# Placement Summary

**Purpose:** The purpose of this form is to transfer information from one caregiver to another to enhance continuity of care for the child.

**Instructions:** For Initial Placements after removal from the child's home the worker completes all the shaded sections. For Subsequent Placements, the caseworker completes all the shaded sections and the current caregiver completes the form as indicated in the instructions beginning on page 12. The Kinship Development Worker must assist the kinship caregiver with completing the form. The CPS caseworker must ensure the form is completed.

**Directions:** **For Initial Placements** after the removal from the child/youth 's home, or emergency placement changes, a copy of the form with the Child Sexual History Report Attachment A, is given to the new caregivers with the shaded areas completed at the time of placement. The form and Attachment A must be updated with any additional information obtained and provided to the caregivers no later than 72 hours after placement. The form must be signed by all foster parents, unauthorized placements or, if in a kinship home, then all adults living in the home with unsupervised access to the child. For General Residential Operations, the form must be signed by the Administrator for the operation, the intake worker, if applicable, and the case manager. The form may be signed and returned electronically if one of the caregivers is not present at the time of placement. The signed form and signed attachment A must be uploaded into One Case within three business days from placement. The original is filed under the child’s “Placement Records” tab in the Conservatorship case file

**For Subsequent Placements (non-emergency),** the form with the Child Sexual History Report Attachment A, is completed by the current caseworker for all of the shaded sections and the current caregiver as directed in the instructions beginning on page 13 and a copy provided to the new caregivers at the time of placement by the worker. The form must be signed by all foster parents or, if in a kinship home, then all adults living in the home with unsupervised access to the child. For General Residential Operations, the form must be signed by the Administrator for the operation, the intake worker, if applicable, and the case manager. The form may be signed and returned electronically if one of the caregivers is not present at the time of placement. The signed form and signed attachment A must be uploaded into One Case within three business days. The original is filed under the child’s “Placement Records” tab in the Conservatorship case file.

**Initial Placement after Removal from the Child's Home**  **Subsequent Placement**

**Note: For FAD placements, this form also serves as the Preliminary Service Plan and as part of the Admission Assessment.**

Caregiver: For initial placements after Removal from a Child's Home, a child must have a Texas Health Steps medical checkup within 30 days and a dental checkup scheduled within 30 days and completed within 60 days. Call **1-866-912-6283 to arrange the Texas Health Steps checkups.** Take this form with you to the appointment.

Note: **The residential child care contract requires the administrator for a General Residential Operation to ensure all caregivers who have responsibility for caring for the child are aware of the child’s needs and the sexual history of the child contained in this form and the Child Sexual History Report Attachment A.**

