**Child’s Name:**

**Petition Number:**

**Child’s Date of Birth:**

**Hearing Date:**

**Hearing Type:**

**Date CASA was assigned to case:**

**History:** Most, if not all, of the information for this section will be found in the social services practitioner’s DETENTION and JURISDICTION/DISPOSITION reports. **If a history section has already been written for your previous report, you can skip this section.**

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| --- | --- |
| 1. Briefly describe the circumstances which led to the children’s removal (include dates). Begin with the date that DPSS received the referral leading to the child/children’s removal. Then briefly describe the incident and the related safety concerns.
 | On March 16, 2016, the Riverside Police Department contacted DPSS to report that the mother, Tracey Graham, and the paternal grandmother, Becky Simmons, were alleging that the father and custodial parent, James Jones, had sexually abused Alison, according to the detention report dated March 21, 2016. Alison reportedly confirmed past allegations of sexual abuse, which she first disclosed on March 7, 2016, that Mr. Jones had touched her inappropriately while she pretended to sleep several times during a three-week period. She also reiterated allegations that Ms. Jones had hit her with a spoon, causing scratches, and pulled her hair. Alison told police that she had been cutting because of pressure from Mr. and Ms. Jones to recant the allegations. Alison had recanted and remade these allegations multiple times since she first disclosed the sexual abuse. She told police that she would run away and continue to hurt herself if returned to Mr. Jones’s care. Two days earlier, Family Court ordered no contact between Ms. Simmons and Alison due to previous improper contact. Alison previously disclosed that Ms. Simmons encouraged her to make allegations against Mr. Jones so that Alison could live with Ms. Simmons. A few months earlier, Family Court restricted Ms. Graham’s visitation with Alison to only take place in a therapeutic setting. Alison was being treated for depression and had been engaging in self-harming behavior, including suicidal ideation and cutting, since 2015.  |
| 1. On what date and under which Welfare and Institutions Code(s) (WIC) was the petition filed?
 | On March 16, 2016, a petition for Alison was filed pursuant Welfare and Institutions Code (WIC) 300 xxxxx |
| 1. On what date and under which WIC were the children declared dependents?
 | On xxx Alison was declared a dependent pursuant to WIC 300 xxx |
| 4. Describe any previous DPSS referrals for this family, including the number of referrals, types of allegations and outcomes.*Tip: Be sure to include all parents in this section and if they are not involved in the incident leading to removal, please state their whereabouts.*  | Between 2003 and 2015, the family was subject of four previous CPS referrals, including a substantiated allegation of caretaker absence/incapacity due to Ms. Graham’s arrest for burglary and forgery in 2003, according to the detention report. In that case, Alison was returned to the care of Mr. Jones, the non-offending parent, and Mr. Jones and Ms. Graham were referred to Family Court. The other three referrals all alleged general neglect related to concerns about Alison’s visitation with Ms. Graham; all of these allegations were deemed unfounded. In July 2015, the most recent referral came from Family Court and alleged that Ms. Graham’s lack of attention was causing Alison suicidal ideation. The other two referrals, in 2012 and 2013, alleged that Ms. Graham was bypassing a required breathalyzer while driving Alison. |
| 5. Summarize the children’s placement history from initial detention until current placement. Include overall number of placements, types of placements, and any significant reasons for removal, if known. | On March 16, 2016, Alison was placed in a foster family agency (FFA) foster home in San Bernardino County. On September 21, 2016, Alison was temporarily placed at the Operation SafeHouse shelter in Riverside due to concern about her risky behaviors while at the previous foster home. On September 12, 2016, she was placed in another FFA foster home. On December 1, 2016, Alison was placed with Ms. Graham. |

**Current Situation:** Include only current, factual information that has occurred since the last court report. **Please do not copy any information from your last report, and please remember to follow up on any issues identified in the last report. If a section does not apply to your child(ren) then please leave blank. Always remember: record WHO provided you with the information you are describing, and WHEN you spoke with that person. Please write in complete sentences.**

|  |  |
| --- | --- |
| 1. List the ***full names*** of all persons contacted during ***this reporting*** ***period***. Include their titles or roles, e.g. caregiver, teacher, social services practitioner (SSP).
 |  |
| 1. Write at least 2-3 sentences describing each child (age, physical description, interests, personality, positive attributes, goals, etc.). **This section should be positive!**
2. What, if any, extracurricular activities or hobbies are the child active in?
 |  |
| 1. How many visits have you had with the children since your last report or how often do you visit them (if you have a set schedule, i.e. twice a month)?
2. What kinds of things do you do during visits?
3. How is their behavior during visits?
 |  |
| ***PLACEMENT:******This information should be largely based on your observations and conversations with the caregiver(s) and children. ALWAYS REMEMBER: WHEN? And ACCORDING TO WHOM?*** |  |
| 1. Where are the children placed and on what date were they placed there? **Please include all placements over the last reporting period.**
 |  |
| 1. Describe the children’s placement (i.e. spacious house, pets in the house, do the children have their own room(s), are there any other children in the home)?
 |  |
| 1. Describe the children’s interactions with their caregivers and any other children or family members in the home. Do the children seek the caregivers for attention and comfort? Are the children comfortable in this home?
 |  |
| 1. If reunification does not occur, the children’s caregivers are: 1) willing to adopt, 2) willing to assume legal guardianship 3) willing to either adopt or assume legal guardianship, 4) not willing to adopt or assume guardianship. **If not willing to adopt/assume guardianship, how long are they willing to allow the child(ren) to remain placed with them?**

