

Regional Office Address

Regional Office City, California Zip Code County: Los Angeles

Text in **BLACK** automatically populates when the document is created in CWS/CMS.  
Complete your document by referring to the sections in this document with **GREEN** text.

## **OUT OF HOME CARE INFORMATION**

### **CHILD INFORMATION**

<b><u>Child's Name</u></b>	<b><u>Birthdate</u></b>	<b><u>Age</u></b>	<b><u>Sex</u></b>	<b><u>Social Security #</u></b>
Child A	00/00/0000	14 Y	F	000-00-0000

<b><u>Address</u></b>	<b><u>Telephone</u></b>
Confidential Address	

<b><u>Ethnicity</u></b>	<b><u>Religion</u></b>	<b><u>ICWA Eligibility</u></b>
Black*		Not Eligible

<b><u>Primary Language</u></b>	<b><u>Secondary Language</u></b>
English	

<b><u>Type Of Facility</u></b>	<b><u>Name Of Care Provider</u></b>
Group Home	Confidential Name

<b><u>School Name</u></b>	<b><u>School Address</u></b>	<b><u>Grade</u></b>
Name of School	Address of school City, State, Zip	9

<b><u>Case Plan Goal</u></b>	<b><u>Case Id Number</u></b>	<b><u>Court Number</u></b>
Return Home	0000-0000-0000- 0000000	CK00000

### **EDUCATION INFORMATION**

Plan For Obtaining Missing Educational Records / Attempts To Acquire:

**If you have been unable to obtain the child's educational records, document your efforts to do so here, including:**

- **The date you submitted the DCFS1726 Request for School Report;**
- **Details of follow-up telephone calls and faxes;**
- **The results of any referrals to the [DCFS Educational Consultant](#); and**
- **Results found in the [Student Information Tracking System \(SITS\)](#).**

**If records have been obtained and are included in the court report and/or Health and Education Passport, write 'N/A.'**

Educational Needs Specific to this Child:

Include details of the child's current or prior Individualized Education Program (IEP), including their current special education eligibility category, (i.e. Specific Learning Disability), any placement (e.g., Special Day Class, Resource Specialist Program, etc.) and services (e.g., speech and language therapy, etc.), including the length and amount of service (e.g., 1 hour/week, etc.). State whether or not the child is currently receiving tutoring services and, if so, the contact information for the service provider. For nonminor dependents (NMDs) and children 16 years of age or older, identify the person(s) who is/are responsible for assisting the child or NMD with applications for postsecondary education and related financial aid (unless the child or nonminor dependent states that postsecondary education, including career and technical education will not be pursued). (SB 12, 2017). This person may include the child's high school counselor, CASA, guardian or other appropriate adult. For more SB 12 information and resources, [click here](#).

For NMDs and children 10 years of age and older, document whether or not the child/NMD has received comprehensive sexual health education (CSHE) which meets the requirements established in the CA Healthy Youth Act at least once in junior high school and once in high school. If the child/NMD has not received or will not receive this instruction through school, document how the county has ensured the child/NMD received education through an alternative source that meets the standards of the CA Healthy Youth Act. (SB 89, 2017)

Additionally, [WIC section 16501.1\(g\)\(21\)](#) requires that, for a foster youth, ten (10) years of age or older, or for an NMD, case management workers annually update the case plan to indicate that the [case management worker](#) has done all of the following:

A. Informed the youth or NMD that they may access age-appropriate, medically accurate information about reproductive and sexual health care, including, but not limited to, unplanned pregnancy prevention, abstinence, use of birth control, abortion, and the prevention and treatment of sexually transmitted infections,

B. Informed the youth or NMD, in a developmentally and age appropriate manner, of their right to consent to sexual and reproductive health services and their confidentiality rights regarding those services; and

C. Informed the youth or NMD how to access reproductive and sexual health care services and facilitated access to that care, including by assisting with any identified barriers to care, as needed.

For detailed CWS/CMS case plan documentation instructions, please refer to [ACL 18-61](#).

For resources and further information, refer to "[Know Your Rights for Sexual Health Services and Sexual Health Services Available at the Medical Hub Clinics](#)" and CDSS' "[Your Sexual and Reproductive Health Care and Related Rights \(PUB 490\)](#)."

Parent(s)/Guardian(s) Limitations, If Any, Regarding Educational Decisions:

If you are making a recommendation to limit the educational rights of one or more of the parents (or the current Holder of Education Rights), or there are circumstances indicating that such a recommendation may be warranted in the future, state the reasons and/or circumstances. Refer to [0700-500.10](#), Youth Development: Education; [0600-520.00](#), Collaborating with Regional Center to Provide Services to Children/Youth; and [0100-570.08](#), The Care of Children Placed in a Licensed Foster Home, Relative/Non-Relative Extended Family Members Home or Small Family Home.

Are Transitional Independent Living Services Appropriate?

Yes       No. If No, explain below.

There are behavior/health issues that impact TILP plans and services.

Explain:

Child refuses services.

