

Department of Children and Family Services /  
Bureau of Operations  
Regional Office Address  
City, State, Zip Code  
CSW Name  
CSW Phone Number  
CSW File #, Last Name, First Initial  
DSS No. State ID

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

**SUPERIOR COURT OF CALIFORNIA  
COUNTY OF LOS ANGELES**  
201 Centre Plaza Drive, Monterey Park, California 91754  
**(For the WIC 364, 366.21(e) or (f), 366.22, or 366.25 Status Review Hearing Reports)**

**STATUS REVIEW REPORT**

<u>Hearing Date</u>	<u>Hearing Time</u>	<u>Dept./Room</u>	<u>Hearing Type/Subtype</u>
00/00/0000	00:00am	000	Populates automatically

**IN THE MATTER OF**

<u>Name</u>	<u>Date of Birth</u>	<u>Age</u>	<u>Sex</u>	<u>Court Number</u>
Child's name	00/00/0000	0	M/F	CK00000

**CHILD(REN)'S WHEREABOUTS**

List the name and address of each child named in the report.

Enter each child's caregiver's name, exact relationship to the child, address and telephone number.

If the court has issued a non-disclosure order, enter "non-disclosure order issued [enter date]" after the child's name.



Paste a current photograph of each child into this section below the entered text. If unable to paste a current color photograph of a child to the report, a black and white photo is acceptable.

**PARENTS/LEGAL GUARDIANS****Name/**  
**Birthdate****Address/**  
**Phone****Relationship/**  
**To Whom**

This information will populate from the Client Notebook.

If a parent's address is confidential, delete the address and enter, "Confidential."

If the identity of a parent or if the requested information in the grid is unknown, enter, "Unknown."

If the child is legally free, enter, "Legally Freed."

**OTHERS****Name/**  
**Birthdate****Address/**  
**Phone****Relationship/**  
**To Whom**

Include only those individuals who have a direct interest in the child (e.g., child's legal guardian(s), substitute care provider, relatives when the parents' whereabouts are unknown, etc.). It is not necessary to list collateral contacts in this section.

If necessary, edit and/or enter data directly into these fields.

**ATTORNEYS****Name****Address/**  
**Phone****Representing**

This information automatically populates from the database. The exception is information regarding attorneys that represent tribes or tribal organizations, which must be entered manually. If necessary, edit and/or enter data directly into these fields.

**INDIAN CHILD WELFARE ACT STATUS**

This information automatically populates depending on the selection made when creating this report.

Add the date the court made its ICWA finding.

**NOTICES****Name****Relationship****Method****Notice Date**

If notices are created in CWS/CMS, this information will populate automatically.

If notices are created in SNAP, enter information for all parties who received a notice.

**SEARCH RESULTS/HISTORY**

If the whereabouts of a parent are unknown and if a [due diligence](#) report for that parent was submitted, enter the following in the text field, "See previously submitted Due Diligence report for [enter the name of the parent] dated [enter date]."

**LEGAL HISTORY**

Hearing information in this field is populated by the database. These dates come from the hearings in which the Hearings Results pages have specific findings and/or orders entered. If necessary, edit and/or enter data directly into these fields. The following information must be manually entered:

- The Abuse Description
- The Non-Reunification section
- Dates for Family Maintenance (FM) reviews

**300 WIC Subsection(s)****Initial Removal****Initial Detention Order****Initial Jurisdiction Finding****Initial Disposition Order****Initial 364 FM Review****Second 364 FM Review**

Child's name – 00/00/0000

**Initial 366.21(e) – 6 Month FR Review****Initial 366.21(f) – 12 Month  
FR Review****Initial 366.22 – 18 Month FR Review**

Child's name – 00/00/0000

**FR Services Terminated****Non-Reunification Ordered****Initial Permanent Plan: Type/ Date Ordered****Current Permanent Plan: Type/ Date Ordered****Additional Legal History**

Enter the date the WIC 300 petition was filed and the date the petition was sustained.