*Tip: Speak the SSP first, then confirm with the caregiver.* |  |
| ***CONTACT WITH SIBLINGS AND RELATIVES WITH WHOM CHILDREN ARE NOT PLACED:******Speak with the caregivers, SSP, and children to gather this information.*** |  |
| 1. Do the children have a sibling(s) in a different placement? If so, do they have visits? Describe the visits (frequency, children’s interactions).
 |  |
| 1. Do the children have visits with any other family members (other than with the mother and father)? If so, who and how often?
 |  |
| 1. Describe the children’s feelings about the visits (if they have shared those feelings with you).
 | N/A |
| 1. Describe any positive feedback or concerns from the caregiver or any service provider(s) about the children’s behavior before and/or after visits.
2. What are the family’s strengths? Tip: What’s working well for the family? This information can come from a CFT meeting, feedback from the child/caregiver, or your direct observations.
 | N/A |
| ***MEDICAL & THERAPEUTIC INFORMATION FOR THE CHILDREN:*** |  |
| 1. Describe any medical or dental concerns. Are the children up to date on exams and immunizations?
2. List all prescribed medications with dosages for each child and what the medication is treating.
3. Ask the child and caregivers if they would like the Court to know anything specific about the health of the child(ren).*Tip: Speak to the caregiver about this section and follow up with the doctors if the child has any significant medical issues, if appropriate.*
 |  |
| 1. Are the children in therapy? If so, when did you speak with the therapist?
2. According to the therapist, when did therapy begin, how often does the child attend, and has participation/attendance been consistent?
3. According to the therapist, what are the child’s therapeutic goals and what progress has the child made towards meeting those goals?
4. Describe any concerns or positive feedback provided by the therapist.
5. Do the caregivers think therapy has been beneficial?
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| 1. Are the children receiving any other services, such as physical therapy, occupational therapy, placement stabilization, etc.? (i.e. Head Start, California Early Start, Inland Regional Center) (*ask SSP if unknown*)
2. If so, when did you speak with the provider(s)? Describe the services the children are receiving and the progress that they are making. Include any concerns or positive feedback from the provider(s).
 | N/A |
| *\* The below information should be derived from SSP only. Do not discuss with children.* 26. If child is 10 years or older, has the youth received the requisite reproductive and sexual health curriculum or education? Has youth been informed of their right to access and receive confidential medical care and resources pertaining to their reproductive and sexual health? If so, when? *\*Confirm this information with SSP only.* 27. Did the youth experience any barriers?*Tip: Example may include access, transportation, etc.*  | I have confirmed with the social services practitioner that XXX received the required reproductive and sexual health education on DATE and has been informed of their right to access and receive confidential medical care and resources pertaining to their reproductive and sexual health.OROn DATE, the social services practitioner confirmed that XXX has not yet received the required reproductive and sexual health education or been informed of their right to access and receive confidential medical care and resources pertaining to their reproductive and sexual health. That requirement will need to be complete when XXX graduates from eighth/twelfth grade in MONTH YEAR. |
| ***EDUCATIONAL INFORMATION:******This information should be largely based on your conversations with teachers and school staff.*** |  |
| 28. Where do the children go to school? What grade are they in?  |  |
| 29. Do the children have IEPs (individualized education programs) or receive other special education services? If so, what is the qualifying disability? 30. Describe the services the child is receiving. 31. When was the IEP last reviewed? |  |
| 32. Who holds educational rights? (ask SSP if unknown)33. Is that person communicating with the school and addressing the child’s educational needs, according to school staff and/or teachers? |  |
| 34. When did you speak with the children’s teacher(s) or school staff? Describe the child’s academic performance (including grades), attendance, behavior, and interaction with peers. Describe any positive comments or concerns from the teacher. |  |
| *Tip: If the child is in high school, talk to the child’s school counselor and ask for a copy of their most recent report card/transcript and attendance record.*1. How many credits does the child have and are they on track to graduate?
2. Is the child on a diploma track or a certificate of completion track?
 |  |
| ***ADDITIONAL INFORMATION FOR CHILDREN 16 YEARS AND OLDER:******This information should be mostly based on your conversations with the child. Check in with caregivers and SSP for additional information if needed.*** |  |
| 37. Does the child have a California identification card, Social Security card, and copy of their birth certificate? If no, why not? | N/A |
| 38. Does the child have a job or do they want to start looking for a job? | N/A |
| 39. Does the child have a checking and/or savings account? | N/A |
| 40. Is the child participating in independent living program (ILP) services? If so, when did you speak with the ILP worker? Describe the services the child is participating in. | N/A |
| 1. Is the child planning to participate in extended foster care (EFC)? If so, how do they plan to meet the EFC requirements? (school, work, both?) If not, what is the child’s plan and do they know how to enter EFC in the future?
 | N/A |
| ***PARENTS’ VISITATION AND CASE PLAN(S):******If you get the opportunity, speak with the parent(s), children, and caregivers about the following: ALWAYS REMEMBER: WHEN? And ACCORDING TO WHOM?*** | N/A |
| 1. Does the mother have supervised or unsupervised visits? What is the visitation schedule, where do visits take place, and how often do the visits actually occur? *Tip: Ask the caregiver if needed.*
 | N/A |
| 43. How many visits with the mother have you observed? Describe the visits and the mother’s interaction with the child. (Include dates). Also include any planned visits that the mother canceled or missed. |  |
| 44. Describe the child’s feelings about the visits (if they have shared those feelings with you). |  |
| 45. Describe any positive feedback or concerns that the caregivers or children’s service providers have shared with you about the child’s behavior before and/or after visits. | N/A |
| 46. Indicate any other significant information gathered/learned regarding mother’s situation-i.e. reunification services, living situation, etc. **Indicate when and where you obtained this information.** |  |
| 47. Does the father have supervised or unsupervised visits? What is the visitation schedule, where do visits take place, and how often do the visits actually occur? *Tip: Ask the caregiver if needed.* |  |
| 48. How many visits with the father have you observed? Describe the visits and the father’s interaction with the child. (Include dates). Also include any planned visits that the father canceled or missed. | N/A |
| 49. Describe the child’s feelings about the visits (if they have shared those feelings with you). | N/A |
| 50. Describe any positive feedback or concerns that the caregivers or children’s service providers have shared with you about the child’s behavior before and/or after visits. | N/A |
| 51. Indicate any other significant information gathered/learned about father’s situation including reunification services, living situation, etc. **Indicate when and where you obtained this information.** |  |
| 52. Important: Ask the social services practitioner what his/her recommendations will be and list them here. |  |
| 53. Is there any other information that you would like to include that is not captured in the table above? 54. Ask your case child if there is anything they would like you to tell the Court (discuss this with your supervisor to ensure this is an appropriate conversation to have with your case child). |  |

