

CRBC LOCAL REVIEW BOARD WORKSHEET

ATTACH LABEL HERE

USED FOR ALL PERMANENCY PLANS

Staff Assistant: _____ Board: _____ Date: _____

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

=====

[PE-00] – PLAN

[1] Reunification [2] Relative Placement for Adoption [6] Relative Placement for Custody/Guardianship
[3] Non Relative Adoption [7] Non Relative Custody/Guardianship [5] 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 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

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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 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 [6]__ _ Relative Placement for Custody/Guardianship
- [3]__ _ Non Relative Adoption [7]__ _ Non Relative Custody/Guardianship [5]__ _ APPLA

Concurrent Planning (All Except APPLA)

[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?

- [1]__ _ Reunification [2]__ _ Relative Placement for Adoption [6]__ _ Relative Placement for Custody/Guardianship
- [3]__ _ Non Relative Adoption [7]__ _ Non Relative Custody/Guardianship [5]__ _ 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?

- [1]__ _ Reunification [2]__ _ Relative Placement for Adoption [6]__ _ Relative Placement for Custody/Guardianship
- [3]__ _ Non Relative Adoption [7]__ _ Non Relative Custody/Guardianship [5]__ _ APPLA [0]__ _ None

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

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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-12 if NOT APPLA) _N/A

- [1] __Emancipation/Independence (Child is expected to remain in existing placement until he/she turns 21)
- [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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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

[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

Case Planning Comments: (Use back page for more)

SERVICE AGREEMENT

[SA-01]__Is there a signed service agreement?
[1] _Yes [2] _No (Skip to SA-06)

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

- [SA-02]__ Parents [1] _Mother [2] _Father
- [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]__ Parents [1] _Mother [2] _Father
- [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) [2] _No (Skip to SA-14)

- [SA-11]__ Parents [1] _Mother [2] _Father
- [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)

Supportive Services

Are appropriate services being offered to:

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[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)_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)

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) [3] _N/A

[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) [3] _N/A

[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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Living Arrangement

<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

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

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

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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>
	<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>		
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 the 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 [3] _N/A (Not in Placement)

[PL-05]__If NO above, what is the 2 digit jurisdiction placed in? [_____] or Out-of-State Abbreviation [_____]

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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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)?

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[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 [3] Other (specify) _____

[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 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

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[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 [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]__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

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[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)

Education

[ED-01]__Is child/youth enrolled in school or other educational/vocational program? [1] _Yes [2] _No (Skip to ED-06)

[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 (SKIP to [ED-05])

[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 (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? (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: _____

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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 a Life Skills Assessment for successful transition to 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: _____

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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

[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

[HT-03]__Does the Board Agree with the transitional housing plan?
[1] _Yes [2] _No [3] _Not Transitioning Out of Care

[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

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-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 [SA-03])

[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

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- [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]__If there are INDICATORS of RISK, have applicable safety assessments and child protection protocols been followed?
 [1] Yes (Skip to SA-03) [2] No (if NO check all that apply below)

[SA-02]__ 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-03]__Is there a SafeC in the record? [1] Yes [2] No

[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

[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)

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

ADOPTIVE PLACEMENT (ONLY FOR ADOPTION CASES) SKIP TO BR-01 BARRIERS IF NOT ADOPTION

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) ___/___/_____

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[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 PS-10 Subsidies)

Services Needed (Check all that apply)

- [PS-02]_Medical
- [PS-03]_Mental Health
- [PS-04]_Educational
- [PS-05]_Respite Services
- [PS-06]_Special Needs
- [PS-07]_Referral to DDA
- [PS-08]_Referral to DORS
- [PS-09]_Other (Specify) _____

[PS-10]__ Are Post Adoptive Subsidies Needed? [1] _Yes [2] _No [3] _Unknown

If Yes,

[PS-11]__ Is child/youth eligible for subsidy? [1] _Yes [2] _No [3] _N/A

[PS-12]__ Has the subsidy been approved? [1] _Yes [2] _No [3] _N/A

[PS-13]__ 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-14]__ 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

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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						