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| CHILD'S INFORMATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full Name: | | | | | | | | | | | | | | | | | | | | Date of Birth: | | | | | | | | | Age: | | |
| Current Primary Permanency Goal: | | | | | | | | | | | | | | | Legal Status: | | | | | | | | | | | | Religion: | | | | |
| Caseworker: | | | | | | | | | | | | | | | Caseworker Phone: | | | | | | | | | | | | | | | | |
| Local Permanency Specialist: | | | | | | | | | | | | | | | Local Permanency Specialist: | | | | | | | | | | | | | | | | |
| Primary Medical Consenter: | | | | | | | | | | | | | | | Primary Medical Consenter Phone: | | | | | | | | | | | | | | | | |
| Backup Medical Consenter: | | | | | | | | | | | | | | | Backup Medical Consenter Phone: | | | | | | | | | | | | | | | | |
| Education Decision Maker: | | | | | | | | | | | | | | | Education Decision Maker Phone: | | | | | | | | | | | | | | | | |
| **DISCUSSION WITH THE RECEIVING CAREGIVER**  **(At the time of placement, the items in this box must be discussed with the receiving caregiver.**  **The caseworker must date and initial this section to verify this was done at the time of placement.)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Immediate Needs**  **For all placement types (must be completed by the caseworker):**  Does the child/youth exhibit any of the following behaviors: social isolation, bullying, revenge-seeking, lying, stealing, willful destruction of property, blaming others, impulsivity, self-harming, drug/alcohol use, cruelty to animals, and playing with fire?  Yes  No  If yes, Describe the behavior and services and supports needed to address the behaviors:  Does the child have any other immediate needs (such as medical, school, childcare, or clothing) anticipated within 72 hours of admission?  What is the plan to meet these needs?  Who is responsible for meeting these needs? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Needs Relative to History of Sexual Victimization, Sex Trafficking, Sexual Behavior Problem, or Sexual Aggression**  **History of Sexual Victimization History of Sexual Behavior Problem(s) or Sexual Aggression**  Does the child/youth have any known sex trafficking or other history of sexual victimization?  Yes  No  Are there indications that the child/youth has sexual [behavior problem](#_SEXUAL_BEHAVIOR_PROBLEM)(s)?  Yes  No  Is the sexual behavior problem characteristic marked in IMPACT?  Yes  No  Has the child/youth engaged in [sexually aggressive behavior](#_SEXUALLY_AGGRESSIVE_BEHAVIOR:)?  Yes  No  Is the episode documented on the sexual aggression page in IMPACT?  Yes  No  If any of the above are marked “yes”, Describe the services and supports required to address the needs of the child/youth:  **All information regarding a child/youth’s history of sexual victimization, or sexual aggression is documented on Child Sexual History Report (Attachment A). Caregivers and Caseworker must sign Attachment A acknowledging that they have reviewed and received/provided the document. For foster homes, this includes all foster parents. For kinship homes, this includes all adults with unsupervised access to the child/youth living in the home. For placement in General Residential Operations, this form must be signed by the administrator of the operation, the intake or admissions staff, if applicable, and the case manager. Caseworkers must ensure this form is reviewed with any caregivers not present at the time of placement and obtain their signatures on the form within three business days. Additional required signatures on the form may be scanned and returned through email.**  **DFPS requires that caregivers provide notice to any alternate or temporary absence caregiver (for example, psychiatric or medical hospital, juvenile detention facility, or respite care provider) of a child’s history sexual aggression or sexual abuse noted in the Attachment A of the Placement Summary form 2279.**  **It is the responsibility of the child’s caregiver to ensure that anyone whose day-to-day responsibilities include direct care, supervision, guidance, and protection of a child/youth in care is aware of the child’s sexual abuse or sexual aggression history and understands how to properly supervise the child to ensure the safety, health, and well-being of the child and others.**  **The alternate or temporary absence caregiver must understand the confidential nature of this information and agree not to disclose the information except for a necessary purpose to protect the safety, health, and well-being of children.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Special Needs**  Identify any special needs the child/youth has (such as those related to medications, medical care, dietary needs, psychiatric care, how to communicate with the child, and rewards systems).  How will these needs be met?  Who is responsible for meeting these needs? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Visitation**  For an initial removal, a child/youth must have a visit with the parent otherwise entitled to possession no later than 5 days of the Department being named TMC unless there is an exception.  Is an exception met?  If Yes, what is the exception?  If not, who is arranging the visit (see Visitation Schedule/Plan for visitation details)?  Date       Initial  For a subsequent placement:  When is the next scheduled visit (date & time)?       With Whom?       Location?  Date       Initial | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **CONTACT WITH FAMILY, FICTIVE KIN, AND FRIENDS**  **(Parent Contact is documented on the Visitation Schedule/Plan)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| How are face-to-face visits facilitated? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Individuals with whom the child may have contact.  Check all appropriate forms of access for each person listed. List names and type of contact even if you do not have the contact information. This does not include DFPS Staff, the attorney ad litem, guardian ad litem or CASA. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name** | | **Relation** | | | | | **Telephone** | | | | | | **Email** | | | | | | | **Address** | | | | | **Gifts** | | | **Unsupervised Access** | | | |
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| Persons who are prohibited from having contact with the child/youth or are prohibited from leaving with the child: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are there any special issues regarding relationships with immediate and external family members? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SCHEDULED APPOINTMENTS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Court: | | | | | | | | | | | | | | | | FGDM/COS/PC/TPM: | | | | | | | | | | | | | | | |
| Initial Parent/Child Visit: | | | | | | | | | | | | | | | | Other: | | | | | | | | | | | | | | | |
| CANS (Child and Adolescent Needs and Strengths Assessment): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date: | | | | | | Provider Name and Contact Information: | | | | | | | | | | | | | | | | | | | | | | | | | |
