



Texas Department of
Family and Protective Services

Child Plan of Service

New Features and Functionality

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Child Plan of Service – New Features and Functionality

Overview

The updated **Child Plan of Service (CPOS)** in IMPACT 2.0 employs new features and functionality to streamline the process for DFPS caseworkers.



- Examples of some of the updates to the **CPOS** include automating the creation of the **Initial Child Plan**, prefilling the plan from source fields to reduce redundant data entry, navigation for editing at the source, and conditional displays.
- Other new features include the ability to download a **Child Plan** form in PDF format for printing or to attach to email, and deleting a **Child Plan** in Process ("PROC") or Completed ("COMP") status.
- In the future (TBD), Child Placement Agency (CPA) workers will be able to also work on a **Child Plan**. The differences are outlined in a separate training document.

Child's Service Plan List Page – Introduction

Some examples of IMPACT 2.0's improved functionality in the **Child Plan of Service** is first encountered in the **Child's Service Plan List** page, where the **Initial Child Plan** is automatically created by IMPACT 2.0, prefilling fields from source fields. In addition, this is the starting point for creating a **Child Plan Review**, to view previous child plans and child plan reviews, and to download **Child Plan** forms.

Child's Service Plan List Page – How to Get There



The **Child's Service Plan List** page is the starting point when viewing or editing a **Child Plan**, or creating a **Child Plan Review**. Follow these steps to locate the **Child's Service Plan List** page:

1. From the **Assigned Workload** page in the **My Tasks** tab, select the **Stage Name** hyperlink.

The screenshot displays the 'Assigned Workload' page within the 'My Tasks' tab. The page header includes 'Tennessee Department of Family and Protective Services'. The 'Assigned Workload' section shows a table with the following columns: SRS, I, WIS, Hr, P/S, M-Inf, Stage Name, County, Stage, Type, Opened, Assigned, Region, Unit, Stage ID, Case ID, and PGM. The 'Stage Name' column is highlighted with a red box, and one entry in this column is circled in red. Below the table, there are sections for 'Select Options for SRS Status' and 'Forms and Reports'.

SRS	I	WIS	Hr	P/S	M-Inf	Stage Name	County	Stage	Type	Opened	Assigned	Region	Unit	Stage ID	Case ID	PGM
<input type="checkbox"/>				S				FSU	REG	04/09/2018	10/03/2018	11	D0			CPS
<input type="checkbox"/>				S				SUB	REG	06/30/2017	10/03/2018	11	D9			CPS
<input type="checkbox"/>				S				FSU	REG	05/30/2017	10/03/2018	11	D9			CPS
<input type="checkbox"/>				S				SUB	REG	04/26/2017	10/03/2018	11	D9			CPS
<input type="checkbox"/>				S				FSU	REG	07/19/2018	10/03/2018	11	D0			CPS
<input type="checkbox"/>				S				SUB	REG	04/09/2018	10/03/2018	11	D0			CPS

2. You will arrive at the **Case Summary** page.
3. Select **Child Plans** from the secondary menu.

Case Summary

Case Name: [Redacted] * required field

Attention: You are currently in the Escobar, Jesus I, SUB stage

Case Information

Case ID: [Redacted] Region: 11
 Status: Open Start Date of Case: 02/11/2007

Show 10 entries

Mrg	M-Ref	Stage Name	Stg	Type	Opened	Time	Closed	Primary	Reg	Stage ID	Ov Dsp	Phone
<input type="radio"/>	[Redacted]	[Redacted]	INT	SXARN	08/20/2018	02:06 PM	09/21/2018	[Redacted]	00	[Redacted]	[Redacted]	[Redacted]
<input type="radio"/>	[Redacted]	[Redacted]	INT	SXARN	05/25/2018	08:18 PM	05/27/2018	[Redacted]	00	[Redacted]	[Redacted]	[Redacted]
<input type="radio"/>	[Redacted]	[Redacted]	INT	SXARN	04/30/2018	07:12 PM	05/04/2018	[Redacted]	11	[Redacted]	[Redacted]	[Redacted]

4. You will arrive at the **Child's Service Plan List** page.

Child's Service Plan List

Stage Name: [Redacted] # Submitted Events

Case ID: [Redacted]

Show 10 entries

	Date Approved	Status	Type	Date Created	Last Edited By CPS(Date)	Last Edited By External(Date)	Event ID
<input type="radio"/>	Delete 12/26/2018	COMP	Child's Service Plan - Review	10/24/2018	[Redacted]	[Redacted]	[Redacted]
<input type="radio"/>	08/02/2018	APRV	Child's Service Plan	02/23/2018	[Redacted]	[Redacted]	[Redacted]
<input type="radio"/>	05/24/2018	APRV	Child's Service Plan	07/10/2017	[Redacted]	[Redacted]	[Redacted]
<input type="radio"/>	01/16/2018	APRV	Child's Service Plan	10/11/2017	[Redacted]	[Redacted]	[Redacted]

Showing 1 to 4 of 4 entries

Forms and Reports

Forms: Reports:

Child's Service Plan List Page – Delete a Child Plan

To delete a **Child Plan**, follow these steps:

1. To delete a **Child Plan** with a status of In Process ("PROC") or Completed ("COMP"), select the **Delete** link next to the **Child Plan** you wish to delete.
2. A message will warn "Are you sure you want to delete this information?"
3. Select **OK** to delete the plan, or select **Cancel** to return to the **Child's Service Plan List** page.



Note: If the **Child Plan** is not in "PROC" or "COMP" status, the **Delete** link will not appear.

The screenshot displays the 'Child's Service Plan List' interface. On the left is a navigation menu with categories like Case Summary, Person, and Child Plans. The main area shows a table of plans with columns for Date Approved, Status, Type, Date Created, and Last Edited By CPS. A dialog box titled 'Message from webpage' is overlaid on the table, asking 'Are you sure you want to delete this information?' with 'OK' and 'Cancel' buttons. The 'Delete' link in the first row and the 'COMP' status are highlighted with red boxes.

	Date Approved ↑	Status ↑	Type ↑	Date Created ↑	Last Edited By CPS(Date) ↑
<input type="radio"/> Delete	12/26/2018	COMP	Child's Service Plan - Review	10/24/2018	
<input type="radio"/>	08/02/2018	APRV	Child's Service Plan	02/23/2018	
<input type="radio"/>	05/24/2018	APRV	Child's Service Plan	07/10/2017	
<input type="radio"/>	01/16/2018	APRV	Child's Service Plan	10/11/2017	

Child's Service Plan List Page – Create an Initial Child Plan



- IMPACT 2.0 *automatically* creates an **Initial Child Plan** when a child has been removed from the home and the **Substitute Care (SUB)** stage is created.
- You can select the **Add** button on the list page to create an **Initial Child Plan**, if none exists.
- IMPACT 2.0 prefills designated fields of the **Initial Child Plan** with the most recent information from source pages.



Note: *If a child is removed prior to the release (SUB stage already created), you may need to create an **Initial Child Plan**, if none exists.*

To create an **Initial Child Plan**, follow these steps:

1. Locate the **Add** button at the bottom right of the **Child's Service Plan List** page. Selecting this button creates an **Initial Child Plan**, and a **Child Plan Detail** page will open
2. If there is an existing **Initial Child Plan** not in Approved ("APRV") status, you will receive an error message and be prevented from creating an **Initial Child Plan**.
3. If there is an **Initial Child Plan** in "APRV" status, all subsequent child plans will automatically be created as child plan reviews.
4. Note there is no **New Using** button on the **Child's Service Plan List** page.



Note: *Since IMPACT 2.0 automatically creates a **Child Plan of Service** when the child is removed from the home and the **SUB** stage is created, there is no need for the **New Using** button on the **Child's Service Plan List** page. However, the **New Using** button on the **Child Plans for Case** page has been retained (for copying from a sibling to create an **Initial Child Plan** only, which can be useful near release.)*

The screenshot shows the 'Child's Service Plan List' page. On the left is a navigation menu with options like Case Summary, Person, Contacts/Summaries, Service Authorization, Legal, Child Plans (highlighted), Placement, History, Medical, Foster Care Eligibility, PCA, and ICPC. At the top, there are tabs for Child Plan, Child Plan for Case, Perm Planning(PPM), PRT Action Plan, PRT Follow-Up, and Visitation Plan. The main content area displays a table with columns: Date Approved, Status, Type, Date Created, and Last Edited By CPS(Date). The table contains four rows of data. The first row has a status of 'COMP', which is circled in red. A red arrow points from this status to a warning message box that says: 'This Child has a Child Plan that has not been approved, so a new Child Plan cannot be started.' Below the table, there is an 'Add' button circled in red. The text 'Showing 1 to 4 of 4 entries' is visible at the bottom of the table area.

Child's Service Plan List Page – Create a Child Plan Review

To create a **Child Plan Review**, follow these steps:

1. Since IMPACT 2.0 automatically creates a **Child Plan Review** if it locates a previous **Child Plan** in "APRV" status, all you have to do is select the **Add** button to create a **Child Plan Review**.
2. A **Child Plan Detail** page will open.

This screenshot shows the 'Child's Service Plan List' page after a filter has been applied. The table now only contains one entry with a status of 'APRV', which is circled in red. The 'Add' button at the bottom right is also circled in red. The 'Forms and Reports' section at the bottom of the page is visible, showing dropdown menus for 'Forms' and 'Reports' with 'Launch' buttons next to them. The navigation menu and tabs at the top are the same as in the previous screenshot.

Child's Service Plan List Page – Launch a Child Plan Form

To launch a **Child Plan** form, follow these steps:

1. Select the radio button for the desired plan from the list.
2. Scroll to the bottom of the page to the **Forms and Reports** section.
3. Select the **Form** from the dropdown and then select **Launch**.

