



## PLACEMENT SUMMARY

**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 caseworker completes all of 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's home and 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 or in a kinship home, 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. If one of the caregivers is not present at placement, the form may be signed and returned electronically. 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 to be 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 in a kinship home, 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. If one of the caregivers is not present at placement, the form may be signed and returned electronically. 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.**

CHILD'S INFORMATION		
Child's Full Name: Aria Leona Brown	Child's Date of Birth: 10/03/2013	Age: 8
Child's Current Primary Permanency Goal: Family Re-unification	Legal Status: TMC	Religion: Not known
Case Worker: Jordan McCarty CPS Conservatorship	Case Worker Phone: (469) 383-6671	



Local Permanency Specialist: Not Applicable	Local Permanency Specialist: Not Applicable
Primary Medical Consenter: Mr. Christopher Fluitt and Mrs. Sarah Fluitt	Primary Medical Consenter Phone: 254.717.6844 & 903.267.4498
Backup Medical Consenter: Jordan McCarty CPS CVS caseworker	Backup Medical Consenter Phone: (469) 383-6671
Education Decision Maker: Mr Christopher Fluitt and Mrs. Sarah Fluitt	Education Decision Maker Phone: 254.717.6844 & 903.267.4498

**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: Not applicable

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

What is the plan to meet these needs? Placement has ongoing training to meet the needs of Aria while placed in the home. Aria will need follow up appointment with doctors and specialist routinely

Who is responsible for meeting these needs? Fictive Kinship Placement

**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 has sexual [behavior problem](#)(s)?  Yes  No

Is the sexual behavior problem characteristic marked in IMPACT?  Yes  No

Has the child engaged in [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: There is suspected child abuse by Aria's adoptive grandmother's boyfriend. Cook Children Hospital discovered the initial information. However, because Aria's condition has been so fragile in the hospital more information is needed and is ongoing due the effect of Aria's brain tumor regarding her ability to provide details.

**All information regarding a child'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 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 that 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.**

**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). The child is medically fragile and will need ongoing monitoring on her Brain, heart, Kidneys, weight progression and overall health. Her insurance has provided her with medical assistive equipment that the placement will be using to support Aria.  
How will these needs be met? Ongoing out patient follow up appointments with doctors and specialist  
Who is responsible for meeting these needs? Fictive Kinship Placement Mr. Christopher Fluitt and Sarah Fluitt

**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? N/A

If Yes, what is the exception?

If not, who is arranging the visit (see Visitation Schedule/Plan for visitation details)? Jordan McCarty CVS caseworker  
Date visitation have been occurring every 3<sup>rd</sup> Friday of the month Initial Visitations have been occurring since April 15th, 2022

For a subsequent placement:

When is the next scheduled visit (date & time)? 7/22/2022 With Whom? To be determined (TBD) Location? TBD

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? Was occurring at Cook Children's hospital. Now will need to occur possibly within the Kinship home.

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
Christopher Fluitt	Fictive Kinship	<input type="checkbox"/> 254.717.6844	<input checked="" type="checkbox"/> chrisfluitt@gmail.com	<input type="checkbox"/> 1113 Lombardy Dr. Texas 75023	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Sarah Fluitt	Fictive Kinship	<input checked="" type="checkbox"/> 903.267.4498	<input checked="" type="checkbox"/> sarahnfluitt@gmail.com	<input type="checkbox"/> 1113 Lombardy Dr. Texas 75023	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Zachary Brown	Bio Parent	<input checked="" type="checkbox"/> (912) 312-1183	<input checked="" type="checkbox"/> zachary.brown21@yahoo.com	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Supervised



Tiffany Rose Brown (Aka Murphy Brown)	Bio Parent	<input checked="" type="checkbox"/> (912) 622-2217	<input checked="" type="checkbox"/> tiffanynicholls46@gmail.com	<input type="checkbox"/> 2512 JASMINE PKWY, # 2512, ALPHARETT A, GA, 30022-5985	<input type="checkbox"/>	<input type="checkbox"/> Supervised
		<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: Teresa Gonzales (maternal's adoptive mother) and Ronald Ladner, whom at the time of removal considered as Ms. Gonzales boyfriend and suspected of sexual abuse.

