

AOC-CFCRB-16 Doc. Code: FRRB
Rev. 6-19
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Commonwealth of Kentucky
Court of Justice www.courts.ky.gov
Case No: J
Court District Circuit Family
Judge:



FINDINGS AND RECOMMENDATIONS
 INTERESTED PARTY REVIEW BOARD
 CASE REVIEW BOARD

Date of Review:
Board:
County:
DCBS #:
FSW:
DCBS Supervisor:
GAL:
CASA:

Attention Judge (check if needed)

DCBS Case Name: _____

IN THE INTEREST OF: _____, a child who has been in Foster Care _____ months.

Removal Reason: Abuse/Neglect Abuse Neglect Dependency Status

DOB	Age	Sex	Race

Mother/Parent I: _____ Father/Parent II: _____

Paternity Established: Yes No Undocumented

Date Entered Foster Care: _____ Date of Next Permanency Review: _____

Permanency Goal: Return to Parent Adoption Permanent Relative Placement
 Planned Permanent Living Arrangement Emancipation Legal Guardianship

If the goal is adoption, date goal changed to adoption: _____

Number of Placements: _____ Current Placement: Kin Foster Home Pre-Adopt Home PCC

Other _____

Concurrent Planning Yes No Undocumented

Is child placed out of state? Yes No If yes, where _____ (Name of state).

Child has moved more than 3 times during the past 6 months: Yes No

Prior Episode in Foster Care: Yes No If yes, last exited _____ If yes, number of prior episodes _____

Has child's court case been transferred? Yes No If yes, where _____

Has child been released? Yes No If yes, list date and to whom _____

FINDINGS:

- Reasonable efforts were made to avoid placement. (First review only) Yes No
- Reasonable efforts have been made by the Cabinet to provide services to make it possible for the child to safely return home. Yes No (Make this finding only if the goal has been return to parent for any part of this review period).
 - Waiver of reasonable efforts:
Mother/Parent I: Yes No Date: _____ Father/Parent II Yes No Date: _____
- Reasonable efforts have been made to place the child in a timely manner and complete the steps necessary to finalize the permanency plan. Yes No (This finding refers to goals other than return to parent).
- Date of last case plan _____.
- The Cabinet is in compliance with the case plan and court orders. Yes No
If no, explain concerns: _____
- The mother/Parent I is in compliance with the case plan and court orders. Yes No Partially N/A
If no, explain concerns: _____
- The father/Parent II is in compliance with the case plan and court orders. Yes No Partially N/A
If no, explain concerns: _____
- Does child have siblings? Yes No If yes, is child placed with siblings? Yes No
If not placed together, why? _____ If child has siblings, do they visit? Yes No Undocumented
- Out of home placement is still necessary. Yes No
- The current placement is the most appropriate and least restrictive. Yes No Undocumented N/A

11. Progress has been made to alleviate the need for placement.

Mother/Parent I Yes No Partially N/A If no, explain _____

Father/Parent II Yes No Partially N/A If no, explain _____

Cabinet Yes No Partially If no, explain _____

12. The current plan is the most appropriate for and in the best interest of the child. Yes No

If no, why? _____

13. The child has been provided independent living skills. Yes No Undocumented N/A

14. The likely date the child will leave out of home care is _____.

Barriers to Permanency (Check as many as apply & explain in the findings):

Substance Use Disorder Chronic Mental Health Issues Domestic Violence Homelessness Incarcerated

Delays in the TPR Process Other Systemic Delay(s) Other: _____

Board's Findings:

Local solutions identified to address barriers (Check as many as apply & explain in recommendations):

Substance use disorder treatment Trauma-centered treatment Other mental health treatment

DV intervention/counseling Family Reunification Services Housing/family support services

Cabinet to seek goal change/ waiver of reasonable efforts Cabinet to complete Presentation Summary

Cabinet to file TPR petition Expedite TPR appeals process Other: _____

Board's Recommendations:

IPR: _____
Print Name: _____

Case Review Board:

Reviewer's Name: _____ Signature _____ Chair Initials _____ Next Review ____ / ____ / ____