



# Permanency Plan Writing Guide

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**Prepared by**

Wisconsin Department of Children and Families  
Division of Safety and Permanence



Wisconsin Department of  
Children and Families

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## PERMANENCY PLAN WRITING GUIDE

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## INTRODUCTION

The following writing guide was created to provide consistency, clarity and efficiency when writing permanency plans. The permanency plan serves as a tool for communication with parents/caregivers, children, and their family members, court parties, and other individuals in providing supports and services to the family. The permanency plan provides the parties with an update on the progress towards the child or youth's identified permanency goal. Initial Permanency Plans are completed and filed with the court within 60 days of the child(ren)'s placement in out-of-home care.

Subsequent Permanency Plans are completed every 6 months and are filed with the court at least 5 days prior to the scheduled Permanency Plan Review or Hearing.

The child welfare professional is responsible for overseeing the implementation of the permanency plan and working with the family to facilitate change. Managing the permanency plan involves ensuring the plan targets goals associated with enhancing diminished caregiver protective capacities and achieving permanence. The permanency plan identifies steps towards establishing a safe and permanent home.

## THINGS TO CONSIDER WHEN PERMANENCY PLANS COME DUE

Have a discussion with parents and the child about their permanency plan goals and their progress regarding those goals as well as the court ordered conditions for return. Have a similar discussion with any service providers working with the parents and/or child(ren) about the parent's or child's progress with the service provider. These discussions should occur during the month prior to the permanency plan due date to include the parents, child, and service providers in the permanency planning process. Inform the parents and child(ren) about what information will be captured in the permanency plan and provided to court. Be transparent and thoroughly explain the permanency plan process and the intent to the family and ensure they understand what to expect.

Be sure to update the [Person Management Page](#) and any related documents. Utilize the [Knowledge Web](#) for assistance in creating the following documents:

- [Safety Assessment - Safety Analysis and Plan](#) info should explain current thinking about why it is not safe for the child to return home today.
- [ICWA/WICWA Considerations and Active Efforts](#)
- [CANS](#) – this needs to be approved prior to the CSE so it prefills into that document.
- [Confirming/Reconfirming Safe Environments](#)
- [Family Interaction Plan](#)
- Complete legal permanency status on the [Permanency Consultation](#) page.
- Update [Relative/Non-Relative Search](#).
- Complete the [Adoption Safe Families Act Exceptions](#) at 15-month mark.
- [Update Q RTP Addendum](#)
- Update [Independent Living](#) information.

## WRITING THE PERMANENCY PLAN

Basic information at the top of the permanency plan will prefill. NOTE: The plan date in the upper right-hand corner should be the date you send the permanency plan for approval. This will allow for information from other documents to prefill into the permanency plan even if those documents were created and approved after the permanency plan was launched. The information that prefills into the permanency plan is from documents/information that has been approved prior to or the date of the current permanency plan. When using dates within narratives make sure to include the year.

Provide facts and details to create a picture of what you observe or know about individuals' functioning or situations and to explain your conclusions/assessments. Help the reader create a vision of what is going on.

Write from a trauma-informed perspective. State the facts while avoiding words and/or phrases that may be triggering for the family. Remember, this is an outside perspective of *their* life. Be transparent about all information that will be captured within the permanency plan. The family should not be surprised by any information in the permanency plan.

Use social work voice when referencing yourself or another child welfare professional using their title and last name. Examples: *SW Smith*

### Helpful Permanency Plan Hints:

- If the child has an Out-of-Home Care (OHC) Placement and there are no safety concerns (the child is safe) on the Safety Assessment, Analysis and Plan, then the Case/Permanency Plan page will not have a Safety tab. For a child in an OHC placement with a Person Type of CPS, then the Safety tab displays.
- If a Case/Permanency Plan already exists for a child in the case, then you can use the copy function when you create the Permanency Plan. This option is available for both Initial and Subsequent Permanency Plans.
- Clicking on blue hyperlinks within the Permanency Plan document in eWiSACWIS will open up another window that allows you to create or edit information outside of the Permanency Plan and return back to the Permanency Plan when finished. Added/edited information will then pre-fill into the Permanency Plan.
- A light blue text box indicates that information must be entered into the Permanency Plan in order for the Permanency Plan to be approved.
- A light gray textbox indicates that you cannot enter information directly into the Permanency Plan or information does not need to be entered into the textbox in order for the Permanency Plan to be approved.
- ***Remember to click the SAVE button at the bottom of each page; save often to ensure that you do not lose any of your work.***

## TAB: BASIC

### ICWA/WICWA CONSIDERATIONS

Are there any Indian Child Welfare Act considerations with this child? *Pre-fills*

This information pre-fills from the ICWA Tab. If there are ICWA considerations, click the 'Modify' hyperlink to edit the person management page.

### OTHER CONSIDERATIONS

Provide a statement as to whether the child's age and developmental level are sufficient for the court or review panel to consult with the child at the hearing or review.

Comment on the child's age/development and whether they understand permanency and would be able to be consulted based on their age and development.

Date of last contact:

This information prefills from the last face-to-face contact case note. The date of the last face-to-face contact with the out-of-home care provider must be entered manually. Click the 'Create Case Note' hyperlink to create a new case note. Clicking on the pre-filled date of last contact below will open that respective case note.

Child:	<i>Date Pre-fills</i>	Out-of-home care provider:	<i>Enter date</i>
Parent 1:	<i>Date Pre-fills</i>	Parent 2:	<i>Pre-fills</i>

### CHILD INVOLVEMENT IN PERMANENCY PLANNING

This section displays only for youth that are eligible for Independent Living Services.

☐ Yes ☐ No Was the permanency plan developed in consultation with the child?

If the answer is 'Yes' no further information is required. If the answer is no, explain in a sentence or two why the youth was not consulted.

☐ Yes ☐ No Was the permanency plan developed in consultation with two other individuals selected by the child who are not the child's caseworker or foster parent?

If the answer is "Yes" a narrative box requiring the names of the two individuals will appear. If the answer is "No" a required narrative box requesting an explanation appears.

## COURT INFORMATION

Click the Add/Edit button to add the court information. On the court information selection page, select all applicable court numbers. If the appropriate court number is not displayed, click the Legal Record hyperlink to add the court information to the legal record. Once selected, click the Continue button to return to the permanency plan. If the judge and branch information does not pre-fill, enter it manually in the space provided.

Court File Number(s)	Branch	Judge
<i>Pre-fills from Legal Record</i>	<i>Pre-fills, otherwise enter manually</i>	<i>Pre-fills, otherwise enter manually</i>

- ☐ Parent addresses shown below have been reviewed.  
Review the parent information below to ensure the information is accurate. NOTE:  
Permanency plan cannot be approved unless this box is checked.

## PARENT INFORMATION

All information in this section should prefill from the legal record and the parent's person management page. If the display box is checked, the address will prefill from Person Management. If the address is confidential, the display box must be left unchecked. Click the 'Modify' hyperlink edit the parent information in person management.