Enter the exact language of the sustained supporting fact(s) on the WIC 300 petition. If any of the sustained supporting fact(s) contain the exact same language, only enter the sustained supporting fact once.

If applicable, describe the filing of any additional petitions (WIC 342, 387, or 388), jurisdictional transfers, and/or prior dependency court proceedings.

If a supplemental petition was filed, indicate the date the petition was filed, the type of petition (WIC 387 or 342), and the name of the child on whose behalf the petition was filed. Indicate the date it was sustained or dismissed. List the sustained supporting fact(s) of the petition using the exact language of the sustained supporting facts.

**REASON FOR HEARING**

Provide a brief description of the circumstances that led to the child coming before the court.

Enter, "The matter is now before the court for a status review hearing pursuant to Welfare and Institutions Code Section [enter the appropriate code number] for the child [enter the name(s) of the child]."

**PATERNITY/LEGAL RELATIONSHIPS**

Provide all available information regarding the paternity of the child.

Address and provide all available supporting documentation, including dates when possible.

Such documentation includes but is not limited to:

- Human Leukocyte Antigens (HLA) results
- Court orders
- Divorce decrees
- Death certificates
- JV-505, Statement Regarding Paternity (Juvenile Dependency)

When the identity of the father is unknown, enter, "The identity of [enter the name(s) of the child]'s father is unknown."

If a court has made a paternity ruling to either rule out an alleged father or make a finding and declaration of paternity, indicate how this determination was made, the date of the court ruling, and the name of the court that issued the ruling. If a [JV-501](#), Paternity – Findings and Judgment (Juvenile Dependency), is available, attach it to the report.

**FAMILY LAW STATUS**

Indicate whether or not there was a legal marriage and/or a divorce or separation.

Discuss any prior family law history, custody orders, etc. Indicate the family law file number(s) if known, the date(s) of any custody order(s), and the name of the court that issued the ruling. Whenever possible, attach copies of any existing family law orders, evaluations, etc. If there is no Family Law Court involvement, indicate this fact.

**CRIMINAL HISTORY**

Provide the California Law Enforcement Telecommunications System (CLETS) and/or Live-Scan results of all parents, legal guardians, and all adults living in the home including all relatives, NREFMs, other adults residing in the home, and any youth fourteen (14) years of age whom the CSW believes may have a criminal record.

Address all clearance results in the report. Enter the person's name and aliases and a description of his/her arrests and/or convictions. Include the person's probation/parole status, date probation/parole status expires, and name and phone number of current Probation/Parole Officer, if known. If a parent is currently incarcerated, include his/her name, and the name and location of the jail/prison his/her prison ID number, and his/her anticipated release date.

If no criminal record was found, enter, "No criminal history known at this time,"

In cases involving prospective adoptive parents or adoptive parents, present the results of clearances with enough facts to assess child safety but without violating the confidentiality of the prospective adoptive or adoptive parent(s). Consult with county counsel if there are issues regarding confidentiality.

If a request has been submitted for a Live Scan report but the results have not been received, indicate who the clearance was for, the relationship to the child, the date the request was submitted, and that the Live Scan results have not been received.

### **FAMILY ASSESSMENT UPDATE**

#### **Current Family Circumstances**

Discuss the family's current situation and any significant changes during the last period of supervision.

Describe the family strengths and needs.

Address issues regarding the parents/legal guardian, including but not limited to:

- Living circumstances
- Household changes
- Marital history and/or other significant relationship
- Employment status
- Law enforcement involvement
- Probation status

Use information gathered through the Family Background #1, #2 and #3 forms, as applicable.

Summarize the findings of the SDM Risk Reassessment tool without referencing the tool itself. Do not attach any SDM tools when submitting documents to court, unless so ordered by the court.

When applicable, discuss whether or not the child has been referred to the local child support agency. Include the following statement in the report:

"A determination has been made, pursuant to Family Code Section 17552, that it [is/is not] in the best interest of the child(ren) to have the case referred to the local child support agency for child support services. The case [has/has not] been referred to the Child Support Services Department (CSSD)."