Are there any special issues regarding relationships with immediate and external family members?

**SCHEDULED APPOINTMENTS**

Court: 442

FGDM/COS/PC/TPM: July 11th, 2022

Initial Parent/Child Visit: 4/15/2022

Other:

CANS (Child and Adolescent Needs and Strengths Assessment):

Date: N/A due to medical tumor

Provider Name and Contact Information: Not applicable

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? Not applicable

**SCHOOL**

Name of school:

Plano ISD

Address:

Plano ISD will make a decision to see if home school is an option

Phone:

Grade:

Not identified child will need an assessment and is very medically fragile at this time

Last ARD:

N/A

Date Withdrawn:

not known reported to be previously home schooled

Withdrawn By:

learning conditions not fully know at this time other than reported home school by the mother's adoptive grandmother Teresa.



This child is eligible for referral to:	
<input type="checkbox"/> Early Childhood Intervention (ECI) <input type="checkbox"/> Early Head Start <input type="checkbox"/> Head Start <input type="checkbox"/> Pre-School Program for Children with Disabilities (PPCD) <input type="checkbox"/> Pre-Program	
This child currently receives school services for:	
<input type="checkbox"/> Special Education <input checked="" type="checkbox"/> Ancillary/Related Services (Speech Therapy, Physical Therapy, Occupational Therapy) <input checked="" type="checkbox"/> Section 504 Accommodations <input type="checkbox"/> Response to Interventions (RTI)	
The youth has a:	
Personal Graduation Plan (Secondary) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No CPS Transition Plan <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Extracurricular Activities (list):	
Educational Portfolio was received from caregiver and reviewed: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Who is the surrogate parent for special education decisions (if required)? not applicable	
If the child is being discharged from licensed care was is the plan to meet the child's <b>educational</b> needs? not applicable	
Are school supplies needed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If yes who is responsible for providing them? Placement and the Department may assist to provide these needs utilizing our CPS Education Specialist: Blythe Ortega (817) 321-8636, Carolyn Marshall (214) 236-5015	Date to be provided:
Are there any educational needs?	
<b>MEDICAL</b>	
Name of primary care physician: TBD Fictive Kinship Placement report Dr. William Lin	
Address:2831 E President George Bush Hwy, Richardson, TX 75082	Phone: (469) 204-1000
Date last seen by primary care physician: Discharged from Cook Children's hospital on 6/29/2022	Known allergies:
Does child have any medical conditions (identify as acute/chronic)? Yes ongoing conditions resulting from her partial tumor removal, cyst on Kidney's, monitoring heart rate and overall health with attempting to gain her weight from the initial 32 lbs she was reported to be at.	
Future appointment information/Follow up: Fictive Kinship placement to provide copy of Cook Children hospital discharge paperwork to CPS	
Does the child receive any in-home medical services? To be determined will be assisted as needed by placement living with her to monitor her condition	
If yes what services are provided? to be determined	
If yes, provider name and contact information: n/a	
Does the child have special medical equipment or supplies (i.e. medical bed, diabetic supplies)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, list items: wheelchair, shower chair, blood pressure monitor, & cuff, car seat, feeding pump, diaper scale	
Does the child see any specialists? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provider name and contact information: All specialist have been through Cook Children's hospital thus far.	
Was an immunization record provided? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is it up-to-date? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the child have any specific dietary needs? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	



If yes list the special dietary needs: to be determined needs plenty of water to remain hydrated. Food must be taken in small bites and must be monitored while eating.

If child is being discharged from licensed care what is the plan to meet this child's medical needs?  
Placement will transport Aria to all necessary medical appointments.

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	Dosa ge	Frequency	Special Instruction s	Date Last Filled	Reason for Medication
Hydrocortisone		2mg				
Anantandine (Symmetrel)						
Aripiprazole (Abilfy)						
Atenolol 2 mg/ml Oral Suspension						
Desmopressin (DDAVP)						
DiazePAM (VALTOCO)						
Famotidine (PEPCID)						
Gabapentin (Neurontin)						
Hydrocortisone						
hydrocortisone PF						
hydroxyzine						
insulin syringe- needle U-100						
levETIRAcetam						
levothyroxine						
Lidocaine- prilocaine						
lisinopriL						
Melatonin						



Methylphenidate						
pediatric multivitamin no 192						
polyethylene glycol						

**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:  
Communication and open dialogue about specific situations regarding discipline

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:  
Child unable to communicate de-escalation techniques at this time.