Parent 1:	<i>Pre-fills</i>	Parent 2:	<i>Pre-fills</i>
Address:	<i>Pre-fills</i>	Address:	<i>Pre-fills</i>
Phone:	<i>Pre-fills</i>	Phone:	<i>Pre-fills</i>
Cell Phone:	<i>Pre-fills</i>	Cell Phone:	<i>Pre-fills</i>
Parent 1's Attorney:	<i>Pre-fills</i>	Parent 2 is:	<i>Pre-fills</i>
		Parent 2's Attorney:	<i>Pre-fills</i>

## COLLATERALS

All information in this section page should prefill from the collaterals tab of the Person Management page. Click the Modify link to add or edit any collaterals. Collaterals should include both personal (friends, like-kin, family, non-paid people) and professional (counselors, mentors, medical professionals).

Guardian ad Litem:	<i>Pre-fills</i>	Public Defender/Attorney for Child:	<i>Pre-fills</i>
District Attorney/Corporation Counsel:	<i>Pre-fills</i>	Other:	<i>Enter Manually</i>
Court Appointed Special Advocate:	<i>Pre-fills</i>		

## ICWA/WICWA

This tab displays conditionally if the child has ICWA/WICWA considerations indicated on the Person Management page.

### ICWA/WICWA CONSIDERATIONS

Are there any Indian Child Welfare Act considerations with this child? *Pre-fills*

Click the 'Modify' hyperlink to edit ICWA considerations within Person Management.

Status:	<i>Pre-fills; Eligible for membership, not a member</i>
Tribe:	<i>Pre-fills</i>
Address:	<i>Pre-fills</i>
Telephone:	<i>Pre-fills</i>

If "Yes" explain:

Explain how the child is subject to ICWA; including the following information:

- The Parent 1's and/or Parent 2's eligibility or membership in a Federally recognized Tribe.
- If the child is eligible and/or a member of a tribe.
- Specific tribe information, including tribal contacts.
- Information on how WICWA was verified, including date letter sent to and received by the Bureau of Indian Affairs that confirms the child's eligibility and/or membership.

Resource Links:

- <https://www.bia.gov/bia/ois/dhs/icwa> This link will take you to a Bureau of Indian Affairs (BIA) search window where you can search for a Tribe by name, region, state, or ICWA Designee contact information.
- <https://www.govinfo.gov/content/pkg/FR-2021-10-04/pdf/2021-21464.pdf> This link is the BIA's Federal Register for ICWA Designated Tribal Agents for Service of Notice. This is a PDF document that includes contact information for all federally recognized tribes.
- <https://dcf.wisconsin.gov/files/cwportal/wicwa/wifedirectribes.pdf> This link includes contact information for tribal child welfare departments in Wisconsin. If you know the child is affiliated with a tribe located in Wisconsin, you can find their contact information here.
- [https://media.wcwpds.wisc.edu/foundation/WICWA\\_Online\\_Resource/index.html](https://media.wcwpds.wisc.edu/foundation/WICWA_Online_Resource/index.html) For more information about Wisconsin Indian Child Welfare Act (WICWA) compliance, use this link.



## ICWA/WICWA PLACEMENT PREFERENCES

If the child is an Indian child, provide a statement as to whether the Indian child's placement is in compliance with the order of the placement preference, and if the placement is not in compliance with that order, a statement as to whether there is good cause for departing from that order.

Placement is	Placement Preference	Describe the action taken to comply with statutory placement preferences
<i>Pre-fills</i>	<i>Pre-fills</i>	<i>Pre-fills</i>

Answer the following questions by selecting Yes or No.

Does the Tribe have their own placement preferences?	<input type="radio"/> Yes <input type="radio"/> No
Is the child in a placement setting that meets the placement preferences as outlined by ICWA/WICWA?	<input type="radio"/> Yes <input type="radio"/> No
Has the court made a good cause finding to depart from the placement preference?	<input type="radio"/> Yes <input type="radio"/> No

Describe your diligent efforts in the past six months to locate a placement that meets the preferences outlined by ICWA/WICWA.

Provide information describing your efforts to consult with the Tribe, parents, Indian custodian, and extended relatives to identify a placement that meets the preferences as well as your efforts to place the child with those identified.

## ICWA/WICWA ACTIVE EFFORTS

If the child is an Indian child, describe the remedial services and rehabilitation programs offered in an effort to prevent the break-up of the Indian child's family.

Summarize what active efforts have been provided by the agency to keep the family together.  
Statement of Active Efforts:

- The agency has a continuing obligation to make active efforts to provide remedial services and rehabilitative programs, in a culturally appropriate and timely manner, to the family throughout the life of the case.
- Your Statement of Active Efforts should be written specific to each child and describe the actions your agency made in the last six months to comply with the nine statutory requirements, as outlined by [48.028\(4\)\(g\)](#).
  - Reminder: It is not the obligation of the tribes to meet the active efforts requirement. It is the agency's obligation to attempt to engage the child's tribe throughout the life of the case.
- Do not copy from previous statements.

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Answer Yes or No as to whether your agency conducted each of the nine specific activities below. Describe the activities conducted or explain why the activity was not conducted.

Representatives designated by the Indian child's tribe with substantial knowledge of prevailing social and cultural standards and child-rearing practice within the tribal community were requested to evaluate the circumstances of the Indian child's family and to assist in developing a case plan that uses resources of the tribe and Indian community, including traditional and customary support, actions, and services. Describe activities or explain why not conducted:	<input type="radio"/> Yes	<input type="radio"/> No
A comprehensive assessment of the situation of the Indian child's family was completed, including a determination of the likelihood of protecting the child's health, safety, and welfare effectively in the child's home. Describe activities or explain why not conducted:	<input type="radio"/> Yes	<input type="radio"/> No
Representatives of the Indian child's tribe were identified, notified, and invited to participate in all aspects of the proceedings at the earliest possible point and their advice was actively solicited throughout the proceedings. Describe activities or explain why not conducted:	<input type="radio"/> Yes	<input type="radio"/> No
Extended family members of the Indian child, including extended family members who were identified by the Indian child's tribe or parents, were notified and consulted with to identify and provide family structure and support for the Indian child, to assure cultural connections, and to serve as placement resources. Describe activities or explain why not conducted:	<input type="radio"/> Yes	<input type="radio"/> No
Arrangements were made to provide natural and unsupervised family interaction in the most natural setting that can ensure the Indian child's safety, as appropriate to the goals of the permanency plan, including arrangements for transportation and other assistance to enable family members to participate in that interaction. Describe activities or explain why not conducted:	<input type="radio"/> Yes	<input type="radio"/> No
All available family preservation strategies were offered or employed and the involvement of the Indian child's tribe was requested to identify those strategies and to ensure they are culturally appropriate to the tribe. Describe activities or explain why not conducted:	<input type="radio"/> Yes	<input type="radio"/> No

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Community resources offering housing, financial, and transportation assistance and in-home support services, in-home intensive treatment services, community support services, and specialized services for members of the Indian child's family with special needs were identified, information about those resources was provided to the family, and the family was actively assisted or offered active assistance in accessing those resources.

☐ Yes

☐ No

Describe activities or explain why not conducted:

Monitoring of client progress and client participation in services was provided.

