D.8.a(3)	23	Notification of staffing about a child	prospective and current caregiver(s)		Prior to staffing	Invited and encouraged to attend
Part Two Section II.D.8.b(1)	23	Child Placement Information Form	caregiver		Time of placement	
Part Two, Section II.D.9.a(1)(b) and c(2)	24, 25	Maltreatment in Care Report	attorney for the child, child's parents and their attorney except if unknown whereabouts or prohibited; Plaintiffs' counsel, caseworkers or other persons responsible for other children in home or facility and any others entitled to notice under state law	Unredacted (except reporter and privileged attorney-client information) copies to Plaintiffs' counsel and child's attorney	5 days of report	

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Part Two, Section II.D.9.a(1)(b) and c(2)	24, 25	Maltreatment in Care Disposition	Caseworker, child's attorney, Plaintiffs' counsel, Parents (except clinically contraindicated) and others entitled by law	Unredacted (except reporter and privileged attorney-client information) copies to Plaintiffs' counsel and child's attorney	5 days of completion of disposition	
Part Two, Section II.D.9.a(1)(c)	24	Notification of child remaining in home where maltreatment report not ruled out	Juvenile Court and child's attorneys		Until report ruled out; all children in OHP removed; Juvenile Court orders otherwise; or attorneys and BCDSS agree otherwise	
Part Two, Section II.D.10.c.(1)	25	Notification of child housed outside regular business hours in office, motel, hotel or other unlicensed facility that includes reasons for placement, name of child's CINA attorney and steps BCDSS is taking to find appropriate placement	Plaintiffs' counsel		One working day	
Part Two, Section II.D.11	25, 26	Information concerning possible placement, opportunity to visit in non-emergent situations and opportunity to participate in placement decision except where clinical basis not to do so	Child		Prior to placement or replacement	presumption that all children 12 and older are clinically appropriate to participate