

AOC-CFCRB-16 Doc. Code: FRRB  
Rev. 7-15  
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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 or  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

Reason for most recent placement change: \_\_\_\_\_ 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

