

IN THE CIRCUIT COURT _____ JUDICIAL CIRCUIT
IN AND FOR _____ COUNTY, FLORIDA
JUVENILE DIVISION

IN THE INTEREST OF: CASE NO.: _____

MINOR CHILD(REN)

JUDICIAL REVIEW SOCIAL STUDY/ CASE PLAN UPDATE

This is also a Permanency Review

DATE OF CURRENT JUDICIAL REVIEW HEARING:

Date of last judicial review hearing:

Date this JRSSR prepared:

I. Judicial History

A. Date of entry of Order of Adjudication:

B. Date of entry of Order Accepting Case Plan:

C. Date of entry of Final Disposition Order:

II. Significant changes since last JR:

III. Current Court Approved Primary Permanency Goal

Participant	Goal	Effective Date

IV. Current Placement of Children

Child Name	Service Category	Service Type

V. Summary of Recommendations of Department:

NOTICE TO PARENTS:

THE JUDICIAL REVIEW HEARING IS VERY IMPORTANT. AT THE JUDICIAL REVIEW THE COURT WILL DECIDE WHETHER TO RETURN YOUR CHILD(REN) TO YOU, OR TO OTHER FAMILY MEMBERS/NON-RELATIVES, LEAVE YOUR CHILD(REN) IN FOSTER CARE, OR START PROCEEDINGS TO CONSIDER ADOPTION FOR YOUR CHILD(REN).

YOU HAVE A RIGHT TO OBTAIN YOUR OWN ATTORNEY FOR THE JUDICIAL REVIEW AND ALL SUBSEQUENT HEARINGS. YOU HAVE A RIGHT TO REQUEST THE COURT APPOINT AN ATTORNEY IF YOU CANNOT AFFORD TO HIRE AN ATTORNEY. THIS RIGHT CONTINUES AT EACH AND EVERY STAGE OF A DEPENDENCY PROCEEDING, EVEN IF YOU HAVE PREVIOUSLY WAIVED THIS RIGHT.

VI. Parties/ Participants to the Case Plan

	, Mother		, Caregiver
	, Father		Guardian ad litem
	, Father		Family Care Counselor
	, Father		Other

VII. Case Plan Tasks

A. Progress

▶ Name: Participant A	
Identified Problem: Identified Problem #1	
Desired Measurable Behavioral Outcome: DMBO #1 for Identified Problem #1	
Specific Task: Specific Task #1 for Ident. Prob. #1	Specific Task End Date:
Task compliance:	
<input type="checkbox"/> Substantial Compliance	
<input type="checkbox"/> Partial Compliance	
<input type="checkbox"/> Non Compliance	
<input type="checkbox"/> Not Applicable	
Service Delivery:	
Completion of task and how it relates to desired measurable behavioral outcome:	
<input type="checkbox"/> Achieved	
<input type="checkbox"/> Sufficient Progress	
<input type="checkbox"/> Insufficient Progress	

▶ Name: Participant A	
Identified Problem: Identified Problem #1	
Desired Measurable Behavioral Outcome: DMBO #2 for Identified Problem #1	
Specific Task: Specific Task #2 for Ident Prob #1	Specific Task End Date:
Task compliance:	
<input type="checkbox"/> Substantial Compliance	
<input type="checkbox"/> Partial Compliance	
<input type="checkbox"/> Non Compliance	
<input type="checkbox"/> Not Applicable	
Service Delivery:	
Completion of task and how it relates to desired measurable behavioral outcome:	
<input type="checkbox"/> Achieved	
<input type="checkbox"/> Sufficient Progress	
<input type="checkbox"/> Insufficient Progress	

B. Reason for Agency Involvement:

C. Resources and Barriers

1. Level of material and monetary support provided by the parents:
2. Assistance provided to the Foster Parents or Legal Custodian to address the needs of the child:
3. Fees assessed and collected:

4. Barriers to achieving desired measureable behavioral outcomes. This includes the status of any pending diligent search.

D. Family Interaction

1. Frequency, results and duration of the child/parent/sibling visitation, if any, and agency recommendation for expansion or restriction of future visitation. Reason for any non-compliance.
2. Statement from current caregiver regarding any material evidence concerning return of the child to the parent(s).
3. Changes to the household composition since the last review Yes No
4. Describe the changes and the impact to household since the last review:

E. Caseworkers Recommendations to the Court:

F. Overall Compliance

Participant	DOB	Overall compliance

VIII. Judicial Review Goals

▶ Child's Name:	Child's DOB:	FSFN Task ID:
Adjudication Date:	Review Type:	
American Indian/Alaskan Native <input type="checkbox"/> Pulled if checked on Person Management		
Designated Tribal Representative:		
Mothers Name:		
Fathers Name (Birth):		
Fathers Name (Legal):		
Guardian/ Legal Custodian Name:		
Date of Last Permanency Staffing:		
Date of last Judicial Review:		
Date by which next Permanency Hearing due:		
Child's current court approved Permanency Goal:		
Child's current court approved Concurrent Goal (if applicable):		
If this is the initial Judicial review and sufficient progress has not been made toward achieving the permanency goal, identify efforts that will be made to implement a concurrent permanency goal:		
Current Placement		
Does the child's case plan involve an out of home placement: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Date child removed from his/her home:		
Placement begin date:		
Type of placement:		
Length of time child has been in current placement (months):		
Length of time of this Removal Episode (months):		
Child is placed with all siblings in out of home care? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (Child has no siblings or no siblings in care)		
Describe the plan to place siblings together or reasons for separation:		
Placement in close proximity to the child's home: <input type="checkbox"/> Yes <input type="checkbox"/> No		

Child's placement takes into account proximity to the school in which the child is enrolled at time of placement? <input type="checkbox"/> Yes <input type="checkbox"/> No
Entry into out of home care resulted in a change in educational setting: <input type="checkbox"/> Yes <input type="checkbox"/> No
Placement supports the level of contact to the parents that is deemed appropriate: <input type="checkbox"/> Yes <input type="checkbox"/> No
Placement is the least restrictive, most family like setting consistent with child's best interest and special needs? <input type="checkbox"/> Yes <input type="checkbox"/> No
Supporting information regarding above statements:
Residential Group Care
Is the child 11 years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has the child been in licensed family foster care for 6 months or longer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has the child been moved more than once while in licensed family foster care? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does the child meet criteria for extraordinary needs as described in s.409.1676 (2)(a), Florida Statutes? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes to the four questions above, has the child been assessed for placement in licensed residential group care? <input type="checkbox"/> Yes <input type="checkbox"/> No
If the child has not been assessed for placement in licensed residential group care explain why not.
Did the assessment recommend residential group care? <input type="checkbox"/> Yes <input type="checkbox"/> No
If the assessment recommended residential group care, is the child in residential group care? <input type="checkbox"/> Yes <input type="checkbox"/> No
If the assessment recommended residential group care, and the child is not in residential group care explain why not.
Permanency considerations at 12 months (or 15 or 22 months)
<input type="checkbox"/> Child is placed with a fit and willing relative Supporting Information:
<input type="checkbox"/> Termination of parental rights/adoption is not in the best interest of the child Supporting Information:
<input type="checkbox"/> Reasonable efforts to safely reunify the child have not been made Supporting Information:
<input type="checkbox"/> Grounds for involuntary TPR do not exist Supporting Information:
<input type="checkbox"/> Reasonable efforts to prevent removal or reunify the family or achieve the permanency goal Supporting Information:
Rilya Wilson Act Compliance
Is the child between the ages of 3 to 6 years and under the supervision of the Department? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has the child been attending the daycare facility for the required 5 days a week or as otherwise ordered by the Court? <input type="checkbox"/> Yes <input type="checkbox"/> No
If not attending as required explain the number and reasons for excused and unexcused absences:
If there were any lapses in the child's daycare attendance did the day care provide proper notification to the Department or contract provider? <input type="checkbox"/> Yes <input type="checkbox"/> No
If there were two consecutive unexcused absences or seven consecutive excused absences reported was the follow-up visit to the child's residence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Outcome of the visit or explanation why visits were not made:
Independent Living Services (Applies only to children in licensed care ages 13-17)
<input type="checkbox"/> Child is not yet 13 years of age or is not in licensed foster care.
<input type="checkbox"/> Child is 13+ years of age and has been referred for Independent Living. Date Referred:
For a youth who has reached 13 years of age but is not yet 18 years of age, the adequacy of the youth's preparation for adulthood and living independently:

<input type="checkbox"/> Independent Living Assessment was completed:	Date Completed:
Results of the independent living assessment, and any specific needs or services needed and the status of the delivery of services:	
<input type="checkbox"/> Independent Living staffing completed:	Date Completed:
Information discussed at required staffing, including services provided and youth's progress toward development of Independent Living skills:	
Education and Career Path	
<input type="checkbox"/> Attending a 4 year college, or university or community college plus university or a military academy	
<input type="checkbox"/> Receiving a two year post secondary degree	
<input type="checkbox"/> Attaining a post secondary career or technical certificate	
<input type="checkbox"/> Beginning immediate employment, including apprenticeship after completion of a high school diploma equivalent or enlisting in the military	
Youth's progress and any obstacles the youth is facing in achieving their educational and career path:	
An updated case plan been provided to the court that includes specific information related to independent living services that have been provided since the youth's 13 th birthday, or since the date the child came into foster care? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is child 17 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If so child has been provided with the following:	
<input type="checkbox"/>	A current Medicaid card
<input type="checkbox"/>	A certified copy of his or her birth certificate
<input type="checkbox"/>	A valid driver's license or Florida identification card
<input type="checkbox"/>	Information relating to Social Security Insurance benefits, if the child is eligible for such benefits
<input type="checkbox"/>	A full accounting of Social Security Insurance benefits and information on how to access those funds, if the child has received these benefits and they are being held in a trust
<input type="checkbox"/>	Information and training related to budgeting skills, interviewing skills, and parenting skills
<input type="checkbox"/>	All relevant information related to the Road-to-Independence Program, including, but not limited to, eligibility requirements and forms necessary to apply
<input type="checkbox"/>	Has an open bank account or identification necessary to open such an account, and has been provided with necessary banking skills
<input type="checkbox"/>	Information on public assistance and how to apply
<input type="checkbox"/>	A clear understanding of where he or she will be living on his or her 18 th birthday, how those expenses will be paid and what educational program or school he or she will be enrolled in
<input type="checkbox"/>	Notice of the right to petition for the court's continuing jurisdiction for 1 year after the youth's 18 th birthday and with information on how to obtain access to the court
<input type="checkbox"/>	Has been encouraged to attend all judicial review hearings occurring after his or her 18 th birthday
If this is the Judicial Review hearing that is being held within the month that begins the 6 month period before the youth's 18 th birthday, when placed in licensed foster care, has a plan to outline the youth's transition to adulthood been submitted to the court? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Participation	
Was child notified of hearing? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe child's plan for participation at hearing :	
If child is not attending state reason:	
Compliance with court orders:	
Child:	
Caregiver:	
Reasonable Efforts	
Need for services and efforts to obtain services to meet the special needs of the child:	
Reasonable efforts of the agency to finalize the permanency plan currently in effect:	

IX. Health Information:

▶ Child 1:	
Name of Primary Physician:	
Address of Primary Physician:	
Other Healthcare Provider:	
Address of Other Healthcare Provider:	
Name of Dental Provider:	
Address of Dental Provider:	
Name of Mental Health Professional:	
Name of Psychiatrist:	
Date of last Comprehensive Behavioral Health Assessment:	
▶ Child 2:	
Name of Primary Physician:	
Address of Primary Physician:	
Other Healthcare Provider:	
Address of Other Healthcare Provider:	
Name of Dental Provider:	
Address of Dental Provider:	
Name of Mental Health Professional:	
Name of Psychiatrist:	
Date of last Comprehensive Behavioral Health Assessment:	

Medications:

▶ Child 1:		Child's DOB:
Physician/Practitioner:	Prescribed Medication:	Is Medication Psychotropic:
Date Prescribed:	Date Stopped:	
▶ Child 2:		Child's DOB:
Physician/Practitioner:	Prescribed Medication:	Is Medication Psychotropic:
Date Prescribed:	Date Stopped:	

Diagnosis, assessments and/or treatments for the child:

▶ Child 1:	Child DOB:
First Service Date:	Last Service Date:
Other Provider:	Condition Type:
Provider Type:	Type of Service:
Procedure:	
Diagnosis:	
Description of diagnosis, assessment and/or treatment for the child:	
▶ Child 2:	Child DOB:
First Service Date:	Last Service Date:
Other Provider:	Condition Type:
Provider Type:	Type of Service:
Procedure:	
Diagnosis:	
Description of diagnosis, assessment and/or treatment for the child:	

X. Current Education Information:

▶ Child 1:	Child's DOB:
Current School Name:	Current Grade Level:
Date of child's current Individualized Education Plan (if applicable):	Current Program Type:
Current School Address:	
▶ Child 2:	Child's DOB:
Current School Name:	Current Grade Level:
Date of child's current Individualized Education Plan (if applicable):	Current Program Type:
Current School Address:	

Chronology of school placements and reason for the change in school setting:

▶ Child 1:	Child's DOB:	Start Date:
School District:	School Name:	Reason for Change:
Program Type:		
School Address:		
▶ Child 2:	Child's DOB:	Start Date:
School District:	School Name:	Reason for Change:
Program Type:		
School Address:		

XI. Attachments to the Judicial Review:

Medical/ Mental Health
<input type="checkbox"/> Medical records
<input type="checkbox"/> Mental Health records
<input type="checkbox"/> Immunization records
<input type="checkbox"/> Dental records
Visitation Plan(s)
<input type="checkbox"/> Include parents, siblings & grandparents (if applicable)
Education
<input type="checkbox"/> Report cards
<input type="checkbox"/> Individualized Education Plan (if applicable)
<input type="checkbox"/> Other school records
Master Trust
<input type="checkbox"/> Quarterly Accounting Statement
<input type="checkbox"/> Notice of Fee Assessment and Rights of Foster Child Regarding Government Benefits
Other
<input type="checkbox"/> Rights and Responsibilities
<input type="checkbox"/> Out of Home Plan (if child in removal episode)
Explanation if any attachments are missing:

SIGNATURE PAGE

Signature - Worker

Date Signed

Signature – Supervisor

Date Signed

Signature - Attorney

Date Signed
