ATTACH LABEL HERE

Staff Assistant: ______________________ Board: ______________________ Date: ______________________

APPLA (Another Planned Permanent Living Arrangement) (O)

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

Permanency:

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


(if YES check all that apply below, IF NO use Permanency Option Reasons)

[PE-04] - ☐ Reunification = [H] [PE-05] - ☐ Relative Placement = [R] [PE-06] - ☐ Adoption = [A] [PE-07] - ☐ Cust/Guardianship = [G]

[PE-08] What is the category of the child’s APPLA permanency plan? Choose one below:

[1] ☐ Emancipation/Independence (Child is expected to remain in existing placement until he/she reaches the age of majority


[4] ☐ Placement in a long-term care facility until transition to an adult facility

[5] ☐ Other (specify)____________________________

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

[PE-09] ☐ Parent(s) whereabouts unknown
[PE-10] ☐ Parent(s) deceased
[PE-11] ☐ Parent(s) unable or unwilling to work towards reunification
[PE-12] ☐ Parent(s) unable to meet child’s needs
[PE-13] ☐ LDSS did not identify a suitable relative
[PE-14] ☐ Child did not consent to adoption


If Yes, what is the concurrent plan?

If No, what is the plan the LDSS is implementing?

[PE-17] Does the Local Board Agree that the appropriate Concurrent Planning took place according to State and Federal guidelines?

[PE-18] Is Birth parent incarcerated? [____]

[PE-19] Did child consent to adoption? [____]

(Use the codes below to enter above)

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


[PE-21] How long has the youth had a plan of APPLA?

[1]□ 0 to 6 months
[2]□ 7 to 11 months
[3]□ 1 year to 2 years
[4]□ 2 year to 3 years
[5]□ 3 years or more

Why is Plan APPLA?

[PE22][□] Agency saw age as barrier and did not pursue ADOPTION
[PE23][□] Behavior
[PE24][□] Lack of Family Resources
[PE25][□] Child did NOT consent to ADOPTION
[PE26][□] Medically or Mentally Fragile
[PE27][□] Placed with long term resources and does not want to Adopt
[PE28][□] Not Eligible for Guardianship
[PE29][□] NO TPR Granted
[PE30][□] Worker Unaware

Board’s Permanency Recommendations

[PE-31] [1]□ Yes, The Board Agrees with the Departments Permanency plan.

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


[PE-33] Permanency Comments: (Use back page for more)
Termination of Parental Rights (TPR)


[TP-03] TPR Filed Date: __/__/_______  [3] □ N/A

Filed Notice of Objection:  (If TPR filed)


TPR Filed

[TP-07] TPR Hearing Date: __/__/_______  [3] □ N/A


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


TPR Petition (Only if TPR is NOT Filed)

The Board recommends that a petition for TPR:

[TP-13] □ [1] be filed OR,  □ [2] be granted because

(The Board finds that F.L. Article 5-525.1, which requires action for TPR:)

[TP-14]

[TP-14-a] □ [1] 15 of 22 months;

[TP-14-b] □ [2] abandoned infant;


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

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

[TP-16] □ [2] DSS failed to provide required reunification services, or

[TP-16] □ [3] there is a compelling reason not to file.

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


If yes dates:

[CP-03] __ (date#1) __/__/________
[CP-04] __ (date#2) __/__/________
[CP-05] __ (date#3) __/__/________
[CP-06] __ (date#4) __/__/________

[CP-07] If no, has a Family Involvement Meeting been scheduled? [1] ☐ Yes  [2] ☐ No

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

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


[3] ☐ Worker reported signed service agreement but did not provide documentation to support.

[SA-02] If there is a signed service agreement, who SIGNED it? (Check all that apply)

[1] ☐ Youth
[2] ☐ Mother
[3] ☐ Father
[4] ☐ Both
[5] ☐ Relative
[7] ☐ Fictive Kin
[8] ☐ Other ________________________________

[SA-03] Date of last signed service agreement __/__/________ (MM/DD/YYYY)

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

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<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>3</td>
<td>Medically Fragile</td>
</tr>
<tr>
<td>4</td>
<td>Mental Health Reasons</td>
</tr>
<tr>
<td>5</td>
<td>No, in Juvenile Justice Facility</td>
</tr>
<tr>
<td>6</td>
<td>Correctional Facility</td>
</tr>
<tr>
<td>7</td>
<td>OTHER:</td>
</tr>
</tbody>
</table>

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

[El-02]__Has LDSS or other agency assessed child for independent living skills? [____] (Use the codes above)


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

_________________________________________________________________________________________________________________
_________________________________________________________________________________________________________________
_________________________________________________________________________________________________________________

Supportive Services

Are appropriate services being offered to:


(If YES, choose the services below)

