Court Case # _____ Judicial District # ____
Case Open Date ____/____/_____
Initial Review ____ Re-Review ____ Case Review Period Start Date ___/___/_____
*mm dd yyyy*

**Administrative Review Division**

# Administrative Review Instrument
# July 2010

**Identifying Information:**

**Child/Youth:**_____ **Date of the Review** ___/___/_____
Last First MI *mm dd yyyy*

**Case I.D.#** _____ **Client I.D. #** _____

**Date of Birth** ___/___/_____ **County #/Name** _____/_____
*mm dd yyyy*

**Caseworker Name** _____

**Reviewer I.D.#/Name** _____/_____

***Depending on the answers to the bolded questions, a sanction or fiscal recovery may result. CRS 26-1-122 3)(b)***
***If no to any question, address in written findings or comments.***

| # | Requirements | Questions | Answers | | Location |
|---|---|---|---|---|---|
| **COURT** | | | | | |
| **1**<br>**D** | CRS 19-1-103 (5)<br>CRS 19-1-115 (4)<br>(c) CRS 19-3-702<br>(6) (a) & (8) (a)<br>7.304.65 F | Is this a court ordered review? | Yes | No | Court Orders |
| **2**<br>**C** | CRS 19-1-115 (6)<br>(a) & (b),<br>CRS 19-1-115 (6.7)<br>CRS 19-2-508<br>(3)(a)(VII) (A) & (B)<br>CRS 19-2-906.5<br>(1)(a)(b)<br>CRS 19-3-401 (1.5),<br>CRS 19-3-502 (2.5)<br>422, 4, C<br>7.001.41 B 2 & 3<br>7.304.53 B 3<br>45CFR Part<br>1356.21(d) 2 | (Initial Review Only)<br>Is there a <u>signed</u> **removal order** that contains best interest or welfare of the child language, <u>and</u> determines if reasonable efforts were made or an emergency justified lack of reasonable efforts,<br><u>and</u> does not contain "nunc pro tunc" language?<br><br>(Check all that apply) | Yes<br>No best interest<br>No, dual reasonable efforts<br>No reasonable efforts/emergency<br>No signed removal order<br>No, contains "nunc pro tunc"<br>NA | | Court Orders<br>Hard file |
| **3**<br>**C** | CRS 19-1-115 (6.7)<br>CRS 19-2-906.5<br>(3)(a)(III)<br>CRS 19-3-702<br>3.5(b)<br>7.001.41 J. 1(b)<br>45CFR Part<br>1356.21(d) 2<br>Item 27 | (Re-Review Only)<br>If a child has been in care for 12 months or longer, is there a court order in the case file that was signed and dated within the last 12 months that contains reasonable efforts to achieve permanency language, and does not contain "nunc pro tunc" language? | Yes<br>No reasonable efforts<br>No signed court order<br>No, contains "nunc pro tunc" language<br>NA | | Court Orders<br>Hard file |

| # | Requirements | Questions | Answers | | | Location |
|---|---|---|---|---|---|---|
| **COURT** | | | | | | |
| **4**<br><br>**C** | 7.001.41 J 1(a)<br>7.304.51 | **Has the county had authority for placement within the review period?**<br><br>**(A Fiscal Sanction may result if the answer is "No.")** | Yes | | No | Court Order<br>Hard file |
| **5**<br><br>**C** | ICWA, 25 USC sec 1912<br>CRS 19-1-126 (2)<br>CRS 19-3-602 (1) & (1.5)<br>7.304.53 B<br>7.309<br>7.309.1<br>7.309.2<br>7.309.21 A, B<br>7.309.31 – 34<br>7.309.4<br>7.309.5<br>7.309.6<br>7.309.7<br>7.309.8<br>7.309.81-84<br>Item 14 | Were these ICWA requirements met?<br><br>(Check all that apply) | Yes<br>No notification sent to all identified tribes/BIA<br>No court order determination if ICWA does NOT apply<br>No, ICWA order of preference for placement not met<br>No, other<br>No "active efforts" findings<br>No, "beyond reasonable doubt" language<br>No, tribe not notified of hearings<br>No doc. of inquiry of Native American Heritage<br>No, new info obtained during the face to face portion of the review<br>No response from tribe/BIA<br>NA | | | Face to Face<br>Trails<br>FSP<br>TDM<br>Hard file<br>Court |
| **IV-E** | | | | | | |
| **6**<br><br>**C** | 7.001.41 A-H<br>IV-E | (Initial Review Only)<br>**Has IV-E Eligibility been determined *within 45 days of removal*?**<br><br>**(A Fiscal Sanction may result if the answer is "No.")** | Yes | No | NA | Hard file<br>Trails |
| **7**<br><br>**C** | 7.001.41 H2, J<br>IV-E | (Re Review Only)<br>Has a timely IV-E redetermination been completed during the review period? | Yes | No | NA | Hard file<br>Trails |

