| <b>EXHIBIT:</b> |  |
|-----------------|--|
|                 |  |



## **FAMILY FINDING REPORT TO THE COURT**

| SUBMITTED BY:            | DATE OF REPORT: |
|--------------------------|-----------------|
| CUA (PHILADELPHIA ONLY): |                 |
| Section 1.               |                 |

| Child's name:                                       | Child's age:                                      | Docket #: |  |
|---|---|-----------|--|
| Hearing date:                                       | Hearing type:                                     |           |  |
| Date accepted for Agency services:                  | A.C.E. Score (0-10):                              |           |  |
| The total number of adult relationships identified: | The total number of adult relationships involved: |           |  |
|   | (Committed people listed in Section 3)            |           |  |

Act 118 of 2022 (Title 67, Chapter 75) ensures that family finding occurs on an ongoing basis for all children entering the child welfare system. Pennsylvania's Family Finding is defined as the ongoing process of identifying and engaging extended family members and adults who have or could have significant, positive connections with a child or family that has been accepted for services in order to: (1) Build a network of support for the child and the child's family. (2) Promote positive, long-term connections for the child. (3) Include relatives and kin in social service planning and delivery. (4) When necessary, identify a safe and familiar placement for the child.

**Pa.R.J.C.P. 1149** requires the court to inquire as to the efforts made by the county agency to comply with family finding requirements and place its determinations on the record as to whether the county agency has reasonably engaged in family finding. Family finding may be discontinued only if, after a hearing, the court has made that specific determination. Family finding shall resume when the court determines it is best suited for the child's safety, protection, physical, mental, and moral welfare, and there is no threat to the child's safety. The court's inquiry and determination should be made at every stage of the case.

SECTION 2. PLEASE INDICATE FAMILY FINDING EFFORTS THAT OCCURRED SINCE THE LAST COURT HEARING (CHECK ALL THAT APPLY)

|            | Family Finding Interviews and Conversations with: |  |              |  |
|------------|---|--|--------------|--|
| Check all  | Person  | Dates  |              |  |
| that apply |   |  |              |  |
|            | Child   |  |              |  |
|            | Mother  |  |              |  |
|            | Father  |  |              |  |
|            | Paternal Relatives                                |  |              |  |
|            | Maternal Relatives                                |  |              |  |
|            | Kin/Family/ Friends                               |  |              |  |
|            | Other:  |  |              |  |
|            |   | Additional Family Finding Efforts                |              |  |
|            | Conducted social media se                         | earches for all relatives and kin                |              |  |
|            | Conducted computer sear                           | ches (i.e. Accurint, Google, Spokeo, etc.)       |              |  |
|            | Completed genogram, fan                           | nily tree, etc. (if so, please attach)           |              |  |
|            | Conducted mining of the o                         | ase record to review history and identify family | and kin      |  |
|            | F   | amily Meetings Scheduled or Occurred             |              |  |
|            | A family/kin meeting is scho                      | eduled on: C.R.R.F.M. occurred                   | d on:        |  |
|            | FGDM occurred on:                                 | Other:   | occurred on: |  |

