

IN THE CIRCUIT COURT [redacted] JUDICIAL CIRCUIT  
IN AND FOR [redacted] COUNTY, FLORIDA  
JUVENILE DIVISION

IN THE INTEREST OF: [redacted] CASE NO.: [redacted]

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.

Comment [JLF1]: The JR template should pull only the most recent case goals that goal can be 'approved' or 'pending'. Goals that are 'not approved' should not display.

Comment [AJ2]: User entered - needs to be bold when typed in by the user.

Comment [AJ3]: User entered - should also be bolded.

Comment [AJ4]: This needs to be a static dropdown that contains the following two values: Family Law and Juvenile. Also bold.

Comment [AJ5]: This is user entered.

Comment [AJ6]: Pre-fill with the Court Case Number documented on the Case Plan Tasks page.

Comment [d7]: This is a dropdown with the following two values: Minor Child and Minor Children

Comment [AJ8]: User entered text field for the user to identify what number JR this is (first, second, etc.).

Comment [AJ9]: This is user entered on the current JR template, and would remain as user selected. This is due to the fact that the 'type' is captured on the JR Goal Eval page and not the JR Task Eval page.

Comment [d10]: User entered.

Comment [d11]: User entered.

Comment [d12]: User entered.

Comment [d13]: User entered.

Comment [AJ14]: User entered.

Comment [AJ15]: This section pre-fills in a table structure with each participant's name, their Goal and the Goal Effective Date. The Goal column pre-fills with the most recent 'Primary New Goal' documented on the participant's Legal page, within the Court Approved Permanency Goal group box.

Comment [AJ16]: Child Name, Service Category and Type and Provider Name in a table structure.

Comment [AJ17]: User entered.

**VI. Parties/ Participants to the Case Plan**

**Comment [AJ18]:** User entered text fields. Need to be able to select 'ENTER' and add additional information/ fields if necessary.

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

**VII. Case Plan Tasks**

**A. Progress**

▶ Name: Participant A	<b>Comment [AJ19]:</b> Pulled from the JR/Task eval – Needs tab
Identified Problem: Identified Problem #1	
Desired Measurable Behavioral Outcome: DMBO #1 for Identified Problem #1	<b>Comment [AJ20]:</b> Pulled from the JR/Task eval – Needs tab
Specific Task: Specific Task #1 for Ident. Prob. #1	Specific Task End Date:
Task compliance:	<b>Comment [AJ21]:</b> Each Identified Problem may have several Specific Tasks/DMBOs associated with it. As a result, the identified problem will be repeated for each Specific Task/DMBO that is tied to it, which is demonstrated here.
<input type="checkbox"/> Substantial Compliance	
<input type="checkbox"/> Partial Compliance	
<input type="checkbox"/> Non Compliance	
<input type="checkbox"/> Not Applicable	<b>Comment [AJ22]:</b> Pulled from the JR/Task eval – Needs tab/view pop-up
Service Delivery:	<b>Comment [AJ23]:</b> Pulled from the JR/Task eval – Needs tab
Completion of task and how it relates to desired measurable behavioral outcome:	<b>Comment [AJ24]:</b> Pulled from the JR/Task eval – Progress pop-up page
<input type="checkbox"/> Achieved	
<input type="checkbox"/> Sufficient Progress	<b>Comment [AJ25]:</b> Pulled from the JR/Task eval – Progress pop-up page
<input type="checkbox"/> Insufficient Progress	