Include the [reasons behind this determination](#) by incorporating the circumstances of the family and by considering the best interests of the child.

#### **Additional requirements for Non-Minor Dependents (NMDs)**

Include the following statement and refer to the provision of the [DCFS 159](#), Youth Advisement of Nonminor Dependency (Extended Foster Care), as applicable, and modify the statement based on case specific circumstances:

Transition/Termination of Dependency:

"On [specify date]) the youth was informed of his/her right to seek termination of dependency pursuant to Section 391 of the Welfare and Institutions Code at 18 years of age or anytime thereafter if dependency continues beyond the youth's 18th birthday. This advisement was provided by [specify social worker's name and method by which advisement was provided]."

**Non-Minor Dependency/Reinstatement:**

On [specify date] the youth was informed of the potential benefits of continued dependency as a non-minor dependent. The youth was also advised of his/her right to continue dependency and extend foster care, until 21 years of age, and his/her right to have dependency reinstated as a non-minor dependent following emancipation, through the filing of a petition pursuant to Section 388(e) of the Welfare and Institutions Code. These advisements were provided by [specify social worker's name and method by which advisement was provided].

**Youth Acknowledgement of Advisements:**

Provide statement and/or response from the youth to each advisement including a brief assessment of the youth's understanding of the potential benefits of continued dependency.

**Youth's Plan to Remain in Foster Care:**

Provide youth's statement(s) regarding his/her desires to continue dependency and to remain in foster care upon reaching eighteen (18) years of age.

If the youth does not intend to remain under Juvenile Court jurisdiction as a non-minor dependent (NMD), detail the youth's plan for transitioning to independence. Briefly discuss his/her housing, education, employment, and social support system.

**Youth's Plan to Remain Eligible for Extended Foster Care Benefits:**

Describe youth's plan to satisfy at least one of the eligibility criteria, to remain eligible for AFDC-Foster Care benefits after reaching 18 years of age, regardless of whether the youth intends to remain a non-minor dependent. The youth's most recently completed [Transitional Independent Living Plan](#) (TILP) must include a plan for the youth to satisfy at least one of the criteria to remain eligible for extended foster care as a non-minor dependent.

**Agency Efforts for Youth to Meet Eligibility for Extended Foster Care:**

Describe all efforts made and all assistance provided to the youth by the social worker, other DCFS staff, the out-of-home caregiver, and other service providers to meet or maintain the youth's eligibility for extended foster care. An example of this description is as follows: "To help the youth obtain employment, during this period of review, the assigned social worker assisted the youth in completing job applications, provided bus passes, and referred the youth to a community employment center."

If the hearing will address the termination of dependency for a youth and/or a NMD, include a factual discussion of whether it is in the best interest of the NMD to remain under dependency jurisdiction.

Enter the following statement:

“The youth [does/does not] have a pending application for Title XVI Supplemental Security Income (SSI) benefits and/or legal residency and an active dependency case [is/is not] required for that application.

Specify the type and status of any pending application (e.g., SSI, Special Juvenile Immigration Status).

If the NMD cannot safely reside in the home of the parent or legal guardian, include the following when requesting to continue or terminate reunification services:

- Whether the out-of-home placement continues to be necessary and appropriate
- Likely date by which the NMD may reside safely in the home of the parent or legal guardian or will achieve independence
  
- Whether the parent or legal guardian and the NMD were involved in the development of the Case Plan
- Whether the CSW has provided reasonable services to assist the parent or legal guardian in resolving the problem(s) that led to the removal of the NMD
- The progress the parent or legal guardian has made toward resolving his/her problems
- Whether the NMD and the parent or legal guardian are in agreement with the continuation of reunification services
- Whether continued family reunification services are in the NMD's best interest
- Whether there is a substantial probability that the NMD will be able to reside safely in the home of the parent or legal guardian by the next review hearing date
- Efforts to maintain the NMD's connections with caring and committed adults
- Compliance with the NMD's TILP Case Plan, including efforts to finalize the NMD's permanent plan and to prepare the NMD for independence
- Progress in providing the NMD with information and documents related to termination of jurisdiction for a dependent child who has reached the age of eighteen (18).

