



PLACEMENT SUMMARY

CHILD PROTECTIVE SERVICES (CPS) - PERMANENCY/YOUTH FAMILY SERVICES

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

Instructions: For Initial Placements after removal from the child's home the worker completes all of the shaded sections. For Subsequent Placements, 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's home and emergency placement changes, a copy the form is given to the new caregiver with the shaded areas completed. The form must be updated with any additional information and provided to the caregiver no later than 72 hours after placement.

For Subsequent Placements (non-emergency), the form is to be completed by the current caregiver as directed in the instructions beginning on page 12 and a copy provided to the new caregiver at the time of placement by the worker. 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 90 days. Call 1-866-912-6283 to arrange the Texas Health Steps checkups. Take this form with you to the appointment.

CHILD'S INFORMATION

Child's Full Name:		Child's Date of Birth:	Age:
Child's Current Primary Permanency Goal:		Legal Status:	
Case Worker:		Case Worker Phone:	
I See You Worker:		I See You Worker Phone:	
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 have any high risk behaviors such as: social isolation, bullying, revenge-seeking, lying, stealing, willful destruction of property, blaming others, impulsivity, self-harming, drug/alcohol use, cruelty to animals, playing with fire, and sexually reactive or sexually aggressive behaviors? Yes No

If yes, Describe the behavior and services and supports needed to address the behaviors:

If sexual aggression is present, is the sexual aggression characteristic marked in IMPACT? Yes No

Has the CVS PA approved this characteristic? Yes No

Does the child have any other immediate needs (such as medical, school, child care, or clothing) anticipated within 72 hours of admission?

What is the plan to meet these needs?

Who is responsible for meeting these needs?

Special Needs

Identify any special needs the child 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 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
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Persons who are prohibited from having contact with the child 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 entering care on or after September 1, 2016. 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 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 is being discharged from licensed care was is the plan to meet the child's **educational** needs?

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 physician:

Address:

Phone:

Date last seen by primary physician:

Known allergies:

Does child have any medical conditions (identify as acute/chronic)?

Future appointment information/Follow up:

Does the child receive any in-home medical services?

If yes what services are provided?

If yes, provider name and contact information:

Does the child have special medical equipment or supplies (i.e. medical bed, diabetic supplies)? Yes No

If yes, list items:

Does the child 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 have any specific dietary needs? Yes No

If yes list the special dietary needs:

If child 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

Over the Counter Medication or Supplements:

Medication/Supplement name	Dosage	Frequency	Special Instructions	Date Last Picked Up	Reason for the Medication/Supplement

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 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 being nonverbal or not having the cognitive ability to respond

3. The following behavior management technique/resources are recommended for this child:

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

For FAD and Kinship placements:

Discuss the items below. Have the caregiver explain the relevant policies/practices particular to the home with the child according to the child's level of functioning and comprehension, including how they apply to the particular child being placed. Infants and toddlers are exempt from orientation.

For DFPS contracted placements (RTCs, GROs, private CPAs):

Discuss the items below with the child 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 orientation that the contracted placement provider/caretaker is required to conduct. To facilitate this, the CPS worker invites the contracted placement provider/caretaker/staff person present to discuss their program's requirements on these issues.

Items and Policies Discussed

- N/A due to the child being nonverbal or not having the cognitive ability to understand
- Religious programs and practices
- Child's/Parent's preferred religion/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's record. If the youth is 16 or older, additional rights apply (form 2092), including requesting court approval to be one's own medical consentor.

Give explanation for any item the orientation did not include:

SOCIAL

What are the child's interests, skills, and strengths?

Describe the child'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's social interaction with dating/relationships:

Does the child have access to a telephone or computer? If so how often is the child allowed to use the telephone or computer?

If the child is being discharged from licensed care what is the plan to continue to meet child's needs for socialization with peers, activities and organizations?

Are there any additional Social needs?

MENTAL AND BEHAVIORAL HEALTH

Does the child have any developmental delays? Yes No
If yes, explain:

Does the child have any mental or behavioral health diagnoses? Yes No
If yes, explain:

Does the child 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 manage their behavior?

Does the child have a substance abuse disorder? Yes No
If yes, list substances the youth is presently using or has 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 is being discharged from licensed care what is the plan to meet the child's mental and behavioral needs?

Are there any additional Mental Behavioral Health needs?

PSYCHIATRIC SERVICES

Does the child 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 is being discharged from licensed care what is the plan to meet the child's psychiatric needs?