☐ Yes

☐ No

Describe activities or explain why not conducted:

A consideration of alternative ways of addressing the needs of the Indian child's family was provided, if services did not exist or if existing services were not available to the family.

☐ Yes

☐ No

Describe activities or explain why not conducted:

## CHILD'S WELL-BEING

### GO TO

Click each hyperlink to jump to its' respective section below.

<a href="#">Child</a>	<a href="#">Health</a>	<a href="#">Medication</a>	<a href="#">Health Care</a>	<a href="#">Immunization</a>	<a href="#">Education</a>	<a href="#">Family</a>	<a href="#">IL Services</a>
	<a href="#">Summary</a>		<a href="#">Providers</a>	<a href="#">s</a>		<a href="#">Interaction</a>	
						<a href="#">Plan</a>	

### CHILD

Identify and describe the court ordered conditions, the actions taken and the services offered or provided by the agency in the previous six months and those to be provided in the next six months to make reasonable efforts, or active efforts in the case of an Indian child, to achieve the goal(s) of the Case/Permanency Plan, including services that were recommended or considered but were not available.

Describe the child's general functioning:

- The goal of this section is to paint a picture of how the child functions on a daily basis and provide a clear understanding of the child's vulnerability. Be concise as this should reflect the 6 months since the last permanency plan. Be sure to check tenses to reflect what is currently happening and what has happened in the past.
- Include demographic information, well-being information, educational updates, any mental health/AODA concerns, social functioning information, placement stability information, etc.
- Include relevant dates using the actual date or in month/year format.

### CHILD CONDITIONS & SERVICES

Click the "insert" hyperlink to enter child services and conditions.

#### Condition:

The court-ordered or proposed conditions of return/supervision should be reflected here. The conditions should read exactly as it is written in the most recent dispositional order.

#### Service Category:

Select the appropriate service category for the service being entered. This service should be directly related to the indicated condition and the impending danger threat the condition addresses.

#### Specifically Explain Service:

Explain what the service is and how it will address the condition and impending danger threat.

#### Responsible Person/Provider:

Select the appropriate radio button for the provider providing the service, then click the "Select" hyperlink to search for the provider or person responsible for providing the selected service. If the provider is a placement provider, use the "Provider" option. Select "Medical/Mental Health Provider" if the provider is a medical or mental health professional (doctors, counselors, etc.). If the responsible person is the parent themselves or any other participant in the case (attorneys, relatives, etc.), select "Case Part./Collateral". You may need to create a provider if the provider is not already in the eWiSACWIS system.

**Frequency/Duration:**

Enter the frequency/duration of the service (example: two days per month) and the date the service begins or is referred. Be sure to note if the client is on a waiting list or in a hold status. If there is a targeted end date for the service or the end date is known, indicate that in the respective box.

**Status of Service:**

Indicate the status of the service by selecting the appropriate status in the Status of Service drop down.

**CHILD'S HEALTH SUMMARY**

Click the 'Modify' hyperlink to open Person Management and edit the child's health information.

- ☐ Child has chronic physical, mental or emotional needs.
- ☐ Child has had a hospitalization, surgery, emergency medical need, or significant illness in the last six months?

**MEDICATION**

Is the child prescribed medication? *Answer Pre-fills from Person Management page.*

Click the 'Modify' hyperlink to enter/edit the child's medication information below. The medication information entered in Person Management will *pre-fill* here.

Name of Medication	Dosage/Frequency	Psychotropic	Reason Medication is Prescribed	Length Prescribed	Physician / Address
<i>Pre-fills</i>	<i>Pre-fills</i>	<i>Pre-fills</i>	<i>Pre-fills</i>	<i>Pre-fills</i>	<i>Pre-fills</i>
<i>Pre-fills</i>	<i>Pre-fills</i>	<i>Pre-fills</i>	<i>Pre-fills</i>	<i>Pre-fills</i>	<i>Pre-fills</i>

**CURRENT HEALTH CARE PROVIDERS**

This information *pre-fills* from the Person Management page. Click the 'Modify' hyperlink to enter/edit the child's health care provider information below.

Physician:	<i>Pre-fills</i>
Address:	<i>Pre-fills</i>
Telephone:	<i>Pre-fills</i>
Date of last exam:	<i>Pre-fills</i>
Dentist:	<i>Pre-fills</i>
Address:	<i>Pre-fills</i>
Telephone:	<i>Pre-fills</i>
Date of last exam:	<i>Pre-fills</i>
Mental Health Provider:	<i>Pre-fills</i>
Address:	<i>Pre-fills</i>
Telephone:	<i>Pre-fills</i>
Date of last exam:	<i>Pre-fills</i>

## IMMUNIZATIONS

The information in this section *pre-fills* from the Person Management page. Click the 'Modify' hyperlink to enter/edit the child's immunization information. Use the hyperlink for the WIR registry to determine if up to date. Update with current date when confirmed up to date.

Child's immunizations are up-to-date: *Pre-fills*

If "No" describe why immunizations are not up-to-date.

Use this narrative to explain why the child's immunizations are not up-to-date.

Parents prefer that the child not be vaccinated. *Pre-fills*

Comments:

Use this narrative to explain the parents' vaccination preferences for the child.

A request for the child's immunization was made to on *Pre-fills*

Immunization	Date(s) Administered
--------------	----------------------

Pneumococcal conjugate vaccine (PCV)	<i>Pre-fills</i>
--------------------------------------	------------------

Influenza	<i>Pre-fills</i>
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### Educational Summary

Click the 'Modify' hyperlink to enter/edit the child's educational information below. The educational summary information entered in Person Management will *pre-fill* here.

☐ Yes ☐ No ☐ N/A Is the most recent grade report attached?

Child is in early intervention program.

Child is in day treatment.

*Narrative pre-fills*

Provide name and address of current school or special education providers. *Pre-fills*

Describe current academic performance. Include grade level, special achievements and current educational difficulties. Indicate the date and source of your information.

*Narrative pre-fills*

Current or most recent grade level: *Pre-fills*

Is this the grade level where the child should be (do not include a child who voluntarily begins kindergarten at age 6)? *Pre-fills*

## VISITATION/FAMILY INTERACTION PLAN

Click the appropriate radio button to indicate whether there is an eWiSACWIS Family Interaction Plan or a Non-eWiSACWIS Family interaction Plan. Click the “Create Family Interaction Plan” or “View Family Interaction Plan” hyperlink to create a new or view the current family interaction plan. The information from the approved family interaction plan will *pre-fill* below.

☐ eWiSACWIS Family Interaction Plan

☐ Non-eWiSACWIS Family Interaction Plan

Describe family interaction plan.

Parent/Caregiver 1:

*Pre-fills*

Minimum Level Required:

*Pre-fills*

Frequency: *Pre-fills*

Supervised By:

*Pre-fills*

Least Restrictive Location Permissible:

*Pre-fills*

Parent/Caregiver 2:

*Pre-fills*

Minimum Level Required:

*Pre-fills*

Frequency: *Pre-fills*

Supervised By:

*Pre-fills*

Least Restrictive Location Permissible:

*Pre-fills*

When siblings are not seeing each other as part of the family interaction plan, a sibling interaction plan is necessary. Describe how, when and at what frequency sibling interactions will occur.

