

REVIEW OF CHILD/FAMILY CASE PLAN (Secure Residential Placement)

90 Day Review
 180 Day Review
 270 Day Review
 360 Day Review
 Other

Date of Initial Case Plan:	Date of Last Review:	Date of Current Review:

IDENTIFYING INFORMATION

Child's Name:	County:
Child's Date of Birth:	Caseworker PID:

FACILITY INFORMATION

Name of Facility:		Date of Current Placement:
Address:		
City/State/Zip:		Phone #:

CONTINUED NEED FOR PLACEMENT: Explain why this child continues to require placement. Discuss the child's behavior **AND** the family situation.

APPROPRIATENESS OF PLACEMENT: Explain what specific services are being provided to safely meet the child's needs discussed in the previous section.

**MEDICAL/DENTAL DOMAIN
NAMES AND ADDRESSES OF CHILD'S CURRENT HEALTHCARE PROVIDERS**

MEDICAL				DENTAL		
Name:				Name:		
Address:				Address:		
City/State/Zip:				City/State/Zip:		
Phone #:				Phone #:		
Child's current medications (including psychotropic meds):						
Indicate what medications are for:						
List any other important medical information/concerns:						
Goal #1:						
Discussion of progress:						
Measurement of progress	+3 <input type="checkbox"/>	+2 <input type="checkbox"/>	+1 <input type="checkbox"/>	0 <input type="checkbox"/>	-1 <input type="checkbox"/>	-2 <input type="checkbox"/>
Goal #2:						
Discussion of progress:						
Measurement of progress	+3 <input type="checkbox"/>	+2 <input type="checkbox"/>	+1 <input type="checkbox"/>	0 <input type="checkbox"/>	-1 <input type="checkbox"/>	-2 <input type="checkbox"/>
Goal #3:						
Discussion of progress:						
Measurement of progress	+3 <input type="checkbox"/>	+2 <input type="checkbox"/>	+1 <input type="checkbox"/>	0 <input type="checkbox"/>	-1 <input type="checkbox"/>	-2 <input type="checkbox"/>
SAFETY/SECURITY DOMAIN						
Goal #1:						
Discussion of progress:						
Measurement of progress	+3 <input type="checkbox"/>	+2 <input type="checkbox"/>	+1 <input type="checkbox"/>	0 <input type="checkbox"/>	-1 <input type="checkbox"/>	-2 <input type="checkbox"/>
Goal #2:						
Discussion of progress:						
Measurement of progress	+3 <input type="checkbox"/>	+2 <input type="checkbox"/>	+1 <input type="checkbox"/>	0 <input type="checkbox"/>	-1 <input type="checkbox"/>	-2 <input type="checkbox"/>
Goal #3:						
Discussion of progress:						
Measurement of progress	+3 <input type="checkbox"/>	+2 <input type="checkbox"/>	+1 <input type="checkbox"/>	0 <input type="checkbox"/>	-1 <input type="checkbox"/>	-2 <input type="checkbox"/>
RECREATIONAL DOMAIN						
Goal #1:						
Discussion of progress:						
Measurement of progress	+3 <input type="checkbox"/>	+2 <input type="checkbox"/>	+1 <input type="checkbox"/>	0 <input type="checkbox"/>	-1 <input type="checkbox"/>	-2 <input type="checkbox"/>

RECREATIONAL DOMAIN (continued)**Goal #2:**

Discussion of progress:

Measurement of progress	+3 <input type="checkbox"/>	+2 <input type="checkbox"/>	+1 <input type="checkbox"/>	0 <input type="checkbox"/>	-1 <input type="checkbox"/>	-2 <input type="checkbox"/>
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Goal #3:

Discussion of progress:

Measurement of progress	+3 <input type="checkbox"/>	+2 <input type="checkbox"/>	+1 <input type="checkbox"/>	0 <input type="checkbox"/>	-1 <input type="checkbox"/>	-2 <input type="checkbox"/>
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EDUCATIONAL DOMAIN**NAME AND ADDRESS OF CHILD'S CURRENT EDUCATIONAL PROVIDER**

Name:

Phone #:

Address:

City/State/Zip:

Child's current grade level placement:

Goal #1:

Discussion of progress:

Measurement of progress	+3 <input type="checkbox"/>	+2 <input type="checkbox"/>	+1 <input type="checkbox"/>	0 <input type="checkbox"/>	-1 <input type="checkbox"/>	-2 <input type="checkbox"/>
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Goal #2:

Discussion of progress:

Measurement of progress	+3 <input type="checkbox"/>	+2 <input type="checkbox"/>	+1 <input type="checkbox"/>	0 <input type="checkbox"/>	-1 <input type="checkbox"/>	-2 <input type="checkbox"/>
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Goal #3:

Discussion of progress:

Measurement of progress	+3 <input type="checkbox"/>	+2 <input type="checkbox"/>	+1 <input type="checkbox"/>	0 <input type="checkbox"/>	-1 <input type="checkbox"/>	-2 <input type="checkbox"/>
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EMOTIONAL (MENTAL/BEHAVIORAL HEALTH) DOMAIN**Goal #1:**

Discussion of progress:

Measurement of progress	+3 <input type="checkbox"/>	+2 <input type="checkbox"/>	+1 <input type="checkbox"/>	0 <input type="checkbox"/>	-1 <input type="checkbox"/>	-2 <input type="checkbox"/>
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Goal #2:

Discussion of progress:

Measurement of progress	+3 <input type="checkbox"/>	+2 <input type="checkbox"/>	+1 <input type="checkbox"/>	0 <input type="checkbox"/>	-1 <input type="checkbox"/>	-2 <input type="checkbox"/>
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Goal #3:

Discussion of progress:

Measurement of progress	+3 <input type="checkbox"/>	+2 <input type="checkbox"/>	+1 <input type="checkbox"/>	0 <input type="checkbox"/>	-1 <input type="checkbox"/>	-2 <input type="checkbox"/>
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RELATIONSHIP/SOCIALIZATION DOMAIN

Goal #1:

Discussion of progress:

Measurement of progress	+3 <input type="checkbox"/>	+2 <input type="checkbox"/>	+1 <input type="checkbox"/>	0 <input type="checkbox"/>	-1 <input type="checkbox"/>	-2 <input type="checkbox"/>
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Goal #2:

Discussion of progress:

Measurement of progress	+3 <input type="checkbox"/>	+2 <input type="checkbox"/>	+1 <input type="checkbox"/>	0 <input type="checkbox"/>	-1 <input type="checkbox"/>	-2 <input type="checkbox"/>
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Goal #3:

Discussion of progress:

Measurement of progress	+3 <input type="checkbox"/>	+2 <input type="checkbox"/>	+1 <input type="checkbox"/>	0 <input type="checkbox"/>	-1 <input type="checkbox"/>	-2 <input type="checkbox"/>
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PARENT AND CHILD PARTICIPATION DOMAIN

Goal #1:

Discussion of progress:

Measurement of progress	+3 <input type="checkbox"/>	+2 <input type="checkbox"/>	+1 <input type="checkbox"/>	0 <input type="checkbox"/>	-1 <input type="checkbox"/>	-2 <input type="checkbox"/>
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Goal #2:

Discussion of progress:

Measurement of progress	+3 <input type="checkbox"/>	+2 <input type="checkbox"/>	+1 <input type="checkbox"/>	0 <input type="checkbox"/>	-1 <input type="checkbox"/>	-2 <input type="checkbox"/>
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Goal #3:

Discussion of progress:

Measurement of progress	+3 <input type="checkbox"/>	+2 <input type="checkbox"/>	+1 <input type="checkbox"/>	0 <input type="checkbox"/>	-1 <input type="checkbox"/>	-2 <input type="checkbox"/>
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PERMANENCY PLAN: Plan for the safe and permanent placement of the child.

