

**Child Placement Plan
PCIC II**

Name:

DOB:

Date of Plan:

Facility:

Type: Shelter

School:

- Individual Education Plan in Place
 Is there a copy of the IEP in this child's DFS case record?

I. Physical Characteristics

Description of Child:

Height:

Weight:

Hair Color:

Eyes:

Significant Scars/Body Markings:

Physical Handicaps or Chronic Medical Condition:

Current Medications:

II. Describe situation which led to current/pending placement:

This should be a statement describing the basis for dependency, abuse, or neglect. Also include an explanation as to why the child cannot be protected in the home with the provision of services.

III. "Mixing" approval for this placement:

IV. Where/how long/with who was child living immediately prior to this placement?

V. Identify immediate needs of child:

Please complete these sections as thoroughly as possible.

Educational:

Plan Code	Plan Notes

Emotional:

Plan Code	Plan Notes

It is not sufficient to write that child needs to be in counseling. You must describe the child's specific needs and how DFS plans to address them.

Medical:

Plan Code	Plan Notes

Physical:

Plan Code	Plan Notes

Transportation:

Plan Code	Plan Notes

Visitation: Provide as much info as possible. Must include information regarding sibling visits. Are there any conditions placed on the visits?

Plan Code	Plan Notes

VI. Identify immediate needs of parents (i.e., visitation, shelter, transportation, etc.) and services to be provided:

This section must be completed.

VII. Financial supports to placement for the child: (Yes = Current/pending support; No = not a support; leave blank if unknown).

Division of Child Support Enforcement; Date of Application:

Relative AFDC

DFS Board Payments

Clothing and Incidents

IV-E Eligibility

LOC Supplement:

Level:

Date:

SSI, OASDI (Survivor's Benefits), RSDI (Railroad)

Medicaid Eligible:

Medicaid #:

Other: (Specify)

Health Insurance:

Type	Policy Number	Effective Date	Company Name	Physician

I understand this Child Placement Plan agreement. I know that if I sign below, I am agreeing this plan should be put into action. I know I can attach a signed statement outlining any disagreement I have with this plan or request an appeal through a case manager with the Department of Services for Children, Youth and Their Families. This plan will be reviewed with me at least every six months. No changes will be made to this plan unless all participants are informed.

A refusal to sign the plan by a participant and, if space permits, a reason should be documented and dated below. Each participant should receive a copy of this plan regardless of signature.

Participants' Signatures:

Date

Child: _____

Parents: _____

Family Service Specialist: _____

Family Service Supervisor: _____

POC/POS Agency: _____

Other: _____

Please have everyone write their current address and telephone number below their signature. If the client refuses, please include a statement indicating why that info is not provided. If foster parents elect not to include that info, please indicate that as well.

**Child Service Plan
PCIC III**

Child's Name:

DOB:

Date of Plan:

Facility:

Type:

I. Permanency Plan:

1. Placement Goal:

Goal: Other

Specify:

Date:

2. What must the parents/custodians do to achieve the goal (as related to this child)? If goal is other than return to own family, explain why.

3. Anticipated length of stay in current placement:

4. Discharge plan following the current placement:

Question 5 – Please include a description of how the recommended placement or type of placement is designed to achieve a safe and appropriate environment, including distance from the child's home and how the placement is consistent with the best interests and special needs of the child.

5. Comments on selection of placement: (If placement the same as last plan, skip to Number 6).

A. Why is the placement appropriate?

B. Proximity to family (within 2 hours of family) consistent with needs of the child?

C. Is placement least restrictive to meet child's needs?

D. Did you place the child in proximity to the school of most recent enrollment?

6. Is child placed with siblings? ***Please describe the location of any siblings. If siblings are separated, a statement of the reason for the separation and the steps required to unite them as quickly as possible. Also specify plans to maintain regular contact if appropriate.***

7. Division/Agency with direct service responsibility to child:

8. Division/Agency with direct responsibility to family:

II. **Child's Treatment/Service Needs/Plan: For all of section II – must give specific info!!! Include any identified special need and how DFS plans to address that need.**

Briefly describe the child's current status and identified service needs in the following areas. Include needs identified via formal or informal assessment.

1. **Physical Health/Dental Condition:**

Status
AIDS
Acute illness. Serious injury
Alcohol/Drug Abuse
Allergies-severe
Anemia (Iron Deficiency)
Anorexia-Bulimia
Appendicitis
Asthma
Birth defect
Cancer
Chronic condition/disability
Congenital Heart Disease
Cystic Fibrosis
Diabetes
Down Syndrome
Elevated lead level
Encopresis/enuresis
Failure to thrive
Fetal Alcohol Syndrome
HIV
Healthy child, developmental normal
Hearing impairment-mild to moderate
Hepatitis
High Risk Pregnancy
Juvenile rheumatoid arthritis
Low risk pregnancy
Malnourished
Medically obese
Mild to moderate developmental delay
Mild, Moderate or time limited conditions
Non-ambulatory
Other
Other Heart Disease
Pre-natal Drug exposure
Premature Birth/Low Birth Weight
S.T.D.
Seizure disorder
Serious Injury
Severe gastro-intestinal illness/dehydration
Severe respiratory illness
Severe to catastrophic developmental delay
Severely hearing impaired – deaf
Severely visual impaired - blind
Sickle Cell Anemia
Spina Bifida
Terminal Illness