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>CHILD</th>
<th>FOSTER</th>
<th>BIRTH</th>
</tr>
</thead>
<tbody>
<tr>
<td>[SS-01] _ (1)_Housing</td>
<td>[SS-CHO]</td>
<td>[SS-FHO]</td>
<td>[SS-BHO]</td>
</tr>
<tr>
<td>[SS-02] _ (2)_Medical</td>
<td>[SS-CME]</td>
<td>[SS-FME]</td>
<td>[SS-BME]</td>
</tr>
<tr>
<td>[SS-03] _ (3)_Mental Health</td>
<td>[SS-CMH]</td>
<td>[SS-FMH]</td>
<td>[SS-BMH]</td>
</tr>
<tr>
<td>[SS-04] _ (4)_Educational</td>
<td>[SS-CED]</td>
<td>[SS-FED]</td>
<td>[SS-BED]</td>
</tr>
<tr>
<td>[SS-05] _ (5)_Employment</td>
<td>[SS-CEM]</td>
<td>[SS-FEM]</td>
<td>[SS-BEM]</td>
</tr>
<tr>
<td>[SS-06] _ (6)_Special Needs</td>
<td>[SS-CSN]</td>
<td>[SS-FSN]</td>
<td>[SS-BSN]</td>
</tr>
<tr>
<td>[SS-07] _ (7)_Referral to DDA</td>
<td>[SS-CD]</td>
<td>[SS-FDA]</td>
<td>[SS-BDA]</td>
</tr>
<tr>
<td>[SS-08] _ (8)_Referral to DORS</td>
<td>[SS-CDR]</td>
<td>[SS-FDR]</td>
<td>[SS-BDR]</td>
</tr>
<tr>
<td>[SS-09] _ (9)_Other (Specify)</td>
<td>[SS-COT]</td>
<td>[SS-FOT]</td>
<td>[SS-BOT]</td>
</tr>
<tr>
<td>[SS-10] _ ( )_Substance Abuse</td>
<td>[SS-COO]</td>
<td>[SS-FOO]</td>
<td>[SS-BOO]</td>
</tr>
<tr>
<td>[SS-11] _ ( )_Substance Abuse</td>
<td>[SS-CSA]</td>
<td>[SS-FSA]</td>
<td>[SS-BSA]</td>
</tr>
</tbody>
</table>

[SS-12]__Does the Board recommend that the identified services continue during aftercare? [1] _Yes [2] _No
Supportive Services Comments: (Use back page for more)

____________________________________________________________________________________________________

________________________________________________________________________________________________________

Siblings

[SB-01] Does child have siblings with a permanency plan? [☐] Yes  [☐] No
If Yes How many siblings? ___________

Are siblings being reviewed together? [☐] Yes  [☐] No  (If no explain in comments below)

[SB-02] Sibling Parent Name: ________________________________________________

[SB-03] Sibling Parent ID: ________________________________________________

[SB-04] If siblings do not reside with child, have efforts been made to place siblings together? [☐] Yes  [☐] No
(If no, explain in comments below)

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

[SB-06] Does child have visits with siblings who are not in care? [☐] Yes  [☐] No  [☐] N/A  (If no explain in comments below)

[SB-07] Sibling Comments: (Use back page for more)

____________________________________________________________________________________________________

________________________________________________________________________________________________________
Living Arrangement

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

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

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

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

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Family Homes</strong></td>
<td></td>
</tr>
<tr>
<td>41</td>
<td>Emergency Foster Home Care</td>
<td>50 Alternative Living Units</td>
</tr>
<tr>
<td>42</td>
<td>Formal Kinship Care</td>
<td>51 Emergency Group Shelter Care</td>
</tr>
<tr>
<td>43</td>
<td>Intermediate Foster Care</td>
<td>52 Residential Group Homes</td>
</tr>
<tr>
<td>44</td>
<td>Pre-Finalized Adoptive Home</td>
<td>53 Teen Mother Programs</td>
</tr>
<tr>
<td>45</td>
<td>Refugee Child</td>
<td>54 Therapeutic Group Homes</td>
</tr>
<tr>
<td>46</td>
<td>Regular Foster Care</td>
<td>55 Independent Living Residential Program</td>
</tr>
<tr>
<td>47</td>
<td>Restricted (Relative) Foster Care</td>
<td></td>
</tr>
<tr>
<td>48</td>
<td>Treatment Foster Care</td>
<td><strong>Residential Treatment Centers</strong></td>
</tr>
<tr>
<td>49</td>
<td>Treatment Foster Care (Private)</td>
<td>56 Residential Treatment Centers</td>
</tr>
<tr>
<td></td>
<td><strong>SILA</strong></td>
<td></td>
</tr>
<tr>
<td>57</td>
<td>Relative</td>
<td></td>
</tr>
<tr>
<td>58</td>
<td>Non-Relative</td>
<td></td>
</tr>
<tr>
<td>59</td>
<td>Own Dwelling</td>
<td></td>
</tr>
<tr>
<td>99</td>
<td>OTHER</td>
<td></td>
</tr>
</tbody>
</table>