- | | | |
|--|---|-----------------------------------|
| <input type="checkbox"/> return to parent | * <input type="checkbox"/> emancipation/independent living | <input type="checkbox"/> adoption |
| <input type="checkbox"/> place with relative | * <input type="checkbox"/> other permanent living arrangement | |

**If emancipation/independent living or other permanent living arrangement is the permanency plan, explain why this is in the best interest of the child.*

PROJECTED PERMANENCY DATE: _____

SECONDARY DOMAINS

**The following domains are used for consideration when developing the child's case plan to address more specific needs that the child and/or the family may have.*

PREPARATION FOR ADULT LIVING/VOCATIONAL DOMAIN <small>(if child is or will be 16 before next review)</small>						
Goal #1:						
Discussion of progress:						
Measurement of progress	+3 <input type="checkbox"/>	+2 <input type="checkbox"/>	+1 <input type="checkbox"/>	0 <input type="checkbox"/>	-1 <input type="checkbox"/>	-2 <input type="checkbox"/>
Goal #2:						
Discussion of progress:						
Measurement of progress	+3 <input type="checkbox"/>	+2 <input type="checkbox"/>	+1 <input type="checkbox"/>	0 <input type="checkbox"/>	-1 <input type="checkbox"/>	-2 <input type="checkbox"/>
Goal #3:						
Discussion of progress:						
Measurement of progress	+3 <input type="checkbox"/>	+2 <input type="checkbox"/>	+1 <input type="checkbox"/>	0 <input type="checkbox"/>	-1 <input type="checkbox"/>	-2 <input type="checkbox"/>
FAMILY SERVICES DOMAIN						
Goal #1:						
Discussion of progress:						
Measurement of progress	+3 <input type="checkbox"/>	+2 <input type="checkbox"/>	+1 <input type="checkbox"/>	0 <input type="checkbox"/>	-1 <input type="checkbox"/>	-2 <input type="checkbox"/>
Goal #2:						
Discussion of progress:						
Measurement of progress	+3 <input type="checkbox"/>	+2 <input type="checkbox"/>	+1 <input type="checkbox"/>	0 <input type="checkbox"/>	-1 <input type="checkbox"/>	-2 <input type="checkbox"/>
Goal #3:						
Discussion of progress:						
Measurement of progress	+3 <input type="checkbox"/>	+2 <input type="checkbox"/>	+1 <input type="checkbox"/>	0 <input type="checkbox"/>	-1 <input type="checkbox"/>	-2 <input type="checkbox"/>
SUPPORT SERVICES PROVIDED TO FACILITY DESIGNEE						
Goal #1:						
Discussion of progress:						
Measurement of progress	+3 <input type="checkbox"/>	+2 <input type="checkbox"/>	+1 <input type="checkbox"/>	0 <input type="checkbox"/>	-1 <input type="checkbox"/>	-2 <input type="checkbox"/>
Goal #2:						
Discussion of progress:						
Measurement of progress	+3 <input type="checkbox"/>	+2 <input type="checkbox"/>	+1 <input type="checkbox"/>	0 <input type="checkbox"/>	-1 <input type="checkbox"/>	-2 <input type="checkbox"/>
Goal #3:						
Discussion of progress:						
Measurement of progress	+3 <input type="checkbox"/>	+2 <input type="checkbox"/>	+1 <input type="checkbox"/>	0 <input type="checkbox"/>	-1 <input type="checkbox"/>	-2 <input type="checkbox"/>

LIST ANY NEW NEEDS* THAT MAY HAVE BEEN IDENTIFIED SINCE THE LAST PLAN/REVIEW AND THE INTERVENTIONS TO ADDRESS THOSE NEEDS

Goal / Need	Intervention	Person(s) Responsible	Time Frame
1.			
2.			
3.			
4.			
5.			
6.			

*NOTE: New needs/goals listed here are to be moved to the appropriate domain at the next review.

PLAN OF CONTACT

A. Did the JPO maintain contact with the child, family, and facility designee on a monthly basis? Yes No

If no, explain why:

B. Did the family comply with their plan of contact with the child? Yes No

If no, explain why:

C. The current plan of contact between the child and parent is as follows (*document frequency AND method*):

SIGNATURES (*The signature of the facility designee indicates a completed case plan review*)

BY SIGNING THIS DOCUMENT, IT IS AN ACKNOWLEDGEMENT OF THE OPPORTUNITY TO PARTICIPATE IN THE DEVELOPMENT OF THIS CASE PLAN.

CHILD:	DATE:
FAMILY:	DATE:
JPO:	DATE:
FACILITY DESIGNEE:	DATE:

DATE DISTRIBUTED

(A copy of the completed case plan review shall be distributed to all who participated in its development by the facility designee)

CHILD	FAMILY	JPO

If any party has not, or refuses to sign, explain: