

Case Plan Documentation Checklist **

Child's Name	FACTS Case #
A. The state must make reasonable efforts to finalize a permanent plan for the child following any continuous period of 12 months of out-of-home placement and at every case planning conference thereafter.	
Was a permanent plan considered at this case planning conference? Are the results summarized in the narrative?	
	Yes <input type="checkbox"/>
	No <input type="checkbox"/>
	N/A Child not out-of-home for 12 continuous months <input type="checkbox"/>
B. Does this child meet the criteria for being in an extended out-of-home placement (placed with neither parent for 15 out of the most recent 22 months)	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, are there compelling reasons NOT to proceed with termination of parental rights? If yes, is there a compelling reason stated clearly in the case plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Child is living in a stable placement with a relative <input type="checkbox"/>
	Services in the case plan have <u>not</u> been made available to the parents <input type="checkbox"/>
	Other (please explain): <input type="checkbox"/>
C. Does the service plan document reasons why efforts to reunify the family are not required? Refer to PPM Section 3730 or KSA 38-1565	
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
D. Is the permanency goal for this child guardianship/permanent custodianship?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If yes, does the service plan document efforts to obtain guardianship/perm. custodianship?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
E. Is the permanency goal for this child adoption?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If yes, and the child does not have an identified resource, has a referral for services been made to the Adoption Exchange Provider?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
F. Have parental rights been terminated by a court order or has relinquishment occurred on both parents?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, is there documentation of the steps the Case Management Provider and Adoption Provider (if applicable) are taking to find an adoptive family or other permanent living arrangement for the child?	
	<input type="checkbox"/> Yes <input type="checkbox"/> No
G. Is the permanency goal for this child O.P.P.L.A.?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If yes, have documented efforts been made to the court that compelling reasons exist which make all other permanency options unacceptable?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
H. If the permanency goal has changed from reintegration to another goal, has information for a Permanency Hearing been provided to the court?	
	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, enter the date the information was provided to the court: _____

****THIS FORM SERVES AS A TOOL FOR THE WORKER AND IS NOT MANDATORY. THE PURPOSE OF THIS FORM IS TO ENSURE THAT THESE ELEMENTS ARE CONSIDERED AT EACH CASE PLANNING CONFERENCE**