| # | Requirements | Questions | Answers | | | Location |
|---|---|---|---|---|---|---|
| **DUE PROCESS** | | | | | | |
| **8**<br><br>**C** | CRS 19-3-502(7)<br>CRS 19-3-507(5)<br>(b) & (c)<br>7.304.65 E, F &G<br>Items 26 & 29<br>422<br>475 5 G | Were all required parties invited to the review and given at least two-weeks' notice?<br><br>(Check all that apply) | Yes<br>No, child over 12<br>No, mother/guardian<br>No, father/guardian<br>No, OOH provider<br>No, caseworker<br>NO, GAL<br>No, Attorneys of record (court ordered)<br>No, Tribe/BIA (If ICWA applies)<br>No, not timely | | | Trails |
| **SAFETY** | | | | | | |
| **9**<br><br>**C** | CRS 19-3-307<br>7.200.6<br>7.200.61 | If there were new allegations of abuse or neglect identified during the review period, were they entered as a referral into Trails? | Yes | No | NA | Trails |
| **10**<br><br>**C** | CRS 19-1-103<br>CRS 19-3-308 (1)<br>(a)<br>7.202.F &H | If a new referral was entered into Trails, was the referral acceptance decision appropriate based on the documentation of the allegations? | Yes<br>No, met threshold<br>No, did NOT meet threshold<br>NA | | | Trails |
| **11**<br><br>**C** | CRS 19-3-308<br>(1)(a)&(3)(a)<br>7.200.6 & 7.200.61<br>7.202.4 I & J 1-3<br>7.202.52 A & E 1<br>Item 1 | If a new referral was assigned for investigation, was the child seen/interviewed within the assigned response time? | Yes<br>No, this county<br>No, other county<br>NA | | | Trails |
| **12**<br><br>**C** | 7.200.6<br>7.200.61<br>7.202.52 A-L<br>Item 4 | If a new safety concern was identified regarding this child/youth, were the safety needs of the child/youth adequately addressed during the review period?<br><br>(Check all "No" responses that apply) | Yes<br>No court intervention<br>No assessment/ investigation<br>No change in treatment plan<br>No referral to law enforcement<br>No, other<br>No Safety Plan<br>No placement change<br>No respite care<br>No crisis intervention (MH/hospital/ detention, etc.)<br>No, not addressed<br>NA | | | Referral Intake Form Family Assessment Summary, Trails, Summary of Investigations, Court Reports, Face to Face |

| # | Requirements | Questions | Answers | Location |
|---|---|---|---|---|
| **CASE PLANNING/SERVICES** | | | | |
| **13**<br>**C** | 7.301.22<br>Item 18 | Was the out-of-home provider engaged in case planning, during the review period?<br><br>(Check all responses that apply) | Yes<br>No<br>No, efforts made but refused<br>NA | Trails<br>TDM's<br>FGC<br>Face to Face |
| **14**<br>**D** | 7.301.22<br>Item 18 | How was the out-of-home provider engaged in case planning during the review period?<br><br>(Check all responses that apply) | Formalized family meeting<br>Signature<br>Regular staffings<br>FF Contacts<br>Telephone Contacts<br>Email contacts<br>Other<br>NA | Trails<br>TDM's<br>FGC<br>Face to Face |
| **15**<br>**C** | CRS 19-3-209<br>7.301.22<br>Item 18<br>Item 25 | Was the child/youth engaged in case planning, during the review period? | Yes<br>No<br>No, efforts made but refused<br>NA | Trails<br>TDM's<br>FGC<br>Face to Face |
| **16**<br>**D** | CRS 19-3-209<br>7.301.22<br>Item 18<br>Item 25 | How was the child/youth engaged in case planning during the review period?<br><br>(Check all responses that apply) | Formalized family meeting<br>Signature<br>Regular staffings<br>FF contacts<br>Telephone contacts<br>Email contact<br>Other<br>NA | Trails<br>TDM's<br>FGC<br>Face to Face |
| **17**<br>**C** | CRS 19-3-209<br>7.200.1 F<br>7.301.22<br>Item 18<br>Item 25 | Was the mother/guardian/kin engaged in case planning, during the review period? | Yes<br>No<br>No, efforts made but refused<br>NA | Trails<br>TDM's<br>FGC<br>Face to Face |
| **18**<br>**D** | CRS 19-3-209<br>7.200.1 F<br>7.301.22<br>Item 18<br>Item 25 | How was the mother/guardian/kin engaged in case planning during the review period?<br><br>(Check all responses that apply) | Formalized family meeting<br>Signature<br>Regular staffings<br>Telephone contacts<br>Email contact<br>FF Contacts<br>Other<br>NA | Trails<br>TDM's<br>FGC<br>Face to Face |
| **19**<br>**C** | CRS 19-3-209<br>7.200.1 F<br>7.301.22<br>Item 18<br>Item 25 | Was the father/guardian/kin engaged in case planning, during the review period? | Yes<br>No<br>No, efforts made but refused<br>NA | Trails<br>TDM's<br>FGC<br>Face to Face |

