

Child Placement Review Board at 45 Day Review Checklist

Child's Name: _____

Docket Number: FC- _____

The 45 Day Review Board Recommendation to the Judge form must be used for all 45 Day reviews, for voluntary placements and litigated cases.

The Division of Child Protection and Permanency (the division) will be required to provide the court with the Department of Children and Families (DCF) Form 26-81a at least 10 days before the 45 Day review.

Information to be provided to all participants

Guides and Brochures

The Child Placement Review (CPR) board must provide the following guides, brochures and informational materials to parents and resource families who appear at the 45 Day Review:

- What You Need to Know about the Division Court Process: A Guide for Resource Parents (English Only)
- Child Abuse and Neglect Handbook: A Guide for Parents Involved in Division Child Abuse and Neglect Cases (English and Spanish)
- Parents' Handbook (Division)
- A Guide for Parents: When Your Child is in Foster Care (Division)
- Parent Calendar (if available and the court has not provided it)

Adoption and Safe Families Act

The CPR board must explain the key points of the Adoption and Safe Families Act of 1997 (ASFA) to parents and resource families who appear at the 45 Day Review. These points include the child's safety, the child's need for permanency, and strict timeframes to achieve permanency.

ASFA is a federal law that is intended to assist child welfare agencies to balance family preservation and reunification with the child's health, safety and need for permanency.

Safety -- ASFA requires that a child's safety be the paramount concern when a child is placed outside of his or her home. The Division will develop a permanent plan for a child that could be family reunification, adoption or some other permanent alternative placement.

Permanency -- ASFA requires the court to conduct a permanency hearing to consider whether the division's permanency plan is appropriate. The permanency plan addresses the child's need for permanency through:

- return to the home, if the child can be returned home without endangering the child's health or safety;
- adoption, if family reunification is not possible; or
- an alternative placement plan, if termination of parental rights is not appropriate.

Child Placement Review Board at 45 Day Review Checklist

Child's Name:

Docket Number: FC-

Any court hearing may serve as a permanency hearing to provide judicial review and approval of a permanency plan for a child if the requirements for a permanency hearing are met.

Timeframes -- The permanency hearing must be held when the division is not required to make reasonable efforts to reunify a child with his or her parents or no later than when a child has been in out-of-home placement for 365 days.

ASFA requires the division to seek termination of parental rights when grounds are established, but no later than when a child has been in placement for 15 out of the most recent 22 months, unless one of the following exceptions is met: (1) the child is being cared for by a relative; (2) the division has documented a compelling reason why termination of parental rights would not be in the child's best interests; or (3) the division has not provided to the child's family the services necessary for the child's safe return home.

These timeframes give parents a limited amount of time to get their children back. It is important for parents to cooperate with court orders so that their children can be returned as quickly as possible. It is also important for the division to act quickly to provide families with the services they need after a child goes into foster care.

General Instructions regarding this checklist

The following must be documented in the Board Recommendation section of the Board Recommendation to the Judge form:

- Any missing information
- The division's comments regarding missing information
- Generally, unless otherwise indicated in the checklist, if "No" is checked, the CPR board must advise the court that further action may be necessary.

Child Placement Review Board at 45 Day Review Checklist

Child's Name: _____

Docket Number: FC- _____

- Informational materials provided to participants
- Adoption and Safe Families Act explained to participants

I. Parents/Caregiver information

A. Mother/caregiver information

		Check box if missing
1. Name		<input type="checkbox"/>
Other names or aliases		<input type="checkbox"/>
2. Marital History		<input type="checkbox"/>
3. Race		<input type="checkbox"/>
4. Ethnicity		<input type="checkbox"/>
5. Address		<input type="checkbox"/>
6. Mailing address		<input type="checkbox"/>
7. Place of employment (include address and telephone)		<input type="checkbox"/>
8. Date of birth		<input type="checkbox"/>
9. Social Security Number		<input type="checkbox"/>
10. Physical description		<input type="checkbox"/>
Eye color		
Hair color		
Tattoos		
11. The division's efforts on search for mother/caregiver		<input type="checkbox"/>
12. Last contact mother/caregiver had with child		<input type="checkbox"/>
13. Incarcerated?	<input type="checkbox"/> Yes -- Location: _____	1 <input type="radio"/> No

B. Father/caregiver information

	Complete this section for the father, including any and all potential fathers	Check box if missing
1. Name		<input type="checkbox"/>
Other names or aliases		<input type="checkbox"/>
2. Marital History		<input type="checkbox"/>
3. Race		<input type="checkbox"/>
4. Ethnicity		<input type="checkbox"/>
5. Address		<input type="checkbox"/>

¹ Checking "No" requires no action.