The screenshot shows the 'Child's Service Plan List' interface. On the left is a navigation menu with 'Child Plans' selected. The main area has tabs for 'Child Plan', 'Child Plan for Case', 'Perm Planning (PPM)', 'PRT Action Plan', 'PRT Follow-Up', and 'Visitation Plan'. Below the tabs, there are fields for 'Stage Name' and 'Case ID', and a 'Show 10 entries' dropdown. A table lists 7 entries with columns for 'Date Approved', 'Status', 'Type', 'Date Created', 'Last Edited By CPS (Date)', and 'Last Edited By Ext'. The second entry is selected. At the bottom, the 'Forms and Reports' section is highlighted with a red box. It contains a 'Forms' dropdown menu with 'Child Plan' and 'Child and Family History' options, and a 'Launch' button next to it. There is also a 'Reports' dropdown menu and another 'Launch' button.

	Date Approved	Status	Type	Date Created	Last Edited By CPS (Date)	Last Edited By Ext
<input type="radio"/>	07/02/2018	APRV	Child's Service Plan - Review	06/26/2018		
<input checked="" type="radio"/>	04/02/2018	APRV	Child's Service Plan	03/26/2018		
<input type="radio"/>	11/09/2017	APRV	Child's Service Plan	10/24/2017		
<input type="radio"/>	06/08/2017	APRV	Child's Service Plan	05/30/2017		
<input type="radio"/>	02/17/2017	APRV	Child's Service Plan	01/23/2017		
<input type="radio"/>	Delete	COMP	Child's Service Plan	10/24/2016		
<input type="radio"/>	06/07/2016	APRV	Child's Service Plan	05/04/2016		

About Forms for a Legacy Child Plan

When the **Child Plan** selected is a Legacy IMPACT plan, the **Forms** dropdown will conditionally display the **Child and Family History form**, in addition to the **Child Plan** form.

This close-up screenshot shows the 'Forms and Reports' section. The 'Forms' dropdown menu is open, showing two options: 'Child Plan' and 'Child and Family History'. A red arrow points to the 'Child and Family History' option. The 'Launch' button is visible next to the dropdown. The 'Reports' dropdown menu and its 'Launch' button are also visible.

About Forms for an IMPACT 2.0 Child Plan

When the **Child Plan** selected is an IMPACT 2.0 plan, the **Forms** dropdown will conditionally display the **Child Plan** form. It automatically includes the **CPS Rights of Children and Youth in Foster Care** form.

The screenshot shows a section titled "Forms and Reports". On the left, there is a "Forms:" label followed by a dropdown menu. The dropdown menu is open, showing "Child Plan" as the selected option. A red arrow points to the "Child Plan" option. To the right of the dropdown menu is a blue "Launch" button. On the right side of the section, there is a "Reports:" label followed by a dropdown menu and a blue "Launch" button.



Texas Department of
Family and Protective Services

Child Plan of Service
Child Plan Detail Page – Introduction

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Child Plan Detail Page – Introduction

Once IMPACT 2.0 has created an **Initial Child Plan** after the removal of a child from the home and the **SUB** stage is created, you will need to complete its corresponding **Child Plan Detail** page for the **Child Plan**.

After selecting the **Add** button on the **Child's Service Plan List** page to create a CPOS, or selecting a hyperlink to access a current CPOS in Complete status ("COMP") or In Process ("PROC") status, you will be directed to the **Child Plan Detail** page for that **Child Plan**.

It is on the **Child Plan Detail** page that you must complete the plan and submit it for approval.

The **Child Plan Detail** page in IMPACT 2.0 features new functionality in the way of expandable/collapsible sections, prefilled fields, and conditional displays. It also has new fields and tables.

In the future (TBD), the **Child Plan Detail** page will be able to be accessed by authorized external CPA workers, in addition to DFPS caseworkers.

Child Plan Detail Page – About Prefilled Fields

About prefilled fields: Initial child plans and child plan reviews have designated fields that are prefilled from source data (and, in the case of a review, also data from the most current approved **Child Plan**.)

Some prefilled fields are editable, but must be edited on their source pages. Selecting the associated **Edit** button allows you to modify information on the source page and quickly return to the **Child Plan Detail** page after you select either the **Return** or **Save and Return** button (depending on the source page), which automatically refreshes with the new information.

Child Plan Detail Page – About Conditional Displays

About conditional displays: Another feature of the **IMPACT 2.0 Child Plan** is the use of conditional displays—informational sections and fields that appear only when relevant to the child and the plan. This will produce a cleaner, shorter **Child Plan** form when launched, downloaded, or printed.

Child Plan Detail Page – About the Edit Button

About the Edit button: Selecting an **Edit** button to edit a field that has been prefilled from another page (the source page) will redirect you to that source page. In that event, IMPACT 2.0 automatically saves your work before taking you to the source page.

Once you update/edit the information and select the **Save and Return** button on the source page, IMPACT 2.0 brings you back to the **Child Plan Detail** page, which automatically refreshes with the updated/edited information. However, you must still select the **Save** button to save your changes to the **Child Plan Detail** page.

Opening a Child Plan Detail Page for an Initial Child Plan



IMPACT 2.0 automatically creates an **Initial Child Plan** after a child is removed from the home and the **SUB** stage is created.

Follow these steps to use the new functionality and features to complete the **Child Plan Detail** page:

1. From the **Child's Service Plan List** page, locate the **Initial Child Plan**.
2. Select the **Child's Service Plan - Initial Plan** hyperlink.

The screenshot shows the 'Child's Service Plan List' page. On the left is a navigation sidebar with categories like Case Summary, Person, and Child Plans. The main content area has tabs for 'Child Plan', 'Child Plan for Case', 'Perm Planning (PPM)', 'PRT Action Plan', 'PRT Follow-Up', and 'Visitation Plan'. The 'Child Plan' tab is active, and the title 'Child's Service Plan List' is highlighted with a red box. Below the title are fields for 'Stage Name' and 'Case ID'. A table lists service plans with columns for Date Approved, Status, Type, Date Created, Last Edited By CPS, Last Edited By External, and Event ID. One entry is visible: 'Child's Service Plan - Initial Plan' with a status of 'PEND' and a date of '10/12/2018'. This entry is also highlighted with a red box. Below the table is an 'Add' button and a 'Forms and Reports' section with 'Forms' and 'Reports' dropdown menus and 'Launch' buttons.

3. The **Child Plan Detail** page will display.

Child Plan Detail

Stage Name: [Redacted] * required field
Case ID: [Redacted] conditionally required field
Expand All Collapse All

Approval Status

DFPS Information

DFPS Caseworker: [Redacted] DFPS Supervisor: [Redacted]
Unit #: 09

Child's Information

Child's Full Name: [Redacted] Child's Date of Birth: 09/02/2011
Child's Legal Region: 01 Child's Legal County: [Redacted]
Child's Ethnicity: Hispanic Child's Gender: Female
Child's Race: White PID: [Redacted]
Type of Plan: Initial Plan
Current Level of Care: [Redacted] Start Date: [Redacted] End Date: [Redacted]
* Date Plan Completed: 10/12/2018 * Effective Date of Plan: [Redacted] * Next Due Date: 02/28/2019
Edit Save

If there is no **Child's Service Plan** hyperlink on the **Child's Service Plan List** page, follow these steps:

1. If IMPACT 2.0 has not yet automatically created an **Initial Child Plan** and no **Child's Service Plan** hyperlink displays on the **Child's Service Plan List** page, you will have to select the **Add** button to create the **Initial Child Plan** for the child.

Case Summary | **Child Plan** | Child Plan for Case | Perm Planning(PPM) | PRT Action Plan | PRT Follow-Up | Visitation Plan

Child's Service Plan List

Stage Name: [redacted] # Submitted Events
Case ID: [redacted]

Date Approved	Status	Type	Date Created	Last Edited By CPS(Date)	Last Edited By External(Date)	Event ID
No records exist.						

Add

Forms and Reports

Forms: [dropdown] **Launch** Reports: [dropdown] **Launch**

2. The **Child Plan Detail** page will then display.

Case Summary | **Child Plan** | Child Plan for Case | Perm Planning(PPM) | PRT Action Plan | PRT Follow-Up | Visitation Plan

Child Plan Detail

Stage Name: [redacted] * required field
Case ID: [redacted] † conditionally required field
[Expand All](#) [Collapse All](#)

DFPS Information

DFPS Caseworker: [redacted] DFPS Supervisor: [redacted]
Unit #: [redacted]

Child's Information

Child's Full Name: [redacted] Child's Date of Birth: [redacted]
Child's Legal Region: 11 Child's Legal County: [redacted]
Child's Ethnicity: Hispanic Child's Gender: Male
Child's Race: White PID: [redacted]
Type of Plan: **Initial** Triggered Review
Current Level of Care: Specialized Start Date: 11/01/2018 End Date: 02/01/2019
* Date Plan Completed: [calendar] * Effective Date of Plan: [calendar] * Next Due Date: [calendar]

Edit **Save**

Child Plan Detail Page – Create a Child Plan Review

If there is an existing **Child Plan** in "APRV" status from Legacy IMPACT or IMPACT 2.0, the system will create a **Child Plan Review** after you have selected the **Add** button, and you will arrive at the **Child Plan Detail** page.

If there is an existing **Child Plan** from Legacy IMPACT or IMPACT 2.0 in any status other than "APRV," you will receive an error message from the system stating "This Child has a **Child Plan** that has not been approved, so a new **Child Plan** cannot be started. " You will be prevented from creating a new **Child Plan**.