| # | Requirements | Questions | Answers | Location |
|---|---|---|---|---|
| **CASE PLANNING/SERVICES** | | | | |
| **20**<br><br>**D** | CRS 19-3-209<br>7.200.1 F<br>7.301.22<br>Item 18<br>Item 25 | How was the father/guardian/kin being engaged in case planning during the review period?<br><br>(Check all responses that apply) | Formalized family meeting<br>Signature<br>Regular staffings<br>Telephone contacts<br>Email contact<br>FF Contacts<br>Other<br>NA | Trails<br>TDM's<br>FGC<br>Face to Face |
| **21**<br><br>**C** | 7.301.23 A-C<br>7.301.1 B-I<br>Item 17 | Does the Family Services Plan treatment plan document services that are directed at the areas of need identified through assessment? | Yes<br>No<br>No treatment plan developed<br>No, all task time frames expired<br>NA | Trails |
| **22**<br><br>**C** | 7.301.2<br>7.301.22<br>Item 18 | Were all required parties addressed in the treatment plan?<br><br>(Check all "No" responses that apply) | Yes<br>No, mother/guardian<br>No, father/guardian<br>No, child/youth<br>No, out of home provider<br>No, county<br>No, all task time frames expired<br>No, some task time frames expired<br>No treatment plan developed<br>No, other<br>NA | Trails |
| **23**<br><br>**C** | 7.301.23 A-C<br>7.301.1 B-I | Does the Family Services Plan treatment plan include objectives and action steps that document clear expectations in order to achieve the permanency goal?<br><br>(Check all "No" responses that apply) | Yes<br>No, specific<br>No, measurable<br>No, realistic<br>No, time-limited<br>No treatment plan developed<br>No, all task time frames expired<br>NA | Trails |

| # | Requirements | Questions | Answers | | | Location |
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| **CASE PLANNING/SERVICES** | | | | | | |
| **24**<br><br>**C** | 7.304.52 E<br>7.301.3 E | Does the most recent 90-day review/Court report in Trails meet Volume 7 requirements?<br><br>(Check all "No" responses that apply) | Yes<br>No current 90-day review<br>No diligent search<br>No, child/youth services appropriateness<br>No, parent(s)/guardian(s) services appropriateness<br>No, child/youth's safety<br>No, parent services and progress<br>No, child/youth services and progress<br>No, caregiver/kin provider services and progress<br>No, barriers to progress<br>No, permanency goal date<br>No, task timeframes<br>No, need for additional or different services and how they will be provided<br>No, permanency goal<br>No, timely provision of services<br>No approval<br>NA | | | Trails |
| **25**<br><br>**C** | 7.304.52 | (Initial Review Only)<br>Was a diligent search completed per Volume 7?<br><br>(Check all "No" responses that apply) | Yes<br>No<br>Not initiated in 3 days<br>Not completed for grandparent<br>Not completed for adult relatives<br>NA | | | FSP<br>5A<br>Trails<br>Relative Affidavit Form<br>Correspondence |
| **26**<br><br>**C** | 7.301.24 E<br>Item 11 & 16<br>475 (5) (A) | Is the child/youth placed within close proximity to his/her parents or other potential permanent caregiver's home? | Yes | No | NA | FSP |
| **27**<br><br>**C** | 7.301.24 E<br>Item 16 | If a child/youth is not placed in close proximity to his/her parents or other potential permanent caregiver's home, were reasonable efforts made to support or facilitate face-to-face contact with the parents or potential permanent caregivers? | Yes | No | NA | Trails<br>Face to Face<br>5A |

| # | Requirements | Questions | Answers | | | Location |
|---|---|---|---|---|---|---|
| **CASE PLANNING/SERVICES** | | | | | | |
| **28**<br><br>**C** | 7.301.1 B 3 i<br>7.301.23 C<br>7.301.24 D,F<br>Item 14 | Is the department making concerted efforts to maintain the child/youth's connections during the review period? | Yes | No | NA | File Read/Trails<br>Face to Face |
| **29**<br><br>**C** | CRS 19-3-213(1)(c)(I)<br>CRS 19-3-402 (2)(b)<br>CRS 19-3-403 (3.6)(a) (IV) & (V)& (b)<br>(CRS 19-3-500.2(1)(c)<br>7.301.23<br>7.301.24 F<br>7.309.5 A<br>7.309.6 A, B<br>7.407 A 2<br>7.304.61 C<br>ICWA<br>Items 4, 12, 14, 15, 17, 26<br>475 (5) | At the time of the review, is the child/youth placed in the most appropriate setting to meet his/her individual needs?<br><br>(Check all "No" responses that apply) | Yes<br>**No appropriate level of care (a sanction may result)**<br>No, child/youth's needs not addressed<br>No, relatives not considered<br>No, sibling placement issues<br>No, cultural<br>No, unable to determine where child is placed (requires a comment to county administration)<br>No, other<br>NA | | | Face to Face<br>FSP<br>Part 4B, 4C<br>5A<br>Court Records<br>File Read/Trails |
| **30**<br><br>**C** | CRS 19-1-115.5(2)(b)(1)<br>7.301.24D<br>475 (1)(A)<br>Item 25 | Does the FSP 4 B/C contain a comprehensive description of the type and appropriateness of the homes or facilities in which the child/youth was placed during the review period? | Yes | No | NA | Trails Only |
| **31**<br><br>**C** | 7.203.52 A & B<br>7.301.21 C<br>7.301.23 A-C<br>7.301.24 K<br>7.203.52 A &B<br>7.305.1<br>7.305.2 A-C<br>Items 10 & 25<br>475 (1)(D)<br>AL CW 09-40-I<br>AL CW 05-21-P | For all youth over age 16 years and 60 days, is there a comprehensive ILP that addresses all needs identified from a state-approved assessment?<br><br>(Check all "No" responses that apply) | Yes<br>No plan<br>No, not timely<br>No, not updated<br>Not developed with youth<br>No state approved assessment used<br>No, all identified needs not addressed<br>No description or plan of services<br>Not all ILP tabs completed<br>No self-sufficiency budget<br>NA | | | Trails<br>Face to Face<br>Hard Copy – Assessments of ILP |

