

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, including case plan update documents you have already created, i.e. the Case Plan Update Family Assessment and the Out-of-Home Care Information Update document(s). If information was omitted from case plan update documents when they were created, it can be added here by following instructions under each heading. Complete your document by referring to the sections in this document with **GREEN** text.

**CHILD WELFARE SERVICES CASE PLAN UPDATE - [COURT]
CASE PLAN FAMILY ASSESSMENT - [COURT]**

VERSION: Updated Case Plan

FAMILY ASSESSMENT PARTICIPANTS

PARENTS/GUARDIAN

<u>Name</u>	<u>Date Of Birth</u>	<u>Lang./Ethnicity</u>	<u>Relationship/To</u>
Mother's Name	00/00/0000	English/ Black*	Mother (Birth)/ Child A Child B

CHILD(REN)

<u>Name</u>	<u>Date Of Birth</u>	<u>Age</u>	<u>Sex</u>	<u>Court Number</u>
Child A 0000-0000-0000-00000000	00/00/0000	XX y	F	CK00000
Child B	00/00/0000	XX y	M	CK00000

CASE PLAN GOAL

<u>Name</u>	<u>Case Plan Goal</u>	<u>Projected Goal Completion Date</u>
Child A	Return Home	00/00/0000
Child B	Return Home	00/00/0000

REFERRAL HISTORY

Referral Date: **04/09/2002** Referral Id # **0000-0000-0000-0000000**

<u>Client Name</u>	<u>Date Of Birth</u>	<u>Perpetrator</u>	<u>Allegation</u>	<u>Allegation Disposition</u>
Child B	00/00/0000	Mother's Name	Physical Abuse	Unfounded

Referral Date: **10/04/2005** Referral Id # **0000-0000-0000-0000000**

<u>Client Name</u>	<u>Date Of Birth</u>	<u>Perpetrator</u>	<u>Allegation</u>	<u>Allegation Disposition</u>
Child B	00/00/0000	Mother's Name	General Neglect	Substantiated
Child A	00/00/0000	Mother's Name	General Neglect	Substantiated

Referral Date: **12/14/2005** Referral Id # **0000-0000-0000-0000000**

<u>Client Name</u>	<u>Date Of Birth</u>	<u>Perpetrator</u>	<u>Allegation</u>	<u>Allegation Disposition</u>
Child B	00/00/0000	Mother's Name	Physical Abuse	

Referral Date: **10/29/2007** Referral Id # **0000-0000-0000-0000000**

<u>Client Name</u>	<u>Date Of Birth</u>	<u>Perpetrator</u>	<u>Allegation</u>	<u>Allegation Disposition</u>
Child B	00/00/0000	Other Relative	At Risk, sibling abused	Unfounded
		Mother's Name	General Neglect	Substantiated
Child A	00/00/0000	Other Relative	At Risk, sibling abused	Unfounded
		Mother's Name	General Neglect	Substantiated

Referral Date: **11/08/2010** Referral Id # **0000-0000-0000-0000000**

<u>Client Name</u>	<u>Date Of Birth</u>	<u>Perpetrator</u>	<u>Allegation</u>	<u>Allegation Disposition</u>
Child B	00/00/0000		At Risk, sibling abused	Unfounded
Child A	00/00/0000		Sexual Abuse	Unfounded

Referral Date: **04/19/2011** Referral Id # **0000-0000-0000-0000000**

<u>Client Name</u>	<u>Date Of Birth</u>	<u>Perpetrator</u>	<u>Allegation</u>	<u>Allegation Disposition</u>
Child B	00/00/0000	Other Relative	General Neglect	Inconclusive
Child A	00/00/0000	Other Relative	General Neglect	Inconclusive

Referral Date: **05/05/2011** Referral Id # **0000-0000-0000-0000000**

<u>Client Name</u>	<u>Date Of Birth</u>	<u>Perpetrator</u>	<u>Allegation</u>	<u>Allegation Disposition</u>
Child B	00/00/0000	Other Relative	Emotional Abuse	Substantiated
Child A	00/00/0000	Other Relative	Emotional Abuse	Substantiated