The screenshot displays the 'Child Plan Detail' page. At the top, there are several tabs: 'Child Plan', 'Child Plan for Case', 'Perm Planning(PPM)', 'PRT Action Plan', 'PRT Follow-Up', and 'Visitation Plan'. The 'Child Plan' tab is selected. On the left, a sidebar contains navigation links: 'Case Summary', 'Person', 'Contacts/Summaries', 'Service Authorization', 'Legal', 'Child Plans' (highlighted), 'Placement', 'History', 'Medical', 'Foster Care Eligibility', 'PCA', 'ICPC', and 'Case Management'. The main content area is titled 'Child Plan Detail' and is enclosed in a red box. Below this title, there are fields for 'Stage Name' (with a red asterisk indicating it is a required field) and 'Case ID' (with a green upward arrow indicating it is a conditionally required field). There are also 'Expand All' and 'Collapse All' links. The 'DFPS Information' section includes fields for 'DFPS Caseworker', 'DFPS Supervisor', and 'Unit #'. The 'Child's Information' section includes fields for 'Child's Full Name', 'Child's Date of Birth', 'Child's Legal Region', 'Child's Legal County', 'Child's Ethnicity' (set to 'Hispanic'), 'Child's Race' (set to 'White'), 'Child's Gender' (set to 'Male'), and 'PID'. The 'Type of Plan' dropdown menu is set to 'Review' and is highlighted with a red box. There is also a checkbox for 'Triggered Review'. At the bottom, there are fields for 'Current Level of Care' (set to 'Specialized'), 'Start Date' (11/01/2018), 'End Date' (02/01/2019), '* Date Plan Completed:', '* Effective Date of Plan:', and '* Next Due Date:'. There are 'Edit' and 'Save' buttons at the bottom right.

Child Plan Detail Page - Prefilled Fields

Now that you've opened the **Child Plan Detail** page, follow these steps to start completing the page:

1. Locate the fields under **DFPS Information**. These fields are prefilled and grayed out - signifying they are not editable.
2. Locate the fields under **Child Information**. These fields are prefilled and grayed out - signifying they are not editable, except for the **Date Plan Completed**, **Next Due Date**, and **Effective Date of Plan** fields. Although the **Triggered Review** field is editable, it is intended for CPA users, who will be able to access the **Child Plan** in the future (TBD).
3. Future dates are allowed on the **Next Due Date**, and **Effective Date of Plan**. They are not allowed on the **Date Plan Completed**.

Child Plan | Child Plan for Case | Perm Planning (PPM) | PRT Action Plan | PRT Follow-Up | Visitation Plan

Child Plan Detail

Stage Name: * required field
Case ID: ‡ conditionally required field
[Expand All](#) [Collapse All](#)

Approval Status

DFPS Information

DFPS Caseworker: DFPS Supervisor:
Unit #: D9

Child's Information

Child's Full Name: Child's Date of Birth: 09/02/2011
Child's Legal Region: 01 Child's Legal County:
Child's Ethnicity: Hispanic Child's Gender: Female
Child's Race: White PID: 80453802
Type of Plan: Initial Plan
Current Level of Care:

* Date Plan Completed:

* Effective Date of Plan:

* Next Due Date:

[Edit](#) [Save](#)

Child Plan Detail Page – Placement Information Section

To complete the **Placement Information** section, follow these steps:

1. Expand the **Placement Information** section.
2. The fields for **Date of Current Placement** and **Placement Type** are prefilled, and only editable at the source via the **Edit** button.

Child Plan Detail

Stage Name: [redacted] * required field
Case ID: [redacted] ‡ conditionally required field

[Expand All](#) [Collapse All](#)

DFPS Information

DFPS Caseworker: [redacted] DFPS Supervisor: [redacted]
Unit #: [redacted]

Child's Information

Child's Full Name: [redacted] Child's Date of Birth: [redacted]
Child's Legal Region: [redacted] Child's Legal County: [redacted]
Child's Ethnicity: Hispanic Child's Gender: Male
Child's Race: White PID: [redacted]
Type of Plan: Review Triggered Review

Current Level of Care: Specialized Start Date: 11/01/2018 End Date: 02/01/2019

* Date Plan Completed: 10/01/2018 * Effective Date of Plan: * Next Due Date: 10/31/2018

[Edit](#) [Save](#)

Placement Information

* Date of Current Placement:	11/07/2018	* Placement Type:	Non-FPS Paid
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Caregiver Name: [redacted]

[Edit](#) [Save](#)

Placement Information Section – Conditional Fields

1. The response to **Placement Type** may generate conditionally displayed fields. For instance:
2. The field labeled **Is this Child receiving Treatment Services?** is a conditionally displayed field: it only appears if the **Placement Type** is "FPS Contracted Foster Placement."

▼ Placement Information

* Date of Current Placement: 07/31/2018

* Placement Type: FPS Contracted Foster Placement

* Is the child receiving Treatment Services? Yes No

Caregiver Name:

* Name of Agency:

Agency Case Manager/Supervisor:

Edit Save

Placement Information Section – Treatment Services

To complete the **Treatment Services** subsection of the **Placement Information** section, follow these steps:

1. If a field is conditionally displayed, you must provide the information.
2. For **Is this Child receiving Treatment Services?**, select the "Yes" or "No" radio button. The field is editable.
3. The field labeled **Which Treatment Service Type(s)?** will conditionally display if the "Yes" radio button is selected for the field **Is this Child receiving Treatment Services?** Select at least one of the checkbox options:
 - "Emotional Disorders"
 - "Primary Medical Needs"
 - "Intellectual Disability"
 - "Autism Spectrum Disorder"

▼ Placement Information

* Date of Current Placement: 07/31/2018 * Placement Type: FPS Contracted Foster Placement

* Is the child receiving Treatment Services? Yes No

* Which Treatment Service Type(s)?

<input checked="" type="checkbox"/> Emotional Disorders	<input checked="" type="checkbox"/> Primary Medical Needs
<input type="checkbox"/> Intellectual Disability	<input type="checkbox"/> Autism Spectrum Disorder

Caregiver Name: * Name of Agency:

Agency Case Manager/Supervisor:

Placement Information Section – Other Conditional Fields

Complete the remainder of the **Placement Information** section by following these steps:

1. The **Caregiver Name** field will be prefilled if the **Placement Type** is:
 - "Kinship only non-licensed"
 - "FPS-Contracted Foster Placement"
 - "FPS Fost/Adopt Home"
2. The **Name of Agency** field will conditionally display if the **Placement Type** is "FPS-Contracted Foster Placement." The field is prefilled but editable.
3. The **Agency Case Manager/Supervisor** field will conditionally display if the **Name of Agency** field is "FPS-Contracted Foster Placement."

▼ Placement Information

* Date of Current Placement: 07/31/2018

* Is the child receiving Treatment Services? Yes No

* Placement Type: FPS Contracted Foster Placement

Caregiver Name: Liesman, Irma And Glenn

* Name of Agency: FPS-Contracted Foster Placement

Agency Case Manager/Supervisor:

Edit Save



Texas Department of
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Child Plan of Service
Child Plan Detail Page –
Adoption/Guardianship

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Child Plan Detail Page – Prior Adoption/Guardianship Information Section

To complete the **Prior Adoption/Guardianship Information** section, follow these steps:

1. Expand the **Prior Adoption/Guardianship Information** section.
2. This section starts with instructional text: *"If the child was previously adopted more than once, add additional sections and answer questions as needed."*
3. Under **Domestic Adoption**, for the question **Has the child been previously adopted domestically?**, select the appropriate radio button for "Yes," "No," or "Unable to Determine."
4. Recognize that if you select the "Yes" radio button for the field **Has the child been previously adopted domestically?**, that response triggers the following additional conditionally displayed fields:
 - **What is the actual or estimated date of previous consummation?** Use the date selector or enter a date.
 - **Type of agency that completed domestic adoption.** Select the type of agency from the dropdown menu.
 - **Name of Agency.** Enter the information into the text field.
 - **State child was adopted from.** Select the State from the dropdown menu.



Note: *Each time a response triggers conditionally displayed fields, and those fields are required, you must complete those fields in order to save and submit a **Child Plan**.*

History

Medical

Foster Care Eligibility

PCA

ICPC

Case Management

Child's Information

Child's Full Name: [REDACTED]	Child's Date of Birth: 01/06/2005
Child's Legal Region: [REDACTED]	Child's Legal County: [REDACTED]
Child's Ethnicity: Hispanic	Child's Gender: Female
Child's Race: White	PID: [REDACTED]
Type of Plan: Review	<input type="checkbox"/> Triggered Review

Current Level of Care: [REDACTED] Start Date: [REDACTED] End Date: [REDACTED]

* Date Plan Completed: [REDACTED] * Effective Date of Plan: [REDACTED] * Next Due Date: [REDACTED]

[Edit](#) [Save](#)

▶ Placement Information

▼ Prior Adoption/Guardianship Information

If the child was previously adopted more than once, add additional sections and answer questions as needed.

Domestic Adoption:

* Has the child been previously adopted domestically? Yes No Unable to determine

* What is the actual or estimated date of previous consummation? [REDACTED]

* Type of agency that completed domestic adoption: [REDACTED] ▼

* Name of Agency: [REDACTED]

* State child was adopted from: [REDACTED] ▼

[Delete](#) [Add](#)

International Adoption:

* Has the child been previously adopted internationally? Yes No Unable to determine

Prior Adoption/Guardianship Information Section – Multiple Adoptions

If the child was previously adopted more than once, select the **Add** button to add additional fields. Complete each new additional field accordingly.



