

CHILDREN'S FOSTER CARE (FC) CASE READING
Michigan Department of Human Services

FC Case Name:		Reviewed by:	
Case Number:		Permanent Ward.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child's DOB:		Date Read:	
Caseworker Name:		ISP <input type="checkbox"/> USP <input type="checkbox"/> Both <input type="checkbox"/> PWSP <input type="checkbox"/>	
Private Child Placing Agency (if applicable):		Documentation of Native American Question.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Return Corrections By:		Date Corrections Completed:	
		Caseworker's Initials:	

Case acceptance date:	Federal Permanency Planning Goal:
	Concurrent Permanency Goal:
Months in Care:	Anticipated Date of Federal Goal Completion: (R.12418)
Placement type:	The parent is deceased. Mother <input type="checkbox"/> Yes <input type="checkbox"/> No Father <input type="checkbox"/> Yes <input type="checkbox"/> No The child has a legal guardian. <input type="checkbox"/> Yes <input type="checkbox"/> No

Date of Adjudication:	Date of Dispositional Hearing:	
Last Court Hearing Date:	Copy of most recent court order:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Last Court Hearing Type:	Court Review Hearings held timely (every 90 days):	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date Termination of Parental Rights, if applicable:	Permanency Planning Hearing held within one-year after removal:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
	If yes, was a hearing held every 12 months thereafter.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
* Use NA <u>only</u> if it has not been a year after the last PP hearing		

- The child is an eligible member of a federally recognized Indian tribe. Yes No NA
- Eligibility is pending verification. Yes No NA
- The child re-entered foster care within 12 months of the previous discharge date. Yes No (CFSR Item 5)
- If yes, reasonable efforts were made to prevent re-entry. Yes No NA (CFSR Item 5)

I.

Transfer to Foster Care (CFSR Items 3, 4, and 15) The CPS 5-day packet was received within 5 days of removal.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Place a check next to each item that was included in the 5-day packet	
1. CPS SWSS electronic transfer 5-day packet. (R.12404)	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. CPS Initial Service Plan.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Risk Assessment.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Needs Assessment.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Safety Assessment.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Investigation Report.	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Petition.	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Placement Order.	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Medical Authorization Card. (DHS-3762)	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Documentation that a Family Team Meeting was held prior to placement or by next working day after an emergency out-of-home placement.	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Relative Caregiver Resources and Responsibilities (Publication 457) given to relative, if applicable.	<input type="checkbox"/> Yes <input type="checkbox"/> No

12. Documentation pertinent to notification of FIS/ES staff of removal.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
13. Notification of initiated/scheduled parenting time.	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Current photograph of child with date included.	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. If supervised by a private child placing agency, the 5-day packet was provided to the agency.	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Information documenting the child's present health status and medical needs at the time of removal by CPS.	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Relative Notification (Fostering Connections Act) Forms:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Relative Documentation Form (DHS-987)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Relative Search Information (DHS-988)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Relative Notification Letter (DHS-990)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Relative Response (DHS-989)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diligent Search Checklist (DHS-991)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Initial Relative Safety Screen (DHS-588)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Confidential Notice to Friend of the Court of Children's Protective Services Disposition and Family Court Action (DHS-729)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
18. DHS-90, Placement outline.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Section Comments:	

II.

American Indian Children (CFSR Item 14)	
1. An inquiry was conducted with the parent, child's custodian or other interested party to determine whether the child may be a member of, or eligible for membership in an Indian Tribe.	<input type="checkbox"/> Yes <input type="checkbox"/> No
1a. The child is American Indian. (If answered No, go to section III.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. The child is placed with an American Indian family or in accordance with the Foster Care Placement Preference for American Indian Children. (NAA)	<input type="checkbox"/> Yes <input type="checkbox"/> No
2a. If no, active efforts were made to place the child in accordance with the Indian Child Welfare Act. (ICWA)	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. The caseworker notified the child/parent's tribe or Bureau of Indian Affairs of the child's placement in foster care within 3 days.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Notice of a court hearing was provided to the parents or Indian custodians and the child's tribe or Secretary of the Interior 3 days prior to the court date. (NAA-210)	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. There is documentation of caseworker "Active Efforts" to the family. (NAA-245)	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Does the case service plan ensure that the unique characteristics (traditions) of the child's family and tribe are addressed.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Section Comments:	

III.

<p>Initial Service Plan (R.12418) Report period: from _____ to _____.</p> <p>Report Date (completed by the caseworker): (Item 17) _____</p> <p>Date approved by supervisor: (Item 17) _____</p> <p>The ISP was completed within 30 days of removal from the child's home. (Item 17) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>The ISP was approved within 14 days of the identified report date. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Updated Service Plan/Permanent Ward Service Plan (R.12418)</p> <p>The USP/PWSP was completed 120 days from the removal and every 90 days or more frequently, if necessary. (Item 17) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>The USP was approved within 14 days from the identified report date. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
--	--

IV.

Reasonable Efforts – Answer for each ISP and USP

1. Documentation in the case service plan supports the following:		
a. Reasonable efforts were made during the reporting period to finalize the permanency plan.	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> NA
b. Diligent efforts were made to locate/identify an absent/putative parent, including a referral to the Office of Child Support to perform a Federal Parent Locator Services (FPLS) search. (CFSR Item 18)	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> NA
2. There is an incarcerated parent.		
a. If yes, documentation within the case service plan includes contacts with the parent(s) to engage him/her in case planning.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

V.

Social Work Contacts

1. The following required visits were completed per policy. (CFSR Items 16, 19 and 20) (FOM 722-6)		
a. The first visit with the child occurred within 5 days of removal from own home.	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> NA
b. The first two months after initial placement, two face-to-face contacts, with the child, at least one occurred in the placement per month.	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> NA
c. The first month after initial placement, two phone contacts made with the child.	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> NA
d. In subsequent months, one monthly face-to-face contact occurred in the child's placement. (CFSR Item 19)	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> NA
e. The first month of placement, two face-to-face contacts with each parent, at least one occurred in-home.		
Mother	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> NA
Father	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> NA
Legal guardian	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> NA
f. The first month of placement, two phone contacts (if parent has a phone).		
Mother	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> NA
Father	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> NA
Legal guardian	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> NA
g. In subsequent months, monthly face-to-face contact occurred with each parent.		
Mother	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> NA
Father	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> NA
Legal guardian	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> NA
h. When the goal is reunification, at least quarterly home visits were made to assess the safety of the home.		
Mother	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> NA
Father	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> NA
Legal guardian	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> NA
i. The first month following reunification, the caseworker made weekly in-person contact with the parent(s) and child in the home (extend to 90 days if necessary).		
Mother	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> NA
Father	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> NA
Child	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> NA
Legal guardian	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> NA
j. In subsequent months, in-person contacts were made at least twice a month in the home.		
Mother	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> NA
Father	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> NA
Child	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> NA
Legal guardian	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> NA
2. The frequency of visits were enough to meet the needs of:		
Mother	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> NA
Father	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> NA
Child	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> NA
Legal guardian	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> NA
3. Monthly face-to-face contact with the foster parent/relative caregiver occurred in the caregiver's home.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3a. Quarterly unannounced home visits were completed with the foster parents/relative caregiver.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3b. If no, quarterly visits were attempted.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

3c. There is a secondary caregiver in the foster home/relative placement, and a quarterly visit was completed.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Family Reunification Program (FRP) or Families First of Michigan (FF) is/was working with the family. (if no, do not answer 4a-4c)	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a. If yes, the FRP or FF provider is coded correctly in the SWSS FAJ/SWSS Web contact.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
4b. The caseworker documented the FRP and FF provider's contacts with the child and family in SWSS FAJ/SWSS Web.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
4c. The caseworker made one face-to-face contact with the parent(s) and child(ren) every month, regardless of the service contractor.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
5. Monthly contact was made with all professionals involved in the child's care to solicit the professional's observations and opinions regarding the child and child's caregiver.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. During the visit with the child, the caseworker assessed and documented the child's safety? (CFSR Item 19)	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. The caseworker documented the child's:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> School Performance	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
<input type="checkbox"/> Mental Health Information	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
<input type="checkbox"/> Physical Health Information	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
8. The caseworker met with the child alone.	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. The visit was conducted in an environment that was conducive to open and honest conversation. (CFSR Item 20)	
Mother	<input type="checkbox"/> Yes <input type="checkbox"/> No
Father	<input type="checkbox"/> Yes <input type="checkbox"/> No
Legal guardian	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Areas of case planning, services delivery, goal achievement and permanency were discussed during the visit with the:	
Mother	<input type="checkbox"/> Yes <input type="checkbox"/> No
Father	<input type="checkbox"/> Yes <input type="checkbox"/> No
Legal guardian	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Child	<input type="checkbox"/> Yes <input type="checkbox"/> No
Foster Parent/Relative Caregiver	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. There is documentation of the caseworker's monthly meeting with their supervisor.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Section Comments:	

VI.