### Evaluation of Child(ren)

Create separate sections for each child.

**Regarding:** Child's Name

#### **Medical:**

Attach the Health and Education Passport (HEP) to the status review hearing report, and enter the following:

“The Court is respectfully referred to the attached Health and Education Passport for information regarding the child's medical/health and dental status.”

If pertinent information under this section needs to be reported to court but cannot be recorded in any of the fields or Comment Section of the HEP, provide a summary of that information in this report by entering:

“In addition to the information contained in the attached HEP, the following is provided to the Court:”

**Developmental:**

Attach the Health and Education Passport (HEP) to the court report and enter the following:

“The Court is respectfully referred to the attached Health and Education Passport for information regarding the child’s developmental status.”

If [pertinent information](#) under this section needs to be reported to court but cannot be recorded in any of the fields or Comment Section of the HEP, provide a summary of that information in this report by entering:

“In addition to the information contained in the attached HEP, the following is provided to the Court:

**Educational:**

Attach the Health and Education Passport (HEP) to the court report, and state the following:

The Court is respectfully referred to the attached Health and Education Passport for information regarding the child’s educational progress.

Only if [pertinent information](#) under this section needs to be reported to Court but cannot be recorded in any of the fields or Comment Section of the HEP, provide a summary of that information in this report by stating:

“In addition to the information contained in the attached HEP, the following is provided to the Court:”

**Mental & Emotional Status:**

Attach the Health and Education Passport (HEP) to the court report, and enter the following:

“The Court is respectfully referred to the attached Health and Education Passport for information regarding the child’s mental and emotional status.”

If [pertinent information](#) under this section needs to be reported to court but cannot be recorded in any of the fields or Comment Section of the HEP, provide a summary of that information in this report by entering:

“In addition to the information contained in the attached HEP, the following is provided to the Court:”

**OUT OF HOME PLACEMENT**

When generating the report, do not select this optional section from the dialog box if all children are in the home (i.e. for a WIC 364 hearing).

Indicate whether the child is receiving the basic rate for that child’s age group or a specialized increment rate by entering the following:

- Child's name



- Rate type (i.e., basic, D-Rate, F-rate or ARM/Regional Center rate). Do not enter the actual dollar amount.
- If the child has severe emotional or behavior problems, whether or not the child is receiving the D-rate
  - Indicate if the assessment for the D-rate is pending.
  - If the child has a serious medical condition, physical disability, or developmental delay, describe the condition and indicate whether the child is receiving or pending receipt of the F-1, F-2, F-3 or F-4 or Regional Center rate and/or supplement.
  - If applicable, indicate the status of a request for a Regional Center and/or supplemental rate.
  - If the child has an existing and/or a potential medical, mental, developmental disability, state if a referral and/or application has been made for Supplemental Security Income (SSI), the date it was made, the result of the referral/application, and/or if child is already receiving SSI and who is the payee.

Discuss placement history and current placement status, including placement type/location, duration of placement, any changes during this period of supervision, adjustment to placement, continued necessity for and appropriateness of placement, and Interstate Compact on the Placement of Children or out-of-county/courtesy supervision issues.

Enter the caregiver's comments provided on the JV-290, Caregiver Information Form w/Cover Letter, if available, and discuss any action that was taken.

**Regarding relative placements:**

Discuss any subsequent efforts made to identify and to contact relatives and/or any update on the results of the due diligence efforts made in finding relatives according to established procedures.

If the relative's home was not approved, describe the reason(s) why and provide a description of all the efforts made to assist the relative in making the needed changes to have his/her home approved (e.g., purchased beds or smoke detectors).

If a Corrective Action Plan has been used, describe the plan and whether any available funding has been accessed to assist the caregiver in correcting deficiencies.