Explain: **Explain the circumstances surrounding the child's refusal to accept TILP services.**

### **HEALTH INFORMATION**

Plan For Obtaining Missing Health Information / Attempts To Acquire:

**If you have been unable to obtain the child's medical and/or dental records, document your efforts to do so here, including:**

- **The date you submitted the DCFS 561(a) Medical Examination Form and/or DCFS 561(b) Dental Examination Form documents to medical service providers;**
- **Details of follow-up telephone calls and faxes;**
- **Details of any consultations with the DCFS Public Health Nurse and her/his efforts to obtain records.**

Medical Needs Specific To This Child:

**Include details of any medical conditions requiring on-going treatment, a list of medications, and treatment plans.**

**CHDP OR ALTERNATIVE PREVENTIVE HEALTH SERVICES PLAN**

Description:

**Include the date of the last CHDP or CHDP-equivalent examination and the date the next examination is due.**

**PLACEMENT NEED CONSIDERATIONS**

Child Strengths:

Child shows age-appropriate development

Child shows comfort in parent's presence

Both children have strong attachment to mother.

Medical care adequate

The children have no medical issues and have had annual physical examinations.

Behavioral Factors

Emotional Factors

Medical Conditions

Obesity

Other Physical Health

Condition

**ADDITIONAL CONSIDERATIONS**

The following additional factors or placement needs of the child have been considered

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Education/School      | <input type="checkbox"/> Siblings                 | <input type="checkbox"/> ICWA             |
| <input type="checkbox"/> Re-Placement          | <input type="checkbox"/> Social                   | <input type="checkbox"/> Racial           |
| <input type="checkbox"/> Treatment Needs       | <input type="checkbox"/> Language                 | <input type="checkbox"/> Cultural         |
| <input type="checkbox"/> Proximity / Location  | <input type="checkbox"/> Religion                 | <input type="checkbox"/> Visitation       |
| <input type="checkbox"/> Relative Placement    | <input type="checkbox"/> Runaway                  | <input type="checkbox"/> Protective Needs |
| <input type="checkbox"/> TILP / Vocational     | <input type="checkbox"/> Juv. Justice Involvement |   |
| <input type="checkbox"/> Ethnicity             | <input type="checkbox"/> Pregnant/Parenting Minor |   |
| <input type="checkbox"/> Other Considerations: |   |   |

**PLACEMENT SELECTION**

The type of placement will be selected for the child based on consideration of the child's needs and will consider the following: the least restrictive, most family-like environment including placement with siblings; the child's age, sex and cultural background, including ethnic and religious identification; planned parent/guardian-child contacts during the separation, and the specific actions to be taken by the parent(s)/guardian(s) which will facilitate reunification; appropriateness of attempting to maintain the child in his/her current school; the child's health and emotional factors; anticipated special needs of the child, including transportation, diet, clothing, recreation, and special education; and the capability of the care provider to meet the needs. If siblings not placed together/visiting, explain.

Child's Statement Regarding Placement: (WIC 399 requirement. Quoted or paraphrased.)

**The child has a right to make a brief statement to the court making a decision on placement. This right applies to initial placement, continued placement, and returning to parental custody. Where possible, use verbatim statements.**

**If the case plan has as its goal for the child a permanent plan of adoption, legal guardianship, or another planned permanent living arrangement, it shall include a statement of the child's wishes regarding their permanent placement plan and an assessment of those stated wishes.**

Recommended Type Of Placement:

- Relative placement is appropriate to meet needs of child.
- Home has been approved for Foster Family Home certification pending licensure.
- Licensed Foster Family Home meets needs of child.
- Group Home placement is necessary to meet treatment needs. Group Home selected has a program that meets those treatment needs.
- Out of Home Group Home is certified or is on an authorized pending certification list.
- Group Home Certification Level 13-14 on file.

Rationale For Out-Of-County Placement:

**If a child is placed outside of Los Angeles County, explain why.**

Rationale For Out-Of-State Placement/Recommendation of Multidisciplinary Team:

**If a child is placed or is recommended to be placed out-of-state, explain why.**

Social Worker's Evaluation Of Child's Response / Adjustment To Placement / Comments, Including The Continuing Necessity For And Appropriateness Of The Placement:

**Summarize the child's response and adjustment to placement using all the relevant information described above. Evaluate whether the current placement remains appropriate. Summarize the child's response and adjustment to placement using all the relevant information described above. Evaluate whether the current placement remains appropriate. Include the following information:**

- **If efforts are being made to transition the child to a lower level of care, include a description of the type of home or institution in which the child is placed and the reasons for the placement;**
- **Details of any plans to transition the child to a less restrictive setting, including the projected timeline to transition. (This information must be documented clearly and updated at least every six months.)**
- **Consideration of in-state and out-of-state placements, the importance of developing and maintaining sibling relationships, and the desire and willingness of the caregiver to provide legal permanency for the child if reunification is unsuccessful (as discussed at the **Child and Family Team Meeting (CFTM)**).**
- **If a child has been in care for 3 years or more, the case plan must include a description of the specialized permanency services the agency is using, or a statement explaining why the agency chose not to provide these services.**