Family Team Meetings

A Family Team Meeting was held for the following purposes:

1. Prior to Case Transfer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
1a. Family/youth involvement documented	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
2. Prior to placement change	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
2a. Family/youth involvement documented	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
3. Prior to ISP completion	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
3a. Family/youth involvement documented	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
4. Prior to USP completion	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
4a. Family/youth involvement documented	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
5. Prior to a permanency goal change	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
5a. Family/youth involvement documented	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
6. Within 30 days of a youth's 16 th birthday	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
6a. Semi-annually thereafter	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
6b. Family/youth involvement documented	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
7. Prior to case closure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
7a. Family/youth involvement documented	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

8. For youth 16 and older, 90 days prior to case closure or 30 days after unexpected discharge	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
8a. Family/youth involvement documented	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
If the family/youth were not involved in the Family Team Meeting, documentation supports the worker's efforts to engage the family/youth in the process.			
1. Prior to Case Transfer	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
2. Prior to a placement change	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
3. Prior to ISP completion	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
4. Prior to USP completion	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
5. Prior to a permanency goal change	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
6. Within 30 days of a youth's 16 th birthday	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
6a. Semi-annually thereafter	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
7. Prior to case closure	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
8. For youth 16 and older, 90 days prior to case closure or 30 days after an unexpected discharge.			

VII.

Child Assessment/Reassessment of Educational and Medical Needs (CFSR Items 21, 22, 23)

Is the child of school age. Yes No

If yes, complete questions 1-13.

If no, an early on referral was completed. Yes No NA

If no or na, begin with question 12 (medical needs).

1. During this report period the child:

A. Had a change in placement and remained in same school. Yes No NA

B. Had a change in placement and changed schools. Yes No NA

Documentation within the case service plan supports the following:

2. Collaboration with the school staff and/or educational liaison.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Consideration of best interest factors when determining the preferred school.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Reasonable efforts made to place the child in close proximity to his/her school.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Enrollment in and attending school full time within 5 days of a new placement.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Verification that previous school records were transferred within 30 days.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. An educational assessment completed within 30 days from removal.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. The child's educational needs are documented in the CANS.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8a. The child has educational needs and there is documentation of a plan to assist the child in meeting his/her educational needs.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8b. Referrals made to address the identified educational needs.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. A transportation plan to the child's current school.	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> NA
10. Current school records are in the case file.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. The school notification letter is in the case file. (R.12049)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. The caregiver received the Medicaid card within 30 days of initial placement.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. The child's physical health needs are adequately assessed and documented in the CANS.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13a. Services are provided to address the needs.	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> NA
14. The child's mental health needs were initially assessed.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
15. The child's mental health/behavioral health needs are adequately assessed and documented in the CANS.	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> NA
15a. Services are provided to address identified needs.	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> NA
16. If the child is prescribed medication, the case service plan indicates the name of the medication, dosage, diagnosis requiring the medication and the prescribing physician.	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> NA

17. If child is prescribed psychotropic medication, signed informed consents are within the case file.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
18. The current placement received all information required by policy, including Medical Passport and educational needs. (R.12417)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Section Comments:	

VIII.

Children's Strengths and Needs Assessment (CFSR Item 17)	
1. The Child Assessment of Needs and Strengths (CANS) was completed for the child.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. The CANS is accurately scored per policy with explanations including specific and concise examples demonstrating that the caseworker had a clear and in-depth understanding of all the child's needs and strengths.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. The appropriate needs and strengths for the child are identified.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. The youth was assessed for independent living needs. (CFSR Item 17)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Section Comments:	

IX.

Preparation for Independence – All Youth age 14 and older (CSFR Item 10 and 17)	
ONLY ANSWER IF THE YOUTH IS 14 YEARS OR OLDER, MUST BE ANSWERED FOR BOTH THE ISP AND THE USP	
1. There is a plan to prepare the youth for Independent Living.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. There is documentation that services are provided to enable the youth to live independently after being discharged from foster care.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. The semi-annual transition was held for youth 16 and older.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
3a. The DHS-901, Annual Transition Plan, is in the case file.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3b. If yes, the DHS-901, Annual Transition Plan, is thoroughly completed.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. The youth was involved in the planning process.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. A referral for MI Works (DHS-348) was completed and is in the case file.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. A referral for MSHDA was completed for MSHDA and in the case file.	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. For youth age 16 and older: Annual credit reports were requested.	<input type="checkbox"/> Yes <input type="checkbox"/> No
7a. Are in the youth's case file.	<input type="checkbox"/> Yes <input type="checkbox"/> No
7b. Documentation in the case service plan support credit report results with the youth.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Section Comments:	

Youth Living in Independent Living Arrangement			
Check all that apply and have been addressed. (CFSR Items 10 and 17)		<input type="checkbox"/> NA – Youth is not in an independent living arrangement.	
a. Caseworker's review of residence. (R.12504)	<input type="checkbox"/> Yes <input type="checkbox"/> No	f. Current budget (R. 12509) per policy, updated and signed monthly.	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Basis for concluding youth exhibits self-care potential. (R.12504)	<input type="checkbox"/> Yes <input type="checkbox"/> No	g. Current independent living agreement. (R. 12509) (DHS-4527 or SWSS)	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Compelling reasons why the placement is in the child's best interest.	<input type="checkbox"/> Yes <input type="checkbox"/> No	h. Youth is in school or working. (R.12506)	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Monthly contact with youth in his/her residence. (R.12505)	<input type="checkbox"/> Yes <input type="checkbox"/> No	i. Youth given a copy of Birth Certificate, Social Security Card, (R. 12508) Medical Passport, Educational Records, and Youth Aftercare Services pamphlet at case closing.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
e. Youth provided with a 24-hour, 7 days-a-week emergency telephone number. (R.12505)	<input type="checkbox"/> Yes <input type="checkbox"/> No		

For Youth Leaving Foster Care at Age 16 and Older Information in the case file supports the following:		<input type="checkbox"/> NA – Youth was not age 16 or older when he/she exited care.
1. A plan to prepare the youth for Independent Living.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. The 90-day discharge plan meeting was held.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

2a. The DHS-902, 90-Day Discharge Plan Report, is thoroughly completed.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2b. The DHS-902, 90-Day Discharge Plan Report, is in the case file.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2c. Youth was involved in case planning.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. A safe and stable after care placement.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3a. If no, was a referral completed to MSHDA or other housing resource.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Safe housing at case closure.	<input type="checkbox"/> Yes <input type="checkbox"/> No

X.