▶ Name: Participant A	<b>Comment [AJ26]:</b> Pulled from user entered narrative field on the JR/Task eval – Progress pop-up page
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:	<b>Comment [AJ27]:</b> Pulled from the JR/Task eval – Needs tab
<input type="checkbox"/> Substantial Compliance	
<input type="checkbox"/> Partial Compliance	
<input type="checkbox"/> Non Compliance	
<input type="checkbox"/> Not Applicable	<b>Comment [AJ28]:</b> Pulled from the JR/Task eval – Needs tab
Service Delivery:	<b>Comment [AJ29]:</b> Each Identified Problem may have several Specific Tasks/DMBOs associated with it. As a result, the identified problem will be repeated for each Specific Task/DMBO that is tied to it, which is demonstrated here.
Completion of task and how it relates to desired measurable behavioral outcome:	<b>Comment [AJ30]:</b> Pulled from the JR/Task eval – Needs tab/view pop-up
<input type="checkbox"/> Achieved	
<input type="checkbox"/> Sufficient Progress	<b>Comment [AJ31]:</b> Pulled from the JR/Task eval – Needs tab
<input type="checkbox"/> Insufficient Progress	<b>Comment [AJ32]:</b> Pulled from the JR/Task eval – Progress pop-up page

**B. Reason for Agency Involvement:**

**Comment [AJ33]:** Pulled from the JR/Task eval – Progress pop-up page

**Comment [AJ34]:** Pulled from user entered narrative field on the JR/Task eval – Progress pop-up page

**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:

**Comment [AJ35]:** User entered.

**Comment [AJ36]:** Pulled from user entered narrative field on the JR/Task eval – Resource and Barriers tab

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

**D. Family Interaction**

- 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.
- Statement from current caregiver regarding any material evidence concerning return of the child to the parent(s).
- Changes to the household composition since the last review  Yes  No
- 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

**Comment [AJ37]:** Pulled from user entered narrative field on the JR/Task eval – Family Interaction tab

**Comment [AJ38]:** Pulled from user entered narrative field on the JR/Task eval – Family Interaction tab

**Comment [AJ39]:** Pulled from user entered checkbox in JR/Task eval – Family Interaction tab

**Comment [AJ40]:** Pulled from narrative associated with checkbox for #3.

**Comment [AJ41]:** Pulled from JR/Task Eval - Recommendations tab

**Comment [AJ42]:** Pulled from the JR/Task Eval – Recommendations tab - Recommendation group box.

**Comment [AJ43]:** For the Judicial Review Goal section ALL of the information for each should be grouped together in the exact order of Goals, Placement, Health, Education, Rilya Wilson and Independent Living sections – in that order, and then the same for the next child and so on. The DOB does NOT need to repeat for each child’s sections (Health, Ed and so on – only needs to be at the beginning to each child’s section.

**Comment [AJ44]:** Pulled from Person Management

**Comment [AJ45]:** Pulled from Person Management

**Comment [AJ46]:** Pulled from Case Plan Task (line up with Name & DOB)

**Comment [AJ47]:** R2a – Pulled from Interim Child Information page – Legal Status = Adjudicated Dependent – Start Date / R2b – Pulled from Legal page – Legal Case Status = Adjudicated – Completed Date

**Comment [AJ48]:** Pre-filled from JR/ Goal Evaluation header.

**Comment [AJ49]:** Pulled from JR/Goal eval - ...

**Comment [AJ50]:** Pulled from Person - ...

**Comment [AJ51]:** Pulled from Person - ...

**Comment [AJ52]:** Pulled from Person - ...

**Comment [AJ53]:** Pulled from Person - ...

**Comment [AJ54]:** Pulled from JR/Goal - ...

**Comment [AJ55]:** Pulled from JR/Goal - ...

**Comment [AJ56]:** Pulled from JR/Goal - ...

**Comment [AJ57]:** Pulled from JR/Goal eval - ...

**Comment [AJ58]:** Pulled from JR/Goal eval - ...

**Comment [AJ59]:** Pulled from JR/Goal eval - ...

**Comment [AJ60]:** Case Plan Goal - Out of ...

**Comment [AJ61]:** Pre-filled from OHP.

**Comment [TAS62]:** If the max placements ...

**Comment [TAS63]:** Pre-filled from Service ...

**Comment [TAS64]:** [(Current Date – Placem ...

**Comment [AJ65]:** Pre-filled from OHP. ...

**Comment [AJ66]:** Pulled from Case Plan Goa ...

**Comment [AJ67]:** Pulled from Case Plan Goa ...

**Comment [AJ68]:** Pulled from JR/Goal eval - ...

**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 identify efforts that will be made to implement a concurrent permanency goal:		
<b>Current Placement</b>		
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.  
 Yes  No

