



New Jersey Judiciary  
**Child Placement Review - Initial Review Checklist**

Child's Name:

Docket Number: FC-

The CPR Board Initial Review Recommendation to the Judge form (CN 11355) must be used for all initial 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) court report at least 10 days before the initial 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 Initial Review:

- What You Need to Know about the Division Court Process: A Guide for Resource Parents
- Parent Calendar (if available and the court has not provided it) - Judiciary Produced
- Parents' Handbook
- A Guide for Parents: When Your Child is in Foster Care – Division Produced
- Child Abuse and Neglect Handbook: A Guide for Parents Involved in Child Abuse or Neglect Cases in NJ – Written & Published by Legal Services of NJ

### 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 Initial 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.

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.

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

**I. Parent/Caregiver information**

	Parent / Caregiver 1	Parent / Caregiver 2	Check box if missing
1. Name			<input type="checkbox"/>
Aliases			<input type="checkbox"/>
2. Relationship to Child			
3. Address / Contact Phone			<input type="checkbox"/>
4. Employment address/phone			<input type="checkbox"/>
5. The Division's efforts on search for parent / caregiver			<input type="checkbox"/>

**II. Visitation with parents/caregiver**

A. Visitation is occurring between the child and parents/caregivers	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B. Did the Division provide transportation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
C. Is there a current visitation schedule?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
D. Last contact with caregiver:		
<b>Siblings</b>		
a. The child has siblings <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> more than 4 sibling(s) If No, skip to Child's Information Section	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. The siblings are in placement	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. The siblings have been placed together	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Last contact with Siblings:		

**III. Relatives and friends information**

No Relatives or Friends Have Been Identified

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
Reason For Placement:				

**IV. Paternity**

1. Paternity has been established	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. A paternity test is necessary	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**V. Child information**

1. Child's date of birth:	
2. The Division has the child's birth certificate	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. The Division has the child's social security card	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. The Division has the child's Medicaid card	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. The Division scheduled the comprehensive medical examination Date:	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. The Division scheduled the health evaluation Date:	
7. The Division scheduled an Early Intervention Program (EIP) assessment (for children ages zero to three) Date:	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. The Division has provided a completed Child's Health and Medical Examination Record Form	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Medical Release Forms Signed	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. The Division has provided a copy of the child's immunization record	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. The Division has scheduled a dental exam. Date:	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. The Division scheduled a mental health assessment Date:	<input type="checkbox"/> Yes <input type="checkbox"/> No

13. The Division has provided a completed Child's Education Record Form Date:	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Child enrolled in school If yes, where _____ Any additional information (e.g., name of school, grades, behavior assessments, attendance)	<input type="checkbox"/> Yes <input type="checkbox"/> No

**VI. Services Needed to achieve permanency** (check all that apply)

- Substance abuse evaluation/treatment
- Mental health evaluation/treatment
- Housing
- Income assistance
- Employment/vocational services
- Homemaker services
- Daycare
- Parent education
- Low cost medical services
- Bilingual services
- Educational services

**VII. 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.
What is the plan for independent living that is being explored? Explain

**VIII. Repeated placement - N.J.S.A. 30:4C-53.3**

If this is a repeated placement, did the Division submit a repeat placement plan within 30 days after the child's repeated placement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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