| A CANS assessment must be completed within 30 days of removal for youth ages 3-17. If a CANS has not been completed and/or an appointment has not been made please contact STAR Health for assistance in scheduling an appointment and/or finding a provider. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Information used to complete this form was obtained from:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Child  Yes  No | | | | | | | | Current Caregiver  Yes  No | | | | | | | | | | | | | | | | Other Person  Yes  No | | | | | | | |
| If child was in a contracted placement, did caseworker receive a copy of discharge summary and attachments from agency?  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May the future caregiver contact the current caregiver should any questions arise?  Yes  No  If yes, what is the preferred method of contact? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SCHOOL** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of school: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address: | | | | | | | | | | | | | | | | | | | | | Phone: | | | | | | | | | | |
| Grade: | | | | | Last ARD: | | | | | | Date Withdrawn: | | | | | | | | Withdrawn By: | | | | | | | | | | | | |
| This child is eligible for referral to:  Early Childhood Intervention (ECI)  Early Head Start  Head Start  Pre-School Program for Children with Disabilities (PPCD)  Pre-Program | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| This child/youth currently receives school services for:  Special Education  Ancillary/Related Services (Speech Therapy, Physical Therapy, Occupational Therapy)  Section 504 Accommodations  Response to Interventions (RTI) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The youth has a:  Personal Graduation Plan (Secondary)  Yes  No  CPS Transition Plan  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Extracurricular Activities (list): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Educational Portfolio was received from caregiver and reviewed:  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Who is the surrogate parent for special education decisions (if required)? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If the child/youth is being discharged from licensed care was is the plan to meet the child/youth's educationalneeds? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are school supplies needed?  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If yes who is responsible for providing them? | | | | | | | | | | | | | | | | Date to be provided: | | | | | | | | | | | | | | | |
| Are there any educational needs? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **MEDICAL** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of primary care physician: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address: | | | | | | | | | | | | | | | | | | | | | | | | | Phone: | | | | | | |
| Date last seen by primary care physician: | | | | | | | | | | | | | | | | Known allergies: | | | | | | | | | | | | | | | |
| Does child/youth have any medical conditions (identify as acute/chronic)? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Future appointment information/Follow up: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Does the child/youth receive any in-home medical services? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If yes what services are provided? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If yes, provider name and contact information: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Does the child/youth have special medical equipment or supplies (i.e. medical bed, diabetic supplies)?  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If yes, list items: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Does the child/youth see any specialists?  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If yes, provider name and contact information: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Was an immunization record provided?  Yes  No | | | | | | | | | | | | | | | | Is it up-to-date?  Yes  No | | | | | | | | | | | | | | | |
| Does the child/youth have any specific dietary needs?  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If yes list the special dietary needs: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If child/youth is being discharged from licensed care what is the plan to meet this child’s medical needs? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are there any additional Medical needs? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *The first Texas Health Steps medical checkup is due within 30 days of removal unless the child is a newborn, then between 3-5 days old and between 1-2 weeks old. Subsequent Texas Health Steps medical checkups are due as outlined in the Texas Health Steps Periodicity Schedule.*  ***For children with Primary Medical needs the caseworker must notify the Well-Being Specialist within 24 hours to request a Primary Medical Needs staffing for the child prior to placement.*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **CURRENT MEDICATIONS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Medication** | | | **Prescriber** | | | | | | | | | **Dosage** | | **Frequency** | | | | | | **Special Instructions** | | | | | **Date Last Filled** | | | | | **Reason for Medication** | |
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| **Over the Counter Medication or Supplements:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Medication/Supplement name | | | | Dosage | | | | | | Frequency | | | | | | | Special Instructions | | | | | | Date Last Picked Up | | | | | | Reason for the Medication/Supplement | | |
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| **DISCIPLINE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Receiving Discipline Methods  The caregiver reports using the following discipline techniques in this home: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The receiving caregiver was instructed that corporal punishment **may not** be used on a child/youth in DFPS conservatorship | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Child's Preferred De-escalation Techniques  The child reported the following are effective de-escalation techniques for him/her: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| N/A due to the child/youth being nonverbal or not having the cognitive ability to respond | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. The following behavior management technique/resources are recommended for this child/youth: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. Use of Restraints  The use of restraints is not allowed for any child placed in a DFPS foster, adoptive, or kinship home other than short personal restraints in limited circumstances as provided in the DFPS Discipline Policy, Form 2410. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **ORIENTATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **For FAD and Kinship placements:**  Discuss the items below. Have the caregiver explain the relevant rules/practices particular to the home with the child/youth according to their level of functioning and comprehension, including how they apply to the child/youth being placed. Infants and toddlers are exempt from orientation. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **For DFPS contracted placements (RTCs, GROs, private CPAs):**  Discuss the items below with the child/youth and caregiver. Have the caregiver explain the relevant policies/practices particular to the home or the private CPA/other contracted entity and obtain the caregiver’s signature on the form. If possible, conduct the orientation in conjunction with the contracted placement provider/caretaker orientation that is required. To facilitate this, the CPS worker invites the contracted placement provider/caretaker/staff person to discuss their program’s requirements. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Items and Policies Discussed**  N/A due to the child/youth being nonverbal or not having the cognitive ability to understand  Religious preference of the child or the biological family  Religious programs and practices  CPS Educational portfolio  Trips away from the caregiver home  Program expectations and rules (*N/A for FAD homes)*  Grievance procedures (Abuse hotline 1-800-252-5400 or Office of Consumer Affairs 1-800-720-7777)  Medical Services (Star Health 1-866-912-6283)  Child's Rights; use form 2530. A written copy provided to child. A signed copy, if the youth is able, must be filed in the child/youth 's record. If the youth is 16 or older, additional rights apply (form 2092), including requesting court approval to be one's own medical consenter.  Give explanation for any item the orientation did not include: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SOCIAL** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| What are the child/youth 's interests, skills, and strengths? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Describe the child/youth 's current social interaction (include friends, frequency of contact, activities and organizations, and church involvement). Include address and times of activities: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If age appropriate, describe the child/youth 's social interaction with dating/relationships: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Does the child/youth have access to a telephone or computer? If so how often are they allowed to use the telephone or computer? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If the child/youth is being discharged from licensed care what is the plan to continue to meet their needs for socialization with peers, activities and organizations? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are there any additional social needs? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **MENTAL AND BEHAVIORAL HEALTH** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Does the child/youth have any developmental delays?  Yes  No  If yes, explain: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Does the child/youth have any mental or behavioral health diagnoses?  Yes  No  If yes, explain: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Does the child/youth have any behavior that could pose a threat to themselves or others?  Yes  No  If yes, explain: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are there any special instructions regarding assist the child/youth in managing their behavior? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Does the child/youth have a substance use disorder?  Yes  No  If yes, list substances they are presently using or have used in the past:    If yes, explain what services are being provided: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Special Issues the receiving caregiver needs to be aware of (include information about situations that trigger significant emotional responses and successful intervention strategies) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If the child/youth is being discharged from licensed care what is the plan to meet their behavioral health needs? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are there any additional behavioral health needs? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PSYCHIATRIC SERVICES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Does the child/youth see a psychiatrist?  Yes  No  If yes:  Name of psychiatrist:  Address:  Phone: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date last seen: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is a follow up appointment needed?  Yes  No  If yes:  Date Scheduled:  Time:  Location: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| What needs have been identified? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If child/youth is being discharged from licensed care, then what is the plan to meet their psychiatric needs? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are there any additional psychiatric needs? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **THERAPY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Does the child/youth see a therapist?  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| What needs, if any, have been identified? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Who is responsible for meeting the child/youth 's needs for therapy? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Type** | **Name** | | | | | | | | **Address** | | | | | | | | | | | | **Telephone** | | | | | **Date Last Seen** | | | | | **Next Appt.** |
|  |  | | | | | | | |  | | | | | | | | | | | |  | | | | |  | | | | |  |
| Comments: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | |  | | | | | | | | | | | |  | | | | |  | | | | |  |
| Comments: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | |  | | | | | | | | | | | |  | | | | |  | | | | |  |
| Comments: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | |  | | | | | | | | | | | |  | | | | |  | | | | |  |
| Comments: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If child/youth is being discharged from licensed care, then what is the plan to meet their therapeutic needs? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are there any additional therapy needs? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **DENTAL** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of dental provider:  Address:  Phone: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date last seen: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reason for last appointment: | | | | | | | | | | | | | | | | | What services were provided at the last appointment? | | | | | | | | | | | | | | |