Status
Tuberculosis
Visual impairment-mild to moderate

Needs
24 Hr. Monitoring – Caretaker or Nurse
Alcohol/Drug treatment
Annual Physical Exam
Apnea Monitor
Aspiration/Suctioning
Eyeglasses
Family Planning/Sexuality Counseling
Frequent visits – Primary Physician
Hearing Aid
Hospice
Inhaler/Nebulizer
Inpatient hospital
Institutional/custodial care
Lifestyle Restrictions
Medical test
Medication – I.V./I.M
Medication – oral/external
Nursing care in home
Other medical equipment or device
Protective Clothing, let, Neck, or Back brace
Routine medical care/well child visits
Routine prenatal care
Special diet
Surgery
Treatment by specialist
Tube feeding/gavage
Wheelchair

Status:

Needs:

Activity:

Person/Agency Responsible:

Time Frame:

A. Where/by whom will health services be provided?

B. Immunization record current? (Attach record)

2. Dental Condition:

Status
Excessive decay, abscess
Malformation, malocclusion
Normally developing primary/secondary teeth

Needs
Annual dental exam
Child under 3 yrs – no formal dental treatment
Dental surgery
Extensive dental repair
Orthodontia

Status:

Needs:

Activity:

Person/Agency Responsible:

Time Frame:

Where/by whom will health services be provided?

3. Educational/Vocational Status:

School:

Last Grade Completed:

Special Ed

Status
Alternative School Program
College candidate
Drop out – employed
Drop out – unemployed
Frequent tardiness, absence or truancy
Incarcerated/Long term hospitalization
Major school behavior problems
Not on grade level
Other
Poor school attitude/poor or failing grades
Pre-school age
Refuses to attend/school phobia
Regular education
Special education
Unable to attend due to illness or disability

Needs
College application/financial assistance
Educational testing
IEP – copy in record Ed. Classification
In home classes/visiting teacher
Job training
Joint home, school behavior management plan with frequent communication between caretaker and school
Mentoring
Normal childhood daily and community activities enrichment and stimulation
Other
Tutoring

Status:

Needs:

Activity:

Does the child have an IEP in place?

Is there a copy of the IEP in the child's DFS record?

Person/Agency Responsible:

Time Frame:

4. Social/Emotional Description (Describe the child's behavior, positive and negative):

Status
Age appropriate peer relationships
Anxious, fearful
Appropriate infant/caretaker interactions
Attachment problems

Status
Demonstrates age appropriate social skills
Depressed
Diagnosed emotional illness
Diagnosed psychiatric illness
Easily manipulated or victimized
Extremely impulsive
Extremely shy, withdrawn
Flat affect
Hallucinations
Has no friends, isolates self
Immature
In good emotional health, emotionally stable
Inappropriate sexual partners/promiscuity
Issues related to separation, loss, other traumatic events
Manipulates peers, instigates unacceptable behavior
Negative peer group, gang involvement
Obsessive, compulsive
Other
Over reacts – emotionally volatile
Panic attacks
Peers not age appropriate
Psychosomatic physical symptoms
Self-mutilation, head banging, rocking
Suicidal thoughts, attempts
Unable to sustain peer relationships
Uncontrollable anger, rage

Needs
Highly structured, well supervised social
In-patient hospital care
Medication
Opportunities to interact with peers
Organized play, social group activities
Other
Out-patient hospital program
Psychiatric Evaluation
Psychological Evaluation
Supportive and positive family relationships

Status:

Needs:

Activity:

Is the child in therapy?

Frequency:

Agency:

Phone:

Address:

Goals of Therapy:

Person/Agency Responsible:

Time Frame:

5. Behavioral Issues:

Status
Child generally complies with age appropriate behavioral expectations
Child generally cooperates with adult guidance, direction

Status
Chronic runaway
Craves, demands excessive attention
Cruel to other children/animals
Defiant toward authority figures
Disregards rules at home, school, daycare or other community settings
Engages in dangerous/risk taking activities
Engages in illegal activities outside the home
Excessive lying
Frequent or explosive temper tantrums
Hyperactive/Diagnosed ADHD
Irritable and easily frustrated
Plays with matches
Provokes fights, aggressive to peers, sibling
Refuses to complete homework, chores
Rude, disrespectful to caretakers, teachers
Seductive, sexually promiscuous
Smoking tobacco
Steals from family members
Willful destruction of property

Needs
Clear and consistent limits, age appropriate expectations, with emphasis on positive reinforcement
Court action/criminal penalties
Formal behavioral management plan including positive and negative consequences
In-home aide, mentor or other adult support to caretaker and child
Individual counseling or therapy
Joint home, daycare or school behavior management plan with frequent two way communication
Medication
Other
Requires very close supervision
Special community program
Substance abuse – out/in patient

Status:

Needs:

Activity:

Does the child need a specific management plan?