Placement (Items 6, 11, 14 and 15)	
1. Is the child currently placed with a relative.	<input type="checkbox"/> Yes <input type="checkbox"/> No
1a. The Initial Relative Home Study, DHS 3130A was completed within 30 days of placement with the relative.	<input type="checkbox"/> Yes <input type="checkbox"/> N
1b. The relative agreed to licensure.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
1c. If yes, a referral was made within 40 days of placement to a certification/licensing caseworker.	<input type="checkbox"/> Yes <input type="checkbox"/> No
1d. If yes, there are regular and frequent contacts between the FC and certification/licensing workers sharing information.	<input type="checkbox"/> Yes <input type="checkbox"/> No
1e. If no, an approved waiver is in the child's case record.	<input type="checkbox"/> Yes <input type="checkbox"/> No
1f. If no, a waiver has been submitted for approval. Date submitted:	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Regardless of placement type, the child's current placement setting is stable.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2a. If no, documentation identifies efforts the caseworker made to stabilize the placement.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. The caseworker documented why this placement is in the child's best interest.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. The caseworker documented reasonable efforts to maintain the child's important connections, such as community, faith, language, school, tribe, friends, and/or extended family members including siblings who are not in foster care.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. The child's current placement is close enough to his or her parents or other potential permanent caregivers to facilitate frequent face-to-face contact between the child and the parents/caregivers.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. An exception request (DHS-399) was made for any of the following circumstances:	
6a. The child is not placed in his/her county.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
6b. The child is not placed within a 75 mile radius of the removal home.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
6c. There are over 3 children under the age of three in a foster home.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
6d. There are more than six total children in the foster home.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
6e. There are more than three foster care children in the foster home.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
7. The caseworker placed the child in the most family-like and least restrictive setting available. (R.12404)	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. The caseworker made reasonable efforts to place the child in close proximity to the child's family.	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. The location of the placement negatively impacts achievement of the permanency planning goal. (R.12404)	<input type="checkbox"/> Yes <input type="checkbox"/> No
9a. If yes, the caseworker is making efforts to place the child in a permanent placement.	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Race, national origin and/or ethnicity of the child and caregiver were considered to be in the child's best interest when making the placement decision.	<input type="checkbox"/> Yes <input type="checkbox"/> No
10a. If yes, these factors were considered for this individual child to be in his/her best interest.	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Quarterly manual checks for ongoing criminal and central registry have been completed on all adult household members other than the "named caregivers." (DHS-269, Criminal History Information Request, FOM-722-3)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
12. The Foster Care Placement Decision Notice (DHS-31) was completed within 90 days of initial placement.	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Safety concerns were identified.	<input type="checkbox"/> Yes <input type="checkbox"/> No
13a. The case plan addresses identified safety concerns.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Section Comments:	

XI.

Sibling Placement	<input type="checkbox"/> NA Child does not have siblings in care. (Go to section XII)
--------------------------	---

1. The siblings are placed together.	<input type="checkbox"/> Yes <input type="checkbox"/> No
1a. If no, the documentation in the case service plan identifies reasons for the sibling split and the services provided to keep the siblings placed together.	<input type="checkbox"/> Yes <input type="checkbox"/> No
1b. If no, the documentation in the case plan identifies ongoing efforts made during the report period to place the siblings within the same home.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. If placing all siblings together in one home would be harmful to one or more of the siblings, contrary to the welfare is documented for the sibling split.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. The second-line supervisor signed the plan.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. There is a <u>detailed</u> plan for sibling visitation to occur at least monthly including the location, dates and duration of the visits.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a. Sibling visitation is taking place as detailed in the plan.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4b. If no, there is documentation to explain why it is not in the children's best interest to visit.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. If visits are not occurring according to the visitation plan, there is a revised visitation plan to facilitate visitation.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Section Comments:	

XII.

Identification of Relative Placement Resources/Relative Notification (Item 15)	
The documentation within the case service plan supports the following:	
1. Regardless of current placement, the caseworker explored relative care options with the parents, child care or other relatives.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Reasonable efforts were made on an ongoing basis to identify, locate, engage and evaluate maternal and paternal relatives.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Efforts of a full relative search for both the maternal and paternal sides of the family.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Completed home studies on interested relatives that address all of the outline criteria and include Central Registry Checks and criminal history checks.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. The Relative Notification process with all contacts on the Relative Documentation Form (DHS-987).	<input type="checkbox"/> Yes <input type="checkbox"/> No
Section Comments:	

XIII.

Residential Care	
The child was in residential care during the report period.	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, documentation within the service plan supports the following:	
1. Wraparound/assisted care efforts made to prevent the placement.	<input type="checkbox"/> Yes <input type="checkbox"/> No
1a. If no, the reasons why wraparound/assisted care efforts were not made to prevent the placement.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. The caseworker provided access to services that will allow the youth to be placed in a less restrictive setting.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. If the child is under age 10, there is an approved pre-ten waiver in the case file.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. The placement was approved by the County Director and Child Welfare Field Operations. (DHS-396), Residential Placement Exception Request	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a. The DHS-396 was completed every three months and is current in the case file.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. The residential case service plan documentation is on the correct template. (DHS-365)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Section Comments:	

XIV.

Legal – Children in care for at least 15 months <input type="checkbox"/> NA The child has not been in care for 15 of the last 22 months (CFSR Item 7) (Go to section XV)	
1. The caseworker filed a petition for termination of parental rights (TPR) for the child in foster care for 15 months of the most recent 22 months.	<input type="checkbox"/> Yes <input type="checkbox"/> No
1a. If no, the caseworker documented a request for termination of parental rights.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. If termination of parental rights has not been filed, compelling reasons are documented in the court order and the applicable Updated Service Plan.	<input type="checkbox"/> Yes <input type="checkbox"/> No

2a. If yes, the compelling reason(s) is appropriate for the child.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Section Comments:	

XV.

Permanency Planning Goal (PPG) (R.12418) (CSFR Items 7, 8, 9, and 10)	
1. The current permanency planning goal is appropriate to the child's developmental needs.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. The current permanency planning goal was identified in a timely manner (R.12418).	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. For children in care for over one year, the supervisor and caseworker met to review the child's case plan goal on a yearly basis.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3a. The DHS-643, Permanency Goal Review is completed and located in the case file.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
3b. Date of last permanency goal review: _____	
4. If the child has been in foster care for 12 months with the goal of reunification, compelling reasons are documented to justify the delay.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
5. Caseworker documentation within the case service plan supports reasonable efforts made to address barriers to achieving reunification.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. There was a delay in achieving reunification due to service availability as a result of: Caseworker delay <input type="checkbox"/> Yes <input type="checkbox"/> No Court delay <input type="checkbox"/> Yes <input type="checkbox"/> No	
6a. If yes, there are other appropriate services to meet the family's needs.	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. The caseworker is recommending reunification, and the court is not adopting the recommendation because a particular service is not available.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Section Comments:	

XVI.

A, B, C, D or E are to be asked in the records if Reunification is not the permanency planning goal.	
A. Goal is adoption <input type="checkbox"/> NA Goal is not adoption (Item 9) ONLY ANSWER IF ADOPTION IS THE PPG, as of the date of the report.	
1. An adoptive family has been identified.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. The current caregiver(s) indicated a willingness to adopt.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Concerted efforts were made to achieve the goal of adoption in a timely manner (less than 24 months of the date of the child's most recent entry into foster care).	<input type="checkbox"/> Yes <input type="checkbox"/> No
3A. If not, were efforts delayed by the: <input type="checkbox"/> Caseworker <input type="checkbox"/> Court	
4. The circumstances for the delay were beyond the control of: (Item 9) The agency <input type="checkbox"/> Yes <input type="checkbox"/> No The courts <input type="checkbox"/> Yes <input type="checkbox"/> No	
5. The caseworker is making reasonable efforts to address the barriers to adoption.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Section Comments:	

XVII.