| # | Requirements | Questions | Answers | Location |
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| **CASE PLANNING/SERVICES** | | | | |
| **32**<br><br>**D** | 7.203.52 A & B<br>7.301.21 C<br>7.301.24 K<br>7.305.1<br>7.305.3 A-C<br>Items 10 & 25<br>475 (1)(D)<br>AL CW 09-40-I<br>AL CW 05-21-P | How was the ILP developed during the review period?<br><br>(Check all that apply) | Interview with youth<br>Interview with related caregivers/providers<br>Ansell Casey Assessment<br>Chafee Assessment Instrument<br>CANS<br>Other<br>Unable to determine<br>NA | Trails 4D<br>Face to Face |
| **33**<br><br>**C** | 7.203.52 A & B<br>7.301.21 C<br>7.301.23 A-C<br>7.301.24 K<br>7.305.1<br>7.305.3 A-C<br>Items 10 & 25<br>475 (1)(D)<br>AL CW 09-40-I<br>AL CW 05-21-P | For all youth over age 16 years and 60 days, is the youth receiving services to address all the needs identified in the comprehensive assessment and the FSP 4D?<br><br>(Check all that apply) | Yes<br>No, youth refused services<br>No, lack of resources<br>No, provider issues<br>No referral for Chafee services<br>No re-assessment of needs<br>No, cost<br>No, wait list<br>No<br>NA | Trails 4D<br>Face to Face |
| **34**<br><br>**D** | 7.203.52 A & B<br>7.301.21 C<br>7.301.24 K<br>7.305.1<br>7.305.3 A-C<br>Items 10 & 25<br>475 (1)(D)<br>AL CW 09-40-I<br>AL CW 05-21-P | If the youth, aged 16 and 60 days, is not receiving all needed independent living services/resources, which are missing?<br><br>(Check all that apply) | Assessments<br>Employment<br>Education<br>Budget/Savings<br>Health<br>Housing<br>Vocational services<br>Transportation<br>Community resources<br>Other<br>NA | Hard Copy<br>ROC notes<br>Trails |
| **35**<br><br>**C** | 7.000.5 M<br>7.305.2 E<br>AL CW 09-40-I<br>AL CW 05-21-P<br>P.L. 110-351<br>475 (5) (H) | Is there a comprehensive, youth-driven Emancipation Transition Plan (ETP) developed 90 business days before the youth's projected permanency date?<br><br>(Check all "No" responses that apply. However, use only "No plan" if there is no ETP plan) | Yes<br>No plan<br>No, not youth-driven<br>No, not all tabs completed<br>NA | Trails<br>Face to Face |

| # | Requirements | Questions | Answers | Location |
|---|---|---|---|---|
| **CASE PLANNING/SERVICES** | | | | |
| **36**<br><br>**C** | C.R.S. 26-5-101(o1)(II)<br>7.000.5 M<br>7.305.2 E<br>7.305.5 A-C<br>AL CW 09-40-I<br>AL CW 05-21-P | Per Volume 7, have all vital documents been obtained for youth with an OPPLA goal 90 business days before their projected permanency date?<br><br>(Check all "No" responses that apply) | Yes<br>No Birth Certificate<br>No Social Security card<br>No State ID/driver's license<br>No Health Passport/medical records<br>No educational records<br>No, other<br>NA | Hard Copy<br>Trails<br>Face to Face |
| **EDUCATION** | | | | |
| **37**<br><br>**C** | 7.301.24 G<br>7.301.242<br>7.708.51 D 2<br>Item 21<br>475 1 C | Is the child/youth's education/school record in the case file?<br><br>(Check all "No" responses that apply) | Yes<br>No name of current school<br>No address of current school<br>No current IEP<br>No credit count<br>No current grade reports<br>No GED/Diploma<br>NA | FSP<br>Provider Report<br>Progress Reports<br>ROC Notes<br>Hard file/Trails<br>School Record |
| **38**<br><br>**D** | | For children aged 3-5: Is the child enrolled in Head Start or another early childhood education program? | Yes, enrolled<br>Yes, assessed only<br>No<br>Information not available<br>NA | Hard file<br>Face to Face |
| **39**<br><br>**D** | | For youth aged 16 or older: Is the youth on track to graduate and/or complete high school? | Yes<br>GED<br>Graduated<br>GED earned<br>No, graduate<br>No GED<br>Information not available<br>NA | Hard file<br>Face to Face |