Child Placement Review Board at 45 Day Review Checklist

Child's Name: _____

Docket Number: FC- _____

	Complete this section for the father, including any and all potential fathers	Check box if missing
6. Mailing address		<input type="checkbox"/>
7. Place of employment (include address and telephone)		<input type="checkbox"/>
8. Date of birth		<input type="checkbox"/>
9. Social Security Number		<input type="checkbox"/>
10. Physical description		<input type="checkbox"/>
Eye color		
Hair color		
Tattoos		
11. The division's efforts on search for father/caregiver		<input type="checkbox"/>
12. Last contact father/caregiver had with child		<input type="checkbox"/>
13. Incarcerated?	<input type="checkbox"/> Yes -- Location: _____	<input type="radio"/> No

II. Visitation with parents/caregiver

A. Visitation is occurring between the child and parents/caregivers	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B. The division has provided transportation to the parent/caregiver, if necessary	<input type="checkbox"/> Yes	<input type="checkbox"/> No

III.A. Maternal relatives and friends information

Name	Address	Phone	Relationship to child	The division has assessed this person as possible permanent placement
1.				<input type="checkbox"/> Yes <input type="checkbox"/> No
2.				<input type="checkbox"/> Yes <input type="checkbox"/> No
3.				<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> No relatives or friends have been identified.				

III.B. Paternal relatives and friends information

Name	Address	Phone	Relationship to child	The division has assessed this person as possible permanent placement
1.				<input type="checkbox"/> Yes <input type="checkbox"/> No

Child Placement Review Board at 45 Day Review Checklist

Child's Name: _____

Docket Number: FC- _____

Name	Address	Phone	Relationship to child	The division has assessed this person as possible permanent placement
2.				<input type="checkbox"/> Yes <input type="checkbox"/> No
3.				<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> No relatives or friends have been identified.				

IV. Paternity

1. Paternity has been established	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. A certificate of parentage has been provided, if necessary	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. A judgment of paternity has been entered, if necessary	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. A paternity test is necessary	<input type="checkbox"/> Yes	<input type="checkbox"/> No

V. Child information

A. Child's general information

1. The division has the child's birth certificate If no, enter child's date of birth: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. The division has the child's social security card	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. The division has the child's Medicaid card	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. a. The child has siblings If yes, complete the remainder of this section. If no, skip to the "Child's health information" section.	<input type="checkbox"/> Yes	<input checked="" type="radio"/> No
b. The child has <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> more than 4 sibling(s) _____		
c. The siblings are in placement	<input type="checkbox"/> Yes	<input checked="" type="radio"/> No
d. The siblings have been placed together	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. The siblings are visiting each other	<input type="checkbox"/> Yes	<input type="checkbox"/> No

B. Child's health information

1. The division scheduled the comprehensive medical examination or the comprehensive health evaluation for children (CHEC) If scheduled, date of the exam: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. The division scheduled the Early Intervention Program (EIP) assessment (for children ages zero to three) If scheduled, date of the assessment: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

C. Additional child health information

1. The division has provided a completed Child's Health and Medical Examination Record form (DCF Form 11-2a)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. The division has provided a copy of the child's immunization record (required to be attached to the Child's Health and Medical Examination Record form (DCF Form 11-2a))	<input type="checkbox"/> Yes	<input type="checkbox"/> No

² If no, skip to the "Child's health information" section.

Child Placement Review Board at 45 Day Review Checklist

Child's Name: _____

Docket Number: FC- _____

3. The child has received all required immunizations	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. The division has identified all of the child's health care providers, past and present (names and addresses of providers)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. The division has provided the date that the child was last seen by a physician	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. The child requires a sleep apnea monitor and it has been provided	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. The child has the following medical conditions:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Medically fragile	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Allergies -- If so, list: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Asthma	<input type="checkbox"/> Yes	<input type="checkbox"/> No

D. Child's dental information

1. The division scheduled a dental exam If scheduled, date of the exam: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
--	------------------------------	-----------------------------

E. Child's mental health information

1. The division scheduled a mental health assessment If scheduled, date of the assessment: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
---	------------------------------	-----------------------------

F. Child's education information

1. The division has provided a completed Child's Education Record form (DCF Form 5-16)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
---	------------------------------	-----------------------------

G. Independent Living information

For children 14 years of age or older, Independent Living may be the child's permanency plan. Complete this section if the child is 14 years of age or older.

1. a. The division has completed an Independent Living Skills Assessment on the child (assessment to be provided)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. If an Independent Living Skills assessment has been completed, what follow up actions have been identified? c. What services have been provided? d. What services are needed but not provided? e. What other services have the participants identified for the child that the division has not identified? <div style="text-align: right;">(Information missing <input type="checkbox"/>)</div>		
2. For children age 16 or older, the division has provided in the case plan a written description of the programs and services that will help the child prepare for the transition from foster care to independent living	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Child Placement Review Board at 45 Day Review Checklist

Child's Name: _____

Docket Number: FC- _____

VI. Repeated placement (N.J.S.A. 30:4C-53.3)

If this is a repeat placement, the division must provide the following information.

Check the appropriate box to indicate whether this information is present.

A. This is a repeated placement If yes, complete the remainder of this section. If no, you are done with this checklist.	<input type="checkbox"/> Yes	³ <input checked="" type="checkbox"/> No
B. The division submitted a repeat placement plan within 30 days after the child's repeated placement	<input type="checkbox"/> Yes	<input type="checkbox"/> No
C. The division provided previous placement dates and return home dates	<input type="checkbox"/> Yes	<input type="checkbox"/> No

³ Checking "No" requires no action. Skip the remainder of the repeated placement questions.