| Is a follow up appointment needed?  Yes  No  If yes:  Date Scheduled:  Time:  Location: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Who is responsible for meeting the child/youth's dental needs? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If child/youth is being discharged from licensed care, then what is the plan to meet their dental needs? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are there any additional dental needs? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **The first Texas Health Steps dental checkup is due within 60 days if the child/youth has STAR Health, unless the child is younger than 6 months. If the child is under 6 months, the checkup is due when the child is 6 months old (but before 7 months old). Subsequent Texas Health dental checkups are due every 6 months.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **DISCHARGE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date Current Placement ended: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reason Current Placement ended: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The child/youth was informed of the change of placement on       at       am/pm by | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Briefly describe the child/youth 's reaction when informed of the discharge: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| What are the accomplishments the child/youth achieved while in this placement? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| What are the remaining needs for the child/youth? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| What are the recommendations to address those needs? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of New Placement: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PERSONAL BELONGINGS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Items that have been designated as belonging to the child/youth must follow them. Clothing that is useable to the child/youth should remain with them to include items that protect them from the weather and elements. Items that have been identified as belonging to the child/youth at the time of placement or received while at the placement including gifts, should move forward with them. Some examples of these items may be toys, sports equipment, electronics, and bikes. Memorabilia such as photos, mementos or any item that has emotional value to the child/youth should move forward with them. The caseworker should review these items with current caregiver and child/youth prior to leaving the placement. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Notes concerning personal belongings, including any limits placed on the possessions the child/youth may or may not have: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If the child/youth is need of clothing who is responsible to obtain it? | | | | | | | | | | | | | | | | | | | By what date will the clothing be provided? | | | | | | | | | | | | |
| Life Book was received and reviewed  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **OTHER NEEDS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If the child/youth has other needs that are not specifically addressed in other areas of this form, identify the needs: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| What is the plan to meet the identified need and who is responsible for meeting the need? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Any unresolved incidents or investigations involving the child/youth, if applicable: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **DOCUMENTS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Documents checked were provided at the time of placement.  1.  Appropriate Placement Authorization form 2085;  2.  Designation of Medical Consent form, if applicable to receiving caregiver;  3.  Designation of Education Decision Maker form 2085-E, if applicable to receiving caregiver;  4.  Attachment A – Child Sexual History Report; | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| All other items will be provided no later than 72 hours after placement as appropriate for initial and subsequent placements:  5.  Updated Clothing and Personal Items Inventory;  6.  Visitation Schedule/Plan;  7.  Visitation/Contact/Restriction Plan form 2655, if this is a FAD home;  8.  Discipline Policy Form 2410;  9.  Child/youth’s background information including notes from the past 60 days if applicable;  10.  Assessments and/or evaluation that have been performed on the child/youth, including the child’s diagnostic assessment; educational assessment, neurological assessment, and psychiatric or psychological evaluation;  11.  The child/youth’s service plans and any treatment plans *(if applicable)* within the last 12 months (a review of the child’s plan of service must be completed within 30 days of new placement if any needs have changed);  12.  Any unresolved incidents or investigations involving the child (*if applicable);*  13.  The Caregiver Daycare Verification Form (K-908-1809);  14.  ECI Individual Family Service Plan (IFSP);  15.  Medicaid card, STAR Health ID card, and other medical documents; and medical consenter Health Passport access (fostercaretx.com);  16.  Copy of child/youth’s medical and developmental history (located in IMPACT);  17.  Birth Certificate;  18.  Immunization Record;  19.  Driver's License (if applicable);  20.  Passport/Visa (if applicable);  21.  Military ID (if applicable);  22.  School ID (if applicable);  23.  Educational portfolio;  24.  Social Security Card  25.  Other; list additional documents provided: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PRIVACY STATEMENT** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DFPS values your privacy. For more information, read our [privacy policy](http://www.dfps.state.tx.us/policies/privacy.asp). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SIGNATURES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Signatures acknowledge discussion of items required to be provided at the time of placement and receipt by the caregivers and adult household members of the Placement Summary Form. Any missing information that can be obtained will be added to the form and sent within 72 hours of placement.**  **Caregivers signing this form acknowledge they are aware of the child/youth’s sexual history contained in this form and the Child Sexual History Report Attachment A. Caregivers signing this form also agree to complete any required training relating to sexual victimization, sexual behaviors problem, or sexual aggression.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Current care information was gathered from: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Child:  X | | | | | | | | | | | | | | | | | | Date Signed: | | | | | | | | | | | | | |
| Current Caregiver:  X | | | | | | | | | | | | | | | | | | Date Signed: | | | | | | | | | | | | | |
| Caseworker reviewed information with receiving caregiver: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Receiving Caregiver: Date Signed:    X | | | | | | | | | | | | | | | | | | Receiving Caregiver: Date Signed:    X | | | | | | | | | | | | | |
| Other Adult Household Member: Date Signed:    X | | | | | | | | | | | | | | | | | | Other Adult Household Member: Date Signed:    X | | | | | | | | | | | | | |
| Other Adult Household Member: Date Signed:    X | | | | | | | | | | | | | | | | | | Other Adult Household Member: Date Signed:    X | | | | | | | | | | | | | |
| Other Adult Household Member: Date Signed:    X | | | | | | | | | | | | | | | | | | Receiving Case Manager Date Signed:  X | | | | | | | | | | | | | |
| General Residential Administrator: Date Signed:  X | | | | | | | | | | | | | | | | | | Intake/Admissions staff: Date Signed:  X | | | | | | | | | | | | | |
| DFPS Caseworker:  X | | | | | | | | | | | | | | | | | | Date Signed: | | | | | | | | | | | | | |
| **For DFPS FAD Placement only:**  If this is a subsequent placement, have the child/youth's needs changed since the last placement?  Yes  No  Does this placement change require an update to the child/youth's service plan?  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CPMS:  X | | | | | | | | | | | | | | | | | | Date Signed: | | | | | | | | | | | | | |
| Date copy of this form given/sent to receiving caregiver: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**Definitions**