B. Goal is Guardianship (Item 8) <input type="checkbox"/> NA – Goal is not Guardianship	
1. The case service plan details the compelling reasons why reunification or adoption were ruled out as the Permanency Planning Goal for the child.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Central office approved the permanency goal for the child.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2a. Date of permanency goal approval: _____	
3. The court approved the permanency goal for the child.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3a. Date of permanency goal approval: _____	
4. The caseworker completed the Caseworker's Permanency Planning Checklist (DHS-2052 for MCI/permanent court wards or DHS-2053 for temporary court wards).	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. The case record contains the Caregiver's Permanency Planning Checklist (DHS-2051) with the required signatures.	<input type="checkbox"/> Yes <input type="checkbox"/> No

6.	The guardian's home study is completed (Initial Foster Home/Adoption Evaluation, BCAL-3130 or Juvenile Guardianship Home Study, DHS-616 for guardians not requesting Guardianship Assistance).	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Criminal background checks, fingerprint and Central Registry clearances are completed for all members of the prospective guardian's household.	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	For MCI wards, the Juvenile Guardianship Request for MCI Wards (DHS-2050) or the Juvenile Guardianship Request for MCI Wards Not Requesting Guardianship Assistance (DHS-2049) is completed.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Section Comments:		

XVIII.

C. Goal is Permanent Placement with a Fit and Willing Relative (PPFWR) (CFSR Item 8)		<input type="checkbox"/> NA – Goal is not PPFWR.
1.	The case service plan details compelling reasons why reunification, adoption or guardianship were ruled out as the Permanency Planning Goal for the child.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Central office approved the permanency goal for the child.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2a. Date of permanency goal approval:		
3.	The court approved the permanency goal for the child.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3a. Date of permanency goal permanency approval:		
4.	The Permanent Placement with a Fit and Willing Relative Approval (DHS-344) form completed with the required signatures.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	The Permanent Placement with a Fit and Willing Relative (DHS-845) for MCI or permanent court wards or the (DHS-846) for temporary court wards is completed with signatures.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Section Comments:		

XIX.

D. Goal is Another Planned Permanent Living Arrangement (APPLA) (CFSR Item 10)		<input type="checkbox"/> NA – Goal is not APPLA.
1.	The youth is at least 14 years old.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	The case service plan details compelling reasons why reunification, adoption, guardianship and placement with a fit and willing relative (PFWR) were ruled out as the Permanency Planning Goal for the youth.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	The permanency goal is the most appropriate goal considering the child's needs.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Central office approved the permanency goal for the child.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a. Date of permanency goal approval:		
5.	The court approved the permanency goal for the child.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5a. Date of permanency goal approval:		
6.	The APPLA Agreement (DHS-844) for MCI or permanent court wards or the (DHS-843) for temporary court wards is completed with signatures.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Section Comments:		

XX.

E. Goal is Another Planned Permanent Living Arrangement (APPLA-E) (CFSR Item 10)		<input type="checkbox"/> NA – Goal is not APPLA-E.
1.	The youth is 16 years old or older.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	The case service plan details compelling reasons why reunification, guardianship, adoption, or placement with a fit and willing relative (PFWR) were ruled out as the Permanency Planning Goal for the youth.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	For MCI wards, a re-determination of appropriateness of placement with the birth family has been ruled out.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
4.	The permanency goal is the most appropriate goal considering the child's needs.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Central office approved the permanency goal for the child.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5a. Date of permanency goal approval:		
6.	The court approved the permanency goal for the child.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6a. Date of permanency goal approval:		
7.	The case record contains the independent living plan with the following requirements: Youth's assessment for independent living skills. Documentation of age-appropriate independent living services completed.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

Semi-Annual Transition Plan thoroughly completed, DHS-901.	<input type="checkbox"/> Yes <input type="checkbox"/> No
90-Day Discharge Plan thoroughly completed, DHS-902.	<input type="checkbox"/> Yes <input type="checkbox"/> No
The independent living plan prepared within 60 days of the goal change to APPLA-E.	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. There is documentation within the case plan of the required quarterly meetings with the youth, caseworker and identified supportive adult(s).	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. The APPLA-E Agreement (DHS-642) is completed with signatures.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Section Comments:	
Youth in Young Adult Voluntary Foster Care	<input type="checkbox"/> NA The youth is not in YAVFC
1. The court order dismissing neglect/abuse (NA) case is in the case file.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. The YAVFC Agreement, DHS-1297, is signed by the youth after the order dismissing the NA case.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Initial verification of eligibility is completed and in case file.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Quarterly verifications are completed and in the case file.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. The youth's eligibility status was reported timely when determined to be ineligible.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA – the youth was determined to be ineligible during the review period
6. Semi-Annual Transition meetings were held every 180 days from signature date on the YAVFC Agreement.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
For Closed Cases	
The following are included in the case file:	
Young Adult Voluntary Foster Care Case Closure Request, DHS-1302	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Young Adult Voluntary Foster Care Case Closure Notice, DHS-1301	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Documentation of the 90-day discharge FTM.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

XXI.

Family Strengths Needs Assessment	Complete for each parental household.
1. The Family Assessment of Needs and Strengths (FANS) are completed as part of the report.	
Mother	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Father	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
2. The appropriate needs (barriers) and strengths for the parental caretakers are identified. (CFSR Item 17)	
Mother	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Father	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Legal guardian	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
3. The FANS were accurately scored per policy, with explanations including specific and concise examples that demonstrated the caseworker had a clear and in-depth understanding of all the mother's/father's/legal guardian's needs and strengths. (CFSR Item 17)	
Mother	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Father	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Legal guardian	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Section Comments:	

XXII.

Reunification Assessment	ONLY ANSWER THESE QUESTIONS IF COMPLETING AN USP.
1. Individual barriers are listed and evaluated. (Item 8)	
Mother	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Father	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Legal guardian	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
2. The documentation demonstrates how the caseworker evaluated the families' progress toward stated goals and activities through services. (CFSR Item 8)	
Mother	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Father	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Legal guardian	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

3.	Documentation demonstrates how the worker engaged the family in case planning.			
	Mother	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Father	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Legal guardian	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
4.	The overall barrier reduction was evaluated? (CFSR Item 8)			
	Mother	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
	Father	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
	Legal guardian	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
5.	Parenting time is of a sufficient quantity to maintain the continuity of the parent and child relationship. (CFSR Items 8 and 13)			
	Mother	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
	Father	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
	Legal guardian	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
6.	The caseworker documented the quality of the parenting time. (CFSR Items 8 and 13)			
	Mother	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
	Father	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
	Legal guardian	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
7.	The narrative supports the caseworker's evaluation? (CFSR Item 8)			
	Mother	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
	Father	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
	Legal guardian	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
8.	Appropriate services were identified to address identified needs.			
	Mother	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
	Father	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
	Legal guardian	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
9.	The safety assessment was applied correctly. (CFSR Item 8)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
10.	There were safety concerns that were not adequately or appropriately addressed. (CFSR Item 8)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
11.	There is a Decision Guideline Recommendation. (CFSR Item 8)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
11a.	The recommendation to court matches the decision guideline policy. (CFSR Item 8)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
11b.	If no, was an override approved.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
12.	All professional reports (psychiatric, psychological, treatment summaries, substance abuse screens) are summarized and filed in the case record.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
13.	For any FTM held, the caseworker documented the outcome.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Section Comments:				

XXIII.

Parenting Time Plan (R.12418) (CFSR Items 13 and 16)				
1.	The parenting time plan is consistent with the permanency planning goal.			
	Mother	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
	Father	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
	Legal guardian	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
2.	The parenting time plan documents the frequency, location and duration of parent/child visit.			
	Mother	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
	Father	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
	Legal guardian	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
3.	There is documentation that parenting time occurs in a family friendly setting conducive to normal interaction between the child and parent.			
	Mother	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
	Father	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
	Legal guardian	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
3a.	If no, the reasons are documented.			
	Mother	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
	Father	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
	Legal guardian	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA

4.	If parenting time is occurring in the parent's home, criminal history checks were conducted on all adult household members.			
	Mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Legal guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	During parenting time, safety concerns were observed and/or reported, e.g. allegations of child maltreatment were made or the child was in an unsafe situation.			
	Mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Legal guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5a.	If yes, the safety concern could be attributed to the following: (check all that apply)			
	<input type="checkbox"/> Insufficient monitoring of visitation.			
	<input type="checkbox"/> Permitting unsupervised visitation when it was not appropriate.			
	<input type="checkbox"/> Court-ordered visitation against agency recommendations.			
5b.	If any of the above are checked, the caseworker documented how the safety concern was addressed?		<input type="checkbox"/>	<input type="checkbox"/>
6.	The parent is involved in other activities with the child such as doctor's appointments, school conferences, etc.			
	Mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Legal guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6a.	If no, reasons for lack of parental involvement are documented.			
	Mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Legal guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Documentation within the case service plan demonstrates how the caseworker encouraged the parent to actively participate in extra activities.			
	Mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Legal guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	If the parenting time is unsupervised, a safety plan has been implemented.		<input type="checkbox"/>	<input type="checkbox"/>
	Section Comments:			

XXIV.