Note: The **Add** button along with the **Delete** button appears in various sections throughout the **Child Plan Detail** page (i.e.: goals, medications, participants in the plan, etc.). Each time you **Add** to a section, you will need to complete the fields that accompany the addition. To **Delete** a section, check the checkbox next to the section and select the **Delete** button.

▼ Prior Adoption/Guardianship Information

If the child was previously adopted more than once, add additional sections and answer questions as needed.

Domestic Adoption:

* Has the child been previously adopted domestically? Yes No Unable to determine

* What is the actual or estimated date of previous consummation? 01/15/2018

* Type of agency that completed domestic adoption: Private Adoption

* Name of Agency:

* State child was adopted from: Oklahoma

* What is the actual or estimated date of previous consummation?

* Type of agency that completed domestic adoption:

* Name of Agency:

* State child was adopted from:

International Adoption

To complete the **International Adoption** section, follow these steps:

1. Under **International Adoption**, use the radio buttons, dropdowns, and Date Selectors to provide the required information for both standard and conditionally displayed fields.
2. Recognize that if you select the "Yes" radio button for **Has the child been previously adopted internationally?**, that response triggers the following additional conditionally displayed fields:
 - **What is the actual or estimated date of previous consummation?** Use the Date Selector or enter a date.
 - **Type of agency that completed international adoption.** Select the type of agency from the dropdown menu.
 - **Name of Agency.** Enter the information in the text field.
 - **Country child was adopted from .** Select the Country from the dropdown menu.

Case Management

Type of Plan: Review Triggered Review

Current Level of Care: Start Date: End Date:

* Date Plan Completed: * Effective Date of Plan: * Next Due Date:

Edit Save

▶ Placement Information

▼ Prior Adoption/Guardianship Information

If the child was previously adopted more than once, add additional sections and answer questions as needed.

Domestic Adoption:

* Has the child been previously adopted domestically? Yes No Unable to determine

International Adoption:

* Has the child been previously adopted internationally? Yes No Unable to determine

* What is the actual or estimated date of previous consummation?

* Type of agency that completed international adoption: DFPS
CPA
Private Adoption
Other Public Agency
Unknown

* Name of Agency:

* Country child was adopted from: Mexico

Delete Add

Legal Guardianship:

Legal Guardianship

To complete the **Legal Guardianship** section, follow these steps:

1. Under **Legal Guardianship**, use the radio buttons, dropdowns, and calendar icons to provide the required information for both standard and conditionally displayed fields:
2. For the field **Was the child previously placed in a legal guardianship other than with parent?**, select the "Yes," "No," or "Unable to Determine" radio button.
3. If you select "Yes" for **Was the child previously placed in a legal guardianship other than with parent?**, then the following conditional fields display and will need to be completed:
 - **What is the actual or estimated date of previous legal guardianship?**
 - **With whom?**

▼ Prior Adoption/Guardianship Information

If the child was previously adopted more than once, add additional sections and answer questions as needed.

Domestic Adoption:

* Has the child been previously adopted domestically? Yes No Unable to determine

International Adoption:

* Has the child been previously adopted internationally? Yes No Unable to determine

Legal Guardianship:

* Was the child previously placed in a legal guardianship other than with parent? Yes No Unable to determine

* What is the actual or estimated date of previous legal guardianship?

* With whom?

Child Plan Detail Page – Permanency Section

To complete the **Permanency** section, follow these steps:

1. Expand the **Permanency** section.
2. The field for **Legal Status of Child** will be prefilled and only editable at the source.

▶ Prior Adoption/Guardianship Information

▼ Permanency

Legal Status of Child: TMC Status Subtype:

* DFPS Primary Permanency Goal: * Date to Achieve Primary Permanency Goal:

* DFPS Concurrent Permanency Goal: * Date to Achieve Concurrent Permanency Goal:

* Explain why the permanency goals are appropriate:

* Estimated Length of Stay in Placement:

* Explain if discrepancy between date to achieve goals and length of stay in Substitute Care:

* Describe the progress/efforts made by caregiver towards achieving permanency goals:

* Describe progress/efforts made by DFPS towards achieving permanency goals:

* Dates of any known scheduled Court Hearings, Permanency Conferences, Family Group Conferences or other Permanency Planning Meetings:



Note: Depending on the **Legal Status**, additional fields may conditionally display. Some conditional displays have fields prefilled from a source page or, in the case of a **Child Plan Review**, from a prior **Child Plan**. Some fields may be editable while others are not.

- For the field **DFPS Primary Permanency Goal** select a goal from the dropdown.
- For the field **Date to Achieve Primary Permanency Goal** use the date selector to select a date. Future dates are allowed.



Note: For this field, Another Planned Permanent Living Arrangement (APPLA) values only display in dropdown for children 16 years of age and older.

▶ Placement Information

▶ Prior Adoption/Guardianship Information

▼ Permanency

Legal Status of Child: FPS Resp Terminated

* DFPS Primary Permanency Goal:

Family Reunification

Alt Family: Relative/Fictive Kin, Adoption

Alt Family: Relative/Fictive Kin, Conservatorship

Alt Family: Unrelated, Adoption

DFPS Conservatorship

Alt Family: Unrelated, Conservatorship

* Date to Achieve Primary Permanency Goal:

* Date to Achieve Concurrent Permanency Goal:

- For the **DFPS Concurrent Permanency Goal** field, select a goal from the dropdown.
- For the **Date to Achieve Concurrent Permanency Goal** field, use the date selector to select a date. Future dates are allowed.
- Justification for no concurrent goal** is a conditionally displayed field that appears only if "No Concurrent Goal" was selected for **DFPS Concurrent Permanency Goal**. If it displays, it is a required text field.



Note: For this field, APPLA values only display in dropdown for children 16 years of age and older.

▶ Prior Adoption/Guardianship Information

▼ Permanency

Legal Status of Child: TMC

Status Subtype:

* DFPS Primary Permanency Goal:

Family Reunification

* Date to Achieve Primary Permanency Goal: 01/31/2019

* DFPS Concurrent Permanency Goal:

None

* Justification for no concurrent goal:

Complete the required text fields for the following conditionally displayed fields:

1. **Explain why the permanency goals are appropriate**
2. **Estimated Length of Stay in Placement**
3. **Explain if discrepancy between date to achieve goals and length of stay in Substitute Care**
4. **Describe the progress/efforts made by caregiver towards achieving permanency goals**
5. **Describe progress/efforts made by DFPS towards achieving permanency goals**
6. **Dates of any known scheduled Court Hearings, Permanency Conferences, Family Group Conferences or other Permanency Planning Meetings**



Note: Remember, whenever a field conditionally displays, that field must be completed in order to save and submit your plan for approval.

Prior Adoption/Guardianship Information

Permanency

Legal Status of Child: TMC

Status Subtype:

* DFPS Primary Permanency Goal:

Family Reunification

* Date to Achieve Primary Permanency Goal:

01/31/2019

* DFPS Concurrent Permanency Goal:

Alt Family: Relative/Fictive Kin, Adoption

* Date to Achieve Concurrent Permanency Goal:

09/30/2019

* Explain why the permanency goals are appropriate:

1

* Estimated Length of Stay in Placement:

2

* Explain if discrepancy between date to achieve goals and length of stay in Substitute Care:

3

* Describe the progress/efforts made by caregiver towards achieving permanency goals:

4

* Describe progress/efforts made by DFPS towards achieving permanency goals:

5

* Dates of any known scheduled Court Hearings, Permanency Conferences, Family Group Conferences or other Permanency Planning Meetings:

6

Save



Texas Department of
Family and Protective Services

Child Plan of Service
Child Plan Detail Page – Child History

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Child Plan Detail Page – Introduction

Child Plan Detail Page – Child History Section

To complete the **Child History** section of the **Child Plan Detail** page, follow these steps:

1. Expand the **Child History** section.
2. Complete the required text fields.

ICPC

Case Management

Type of Plan: Review Triggered Review

Current Level of Care: Start Date: End Date:

* Date Plan Completed:  * Effective Date of Plan: 

* Next Due Date: 

▶ Placement Information

▶ Prior Adoption/Guardianship Information

▶ Permanency

▼ Child History

* Discuss the reason why the child came into foster care and known history of the child prior to entering foster care:

Child Plan Detail Page – Initial Family/Genetic History Section

To complete the **Initial Family/Genetic History** section of the **Child Plan Detail** page, follow these steps:

1. Expand the **Initial Family/Genetic History** section.
2. Complete the required text fields.

▶ Placement Information

▶ Prior Adoption/Guardianship Information

▶ Permanency

▶ Child History

▼ Initial Family/Genetic History

* Discuss the child's family and genetic history:

Child Plan Detail Page – Child's Strengths, Interests, and Personality Section

To complete the **Child's Strengths, Interests, and Personality** section of the **Child Plan Detail** page, follow these steps:

1. Expand the **Child's Strengths, Interests, and Personality** section.
2. Complete the required text fields.

▶ Prior Adoption/Guardianship Information

▶ Permanency

▶ Child History

▶ Initial Family/Genetic History

▼ Child's Strengths, Interests, and Personality

* Discuss the child's strengths, interests, and personality:

Save

Child Plan Detail Page – Plan for Visitation and Contacts with Family Section

To complete the **Plan for Visitation and Contacts with Family** section, follow these steps:

1. Expand the **Plan for Visitation and Contacts with Family** section.
2. For the required field **Does the child have siblings?** the radio button may be pre-selected to "Yes" if the **Person List** indicates at least one other person has the **Rel/Int** of "sibling." If not, select the appropriate "Yes" or "No" button, as this field is editable.
3. Complete the required text fields for:
 - **List all family and supportive adult relationships**
 - **If visitation or contact is not allowed explain why**
4. Complete the required text field for **Type of contact approved.**

