|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| DEPARTMENT OF CHILDREN, YOUTH, AND FAMILIES (DCYF)  CHILD PROTECT TEAMS  **(CPT) Staffing Recommendations** | | | | | | | | | | |
| CASE NAME | | | | DATE OF CPT STAFFING | | | | CHILD BEING STAFFED (ONE CHILD PER FORM) | | |
| CASE NUMBER | | | | PRESENTER | | | | | | |
| CHILD PROTECTION TEAM | | | | SUPERVISOR | | | | | | |
| TYPE OF STAFFING  CPS  FVS  CFWS  ICW-CPS  ICW-CFWS | | | | | | | | | | |
| CHILD’S PLACEMENT AT TIME OF CPT  Mother Father Foster Care Relative Other: | | | | | | | | | | |
| **PLACEMENT RECOMMENDATIONS** | | | | | | | | | | |
| In Home Out of Home | | | | | IS THERE TEAM CONSENSUS WITH PLACEMENT RECOMMENDATIONS  Yes No | | | | | |
| **COMMENTS/JUSTIFICATION** | | | | | | | | | | |
|  | | | | | | | | | | |
| Placement recommendation is mandatory. If case worker disagrees, the case worker, the supervisor, and the Area Administrator will consult the Regional Administrator immediately upon making the decision. DCFS staff will follow the recommendation of the CPT regarding placement unless the Regional Administrator specifically authorizes the action contrary to the recommendation. The supervisor and the Area Administrator will report the Regional Administrator's decision, in writing, to the CPT, through the coordinator, within seven working days. See Policy and Practices 2562. | | | | | | | | | | |
| **ADVISORY RECOMMENDATIONS** | | | | | | | | | | |
| Agree with case plan:  Yes  No | | | | | | | | | | |
| **CPT TEAM RECOMMENDATIONS** | | | | | | | | | | |
|  | | | | | | | | | | |
| **COMMENTS/JUSTIFICATION** | | | | | | | | | | |
|  | | | | | | | | | | |
| **MEETING INVITEES/PARTICIPANTS** | | | | | | | | | | |
| **INVITED** | **ATTENDED** | **NAME** | | | | | **L.E.P./LANGUAGE** | | | |
|  |  |  | | | | | Yes No | | | |
|  |  |  | | | | | Yes No | | | |
|  |  |  | | | | | Yes No | | | |
|  |  |  | | | | | Yes No | | | |
|  |  |  | | | | | Yes No | | | |
|  |  |  | | | | | Yes No | | | |
| RE-STAFF CASE WITH CPT  Yes No | | | DATE | | | | FEEDBACK TO TEAM REQUESTED  Yes No | | | DATE |
| **Recommendations were based on information provided to the CPT at the time of the CPT staffing. These recommendations have been read to CPT members for approval.** | | | | | | | | | | |
| FACILITATOR SIGNATURE | | | | | | DATE SENT TO PRESENTER | | | DATE SENT TO SUPERVISOR | |