Treatment Plan/Service Agreement for Adults, Children and Caretakers				
1.	Barriers identified in the FANS are appropriate and addressed for each parental household in the treatment plan. (CFSR Item 17)			
	Mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Legal guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	The priority needs for the child are addressed in the treatment plan. (CFSR Item 17)		<input type="checkbox"/>	<input type="checkbox"/>
3.	Identified strengths are incorporated into the treatment plan. (CFSR Item 17)		<input type="checkbox"/>	<input type="checkbox"/>
4.	Expected outcomes, time frames and the person(s) responsible are identified, along with who is responsible for each service activity. (R.12418) (CFSR Item 17)		<input type="checkbox"/>	<input type="checkbox"/>
5.	The treatment plan is specific to the individual needs. (CFSR Item 17)		<input type="checkbox"/>	<input type="checkbox"/>
	Mother	<input type="checkbox"/>	<input type="checkbox"/>	
	Father	<input type="checkbox"/>	<input type="checkbox"/>	
	Legal guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Child	<input type="checkbox"/>	<input type="checkbox"/>	
	Foster Parent/Relative Caregiver	<input type="checkbox"/>	<input type="checkbox"/>	
6.	Recommendations from professional reports are addressed in the treatment plan. (CFSR Item 17)		<input type="checkbox"/>	<input type="checkbox"/>
7.	Appropriate services have been provided to enhance the parents' ability to provide care and supervision to the child, to ensure the child's safety and well-being. (CFSR Item 17)		<input type="checkbox"/>	<input type="checkbox"/>
8.	The treatment plan includes family viewpoints, blending required formal services with family-centered decisions.		<input type="checkbox"/>	<input type="checkbox"/>

9.	Documentation in the treatment plan identifies services provided to the child to address mental health needs.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
10.	The child is in counseling, and documentation within the case plan includes the name of the mental health provider, frequency of sessions and the treatment goals. (CFSR 23)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
11.	The treatment plan is written in a manner easily understood with expected outcomes clearly defined.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
12.	The caseworker involved the following individuals in the development of the Parent Agency Treatment Plan, if appropriate. (CFSR 18)			
	Mother	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
	Father	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
	Legal guardian	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
	Foster parent	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
	Pre-adoptive parent(s)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
	Relative caregiver(s)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
	Child	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
12a.	If yes, there is documentation to support the involvement such as a signature on the Parent Agency Treatment Plan. (R.12418) (CFSR Item 18)			
	Mother	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
	Father	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
	Legal guardian	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
	Foster parent	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
	Pre-adoptive parent(s)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
	Relative caregiver(s)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
	Child	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
12b.	The parent or youth is unavailable or refuses to sign the treatment, and the caseworker identifies and documents additional action needed to secure participation in service planning and compliance with the treatment plan.			
	Mother	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
	Father	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
	Child/youth	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
13.	The treatment plan details the needs of the child that must be met during parenting time by the parent. (Item 13)			
	Mother	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
	Father	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
	Legal guardian	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
14.	Reunification is the permanency planning goal, and the parenting time plan includes a written plan for the expansion of parenting time in order to facilitate reunification. (Item 13)			
	Mother	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
	Father	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
	Legal guardian	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
15.	There is documentation that the foster parents/relative caregivers or pre-adoptive parents were given notice of the next court hearing. (CFSR Item 17)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
16.	The foster care provider/relative caregiver was provided with information on a child's behavior management plan based on the child's Needs and Strengths Assessment. (R.12418) (CFSR Item 23)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
17.	The individual activities required by the foster parent or relative caregiver is specific to the individual needs of the child placed in their home.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
18.	The foster parent or relative caregiver allows the child to continue family or tribal traditions. (Item 14)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
19.	The foster parent activities in the treatment plan justifies the need for the determination of care supplement.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Section Comments:				

XXV.

Maltreatment while in Foster Care	ONLY COMPLETE IF THERE WAS A CPS COMPLAINT MADE DURING THE REPORT PERIOD THE SUPERVISOR IS READING FOR.	<input type="checkbox"/> NA – There was not a CPS complaint made during the report period.
1.	A CPS complaint was made involving a foster parent or relative caregiver. (Item 4)	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	If yes, the child continues to reside in the placement where the incident occurred. (Item 4)	<input type="checkbox"/> Yes <input type="checkbox"/> No

2a. If yes and the CPS final recommendation is that the child is safe with services, a safety plan is outlined in the CPS report. (Item 4)	<input type="checkbox"/> Yes <input type="checkbox"/> No
2b. If yes, the documentation shows the foster care caseworker followed the recommendations by CPS regarding the safety plan. (Item 4)	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. The caseworkers documentation demonstrates collaboration with the following:	<input type="checkbox"/> Certification (licensing) Worker <input type="checkbox"/> CPS
4. The CPS report(s) is in the case file.	<input type="checkbox"/> Yes <input type="checkbox"/> No

XXVI.

Child Placement Changes	Has the child had any placement changes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1. Over the last year, how many placement settings did the child experience? (Item 6)		
2. There is documentation of reasonable efforts to prevent the placement change.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. The child had at least one placement change during the report period, the placement change(s) was planned in an effort to achieve the child's case goals or to meet the needs of the child. (Item 6)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. At the time of the placement change there is clear documentation of the consideration given to returning the child to the parent or placing the child with siblings or a relative first. (Item 6)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. The new placement meets the child's identified needs and the caregiver is capable and willing to meet the needs of the child. (Item 6)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. The previous foster parent/relative caregiver was notified of the placement change and right to appeal the move to the Foster Care Review Board (FCRB), Foster Parent Notification of Move (DHS-30). (R.12404)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Notification of the child's placement change was provided to the court and the child's LGAL using the DHS-867, Notification to Court of Jurisdiction and Child's Lawyer Guardian Ad Litem.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. If the child experienced a placement change, services are being provided to the current care provider to prevent another placement change for the child. (R.12404) (Item 6)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Section Comments:		

XXVII.

The Foster Care Action Summary (DHS-69) was completed for the following circumstances:		
1. There is documentation for each placement change. (R.12404)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
2. Termination from foster care placement.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
2a. Medical Information given to next caregiver.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
3. Case Closing. (R.12404)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
3a. Medical information given to parent or child if appropriate.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
4. Parental moves.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
5. Caseworker or agency changes.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
6. The caseworker provided placement preparation prior to the initial placement or placement change, including explaining why the placement or placement change was necessary. (R.12404)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7. The child was prepared for the placement change prior to the change occurring. (Item 6) (R.12405)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. The parent(s) were notified of the placement change.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Eligibility changes are documented for youth in Young Adult Voluntary Foster Care.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Section Comments:		

XXVIII.

Case Status Notice - Are the following fields correct in SWSS-FAJ.			
Eligibility	<input type="checkbox"/> Yes <input type="checkbox"/> No	Placement Date	<input type="checkbox"/> Yes <input type="checkbox"/> No
Target group/Legal status	<input type="checkbox"/> Yes <input type="checkbox"/> No	Acceptance Date	<input type="checkbox"/> Yes <input type="checkbox"/> No

Permanency Planning Goal	<input type="checkbox"/> Yes <input type="checkbox"/> No	Funding Source	<input type="checkbox"/> Yes <input type="checkbox"/> No
Living Arrangement	<input type="checkbox"/> Yes <input type="checkbox"/> No	Handicap	<input type="checkbox"/> Yes <input type="checkbox"/> No
Provider ID	<input type="checkbox"/> Yes <input type="checkbox"/> No	The child is identified as American Indian and his/her Tribal affiliation is identified	<input type="checkbox"/> Yes <input type="checkbox"/> No
Concurrent Federal Goal	<input type="checkbox"/> Yes <input type="checkbox"/> No		

XXIX.