▶ Initial Family/Genetic History

▶ Child's Strengths, Interests, and Personality

1 ▶ Plan for Visitation and Contacts with Family

* Does the child have siblings? Yes No **2**

* List all family and supportive adult relationships:

3 * If visitation or contact is not allowed explain why:

* Type of contact approved:

4

* Visitation schedule:

5. Complete the remaining text fields for:

- **Visitation schedule**
- **Efforts to maintain and improve connections with family and other caring adults**
- **Summary of visitation and contacts (Discuss how visits are going, how often they are occurring, and any barriers to visitation.)**
- **Identified goals for visit (Discuss goals which have been identified such as improve or reestablish relationships, improve sibling connections etc.)**
- **Identified needs and plans to address (Discuss any issues related to ensuring visitation occurs and what is being done to overcome as well as any other issues that need to be addressed regarding visitation)**

▼ Plan for Visitation and Contacts with Family

* Does the child have siblings? Yes No

* List all family and supportive adult relationships:

* If visitation or contact is not allowed explain why:

* Type of contact approved:

* Visitation schedule:

* Efforts to maintain and improve connections with family and other caring adults:

* Summary of visitation and contacts (Discuss how visits are going, how often they are occurring, and any barriers to visitation.):

* Identified goals for visit (Discuss goals which have been identified such as improve or reestablish relationships, improve sibling connections etc.):

* Identified needs and plans to address (Discuss any issues related to ensuring visitation occurs and what is being done to overcome as well as any other issues that need to be addressed regarding visitation):

The Child Plan Detail Page – Child's Basic Needs Section

To complete the **Child's Basic Needs** section, follow these steps:

1. The **Child's Basic Needs** section starts with an instructional text regarding the role of a caregiver in meeting a child's basic needs:

"Caregiver will provide all children with nutritionally balanced diets, adequate seasonal wardrobes and use of caregiver's home. Caregiver will provide a safe, stimulating, and nurturing home environment, adequate supervision and appropriate living space. Needs to address include: nutrition or dietary restrictions, clothing, grooming, and allowance."

2. Complete the required text field for **Discuss identified needs and plan(s) to address**.

▶ Child's Strengths, Interests, and Personality

▶ Plan for Visitation and Contacts with Family

▼ Child's Basic Needs

Caregiver will provide all children with nutritionally balanced diets, adequate seasonal wardrobes and use of caregiver's home. Caregiver will provide a safe, stimulating, and nurturing home environment, adequate supervision and appropriate living space. Needs to address include: nutrition or dietary restrictions, clothing, grooming, and allowance.

* Discuss identified needs and plan(s) to address:

Save

▶ Intellectual and Developmental

Child Plan Detail Page – Intellectual and Developmental Section

To complete the **Intellectual and Developmental** section, follow these steps:

1. Expand the section to complete the following required text fields:
 - **Discuss intellectual functioning (include any testing and plans for recommended follow up. For children under 3 include any ECI assessments)**
 - **Discuss developmental strengths and needs (address any developmental delays and plans to improve or remediate developmental functioning)**
 - **Discuss strategies to address**

▶ Plan for Visitation and Contacts with Family

▶ Child's Basic Needs

▼ **Intellectual and Developmental**

* Discuss intellectual functioning (include any testing and plans for recommended follow up. For children under 3 include any ECI assessments):

* Discuss developmental strengths and needs (address any developmental delays and plans to improve or remediate developmental functioning):

* Discuss strategies to address:

List any goals below (additional goals can be added as needed):

N/A

* Goal:

Intellectual and Developmental Section – Listing Goals

The field for **List any goals below (additional goals can be added as needed)**, is a conditionally displayed section, based on the disposition of the "N/A" (Not Applicable) checkbox.

- If the "N/A" checkbox is not selected, at least one goal and its associated fields will display and must be completed.
- If the "N/A" checkbox is is selected, no informational fields will be displayed.

* Discuss strategies to address:

List any goals below (additional goals can be added as needed):

N/A

N/A

* Goal:

* Target Date: 01/07/2019

* Criteria for Achievement:

* Planned Interventions:

* Frequency:

* Responsible Party:

* Progress Summary:

Delete Add Save

Intellectual and Developmental Section – Adding and Deleting Goals

To add or delete a goal in any of the **Goals** fields throughout the **Child Plan Detail** page follow these guidelines:

1. You may add and/or delete goals as necessary—but there are rules.
2. To add a **Goal** and its associated fields, select the **Add** button. If you add a goal, you must complete all the following associated fields:
 - **Goal**
 - **Target Date**
 - **Criteria for Achievement**
 - **Planned Interventions**
 - **Frequency**
 - **Responsible Party**
 - **Progress Summary** (Child Plan Review Only)
3. To delete a goal, select the checkbox next to the goal you wish to delete, and then select the **Delete** button.



Note: *If this is the last **Goal** remaining on the page, and the “N/A” checkbox is not selected, then only the data will be deleted in the **Goal** and its associated fields, but the blank fields will remain. Because there must be at least one goal and associated field if the “N/A” checkbox isn't selected, the blank fields must be completed. In other words, you must replace the deleted goal with at least one new goal to meet the minimum.*

List any goals below (additional goals can be added as needed):

N/A

* Goal:

The goal will be completed over the next business day. The goal will be completed over the next business day. The goal will be completed over the next business day. The goal will be completed over the next business day. The goal will be completed over the next business day.

* Target Date:

01/07/2019 

* Criteria for Achievement:

The goal will be completed over the next business day. The goal will be completed over the next business day. The goal will be completed over the next business day. The goal will be completed over the next business day. The goal will be completed over the next business day.

* Planned Interventions:

The goal will be completed over the next business day.

* Frequency:

Every month.

* Responsible Party:

The goal will be completed over the next business day.

* Progress Summary:

The goal will be completed over the next business day.



Texas Department of
Family and Protective Services

Child Plan of Service
Child Plan Detail Page – Education

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Child Plan Detail Page – Introduction

Child Plan Detail Page – Education Section

To complete the **Education** section, follow these steps:

1. This section starts with an instructional text as to what information is required to evaluate and meet a child's educational needs:

"Address educational needs and how those needs will be met, including planning for high school completion, post-secondary education, training if appropriate, and any school evaluations or recommendations."

2. For the field **Is the child enrolled in school?**, recognize that:

- The "Yes" is prefilled and not editable if the child has an **Education Detail** record without a **Withdrawn Date**.
- If the "No" radio button is prefilled, then the **Explain** field is displayed and editable. This is a required field.
- To change the **Is the child enrolled in school?** to "Yes," you must edit the **Education Detail** source page, which is accessed via the **Edit** button.

3. **School District**, **Name of School**, and **Grade** are conditionally displayed, and prefilled if the answer to **Is the child enrolled in school?** is "Yes." The fields are editable at the **Education Detail** source page, which is accessed via the **Edit** button.

The screenshot displays the 'Education' section of a form. It is divided into two parts, each enclosed in a red box. The top part shows the 'Yes' state, where the 'Is the child enrolled in school?' radio button is selected. Below this, several fields are visible: 'School District', 'Name of School', 'Name of Education Decision Maker', 'Grade' (prefilled with 'Pre Kindergarten'), and 'On grade level' (radio buttons for 'Yes' and 'No'). There is also a 'Need for tutoring services' field with 'Yes' and 'No' radio buttons. An 'Edit' button is located at the bottom right of this section. The bottom part shows the 'No' state, where the 'Is the child enrolled in school?' radio button is selected. Below this, there is a large text area labeled '* Explain:' and an 'Edit' button at the bottom right.

Continue completing the **Education** section by addressing all items in the section:

4. **Is the child receiving special education services?** conditionally displays if the answer to the item **Is the child enrolled in school?** is "Yes." The field is editable at the **Education Detail** source page, which is accessed via the Edit button.
5. **Name of Education Decision Maker** is conditionally displayed and editable, if the answer to **Is the child enrolled in school?** is "Yes."
6. **On Grade Level** and **Need for tutoring services** fields are conditionally displayed if **Is the child enrolled in school?** is "Yes." These radio buttons are editable.
7. If the "No" radio button is checked for **On grade level**, " or the "Yes" radio button is checked for **Need for tutoring services**, then a required field **Describe plans to address** is displayed and editable.
 - If you then select the "Yes" radio button for **On grade level** or the "No" button for **Need for tutoring services**, an error message will display and the text you entered in the field will be erased.
 - However, if both radio buttons are returned to their original values of "No" for **On grade level** and "Yes" for **Need for tutoring services** prior to selecting the **Save** button, the associated data entered in the section will display again.
8. **Describe any IEP goals and/or 504 plans** conditionally displays if the answer to the item **Is the child receiving special education services?"** is "Yes." The 504 plan information prefills from the **Specify 504 Accommodations** field on the **Education Detail** page and the IEP goals are editable.
9. **Describe special Education Services for children 16 years and older (address any education activities provided to the child to address the education Individual Transition Plan):** this field conditionally displays if the child for whom the plan is created is 16 years of age or older and the answer to the item **Is the child receiving special education services?** is "Yes."
10. **Discuss interventions to support academic growth** conditionally displays if the answer to the item **Is the child enrolled in school?** is "Yes."
11. **List any extracurricular activities the child is engaged in at school** conditionally displays if the answer to the item **Is the child enrolled in school?** is "Yes."
12. **Discuss educational strengths and needs** conditionally displays if the answer to the item **Is the child enrolled in school?** is "Yes."
13. **Educational Summary** conditionally displays if the answer to the item **Is the child enrolled in school?** is "Yes."

Education

Address educational needs and how those needs will be met, including planning for high school completion, post-secondary education, training if appropriate, and any school evaluations or recommendations.

Is the child enrolled in school?