Referral Date: 09/06/2011

Referral Id # 0000-0000-0000-0000000

<u>Client Name</u>	<u>Date Of Birth</u>	<u>Perpetrator</u>	<u>Allegation</u>	<u>Allegation Disposition</u>
Child B	00/00/0000	Mother's Name	General Neglect	Unfounded
		Mother's Name	Physical Abuse	Unfounded
Child A	00/00/0000	Mother's Name	General Neglect	Unfounded
		Mother's Name	Physical Abuse	Unfounded

Referral Date: 04/16/2013

Referral Id # 0000-0000-0000-0000000

<u>Client Name</u>	<u>Date Of Birth</u>	<u>Perpetrator</u>	<u>Allegation</u>	<u>Allegation Disposition</u>
Child B	00/00/0000	Other Relative	General Neglect	Substantiated
Child A	00/00/0000	Other Relative	General Neglect	Substantiated

Referral Date: 04/17/2013

Referral Id # 0000-0000-0000-0000000

<u>Client Name</u>	<u>Date Of Birth</u>	<u>Perpetrator</u>	<u>Allegation</u>	<u>Allegation Disposition</u>
Child A	00/00/0000	Mother's Name	General Neglect	Unfounded

Referral Date: 06/28/2013

Referral Id # 0000-0000-0000-0000000

<u>Client Name</u>	<u>Date Of Birth</u>	<u>Perpetrator</u>	<u>Allegation</u>	<u>Allegation Disposition</u>
Child B	00/00/0000	Mother's Name	General Neglect	Substantiated
		Mother's Name	General Neglect	Substantiated
Child A	00/00/0000	Child B	Caretaker Absence/Incapacit y	Substantiated
		Mother's Name	Caretaker Absence/Incapacit y	Substantiated
		Mother's Name	General Neglect	Substantiated

Referral Date: 07/25/2013

Referral Id # 0000-0000-0000-0000000

<u>Client Name</u>	<u>Date Of Birth</u>	<u>Perpetrator</u>	<u>Allegation</u>	<u>Allegation Disposition</u>
Child A	00/00/0000	Jane Doe	General Neglect	Unfounded
		Jane Doe	Physical Abuse	Inconclusive

Referral Date: 08/27/2013

Referral Id # 0000-0000-0000-0000000

<u>Client Name</u>	<u>Date Of Birth</u>	<u>Perpetrator</u>	<u>Allegation</u>	<u>Allegation Disposition</u>
Child A	00/00/0000	Jane Doe	Sexual Abuse	

REFERRAL HISTORY - OTHER CHILDREN

Referral Date: **05/06/2000**

Referral Id # **0000-0000-0000-0000000**

<u>Perpetrator Name</u>	<u>Date Of Birth</u>	<u>Allegation</u>	<u>Allegation Disposition</u>
Mother's Name	00/00/0000	General Neglect	Unfounded

Additional Information

Provide a brief narrative of the outcome of investigations and cases involving the other biological children of the parents and the reasons these children are not part of this case plan, i.e. child is deceased, child is emancipated, child lives with another biological parent, etc.

PREVIOUS SOCIAL SERVICES

<u>Child(ren)'s Name</u>	<u>Service Component</u>	<u>Date Range</u>	
Child A	Emergency Response	07/18/2007	07/25/2007
	Family Maintenance	07/25/2007	01/14/2008
	Emergency Response	06/28/2013	06/28/2013
	Family Reunification	06/28/2013	
Child B	Family Maintenance	07/25/2007	01/14/2008
	Emergency Response	07/18/2007	07/25/2007
	Emergency Response	06/28/2013	06/28/2013
	Family Reunification	06/28/2013	

Narrative/Results of Previous Social Services

Record any previous child welfare services, including those provided by other counties, which include pre-placement preventive services and their results.

Clearly document the results of all [Child Abuse Central Index \(CACI\)](#) clearances and CWS/CMS database search result. If none, enter "no previous social services."

ASSESSMENT SECTION

Problems Requiring Intervention And Possible Causes

Mother's Name

Family does not have a safe home.

Description: Family has no permanent residence and moves between hotels, shelters, and living in parks/outdoor spaces.

Chronic family stress, conflict, or violence severely impedes child's sense of safety and security.

Description: Mother is in a domestic violence relationship.

