

AOC-CFCRB-16 Doc. Code: FRRB
Rev. 9-24
Page 1 of 2
Commonwealth of Kentucky
Court of Justice www.kycourts.gov
Case No: _____
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 ☐ Subsidized Permanent Custody ☐ 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 ____/____/____