**Regarding siblings:**

If the child has siblings before the court or who are already under the court's jurisdiction, describe the nature of the relationship between the child and his/her siblings, and the appropriateness of developing or maintaining the siblings' relationships. Include information on the nature and extent of the sibling relationship, including whether:

- The child was raised in the same home as their sibling(s)
- The child shared significant common life experiences
- The child has existing close and strong bonds with the sibling
- Ongoing contact is contrary to the safety or well being of any of the siblings

Discuss the plan to place the sibling group together unless separation is in an individual child's best interests pursuant to [WIC 16002\(b\)](#).

If the siblings are not placed together in the same home, discuss why the siblings are not placed together and either what diligent efforts are being made to place the siblings together or why those efforts are contrary to the safety or well-being of any of the siblings. Describe the frequency and nature of the visits between the siblings and the impact of the sibling relationship on the child's placement planning for legal permanence. Include information on keeping the siblings informed of significant life events that occur within the extended family.

Include the results of the CSWs efforts. This includes, but is not limited to:

- Discussions with children ten (10) years of age or older and who have been in out-of-home placement for six (6) months or longer
- Identification of individuals other than the child's siblings who are important to the child
- Actions necessary to maintain the child's relationship with those individuals, provided that those relationships are in the child's best interest

**Regarding group homes:**

If a child is in a group home, identify any individuals who have established relationships that are important to the child, and discuss the nature of their relationship. Discuss efforts made to ensure that the child maintains a relationship with these individuals consistent with the child's best interest.

If the child is residing in a group home, include the reason(s) or the continued need for [group home placement](#).

If the child is placed in a foster family agency (FFA) or group home, address the information detailed in the FFA or group home's current quarterly report and attach that report to the court report.

If recommending that the child be placed out-of-state or if the child has been placed out-of-state, address whether the out-of-state placement would or continues to be the most appropriate placement selection and in the best interests of the child.

If the child is an American Indian and not in a placement that meets ICWA preferences, document what efforts were made to find such placement. Include dates of all actions taken.

**Placement History:**

Enter the appropriate information under the headings.

<u>Child's Name</u>	<u>Date of Original Placement</u>	<u>Date of Current Placement</u>	<u>Total Number of Placements</u>	<u>Child Ever Return Home</u>
Child's Name	00/00/0000	00/00/0000	X	Yes/No

### **SERVICES PROVIDED/FAMILY COMPLIANCE**

Clearly describe services, including full disclosure practices, offered and/or provided to each family member named in the current Case Plan. Include the progress the parents or legal guardian have or have not made toward alleviating or mitigating the causes that required placement in foster care.

If a parent is incarcerated, institutionalized, detained, or deported, include information about the particular barriers, the parent/legal guardian's access to court ordered services, and the parent/legal guardian's ability to maintain contact with his/her child as documented in the Case Plan.

If the child is twelve (12) years or older, discuss the child's involvement in the development and review of his/her Case Plan and the plan for his/her permanent placement.

For all youth sixteen and a half (16 ½) years old or older discuss the following:

- Whether a **mandatory SSI disability screening** has been completed
- Whether or not, as a result of this screening, a referral and/or application has been made for Supplemental Security Income (SSI)
- If applicable the date a referral and/or application was made and/or the result of the referral/application
- Whether the child is already receiving SSI

Include the level of compliance and cooperation with maintaining contact and communication with service providers.

Attach all reports received from the agencies that are providing services to the parent/legal guardian and to the child to the court report.

### **VISITATION**

Discuss **planned and purposeful visitation** for children and families.

Discuss the implementation of any court-ordered visitation plan and compliance, progress, and efforts and cooperation by the parents, siblings, and other relatives with the current visitation plan and objectives.

- **Include the following information regarding sibling visitation:**
  - **The nature of the relationship between the child and his/her siblings.**
  - **The appropriateness of developing or maintaining the siblings relationships.**
  - **If siblings are not placed together, why they are not and what efforts are being made to place them together, or why those efforts are not appropriate.**

- Whether visits between siblings are supervised or unsupervised and the reasons for any supervision.
- What needs to be accomplished in order to have unsupervised visits.
- The length and location of the visits.
- Any plan to increase visitation between the siblings.

