

**Exhibit B  
CHILDREN SERVICES BOARD  
OF RICHLAND COUNTY  
Quarterly Monitoring Report**

**2025 Kinship Legal Services Contract**

<p style="margin-left: 40px;">Provider _____  Street _____  City, State, Zip _____  Phone _____</p> <p style="margin-left: 40px;">Date _____ Period _____ to _____</p> <p style="margin-left: 40px;">Signature of person responsible for this report</p> <p style="margin-left: 40px;">_____  Name Title</p>
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<b>Measurable Outcomes</b>	<b>This Quarter</b>	<b>To Date</b>
Number of children for whom a POA was granted to kin		
Number of children for whom legal custody was granted to kin family (uncontested)		
Number of children for whom legal custody was granted to kin family (contested)		
Number of children for whom temporary custody was granted to kin		

**Program Statistics**

<b>Data</b>	<b>This Quarter</b>	<b>To Date</b>
Number of children for whom a POA was requested by RCCS		
Number of children for whom legal custody was requested by RCCS (uncontested)		
Number of children for whom legal custody was requested by RCCS (contested)		
Number of children for whom temporary custody was requested by RCCS		

# Exhibit B

## Quarterly Report for 2025 Legal Services Contract

### Time Line

Date	Activity	Current Status

Problems encountered; planned changes; adjustments to time line: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

As a result of this project, what specific changes have occurred? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there any areas of the project in which technical assistance from Children Services would help to further project goals? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other issues? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_