Yes

School District:

Name of School:

Name of Education Decision Maker:

Grade:

On grade level:

Yes No

Need for tutoring services:

Yes No

Edit

Describe plans to address:

Is the child receiving special education services?

No

Discuss interventions to support academic growth:

List any extracurricular activities the child is engaged in at school:

Discuss educational strengths and needs:

Educational Summary:

Education Section – Listing Goals

The field for **List any goals below (additional goals can be added as needed)**, is a conditionally displayed section, based on the disposition of the "N/A" (Not Applicable) checkbox.

- If the "N/A" checkbox is not selected, at least one goal and its associated fields will display and must be completed.
- If the "N/A" checkbox is is selected, no informational fields will be displayed.

List any goals below (additional goals can be added as needed):

N/A

Save

N/A

* Goal:

* Target Date: 01/07/2019

* Criteria for Achievement:

* Planned Interventions:

* Frequency:

* Responsible Party:

* Progress Summary:

Delete Add Save

Education Section – Adding and Deleting Goals

To add or delete a goal in any of the Goals fields throughout the **Child Plan Detail** page follow these guidelines:

1. You may add and/or delete goals as necessary—but there are rules.
2. To add a **Goal** and its associated fields, select the **Add** button. If you add a goal, you must complete all the following associated fields:
 - **Goal**
 - **Target Date**
 - **Criteria for Achievement**
 - **Planned Interventions**
 - **Frequency**
 - **Responsible Party**
 - **Progress Summary** (Child Plan Review Only)
3. To delete a goal, select the checkbox next to the goal you wish to delete, and then select the **Delete** button.



Note: *If this is the last **Goal** remaining on the page, and the "N/A" checkbox is not selected, then only the data will be deleted in the **Goal** and its associated fields, but the blank fields will remain. Because there must be at least one goal and associated field if the "N/A" checkbox isn't selected, the blank fields must be completed. In other words, you must replace the deleted goal with at least one new goal to meet the minimum.*

List any goals below (additional goals can be added as needed):

N/A

* Goal:

The goal will be completed on the day before day. The goal will be completed on the day before day. The goal will be completed on the day before day. The goal will be completed on the day before day. The goal will be completed on the day before day.

* Target Date:

01/07/2019 

* Criteria for Achievement:

The goal will be completed on the day before day. The goal will be completed on the day before day. The goal will be completed on the day before day. The goal will be completed on the day before day. The goal will be completed on the day before day.

* Planned Interventions:

The goal will be completed on the day before day.

* Frequency:

Every month

* Responsible Party:

The goal will be completed on the day before day.

* Progress Summary:

The goal will be completed on the day before day.

Child Plan Detail Page – Emotional/Therapeutic/Psychological Section

To complete the **Emotional/Therapeutic/ Psychological** section, follow these steps:

1. Expand the **Emotional/Therapeutic/Psychological** section.
2. This section starts with an instructional text:

"Address therapeutic needs, including plans for psychological testing and follow up treatment. Also include any recent information from the caregiver(s) evaluation of the child's behavior and level of functioning. In addition, address specific goals and strategies to meet the child's needs including instructions to the caregiver(s) responsible for the care of the child. Instructions must include specific information about the child's trauma history and any actions the caregiver(s) must take."

▶ Intellectual and Developmental

▶ Education

▼ Emotional/Therapeutic/Psychological

Address therapeutic needs, including plans for psychological testing and follow up treatment. Also include any recent information from the caregiver(s) evaluation of the child's behavior and level of functioning. In addition, address specific goals and strategies to meet the child's needs including instructions to the caregiver(s) responsible for the care of the child. Instructions must include specific information about the child's trauma history and any actions the caregiver(s) must take.

Is this child or youth a confirmed victim of sex trafficking?	No
Is this child or youth a suspected victim of sex trafficking?	No
Is this child or youth a confirmed victim of labor trafficking?	Yes
Is this child or youth a suspected victim of labor trafficking?	No

Edit



3. The following "Yes" or "No" text responses are prefill for each question based on information from the **Trafficking Detail** page for the child.
4. "Yes" will prefill if, for any Sex Trafficking or Labor Trafficking records, **Trafficking Type** is "Sex Trafficking" or "Labor Trafficking" and **Reported Status** is "Confirmed or Suspected" on the **Trafficking Detail** page. Otherwise "No" will prefill.
5. The text response fields are:
 - **Is this child or youth a confirmed victim of sex trafficking?**
 - **Is this child or youth a suspected victim of sex trafficking?**
 - **Is this child or youth a confirmed victim of labor trafficking?**
 - **Is this child or youth a suspected victim of labor trafficking?**
6. If the "Yes" response displays for any of the sex or labor trafficking fields, the following required text field will be conditionally displayed:
 - **Address the specific services and supports needed to assist this child or youth.**

▼ Emotional/Therapeutic/Psychological

Address therapeutic needs, including plans for psychological testing and follow up treatment. Also include any recent information from the caregiver(s) evaluation of the child's behavior and level of functioning. In addition, address specific goals and strategies to meet the child's needs including instructions to the caregiver(s) responsible for the care of the child. Instructions must include specific information about the child's trauma history and any actions the caregiver(s) must take.

Is this child or youth a confirmed victim of sex trafficking?	No
Is this child or youth a suspected victim of sex trafficking?	No
Is this child or youth a <u>confirmed</u> victim of labor trafficking?	Yes
Is this child or youth a <u>suspected</u> victim of labor trafficking?	No

Edit

* Address the specific services and supports needed to assist this child or youth:

* Describe the child's trauma history and any known triggers:

7. For the field, describe the child's trauma history and any known triggers, you will need to complete the required text box.

▼ Emotional/Therapeutic/Psychological

Address therapeutic needs, including plans for psychological testing and follow up treatment. Also include any recent information from the caregiver(s) evaluation of the child's behavior and level of functioning. In addition, address specific goals and strategies to meet the child's needs including instructions to the caregiver(s) responsible for the care of the child. Instructions must include specific information about the child's trauma history and any actions the caregiver(s) must take.

Is this child or youth a confirmed victim of sex trafficking? No

Is this child or youth a suspected victim of sex trafficking? No

Is this child or youth a confirmed victim of labor trafficking? Yes

Is this child or youth a suspected victim of labor trafficking? No

Edit

* Address the specific services and supports needed to assist this child or youth:

* Describe the child's trauma history and any known triggers:

8. For the field **Has the Child had a CANS Assessment?** select the "Yes" or "No" radio button.
9. If "Yes" is selected for this field, you must complete the additional required informational fields for:
- **Date of CANS Assessment**
 - **Clinical Professional**
 - **Recommendations from CANS Assessment**

* Address the specific services and supports needed to assist this child or youth:

* Describe the child's trauma history and any known triggers:

* Has the Child had a CANS Assessment?

Yes No

* Date of CANS Assessment: 

* Clinical Professional:

* Recommendations from CANS Assessment:

* Discuss emotional needs:

10. For the **Discuss emotional needs** field, you will need to complete the required text field.

* Has the Child had a CANS Assessment?		<input checked="" type="radio"/> Yes	<input type="radio"/> No
* Date of CANS Assessment:	<input type="text"/>		* Clinical Professional: <input type="text"/>
* Recommendations from CANS Assessment:			
<input type="text"/>			
* Discuss emotional needs:			
<input type="text"/>			
* Does the child have a therapist?		<input type="radio"/> Yes	<input type="radio"/> No
* Has the child had a Psychological Evaluation?		<input type="radio"/> Yes	<input type="radio"/> No

11.If you select the "Yes" radio button for **Does the child have a therapist?**, the following fields will conditionally display. Complete their required text fields.

- **Therapist Name**
- **Therapist Impressions/Diagnosis**
- **Therapeutic strengths and needs**

* Discuss emotional needs:

* Does the child have a therapist? Yes No

* Therapist Name:

* Therapist Impressions/Diagnosis:

* Therapeutic strengths and needs:

* Has the child had a Psychological Evaluation? Yes No

12. For the field **Has the child had a Psychological Evaluation?** select the "Yes" or "No" radio button.

13. If "Yes" is selected for **Has the child had a Psychological Evaluation?**, you must complete the required informational fields for:

- **Date of Psychological Evaluation**
- **Clinical Professional**
- **Psychological Recommendations**

14. You can also enter information in the **Current Diagnosis** field.

* Has the Child had a CANS Assessment? Yes No

* Discuss emotional needs:

* Does the child have a therapist? Yes No

* Has the child had a Psychological Evaluation? Yes No

* Date of Psychological:  * Clinical Professional:

Current Diagnosis:

* Psychological Recommendations:

List any goals below (additional goals can be added as needed):

N/A

15. The field for **List any goals below (additional goals can be added as needed)**, is a conditionally displayed section, based on the disposition of the "N/A" (Not Applicable) checkbox.

- If the "N/A" checkbox is not selected, at least one goal and its associated fields will display and must be completed.
- If the "N/A" checkbox is selected, no informational fields will be displayed.

The screenshot displays a form with two main sections. The top section, titled '* Psychological Recommendations:', contains a large text area. Below this is the section 'List any goals below (additional goals can be added as needed):'. This section includes a checkbox labeled 'N/A' which is checked. To the right of this checkbox is a 'Save' button. Below the 'N/A' checkbox are several input fields: '* Goal:', '* Target Date:' (with a calendar icon), '* Criteria for Achievement:', '* Planned Interventions:', '* Frequency:', '* Responsible Party:', and '* Progress Summary:'. At the bottom of the form, there are three buttons: 'Delete', 'Add', and 'Save'. A red box highlights the 'List any goals below' section, and a red arrow points from the 'N/A' checkbox to the 'Save' button.