| # | Requirements | Questions | Answers | | | Location |
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| **EDUCATION** | | | | | | |
| **40**<br><br>**C** | CRS 19-3-213-(III)(d)7.301.24 G<br>7.301.241<br>7.301.242<br>AL CW 09-02-I<br>P.L. 110-351<br>475 (1) (C)<br>Item 21 | Was educational stability provided for the child during the review period?<br><br>(Check all "No" responses that apply) | Yes<br>No, initial placement required change in school<br>No, changed schools during review period<br>No, required 504 or IEP special education services were not provided<br>No, delays in record transfer<br>No, delays in enrollment<br>No, appropriateness of educational setting not assessed by CW agency<br>No, CW agency did not advocate<br>No, school district refused to provide the appropriate services<br>No, other<br>NA | | | Hard file<br>Face to Face<br>Trails |
| **41**<br>**I** | P.L. 110-351<br>475 (1) (C)<br>Item 21 | Were the child/youth's educational needs assessed? | Yes | No | NA | Trails<br>Hard File<br>Face to Face |
| **HEALTH** | | | | | | |
| **42**<br><br>**C** | 7.301.24 G<br>7.304.62 F<br>7.708.51 C6, D1<br>Item 22<br>475 1 C | Is health information in the case file, including name and address of current health care provider(s), known medical problems and current medications?<br><br>(Check all "No" responses that apply) | Yes<br>No provider name<br>No provider address/phone number<br>No, medical problems not documented<br>No, medications not documented<br>NA | | | FSP<br>Health Record<br>Hard file/Trails<br>Face to Face<br>Provider Report |
| **43**<br><br>**C** | 7.304.62 G<br>7.708.41 A<br>7.714.81 B<br>Item 22 | (Initial Review Only)<br>Did the child/youth receive a medical exam, medical screening, or was a medical exam scheduled within two weeks of initial placement?<br><br>(Check all "No" responses that apply.) | Yes, exam<br>Yes, appointment<br>No, never occurred<br>No, Medicaid card<br>No, Medicaid provider<br>No, late<br>No, other<br>NA | | | FSP<br>Health Record<br>Hard file/Trails<br>Face to Face<br>Provider Report |

| # | Requirements | Questions | Answers | Location |
|---|---|---|---|---|
| **HEALTH** | | | | |
| **44**<br><br>**C** | 7.304.62 G<br>7.708.41 D<br>7.714.81 E<br>Item 22 | (Initial Review Only)<br>Did the child/youth receive a full dental examination or was a dental exam scheduled within eight weeks of initial placement?<br><br>(Check all "No" responses that apply) | Yes, exam<br>Yes, appointment<br>No, never occurred<br>No, Medicaid card<br>No, Medicaid provider<br>No, late<br>No, other<br>NA | FSP<br>Health Record<br>Hard file/Trails<br>Face to Face<br>Provider Report |
| **45**<br><br>**C** | 7.304.62 G<br>7.708.41 A-C<br>7.714.81 B-D<br>Item 22<br>475 1 C | Has the child/youth received regular health care, including immunizations, and/or treatment for identified health needs?<br><u>(Services delivered)</u><br><br>(Check all "No" responses that apply) | Yes<br>No, lack of timely referral or follow through<br>No treatment for identified needs<br>No statement from medical examiner<br>No, immunizations<br>No, Medicaid<br>No, other<br>NA | FSP<br>Health Record<br>Hard file/Trails<br>Face to Face<br>Provider Report |
| **46**<br><br>**C** | 7.304.62 G<br>7.708.41 D<br>7.714.81 E<br>Item 22 | Has the child/youth received regular dental care and treatment for identified dental needs?<br>(Services delivered)<br><br>(Check all "No" responses that apply) | Yes<br>No, lack of timely referral or follow through<br>No treatment for identified needs<br>No, Medicaid<br>No, other<br>NA | FSP<br>Health Record<br>Hard file/Trails<br>Face to Face<br>Provider Report |
| **47**<br><br>**I** | 7.301.23A<br>Item 23 | Were the child/youth's mental health needs assessed? | Yes / No / NA | Hard Copy<br>Health Record<br>Trails<br>Face to Face |
| **48**<br><br>**C** | 7.301.23A<br>8.333.20<br>8.333.30<br>Item 23 | Were mental health services provided to meet the child/youth's needs during the review period?<br><br>(Check all "No" responses that apply) | YES<br>No, delays of 2 + weeks<br>No, changed mental health provider<br>No, mental health systems issue<br>No, child refused services<br>No available services<br>No sufficient services<br>No, OOH provider issue<br>No referral by county<br>No, Medicaid<br>No, other<br>NA | FSP<br>Health Record<br>Hard file<br>Trails<br>Face to Face<br>Provider Report |