**Assessment of Child’s Needs:** These are your *opinions*, which can be expressed in “I feel” and “I believe” statements, and should be based on the facts presented above. Write a brief summary and give opinions / list concerns regarding each area covered in the current situation above. Please write in complete sentences and do not present any new factual information that was not mentioned in the Current Situation section. **Start each anssper with a positive sentence highlighting what is going well for the child in that aspect of their life.**

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| 1. What services, if any, will help your children be successful in placement?
 |  |
| 1. What extracurricular activities or items, if any, will help your children be successful in day-to-day living?
 | N/A |
| 1. What, if anything, is needed to assist in the success of your children’s sibling visits?
 |  |
| 1. What services, if any, will benefit the health of your children?
 | N/A |
| 1. What services, if any, will benefit the mental health of your children?
 |  |
| 1. What services, if any, will help your children be successful educationally?
 |  |
| 1. What, if anything, is needed to assist in the success of your children’s visits with mother?
 | N/A |
| 8. What, if anything, is needed to assist in the success of your children’s visits with father? |  |
| 9. Are you in agreement with the social services practitioner’s recommendations regarding permanency? If not, which of the following do you recommend? Why?a. The mother and/or the father receive 6 more months of reunification servicesb. Children be placed with the mother and/or the fatherc. Reunification services to the mother/and or the father be terminated, and a hearing be set to determine the long term plan for the children. |  |
| 10. Do you have a picture of the child(ren) we can attach to your Court report? (The photo may include the child’s face as the report is only being shared with the judge and courtroom attorneys; however, due to confidentiality the photo may only consist of the child(ren) to whom you are assigned.) | N/A |

**Recommendations:**

Each recommendation needs to be addressed in the Assessment section and the Current Situation section. Your recommendations should always start with “That….” Remember that the judge has little time, so keep recommendations as brief as possible. Keep in mind that we are limited in the recommendations that we can make by the Juvenile Court’s jurisdiction.

1. Custody and supervision of the child
	1. “That Joey remain a dependent of the Court.”
	2. Or “That jurisdiction for Joey be terminated.”
2. Where the child should be placed
	1. “That Joey remain in his current placement.”
	2. Or “That Joey be placed with….”
3. Services for the child
	1. “That Joey continue to receive individual therapy.”
	2. “That Joey undergo a psychological evaluation,” etc.
4. Visitation
	1. “That Ms. Smith’s supervised visitation be increased to….”
5. Service recommendations for the parents
	1. “That Ms. Smith continue to receive reunification services.”
	2. “That Ms. Smith’s reunification services be terminated.”
	3. “That a 366.26 hearing be set to determine a permanent plan.
6. Additional specific services recommended for the parents.