*Narrative pre-fills*

## INDEPENDENT LIVING (IL) SERVICES

Click the ‘Maintain IL Services’ hyperlink to maintain Independent Living services for the eligible youth. See the [Independent Living Content Guides](#) on the [Knowledge Web](#) for more information on how to complete.

A youth is eligible for Independent Living Services when in Out-of-Home care of six months after age 14. Select the appropriate radio buttons below.

Youth is:

☐ Eligible

☐ Not Eligible

Date youth became eligible for  
Independent Living Services:

*Pre-fills*

☐ Yes

☐ No

Did the youth receive the Handbook for Youth in Foster Care which describes the rights listed in § 48.38(4)(h)7 / §938.38(4)(h)7?

Date received:

*Enter date*

## INDEPENDENT LIVING TRANSITION TO DISCHARGE

This group box will only display once the youth has reached 17 ½ years old. This information pre-fills from the Independent Living page and can be updated by clicking on the 'Transition to Discharge' hyperlink. See the [Independent Living Content Guides](#) on the [Knowledge Web](#) for more information on how to complete.

### Eligibility for Extension of Out-of-Home Care

Does the youth have an IEP? *Pre-fills*

Is the youth expected to graduate before age 19? *Pre-fills*

Will the youth be a full-time student at a secondary school or its vocational or technical equivalent after age 18?: *Pre-fills*

The youth IS/IS NOT eligible to continue care up to graduation or age 21 whichever occurs first.

### Youth Decision

The youth has been made aware of options for remaining in care: *Pre-fills* Date: *Pre-fills*

The youth chooses to: *Pre-fills*

Anticipated Transition to Discharge Hearing Date: *Pre-fills*

### Transition Planning

ILTD Plan Completed:

ILTD Plan Updated: *Pre-fills*

Date of Youth's Anticipated Discharge: *Pre-fills*

Anticipated Age at Discharge: *Pre-fills*

Desired method of contact following discharge: *Pre-fills*

### Housing

Goal: Safe and secure living environment upon leaving care.

Anticipated location youth will transition to: *Pre-fills*

Address Youth Will Transition To: *Pre-fills*

Housing Resource: *Pre-fills*

Telephone Number at Housing Resource: *Pre-fills*

Description of Activities to Achieve Goal:  
*Pre-fills*

Name – Helper: *Pre-fills*

Date to be completed: *Pre-fills*

Goal Achieved: *Pre-fills*

Date Goal Achieved: *Pre-fills*



### Health

Goal 1: Obtainment of private insurance or Badger Care Plus (Youth Exiting Out-of-Home)  
Description of Activities to Achieve Goal:

*Pre-fills*

Name – Helper: *Pre-fills*

Date to be completed: *Pre-fills*      Goal Achieved: *Pre-fills*      Date Goal Achieved: *Pre-fills*

### Education (secondary / post-secondary)

Goal 1: Completion of high school (GED / HSED).  
Description of Activities to Achieve Goal:

*Pre-fills*

Name – Helper: *Pre-fills*

Date to be completed: *Pre-fills*      Goal Achieved: *Pre-fills*      Date Goal Achieved: *Pre-fills*

### Mentors and / or Other Supportive Adults Identified

Goal: Explore and identify opportunities for mentoring and adult support after leaving foster care. Identify at least three individuals.

*Pre-fills*

Name – Helper: *Pre-fills*

Date to be completed: *Pre-fills*      Goal Achieved: *Pre-fills*      Date Goal Achieved: *Pre-fills*

Supportive adults, other than helping professionals, who are available and willing work with the youth as he / she transitions toward and through his / her discharge to self-sufficiency and beyond.

Name	Relationship	Contact Information
<i>Pre-fills</i>	<i>Pre-fills</i>	<i>Pre-fills</i>

### Opportunities for Continuing Support Services

Goal: Explore and identify continued supports available through agency IL program.  
Description of Activities to Achieve Goal:

*Pre-fills*

Name – Helper: *Pre-fills*

Date to be completed: *Pre-fills*      Goal Achieved: *Pre-fills*      Date Goal Achieved: *Pre-fills*

### Income

Goal: Source of income identified and obtained.  
Description of Activities to Achieve Goal:

*Pre-fills*

**DEPARTMENT OF CHILDREN AND FAMILIES**

Division of Safety and Permanence

Name – Helper: *Pre-fills*Date to be completed: *Pre-fills*    Goal Achieved: *Pre-fills*    Date Goal Achieved: *Pre-fills*

Indicate youth's source income at discharge from Out-of-Home Care (OHC):

*Pre-fills***Employment Services and Workforce Support**

Goal: Youth has employment or is connected to employment services and supports.

Description of Activities to Achieve Goal:

*Pre-fills*Name – Helper: *Pre-fills*Date to be completed: *Pre-fills*    Goal Achieved: *Pre-fills*    Date Goal Achieved: *Pre-fills***Essential Documents Secured and Provided to Youth**

Goal: Youth receives all the documents needed for successful transition to independence prior to the transition date.

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Annual Credit Report    | <input type="checkbox"/> Education Records      | <input type="checkbox"/> Medical Records            | <input type="checkbox"/> Selective Service Card    |
| <input type="checkbox"/> Birth Certificate       | <input type="checkbox"/> Employment Information | <input type="checkbox"/> NYTD Information           | <input type="checkbox"/> Social Security Card      |
| <input type="checkbox"/> Change of Address Card  | <input type="checkbox"/> Immigration Papers     | <input type="checkbox"/> Parent's Death Certificate | <input type="checkbox"/> State ID/Driver's License |
| <input type="checkbox"/> Copy of ILTD Plan       | <input type="checkbox"/> Medical Card           | <input type="checkbox"/> Placement History          | <input type="checkbox"/> Tribal Registration       |
| <input type="checkbox"/> Copy of Permanency Plan |   |   |  |

**Other Areas of Focus**

Goal: Youth's own identified needs and concerns.

Description of Activities to Achieve Goal:

*Pre-fills*Name – Helper: *Pre-fills*Date to be completed: *Pre-fills*    Goal Achieved: *Pre-fills*    Date Goal Achieved: *Pre-fills*

## PERMANENCY PLANNING

### PARENTS/CAREGIVERS

For each parent/caregiver, describe how adult functioning (general functioning, daily life management, mental health functioning and substance use) impacts parenting practices (disciplinary approaches, nurturing, limit setting, protectiveness, provision of basic care, etc.). When a child is unsafe, determine how diminished parent/caregiver protective capacities impact impending danger threats (foreseeable danger) to safety.

- The goal of this section is to paint a picture of how the parent(s) function on a daily basis and provides a clear understanding of parenting techniques/discipline and enhanced/diminished parental protective capacities as related to the identified impending danger threat(s). Be concise as this should reflect the 6 months since the last permanency plan report. Be sure to check tenses to reflect what is currently happening and what has passed.
- Include demographic information, well-being information, educational updates, any mental health/AODA concerns, social functioning information, placement stability information, etc.

