



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 <input type="checkbox"/> CPS <input type="checkbox"/> FVS <input type="checkbox"/> CFWS <input type="checkbox"/> ICW-CPS <input type="checkbox"/> ICW-CFWS			
CHILD'S PLACEMENT AT TIME OF CPT <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Foster Care <input type="checkbox"/> Relative <input type="checkbox"/> Other:			
PLACEMENT RECOMMENDATIONS			
<input type="checkbox"/> In Home <input type="checkbox"/> Out of Home		IS THERE TEAM CONSENSUS WITH PLACEMENT RECOMMENDATIONS <input type="checkbox"/> Yes <input type="checkbox"/> No	
COMMENTS/JUSTIFICATION			
<p>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.</p>			
ADVISORY RECOMMENDATIONS			
Agree with case plan: <input type="checkbox"/> Yes <input type="checkbox"/> No			
CPT TEAM RECOMMENDATIONS			
COMMENTS/JUSTIFICATION			
MEETING INVITEES/PARTICIPANTS			
INVITED	ATTENDED	NAME	L.E.P./LANGUAGE
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No
RE-STAFF CASE WITH CPT		DATE	FEEDBACK TO TEAM REQUESTED
<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>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.</p>			
FACILITATOR SIGNATURE		DATE SENT TO PRESENTER	DATE SENT TO SUPERVISOR