16. To add or delete a goal in any of the **Goals** fields throughout the **Child Plan Detail** page follow these guidelines:

17. You may add and/or delete goals as necessary—but there are rules.

18. To add a **Goal** and its associated fields, select the **Add** button. If you add a goal, you must complete all the following associated fields:

- Goal
- Target Date
- Criteria for Achievement

- Planned Interventions
- Frequency
- Responsible Party
- Progress Summary (Child Plan Review Only)

19. To delete a goal, select the checkbox next to the goal you wish to delete, and then select the **Delete** button.



Note: If this is the last **Goal** remaining on the page, and the "N/A" checkbox is not selected, then only the data will be deleted in the **Goal** and its associated fields, but the blank fields will remain. Because there must be at least one goal and associated field if the "N/A" checkbox isn't selected, the blank fields must be completed. In other words, you must replace the deleted goal with at least one new goal to meet the minimum.

List any goals below (additional goals can be added as needed):

N/A

* Goal:

* Target Date: 01/07/2019

* Criteria for Achievement:

* Planned Interventions:

* Frequency:

* Responsible Party:

* Progress Summary:



Texas Department of
Family and Protective Services

Child Plan of Service
Child Plan Detail Page – Behavior
Management

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Child Plan Detail Page – Introduction

Child Plan Detail Page – Behavior Management Section

To complete the **Behavior Management** section follow these steps:

1. Expand the **Behavior Management** section.
2. This section starts with an instructional text:

"Address specific goals and strategies to meet the child's needs, including instructions to caregiver(s) responsible for the care of the child. Instructions must include specific information about discipline techniques and behavioral management techniques."

3. You will need to complete the required text fields:
 - **Describe behavior management approach or techniques used to manage the child's behavior**
 - **Describe the discipline techniques used**
 - **Describe behavioral management techniques used**
 - **Behavioral strengths and needs**

▶ Child's Basic Needs

▶ Intellectual and Developmental

▶ Education

▶ Emotional/Therapeutic/Psychological

▼ Behavior Management

Address specific goals and strategies to meet the child's needs, including instructions to caregiver(s) responsible for the care of the child. Instructions must include specific information about discipline techniques and behavioral management techniques.

- Describe behavior management approach or techniques used to manage the child's behavior:
- Describe the discipline techniques used:
- Describe behavioral management techniques used:
- Behavioral strengths and needs:

4. The field for **List any goals below (additional goals can be added as needed)**, is a conditionally displayed section, based on the disposition of the "N/A" (Not Applicable) checkbox.
- If the "N/A" checkbox is not selected, at least one goal and its associated fields will display and must be completed.
 - If the "N/A" checkbox is selected, no informational fields will be displayed.

The screenshot shows a web form with a section titled "List any goals below (additional goals can be added as needed):". At the top of this section is a checkbox labeled "N/A". A red arrow points from this checkbox to a larger, detailed view of the goal entry form. In this detailed view, the "N/A" checkbox is checked, and the goal entry fields are visible. These fields include: "Goal:" (a text area), "Target Date:" (a date picker set to 01/07/2019), "Criteria for Achievement:" (a text area), "Planned Interventions:" (a text area), "Frequency:" (a text area), "Responsible Party:" (a text area), and "Progress Summary:" (a text area). At the bottom of the detailed view are "Delete", "Add", and "Save" buttons.

To add or delete a goal in any of the **Goals** fields throughout the **Child Plan Detail** page follow these guidelines:

5. You may add and/or delete goals as necessary—but there are rules.
6. To add a **Goal** and its associated fields, select the **Add** button. If you add a goal, you must complete all the following associated fields:
- **Goal**
 - **Target Date**
 - **Criteria for Achievement**
 - **Planned Interventions**

- **Frequency**
- **Responsible Party**
- **Progress Summary** (Child Plan Review Only)

7. To delete a goal, select the checkbox next to the goal you wish to delete, and then select the **Delete** button.



Note: If this is the last **Goal** remaining on the page, and the "N/A" checkbox is not selected, then only the data will be deleted in the **Goal** and its associated fields, but the blank fields will remain. Because there must be at least one goal and associated field if the "N/A" checkbox isn't selected, the blank fields must be completed. In other words, you must replace the deleted goal with at least one new goal to meet the minimum.

List any goals below (additional goals can be added as needed):

N/A

* Goal:

* Target Date: 01/07/2019

* Criteria for Achievement:

* Planned Interventions:

* Frequency:

* Responsible Party:

* Progress Summary:

Child Plan Detail Page – Juvenile Justice Involvement Section

To complete the **Juvenile Justice Involvement** section, follow these steps:

1. Expand the **Juvenile Justice Involvement** section.
2. For the field **Does this child or youth have any history or current juvenile justice involvement**, select the "Yes" or "No" radio button.
 - If you select the "Yes" radio button, then a conditionally required field **Please describe** textbox displays.

▶ Intellectual and Developmental

▶ Education

▶ Emotional/Therapeutic/Psychological

▶ Behavior Management

▼ Juvenile Justice Involvement

* Does this child or youth have any history or current juvenile justice involvement? Yes No

* Please describe:

Child Plan Detail Page – Youth Who Are Pregnant or Parenting Section

To complete the **Youth Who Are Pregnant or Parenting** section, follow these steps:

1. Expand the **Youth Who Are Pregnant or Parenting** section.
2. For Female youths the following field displays:
 - **Is the youth currently pregnant?** The "Yes" or "No" option will be preselected based on information from the **Person Characteristics** page. These fields are editable on the source page via the **Edit** button.
3. Complete the following fields, which are required, when displayed:
 - **Does this youth have a child?** The "Yes" or "No" option will be preselected based on information from the Person Characteristics page. These fields are editable on the source page via the Edit button.
 - **Where does the youth reside?** This item is conditionally displayed if Does this youth have a child? is "Yes."
 - **Is the child in DFPS Conservatorship?**
 - **Describe the youth's role in parenting**
 -

▶ Emotional/Therapeutic/Psychological

▶ Behavior Management

▶ Juvenile Justice Involvement

▼ Youth Who Are Pregnant or Parenting

Is the youth currently pregnant?

No

* Does this youth have a child?

Yes No

* Where does the youth reside?

* Is the child in DFPS Conservatorship?

Yes No

* Describe the youth's role in parenting:

Edit

Save

Child Plan of Service – Health Care Summary Section

To complete the **Health Care Summary** section, follow these steps:

- Expand the **Health Care Summary** section.
- This section starts with an instructional text:

"Discuss identified needs of the child related to medical needs, including scheduled medical exams, dental exams and plans for recommended follow up treatment. Discuss any actions the caregiver must take or conditions the caregiver must be aware of to meet the child's special needs: such as medications, medical care, dietary needs, psychiatric care, how to communicate with the child, and reward systems. In addition, address plans for psychiatric testing, follow up treatment and use of psychotropic medications."

▶ Emotional/Therapeutic/Psychological

▶ Behavior Management

▶ Juvenile Justice Involvement

▶ Youth Who Are Pregnant or Parenting

▼ Health Care Summary

Discuss identified needs of the child related to medical needs, including scheduled medical exams, dental exams and plans for recommended follow up treatment. Discuss any actions the caregiver must take or conditions the caregiver must be aware of to meet the child's special needs: such as medications, medical care, dietary needs, psychiatric care, how to communicate with the child, and reward systems. In addition, address plans for psychiatric testing, follow up treatment and use of psychotropic medications.

Name of Primary Medical

Consenter:

* Has the child received a Texas Health Steps Medical Checkup? Yes No

1. The **Health Care Summary** section is an expandable section containing radio buttons for "Yes"/"No" responses and text boxes.
2. Some of your responses may trigger conditional displays. If so, you will need to complete the required fields that are displayed.
3. Some fields are open text fields, while others are prefilled fields, some of which are editable.

▶ Behavior Management

▶ Juvenile Justice Involvement

▶ Youth Who Are Pregnant or Parenting

▼ Health Care Summary

Discuss identified needs of the child related to medical needs, including scheduled medical exams, dental exams and plans for recommended follow up treatment. Discuss any actions the caregiver must take or conditions the caregiver must be aware of to meet the child's special needs: such as medications, medical care, dietary needs, psychiatric care, how to communicate with the child, and reward systems. In addition, address plans for psychiatric testing, follow up treatment and use of psychotropic medications.

Name of Primary Medical Consenter:

* If the youth is their own medical consenter, date training completed: 

* Has the child received a Texas Health Steps Medical Checkup? Yes No

* Plans to complete Texas Health Steps Medical Checkup:

4. **Name of Primary Medical Consenter** is prefilled from the **Medical Consenter List**.
5. If there is a match between the Person ID (**PID**) of the child on the plan and the **PID** of any **Medical Consenter Type** for this child that is not end-dated, you will need to select a date for the following conditionally displayed field:
 - **If the youth is their own medical consenter, date training completed.** Select a date from the date selector. Future dates are not allowed.

▶ Behavior Management

▶ Juvenile Justice Involvement

▶ Youth Who Are Pregnant or Parenting

▼ Health Care Summary

Discuss identified needs of the child related to medical needs, including scheduled medical exams, dental exams and plans for recommended follow up treatment. Discuss any actions the caregiver must take or conditions the caregiver must be aware of to meet the child's special needs: such as medications, medical care, dietary needs, psychiatric care, how to communicate with the child, and reward systems. In addition, address plans for psychiatric testing, follow up treatment and use of psychotropic medications.