Parent has no appropriate extended family/friend support.

Description: Extended family lives in another state.

Parent unable or unwilling to properly supervise or control child

Description: Mother abandoned the children at a shopping mall for several days in order to go and find her boyfriend.

Child A

Intervention Reason General Neglect-Parent is negligent in providing basic necessities for the

child.

Child is working below grade level.

Description: Child has no 8th grade records due to excessive absences.

Child's behavior threatens siblings.

Description: Child acts violently towards sibling.

Child is at risk due to extreme isolation by caretaker.

Description: Child does not go to school and is not allowed to leave mother's presence.

Child has engaged in delinquent behavior.

Description: Child often leaves mother's supervision without permission.

Family does not have a safe home.

Description: Family has no permanent residence and moves between hotels, shelters, and living in parks/outdoor spaces.

Child B

Intervention Reason General Neglect-Parent is negligent in providing basic necessities for the child.

Child is working below grade level.

Description: Child has no 8th grade records due to excessive absences.

Child's disability affects parents ability to cope.

Description: Child has learning disability and no associated services.

Family does not have a safe home.

Description: Family has no permanent residence and moves between hotels, shelters, and living in parks/outdoor spaces.

Relevant Social, Cultural, And Physical Factors

Record all child safety factors in the social, cultural, and physical environment which affect the child(ren).

- **Describe in specific detail the safety and general welfare of each child, which shall include all psychological, mental health, behavioral and educational issues.**
- **Thoroughly discuss all reports from schools (including reports from pre-school/head start for toddlers enrolled in a pre-school setting), therapists and other service providers. Incorporate information obtained from these sources into the case plan.**

Child Health/Medical Care Needs

Child A

Describe in specific detail the health of the child, including any health/medical issues recorded in the Health and Education Passport, and any psychotropic medication.

Child B

Describe in specific detail the health of the child, including any health/medical issues recorded in the Health and Education Passport, and any psychotropic medication.

Statement Of Family Strengths

Mother's Name

Good communication skills

Mother is articulate and presents well.

In the past, parent met child's needs

Parent raised child a significant time

Children have not previous history of out of home care.

Willingness to accept services

Mother has stated that she wants to participate in Family Reunification services.

Statement Of Family Strengths

Child A

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.

Child B

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.

Family's Perception Of Their Needs

Record statements from all family members regarding his or her needs as related to case plan goals. Record statements verbatim whenever possible.

Known Criminal History

Clearly document the results of all JAI, CLETS, Child Abuse Central Index (CACI) clearances and CWS/CMS database searches.

- **If a child is a dependent of the court and his or her parent is incarcerated, indicate where the parent is currently incarcerated, reason for incarceration and length of sentence.**
- **If the parent is detained or deported, list their current whereabouts and reason for their detention or deportation.**
- **If FR services are being provided document in detail any particular barrier, if any, to an incarcerated or institutionalized parent's access to court mandated services and the parent's ability to maintain contact with his/her child(ren).**
- **Document the parent's good faith efforts to maintain contact with their child(ren).**

Child(ren)'s Safety In Home, Including The Need, If Any, For Removal

Discuss the child's safety in the home and the need, if any, for removal.

Reference whether or not the children are to remain home and under what conditions as specified in the SDM Safety Plan (including any outstanding Safety Threats). Refer to [0070-548.25, Completing the Structured Decision Making \(SDM\) Safety Plan.](#)

Circumstances Surrounding Severe Physical Abuse Of Child

For all cases, which meet [WIC Section 300\(e\)](#) criteria, i.e., severe sexual or physical abuse, document all relevant information, describe why reunification services would be detrimental to the child. If not applicable, enter "N/A."

Detrimental Impact Of Not Ordering Reunification Services

Document efforts made by CSW to reunify family, barriers encountered, and reasons why reunification would be detrimental to the safety and well-being of the child(ren). **If the case falls under [WIC 361.5\(b\)](#) / [WIC 361.5\(e\)](#) and no Family Reunification services are being recommended, summarize the rationale here.**

Special Needs Of A Child Who Is A Parent

Document if a child is also a parent. Include all relevant data. Refer to Procedural Guide [0100-510.40](#), **Services for Teen Parents. If not applicable, enter “N/A.”**

Other

Document whether the family was offered participation in any specialized program such as Family

Preservation and/or Family Support, Adoptions Promotion Support Services, Wraparound, etc. Document whether or not a referral was or was not made.