#### *Parents/Caregivers Goals & Services*

### CONDITIONS & SERVICES

Insert the appropriate parent/caregiver with each condition that is entered by clicking the “insert” hyper link and select the appropriate individual from the displayed list. Select the appropriate radio button to indicate if the condition is proposed or court ordered.

#### **Condition:**

The court-ordered or proposed conditions of return/supervision should be reflected here. The conditions should read exactly as it is written in the most recent dispositional order.

#### **Service Category:**

Select the appropriate service category for the service being entered. This service should be directly related to the indicated condition and the impending danger threat the condition addresses.

#### **Specifically Explain Service:**

Explain what the service is and how it will address the condition and impending danger threat.

#### **Responsible Person/Provider:**

Select the appropriate radio button for the provider providing the service, then click the “Select” hyperlink to search for the provider. You may need to create a provider if the provider is not already in the eWiSACWIS system.

#### **Frequency/Duration:**

Enter the frequency/duration of the service (example: two days per month) and the date the service begins or is referred. Be sure to note if the client is on a waiting list or in a hold status. If there is a targeted end date for the service or the end date is known, indicate that in the respective box.

**Status of Service:**

Indicate the status of the service by selecting the appropriate status in the Status of Service drop down.

Repeat this process for each proposed and/or court-ordered condition for both parents.

*Determination of Appropriateness for Concurrent Planning*

Review each of the 14 circumstances listed and select the appropriate response (yes or no) based on the parents' history. If a factor is indicated (marked yes), a concurrent goal needs to be included. **Note:** When the permanency plan prints out, readers will only see the factors that were indicated as "yes".

<input type="radio"/> Yes <input type="radio"/> No	The child has been the victim of more than one form of abuse.
<input type="radio"/> Yes <input type="radio"/> No	There have been 3 or more CPS interventions for serious separate incidents, indicating a chronic pattern of abuse or severe neglect or there is a pattern of intergenerational abuse with a lack of historical change in family dynamics.
<input type="radio"/> Yes <input type="radio"/> No	A parent has a history of substance abuse or is chemically dependent and/or has a history of treatment failures or the child was drug-exposed at the time of birth.
<input type="radio"/> Yes <input type="radio"/> No	The child has been abandoned with friends, relatives, out-of-home care providers, hospital, or after being placed in care, parents do not visit on their own accord. Parents disappear or appear rarely.
<input type="radio"/> Yes <input type="radio"/> No	A parent is intellectually impaired or has shown significant deficits in care for the child and has no support system of relatives able to share parenting.
<input type="radio"/> Yes <input type="radio"/> No	Parents or caretakers have a pattern of at least one year of documented history of domestic violence between caretakers and they refuse to separate.
<input type="radio"/> Yes <input type="radio"/> No	A parent's rights to another child have been involuntarily terminated or the parent has asked to relinquish the child on more than one occasion.
<input type="radio"/> Yes <input type="radio"/> No	A parent has significant, protracted, and untreated mental health issues.
<input type="radio"/> Yes <input type="radio"/> No	The child or siblings have been placed in out-of-home care or with relatives for periods of over six months duration or have had repeated placements with CPS intervention and previous attempts at reunification have failed.
<input type="radio"/> Yes <input type="radio"/> No	A parent's only visible support system is a drug culture, with no significant effort to change over time.
<input type="radio"/> Yes <input type="radio"/> No	A parent has repeatedly and with premeditation harmed a child or the child experienced extreme physical or sexual abuse by a parent or the parent has allowed someone else to abuse the child.
<input type="radio"/> Yes <input type="radio"/> No	A parent has previously killed or seriously harmed another child.

*The agency's determination of whether to engage in concurrent planning indicates*

Select the appropriate radio button based on the responses selected immediately above.

If no circumstances exist but the agency would still like to engage in concurrent planning, please provide an explanation regarding why a concurrent goal is being pursued despite there not being any factors to indicate a concurrent goal is necessary. Example: A concurrent goal is requested because the parents are requesting guardianship with a relative occur as they are not ready nor do they expect to be ready to parent their child in the near future.

*Despite the agency's determination to engage in concurrent planning, has the court determined that having a concurrent permanency goal is not appropriate?*

If the court determined that a concurrent goal was not appropriate in a previous hearing you will be prompted to provide a date of that hearing.

**60 Day (Initial) Permanency Plans:** the following section displays first when completing the initial permanency plan that is due 60 days after the start date of the child's placement in out-of-home care.

## PROPOSED PERMANENCE GOALS

Child's current permanence and if applicable concurrent goal of record:

Select the child's proposed permanence and, if applicable, concurrent permanence goal (based on your determinations and the appropriateness of concurrent planning filled out above) of record.

- A concurrent goal is required if any factors in the determination checklist in section were marked "yes".
- A concurrent goal can be added even if a factor was not determined on the checklist. If discussions have already occurred regarding concurrent planning a concurrent goal should be added.

Targeted date the permanence goal will be achieved:

Enter date

Enter in the date that the agency aims for the permanence goal to be achieved by. Based on the identified safety concern, any barriers (e.g., lack of available services; waiting lists, etc.) should be taken into consideration when entering in the targeted date. **For example**, if a parent needs to demonstrate their ability to control their impulses by engaging in individual counseling, but there is a waiting list for counseling to begin, a targeted date of 6 months (next permanency plan review) may not be a realistic date for permanence to be achieved.

Proposed Permanence Goal: This will automatically prefill with the choice made in the section above.

Concurrent Goal: This will automatically pre-fill with the choice made in the section above.

**Subsequent Permanency Plans:** the following section displays first when completing all subsequent permanency plans. The first subsequent plan is due 6 months from the date of the due date of the initial permanency plan and every 6 months after.

## **CURRENT PERMANENCE GOAL OF RECORD**

Child's current permanence and if applicable concurrent goal of record:

Select the child's current goal of record and, if applicable, concurrent permanence goal of record. The current goal be the same as the goal that is reflected in the most recent Permanency Plan Order. If there is not an existing order yet, this should be the proposed goal from the initial permanency plan.

Rationale for choosing this goal: (Displays for each goal selected)

Describe the reasons why the permanence goal was chosen. Include a description of the parents/caregivers' wishes. If the child/youth's age and developmental level are sufficient to consult regarding their wishes, include that information here. Describe what efforts have been made by the family (demonstrated behavioral changes) to enhance any diminished protective capacities associated with the identified impending danger threat(s). Be sure to include discussions related to the Adoption and Safe Families Act (ASFA) timelines. BE CONCISE!

Efforts made to achieve the goal, including preparation of the child for permanency and, if appropriate, through an out-of-state placement: (Displays for each goal selected)

Articulate what efforts have been made by the agency to connect the family to all necessary services to address the identified impending danger threat(s) and achieve the chosen goal. Provide specific details. Also describe the efforts to prepare the child for permanency. If the goal is something other than reunification, a description of efforts made with others to achieve the goal should be included.