Comment [AJ69]: Pulled from JR/Goal eval - Placement tab

Entry into out of home care resulted in a change in educational setting:  Yes  No

Comment [AJ70]: Pulled from JR/Goal eval - Placement tab

Placement supports the level of contact to the parents that is deemed appropriate:  Yes  No

Placement is the least restrictive, most family like setting consistent with child's best interest and special needs  
 Yes  No

Comment [AJ71]: Pulled from JR/Goal eval - Placement tab

Supporting information regarding above statements:

Comment [AJ72]: Pulled from JR/Goal eval - Placement tab

**Residential Group Care**

Is the child 11 years or older?  Yes  No

Comment [AJ73]: Pulled from JR/Goal eval - Placement tab

Has the child been in licensed family foster care for 6 months or longer?  Yes  No

Comment [AJ74]: All fields below pulled from JR/ Goal Evaluation - Placement tab - Residential Care group box

Has the child been moved more than once while in licensed family foster care?  Yes  No

Does the child meet criteria for extraordinary needs as described in s.409.1676 (2)(a), Florida Statutes?  
 Yes  No

If yes to the four questions above, has the child been assessed for placement in licensed residential group care?  
 Yes  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?  Yes  No

If the assessment recommended residential group care, is the child in residential group care?  Yes  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 of 22 months)**

Comment [AJ75]: All fields below pulled, except where indicated, from JR/Goal eval - Permanency Plan tab

Child is placed with a fit and willing relative

Supporting Information:

Termination of parental rights/adoption is not in the best interest of the child

Supporting Information:

Reasonable efforts to safety reunify the child have not been made

Supporting Information:

Grounds for involuntary TPR do not exist

Supporting Information:

Reasonable efforts to prevent removal or reunify the family or achieve the permanency goal

Supporting Information:

Comment [AJ76]: Pulled from JR/Goal eval - Placement tab

**Rilya Wilson Act Compliance**

Comment [AJ77]: All fields below pulled from the JR/ Goal Eval - Recommendations tab

Is the child between the ages of 3 to 6 years and under the supervision of the Department?  Yes  No

Has the child been attending the daycare facility for the required 5 days a week or as otherwise ordered by the Court?  Yes  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?  Yes  No

If there were two consecutive unexcused absences or seven consecutive excused absences reported was the rec follow-up visit to the child's residence completed?  Yes  No

Comment [AJ78]: If box is checked on the application then the below questions are disabled and the questions below will be blank on the template. If box is not checked then the below questions are enabled.

Outcome of the visit or explanation why visits were not made:

**Independent Living Services (Applies only to children in licensed care ages 13-17)**

Comment [AJ79]: This field and the date of referral will be pulled over from the IL module to the JR/Goal eval module - IL tab in 2B.but will be user entered in JR/Goal Eval in 2A., then pulled to template.

Child is not yet 13 years of age or is not in licensed foster care.

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:

Comment [AJ80]: Pulled from narrative field on the JR/Goal eval IL tab

<input type="checkbox"/> Independent Living Assessment was completed:	Date Completed:	<b>Comment [AJ81]:</b> This field and the date of IL Assessment will be pulled over from the IL module to the JR/Goal eval module - IL tab in 2B.but will be user entered in JR/Goal Eval in 2A., then pulled to template.
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:	<b>Comment [AJ82]:</b> Pulled from user entered narrative field on the JR/Goal eval IL tab
Information discussed at required staffing, including services provided and youth's progress toward developing Independent Living skills:		<b>Comment [AJ83]:</b> Pulled from user entered checkbox in JR/Goal eval
<b>Education and Career Path</b>		<b>Comment [AJ84]:</b> User entered.
<input type="checkbox"/> Attending a 4 year college, or university or community college plus university or a military academy		<b>Comment [AJ85]:</b> Pulled from user entered narrative field on the JR/Goal eval IL tab
<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 or equivalent or enlisting in the military		<b>Comment [AJ86]:</b> This entire section is pulled from user entered checkboxes in JR/Goal Eval - IL tab.
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 <sup>th</sup> birthday, or since the date the child came into foster care. <input type="checkbox"/> Yes <input type="checkbox"/> No		
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 <sup>th</sup> birthday, how living 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 <sup>th</sup> 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 17 <sup>th</sup> 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 <sup>th</sup> 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		
<b>Participation</b>		
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:		
<b>Reasonable Efforts</b>		
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:		
<b>Comment [AJ87]:</b> Pulled from JR/ Goal Eval - Basic tab		
<b>Comment [AJ88]:</b> Pulled from JR/ Goal Eval - Basic tab		
<b>Comment [AJ89]:</b> Pulled from JR/ Goal Eval - Basic tab		
<b>Comment [AJ90]:</b> This is the heading. The Child and Caregiver fields associated with this statement are pulled from JR/ Goal Eval - Recommendations tab.		
<b>Comment [AJ91]:</b> Pulled from JR/Goal eval - Recommendations tab		
<b>Comment [AJ92]:</b> Pulled from JR/Task eval - Recommendations tab		

**IX. Health Information:**

**Comment [AJ93]:** All fields within the Health Information section pre-fills from the MMH page – Medical Profile tab only for active case participants that are under 18yrs old.

<b>► Child 1:</b>	
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:	
<b>► Child 2:</b>	
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:**

**Comment [AJ94]:** All fields within the Medications section pre-fill from the MMH page – Medications pop-up page only for active case participants that are under 18yrs old.

<b>► Child 1:</b>		Child's DOB:
Physician/Practitioner:	Prescribed Medication:	Is Medication Psychotropic:
Date Prescribed:		Date Stopped:
<b>► Child 2:</b>		Child's DOB:
Physician/Practitioner:	Prescribed Medication:	Is Medication Psychotropic: Y/N
Date Prescribed:		Date Stopped:

**Diagnosis, assessments and/or treatments for the child:**

**Comment [AJ95]:** All fields within the Diagnosis, assessments and/or treatments for the child section pre-fill from the MMH page – Medical History tab only for active case participants that are under 18yrs old.

<b>► Child 1:</b>		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:		
<b>► Child 2:</b>		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:**

**Comment [A96]:** Info for this section pulled from Education module only for active case participants that are under 18yrs old.

<b>► Child 1:</b>	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:	
<b>► Child 2:</b>	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:**

**Comment [A97]:** Info for this section pulled from Education module only for active case participants that are under 18yrs old.

<b>► Child 1:</b>	Child's DOB:	Start Date:
School District:	School Name:	Reason for Change:
Program Type:		
School Address:		
<b>► Child 2:</b>	Child's DOB:	Start Date:
School District:	School Name:	Reason for Change:
Program Type:		
School Address:		

**XI. Attachments to the Judicial Review:**

<b>Medical/ Mental Health</b>
<input type="checkbox"/> Medical records
<input type="checkbox"/> Mental Health records
<input type="checkbox"/> Immunization records
<input type="checkbox"/> Dental records
<b>Visitation Plan(s)</b>
<input type="checkbox"/> Include parents, siblings & grandparents (if applicable)
<b>Education</b>
<input type="checkbox"/> Report cards
<input type="checkbox"/> Individualized Education Plan (if applicable)
<input type="checkbox"/> Other school records
<b>Master Trust</b>
<input type="checkbox"/> Quarterly Accounting Statement
<input type="checkbox"/> Notice of Fee Assessment and Rights of Foster Child Regarding Government Benefits
<b>Other</b>
<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**

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**Signature - Worker**

**Date Signed**

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**Signature - Supervisor**

**Date Signed**

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**Signature - Attorney**

**Date Signed**

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