Licensing Rules – Policy Compliance			
Social Security number verified or application	<input type="checkbox"/> Yes <input type="checkbox"/> No	Birth Certificate or application	<input type="checkbox"/> Yes <input type="checkbox"/> No
The child has an initial physical examination within 30 days after placement. (R.12413) (CFSR Item 22)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Foster parents/relative caregivers were informed that the case service plan is confidential. (R.12418) (CFSR Item 18)	<input type="checkbox"/> Yes <input type="checkbox"/> No
The child has an annual physical exam every 14 months after his/her initial exam. (CFSR Item 22)	<input type="checkbox"/> Yes <input type="checkbox"/> No	The child's Medical Passport (DHS-221) is completed and updated every six months and filed in the case record. (CFSR Item 22)	<input type="checkbox"/> Yes <input type="checkbox"/> No
The child had a dental exam within 90 days of entering care (unless the child has had an exam within 12 months prior to placement or is less than 4 years of age). (R.12413)(CFSR Item 22)	<input type="checkbox"/> Yes <input type="checkbox"/> No	The child is current on all immunizations and the record is in the case file. (CFSR Item 22)(R.12413)	<input type="checkbox"/> Yes <input type="checkbox"/> No
The child had a yearly dental exam unless greater frequency is indicated. (CFSR Item 22)	<input type="checkbox"/> Yes <input type="checkbox"/> No	All of the child's medical information in the case record (DHS-1664). (R.12404)	<input type="checkbox"/> Yes <input type="checkbox"/> No
There is a current photo of the child in SWSS FAJ (R.126909).	<input type="checkbox"/> Yes <input type="checkbox"/> No	All of the child's dental information in the case record (DHS-1664). (R.12404)	<input type="checkbox"/> Yes <input type="checkbox"/> No
There is a current physical description of the child in SWSS FAJ (R.12609).	<input type="checkbox"/> Yes <input type="checkbox"/> No	Educational records in SWSS FAJ include the names and addresses of the child's educational providers, the child's grade level performance, and any other relevant educational information.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Rating – Case With a Completed Review

If the case review finds that the work was done, policy and licensing requirements complied with, the required documentation was completed and in the FC case file, check "A" – Acceptable. No other action is necessary.

If the case review finds that it was difficult to determine that the required work was completed, and/or significant required compliance with policy and/or child safety activities (e.g., monthly face-to-face contacts with the child) were not met, or other important documentation is missing, check "U" – Unacceptable. Provide a summary explanation on why this conclusion was reached.

In addition, complete the section below indicating corrective action(s) the caseworker must take to bring the case into compliance to assure child safety. Prioritize the required action(s) focusing on any child safety action(s) first. Include other corrective action(s) required to comply with policy and/or law. Sign and date the corrective action section, provide a copy of the Foster Care Case Review document to the supervisor and the program manager as soon as possible.

Acceptable / Unacceptable – provide summary for conclusion:

REVIEWER RECOMMENDATIONS FROM CASE REVIEW

Identify below the action(s) and activities that must be taken on the Foster Care case.

Action/Activity (be specific)

If possible, project a date for the indicated action/activity:

Action/Activity (be specific)

If possible, project a date for the indicated action/activity:

Action/Activity (be specific)

If possible, project a date for the indicated action/activity:

(If more activities are required, enter them below or on a separate document)

Other Recommendations or Observations

Reviewer Signature & Date:

Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.

AUTHORITY: P.A. 280 of 1939.
RESPONSE: Voluntary.
PENALTY: None

Instructions

Instructions: This form helps assess correct application of structured decision making (SDM) in foster care. If all items are yes or NA the case meets acceptable standards for completion. **Items marked no require corrective action.**

- I. **Transfer to Foster Care** – The CPS-SWSS generated 5-Day packet along with the other listed documents must be electronically sent by CPS to foster care staff within 5 days of a child’s placement. See FOM 722-1, *Children’s Protective Service – Foster Care Initial 5-Day Placement Packet and Transfer Summary* and FOM 722-3, *Publication 457, Relative Caregiver Resources & Responsibilities* for information on the policy requirements.
- II. **American Indian Children** – If the answer to the question “Is the child American Indian?” is Yes or Pending, answer questions 1-6. See NAA-200, NAA-205, NAA-210 and NAA-215 for information on the policy requirements.
- III. **FOSTER CARE - Initial Service Plan (ISP)/Updated Service Plan (USP)/Permanent Ward Service Plan (PWSP)**
Identify the dates the case service plan as signed by the caseworker and supervisor, the date the case service plan was completed and if it was timely.
- IV. **Reasonable Efforts** – The caseworker must document reasonable effort to “prevent removal” and to “finalize a permanency plan” within the ISP/USP and submit the plan to the court. Efforts made by the caseworker to identify and locate a parent(s)/legal guardian or putative father must be documented for the court. See FOM 722-6, *Reasonable Efforts and Efforts to Identify and Locate Absent/Putative Parent(s)* for information on policy requirements or reference the Michigan Absent Parent Protocol: Identifying, Locating, and Notifying Absent Parents in Child Protective Proceedings at: <http://courts.michigan.gov/scao/resources/standards/APP.pdf>.
- V. **Social Work Contacts** – Contact Requirements – See FOM 722-6, Visitations for all contact requirements.
- VI. **Family Team Meetings (FTM)** – Answer yes if the FTM was conducted within the required timeframes. Answer yes if the family/youth were involved in the FTM. If the family/youth were not involved in the FTM, answer yes if there is documentation that supports the worker’s efforts to engage them in the meeting process.
- VII. **Child Assessment/Reassessment of Educational and Medical Needs.** See FOM 722-6 for educational requirements and FOM 801 for medical needs requirements. Answer yes if the documentation within the case service plan supports requirements outlined in policy.
- VIII. **Child Assessment of Needs & Strengths**
 1. Completed – Answer yes if the assessment is in the file, the caseworker scored all items, completion is on or before the ISP/USP report date and no other known case information contradicts scoring of the items. See FOM 722-8B.
 2. Score – Answer yes if the narrative in the ISP/USP provides documentation (caseworker observations/ information gathered) to support all scoring on the CANS. See FOM 722-8.
 3. Priority Strengths/Needs Identified - Answer yes if the caseworker has identified the 3 highest scoring strength/need items on the form. See FOM 722-8B.

Note: Contingent on scoring, the number of items may be less than 3. For example, C1 and C2 are scored 3 and all other items are scored 0; only C1 and C2 can be recorded as Priority Needs.
 4. Independent Living – For children ages 14 and older.

- IX. Preparation for Independence** – The caseworker must provide each youth, age 14 and older, with services that will help the youth to prepare for a transition to a state of functional independence or the ability to take care of oneself physically, socially, economically and psychologically. The youth must be involved in the development of the plan and be responsible for its implementation with the assistance of identified individuals. Within the service plan, the caseworker must document that the youth was involved in the development of the plan; examples of documentation include the youth signed the plan or there is documentation in the Social Work Contacts that the caseworker discussed the plan with the youth every 90 days. See FOM 722-6, *Independent living Preparation*. FOM 722-7, *Independent Living* for youth living in an actual independent living arrangement and FOM 722-15, *Assessment Factors for Case Closing Decisions for older Foster Care Youths*.

Youth Leaving Foster Care at Age 16 and Older – See FOM 722-10.

- X. Placement** – See FOM 722-3.