If the court gave DCFS discretion to liberalize visits, indicate what specific progress was the basis for the decision to liberalize or not liberalize the visits. This includes progress, if any, in attaining either the Case Plan and/or the visitation objectives. If appropriate, discuss the need to have the visitation objectives updated.

For a child ten (10) years and older who is in out-of-home care, state efforts made to maintain relationships between the child and specified individuals who are important to the child.

Describe the current visitation plan such as the parties involved, the frequency, location, activities, and whether visitation is monitored, unmonitored, day, overnight or week-end.

If supervised visitation is recommended, indicate if a monitor has been identified. If a caregiver is to supervise visits, indicate the caregiver's willingness to supervise and if having the visits occur in the placement has been explored.

If the child is placed in a group home or Foster Family Agency (FFA), indicate that the court's order regarding visitation has been shared with the agency and the agency's efforts to promote visitation.

Indicate if the family visitation plan was discussed and documented at Team Decision-making Meeting (TDM) or other case planning meeting(s).

Include CSW's and/or other individuals' observations during the visits with parents, siblings and other relatives. The observations must include the interaction amongst the parties, topics, and activities, statements, and gestures made. If someone else has observed these visits, include his/her name, his/her relationship to the parties and their statement as to what they have observed. Discuss how the observations from the monitor have been used for future visitation and case planning.

Include child's, parent(s)', and sibling(s)' response to and statements regarding the visitation. If there is no plan for visitation, or if future family visitation is no longer appropriate, state the reasons.

### **CONTACTS**

Delivered Service Log Report Attached.

Either attach a copy of the Delivered Service Log showing all contacts (without displaying the narrative portions of the contacts) or delete the "Delivered Service Log Report Attached" sub-heading and manually enter all contacts during the last period of supervision.

**FAMILY'S PERCEPTION OF THEIR NEEDS**

Enter specific statements or a summary from children, parents, and others regarding their perception of what they need to do to overcome the circumstances that brought them to the court's attention.

**DETRIMENT & PROGNOSIS OF RETURNING CHILD(REN) HOME**

When generating the report, this optional section is not selected from the dialog box if all the children are in the home (i.e. for a WIC 364 hearing).

Describe the factors involved in what brought the family to the situation and what safety risks the children would be placed in if they were to return to the home.

Include a discussion and a projected timeframe of when the child is likely to return to the home.

If parental rights have not been terminated, provide this information in each report even if the child is in an alternative permanent placement.

If the parent or legal guardian is incarcerated, institutionalized, detained, or deported, include information that the court may consider in determining detriment of family reunification. This may include:

- Age of the child
- Degree of parent-child bonding
- Length of the sentence
- Length and nature of the treatment
- Nature of the crime or illness
- Degree of detriment to the child if services are not offered
- Child's attitude toward the implementation of family reunification services for children ten (10) years of age or older,
- Likelihood of the parent's discharge from incarceration, institutionalization, or detention within the reunification time limitations.

Discuss the results of the parent/legal guardian's recent criminal background check used to help assess the appropriateness of returning the child to the home.

**CONTINUED NECESSITY FOR IN-HOME SERVICES**

When generating the report, this optional section is not selected from the dialog box if all children are not in the home or if the recommendation is to terminate jurisdiction.

If the recommendation is to continue in-home services, describe what type of services the family receives, the duration of the services, and the progress of each involved person who receives the services being provided.

Explain why there is a need to continue to provide services to the family in the home, what are the expected results from the services provided, and when the services are expected to be completed.

Summarize the findings of the SDM Risk Reassessment tool without referencing the tool itself.

Do not attach any SDM tools when submitting documents to court, unless ordered by the court to do so.

### **CONCURRENT PLANNING**

When generating the report, this optional section is selected from the dialog box and must be completed if one (1) or more child is in out-of-home care.