| # | Requirements | Questions | Answers | Location |
|---|---|---|---|---|
| **HEALTH** | | | | |
| **49**<br><br>**D** | Item 17 | If the goal is/was return home during the review period and substance abuse issues have been identified for the parent(s)/guardian(s), what are the substances of use?<br><br>(Check all that apply) | Alcohol<br>Marijuana<br>Methamphetamine<br>Cocaine/Crack<br>Heroin<br>Other Opiates<br>CNS Depressants<br>CNS Stimulants<br>Other<br>NA | Other Reports<br>Hard file<br>Trails<br>Face to Face |
| **50**<br><br>**D** | Item 17 | If the goal is/was return home during the review period and substance abuse issues have been identified for the parent(s)/guardian(s), were substance abuse treatment services provided to the parent(s)/guardian(s)?<br><br>(Check all "No" responses that apply) | Yes<br>No referral by county<br>No available services<br>No sufficient services<br>No, delays of 2 + weeks<br>No, parent/guardian refused services<br>No requested provider report<br>No received provider report<br>Unable to determine-outside services<br>NA | Other Reports<br>Hard file<br>Trails<br>Face to Face |
| **51**<br><br>**D** | Item 17 | If substance abuse issues have been identified during the review period for the child/youth, what are the substances of use?<br><br>(Check all that apply) | Alcohol<br>Marijuana<br>Methamphetamine<br>Cocaine/Crack<br>Heroin<br>Other Opiates<br>CNS Depressants<br>CNS Stimulants<br>Other<br>NA | Other Reports<br>Hard file<br>Trails<br>Face to Face |
| **52**<br><br>**D** | Item 17 | If substance abuse issues have been identified during the review period for the child/youth, were substance abuse treatment services provided to the child/youth?<br><br>(Check all "No" responses that apply) | Yes<br>No referral by county<br>No available services<br>No sufficient services<br>No, delays of 2 + weeks<br>No, child/youth refused services<br>No requested provider report<br>No received provider report<br>Unable to determine-outside services<br>NA | Other Reports<br>Hard file<br>Trails<br>Face to Face |

| # | Requirements | Questions | Answers | Location |
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| **PERMANENCY** | | | | |
| **53**<br><br>**C** | 7.301.24 C-F<br>7.304.62 K<br>Item 6 | If the child/youth experienced one or more moves during the review period, were **ALL** of the placement changes **planned** by the agency in an effort to achieve the child/youth's case goals or to meet the needs of the child/youth?<br><br>(Check "Yes, in line with case goal + planned" if both "Yes" answers are appropriate) | Yes, in line with case goal and planned<br>Yes, to meet child's specific needs and planned<br>No<br>NA | FSP<br>Court Report<br>Hard file<br>Face to Face |
| **54**<br><br>**D** | 7.301.24 C-F<br>7.304.62 K<br>Item 6 | If the child/youth experienced one or more moves during the review period that were not planned, what was/were the reason(s) for the move(s)?<br><br>(Check all that apply) | More than one move<br>Temporary setting<br>Provider request<br>Provider quit or closed<br>Runaway<br>Youth's behavior<br>Provider abuse or neglect allegations<br>Child on child abuse<br>Child in inappropriate level of care<br>Other<br>NA | FSP<br>Court Report<br>Hard file<br>Face to Face |
| **55**<br><br>**C** | CRS-19-1-103 (89)<br>CRS-19-3-208<br>7.304.21 D 6 a-b<br>7.304.53 B 3<br>7.304.54 C<br>Item 8<br>Item 9<br>Item 10 | At the time of the review, are reasonable efforts being made to achieve permanency?<br><br>(Check all "No" responses that apply) | Yes<br>No reasonable efforts to finalize adoption<br>No reasonable efforts to return home<br>No reasonable efforts to permanently place with relative<br>No reasonable efforts to successfully emancipate<br>No reasonable efforts for OPPLA LTFC with permanent agreement<br>No, other<br>NA | FSP 5A<br>Hard File<br>Face to Face |

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| **56**<br><br>**D** | CRS 19-1-123<br>CRS 19-3-505 (3)<br>CRS 19-3-508<br>CRS 19-3-702 (2.5) (2.7)<br>CRS 19-3-703<br>7.301.24<br>7.301.3<br>7.304.53 B 3<br>7.304.54 C<br>475 (5)(B)<br>Item 8 | For a child/youth with a goal of return home, is progress being made toward achieving the goal?<br><br>(Check all "No" responses that apply) | Yes<br>No, child/youth services appropriateness<br>No, parent(s)/guardian(s) services appropriateness<br>No, parent lack of progress<br>No, other potential caregiver lack of progress<br>No, child lack of progress<br>No, lack of efforts/inadequate supervision<br>No, caseload/turnover<br>No, ICPC<br>No housing<br>No, parents whereabouts are unknown<br>No, parent incarceration or long term treatment program<br>No, placement provider does not support permanency goal<br>No, lack of community supports<br>No, court delays<br>No, county attorney<br>No, other<br>NA | Hard file<br>Face to Face<br>Trails<br>FSP<br>Court Reports |