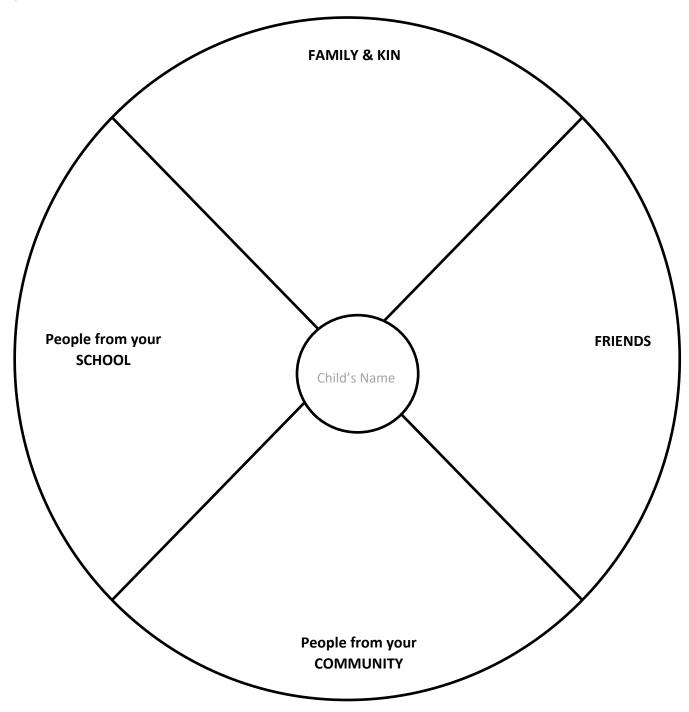
| Please provide any additional family finding Conversations table" SINCE THE LAST COUR | g efforts that were not included in Section 2, "Family Finding Interviews and IT HEARING: |
|---|---|
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
| SECTION 3. INCLUDE THE TOTAL NUMBER OF PE   | OPLE WHO HAVE COMMITTED TO BEING INVOLVED LISTED IN THIS SECTION IN SECTION 1             |
| THE INFORMATION IN THIS SECTION SHOULD REI  | FLECT PEOPLE WHO ARE <b>CURRENTLY</b> INVOLVED AND ACTIVELY SUPPORTING THE CHILD.         |
| Name of person who can help:  | Date of last contact:   |
| Relationship to the child:  | ☐ Maternal ☐ Paternal ☐ Kin   |
| Please check all that apply that the relativ  | re/kin indicated they could do to assist the child/family.                                |
| telephone the child   | ☐ take the child to visits with parents/siblings/family/kin                               |
| write letters to the child  | ☐ take the parent to visits   |
| ☐ take the child to/from school   | supervise visits between parents/siblings   |
| ☐ take the child on outings   | help with childcare   |
| ☐ take the child on family gatherings   | ☐ take the child/parent to services   |
| want to participate in case planning  | interested in caring for the child (kinship care)   |
|   | ☐interested in providing respite care   |
| Other, please describe:   |   |
|   |   |
| Name of person who can help:  | Date of last contact:   |
| Relationship to the child:  |   |
| Please check all that apply that the relativ  | re/kin indicated they could do to assist the child/family.                                |
| telephone the child   | ☐ take the child to visits with parents/siblings/family/kin                               |
| write letters to the child  | ☐ take the parent to visits   |
| ☐ take the child to/from school   | supervise visits between parents/siblings   |
| $\square$ take the child on outings   | help with childcare   |
| $\square$ take the child on family gatherings   | ☐ take the child/parent to services   |
| want to participate in case planning  | ☐ interested in caring for the child (kinship care)☐ interested in providing respite care |
| Other, please describe:   |   |