## Confirmed Victim (of Sexual Abuse) is identified as one, or more, of the following:

* Reason To Believe (RTB) Sexual Abuse finding by DFPS CPI or RCCI, even if the perpetrator is unknown.
* Designation as a confirmed sex trafficking victim, per the Human Trafficking Page in IMPACT.
* Confirmed by DFPS as a victim of Child Sexual Aggression.
* Criminal conviction for a charge related to sexual abuse of a child.
* Information from another state welfare system – confirmed allegation (equivalent of a RTB).
* RCCL Standards Investigations in which victimization is substantiated.

## Unconfirmed Victim (of Sexual Abuse) is identified through other information suggesting victimization history including, but not limited to:

* Designation as a suspected Human trafficking victim, per the Human Trafficking Page in IMPACT.
* Information from another state welfare system – unconfirmed (the allegation was neither ruled out nor substantiated).
* RCCL Standards Investigations in which victimization is alleged, or information is gathered, and the allegation was neither ruled out nor substantiated.
* DFPS CPI or RCCI investigations in which victimization is alleged, or information is gathered, and the allegation was neither ruled out nor substantiated.
* Incidents (not under DFPS jurisdiction) that are being investigated by another entity.
* Incidents (not under DFPS jurisdiction) that are not successfully prosecuted.

## 

## CHILD

Child means a child or youth in DFPS conservatorship.