- **If a referral was made, document the services provided and the expected duration of each.**

Determine if the child meets the juvenile court’s definition of a special needs child.

(In the context of dependency court, a special needs child is one who has had three or more placements during a 12-month period and has a diagnosis or history of one or more of the following: conduct disorder with aggressive tendencies or antisocial behavior; attention deficit disorder treated by psychotropic drugs; self-destructive or suicidal behavior; use of psychotropic drugs; developmental disability; fire setting; manifestation of psychotic symptoms; somatizing or chronic depression or social isolation; severe sexual acting-out behavior and/or; substance abuse).

- **If so, document the condition(s).**
- **Insert the heading “Special Needs Child” and provide information as appropriate.**

If not including the Out of Home Care Information document, **document the plan for assuring educational stability here [i.e., consideration of: (1) proximity of placement to the youth’s school of origin; (2) school attendance area; (3) the number of school transfers the youth has previously experienced; (4) the youth’s school matriculation schedule; and (5) other indicators of educational stability]. See [ACL 12-70 \(December 7, 2012\)](#).**

Evaluation

Summarize the reasons that justify the proposed case plan services, using all relevant information described above.

CASE PLAN PARTICIPANTS

PARENTS/GUARDIAN

<u>Name</u>	<u>Date Of Birth</u>	<u>Relationship</u>	<u>To</u>
Mother's Name	00/00/0000	Mother (Birth)	Child A
		Mother (Birth)	Child B

CHILD(REN)

<u>Name</u>	<u>Date Of Birth</u>	<u>Age</u>	<u>Sex</u>	<u>Court Number</u>
Child A 0000-0000-0000-00000000	00/00/0000	14 y	F	CK00000
Child B	00/00/0000	13 y	M	CK00000

CASE PLAN GOAL

<u>Name</u>	<u>Case Plan Goal</u>	<u>Projected Completion Date</u>	<u>Projected Date For Termination Of Child Welfare Services</u>
Child A	Return Home	00/00/0000	00/00/0000
Child B	Return Home	00/00/0000	00/00/0000

Adequacy And Continued Appropriateness Of The Case Plan:

The Case Plan is appropriate for a child who has recently been detained and parents receiving Family Reunification services.

FAMILY ASSESSMENT UPDATE

Significant Changes:

Address the progress toward resolution of all substantiated allegations, including:

- Address parent's compliance with the case plan.
- Identify problems which were resolved and objectives achieved.
- Identify problems, which have not been resolved and document the reasons why.
- If FR services are being provided document in detail any particular barrier(s), if any, to an incarcerated or institutionalized parent's access to court mandated services and the parent's ability to maintain contact with his/her child(ren). Document the parent's good faith efforts to maintain contact with their child(ren).
- For NMDs, address if there **have** been any obstacles in meeting the EFC requirements and change in placement.

Current Condition Of Child(ren) And Family:

Include the following:

- State in detail how the child and family are doing.
- Thoroughly discuss reports from schools, therapists, or treatment programs.

- If a child is dependent of the court and his or her parent is incarcerated, indicate where the parent is currently incarcerated, reason for incarceration and length of sentence.
- If the parent is detained or deported, list their current whereabouts and reason for their detention or deportation.
 - If FR services are being provided document in detail any particular barrier, if any, to an incarcerated or institutionalized parent's access to court mandated services and the parent's ability to maintain contact with his/her child(ren).
 - Document the parent's good faith efforts to maintain contact with their child(ren).

Family's Perception Of Their Needs:

- Document the perceptions of the child(ren), parent(s)/legal guardian(s) or NMD.
- Describe in specific detail what each participant's opinion is regarding his or her needs as related to the case plan goals.