Conditions to reunify safely: (Displays only when Reunification is selected)

This section should be consistent with what is noted in the last tab of the current Safety Assessment which asks what it would take to consider reunification under an in-home safety plan.

## **CONCURRENT GOAL**

Concurrent Goal: This will automatically prefill with the choice made in the Permanency Goals section above. It is appropriate for this section to be blank on an initial permanency plan as the agency might not have determined that a concurrent goal would be appropriate at this stage in the case.

Rationale for choosing this goal: (Displays for each goal selected)

Describe the reasons the permanence goal was chosen and explain why it is in the child's best interest. Include a description of the wishes of the parents/caregivers and children. If the goal is Adoption or Guardianship, indicate whether the parent is in agreement with the goal. Describe what efforts have not been made by the family to enhance any diminished protective capacities associated with the identified impending danger threat(s).

Efforts made to achieve the goal, including preparation of the child for permanency and, if appropriate, through an out-of-state placement: (Displays for each goal selected)

Articulate what efforts have been made by the agency to connect the family to all necessary services to address the identified impending danger threat(s) and achieve the chosen goal. Provide specific details. Also describe the efforts to prepare the child for permanency. If the goal is something other than reunification, a description of efforts made with others to achieve the goal should be included.

If **Adoption** is chosen as one of the goals, the following Yes/No questions need to be answered:

- Has an Adoption Referral been made? – Click the Create Adoption Referral hyperlink to open the Adoption Referral window and complete the information.
  - If 'Yes' is selected, the name of the Adoption Worker and the date the Adoption Worker was assigned will pre-fill.
- Child is placed with an adoptive resource?
- Adoptive resource needs to be identified.
- Barriers to adoption – If "Yes", describe.
  - If "Yes" is selected, describe what the barriers to adoption are. These could include: legal barriers, the child's wishes, placement barriers, etc. Explain what attempts have been made or will be made to address the barriers to adoption.

If **Guardianship** is chosen as one of the goals, the following questions need to be answered:

- Child is with resource that will become guardian?
- Has an eligibility determination been made for Subsidized Guardianship?

If Permanent Placement with a Fit and Willing Relative is chosen as one of the goals:

- Explain why permanent placement with a fit and willing relative is a more appropriate permanency option than TPR/Adoption or a Transfer of Guardianship.
- If there is not an identified fit and willing relative, describe the efforts made to search for relative placement.

If OPPLA (Other Planned Permanent Living Arrangement) is chosen as one of the goals for a youth aged 16 and older, the following information must be completed:

- Identify the name of the adult(s) committed to a long-term relationship with the child.
- Describe the compelling reason why it would not be in the best interest of the child to return the child to his or her home or to place the child for adoption, with a guardian, or with a fit and willing relative and the efforts made to achieve that goal, if appropriate, through an out-of-state placement.
- Describe the intensive and ongoing efforts made by the agency, including searching social media, to return the youth to the youth's home or to place the youth for adoption, with a guardian, or with a fit and willing relative and have those efforts proved unsuccessful.
- Rationale for choosing this goal

**Subsequent Permanency Plans only:** the following section displays **last** when completing all subsequent permanency plans.

## PROPOSED PERMANENCE GOALS

Child's proposed permanence and, if applicable, concurrent permanence goal of record.

Select the permanence goal from the drop down that the agency is proposing to be ordered by the court. The proposed goals may be the same as or different from the current goals of record.

Targeted date the permanence goal will be achieved:

## DEPARTMENT OF CHILDREN AND FAMILIES

### Division of Safety and Permanence

Enter in the date that the agency aims for the permanence goal to be achieved by. Based on the identified safety concern, any barriers (e.g., lack of available services; waiting lists, etc.) should be taken into consideration when entering in the targeted date. **For example**, if a parent needs to demonstrate their ability to control their impulses by engaging in individual counseling, but there is a waiting list for counseling to begin, a targeted date of 6 months (next permanency plan review) may not be a realistic date for permanence to be achieved

Rationale for choosing this goal:

Describe the reasons why the proposed permanence and concurrent goals were chosen. Include a description of the parents/caregivers' wishes. If the child/youth's age and developmental level are sufficient to consult regarding their wishes, include that information here. If the proposed goals are different from the current goals of record, explain the reason a new goal is being proposed. Describe what efforts have or have not been made by the family (demonstrated behavioral changes) to enhance any diminished protective capacities associated with the identified impending danger threat(s). Be sure to include discussions related to the Adoption and Safe Families Act (ASFA) timelines. BE CONCISE!

## REASONABLE EFFORTS

Has the court made a finding that reasonable efforts to prevent removal or safety return to home are not required?

- If "Yes", enter the date the court finding was made.

## TERMINATION OF PARENTAL RIGHTS

Date referred to District Attorney/Corporation Counsel office: If a TPR referral has been submitted to the District Attorney or Corporation Counsel's office, this date will pre-fill from the date entered on the legal status page.

- Click the Create/Modify Legal Record hyperlink to enter in or make edits to the child's legal record.

## ASFA EXCEPTIONS

\*\* ASFA exceptions must be entered for all cases in which the child has been in out-of-home care for at least 15 of the last 22 months and a TPR is not currently being pursued.

Adoption Safe Families Act Exceptions: State the reason why TPR is not being pursued at 15 of 22 months. This is a point in time determination made by the agency and should not be modified once established. The exception does not prohibit the agency from pursuing a TPR at a later date, if it is deemed in the child's best interest.

- Date of ASFA Exception: This information will pre-fill from the most recently approved ASFA Exceptions.
- Create ASFA Exceptions – click this link to open the ASFA exceptions



## PERMANENCY REVIEW

The Permanency Review group box will pre-fill information from the Permanency Review page in eWiSACWIS. If there has not yet been a review of the permanency plan, the dates will display as N/A. Click the View Permanency Review hyperlink to access the Permanency Review page.

Date of the latest Permanency Review: *Date Pre-fills, if applicable.*

Permanency Plan Review Report provided to the court on: Enter date the last Permanency Plan Review Report was filed with the court.

The Panel found that reasonable or, in the case of an Indian child, active efforts to achieve the goal(s) of the permanency plan were:

- ☐ made by the department or agency responsible for providing services in the following manner: (Checkbox pre-filled based on Permanency Review)
- ☐ not made by the department or agency responsible for providing services, as indicated by the following: (Checkbox pre-filled based on Permanence Review)

Describe how reasonable and/or active efforts were made or were not made by the department or agency responsible for providing services.

As a result of the review, were recommendations made that:

- |                           |                          |   |
|---------------------------|--------------------------|---|
| <input type="radio"/> Yes | <input type="radio"/> No | Conflict with the court order?  |
| <input type="radio"/> Yes | <input type="radio"/> No | Provide for additional services not specified in the court order?                           |
| <input type="radio"/> Yes | <input type="radio"/> No | Otherwise require a modification of the court order or permanency plan?                     |
| <input type="radio"/> Yes | <input type="radio"/> No | Was a revision to the court order requested? If "Yes," describe the outcome of the hearing. |

## PERMANENCY HEARING

Date of the latest Permanency Hearing: Date Pre-fills, if applicable.

