CASA Report to the CRB

To: CRB Field Manager County:

From: (Name of CASA) (Date of CRB Review) Re: (Children’s Name(s) and Petition Number or DHS Case Number)

Date CASA Report Written: (Date)

*While you may discuss any information that you would like to share with the board, please consider including any of the following information if it is known/available to you:*

# INTRODUCTION:

Name(s)/age(s) of child(ren)

How long the children have been in care and number of placements.

How long you have been the CASA.

Provide brief case chronology/timeline of important events and dates.

EXAMPLES:

Shelter Hearing Date

Jurisdiction Date

Family Engagement Meeting Date

Prior Citizen Review Board Hearing Date

Placement Change Date

Permanency Hearing Date

# CHILD(REN):

* + Briefly describe the child(ren). (Personality, interests, stage of development, and/or something important to them.)

PLACEMENT and SAFETY:

* + What are your general thoughts about the placement and how it is going?
  + Has the placement recently changed? (If so, why, and how is the child adjusting?)
  + Are the child(ren)’s safety needs being met in this home?
  + Are you aware of the child(ren)’s wishes about where they would like to be placed?
  + Is Child Welfare providing the resource parent with the necessary support/services to maintain placement stability?

SERVICES and WELL-BEING:

* + Are the child(ren)’s needs being met? (Consider medical, dental, educational, psychological, cultural, services to prepare teens 14+ for independence, etc.)
  + What supports/services are being provided to each child?
  + Have these services and supports been provided in a timely manner?
  + Are there any concerns or additional services needed?
  + Is the child engaged in or in need of extra-curricular activities or other opportunities for social emotional enrichment?
  + How is the child’s culture and/or identity being supported?

ASSESSMENTS:

* + What assessments have been provided and when were they done? (Examples: CANS, psychological evaluation, medical evaluation, CDRC, mental health evaluation, etc.) Are there any additional evaluations scheduled?
  + Have the recommendations from those assessments been implemented by Child Welfare?

FAMILY TIME:

* + How often is the child currently seeing/having contact with the parent(s) and in what context? Do you feel the current level/frequency/location/method of family time is supporting the parent-child bond? Are you aware of the child(ren)’s wishes and feelings about family time?
  + Are siblings having regular and consistent contact with each other, including siblings that are not in state’s custody?
  + What efforts are being made to maintain the child(ren)’s connections with other family members/supportive persons?

# PARENTS: *Addressing each parent separately, summarize the parents’ level of involvement in court ordered services and case planning.*

* + Have you met with the parents?
  + What services is the parent participating in? When did they engage?
  + Are the parents making progress toward reunification and/or the conditions for return?
  + If the plan is reunification, are you aware of any services the parents need that would make reunification more likely?
  + If the plan is not Return to Parent, what is the legal status of the parents (relinquished, etc.)?

# RECOMMENDATIONS:

* + Are you in agreement with the permanency plan?
  + Are you in agreement with the concurrent plan? What progress is being toward this plan?
  + Please list any concerns you may have about the case.
  + Please list any recommendations you have for the case.

# PHOTO

# Please include any recent photo(s) of the child(ren).

Cc: Name, ODHS Caseworker

Name, Attorney for Child

Name, Attorney for Mother

Name, Attorney for Father

Name, Tribal Representative (if applicable)

Name, Dept. of Justice