[PL-02] If OTHER, please specify: __________________________________________

[PL-03] How many placements has child had in the last 12 months?: [ ] None [ ] 1 [ ] 2 [ ] 3 [ ] 4 or more

[PL-04] Is Youth placed in their home jurisdiction? [1] [ ] Yes [2] [ ] No

[PL-05] IF NO above, what is the 2 digit jurisdiction placed in? [ ]

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

[PS-01] Did Family Involvement Meeting (FIM) take place with most recent placement change?
[1] [ ] Yes [2] [ ] No [3] [ ] No Change

[PS-02] For the most recent placement change, indicate the level of care for the new placement.
[1] [ ] No Change in last 12 months
[2] [ ] Less restrictive level of care
[3] [ ] More restrictive level of care
[4] [ ] Same level of care.
[5] [ ] Information not available should be selected if there is not enough information in the case file, or review participants in attendance do not have sufficient information to allow for an answer.
[PS-02] If the most recent placement change occurred for a positive reason, please indicate the primary reason below.

1. [ ] Transition towards Permanency Goal
2. [ ] Placement with Relatives
3. [ ] Placement with Siblings
4. [ ] Other
5. [ ] Not Applicable should be selected if the move did not occur for a positive reason, or the child did not experience a placement move in the past 12 months

[PS-03] If the child’s most recent placement change was primarily related to provider specific issues, please indicate the primary issue below.

1. [ ] Provider home closed
2. [ ] Provider request (due to issues unrelated to the child)
3. [ ] Allegation of Provider Abuse/Neglect
4. [ ] Founded incident of provider abuse/neglect
5. [ ] Other
6. [ ] Not Applicable should be selected if the placement change was not due to a provider specific issue, or the child did not experience a placement move in the past 12 months.
7. [ ] Information not available should be selected if there is not enough information in the case file, or review participants in attendance do not have sufficient information to allow for an answer.

[PS-04] If the child’s most recent placement change was primarily related to the child’s specific issues, please indicate the primary issue below.

1. [ ] Behavioral
2. [ ] Health
3. [ ] Threats of Harm to Self or Others
4. [ ] Sexualized
5. [ ] Delinquent Behavior
6. [ ] Runaway
7. [ ] Hospitalization
8. [ ] Other
9. [ ] Not Applicable should be selected if the reason for the most recent placement change was unrelated to any specific behavior on the part of the child, or the child did not experience a placement move in the past 12 months.
10. [ ] Information not available should be selected if there is not enough information in the case file, or review participants in attendance do not have sufficient information to allow for an answer.

[PS-05] While the child/youth was in the placement from which they were moved, were placement specific services provided adequate to support the foster parent (e.g., transportation, respite care, foster family counseling)?

1. [ ] Yes
2. [ ] No
3. [ ] Not Applicable should be selected if the child did not experience a placement change in the past 12 months, if the placement was from a shelter or temporary placement setting, or the child did not experience a placement move in the past 12 months.
4. [ ] Information not available should be selected if there is not enough information in the case file, or review participants in attendance do not have sufficient information to allow for an answer.

[PS-06] For the current placement, is there information that indicates a match between the child’s needs and the provider’s ability to meet those needs?

1. [ ] Yes
2. [ ] No
3. [ ] N/A should not be used. However, it is included on the instrument in the event a reviewer encounters an odd circumstance in which it would not make sense to select any other option, such as in the case of a child on runaway status.
4. [ ] Information not available should be selected if there is not enough information in the case file, or review participants in attendance do not have sufficient information to allow for an answer.
Board's Placement Recommendations *(Mandatory if the Board **DISAGREES** with the placement plan.)*

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


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

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

_________________________________________________________________________________________________________________
_________________________________________________________________________________________________________________
_________________________________________________________________________________________________________________
_________________________________________________________________________________________________________________

Case Worker Visits

[CW-01] __What is the frequency of caseworker contact/visits between the social worker and the child? Choose from below:

[0] □ Daily
[1] □ Once a week
[2] □ More than once a week
[3] □ Less than once a week, but at least twice a month
[4] □ Less than twice a month, but at least once a month
[5] □ Less than once a month
[6] □ Never
[7] □ Quarterly


Health and Mental Health (ALL AGES)

[HM-00] __Does child/youth have developmental or other special needs? [1] □ _Yes [2] □ _No


[HM-02] __Did child/youth receive a comprehensive health assessment, including mental health and quality services in a timely manner to address their needs? [1] □ _Yes [2] □ _No