CASE PLAN SERVICE OBJECTIVES AND CLIENT RESPONSIBILITIES

Mother's Name

<u>SERVICE OBJECTIVES</u>	<u>Projected Completion Date</u>
1. Obtain resources to meet the needs of your child(ren) and to provide a safe home.	00/00/0000
<u>Description</u> Mother will seek employment.	
2. Attend and demonstrate progress in a County Certified Domestic Violence Prevention Plan.	00/00/0000
3. You will comply with all orders of the court.	00/00/0000
4. Maintain relationship with your child by following the conditions of the visitation plan.	00/00/0000
5. Develop and use a specific domestic violence Relapse Prevention Plan for yourself.	00/00/0000
6. Do not involve your child(ren) in attempts to control or intimidate your partner.	00/00/0000

CLIENT RESPONSIBILITIES

<u>Activity</u>	<u>Times</u>	<u>Freq.</u>	<u>Completion Date</u>	<u>Provider</u>	<u>Wrap</u>
Counseling/Mental Health Services					
1. Domestic Violence Program		Weekly	00/00/0000		
<u>Description</u> Mother will enroll in a Domestic Violence program for victims.					
2. General Counseling		Weekly	00/00/0000		
<u>Description</u> Mother will enroll in Individual Counseling to address case issues.					

Education Services

- 1. Parenting Education Program 00/00/0000

Description

Mother will enroll in a Court-approved Parenting program appropriate to the children's ages.

Child A

SERVICE OBJECTIVES

Projected Completion Date

- 1. Attend school regularly. Any absences are to be excused. Only excused absences are acceptable. 00/00/0000
- 2. Abide by placement rules as agreed upon by your care provider, child welfare worker, and you. 00/00/0000
- 3. Cooperate with your child welfare worker and care provider to resolve problems. 00/00/0000

CLIENT RESPONSIBILITIES

<u>Activity</u>	<u>Times</u>	<u>Freq.</u>	<u>Completion Date</u>	<u>Provider</u>	<u>Wrap</u>
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Counseling/Mental Health Services

- 1. General Counseling Weekly 00/00/0000
Description
Both children will be enrolled in Individual Counseling.

Health/CHDP Services

- 1. HEP - CHDP Equivalent Physical Exam 00/00/0000
- 2. HEP - Periodic Dental Exam 00/00/0000

Child B

SERVICE OBJECTIVES

Projected Completion Date

- 1. Attend school regularly. Any absences are to be excused. Only excused absences are acceptable. 00/00/0000
- 2. Abide by placement rules as agreed upon by your care provider, child welfare worker, and you. 00/00/0000
- 3. Cooperate with your child welfare worker and care provider to resolve problems. 00/00/0000

CLIENT RESPONSIBILITIES

<u>Activity</u>	<u>Times</u>	<u>Freq.</u>	<u>Completion Date</u>	<u>Provider</u>	<u>Wrap</u>
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Counseling/Mental Health Services

- 1. General Counseling Weekly 00/00/0000
Description
Both children will be enrolled in Individual Counseling.

Health/CHDP Services

- 1. HEP - CHDP Equivalent Physical Exam 00/00/0000
- 2. HEP - Periodic Dental Exam 00/00/0000

Education Services Provider

- 1. Other 00/00/0000 XUSD

Description

(Only if age 16+ or NMD): Youth A will work with Counselor/Collateral X on applications for postsecondary (or technical/career) education, including financial aid, etc. [WIC 16501.1\(g\)\(22\)](#).

VISITATION SCHEDULE

Update the fields for Child-Parent/Legal Guardian Visitation; Child-Sibling Visitation; and Child-Grandparents Visitation, including visitation occurrence and frequency.

If a parent is incarcerated or deported and residing in Mexico, see [0080-506.16](#), **Selecting and/or Arranging for Appropriate Services for Incarcerated, Institutionalized, Detained or Deported Parents.**

CHILD(REN) - PARENT(S)/GUARDIAN(S) VISITATION

Child A , Child B , Mother’s Name

<u>Method</u>	<u>Times</u>	<u>Frequency</u>	<u>Beginning Date</u>	<u>Provider</u>
In-Person (Visits Must Be Supervised)			00/00/0000	STAFF PERSON

Description

DCFS will provide a monitor for weekly visits.

Describe the parent’s behavior and participation, degree of involvement, body language, reaction to children’s behavior, and other relevant observations during the visitation that would assist in the assessment of meeting case plan goals. Provide an assessment of the visits, including interactions between children and parents.