| Please check all that apply that the relative/kin indicated they could do to assist the child/family.    take the child   take the child to visits with parents/siblings/family/kin     take the child to/from school   supervise visits between parents/siblings     take the child to/from school   supervise visits between parents/siblings     take the child on family gatherings   take the child/parent to services     take the child on family gatherings   take the child/parent to services     want to participate in case planning   dinterested in caring for the child (kinship care)     take the child to providing respite care     Other, please describe:   Date of last contact:     Relationship to the child:   Maternal   Paternal   Kin     Please check all that apply that the relative/kin indicated they could do to assist the child/family.     telephone the child   take the child to visits with parents/siblings/family/kin     take the child to/from school   supervise visits between parents/siblings     take the child on family gatherings   take the child/parent to services     want to participate in case planning   dinterested in caring for the child (kinship care)     take the child on family gatherings   take the child (kinship care)     take the child to/from school   supervise visits between parents/siblings     take the child to family gatherings   take the child (kinship care)     take the child to family gatherings   date the child (kinship care)     take the child to family gatherings   date the child to visits with parents/siblings/family/kin     telephone the child   take the child to visits with parents/siblings/family/kin     take the child to from school   supervise visits between parents/siblings/family/kin     take the child on or family gatherings   take the child to reparents     take the child on or family gatherings   take the child on family gatherings                                   | Name of person who can help:                | Date of last contact:                                       |  |  |  |  |
|--|---|---|--|--|--|--|
| Lelephone the child  | Relationship to the child:                  |   |  |  |  |  |
| Lelephone the child  | Please check all that apply that the relati | ive/kin indicated they could do to assist the child/family. |  |  |  |  |
| write letters to the child   |   |   |  |  |  |  |
| take the child to/from school   supervise visits between parents/siblings   help with childcare   take the child on family gatherings   late the child/parent to services   want to participate in case planning   interested in caring for the child (kinship care)   interested in providing respite care   Other, please describe:   Date of last contact:   Relationship to the child:   Maternal   Paternal   Kin   Maternal   Stin   Maternal   Stin   Maternal   Mate | write letters to the child                  |   |  |  |  |  |
| take the child on outings  | take the child to/from school               | •   |  |  |  |  |
| take the child on family gatherings   take the child/parent to services   want to participate in case planning   interested in caring for the child (kinship care)   interested in providing respite care  | ☐ take the child on outings                 |   |  |  |  |  |
| Other, please describe:   Date of last contact:   Relationship to the child   Date of last contact:   Date of last contact:  | ☐ take the child on family gatherings       | take the child/parent to services                           |  |  |  |  |
| Other, please describe:   Date of last contact:   Relationship to the child   Date of last contact:   Date of last contact:  | want to participate in case planning        | •   |  |  |  |  |
| Name of person who can help:  Relationship to the child:    Maternal   Paternal   Kin  |   |   |  |  |  |  |
| Name of person who can help:  Relationship to the child:  Please check all that apply that the relative/kin indicated they could do to assist the child/family.  telephone the child  take the child to visits with parents/siblings/family/kin  write letters to the child  take the parent to visits  take the child on outings  take the child on family gatherings  want to participate in case planning  Name of person who can help:  Please check all that apply that the relative/kin indicated they could do to assist the child/family.  Where the child on family gatherings take the child (kinship care)  Interested in providing respite care  Date of last contact:  Relationship to the child:  Maternal  Paternal  Kin  Please check all that apply that the relative/kin indicated they could do to assist the child/family.  take the child to visits with parents/siblings/family/kin  write letters to the child  take the parent to visits  take the child to/from school  take the child to/from school  take the child on outings  help with childcare  take the child (kinship care)  interested in caring for the child (kinship care)  interested in providing respite care   | Other, please describe:                     |   |  |  |  |  |
| Relationship to the child:   |   |   |  |  |  |  |
| Please check all that apply that the relative/kin indicated they could do to assist the child/family.    telephone the child   | Name of person who can help:                | Date of last contact:                                       |  |  |  |  |
| telephone the child  | Relationship to the child:                  |   |  |  |  |  |
| telephone the child  | Please check all that apply that the relati | ve/kin indicated they could do to assist the child/family.  |  |  |  |  |
| write letters to the child   |   |   |  |  |  |  |
| □ take the child to/from school □ supervise visits between parents/siblings   □ take the child on outings □ help with childcare   □ take the child on family gatherings □ take the child/parent to services   □ want to participate in case planning □ interested in caring for the child (kinship care)   □ Other, please describe: □ Date of last contact:   ■ Relationship to the child: □ Maternal □ Paternal □ Kin    Please check all that apply that the relative/kin indicated they could do to assist the child/family.  □ telephone the child □ take the child to visits with parents/siblings/family/kin   □ write letters to the child □ take the parent to visits   □ take the child to/from school □ supervise visits between parents/siblings   □ take the child on outings □ help with childcare   □ take the child on family gatherings □ take the child/parent to services   □ want to participate in case planning □ interested in caring for the child (kinship care)   □ interested in providing respite care   | write letters to the child                  |   |  |  |  |  |
| take the child on outings   help with childcare   take the child on family gatherings   take the child on family gatherings   take the child/parent to services   want to participate in case planning   interested in caring for the child (kinship care)   interested in providing respite care    Other, please describe:   Date of last contact:   Relationship to the child:   Maternal   Paternal   Kin    Please check all that apply that the relative/kin indicated they could do to assist the child/family.   take the child   take the child to visits with parents/siblings/family/kin   write letters to the child   take the parent to visits   take the child to on outings   help with childcare   take the child on family gatherings   take the child/parent to services   want to participate in case planning   interested in caring for the child (kinship care)   interested in providing respite care  | ☐ take the child to/from school             | •   |  |  |  |  |
| take the child on family gatherings want to participate in case planning interested in caring for the child (kinship care) interested in providing respite care  Other, please describe:  Date of last contact: Relationship to the child: Maternal Paternal Kin  Please check all that apply that the relative/kin indicated they could do to assist the child/family. telephone the child take the child to visits with parents/siblings/family/kin write letters to the child take the parent to visits take the child to/from school supervise visits between parents/siblings take the child on outings help with childcare take the child on family gatherings want to participate in case planning interested in caring for the child (kinship care) interested in providing respite care   |   |   |  |  |  |  |
| want to participate in case planning   interested in caring for the child (kinship care)   interested in providing respite care     Other, please describe:   Date of last contact:   Patennal   Kin   | _   | <del>_</del> ·  |  |  |  |  |
| Other, please describe:    Date of last contact:   Relationship to the child:   Maternal   Paternal   Kin   Please check all that apply that the relative/kin indicated they could do to assist the child/family.   telephone the child   take the child to visits with parents/siblings/family/kin   write letters to the child   take the parent to visits   take the child to/from school   supervise visits between parents/siblings   take the child on outings   help with childcare   take the child on family gatherings   take the child/parent to services   want to participate in case planning   interested in caring for the child (kinship care)   interested in providing respite care   | want to participate in case planning        | interested in caring for the child (kinship care)           |  |  |  |  |
| Name of person who can help:  Relationship to the child:  Please check all that apply that the relative/kin indicated they could do to assist the child/family.  I telephone the child  Write letters to the child  I take the parent to visits  I take the child to/from school  I take the child to outings  I take the child on outings  I take the child on family gatherings  I take the child/parent to services  Want to participate in case planning  I interested in caring for the child (kinship care)  I interested in providing respite care  | Other, please describe:                     |   |  |  |  |  |
| Name of person who can help:  Relationship to the child:  Please check all that apply that the relative/kin indicated they could do to assist the child/family.  I telephone the child  Write letters to the child  I take the parent to visits  I take the child to/from school  I take the child to outings  I take the child on outings  I take the child on family gatherings  I take the child/parent to services  Want to participate in case planning  I interested in caring for the child (kinship care)  I interested in providing respite care  |   |   |  |  |  |  |
| Please check all that apply that the relative/kin indicated they could do to assist the child/family.    telephone the child   |   |   |  |  |  |  |
| Please check all that apply that the relative/kin indicated they could do to assist the child/family.  telephone the child   | Name of person who can help:                | Date of last contact:                                       |  |  |  |  |
| telephone the child  | Relationship to the child:                  |   |  |  |  |  |
| telephone the child  | Please check all that apply that the relati | ve/kin indicated they could do to assist the child/family.  |  |  |  |  |
| □ write letters to the child □ take the parent to visits □ take the child to/from school □ supervise visits between parents/siblings □ help with childcare □ take the child on family gatherings □ take the child/parent to services □ interested in caring for the child (kinship care) □ interested in providing respite care  | telephone the child                         | •   |  |  |  |  |
| □ take the child to/from school       □ supervise visits between parents/siblings         □ take the child on outings       □ help with childcare         □ take the child on family gatherings       □ take the child/parent to services         □ want to participate in case planning       □ interested in caring for the child (kinship care)         □ interested in providing respite care  | write letters to the child                  |   |  |  |  |  |
| □ take the child on outings □ take the child on family gatherings □ want to participate in case planning □ interested in caring for the child (kinship care) □ interested in providing respite care  | ☐ take the child to/from school             | •   |  |  |  |  |
| □ take the child on family gatherings □ want to participate in case planning □ interested in caring for the child (kinship care) □ interested in providing respite care  | ☐ take the child on outings                 |   |  |  |  |  |
| □ want to participate in case planning □ interested in caring for the child (kinship care) □ interested in providing respite care  | ☐ take the child on family gatherings       | ☐ take the child/parent to services                         |  |  |  |  |
|  | want to participate in case planning        | ☐interested in caring for the child (kinship care)          |  |  |  |  |
| Other, please describe:  |   | ☐ interested in providing respite care                      |  |  |  |  |
| Other, please describe:  |   |   |  |  |  |  |
|  | Other, please describe:                     |   |  |  |  |  |