Summarize significant case information, developments or events since the latest Permanency Review/Permanency Hearing or updates since the initial plan was created if this is the first Permanency Review/Permanency Hearing.

Describe significant case information/updates that has occurred in the last 6 months. Significant case information could include things such as parent's non-involvement in case planning, missing from OHC youth, parent's criminal convictions, TPR referrals, change of placements, etc.

## SAFETY

### SAFETY ANALYSIS

Can in-home services work for this family?

Fills in from latest approved Safety Assessment, Analysis and Plan (SAAP). Depending on type of permanency plan; additional sections need to be completed. Click the hyperlinks to create a new SAAP or to view the latest approved SAAP.

- The parents/caregivers are willing for services to be provided and will cooperate with services providers. *Pre-fills Yes/No from SAAP*
- The home environment is calm enough for services to be provided and for the service providers to be in the home safely. *Pre-fills Yes/No from SAAP*
- Safety services that control all of the conditions affecting safety can be put in place without the results of any scheduled evaluations. *Pre-fills Yes/No from SAAP*
- Parents/caregivers are residing in the home. *Pre-fills Yes/No from SAAP*

Clearly outline what is needed for the child to return home with an in-home safety plan.

*Pre-fills from completed/approved SAAP*

### SAFETY SERVICES

The identified Safety Threat, Diminished Protective Capacity; and the associated Safety Services/Action Type, Safety Service Provider and the specific explanation of the safety service/action and how it will control the threat identified and listed below.

Identified Safety Threat: *Pre-fills from SAAP*

Description: *Pre-fills from SAAP*

\*The information and narrative below will only appear when there is an In-Home Safety Plan.

Safety Service / Action Type: *Pre-fills from SAAP*

Safety Service Provider: *Pre-fills from SAAP*

Describe the availability, accessibility and suitability of the safety service provider involved: *Pre-fills from SAAP*

Specifically explain the safety service/action and how it will control the threat identified:  
*Pre-fills from SAAP*

Type of Diminished Protective Capacity: Select from the drop-down menu the type of diminished protective capacity (Behavioral, Cognitive, or Emotional). This will automatically launch the Diminished Protective Capacity Values page. The Values hyperlink can be used to return to the Diminished Protective Capacity Values page. On the Diminished Protective Capacity Values page, select all applicable values. Click continue to return to the Case/Permanency Plan page.

Demonstrated Behavioral Change needed for safe case closure: Describe what behavior change needs to be made for this diminished protective capacity specific to what is going on in the family. If you have more than one diminished protective capacity, make sure you describe what behavior(s) need to change for each one.

## **SAFETY DECISION**

Answer the following questions using the information from the completed Safety Assessment, Analysis and Plan above:

- ☐ The use of an In-Home Safety Plan is indicated (Proceed with developing a reunification plan and a sufficient, feasible, and sustainable in-home safety plan)
- ☐ Continued Placement in out-of-home care is indicated
- ☐ Safe case closure

## PLACEMENT

### INITIAL PLACEMENT

Explain the basis of the decision to place the child in custody and why remaining in the home would be contrary to the child's welfare. What reasonable efforts were made to prevent removal? Focus on actions taken and the services offered by the agency. Include the jurisdictional statute used as the basis.

This should be completed using information from the initial assessment and the petition. Do NOT cut and past the whole petition into this section. Be concise. Describe the exact reason (present danger threat) the child/youth could not remain safely in their home and the reasonable efforts made to prevent removal. Pay attention to tenses. Information in this section is referencing a point in time so should be written in a way that is accurate and relevant over time. This section SHOULD NOT be changed. Refer to any child welfare professionals using their title and last name. Make sure it includes the statute under which the original petition was filed.

### PLACEMENT HISTORY

Date of Removal: *Pre-fills*

Click the "View Current Placement" hyperlink to view the current placement information.

Begin Date	End Date	Placement Type	Out-of-Home Provider	<input type="checkbox"/>	Educational Stability Consideration
<i>Pre-fills</i>	<i>Pre-fills</i>	<i>Pre-fills</i>	<i>Pre-fills</i>	Display	Select one from the drop-down list.

NOTE: If the display box between Out-of-Home Care Provider and Educational Stability is checked, the address will prefill from Person Management. If the address is confidential, the Display box **must** be unchecked.

### PLACEMENT SERVICES HISTORY

Begin Date	End Date	Service Type	Service Provider
<i>Pre-fills</i>	<i>Pre-fills</i>	<i>Pre-fills</i>	<i>Pre-fills</i>

### EXPECTING OR PARENTING YOUTH

- ☐ Expecting Youth (*Pre-fills*)
- ☐ Parenting Youth (*Pre-fills*)

Child(ren): *Pre-fills from Person Management page*. Click the 'Modify' hyperlink to edit.

- Child Resides with This Minor Parent (*Pre-fills*)

Describe the out-of-home prevention strategy to ensure the minor child remains living with their parent in care: Discuss any services being provided and any other interventions in place to maintain the minor youth with their parent.

☐ Yes      ☐ No      Is the child placed with a relative?

## CONSIDERATIONS OF RELATIVES

If the child is not placed with a relative, describe why placement with a relative was not available, appropriate or safe. Include a description of what efforts were made to locate a relative including conversation with the parents regarding relative information and other family finding efforts. Identify which relatives have been sent notification of the child's placement into out-of-home care below.

Relative/Non-Relative Contact Information	Relationship to Child	Notification of Placement Sent	Placement Considered	Description of why placement was not available, appropriate or safe.
<i>Pre-fills</i>	<i>Pre-fills</i>	<i>Pre-fills</i>	<i>Pre-fills</i>	<i>Pre-fills</i>

Please document relatives via Relative/Non-Relative Search.

## CONSIDERATION OF SIBLINGS

Click the 'Modify' hyperlink to add/edit any siblings.

Names	DOB	Age	DOD	Gender	Relationship	OHC Placement Provider
<i>Pre-fills</i>	<i>Pre-fills</i>	<i>Pre-fills</i>	<i>Pre-fills</i>	<i>Pre-fills</i>	<i>Pre-fills</i>	<i>Pre-fills</i>

Are all siblings that are in OHC placed together?

- ☐ Does not apply. Child has no siblings or other siblings are not in placement.
- ☐ Yes
- ☐ No, explain:

If all of the siblings are not placed together in the same OHC placement, include a concise explanation as to why the sibling group is not placed together and a description as to what efforts were made, and are still being made, to explore placement of the siblings together.

## LOCATION OF PLACEMENT

- ☐ The child's placement is within 60 miles of the child's home and is in close proximity so as not to interfere with carrying out the permanency plan and maintaining the level of contact with the parents that is deemed appropriate.
- ☐ No setting is available within 60 miles of the child's home that could respond to all the issues and needs that are part of this placement.

Describe: -Why a placement within 60 miles of the child's home is either unavailable or inappropriate; **OR**

-Why a placement more than 60 miles home is in the best interest.

## REASONABLE AND PRUDENT PARENTING CONSIDERATIONS

- ☐ Yes ☐ No Did the agency provide information to the out-of-home care provider for consideration in making reasonable and prudent parenting decisions specific to the child?