Person/Agency Responsible:

Time Frame:

6. Preparation for independent living (Age 15 and over): *Provided detailed info regarding services/ programs which will prepare the child for independent living.*

Status
Can handle money, budget, basic banking and bill paying procedures
Child eligible for college or other post high school education program
Child has obtained employment and can support self
Child is able to meet his/her own daily living needs – personal hygiene, housekeeping, shopping, cooking, basic health care, etc.
Child lacks life skills, experience/knowledge
Child lacks money management skills/knowledge
Child unable to care for or support self and will require formal program of care and support beyond age 18
Completed high school
Has not completed high school
Other

Status
Unemployed
Will be homeless at age 18

Needs
Financial assistance
Formal life skills training program
GED program
Housing assistance
Independent living class/workshop
Informal life skills training and experience with family setting
Job training
Long term care and assistance by adult or community agency after age 18
Other
Source of health care
Temporary care and minimal assistance by foster family or other adult after age 18
Temporary shelter

Status:

Needs:

Activity:

Where/By whom will services be provided?

Person/Agency Responsible:

Time Frame:

7. Court Requirements (e.g., Restitution, Probation):

Status
Abide by no contact orders
Community Service
No court requirements
Other
Probation
Restitution
TPR Date

Needs
Other

Status:

Needs:

Activity:

Person/Agency Responsible:

Time Frame:

8. Other (e.g., Extracurricular Activities, Adoption Recruitment, Needs):

Status
Recreation
Religion

Needs
Child will be able to practice faith of choice
Clubs
Community recreational activities

Needs
Organized recreational activities
School sports programs
Training/Lessons

Status:

Needs:

Activity:

Person/Agency Responsible:

Time Frame:

9. **Child safety in current placement: *Include a description of how the recommended placement is designed to achieve a safe and appropriate home, e.g., the foster home has been licensed by DFS.***

Status
Other

Needs
Other

Status:

Needs:

Activity:

Person/Agency Responsible:

Time Frame:

10. **Efforts to locate permanent home: *This section (10) must include identification of relative who have been contacted about providing a safe and appropriate placement for child and the outcome of those home studies.***

Status
Child is TPR'd
Child is in long term care/emancipation
Child plan is return to home

Needs
Adoption Assistance/Subsidy Eligibility
Adoption has been discussed with foster parents
Adoption to be discussed with foster parents
Child has been reviewed by Permanency Committee
Child has begun pre-adoptive placement visits
Child is on DeAdopt list
Child is registered with NAC
Child profile completed
Child profile needed
Child profile sent to adoption agencies
Child to be reviewed by Permanency Committee
Child to begin pre-adoptive placement visits
Foster Parent home study completed
Foster Parent home study needed
Guardianship has been discussed with foster parents
Guardianship to be discussed with foster parents
ICPC has been completed for permanency placement
ICPC is needed for permanency placement
Other
Paternity has been established

Needs
Paternity needs to be established
Relatives are identified, but need to be contacted for placement and permanency
Relatives have been contacted for placement and permanency planning

III. Support Services (Including services to be provided by DCPS and others)

Support Services To	Services	Text
Current Placement/Care Provider	Counseling, mental health services	
Current Placement/Care Provider	Day care	
Current Placement/Care Provider	Other	
Current Placement/Care Provider	Recreational supports	
Current Placement/Care Provider	Regular contact from DFS	
Current Placement/Care Provider	Respite care	
Current Placement/Care Provider	Summer camp	
Current Placement/Care Provider	Transportation	
Current Placement/Care Provider	Visiting nurses services	
Parents/Caretaker	Crisis intervention	
Parents/Caretaker	Family counseling	
Parents/Caretaker	Family preservation	
Parents/Caretaker	Individual counseling	

Support Services To	Services	Text
Parents/Caretaker	Other	
Parents/Caretaker	Parent Aide	
Parents/Caretaker	Parent education	
Parents/Caretaker	Referrals for economic services	
Parents/Caretaker	Referrals for housing	
Parents/Caretaker	Regular contact from DFS	
Parents/Caretaker	Support groups	
Parents/Caretaker	Transportation	

Notes:

Please include as much detail as possible including info on sibling visitation if sibling visits aren't occurring. Please explain why.

Visitation	Frequency	Length	Transportation	Location	Condition	Specify

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A refusal to sign the plan by a participant and a reason must be documented and dated below. Absence of signature must be documented. Each participant shall receive a copy of this plan.

Participants Signatures:	Present at Plan	Date
Child: _____	_____	_____
Parents: _____ _____	_____	_____
Family Service Specialist: _____	_____	_____
Family Service Supervisor: _____	_____	_____
POC/POS Agency: _____	_____	_____
Other: _____	_____	_____

Please have everyone write their current address and telephone number below their signature. If the client refuses, please include a statement indicating why that information is not provided. If foster parents elect not to include that information, please indicate that as well.