Report the date the parent was advised of the option to participate in adoptive planning and to voluntarily relinquish the child for an adoption. If the parent was not advised, specify the reason(s).

Attach a copy of the [Concurrent Planning Assessment](#) (CPA) to the court report. Respectfully refer the court to the attached CPA and enter the following content from the CPA:

- The child's alternative permanent plan and prospective permanency caregiver;
- If an applicant assessment or if matching or recruitment efforts are in place and the date those services began or were "activated," if the alternative permanent plan is adoption;
- Activities underway to achieve the alternative permanent plan for plans other than adoption.

If applicable and [as required by law](#), include a statement that the relative caregiver has been given information regarding the permanency options of guardianship and adoption, including the long-term benefits and consequences of each option, prior to establishing legal guardianship or pursuing adoption.

### **PERMANENCY/ADOPTABILITY ASSESSMENT**

If the concurrent plan is adoption and adoption has been activated prior to the status review hearing, this section will be completed by the Regional CSW with any available information/input gathered from the Adoptions CSW and per the completed CPA. The Adoption CSW will complete this section for the [366.26](#) and [366.3](#) Hearings. When generating the report, this optional section is not selected from the dialog box if all children are in the home of a parent or legal guardian (i.e. for a WIC 364 hearing).

Enter the information documented in the most current CPA. Record specifics and clearly presented facts, including the identified permanency alternative.

Obtain the information regarding the status of the applicant assessment from the Adoption CSW and incorporate it in this section. Be specific when presenting facts and be sure to identify alternative permanency option. If adoption is the alternative permanent plan, provide the date that the CPA was submitted to the Adoptions and Permanency Resources Division to activate an applicant assessment.

If no prospective adoptive family has been identified per concurrent planning, provide the date a referral was made to the Placement Recruitment Unit and any progress of recruitment efforts made.

If the CPA indicates that adoption is the appropriate alternative plan but that the child is assessed to be difficult to place for adoption and if there is no identified or available prospective

adoptive parent at this time, describe the previous, ongoing and upcoming efforts and the projected time frame to locate a prospective adoptive home.

If the child resides out-of-state, use information from the Interstate Compact Placement of Children (ICPC) original assessment and subsequent reports to ensure the information is current and accurate. In addition, enter the following statement:

“Pursuant to California Manual of Policies and Procedures Adoption Users Manual Section 35401(a)(1)(A)(3), an applicant assessment cannot be initiated until the receiving state receives the AD 4333, Acknowledgment and Confirmation of Receipt of Relinquishment Documents, establishing that the child has been freed for adoption.”

Discuss the following information:

- Relationship of the child to any identified prospective adoptive parent or any legal guardian
- Duration and character of the relationship
- Degree of attachment of the child to the prospective relative guardian or prospective adoptive parent
- A relative's or adoptive parent's strong commitment to caring permanently for the child
- Motivation for seeking adoption or guardianship
- Whether the child, if over twelve (12) years of age, has been consulted about the proposed relative guardianship arrangements, unless the child's age or physical, emotional, or other condition precludes his/her meaningful response, and if so, a description of the condition.

Include a statement from the child concerning the placement and the adoption or guardianship.

Discuss the appropriateness of keeping sibling(s) together in the permanent placement, regardless of the permanency recommendation. Include information on the nature and extent of the relationship, whether the child was raised in the same home as his/her sibling(s), whether the child shared significant common experiences or has existing close and strong bonds with the sibling(s), and whether ongoing contact is in the child's best interest. Discuss whether the termination of parental rights would cause a substantial interference with the child's sibling relationship as compared to the benefit of legal permanence through adoption.

If the assessment indicates that adoption or Kin-GAP is not the appropriate plan, identify the recommended alternative permanent plan (i.e., legal guardianship with nonrelative or planned permanent living arrangement). If termination of parental rights would be detrimental to the child, detail the compelling reason(s) by which the court may make this finding. Specify those circumstances as indicated in the Welfare and Institutions Code Section 366.26 (c) (1) (A) – (B).