## [SEXUAL BEHAVIOR PROBLEM](http://intranet.dfps.txnet.state.tx.us/CPS/Policy/Meeting_In_A_Box/documents/2019/January/Child_Sexual_Aggression_Resource_Guide.pdf" \l "search=resource%20guides)

A sexual behavior problem is when a child exhibits sexual activities or actions that are outside the range of those which are developmentally appropriate.

## [SEXUALLY AGGRESSIVE BEHAVIOR](http://intranet.dfps.txnet.state.tx.us/CPS/Policy/Meeting_In_A_Box/documents/2019/January/Child_Sexual_Aggression_Resource_Guide.pdf" \l "search=resource%20guides)

Sexually aggressive behavior occurs when a child takes advantage of another person who is less powerful through seduction, coercion, and/or force.

* Less powerful: Differences in developmental level, physical stature, cognitive ability, and/or social skills.
* Seduction: The use of charm, manipulation, promises, gifts, and flattery to induce a person to engage in sexual behavior.
* Coercion: The exploitation of authority or the use of bribes, threats, threats of force, and/or intimidation to gain cooperation or compliance.
* Force: Threat or use of physical or emotional harm towards a person, and/or someone and/or something a person cares about.

**Sexual orientation or gender identity are not indicators of sexual behavior problems or sexually aggressive behavior.**

**Caregiver**

Caregiver for Foster homes include all foster parents in the home.

Caregivers for Kinship homes include all adults residing in the home with unsupervised access to the child.

Caregiver for a general residential operation includes the administrator for the operation, the receiving intake or admissions staff, if applicable, and the child’s case manager.

**INSTRUCTIONS**

**When to Use**

This form must be completed every time a child is placed.

For caregivers the form is located on the following site

<http://www.dfps.state.tx.us/PCS/Residential_Contracts/contract_forms.asp>.

For CPS staff, the form is located in the forms tab of the intranet.

**Type of Placement**

**Initial Placement after Removal from the Child's Home**

When the child is placed at the time of removal

All sections are to be completed by the CPS worker based on the information known at the time of placement along with Attachment A and updated with any additional information not known at placement within 72 hours.

**Subsequent Placements**

When the child has a change in placement

All sections, except for those noted below, are to be completed by the current caregiver.

The caseworker is responsible for completing:

* Discussion with Receiving Caregiver Section. **The caseworker** answers questions **2 & 3** under Immediate Needs; and questions **2 & 3** under Special Needs; and initials and dates this section indicating this was discussed with the receiving caregiver.
* Discipline Section. **The caseworker** **answers questions 1, 2, &** 4 as discussed with the receiving caregiver and the child.
* Orientation Section. This is to be completed **by the caseworker** and discussed with the receiving caregiver and the child.
* Personal Items Section. **The caseworker answers questions 2 & 3.**
* Documents Section. **The caseworker checks** all documents provided to the receiving caregiver at the time of placement.

**Non- Emergency Placements**

For an initial placement after the child's is removed from the home, the caseworker must complete the shaded areas of the form and provide the form and Attachment A at the time the child is placed with the new caregiver. An updated copy of the form will be sent to the caregiver within 72 hours with any updated or missing information.

The non-shaded sections must be fully completed by the current caregiver (with exception of the items the worker must review with the receiving caregiver) at the time of discharge.

**Emergency Placements**

The caseworker must complete the shaded areas of the form and provide the form and Attachment A at the time the child is placed with the new caregiver. Any missing information must be added to the form and provided to the receiving caregiver within 72 hours.

**Sections**

**Child's Information/ Needs and Visitation**

This is the basic information about the child and must be completed as fully as possible.

Answer questions regarding immediate or special needs and visitation.

The case worker must review this section with the new caregiver and initial that this was done.

**Contact with Family, Fictive Kin, and Friends**

List persons who may have contact with the child and provide the relationship to the child, contact information, if the child may receive gifts from this person and if unsupervised access has been approved.

Answer the two questions under the table addressing who may not have contact and any special issues regarding family relationships.

**Scheduled Appointments**

Identify dates, times, and locations of any upcoming Court Hearings, Permanency Planning Meetings, Visitation, and complete the questions below.

**School**

Complete the school section by answering all questions and checking all boxes that apply to the child.