[HM-05] __If yes, date of last medication review__/__/_____

[HM-06] __If child/youth has a mental health issue and is transitioning out of care do they have an identified plan to obtain services in the mental health care system? [1] □ _Yes [2] □ _No [3] □ _No Mental Health Issue [4] □ _N/A


Ready By 21 (TRANSITIONING YOUTH)

**Education**

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

**[ED-02]** Does child/youth have a 504 plan or IEP?  

**[ED-03]** If yes, is there a copy in the child’s record?  

**[ED-04]** Does child/youth have concrete plan detailing how they will complete high school/GED/earn certificate program? (Age 15/16)  

**[ED-05]** Does child/youth have concrete plan for postsecondary education/employment/training? Includes FAFSA (Age17)  

**[ED-06]** If child/youth is pursuing Higher education did they apply for FAFSA? (Age17)  

**[ED-07]** Was child/youth referred for an ETV Grant?  

**[ED-08]** Is there a transition plan for child/youth with specific educational goals and financial assistance goals? (Age 17)  

**[ED-09]** Does child/youth have access to postsecondary supportive services?  

**[ED-10]** If child/youth is disabled and exiting school are they aware of and engaged with community supports? (Age 20)  
(If NO above, Enter REASON in Comments below)

**[ED-11]** Does Local Board Agree that child/youth is being appropriately prepared to meet educational goals?  

**[ED-12]** Education Comments

**Employment (14 and older)**

**[EM-01]** Is youth currently participating in paid or unpaid work experience?  

**[EM-02]** Is youth currently participating in paid or unpaid work experience that is relevant to career field of choice?  
(Enter REASON in Comments below)
[EM-03] Has caseworker referred youth to summer or year round training and employment opportunities through MD Rise?  

[EM-04] If youth is 20 years old and employed are they earning a living wage? ($10/hr)  

[EM-05] Does Local Board Agree that youth is being appropriately prepared to meet employment goals?  

[EM-06] Employment Comments  
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Housing

[HT-01] For youth transitioning out of care has housing been specified?  

[HT-02] For youth transitioning was information on alternative housing options provided?  

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

[HT-04] Housing Comments  
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

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

Permanent Connections

[WB-24] Has the LDSS identified anyone as a permanent connection for the child?  

If yes, identify below.

<table>
<thead>
<tr>
<th>Relation</th>
</tr>
</thead>
<tbody>
<tr>
<td>WB-26</td>
</tr>
<tr>
<td>WB-27</td>
</tr>
<tr>
<td>WB-28</td>
</tr>
<tr>
<td>WB-29</td>
</tr>
</tbody>
</table>

[WB-33] Does the board find the identified Permanent Connection appropriate?  

[WB-34] Permanent Connection Comments: (Use back page for more)  
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
COURT

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

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

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

_________________________________________________________________________________________________________________

_________________________________________________________________________________________________________________


(If yes, explain in comments)

[CT-05] Mandates Comments: (Use back page for more)

_________________________________________________________________________________________________________________

_________________________________________________________________________________________________________________

[CT-06] Is there evidence in the child’s case record of follow-up with regards to court orders/mandates?


If yes dates:

[CT-07] __ (date#1) _____/_____/_________ (MM/DD/YYYY)

[CT-08] __ (date#2) _____/_____/_________ (MM/DD/YYYY)

[CT-09] __ (date#3) _____/_____/_________ (MM/DD/YYYY)

[CT-10] __ (date#4) _____/_____/_________ (MM/DD/YYYY)

[CT-11] Court Order Comments: (Use back page for more)

_________________________________________________________________________________________________________________

_________________________________________________________________________________________________________________

RISK INDICATORS


[RI-01] □ [1] A CPS report is under review

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

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

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

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

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

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

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

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


[SA-02] If there are INDICATORS of RISK, has applicable safety assessments and child protection protocols been followed? [1] ☐ Yes [2] ☐ No (if NO check all that apply)

[SA-03] ☐ [1] required CPS report not filed
[SA-04] ☐ [2] child’s case worker has not completed an inventory of who lives in the house
[SA-05] ☐ [3] required visits with child have not occurred
[SA-06] ☐ [4] foster home recon overdue
[SA-07] ☐ [5] placement agency has not filed required quarterly report
[SA-08] ☐ [6] abuse/investigation pending
[SA-09] ☐ [7] neglect Investigation is pending
[SA-10] ☐ [8] required procedures not completed


Board’s Safety Protocol Comments/Recommendations:
Agency Use:


If No why? [Y/N]

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<th>CP-3/SA</th>
<th>CP-3/Appla</th>
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<td>Incorrect Dates and Missing Information</td>
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[AG-06] ___ Does the board wish to Re-REVIEW this case in the 4th QUARTER of the fiscal year? [1] ___ Yes [2] ___ No

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

[AG-08] ___ If REVIEW case outside of the 4th QUARTER, when? (MM/CCYY) __________

What is the Agency's Plan for the Child?

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