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 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'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?

Aria is a sweet, quiet little girl. She enjoys having people reading to her, arts and crafts, watching cartoons, and interactive games.

Describe the child's current social interaction (include friends, frequency of contact, activities and organizations, and church involvement). Include address and times of activities:

Aria will be exposed to other children her age through school and family activities. Aria will be able to gain exposure to communication with children her age and play. She will also be able to see people and children through church activities.

If age appropriate, describe the child's social interaction with dating/relationships:

Not applicable at this time.

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

Not at this time. Child is very medically fragile and needs ongoing assistance to be monitored.

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?

Church activities and Aria will have a sibling group within the home for Mr. Christopher and Sarah Fluitt



Are there any additional Social needs?

**Not at this time.**

**MENTAL AND BEHAVIORAL HEALTH**

Does the child have any developmental delays?  Yes  No

If yes, explain: There are developmental delays due to medical condition and previous school history, which not much is known or verified of the quality of her home school education and she's not at the level should be for a child her age.

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 in managing their behavior?

Not at this time.

Does the child have a substance use 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:

Not applicable

Special Issues the receiving caregiver needs to be aware of (include information about situations that trigger significant emotional responses and successful intervention strategies)

Not applicable

If the child is being discharged from licensed care what is the plan to meet the child's behavioral health needs?

Not applicable

Are there any additional Behavioral Health needs?

Not applicable

**PSYCHIATRIC SERVICES**



Does the child see a psychiatrist?  Yes  No

If yes:

Name of psychiatrist: Not at this time.

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:



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: To be determined. Child has been in Cook Children's hospital in a severe state regarding a tumor in her brain.

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'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?

*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.*

**DISCHARGE**

Date Current Placement ended: 06/29/2022

Reason Current Placement ended: Discharged from Cook Children's hospital.

The child was informed of the change of placement on 06/29/2022 at      am  /  pm by

Briefly describe the child's reaction when informed of the discharge:

Child medically fragile.

What are the accomplishments the child achieved while in this placement?

The family express having much care for Aria and being willing to attend to her needs daily and provide long term placement, if necessary.



What are the remaining needs for the child?

Child has ongoing medical needs that was provided to Mr. Fluitt and Mrs. Fluitt. See discharge paperwork and after care summary.

What are the recommendations to address those needs?

Keep up with follow up appointments and take medications as prescribed.

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?  
Placement and the Department can assist as needed.

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;
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's background information including notes from the past 60 days if applicable;
10.  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;
11.  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);
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 consentor Health Passport access (fostercaretx.com);
16.  Copy of child'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](#).

**SIGNATURES**

**Signatures acknowledge discussion of items required to be provided at the time of placement and receipt by the caregivers 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: N/A child medically fragile unable to sign

X

Date Signed:

Current Caregiver:

X

Date Signed:

Caseworker reviewed information with receiving caregiver:



Receiving Caregiver:  X <i>[Signature]</i>	Date Signed:  06/30/2022	Receiving Caregiver: Signed:  X	Date  
Receiving Caregiver:  X	Date Signed:  	Receiving Case Manager Signed:  X	Date  
General Residential Administrator:  X	Date Signed:  	Intake/Admissions staff: Signed:  X	Date  
DFPS Caseworker: X <i>[Signature]</i>	Date Signed:  6/30/2022		
<p><b>For DFPS FAD Placement only:</b></p> <p>If this is a subsequent placement, have the child's needs changed since the last placement?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Does this placement change require an update to the child's service plan?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			
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**

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**

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 include the administrator for the operation, the 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](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, 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

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 10<sup>th</sup> 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 5<sup>th</sup> 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 caregivers, 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 a 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 that the information is share with the other required caregivers and obtain their signature within 3 business days. Signatures can be obtained via email.

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.