**Medical**

Complete the primary physician information and provide information regarding any scheduled appointments.

Address any in-home medical services, immunizations, dietary needs, and identify any additional medical needs.

Provide the date, time, and location of any scheduled medical appointments.

**Current Medications**

Fill in the list of medications including the prescriber, dosage, frequency, instructions, date last filled, and the reason the medication has been prescribed.

Include over the counter medications.

**Discipline**

This section is to be completed by the case worker with the receiving caregiver at the time of placement.

For Subsequent placements, the current caregiver answers number 3(…effective behavior management techniques and/or resources that are recommended).

**Orientation**

This is to be completed by the case worker in discussion with the receiving caregiver and the child. The receiving caregiver and the worker (if FAD or Kinship home) must discuss the items listed with the child at placement; however, if the situation is such that the child cannot adequately participate in the orientation at that time (ex. the middle of the night, child very upset), the worker and caregiver must complete this with the child no later than 72 hours of the placement.

**Social**

Answer questions providing general social information for the child and give specific information about the people with whom the child socializes and activities the child enjoys.

**Mental and Behavioral Health**

Complete the check boxes and provide explanations where prompted.

Thoroughly address how to assist the child in managing their behavior and if there are situations that trigger a strong emotional response in the child.

Identify any additional mental behavioral health needs if any.

**Psychiatric Services**

If the child sees a psychiatrist, provide information regarding who the child sees, when the last appointment was, and if there are any additional psychiatric needs.

Provide the date, time, and location of any scheduled psychiatric appointments.

**Therapy**

If the child is seeing a therapist, identify the type of therapy, name of provider, address, telephone number, date of last seen, and the date of the next appointment.

**Dental**

Provide the provider information and the child's general dental information by answering all questions.

Provide the date, time, and location of any scheduled dental appointments.

**Discharge**

To be completed by the current caregiver for subsequent placements.

Answer the questions and highlight the child's accomplishment while in the current placement.

**Personal Belongings**

The current caregiver ensures that items belonging to the child as explained in this section must follow the child to the next placement.

Identify if the life book was received and reviewed.

The caseworker will review items in this section.

**Other Needs**

Identify any other needs not addressed in other areas of this form.

**Further Instructions Concerning Subsequent Placements**

The form is to be completed and provided to the caseworker either before or at the same time the child is being picked up from one placement to be moved to another.

**Further Instructions Concerning School Records:**

Current school records must be obtained. Copies must be placed in Educational Portfolio and a copy maintained in case record. IMPACT must be updated within 7 days. The worker must work with the school to ensure they have transferred school records by the 10th working day after the transfer. The education decision-maker form 2085-E must be provided to the caregiver, all appropriate parties, the school, and the court no later than the 5th day after the Show Cause/Adversary hearing, and within 5 days of any subsequent change in education decision maker or surrogate parent.

**Further Instructions Concerning Medical Consenters**

If the medical consenter changes, form 2096 Notification Regarding Consent for Medical Care must be filed with the court within five business days. The medical consenter information and placement must also be updated in IMPACT the same day or by 7:00 pm the following day. Issue forms 2085-B and coordinate with medical consenter to select a Primary Care Physician.

**Signatures**

Signatures of the child, receiving caregivers, any other adult household members and caseworker acknowledge discussion of the items at the time of placement. Only when the child has the cognitive ability to understand the purpose of the document will the child be required to sign the form.

Required signatures for foster homes include all foster parents. Required signatures for kinship homes include all adults residing in the home who have unsupervised access to the child.

Required signatures for a general residential operation include the administrator for the operation, the intake staff, if applicable, and the case manager.

If a caregiver is not present at the time of placement, the caseworker must ensure the information is shared with the other required caregivers and obtain their signature within 3 business days. Signatures can be obtained electronically.

Caregivers signing the form are responsible for ensuring all information regarding a child’s sexual history contained in this form and the Child Sexual History Report Attachment A is provided to any other caregivers for the child or individuals who require the information in order to ensure the safety of the child and other children.

**Copies**

After the form is completed a copy is given to the new caregivers and the signed copy, along with signed attachment A, are uploaded to One Case.