- If CSW was not present during visitation, record the name, telephone number, address and title/relationship to the child of the person(s) providing the visit information.
- If a parent is incarcerated or deported and residing in Mexico, see [0080-506.16](#), **Selecting and/or Arranging for Appropriate Services for Incarcerated, Institutionalized, Detained or Deported Parents.**

CHILD(REN) – SIBLING(S) VISITATION

Include details of the Family Visitation Plan, which provides for ongoing and frequent interaction among the siblings. Refer to [0400-504.00](#), Family Visitation. Specify method (telephone, in person), frequency (weekly, monthly), number of times and beginning date.

CHILD(REN) – GRANDPARENT(S) VISITATION

Include details of the Family Visitation Plan, which requires a plan for visitation between a child and his/her grandparents when the child is receiving family reunification services and it is in the child’s best interests. Refer to [0400-504.00](#), Family

Visitation.

CHILD(REN) – OTHER VISITATION

Include details of visitation plans with any other relatives or non-related extended family members not included above. Specify method (telephone, in person), frequency (weekly, monthly), number of times and beginning date.

For NMDs and any child who is 10 years of age or older and who has been in out-of-home placement for six months or longer, under Child(ren) – Other Visitation identify all individuals, other than the child’s siblings, who are important to the child.

- Document efforts that have been made to maintain the child’s relationship with those individuals, and if applicable, what steps are necessary to carry this out.
- If visits have taken place, describe the quantity and quality of those visits and how the child reacts to those visits.

AGENCY RESPONSIBILITIES

CASE MANAGEMENT SERVICES

1. Child and Family Team (once every 3 months minimum)

<u>For Whom</u>	<u>Beginning Date</u>	<u>Provider</u>	<u>Wrap</u>
Child A, Child B, Mother’s Name	10/04/2013	STAFF PERSON	

2. Perform Case Planning Activities

<u>For Whom</u>	<u>Beginning Date</u>	<u>Provider</u>	<u>Wrap</u>
Child A, Child B, Mother’s Name	10/04/2013		Yes

3. Arrange and Maintain Placement (Example: Short Term Residential Therapeutic Program)

<u>For Whom</u>	<u>Beginning Date</u>	<u>Provider</u>
Child X	10/04/2018	STRTP Agency

Description

For STRTP placements: the case plan must (a) indicate that such placement is for the purpose of providing short-term, specialized and intensive treatment; (b) specify the need for, nature of, and anticipated duration of this treatment; (c) detail the plan for transitioning the child to a less restrictive environment and (d) list the projected timeline for this transition. [[WIC 361.2\(e\)\(9\)](#)]

Sexual Health Education Services (as Service Objective) Provider

4. Sexual Health Education High School <u>or</u> Sexual Health Education Middle School	00/00/0000	XUSD
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Description

Child A **received** Comprehensive Sexual Health Information (CHSE) in X grade.
(Note: only if age 10+; must be documented annually)

OR:

Sexual Health Education Services (as Planned Client Service) Provider

5. Sexual Health Education High School *or* Sexual Health Education Middle School **00/00/0000** **XUSD**

Description

Child A **will receive** Comprehensive Sexual Health Information (CHSE) once during middle/high school. *(Only if age 10+; must be documented annually)*

6. Health/CHDP Services - Other)

For Whom

Child A, Child B

Beginning Date

10/04/2013

Provider

STAFF PERSON

Description

Sexual and Reproductive Health Rights and Svcs Delivered [[WIC 16501.1 \(g\)\(21\)](#)];
Note: must be documented annually).