Describe the efforts made by the agency to ensure that the child has regular, ongoing opportunities to engage in age or developmentally appropriate activities determined in accordance with the reasonable and prudent parent standard in the out-of-home care placement which includes consulting with the child in an age-appropriate manner:

Explain plan to promote normalcy for the child/youth. Provide information on what opportunities and activities the child/youth are enrolled in and how the agency is ensuring that the child/youth continue enrollment. Describe efforts to facilitate conversations between caregivers, biological parents and the child/youth regarding decisions made for the child/youth.

## PLACEMENT CHANGES

- Did the court indicate a transitional placement? ☐ Yes ☐ No  
Does the agency anticipate a placement change? ☐ Yes ☐ No

If Yes is selected, click the "Search" hyperlink to search out the upcoming placement provider. The provider's name and address will then fill into the permanency plan. Select yes only if the agency anticipates a placement change within the next 30 days.

If yes, describe in detail including anticipated date of the placement change:

Include a concise description of the circumstances that necessitate an anticipated placement change, the name of the current placement and the name of the new placement and anticipated date for the change in placement, if known.

## ANNUAL CREDIT REPORT

Click the 'Imaging Search' hyperlink to view the youth's credit report.

- ☐ Yes ☐ No If 14 years or older, was the youth provided either a copy of the credit report or a letter verifying no reports were found?  
☐ Yes ☐ No Were there any inaccuracies in this report?

Explain:

Use this field to explain any inaccuracies found.

## CONFIRMING/RECONFIRMING SAFE ENVIRONMENTS

This information pre-fills from the latest CSE/RCSE for the current placement. Click the hyperlinks to create a new CSE/RCSE or to view the latest CSE/RCSE.

Date of CANS: <i>Pre-fills</i>	Child's Assessed Level of Need (LON): <i>Pre-fills</i>	Provider's Level of Care (LOC): <i>Pre-fills</i>
Child/Provider Match: <i>Pre-fills</i>		

Describe:

*Narrative Pre-fills from approved CSE/RCSE.*

Placement Danger Threats:

*If any placement danger threats were identified in the CSE/RCSE they will pre-fill here. The court continued placement despite an identified placement danger threat: Pre-fills, if applicable.*

Risk Management:

Describe below.

Describe any risk management strategies put in place to ensure the child/youth's safety in the placement.

## QRTP

This tab conditionally displays if the youth is placed in a setting that is certified as a Qualified Residential Treatment Program (QRTP). This information pre-fills from the Permanency Plan Addendum for Placement in a Setting Certified as a Qualified Residential Treatment Program. Click the link to view the current pending or approved QRTP Addendum.

### CURRENT QRTP PLACEMENT INFORMATION

Placement Provider: *Pre-fills*

Placement Start Date: *Pre-fills*

### QRTP PLACEMENT ADDENDUM

QRTP Addendum  
Date: *Pre-fills*

Placement Provider: *Pre-fills*      Provider's Level  
of Care (LOC): *Pre-fills*      Placement Start  
Date: *Pre-fills*

Placement  
Recommended By: *Pre-fills*

### FAMILY PERMANENCY TEAM

Name	Relationship	Contact Information
<i>Pre-fills</i>	<i>Pre-fills</i>	<i>Pre-fills</i>

Describe the reasonable and good faith efforts to identify and include all required individuals of the child's Family Permanency Team.

*Narrative pre-fills.*

☐ Yes ☐ No The Family Permanency Team meetings were held at a time and place convenient for the team.

Describe:

*Narrative pre-fills.*

☐ Yes ☐ No The parent or guardian from whom the child was removed provided input on the members of the Family and Permanency Team.

Describe:

*Narrative pre-fills.*

☐ Yes ☐ No The child's CANS assessment was completed in consultation with the Family Permanency Team.

Describe:

*Narrative pre-fills.*



## PREFERRED PLACEMENT OF FAMILY PERMANENCY TEAM

☐ Yes ☐ No Placement preferences of the Family Permanency Team and of the child are the same placement setting recommended by the caseworker who completed the child's CANS.

## CHILD'S LEVEL OF NEED

Date of CANS	Child's Assessed Level of Need (LON)
<i>Pre-fills</i>	<i>Pre-fills</i>

## COURT REVIEW

- ☐ Court review for placement in a setting certified as a QRTP not yet complete.
- ☐ Court documents for placement in a setting certified as a QRTP not yet received from the court.

Date of court review for placement in a QRTP:		Pre-fills
<input type="radio"/> Yes	<input type="radio"/> No	Determination was made by the court that the needs of the child could not be met through placement in a family home, and that placement of the child in a QRTP provides the most effective and appropriate level of care for the child in the least restrictive environment consistent with the short-term and long-term goals for the child.
<input type="radio"/> Yes	<input type="radio"/> No	The court made a finding approving of the placement in a setting certified as a QRTP.

## Q RTP OUT-OF-HOME PLACEMENT

☐ Yes
 ☐ No
 The needs of the child can be met through placement with a relative or in a licensed foster home. A shortage or lack of licensed foster homes is not an acceptable reason for determining that the needs of the child cannot be met in a licensed foster home.

Describe the reasons why the needs of the child cannot be met by the child's family or in a licensed foster home: (Displays if No is selected)

Enter narrative. This does not pre-fill as this section needs to be updated with every permanency plan in order to continue the determination of appropriateness of a placement in a setting certified as a QRTP.

☐ Yes
 ☐ No
 Placement in a QRTP is the setting that will provide the most effective and appropriate level of care in the least restrictive environment.

Describe:

Enter narrative. This does not pre-fill as this section needs to be updated with every permanency plan in order to continue the determination of appropriateness of a placement in a setting certified as a QRTP.

## ORTP PLACEMENT ADDENDUM HISTORY

Provider Name	Placement Begin Date	Placement End Date	QRTP Addendum Date
<i>Pre-fills</i>	<i>Pre-fills</i>	<i>Pre-fills</i>	<i>Pre-fills</i>

## **OPTIONS MENU**

The Options dropdown menu is located at the bottom left-hand corner of every tab of the permanency plan.

Once the permanency plan is ready to submit for approval, select 'Approvals' under 'Actions' to launch the Approvals page. Select approve to send to the assigned supervisor. Click 'Close' and then click 'Save' on the permanency plan to send to the supervisor.

From the Options dropdown menu, select 'History of Planning and Services' under 'Text' to view and print the services history template. It is not necessary to print this form in order to approve and submit the permanency plan to court.

From the Options dropdown menu, select 'Permanency Plan' under 'Text' to view and print the permanency plan template. This form should be signed by the assigned child welfare professional and supervisor prior to submitting to court.

The Department of Children and Families is an equal opportunity employer and service provider. If you have a disability and need to access services, receive information in an alternate format, or need information translated to another language, please call the Division of Safety and Permanence at 608-422-6925. Individuals who are deaf, hard of hearing, deaf-blind or speech disabled can use the free Wisconsin Relay Service (WRS) – 711 to contact the department.