

**CPS:** Checklist applies to all children, in out-of-home or in-home placement in a Best for Babies court because of their age at the time the petition was filed (Checklist may not apply to older siblings). It should be updated and re-filed with the \_\_\_\_\_ County Juvenile Court as an attachment to the Court Report, Permanency Planning Report or Addendum Report prior to EACH hearing (including all Report and Review, Status, Permanency and other hearings).

Child's Name:	JD#:	Date Checklist filled out:
Child's DOB:	Age: ____ Yrs. ____ Mos.	Date of Hearing:

Current placement:  non-relative  relative  
 If non-relative adoptive placement, date of last inquiry for appropriate kin: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Case Plan goal: (check all that apply)  Reunification  Severance & Adoption  Guardianship  
 Concurrent Plan:

***NOTE: Concurrent planning activities will be discussed at each hearing.***

<b>I. CPSS RESPONSIBILITIES</b> a.-g. below entered one time only	CPSS: <input type="checkbox"/> investigation <input type="checkbox"/> ongoing <input type="checkbox"/> adoption <input type="checkbox"/> in-home <input type="checkbox"/> other _____ Phone: _____
Activity (Check blank if completed and enter date in space indicated)	Date of completion
a. Urgent/Rapid Response referral made	
b. Referred for ____ ASQ 3 ____ ASQ-SE ____ Other ____ BH Birth to Five Assessment Provider: _____	
c. Referred to AzEIP (if not referred by Urgent/Rapid Response and delay/disability identified) Provider: _____	
d. CFT notification to all parties/providers	
e. Requested all medical/dental/birth records	
f. Requested immunization history (records or ASIIS)	
g. Received, reviewed and disclosed: Urgent/Rapid Response ____/____/____ Primary Care Provider/EPSTD records ____/____/____ Dental records ____/____/____ ASQ3/ASQ-SE, Birth to Five Assessment ____/____/____	
h. Conducted follow-up with caregiver ( <b>note all dates</b> ) to ensure medical, dental, developmental, behavioral health & nutritional appointments were scheduled & attended?	

h. Set up visitation schedule /Frequency and length of visits:

Location(s) of visits: \_\_\_\_\_ Foster Parents participating? YES \_\_\_ NO \_\_\_

Describe parents' participation in visitation (or attach relevant Parent Aide/Visitation Report):

Supervised  
by: \_\_\_\_\_

i. Placement Change/Date of Change & Reason: \_\_\_\_\_

**II. CAREGIVER/FOSTER PARENT'S RESPONSIBILITIES**

Activity (Check box if completed and note date completed or attach Medical and Dental Screen Print)

Child must have EPSDT (*Early Periodic Screening Diagnosis & Treatment*) within 30 days of placement and at appropriate ages:

2-4 dys \_\_\_/\_\_\_/\_\_\_ 1 mo \_\_\_/\_\_\_/\_\_\_ 2 mo \_\_\_/\_\_\_/\_\_\_ 4 mo \_\_\_/\_\_\_/\_\_\_ 6 mo \_\_\_/\_\_\_/\_\_\_  
 9 mo \_\_\_/\_\_\_/\_\_\_ 12 mo \_\_\_/\_\_\_/\_\_\_ 15 mo \_\_\_/\_\_\_/\_\_\_ 18 mo \_\_\_/\_\_\_/\_\_\_  
 24mo \_\_\_/\_\_\_/\_\_\_ 3 yrs \_\_\_/\_\_\_/\_\_\_ 4 yrs \_\_\_/\_\_\_/\_\_\_

Other recommended medical service(s)?

Child must have initial pediatric dental exam within 30 days of placement (after age 1 yr.) \_\_\_/\_\_\_/\_\_\_  
 and every 6 mo for follow-up visits. \_\_\_/\_\_\_/\_\_\_; \_\_\_/\_\_\_/\_\_\_; \_\_\_/\_\_\_/\_\_\_

**III. Services for Parents**

**Date started**

Referred for services:

Service                      Describe Parent Participation in Behavioral Change Terms  
 (Or attach parent aide/reunification/visitation/court/TDM report)

- Counseling if not RBHA eligible (specify type \_\_\_\_\_)
- Domestic Violence Services/Anger Management
- Interstate Compact on Placement of Children
- Parent Aide
- Paternity Testing
- Psychological Consultation/ Recommendations
- RBHA Referral
- Substance Abuse Assessment/Treatment
- Substance Abuse Testing
- Transportation

**Instructions for CPS regarding Checklist**

**Who should complete this form?** CPS Case Manager, Investigator, On-going, In-Home, Adoptions, Other.

**When should this form be completed?** Checklist should be updated and submitted as an attachment to a Court Report, Addendum Report or Permanency Hearing Report prior to each hearing (Report & Reviews, Status Hearings, Permanency Hearings). **Since Court files do not contain prior CPS Reports or attachments, make sure that all relevant, current information is noted for each hearing with the most recent or current information on top/highlighted.** Ensure that documentation clearly shows medical, dental, developmental, behavioral health services that have been completed and follow-up appointments that may be scheduled.

**Definitions of Services (to be customized by County to provide local contact information)**

**Arizona Early Intervention Program:** AzEIP is a statewide program for families of children, birth to 3 years old, with significant developmental delays and/or disabilities. If there is concern about a child's development, a referral to AzEIP can be made at any time by anyone. Online at: [www.azdes.gov/AzEIP](http://www.azdes.gov/AzEIP)

**Ages & Stages Questionnaire:** The **ASQ 3 (latest version)** is a developmental screening tool used by Behavioral Health or AzEIP, with input from the caregiver, to assess a child's development over time. The ASQ 3 should be used at regular intervals (beginning at 1 month) and if there are concerns about social/emotional development the ASQ – SE (after the third month) should be utilized and results provided to the court. Children in care need developmental screening at regular intervals to detect developmental delays, including social/emotional.

**Birth to Five BH Assessment:** At the court's discretion, children in out-of-home placements are referred for this assessment which is conducted by **(name County specific contacts)**. The assessment takes place over several sessions with the child and primary caregiver in the foster home as well as with biological parents, whenever possible. It includes a developmental screening. A referral should be made to AzEIP if delay is noted.

**Dental exams:** The American Academy of Pediatric Dentistry recommends young children have a dental exam within 6 months of eruption of the first tooth or 12 months of age, whichever comes first and every 6 months thereafter. Young children exposed to trauma or maltreatment should be seen by a pediatric dentist, as well as a pediatrician, to rule out any possible oral injuries.

**Early Periodic Screening Diagnosis & Treatment/Pediatric care:** The EPSDT program provides comprehensive health services for AHCCCS enrolled children from birth to 21 years. Services provided by a child's pediatrician include: health and developmental history; developmental and mental health screening; unclothed physical exam; immunizations; lab tests (including lead screening); vision, hearing, and dental screening; health education, and anticipatory guidance. Age appropriate EPSDT Tracking Forms are available on [www.azahcccs.gov](http://www.azahcccs.gov). Results may be available on CHILDS.

**Immunization records:** These records can be obtained from several sources: child's pediatrician; CPS has access to the ASIIS (Arizona State Immunization Information System, the state database); and CASAs can also obtain medical records.

**Medical Home:** In the Medical Home model, a pediatrician and the entire practice team provide patient- and family-centered care through a trusting, collaborative, working partnership with families, respecting their diversity, and recognizing that they are the constant in a child's life.

Revised 8/22/2012