7. Refer for Tutoring

For Whom

Child A, Child B

Beginning Date

10/04/2013

Provider

STAFF PERSON

Wrap

8. Case Planning w/Family

For Whom

Child A, Child B, Mother's Name

Beginning Date

10/04/2013

Provider

Wrap

**DELIVERED SERVICES RELATING TO SEXUAL
HEALTH EDUCATION AND REPRODUCTIVE CARE / RIGHTS**

CASE MANAGEMENT SERVICES

1. Assist Access to Sexual/Repro Care Svcs

<u>Service Recipient</u>	<u>Start Date</u>	<u>End Date</u>
William A., Elizabeth B.	10/15/2018	10/15/2018

2. Inform Sexual and Repro Health Rights

<u>Service Recipient</u>	<u>Start Date</u>	<u>End Date</u>
William A.	10/02/2018	10/02/2018

SEXUAL HEALTH EDUCATION SERVICES

1. Sexual Health Education High School

<u>Service Recipient</u>	<u>Start Date</u>	<u>End Date</u>
Rose B.	08/14/2017	08/14/2017

2. Sexual Health Education Middle School

<u>Service Recipient(s)</u>	<u>Start Date</u>	<u>End Date</u>
Rose B.	04/22/2015	04/22/2015

CONCURRENT SERVICES PLANNING

Permanency Alternative / Concurrent Planning Goal

<u>For Whom</u>	<u>Concurrent Planning Goal</u>
Child B	Adoption With Sibling(s)
Child A	Adoption With Sibling(s)

CONTACT SCHEDULE

SOCIAL WORKER – CHILD CONTACTS

Child A , Child B

<u>Method</u>	<u>Times</u>	<u>Frequency</u>	<u>Beginning Date</u>	<u>Provider</u>
In-Person	1	Monthly	10/04/2013	STAFF PERSON

SOCIAL WORKER – PARENT(S)/GUARDIAN(S) CONTACTS

Include details of the CSW's contact schedule with any parent(s)/guardian(s) on the case plan. Refer to [0400-503.10](#), Contact Requirements and Exceptions.

SOCIAL WORKER – CARE PROVIDER CONTACTS

Include details of the CSW's contact schedule with the out-of-home care provider, if relevant. Refer to [0400-503.10](#), Contact Requirements and Exceptions. If there is no out-of-home care provider, write N/A.

OUT OF HOME CARE INFORMATION UPDATE

The Out of Home Care Information Update will only populate in the Case Plan Update if you created the document in CWS/CMS and selected it along with the Case Plan Family Assessment Update when creating *this* document in CWS/CMS. The Out of Home Care Information Update is not used in Case Plan Updates for Family Maintenance or Voluntary Family Maintenance cases.

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

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

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

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

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

Confidential Name

<u>School Name</u>	<u>School Address</u>	<u>Grade</u>
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Name of School

Address of school

9

City, State, Zip

<u>Case Plan Goal</u>	<u>Case Id Number</u>	<u>Court Number</u>
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Return Home

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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 Independent Education Program, including their current educational designation, i.e. Special Learning Disability. 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 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.

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 Team Decision-making Meeting (TDM)).

If you have created Out-of-Home Care Information documents for other children on the case they will populate here. Follow the instructions above to complete each additional document.

ACKNOWLEDGMENT OF PARENT(S)/GUARDIAN(S)

IN SIGNING THIS CASE PLAN, I ACKNOWLEDGE THAT I:

For VFM Case Plans, copy and paste or type in this sentence.

- Participated in the case plan development.
- Agree to participate in the services outlined in this case plan.
- Received a copy of this case plan.
- **Understand that the preventive services set forth in this case plan are designed to allow my child(ren) to safely remain in my home and prevent the removal and placement of my child(ren) in foster care.**

SIGNATURE OF MOTHER/GUARDIAN	DATE
SIGNATURE OF MOTHER/GUARDIAN	DATE

SIGNATURE OF FATHER/GUARDIAN	DATE
SIGNATURE OF FATHER/GUARDIAN	DATE

SIGNATURE OF OTHER	DATE
SIGNATURE OF OTHER	DATE

SIGNATURE OF OTHER	DATE
SIGNATURE OF OTHER	DATE

NON-SIGNATURE EXPLANATION

SIGNATURE OF INTERPRETER (1)	DATE
SIGNATURE OF INTERPRETER (1)	DATE

SIGNATURE OF INTERPRETER (2)	DATE
SIGNATURE OF INTERPRETER (2)	DATE

CSW's Name	File no. – Last Name, Init.	(000) 000-0000	DATE
SOCIAL WORKER	Caseload	Phone Number	DATE

SCSW's Name	(000) 000-0000	DATE
SUPERVISOR	Phone Number	DATE