1. The caseworker must identify if the child is placed with a relative, complete an initial relative home study on the DHS-3130A, identify if the relative is interested in licensure, date referral was made. If the relative does not wish to pursue licensure, the caseworker must document if a waiver has been requested.
2. The caseworker must document stability of the child's placement and efforts made to ensure the placement is stable.
3. The documentation must describe why the child's placement is in his/her best interest and be included within each service plan. See FOM 722-8, *Initial Service Plan and FOM 722-9, Updated Service Plan*.
4. The documentation must explain efforts made to maintain the child's important connections, etc.
5. Answer yes if the placement is close enough to his/her parents to facilitate frequent face-to-face contact between the child and parent/caregiver.
6. Identify if exception requests were required and completed. See FOM 722-3.
7. The child's placement must be the least restrictive, most family-like setting possible that can still meet the needs of the child. See FOM 722-3, *Placement Selection Criteria – Least Restrictive Setting*.
8. The placement should be in proximity to the child's family to facilitate parenting time with the child's family. See FOM 722-3, *Placement Selection Criteria – Proximity*. If the placement is not in close proximity to the child's family, the caseworker must document the reasons why this is not possible within each case service plan. See FOM 722-3, *Placement Selection Criteria – Proximity*.
9. Identify if the location negatively impacts achievement of the identified permanency goal. If yes, the caseworker must identify efforts to place the child in a permanent placement.
10. See 722-3, *Placement and Replacement Selection Criteria to Determine Safety and Best Interest*, regarding the use of race, national origin and ethnicity in placement decisions.

If the answer to this question is Yes, and the consideration of these factors was not based upon the child's identified needs and best interest, the supervisor must report this case to his/her manager for case review. See Service General Requirements manual, SRM-142, *MEPA Complaint Procedures* for more information. See FOM 722-3, *Placement and Replacement Selection Criteria to Determine Safety and Best Interest*.

If the answer to this question is No, the supervisor must report this case to his/her manager for case review. See Service General Requirements Manual, SRM 142, *MEPA Complaint Procedures* for more information. See FOM 722-3, *Placement*, for information on policy requirements.

The caseworker must include documentation of how the child's placement meets his/her identified needs within each case service plan. See FOM 722-8B, *Child (Re)Assessment of Needs and Strengths*.

The caseworker must document how the child's placement provider will meet the child's identified needs within each case service plan. See FOM 722-8B, *Child (Re)Assessment of Needs and Strengths*, FOM 722-8, *Initial Service Plan* and FOM 722-9, *Updated Service Plan*.

Placement preparation must be consistent with the child's age, individual needs, the circumstances necessitating placement and the special problems presented. See FOM 722-2, *Placement Preparation*.

Placement preparation includes a discussion with the child on why the placement in foster care was necessary, if age appropriate. See FOM 722-2, *Placement Preparation*.

11. The caseworker must conduct criminal history checks on all adult household members and non-parent adults for all cases.
 - When a return home is being considered.

- When a child(ren) is placed at home and new individuals move into the home or there is a new non-parent adult involved with the family.

See FOM 722-7, *Return Home*, for restrictions on returning a child home when a parent or other household members have been convicted of certain crimes. See FOM 722-6A for more information on LEIN.

See FOM 722-3, p. 17, *Ongoing Criminal History and Central Registry Checks*.

12. Within 90 days after the initial placement, the caseworker must make a decision regarding the appropriateness of the placement using the *Foster Care Placement Decision Notice* (DHS-31). See FOM 722-3, *Ninety Days After Initial Placement*.

When selecting a placement for the child, the caseworker must consider the child's permanency planning goal. Any placement should be chosen with a view toward preparing the child for the long-range plan. See FOM 722-3, *Placement Selection Criteria – Goal of Permanence*.

The caseworker must document foster parent activities in the treatment plan. The extraordinary care or expenses that the foster parent is providing to justify the DOC supplement. See FOM 903-3, *Determination of Care Supplements for Foster Care*.

13. The caseworker must assess the child's placement for any safety concerns. Safety concerns must be documented with appropriate safety plans in place.

XI. Sibling Placement – Effort to place sibling groups in the same placement must be given priority except in cases where such placement would not be considered in the child's best interest. Second-line supervisory approval is necessary for each case service plan where siblings are not placed together. See FOM 722-2, and FOM 722-3, *Placement with Siblings*.

XII. Identification of Relative Placement/Relative Notification – See FOM 722-3, *Placement with Relatives* and FOM 722-6, *Relative Identification*.

XIII. Residential Care – See FOM 722-8, *Initial Service Plan*, FOM 722-9, *Updated Service Plan* and FOM 722-3, *Institutional Placements of Youth Under Age of 10 Years*.

1. The case service plan must document the wraparound or assisted care efforts made to prevent the placement in residential care.
2. For all youth placed in a residential placement setting (regardless of age), the case service plan must identify the services that are being provided by the residential care provider and the supervising agency to allow the child to be placed in a less restrictive setting.
3. See FOM 722-3, p. 27, *Pre-Ten Waiver Request*.

XIV. Legal – If a child has been in care for 15 months, either a petition requesting termination of parental rights or compelling reasons that document why termination is not in the child's best interest must be submitted to the court. This mandate may be met at the permanency planning hearing before the 15 months. See FOM 722-7, *Compelling Reasons and Termination of Parental Rights* for more information.

XV. Permanency Planning Goal is Adoption

1. See FOM 722-7, *Foster Care/Adoption* and CFA 732, *Adoptive Family Selection*.

XVI. Permanency Planning Goal – See FOM 722-7, *Permanency Planning*

- 1-2. The caseworker must document a permanency-planning goal for each child documented within each case service plan. This goal is the intended outcome of the caseworker's efforts to move the child from temporary placement to permanent placement. See FOM 722-7, *Ongoing Permanency Planning and Service Provision*. Foster parents/relative caregivers are to be actively involved in the service planning. See FOM 722-6, *Developing the Service Plan – Foster Parent/Relative Caregiver Input* for more information.
- 3-5. See FOM 722-7.
- 6-7. Answer yes if reunification is delayed due to service availability delays.

XVII, XVIII, XIX, XX. Permanency Planning Goal is not Adoption

1. If the permanency planning goal is not reunification, placement with a fit and willing relative, guardianship or adoption, the caseworker must document compelling reasons within the case service plan that detail why

these goals are not in the child's best interest. See FOM 722-7, *Compelling Reasons*, FOM 722-7, *Permanency Planning* and FOM 722-9, *Updated Service Plan*

Youth in Young Adult Voluntary Foster Care – See FOM 722-16, *Young Adult Voluntary Foster Care*.

XXI. Family Assessment of Needs & Strengths (FANS)

1. Completed – Answer yes if the assessment is in the file, the caseworker scored all items for all parental households that have a legal right to reunification, completion is timely and no other known case information contradicts scoring of the items. See FOM 722-8A.
2. Strengths/Barriers Identified - Answer yes if the caseworker has identified the 3 highest scoring strength and barrier items on the form. See FOM 722-8A and 722-8.

Note: Contingent on scoring, the number of items may be less than 3. For example, S1 and S2 are scored 3 and all other items are scored 0; only S1 and S2 can be recorded as Priority Needs.
3. Score – Answer yes if the narrative in the ISP/USP provides documentation (caseworker observations/information gathered) to support all scoring on the FANS. See FOM 722-8.

XXII. Reunification Assessment

Individual Barriers listed and evaluated - Answer yes if the caseworker listed each priority barrier from the ISP or most recent USP (or any other barrier that is identified during the service period). The caseworker must evaluate the progress to address each barrier as Substantial, Partial, Poor or Refused AND no other known case information contradicts the evaluation. See FOM 722-9A and FOM 722-9.

Overall Barrier Reduction evaluated – Answer yes if the caseworker properly evaluated all individual barriers in #1 and the combined barriers. The caseworker must evaluate the progress on the overall barrier reduction as either Substantial, Partial, Poor, or Refused AND no other known case information contradicts the evaluation. See FOM 722-9A and FOM 722-9.

Parenting Time Evaluated - Answer yes if the caseworker evaluated the parenting time progress as either Substantial, Partial, Poor or Refused AND no other known case information contradicts the evaluation. See FOM 722-9A and FOM 722-9.