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| **PERMANENCY** | | | | |
| **57**<br><br>**D** | CRS 19-1-123<br>CRS 19-3-505 (3)<br>CRS 19-3-508<br>CRS 19-3-702 (2.5) (2.7)<br>CRS 19-3-703<br>7.301.23<br>7.301.24 N<br>7.301.3<br>7.304.53 B 3<br>7.304.54 C<br>7.306.11<br>7.306.14 A 1<br>475 (1)(E)<br>Item 9<br>Item 28 | For a child/youth with a goal of adoption is progress being made toward finalizing the adoption?<br><br>(Check all "No" responses that apply) | Yes<br>No, court delays<br>No, appropriateness of services<br>No, lack of provider support<br>No, placement provider does not support permanency goal<br>No, lack of recruitment<br>No, subsidy issues<br>No CARR listing<br>No, county/agency support issues<br>No, termination denied<br>No, appeal of termination<br>No adoptive home<br>No, child/youth declined<br>No, lack of effort/inadequate supervision<br>No, caseload/turnover<br>No, ICPC<br>No, county attorney<br>No, lack of timely filing of TPR<br>No, other<br>NA | Hard file<br>Face to Face<br>Trails<br>FSP<br>Court Reports |
| **58**<br><br>**D** | CRS 19-1-123<br>CRS 19-3-505 (3)<br>CRS 19-3-508<br>CRS 19-3-702 (2.5) (2.7)<br>CRS 19-3-703<br>7.301.3<br>7.304.21 D 6 a-b<br>7.304.53 B 3<br>7.304.54 C<br>Item 8 | For a child/youth with a permanency goal of permanent placement with a relative/non-relative through legal guardianship/permanent custody, is progress being made toward the goal?<br><br>(Check all "No" responses that apply) | Yes<br>No, child/youth services appropriateness<br>No, parent(s)/guardian(s) services appropriateness<br>No, parent lack of progress<br>No, other potential caregiver lack of progress<br>No, child lack of progress<br>No, diligent search<br>No, certification delays<br>No, lack of effort/inadequate supervision<br>No, caseload/turnover<br>No, ICPC<br>No, placement provider does not support permanency goal<br>No, lack of community supports<br>No, court delays<br>No, county attorney<br>No, other<br>NA | Hard file<br>Face to Face<br>Trails<br>FSP<br>Court Reports |

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| **PERMANENCY** | | | | |
| **59**<br>**C** | CRS 19-3-702(4)<br>7.301.3<br>7.301.24 P<br>AL CW-03-04-P<br>dated 2/14/03<br>Item 10 | For a child/youth with a permanency goal of Other Planned Permanent Living Arrangement, is it documented that all other more permanent goals have been considered and appropriately ruled out?<br><br>(Check all "No" responses that apply) | Yes<br>No, OPPLA goal not in the child's/youth's best interest<br>No, documented reasons not appropriate<br>No, not reviewed annually<br>No documentation<br>No, Child under 16<br>No, other<br>NA | FSP 5B<br>TDM<br>Permanency Review Team |
| **60**<br>**D** | CRS 19-3-508 (7)<br>CRS 19-3-702 (4) & (5)<br>7.301.24 M, O, & P<br>AL CW-03-04-P<br>Items 7,8,9,10 & 26 | In the reviewer's opinion, is the primary court ordered permanency goal, at the time of the review, appropriate for this child/youth? | Yes / No / NA | Hard file<br>Face to Face |
| **61**<br>**D** | CRS 19-3-508 (7)<br>CRS 19-3-702 (4) & (5)<br>7.301.24 M, O, & P<br>AL CW-03-04-P<br>Items 7,8,9,10 & 26 | If, in the reviewer's opinion, the primary court ordered permanency goal is not appropriate at the time of the review, what should the permanency goal be?<br><br>(Check one answer) | Return Home<br>Adoption<br>Guardianship<br>Relative Custody or Legal Guardianship<br>OPPLA LTFC<br>OPPLA – Emancipation<br>All options have not been sufficiently explored<br>NA | Hard file<br>Face to Face |
| **62**<br>**C** | CRS 19-3-604 (B)(III)(k)<br>7.301.24 M. 6.<br>Item 7<br>475 (5)(E) | If a petition/motion to terminate parental rights has not been filed, and a compelling reason has been identified, in the reviewer's opinion, is the compelling reason appropriate? | Yes<br>No<br>No, not completed<br>NA | 5A attachment in Trails<br>(15 of 22)<br>TPR/Court |
| **63**<br>**C** | 7.001.6<br>7.202.62 F<br>Item 19 | How many months should the assigned worker have made face-to-face contact with the child/youth during the review period?<br><br>(Answer for in-state cases only) | 1<br>2<br>3<br>4<br>5<br>6<br>7<br>NA | Trails |
| **64**<br>**C** | 7.001.6<br>7.202.62 F<br>Item 19 | How many months did the assigned worker make face-to-face contact with the child/youth during the review period?<br><br>(Within the state of Colorado, not an ICPC case) | 0<br>1<br>2<br>3<br>4<br>5<br>6<br>7<br>NA | Trails |

