

Regional Office Address

Regional Office City, California Zip Code County: Los Angeles

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

## CASE PLAN FAMILY ASSESSMENT - [COURT]

VERSION: Initial 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 0000-0000-0000-0000000	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

<b>Child A</b>	00/00/0000	Other Relative	General Neglect	Substantiated
Referral Date:	<b>04/17/2013</b>		Referral Id #	<b>0000-0000-0000-0000000</b>
<u>Client Name</u>	<u>Date Of Birth</u>	<u>Perpetrator</u>	<u>Allegation</u>	<u>Allegation Disposition</u>
<b>Child A</b>	00/00/0000	Mother's Name	General Neglect	Unfounded
Referral Date:	<b>06/28/2013</b>		Referral Id #	<b>0000-0000-0000-0000000</b>
<u>Client Name</u>	<u>Date Of Birth</u>	<u>Perpetrator</u>	<u>Allegation</u>	<u>Allegation Disposition</u>
<b>Child B</b>	00/00/0000	Mother's Name	General Neglect	Substantiated
		Mother's Name	General Neglect	Substantiated
<b>Child A</b>	00/00/0000	Child B	Caretaker Absence/Incapacity	Substantiated
		Mother's Name	Caretaker Absence/Incapacity	Substantiated
		Mother's Name	General Neglect	Substantiated
Referral Date:	<b>07/25/2013</b>		Referral Id #	<b>0000-0000-0000-0000000</b>
<u>Client Name</u>	<u>Date Of Birth</u>	<u>Perpetrator</u>	<u>Allegation</u>	<u>Allegation Disposition</u>
<b>Child A</b>	00/00/0000	Jane Doe	General Neglect	Unfounded
		Jane Doe	Physical Abuse	Inconclusive
Referral Date:	<b>08/27/2013</b>		Referral Id #	<b>0000-0000-0000-0000000</b>
<u>Client Name</u>	<u>Date Of Birth</u>	<u>Perpetrator</u>	<u>Allegation</u>	<u>Allegation Disposition</u>
<b>Child A</b>	00/00/0000	Jane Doe	Sexual Abuse	

---

**REFERRAL HISTORY - OTHER CHILDREN**

Referral Date:	<b>05/06/2000</b>		Referral Id #	<b>0000-0000-0000-0000000</b>
<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>
<b>Child A</b>	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
<b>Child B</b>	Family Maintenance	07/25/2007 - 01/14/2008
	Emergency Response	07/18/2007 - 07/25/2007

**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.

**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 this is a Family Maintenance case, enter "N/A." 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.**