

**CONFIRMED CSEC**

YES / PENDING / NO

**1. CHILD WELL-BEING:****A. Education (current and meaningful)-**

CHILD'S NAME	SCHOOL
Current Grade	
On Grade Level	
IEP/504	
Grades/Report Card	
Attendance (good/fair/poor)	
Extra-curricular activities	
Disciplinary/Suspensions	
Parent/Teacher Connection	
Educational Svc's (Speech, tutoring)	
Comments:	

**B. Mental Health (current and meaningful)-**

Psychological Eval/ Developmental Assessment	
Trauma Assessment	
Psychiatric Assessment	
Counseling- Ind/Grp/Fam	
Compliance w/mental health treatment/medications?	
Comments:	

**C. Medical/Physical Health (current and meaningful)-**

Babies Can't Wait	
EPSDT/Medical/Physical Exam	
Dental	
Vision	
Hearing	
Immunizations	
Prescription Medications	
Comments:	

**2. CURRENT PLACEMENT OF CHILD OR CHILDREN:**

[illegible]

#### 4. RELATIVE SEARCH:

Reasonable diligent search for parent, relative, or other persons who have shown an ongoing commitment to the child:

Such search shall be completed within 30 days from the date on which the child was removed from the home or, before final disposition. The results of such search shall be documented in writing and filed with the court at the time of the first review.

1. Has DFCS complied and documented with the court within the statutory time frame, the requirement to conduct a diligent search for parent, relatives, or other persons who have shown an ongoing commitment to the child or children?

☐ Yes

☐ No

If Yes, please identify any relatives: \_\_\_\_\_

\_\_\_\_\_

If No, please identify what efforts must be made: \_\_\_\_\_

\_\_\_\_\_

#### 5. INDEPENDENT LIVING PROGRAM AND APPLICABLES AND REVIEW –

Is the child the age of 14 or older?

☐ Yes

☐ No

☐ N/A

If yes, are Independent Living services being provided?

☐ Yes

☐ No

☐ N/A

Indicate current status and needs:

Additional comments:

(If the child is approaching the age of 18, please complete the Transition Plan – Finding and Recommendations and attached to these Findings and Recommendations.)

**6. REVIEW OF PROGRESS IN CASE PLAN:**

A. CURRENT COURT-ORDERED PERMANENCY PLAN - If Concurrent Plan, check all applicable plans:

<input type="checkbox"/>	Reunification / Return to Birth Family / Legal Family
<input type="checkbox"/>	Adoption
<input type="checkbox"/>	Permanent Guardianship – Please Identify: _____
<input type="checkbox"/>	Another Planned Permanent Living Arrangement (APPLA) – Please Identify below: _____

If Option APPLA is indicated, please explain why child(ren) cannot be adopted or placed with a permanent guardian:

B. Is the existing case plan still the best case plan for such child(ren) and his/her family?

☐ Yes

☐ No

If No, explain: \_\_\_\_\_

C. APPROPRIATENESS OF PERMANENCY OPTION:

If any Panel member or any party is not in agreement with the Permanency Plan, state in detail the reason for disagreement and the alternative recommendation.

D. PANEL'S RECOMMENDATION FOR MODIFICATION OF PERMANENCY PLAN:  
(Please check the box that is appropriate)

<input type="checkbox"/>	Reunification / Return to Birth Family / Legal Family
<input type="checkbox"/>	Adoption
<input type="checkbox"/>	Permanent Guardianship – Please Identify: _____
<input type="checkbox"/>	Another Planned Permanent Living Arrangement (APPLA) – Please Identify below: _____

E. DFCS' RECOMMENDATION FOR MODIFICATION OF PERMANENCY PLAN:  
(Please check the box that is appropriate)

<input type="checkbox"/>	Reunification / Return to Birth Family / Legal Family
<input type="checkbox"/>	Adoption
<input type="checkbox"/>	Permanent Guardianship – Please Identify: _____
<input type="checkbox"/>	Another Planned Permanent Living Arrangement (APPLA) – Please Identify below: _____

**7. REASONABLE EFFORTS MADE, SINCE PREVIOUS PANEL REVIEW:**

Are all services being provided to dependent child(ren), foster parent(s), parent(s), guardian(s) or custodian(s) per court order completed since the previous Panel Review? Check as applicable:

For the Parents:

	Services	Comments	Completion Date
	Wrap-Around Services		
	Parental Fitness Assessment		
	Parenting Classes / Parent Aide		
	Psychological Evaluation		
	Therapeutic Services		
	Alcohol and Drug Assessment		
	Random Drug Screens		
	Visitation		
	Home Evaluation		
	Income Verification		
	Any Additional Efforts:		

For the Child(ren):

	Services	Comments	Completion Date
	Educational Services		
	Trauma Assessment		
	Psychological Evaluation		
	Developmental Assessment		
	Babies Can't Wait		
	Therapeutic Services		
	Medication Management		
	ILP / WLTP Services		
	ICPC / Home Evaluation		
	Visitation		
	Any Additional Efforts:		

**8. OUTSTANDING CASE PLAN GOALS – PROGRESS AND REVIEW**

(Page \_\_\_\_ of \_\_\_\_ if multiple pages needed)

<b>CURRENT OUTSTANDING CASE PLAN GOALS:</b> (Indicate which party in parenthesis)	<b>PANEL RECOMMENDED STEP CHANGES:</b> (Recommended changes to complete goals and steps applicable to parties and DFCS)	<b>DATE TO BE ACHIEVED:</b>

**SAMPLE**

**8. OUTSTANDING CASE PLAN GOALS – PROGRESS AND REVIEW**

(Page \_\_\_\_ of \_\_\_\_ if multiple pages needed)

<b>CURRENT OUTSTANDING CASE PLAN GOALS: (Indicate which party in parenthesis)</b>	<b>PANEL RECOMMENDED STEP CHANGES: (Recommended changes to complete goals and steps applicable to parties and DFCS)</b>	<b>DATE TO BE ACHIEVED:</b>

**SAMPLE**

**9. REASONABLE EFFORTS OF CONCURRENT PERMANENCY PLAN**

Is DFCS making reasonable efforts appropriate to that concurrent permanency plan?

☐ Yes

☐ No

If Yes, what are those efforts:

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If No, what additional efforts are being recommended:

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**10. REVIEW OF PREVIOUS PANEL RECOMMENDATIONS**

Has the Panel made previous recommendations that have not been implemented?

☐ Yes

☐ No

Specify:

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**11. Does the child(ren) adjudicated as dependent child(ren), continue to be dependent?**

☐ Yes

☐ No

If No, explain:

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## 12. TERMINATION OF PARENTAL RIGHTS

A. Does DFCS intend to petition for Termination of Parental Rights at this time?

☐ Yes

☐ No

If yes, give intended date for filing petition: \_\_\_\_\_

If No, explain:

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NOTE - If DFCS has not filed a Petition for Termination of Parental Rights, does the case plan document one of the following:

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☐

Child(ren) placed with a fit and willing relative or responsible third party.

Case plan documents a compelling reason why termination is not in child(ren)'s best interest; If checked – the compelling reasons are:

or

☐

DFCS has not provided to the family of the child(ren) consistent with the specific time frames for the accomplishment of the case plan goals such services deemed necessary for the safe return of the child(ren) to the child(ren)'s home.

If there are compelling reasons stated above, does the Panel request the court to review whether the reasons are sufficiently compelling to permit DFCS not to file a Petition for Termination of Parental Rights?

☐ Yes

☐ No

If yes, state reasons for TPR:

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Also, complete the following:

DFCS filed a TPR Petition on (enter date)	
DFCS will file a TPR Petition on (enter date):	
Case Plan qualifies per OCGA 15-11-233 (not in child's best interest)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child/Children in foster care 15 of most recent 22 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**13. PANEL FINDINGS / SUMMARY / RECOMMENDATIONS:**

The Panel FINDS / DOES NOT FIND that reasonable efforts have been made by the Department to finalize the Permanency Plan of:

The following reasonable efforts were reviewed by the Panel:

Panel Review Summary:

**SAMPLE**

#### 14. PANEL FINDINGS

	FINDS	DOES NOT FIND
The Panel (FINDS OR DOES NOT FIND) that reasonable efforts continue to be made to prevent or eliminate the necessity of the removal unless reasonable efforts were not required.		
The Panel (FINDS OR DOES NOT FIND) that DFCS has failed in implementing any material provision of the case plan or abused its discretion in the placement or proposed placement of the child/children.		
The Panel (FINDS OR DOES NOT FIND) that all legally required services are being provided to the child or children, parents, foster parents, or guardians.		
The Panel (FINDS OR DOES NOT FIND) that the existing case plan is in the best interest of the child or children		
The Panel (FINDS OR DOES NOT FIND) that the court-ordered visitation is or continues to be appropriate. N/A <input type="checkbox"/>		
The Panel (FINDS OR DOES NOT FIND) that the case plan for those children over the age of 14, have been provided with services to assist them in transition from foster care to independent living. N/A <input type="checkbox"/>		
The Panel (FINDS OR DOES NOT FIND) there is substantial progress toward completion of the case plan. (If so, the court shall schedule a hearing within 30 days to determine whether a case plan for non-reunification is appropriate.)		
The Panel (FINDS OR DOES NOT FIND) that it is contrary to the welfare to the child(ren) to return home.		

#### 15. RESPONSIBLE PERSON WITHIN DFCS:

\_\_\_\_\_, whose telephone number is \_\_\_\_\_, is the person within DFCS who is directly responsible for ensuring that the plan is implemented. The supervisor is \_\_\_\_\_ the supervisor's telephone number is \_\_\_\_\_.

What is the contact and how often does DFCS visit with the child(ren): \_\_\_\_\_

What is the contact and how often does DFCS visit with the parent(s): \_\_\_\_\_

#### 16. DFCS DIRECTOR NOTIFICATION:

The Panel recommends that the following items of concern or appreciation be brought to the attention of the DFCS Director by the Court: \_\_\_\_\_

#### 17. AGREEMENT WITH THE PANEL'S RECOMMENDATIONS:

DFCS	Agree	_____	Disagree	_____	Not Present	_____
Child	Agree	_____	Disagree	_____	Not Present/Too Young	_____
Mother	Agree	_____	Disagree	_____	Not Present	_____
Father	Agree	_____	Disagree	_____	Not Present	_____
Legal Guardian	Agree	_____	Disagree	_____	Not Present	_____
CASA	Agree	_____	Disagree	_____	Not Present	_____
Child Advocate	Agree	_____	Disagree	_____	Not Present	_____

**SPECIAL NOTICE TO PARENTS / LEGAL CUSTODIANS / LEGAL GUARDIANS UNDER OCGA §15-11-217, ET.SEQ**

I understand that the Court may enter an Order terminating my parental rights after service of petition, summons and process and a hearing before the Court if I fail to comply with the Court Ordered Case Plan, or for other legal reason set out in Article 4 of Chapter 11 of Title 15 of the O.C.G.A. effective 1/1/2014., or, O.C.G.A. 15-11-94 under the previous code if applicable.

**SPECIAL NOTICE TO ALL PARTIES**

I/We, the undersigned, state that we understand that we have a right to request a hearing within five (5) days of the receipt of the Panel's Findings and Recommendations. If we disagree with the Case Plan or the Panel's Findings and Recommendations, and upon the filing of a written request for hearing, the matter will be scheduled for a Judicial Review before the Court.

I/We understand that if such a request is not made for a Judicial Review, the Court can incorporate the Panel's Findings and Recommendations at the Court's discretion into an Order of this Court which would add such Findings and Recommendations into the Case Plan or substitute those Findings and Recommendations for part or all of the original and existing Case Plan. I/We also acknowledge that I/we must continue to comply with the terms and conditions of the existing Case Plan until an Order is issued by the Court modifying the same and that any Goal or Step of the original or existing Case Plan not so modified remains in full force and effect and compliance with those Goals and Steps is mandated.

Wherefore, I/we do acknowledge the above and foregoing rights and notices provided by the Court on this page, and state that any and all questions that I/we have as to the proposed Panel Findings and Recommendations have been fully explained to my/our satisfaction.

\_\_\_\_\_  
Parent                      Date

\_\_\_\_\_  
DFCS Representative

\_\_\_\_\_  
Parent                      Date

\_\_\_\_\_  
Panel Chairperson

NEXT REVIEW - The Panel does hereby request that a further Panel Review be held on \_\_\_\_\_, 2023. Note – If requested, updated information to be provided within ten (10) days to the Local Program Coordinator, as follows:

**ACKNOWLEDGEMENT OF RECEIPT OF PANEL NOTES**

(    ) IN PERSON, GIVEN TO: \_\_\_\_\_ Signature \_\_\_\_\_

\_\_\_\_\_ Signature \_\_\_\_\_

\_\_\_\_\_ Signature \_\_\_\_\_

(    ) VIA EMAIL, SENT TO: \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_