| # | Requirements | Questions | Answers | | | Location |
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| **PERMANENCY** | | | | | | |
| **65**<br><br>**C** | 7.001.6<br>73202362 F<br>Item 19 | How many months should the worker of either the sending or receiving state make face-to-face contact with the child/youth, placed outside the state, during the review period?<br><br>(Answer for ICPC cases only) | 0<br>1<br>2<br>3<br>4<br>5<br>6<br>7<br>NA | | | Trails |
| **66**<br><br>**C** | 7.001.6<br>Item 19 | How many months did the worker of either the sending or receiving state make face-to-face contact with the child/youth during the review period, for a child/youth placed outside the state?<br><br>(Answer for ICPC cases only) | 0<br>1<br>2<br>3<br>4<br>5<br>6<br>7<br>NA | | | Trails |
| **67**<br><br>**C** | 7.001.6<br>7.202.62 F<br>424 (e)(1) | Did the frequency of contact with the child/youth in his/her place of residence occur according to Volume 7? | Yes | No | NA | Trails |
| **68**<br><br>**C** | 7.001.6<br>7.202.62 F 1 – 3, 5 – 9<br>Item 19 | Was the quality of contacts with the child/youth sufficient to address issues pertaining to the safety, permanency, and well-being of the child/youth and to promote achievement of case goals?<br><br>(Check all "No" responses that apply) | Yes<br>No<br>No assessment of safety<br>No, outside presence of provider<br>NA | | | Trails |
| **69**<br><br>**C** | 7.001.6 E&F<br>7.202.62 F<br>Item 20 | Did the frequency of contact with the mother/ guardian/kin occur according to Volume 7? | Yes | No | NA | Trails |
| **70**<br><br>**C** | 7.001.6<br>7.202.62 F 1 – 3, 5 – 9<br>Item 20 | Was the quality of contacts with the mother/guardian/kin sufficient to address issues pertaining to the safety, permanency, and well-being of the child/youth and to promote achievement of case goals? | Yes | No | NA | Trails |
| **71**<br><br>**C** | Item 20 | Did the frequency of contact with the father/ guardian/kin occur according to Volume 7? | Yes | No | NA | Trails |
| **72**<br><br>**C** | 7.001.6<br>7.202.62 F 1 – 3, 5 – 9<br>Item 20 | Was the quality of contacts with the father/guardian/kin sufficient to address issues pertaining to the safety, permanency, and well-being of the child/youth and to promote achievement of case goals? | Yes | No | NA | Trails |

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|---|---|---|---|---|---|---|
| **PERMANENCY** | | | | | | |
| **73**<br><br>**C** | 7.304.64 B-E<br>Item 13 | Does the frequency of visitation with the mother/guardian adequately address the needs of the child/youth to maintain or promote continuity of the relationship?<br><br>(Check all "No" responses that apply) | Yes<br>No, mother/guardian/kin<br>No, child/youth<br>No, county<br>No, court<br>No, OOH provider<br>No, GAL<br>No, other<br>NA | | | FSP<br>Hard file<br>Face to Face |
| **74**<br><br>**C** | 7.304.64 B-E<br>Item 13 | Does the frequency of visitation with the father/guardian adequately address the needs of the child/youth to maintain or promote continuity of the relationship?<br><br>(Check all "No" responses that apply) | Yes<br>No, father/guardian/kin<br>No, child/youth<br>No, county<br>No, court<br>No, OOH provider<br>No, GAL<br>No, other<br>NA | | | FSP<br>Hard file<br>Face to Face |
| **75**<br><br>**C** | 7.304.64 B-E<br>Item 13 | Does the frequency of visitation with the sibling(s) adequately address the needs of the child/youth to maintain or promote continuity of the relationship(s)?<br><br>(Check all "No" responses that apply) | Yes<br>No, parent/guardian/kin<br>No, child/youth<br>No, county<br>No, court<br>No, OOH provider<br>No, GAL<br>No, sibling<br>No, other<br>NA | | | FSP<br>Hard file<br>Face to Face |
| **76**<br><br>**I** | Item 19 | For children/youth with a goal of return home, is there documentation of visits that includes an assessment of parent/child interaction?<br>(More than less) | Yes | No | NA | Trails |

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| **PERMANENCY** | | | | | | |
| **77**<br><br>**I** | Item 16 | Did the agency promote and support a positive and nurturing relationship between the child/youth and his/her parents?<br><br>(Check all that apply) | Yes, provided transportation/funds<br>Yes, encouraged attendance at extra-curricular activities<br>Yes, encouraged attendance at doctors' appointments<br>Yes, encouraged Foster Parents to become mentors<br>Yes, facilitated contact w/incarcerated parents<br>Yes, facilitated contact with parents not living in close proximity<br>Yes, provided therapeutic situations to help strengthen relationship<br>Yes, other<br>No<br>NA | | | Trails<br>Hard file<br>Face to Face |
| **78**<br><br>**C** | | (Re-review only)<br>Were the previous compliance issues addressed?<br><br>(All or nothing) | Yes | No | NA | Trails<br>Hard file |
| **79**<br><br>**C** | 475 (5)(I)<br>P.L. 112-34<br>7.305.2 E | If the youth is 16 years and older have the youth and GAL received a copy of all consumer credit reports annually? | Yes<br>No, Child<br>No, GAL<br>No, Not requested<br>No, Requested but not received - Equifax<br>No, Requested but not received - TransUnion<br>No, Requested but not received - Experian<br>NA | | | Trails<br>Hard File |
| **80**<br><br>**C** | 475 (5)(I)<br>P.L. 112-34<br>7.305.2 E | If the youth is 16 years and older and has a credit report with evidence of inaccuracies, has the county department or the GAL referred the youth to an approved agency to resolve the inaccuracies? | Yes | No | NA | Trails<br>Hard File |
| **81**<br><br>**C** | 475 (5)(I)<br>P.L. 112-34<br>7.305.2 E | If the youth is 16 years and older and has a credit report with evidence of inaccuracies, is the county department making efforts to resolve the inaccuracies, or have the inaccuracies been addressed? | Yes | No | NA | Trails<br>Hard File |