Narrative Supports Evaluation - Answer yes if the narrative in the ISP/USP provides narrative evidence (caseworker observation/information gathered) to support evaluation of individual barrier reduction, overall barrier reduction and parenting time AND no other known case information contradicts the evaluation. See FOM 722-9.

Safety Assessment Appropriately Completed – Answer yes if Safety Assessment is required (both Overall Barrier Reduction and Parenting Time are at least partial), the caseworker scored all factors, indicated all protecting interventions, provided narrative evidence to support the scoring and correctly determined the safety decision based on the scoring. Answer NA if safety assessment is not required. See FOM 722-9A, FOM 722-9 and FOM 722B.

Decision Guideline Recommendation – The SDM Permanency Planning Decision Tree is to be used upon completion of the Family Reunification Assessment (DHS-147) for a recommendation as to whether the child remains in placement or is returned home with services. Did the caseworker correctly apply the Permanency Planning Decision Tree? See FOM 722-9 and FOM 722-9A.

Caseworker Recommendation to court matches decision guideline policy or override is stated – The USP includes a “Recommendation to the Court” section. Did the caseworker’s recommendations to the court match the outcome of the Permanency Planning Decision Tree or were the recommendations accompanied by an override request with supervisor support. See FOM 722-9 and FOM 722-9A “Overrides.”

Professional Reports – See FOM 722-6.

XXIII. Parenting Time – Supervising agencies must use parenting time to maintain and strengthen the relationship between parent and child. By facilitating weekly parenting time, agency staff can positively influence the length of time children stay in the foster care system and the time required to achieve permanence. See FOM 722-6, *Parenting Time* and FOM 722-8C, *Parent-Agency Treatment Plan and Service Agreement*.

The caseworker must conduct criminal history checks on all adult household members and non-parent adults when a child(ren) will be having parenting time within a parent's home. See FOM 722-6 for restrictions on Parenting Time when a parent or other household member has been convicted of certain crimes. See FOM 722-6A for more information on LEIN.

XXIV. Treatment Plan & Service Agreement

1. FANS Barriers Addressed – For the caseworker, answer yes if s/he has identified the top 3 barriers on the FANS and/or in narrative and the barriers are addressed with a service in treatment plan and service agreement. For policy, answer yes if each primary barrier identified from the FANS (three highest scoring needs) is addressed with a service in the treatment plan and service agreement. See FOM 722-8A and FOM 722-8C.

Note: Contingent on scoring, there may be fewer than 3 primary barriers, e.g., only 2 needs are scored. There may also be more than 3 primary barriers, if supported by narrative evidence and scoring.

2. CANS Needs Addressed – For the caseworker, answer yes if s/he identified the top 3 needs on the CANS and/or in narrative and the needs are addressed with a service in the treatment plan and service agreement. For policy, answer yes if each primary need identified from the CANS (three highest scoring needs) is addressed with a service in the treatment plan and service agreement. See FOM 722-8B and FOM 722-8C.

Note: Contingent on scoring, there may be fewer than 3 primary barriers, e.g., only 2 needs are scored. There may also be more than 3 primary barriers, if supported by narrative evidence and scoring.

3. Identified strengths incorporated into service plan – Answer yes if the caseworker incorporated the identified strengths on the FANS and CANS into the treatment plan/service agreement and/or s/he also identified and incorporated any other identified strengths into the treatment plan/service agreement. See FOM 722-8A.
4. Expected outcomes and time frame for service activities – Answer yes if each goal and objective has clear outcomes and reasonable time frames for the achievement of the outcomes and the plan identifies the person(s) responsible for completing the outcome. See FOM 722 and R. 12418.
5. The caseworker involved the mother in development of the case service plan. Answer yes if the caseworker involved the mother in development of the plan and there is documentation of involvement or an indication of the reasons why the mother was not involved. See FOM 722-6 and R. 12418.
6. The caseworker involved the father in development of the case service plan. Answer yes if the caseworker involved the father in development of the plan and there is documentation of involvement or an indication of the reasons why the father was not involved. See FOM 722-6 and R. 12418.
7. The caseworker/care provider involved the parent(s) in decision making regarding the child's needs and activities? Answer yes if caseworker/care provider involved the parent(s) in decisions regarding the child or indicated the reasons why the caseworker/care provider were not included. See FOM 722-6 and R. 12418.
8. Behavior management plan for each child, based on needs and strengths assessment. Answer yes if the caseworker has detailed the behavior management plan in the child's goals and objectives section of the treatment plan/service agreement. See FOM 722-2 and R. 12418.
9. The caseworker involved the foster parent(s)/relative caregiver(s)' needs and strengths in the development of the case service plan. Answer yes if the caseworker involved the caretaker(s) in development of the case service plan and documented the involvement or indicated the reasons why the caretakers were not involved. See FOM 722-6.
10. The caseworker involved the youth in identification of the child's needs and strengths assessment. Answer yes if the caseworker involved the youth in identification of their own needs and strengths and there is documentation to support the involvement, such as youth's signature and documentation in social work contacts. See FOM 722-8B.

XXV. Maltreatment while in Foster Care

XXVI. Child Placement Changes – See FOM 722-3, *Replacements and Case Record Documentation of Replacement.*

If a child has changed placements more than once, the case service plan must document the efforts that were made to prevent the placement change. This does not include an initial move from a shelter home to a foster home.

The caseworker must include documentation of how the child's placement meets his/her identified needs and the placement provider's ability to meet the child's identified needs within each service plan. See FOM 722-8B, *Child (Re)Assessment of Needs and Strengths*. See FOM 722-8B, *Child (Re)Assessment of Needs and Strengths*, FOM 722-8, *Initial Service Plan* and FOM 722-9, *Updated Service Plan* and FOM 722-9D, *Permanent Ward Service Plan*.

Placement preparation must be consistent with the child's age, individual needs, the circumstances necessitating placement and the special problems presented. See FOM 722-2, *Placement Preparation*.

Documentation of the services that are being provided to prevent another placement change must be present.

If applicable, were the foster parents/relative caregivers notified of the move and the right to appeal the move to the Foster Care Review Board (FCRB) using the Foster Placement Decision Notice, DHS-31. See FOM 722-3, *Replacements*.

The caseworker must notify the parents, if appropriate, each time a child is moved. See FOM 722-3, *Case Record Documentation of Replacement*.

See FOM 722-3, p. 34 *Replacement Documentation*.

XXVII. Foster Care Action Summary – See FOM 722-9C, Foster Care Action Summary

XXIII. Licensing Rules – Policy Compliance – To access the rules go to:

http://www.michigan.gov/documents/dhs/BCAL-PUB-11_216515_7.pdf

- Medical Passport – Each child in care must have a Medical Passport and the caseworker must provide the Passport to each care provider. See FOM 722-4, *Information to Placement Resources* and FOM 801.
- Immunization Record – A record of the child's immunizations must be contained within the Medical Passport. See FOM 801.
- Physical and Dental – Each child must have a physical examination within 30 days of placement in foster care. This requirement is more restrictive than the licensing rules due to Public Act 172 of 1997. The child must also receive a yearly physical exam. Each child over the age of 4 must have a dental exam within 90 days of placement in foster care and every 12 months thereafter. To document the required medical and dental exams, the caseworker may use the Youth Health Record (DHS-1662) and the Youth Health Record, Yearly Dental (DHS-1664) forms, or a similar form. See FOM 801.
- Information to Caregiver – In order to provide adequate care for the children within their home, the caseworker must provide the foster parents/relative caregivers with the information listed in FOM 722-4, *Information to be Provided to Foster Parents/Relative Caregivers Prior to Placement*.
- School and Education – No later than 5 days after placement in foster care, the supervising agency or the foster parent/relative caregiver with agency approval, must enroll each child of school age into a school program. The caseworker must send the school the School Notification Letter. See FOM 722-2, *Education* and FOM 722-6.
- The caseworker must maintain a current photo of the child in SWSS FAJ. See FOM 722-5, *Case Record*.