If the child is an [American Indian](#), include a summary of the expert witness's final recommendation report addressing whether or not continued custody by the parents or Indian custodian is likely to result in serious physical or emotional damage to the child. Attach a copy of the qualified expert witness' final recommendation report to the Status Review report. Address the option of tribal customary adoption, "Tribal customary adoption". Termination of parental rights is not required to effect the tribal customary adoption.



**ASSESSMENT/EVALUATION**

Summarize the factors that led to your recommendation(s). Discuss those facts that led to the logical conclusion of what you are recommending. Include a discussion of the appropriateness of ongoing supervision to resolve the matter, a discussion of the need for continued court intervention and/or placement if appropriate, and a statement regarding the child's eligibility to be considered for further court action to free child from parent's custody and control.

Discuss the findings of the SDM Family Strengths and Needs Reassessment, Risk Reassessment, and/or Family Reunification Reassessment tools without referencing the tools themselves. Do not attach any SDM tools when submitting documents to court, unless so ordered by the court.

If the recommendation is to return the child to the parent/legal guardian or adoption/legal guardianship, summarize the recommendation of the group home, foster family agency (FFA) provided on the JV-290, if available.

If recommending termination of court jurisdiction on behalf of any child named in the case, describe why DCFS and court jurisdiction are not necessary to ensure ongoing child safety.

If there are questions as to how to provide the court with the necessary information to terminate jurisdiction, consult with County Counsel.

**CASE PLAN**

Attached.

Complete a Case Plan Update, and attach it and all its supporting documents to the Status Review Hearing Report.

If the child is fourteen (14) years or older, attach a signed copy of the current Transitional Independent Living Plan (TILP).

**ATTACHMENTS**

List all documents that support your assessment and recommendations in this report, the Health and Education Passport (HEP), and Case Plan Update.

Include the title of the attachment and the date the attachment was written. Examples:

- Pomona Police Department Police Report #0000-0000, dated 01/01/01
- Pomona Valley Medical Center-Medical Record #0000, dated 01/01/01

Ensure that the listed attachment(s) are attached to the report.

If the child is placed in a group home or is in placement through a FFA, attach a copy of the most recent quarterly report.

If an alleged father completed a JV-505 at any time during the life of the case, include it in the attachments.



Ensure that any confidential information, such as those deemed confidential in the body of the report, are protected in the attachment(s).

**RECOMMENDATION**

Select an appropriate recommendation from the Recommendations Guide on CWS/CMS under LA County Specific templates.

To access the Recommendations Guide, select “+” under create a New JV Document while in the ID tab of the Court Management Section (Purple button). Change the “Document Category” to “County.” Select “Recommendations Guide” to access the document. Select the appropriate recommendations and paste them into the Status Review Hearing Report. Alternatively, select “create a new document” while in the Case Management Section (Green button). Select Los Angeles County, Recommendations Guide, and then the appropriate recommendations. Paste them into the Status Review Hearing Report.

Manually write into the report all additional recommendation(s) that need to be included but are not found on the Recommendations Guide.

Ensure that the dates you are requesting for the next status review and the permanency plan hearing are within the statutory timeframes and that the permanency planning hearing is to be held no later than twelve (12) months after the date the child entered foster care.

Regardless of his/her age, a child shall be deemed to have entered foster care on the earlier of either the date of the jurisdictional hearing held pursuant to WIC Section 356, or the date that is sixty (60) days after the date on which the child was initially removed from the physical custody of his or her parent or guardian.

**Respectfully Submitted,**

Philip L. Browning, Director  
Department of Children and Family Services

**By**

\_\_\_\_\_  
**CSW's Name, File number, and Telephone number** **Date**

\_\_\_\_\_  
**SCSW's Name and Telephone number** **Date**

**Manually create an additional signature line for the RA and /or ARA, if necessary.**

*I have read and considered the above report.*

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Judicial Officer

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Date