

Department of Children and Family Services /  
Bureau of Operations  
Regional Office Address  
City, State, Zip Code  
CSW Name  
Phone Number  
CSW File #/First Initial, Last Name  
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

**INTERIM REVIEW REPORT**

<u>Hearing Date</u>	<u>Hearing Time</u>	<u>Dept./Room</u>	<u>Hearing Type/Subtype</u>
00/00/0000	08:30 a.m.	XXX	0000

**This information populates from the hearing Notebook and the child’s client Notebook.**

**IN THE MATTER OF**

<u>Name</u>	<u>DateofBirth</u>	<u>Age</u>	<u>Sex</u>	<u>CourtNumber</u>
Automatically Populates	00/00/0000	X	X	XXXXXX

**CHILD(REN)’S WHEREABOUTS**

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

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

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

This information will populate from the parent's Client Notebook.

If a parent's address is confidential, delete the address and enter "Confidential." If the identity of a parent or the requested information in the grid is unknown, enter "unknown".

If the child is legally freed, enter "legally freed".

Enter the legal guardian's name, address and telephone number.

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

Include individuals who have a direct interest in the child. [e.g., prospective legal guardian, substitute care provider, relatives (when the parent's whereabouts are unknown), etc.

It is not necessary to list collateral contacts in this section.

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

**INTERPRETER****Interpreter Required****Language****For Whom**

Complete this section only if an interpreter is needed at the hearing.

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

All information in this field is populated from the database with the exception of information regarding attorneys representing tribes or tribal organizations. This information must be entered manually.

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

**INDIAN CHILD WELFARE ACT STATUS**

The Indian Child Welfare Act does or may apply.



dates children were declared dependents, date the court ordered no Family Reunification Services (FR), date guardianship was granted and the date that court terminated jurisdiction.

### **REASON FOR HEARING**

Enter “The matter is before the court for a WIC 388 Petition Response and report from DCFS.”

Explain the basis for the petition and the reason why the petitioner filed.

### **PATERNITY/LEGAL RELATIONSHIPS**

Enter “N/A” in this section if the information requested by the court does not pertain to paternity/legal relationship issues.

If the requested information does pertain to paternity/legal relationship issues, provide the requested information.

Address all supporting documentation and attach it to the report.

### **CRIMINAL HISTORY**

If the recommendation is to return the child(ren) to a parent(s)/petitioner, a relative or nonrelative extended family member (NREFM), attach the results of all requested criminal records for said individual(s) and other adults in the home.

Address all clearance results in the report. Enter the person's name, known aliases and all information followed by a description of any arrests and/or convictions. Include probation/parole status, including date probation/parole status expires; name and phone number of the current Probation/Parole Officer, if known.

Enter “No criminal history known at this time,” if there is no criminal record found.

NOTE: The court shall consider the criminal history, of the parent/petitioner or legal guardian subsequent to the child's removal to the extent that the criminal record is substantially related to the welfare of the child or the parent's/petitioner's or guardian's ability to exercise custody and control regarding the child(ren), provided the parent/petitioner or legal guardian agreed to submit fingerprint images for LiveScan.

However, CSWs can still request that a parent/petitioner submit fingerprint images to obtain criminal history, obtain the parent's/petitioner's criminal history via a CLETS or ask County Counsel to subpoena the criminal history from the DOJ.

### **CURRENT SITUATION**

Add the applicable headings.

**Social Study/Family Assessment****Problems Requiring Intervention and Possible Causes:**

*For WIC 388 petitions involving a return to home of parent/petitioner – Summarize the findings of the SDM Reunification Reassessment and any contributing factors (such as domestic violence, drug abuse, or mental health problems) that brought the family to the attention of the Department and to Dependency Court. Do not refer to the SDM tools in the report.*

**Relevant Social, Cultural, and Physical Factors:**

Address all relevant social, cultural, physical, and environmental factors that affect the children, parent(s)/petitioner, or person serving in that role or other significant person(s), including children and siblings in and out of the home and other children who reside in the home.

Address any parent(s)' need for health and medical care and significant personal history, including hospitalization for mental illness.

Include ages of the child and parents/petitioner, child's relationship with the parents/petitioner and siblings, marital history and current relationship, the parent(s)' educational, economic, physical, medical, mental, and emotional history.

**Family Strengths:**

Enter all factors indicating the positive traits/character qualities for each involved party through the observations, statements from involved parties and activities completed by the parents or child. Summarize the Family Story and the 5 Protective Factors (if utilized) to include existing strengths, protective capacities, risk factors, and underlying needs.

**Family's Perception of Their Needs:**

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

**Environment/Safety Home Assessment**

- Applies to parents, new prospective legal guardian or adoptive parent

If the recommendation is to return the child(ren) to a parent(s), relative, NREFM, or for the legal guardian to adopt, address the condition of the home, including the sleeping arrangements for the child, other parties in the home, etc.

If the legal guardian is requesting to adopt the child, enter any information regarding the status and/or the result of the applicant assessment, as applicable/available. Consult with the Adoption CSW, if there is one already assigned to the case.

**Resource Family Approval (RFA) Home Assessment Results**

If the recommendation is to place the child(ren) with another relative, NREFM, or for the legal guardian to adopt and the last RFA Home Assessment has been more than 2 years or is due soon, include the date the referral was made to the RFA Division, the status or results and the

date it was approved or denied.

### Court Orders Prior To the No Reunification Orders For The Parent

If assessing a parent, list the previous orders of the court.

### Parent's/ Petitioner's Compliance with the Prior Orders or Reasons that Justify Reunification

Address services that the parent/petitioner subsequently completed or situations in their life which would justify or show the parent's/petitioner's ability and willingness to provide a safe and stable home environment. Attach any supporting documentation to the report (i.e., therapist reports, results of drug tests, etc.). Consider whether the completion of programs or services mitigated the prior safety factors that brought the parent/petitioner to the Department's attention. Note whether the petitioner is taking responsibility for their actions that required past DCFS involvement.

- Behavioral change should be the determining factor as to whether the parent/petitioner is in partial/ complete/non-compliance with their case plan. Assess if the caregiver's circumstances and behaviors have changed enough in the "best interest" of the child to allow the child to be safely returned to their care.
- Consider how the petitioner describes their relationship with the child, the petitioner's discipline strategies, and what the petitioner sees as the child's needs.

When recommending returning children home of parent/petitioner, convene a Child and Family Team with natural and professional supports who know about the safety worries. Develop a plan that addresses how those supports can be utilized to help monitor child safety.

### Visitation Between Child and Parent/Petitioner

Describe the parent's/petitioner's visitation/contact with the child(ren) after termination of jurisdiction to the present. Provide as much information as available regarding the frequency of visits, dates and locations.

If possible include observations by individuals that were present during the visits.

### Length of Relationship and Contact Between the Child and Prospective Legal Guardian

Complete only if another party is being considered for Legal Guardianship. Describe the length of relationship and contact between the child and prospective legal guardian.

### Child Care Plan for the Child

If child care will be used, provide a detailed description of the plan and information regarding the child care service provider.

### EVALUATION OF THE CHILDREN

Type in the additional headings as appropriate.

Medical/Dental

Provide a detailed description of each child's current medical and dental status.

**Include:**

- A description of any current or prior health problems, including diagnosis, treatment, and medication taken.
- Provide a detailed description of the child's current dental condition including a description of any current or prior dental problems, including diagnosis, treatment, and current medication, as applicable.
- Child Health and Disability Prevention (CHDP) or Child Health and Disability Prevention equivalent medical reports from health care providers and dental care providers, as available.

**Indicate:**

- The date of the child's last medical and dental appointment and the results. If a condition was diagnosed that required follow-up or the doctor suggested the child see another doctor, indicate what, if any, follow-up is needed or completed.
- If there was a referral made to an orthodontist, indicate whether an appointment was made. If the child is in need of any dental and/or orthodontic work, indicate whether the insurance approved the work.
- Whether there is a plan in place to assure that the child's dental care needs are met, in the event the child's insurance will not cover the cost of the work.
- If a referral has been made to the Children's Trust Fund and, if so, the status of the referral.

Education

Provide a description of the child's current educational status and information on the school of attendance including name, address and telephone. Also include the name and contact information for the school liaison for the district in which the child is enrolled. Address:

- The child's school of enrollment and how long (s)he has been attending
- **The child's school performance, behavior, and attendance**
- Whether child is attending a comprehensive, regular, public or private school
- Whether the child attends his or her school of origin (public or nonpublic), or has transferred to another public or nonpublic school. If the child is not attending his/her school of origin, or transferred into or from another public or nonpublic school, provide a brief explanation of the reasons.

Mental and Emotional Status

Provide a description of the child's current mental and emotional status.

**Discuss:**

- Any previous and/or current mental health concerns
- The parent's, caregiver's and your own observations of the child's mental and emotional status
- Whether the child is in need of assessment/treatment/services
- If the child is currently receiving counseling/mental health services
  - Indicate when the child started counseling/mental health services, how often the

child goes to counseling, how long are the sessions, the child's diagnosis, and progress in counseling and the therapist's recommendations for further services.

- If the child should be in counseling, describe in detail what efforts have been made to get the child into counseling/mental health services.
- If funding for the counseling is an issue, discuss the problem and efforts to resolve the funding problem.
- If the child is taking psychotropic medications, indicate the name of the medication and the dosage, the name, address and telephone number of the doctor prescribing the medication.
- If there is a current authorization from the court on file for that medication
- If the child is taking the prescribed medication, how the caregiver feels the child is doing on the medication, how the medication makes the child feel and whether that medication is successfully treating the child's targeted symptoms
- Any concerns the caregiver has about the medication
- The child/youth's complaints/concerns about the medication
- Any follow-up action, if any, was recommended/taken for complaints/concerns
- The doctor's statements as to how the child is responding to the medication and if it is resolving the symptoms
- If a referral and/or an application has been made for [Supplemental Security Income \(SSI\)](#) and the date it was made, the result of the application, or if the child is already receiving SSI

### **Statements/Observations**

#### **Child(ren):**

If applicable, enter a statement from the child(ren) as it relates to the request for change in the WIC 388 petition as follows:

List the child's name, date of interview, location of interview, telephone number (if interviewed by telephone). If the child is seven years or younger, establish whether the [child is a competent witness](#).

If not applicable, enter "N/A."

#### **Parents/Legal Guardians:**

If applicable, enter a statement from the parent/[petitioner](#)/guardian as it relates to the request for change in the WIC 388 petition as follows:

List the parent's/[petitioner's](#) name, relationship to the child, date of interview, location of interview, or telephone number (if interviewed by telephone). If a parent/[petitioner](#) or legal guardian is incarcerated, attempt to interview the parent/[petitioner](#) or legal guardian by contacting the jail/prison warden, counselor or chaplain. If face-to-face contact is not possible, contact him/her by telephone or letter.

If not applicable, enter "N/A."



**Others:**

If applicable, enter statements from therapists, relatives, doctors, etc., as they relate to the request for change in the WIC 388 petition.

Include their title, address, telephone number, date of interview and location of interview for each person, in person or by telephone. Clearly state what each individual's testimony will be if called to testify.

If not applicable, enter "N/A."

**GENERAL INFO**

*If the child is 10 years of age or older, the child must be advised of his or her right to attend the hearing and be given the opportunity to attend the hearing even if the child is incarcerated/institutionalized. The report shall state whether or not the child/youth wishes to attend the hearing.*

*CSWs are to arrange for the child's transportation if the child wishes to attend the hearing. If the child was not properly notified or if they wished to be present and was not given the opportunity to be present, the court will continue the hearing to allow the minor to be present unless the court finds that it is in the best interest of the minor not to continue the hearing.*

**ASSESSMENT/EVALUATION**

Address the facts set forth in the WIC 388 petition. Describe the evidence contained in the petition that supports or disproves the particular supporting facts.

Provide an evaluation of whether the child could safely remain in, or be returned to, the legal guardian's home, if services were provided to the child or legal guardian without terminating the legal guardianship.

If the parent(s) filed the petition or if the request is to terminate the legal guardianship is filed by someone else, address the parents' situation and if reunification is now appropriate. Address what changes in behavior have been made and observed from the original reason/history of DCFS intervention and how these changes mitigate the reason for initial dependency court filing, with the understanding that "compliance" by a parent/petitioner (attending classes and/or counseling) is not the same as demonstrating substantive progress/changes from the ordered classes and/or counseling.

If the child has unique medical, educational and/or developmental needs, include how the parent/petitioner addresses those needs. Address what supports can assist the parent/petitioner in meeting the child's unique needs.

If recommending that court-ordered family reunification services be terminated prior to the WIC 366.21(e) or 366.21(f) hearing, describe the change of circumstance or new evidence that satisfies a condition set forth in subdivision (b) or (e) of Section 361.5 justifying termination of court-ordered reunification services. Describe any action or inaction of the parent/petitioner or guardian that creates a substantial likelihood that reunification will not

occur, including, but not limited to, the parent/petitioner or guardian's failure to visit the child, or the failure of the parent/petitioner or guardian to participate regularly and make substantial progress on a court-ordered treatment plan.

If the parent/petitioner or guardian has failed to visit the child or participate regularly or make progress in the treatment plan, discuss any factors including, but not limited to the parent/petitioner or guardian's incarceration, institutionalization, or participation in a residential substance abuse treatment program.

Include the services that have been offered or provided.

If the parent/petitioner or guardian is incarcerated or institutionalized, include information that the court may consider in determining detriment of family reunification such as:

- The age of the child
- The degree of parent-child bonding
- The length of the sentence
- The length and nature of the treatment
- The nature of the crime or illness
- The degree of detriment to the child if services are not offered
- For children 10 years of age or older, the child's attitude toward the implementation of family reunification services
- The likelihood of the parent's/petitioner's discharge from incarceration or institutionalization within the reunification time limitations.

If the recommendation is based on the parent's incarceration, describe in detail [assessing the factors enumerated in WIC 361.5(e)(1)(A)-(E)] why reunification with that parent is detrimental to the child.

#### WIC 388 Petitions Involving a Kin-GAP Legal Guardian

The following information related to funding must be addressed in the court report:

- The case becomes ineligible for Title IV-E Federal AFDC-FC benefits when a WIC 388 petition is filed on a Kin-GAP case and court reinstates jurisdiction, even if the child will remain in the care of the relative legal guardian
- Even if the case was previously determined federally eligible, the relative legal guardian will be referred to CalWORKS
- When and how the guardian was advised of said impact on funding and the guardian's response and decision on whether to continue forward or withdraw the WIC 388 petition, (if filed by the guardian)

This includes but is not limited to situations where the court reinstates jurisdiction following a WIC 388 petition due to a parent/petitioner contesting the current guardianship, a need to appoint a co-guardian, or the relative guardian wanting to adopt.

For a Kin-GAP guardian filing a WIC 388 to adopt, CalWORKS will be the source of funding for the case prior to AAP being initiated following the adoptive placement.

Consult with the Kin-GAP Unit to discuss the possible effects of reinstating jurisdiction on the existing and/or new guardian's ability to receive funding if the case is re-opened or court jurisdiction is reinstated. Address the guardian's eligibility or not, to continue to receive Kin-GAP once the case is closed or when the new guardianship is established.

### **CASE PLAN**

Enter "N/A."

### **ATTACHMENTS**

Include the statement:

"The attachments identified in this report are attached hereto and incorporated herein by this reference."

List all documents that support your assessment and recommendations in this report and Case Plan Update, if any.

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

- Pomona Police Department Police Report #0000-0000, dated 01/01/12
- Pomona Valley Medical Center-Medical Record #000, dated 01/01/12
- Ensure that the listed attachment(s) are in fact attached to the report.

### **RECOMMENDATION**

Include select recommendations below as applicable:

- The report shall also identify recommended family maintenance or reunification services to maintain the legal guardianship and set forth a plan for providing said services.
- Recommend that a WIC 366.26 Hearing be set on calendar in 120 days for appointment of a new legal guardian or to terminate parental rights in preparation for adoption
- That a Status Review Report pursuant to WIC 366.3 (Review of Permanent Plan Hearing) be set on calendar.
- Recommend that the court terminate court-ordered reunification services and that a hearing pursuant to Section 366.26 be held within 120 days.
- If court jurisdiction was previously terminated prior to filing the WIC 388 Petition and the recommendation is to continue with the legal guardianship, but continued services are not needed, enter, "It is recommended that the WIC 388 Petition be dismissed and that court jurisdiction be terminated."
- ~~If you are recommending no change to the previous orders of the court in a case where~~

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court jurisdiction was still in effect when the petition was filed, enter “It is respectfully recommended that the previous orders of the court remain in full force and effect and that the matter be continued to the previously scheduled Status Review or Review of Permanent Plan hearing on (enter date) for (enter the type of hearing).”

- If recommending return to a parent/petitioner, a home of parent order, family reunification services or family maintenance services, recommend services that are applicable and request that a 364 hearing be set on calendar for usually six months on (enter date) for (enter the type of hearing).
- When making reunification recommendations for children under five (5) years old who have been separated from the parent/caregiver, consider recommending a bonding assessment.

SAMPLE

The Recommendations Guide has been posted to CWS/CMS under LA County Specific templates. To access the Recommendations Guide, follow one (1) of the two (2) set of steps below:

OPTION 1	OPTION 2
<ol style="list-style-type: none"> <li>1. Select "+" under "Create a New JV Document" under the ID Tab of the Court Management Section.</li> <li>2. Change the "Document Category" to "County".</li> <li>3. " Select "Recommendations Guide" to access the document.</li> <li>4. Select the appropriate recommendations, and paste them into the court report</li> </ol>	<ol style="list-style-type: none"> <li>1. Select "create a new document" in the Case Management Section (green button).</li> <li>2. Select Los Angeles County and Recommendations Guide.</li> <li>3. Select the appropriate recommendations, and paste them into the court report.</li> </ol>

Manually enter recommendations that are not found on the Recommendation Guide.

Respectfully Submitted,

Brandon Nichols, Interim Director  
 Department of Children and Family Services

By

\_\_\_\_\_  
 CSW Name, Title, File # First Initial, Last Name, Phone Number

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 SCSW Name, SCSW, Phone Number

\_\_\_\_\_  
 Date

*I have read and considered the above report.*

\_\_\_\_\_  
 Judicial Officer

\_\_\_\_\_  
 Date