Are there any additional psychiatric needs?

THERAPY

Does the child see a therapist? Yes No

What needs, if any, have been identified?

Who is responsible for meeting the child's needs for therapy?

Type	Name	Address	Telephone	Date Last Seen	Next Appt.

Comments:

Comments:

Comments:					
Comments:					
If child is being discharged from licensed care what is the plan to meet the child's 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? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes:					
Date Scheduled:					
Time:					
Location:					
Who is responsible for meeting the child's dental needs?					
If child is being discharged from licensed care what is the plan to meet the child's dental needs?					
Are there any additional dental needs?					
<i>The first Texas Health Steps dental checkup is due within 60 days if the child 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.</i>					
DISCHARGE					
Date Current Placement ended:					
Reason Current Placement ended:					
The child was informed of the change of placement on _____ at _____ am <input type="checkbox"/> / <input type="checkbox"/> pm by _____					
Briefly describe the child's reaction when informed of the discharge:					
What are the accomplishments the child achieved while in this placement?					

What are the remaining needs for the child?

What are the recommendations to address those needs?

Date of New Placement:

PERSONAL BELONGINGS

Items that have been designated as belonging to the child must follow the child. Clothing that is useable to the child should remain with the child to include items that protect the child from the weather and elements. Items that have been identified as belonging to the child at the time of placement or received while at the placement including gifts, should move forward with the child. 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 should move forward with the child. The caseworker should review these items with current caregiver and child prior to leaving the placement.

Notes concerning personal belongings, including any limits placed on the possessions the child may or may not have:

If the child 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 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, 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;

All other items will be provided no later than 72 hours after placement as appropriate for initial and subsequent placements:

4. Updated Clothing and Personal Items Inventory;
5. Visitation Schedule/Plan;
6. Visitation/Contact/Restriction Plan form 2655, if this is a FAD home;
7. Discipline Policy Form 2410;
8. Child's background information including notes from the past 60 days if applicable;
9. Assessments and/or evaluation that have been performed on the child, including the child's diagnostic assessment; educational assessment, neurological assessment, and psychiatric or psychological evaluation;
10. The child's service plans and any treatment plans (*if applicable*) within the last 12 months (a review of child's plan of service must be completed within 30 days of new placement if any needs have changed);
11. Any unresolved incidents or investigations involving the child (*if applicable*);
12. The Caregiver Daycare Verification Form (K-908-1809);
13. ECI Individual Family Service Plan (IFSP);
14. Medicaid card, STAR Health ID card, and other medical documents; and medical consent Health Passport access (fostercaretx.com);
15. Copy of child's medical and developmental history (located in IMPACT);
16. Birth Certificate;
17. Immunization Record;
18. Driver's License (if applicable);
19. Passport/Visa (if applicable);
20. Military ID (if applicable);
21. School ID (if applicable);
22. Educational portfolio;
23. Social Security Card
24. Other; list additional documents provided:

PRIVACY STATEMENT

DFPS values your privacy. For more information, read our [privacy policy](#).

SIGNATURES

Signatures acknowledge discussion of items at the time of placement and receipt 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

Current care information was gathered from:

Child: X	Date Signed:
Current Caregiver: X	Date Signed:

Caseworker reviewed information with receiving caregiver:

Receiving Caregiver: X	Date Signed:
DFPS Caseworker: X	Date Signed:
For DFPS FAD Placement only: If this is a subsequent placement, have the child's needs changed since the last placement? <input type="checkbox"/> Yes <input type="checkbox"/> No Does this placement change require an update to the child's service plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	
CPMS: X	Date Signed:
Date copy of this form given/sent to receiving caregiver:	

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 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, with the exception of 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

The shaded areas must be completed at the time the child is placed with the new caregiver for an initial placement after the child's is removed from the home. A copy of the form will be sent to the caregiver within 72 hours with any updated or missing information.

The form 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 shaded areas of the form must be completed at the time the child is placed with the new caregiver and updated with any missing information added to the form and provided to the receiving caregiver within 72 hours for FAD homes and within 5 calendar days for non-FAD placements.

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, 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 conserter changes, form 2096 Notification Regarding Consent for Medical Care must be filed with the court within five business days. The medical conserter 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 conserter to select a Primary Care Physician.

Signatures

Signatures of the child, receiving caregiver, 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.

Copies

After the form is completed a copy is given to the new caregiver and the original is filed in the child's record.