| Name of person who can help:                   | Date of last contact:                                      |  |  |
|--|--|--|--|
| Relationship to the child:                     |  |  |  |
| Please check all that apply that the relative/ | kin indicated they could do to assist the child/family.    |  |  |
| telephone the child                            | ☐take the child to visits with parents/siblings/family/kin |  |  |
| write letters to the child                     | ☐take the parent to visits                                 |  |  |
| ☐ take the child to/from school                | supervise visits between parents/siblings                  |  |  |
| ☐ take the child on outings                    | help with childcare  |  |  |
| ☐ take the child on family gatherings          | ☐ take the child/parent to services                        |  |  |
| want to participate in case planning           | ☐interested in caring for the child (kinship care)         |  |  |
|  | ☐interested in providing respite care                      |  |  |
| Other, please describe:                        |  |  |  |
|  |  |  |  |
| Name of person who can help:                   | Date of last contact:                                      |  |  |
| Relationship to the child:                     |  |  |  |
|  |  |  |  |
| Please check all that apply that the relative  | kin indicated they could do to assist the child/family.    |  |  |
| telephone the child                            | ☐take the child to visits with parents/siblings/family/kin |  |  |
| write letters to the child                     | ☐take the parent to visits                                 |  |  |
| take the child to/from school                  | supervise visits between parents/siblings                  |  |  |
| $\square$ take the child on outings            | help with childcare  |  |  |
| $\square$ take the child on family gatherings  | ☐ take the child/parent to services                        |  |  |
| want to participate in case planning           | ☐interested in caring for the child (kinship care)         |  |  |
|  | ☐interested in providing respite care                      |  |  |
| Other, please describe:                        |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Name of person who can help:                   | Date of last contact:                                      |  |  |
| Relationship to the child:                     |  |  |  |
| Please check all that apply that the relative/ | kin indicated they could do to assist the child/family.    |  |  |
| telephone the child                            | ☐take the child to visits with parents/siblings/family/kin |  |  |
| write letters to the child                     | ☐take the parent to visits                                 |  |  |
| ☐ take the child to/from school                | supervise visits between parents/siblings                  |  |  |
| ☐ take the child on outings                    | help with childcare  |  |  |
| $\square$ take the child on family gatherings  | ☐ take the child/parent to services                        |  |  |
| want to participate in case planning           | interested in caring for the child (kinship care)          |  |  |
| · · · · ·                                      | ☐ interested in providing respite care                     |  |  |
| Other, please describe:                        |  |  |  |

