

Department of Children and Family Services Bureau CSW's Name, File no. – Last Name, Init.
of Operations

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 UPDATE

CHILD INFORMATION

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

Address
Confidential Address

Telephone

Ethnicity
Black*

Religion

ICWA Eligibility
Not Eligible

Primary Language
English

Secondary Language

Type Of Facility
Group Home

Name Of Care Provider
Confidential Name

School Name
Name of School

School Address
Address of school
City, State, Zip

Grade
9

Case Plan Goal
Return Home

Case Id Number
0000-0000-0000-
0000000

Court Number
CK00000

EDUCATION INFORMATION

Plan For Obtaining Missing Educational Records / Attempts To Acquire:

The child parent is the holder of the child education rights. **(This statement may populate automatically.)**

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 not included in the Health and Education Passport, provide information about the following:

- The name and address of the child’s school or education provider;
- Assurances that the child’s placement in foster care takes into account proximity to the school in which the child is enrolled at the time of placement;
- The number of school transfers the child has already experienced;
- The child’s educational progress, including academic proficiency scores, credits earned toward graduation, and any other relevant information;
-

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. If there is a current educational rights holder, the name and contact information of the educational rights holder shall be included on the case plan, unless such inclusion would pose a threat to the child’s health/safety. Refer to [0700-500.10](#), Education of DCFS-Supervised Children; and [0100-570.08](#), Quality of Life in Out-of-Home Care.

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:

ALL HEALTH RECORDS ON FILE (This statement may populate automatically).

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.

If not included in the Health and Education Passport, provide information about the following:

- The names and addresses of the child's health and dental providers;
- A record of the child's immunizations and allergies, known medical problems, current medications, past health problems and hospitalizations;
- A record of the child's relevant mental health history, known mental health condition and medications, or any other relevant mental health, dental, and health information.

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 INFORMATION

Child's Statement Regarding Placement: *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.

"Another planned permanent living arrangement" (APPLA) has been eliminated as a permanency option for children under 16 years of age. When the permanent plan is "another planned permanent living arrangement" (for children age 16 or older), the case plan must include a statement of the child's wishes regarding their permanent placement plan and an assessment of those stated wishes.

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. 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.