## **CHILD'S CONNECTIONS CIRCLE**

The judge wants to know who the important people are in your life. Fill in the circle with people you love and care about from the four different parts of your life in the circle below. Think about people in your family or close friends. People you spend time with, people you talk to, text or connect with on social media. Think of other people you know from your community like a coach, teacher, your best friend's parents or people you feel close with from school, church, other groups or your neighborhood. Thanks for doing this! This helps the judge better understand who the special people are in your life.



This circle should be completed by the child (if age and developmentally appropriate) with support from the caretaker (parent, kin caregiver, foster parent) if necessary. If the child is an infant or a toddler, the caregiver should complete this circle.

# **CHILD'S ACTIVITY CALENDAR**

It is important for the judge to know how you spend your time. Please fill out the calendar with how you spent your time last month. Add things in like what you do with your family and friends, school, sports or other groups you are involved in, exercise, church, visits with family, things you do to help out around the house or neighborhood, anything you have to do for court and fun stuff you do on the weekend. Thanks for doing this! It helps the judge learn a little more about your life.

| YOUR NAME: | MONTH/YEAR: |
|------------|-------------|
|            |             |

| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|--------|--------|---------|-----------|----------|--------|----------|
|        |        |         |           |          |        |          |
|        |        |         |           |          |        |          |
|        |        |         |           |          |        |          |
|        |        |         |           |          |        |          |
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|        |        |         |           |          |        |          |
|        |        |         |           |          |        |          |
|        |        |         |           |          |        |          |
|        |        |         |           |          |        |          |
|        |        |         |           |          |        |          |

This calendar should be completed by the child (if age and developmentally appropriate) with support from the caretaker (parent, kin caregiver, foster parent) if necessary. If the child is an infant or a toddler, the caregiver should complete this calendar.