Name of Primary Medical Consenter:

* Has the child received a Texas Health Steps Medical Checkup? Yes No

* Plans to complete Texas Health Steps Medical Checkup:

6. For the **Texas Health Steps Medical Checkup** section, the following fields display:
 - **Has the child received a Texas Health Steps Medical Checkup?** Is required.
 - **Describe any medical conditions (such as allergies, asthma, special physical conditions, dietary restrictions, chronic medical conditions, etc.)**
 - **Medical Strengths** is required.
 - **Medical Needs and Plans to Address (include any instructions the caregiver must be made aware of to meet the child's needs)** is required.
7. If "No" is selected for the field **Has the child received a Texas Health Steps Medical Checkup?** The following required field displays:
 - **Plans to complete Texas Health Steps Medical Checkup**
8. If "Yes" is selected, for the question **Has the child received a Texas Health Steps Medical Checkup?**, then the following required fields display:
 - **Date of Last Texas Health Steps Medical Checkup**
 - **Next Due Date**
 - **Clinical Professional**
 - **Address**
 - **Phone Number**

▶ Juvenile Justice Involvement

▶ Youth Who Are Pregnant or Parenting

▼ Health Care Summary

Discuss identified needs of the child related to medical needs, including scheduled medical exams, dental exams and plans for recommended follow up treatment. Discuss any actions the caregiver must take or conditions the caregiver must be aware of to meet the child's special needs: such as medications, medical care, dietary needs, psychiatric care, how to communicate with the child, and reward systems. In addition, address plans for psychiatric testing, follow up treatment and use of psychotropic medications.

Name of Primary Medical Consenter:

* Has the child received a Texas Health Steps Medical Checkup? Yes No

* Date of Last Texas Health Steps Medical Checkup: Next Due Date:

* Clinical Professional:

* Address:

* Phone Number:

Describe any medical conditions (such as allergies, asthma, special physical conditions, dietary restrictions, chronic medical conditions, etc.):

9. For the field **Has the child been identified as having Primary Medical Needs (PMN)?** If you select "Yes," then the following required fields display:

- **Diagnosis:**
- **List Medical Specialist and Contact Information:**
- **Primary Treating Hospital and Contact Information:**
- **Nursing Hours:**
- **Home Health Agency and Contact Information:**
- **List Durable Medical Equipment (DME) Supplies:**
- **Does the child need to be transported by ambulance?**
- **Is there a Do Not Resuscitate (DNR)?**

* Has this child been identified as having Primary Medical Needs(PMN)?		<input checked="" type="radio"/> Yes <input type="radio"/> No
* Diagnosis:		
<input type="text"/>		
* List Medical Specialist and Contact Information:		
<input type="text"/>		
* Primary Treating Hospital and Contact Information:		
<input type="text"/>		
* Nursing Hours:		
<input type="text"/>		
* Home Health Agency and Contact Information:		
<input type="text"/>		
* List Durable Medical Equipment (DME) Supplies:		
<input type="text"/>		
* Does the child need to be transported by ambulance?		<input type="radio"/> Yes <input checked="" type="radio"/> No
* Is there a Do Not Resuscitate (DNR)?		<input type="radio"/> Yes <input checked="" type="radio"/> No

10. For the field **Is the child on non-psychotropic medication(s)?**, selecting the "Yes" radio button brings up a medication table. This table has a horizontal scroll bar to view the entire table. Column headings for the medication table are:

- Medication
- Dosage and Frequency
- Prescribing Physician and Contact Information
- Reason
- Describe any side effect(s) experienced by the child

11. All information fields within the non-psychotropic medication table are required.

12. Select the **Add** button to add rows to the medication table for additional medications.

13. Select the checkbox for one or more rows and the **Delete** button to delete rows from the medication table.

* Medical Needs and Plans to Address (include any instructions the caregiver must be made aware of to meet the child's needs):

* Has this child been identified as having Primary Medical Needs(PMN)? Yes No

* Is the child on non psychotropic medication(s)? Yes No

Non-Psychotropic Medication(s)

* Medication	* Dosage and Frequency	* Prescribing Physician and Contact Information	* Reason	* Describe any side effect(s) experienced by the child
<input checked="" type="checkbox"/>				
<input type="checkbox"/>				

* Is the child on psychotropic medication(s)? Yes No

* Has the child had a previous psychiatric hospitalization? Yes No Unknown

14. For the field **Is the child on psychotropic medication(s)?**, selecting the "Yes" radio button brings up another medication table. This table has the same fields as the **non-psychotropic medication**.
15. All information fields within the psychotropic medication table are required.
16. Select the **Add** button to add rows to the table for additional medications.
17. Select the checkbox for one or more rows and the **Delete** button to delete rows from the medication table.

* Has this child been identified as having Primary Medical Needs(PMN)? Yes No

* Is the child on non psychotropic medication(s)? Yes No

* Is the child on psychotropic medication(s)? Yes No

Psychotropic Medication(s)

* Medication	* Dosage and Frequency	* Prescribing Physician and Contact Information	* Reason	* Describe any side effect(s) experienced by the child
<input checked="" type="checkbox"/> [Medication]	[Dosage and Frequency]	[Prescribing Physician and Contact Information]	[Reason]	[Describe any side effect(s) experienced by the child]
<input type="checkbox"/> [Medication]	[Dosage and Frequency]	[Prescribing Physician and Contact Information]	[Reason]	[Describe any side effect(s) experienced by the child]

[Delete] [Add]

* Date of Last Medication Review: [Date Picker] * Name of Reviewing Physician: [Text Field]

* Physician Address: [Text Area] * Physician Phone Number: [Text Field]

* Has the child had a previous psychiatric hospitalization? Yes No Unknown

18. Below the **Psychotropic Medications** table, these additional fields will also display and are required:

- **Date of Last Medication Review** (Future dates are not allowed.)
- **Name of Reviewing Physician**
- **Physician Address**
- **Physician Phone Number**



Note: If your plan is a **Child Plan Review** and you make any changes (edits, deletions or additions) in the **Psychotropic Medications** table in any field other than **Physician Contact Information**, you will trigger the following conditional display requiring additional information:

Document any change and reason for change in psychotropic medication(s) since the last Child Service Plan

Yes No

Psychotropic Medication(s)

* Medication	* Dosage and Frequency	* Prescribing Physician and Contact Information	* Reason	* Describe any side effect(s) experienced by the child
<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

* Date of Last Medication Review:

* Name of Reviewing Physician:

* Physician Address:

* Physician Phone Number:

* Has the child had a previous psychiatric hospitalization? Yes No Unknown

Date of Last Texas Health Steps Dental Checkup:

* Next Due Date:

Dentist:

Dentist Address:

Dentist Phone Number:

19. For the field **Has the child had a previous psychiatric hospitalization?**, select the "Yes," "No," or "Unknown" radio button.

- If you select the "Yes" radio button, several conditional fields will display, and you are required to complete each field to provide the additional information regarding the psychiatric hospitalization.

* Has this child been identified as having Primary Medical Needs(PMN)? Yes No

* Is the child on non-psychotropic medication(s)? Yes No

* Is the child on psychotropic medication(s)? Yes No

* Has the child had a previous psychiatric hospitalization? Yes No Unknown

Date of Last Psychiatric Hospitalization:  * Name of Psychiatric Hospital:

* Hospital Address: * Name of Admitting Physician:

* Hospital Phone Number:

* Summarize any results from hospitalization, including any medication changes, and if follow up is needed. Explain any unknown information:

20. For the **Dental** section, all fields are editable.

- **Date of last Texas Health Steps Dental Checkup**
- **Dentist**
- **Next Due Date** (required field)
- **Dentist Address**
- **Dentist Phone Number**
- **Summary of Dental Needs** (required text field)

* Medical Needs and Plans to Address (include any instructions the caregiver must be made aware of to meet the child's needs):

* Has this child been identified as having Primary Medical Needs (PMN)? Yes No

* Is the child on non-psychotropic medication(s)? Yes No

* Is the child on psychotropic medication(s)? Yes No

* Has the child had a previous psychiatric hospitalization? Yes No Unknown

Date of Last Texas Health Steps Dental Checkup:  * Next Due Date: 

Dentist:

Dentist Address:

Dentist Phone Number:

* Summary of Dental Needs:

Date of Last Vision Screening:  * Next Due Date: 

* Summary of Vision Needs:

21. Select a date from the date selector for:

- **Date of Last Vision Screening**
- **Next Due Date** is a required field.

22. If a date was entered for **Date of Last Vision Screening**, the following required text fields will conditionally display:

- **Clinical Professional**
- **Address**
- **Phone Number**
- **Summary of Vision Needs**

Dentist:	<input type="text"/>
Dentist Address :	<input type="text"/>
Dentist Phone Number:	<input type="text"/>
* Summary of Dental Needs:	<input type="text"/>
Date of Last Vision Screening: 01/02/2019 	* Next Due Date: <input type="text"/> 
* Clinical Professional:	<input type="text"/>
* Address:	<input type="text"/>
* Phone Number:	<input type="text"/>
* Summary of Vision Needs:	<input type="text"/>
Date of Last Hearing Screening: <input type="text"/> 	* Next Due Date: <input type="text"/> 
* Summary of Hearing Needs:	<input type="text"/>

23. Select a date from the date selector for:

- **Date of Last Hearing Screening**
- **Next Due Date** is a required field.

24. If a date was entered for **Date of Last Hearing Screening**, the following required text fields will conditionally display:

- **Clinical Professional**
- **Address**
- **Phone Number**
- **Summary of Hearing Needs**

Date of Last Vision Screening:  * Next Due Date: 

* Summary of Vision Needs:

Date of Last Hearing Screening:  * **Next Due Date:** 

* **Clinical Professional:**

* **Address:**

* **Phone Number:**

* **Summary of Hearing Needs:**

List any goals below (additional goals can be added as needed):

25. The field for **List any goals below (additional goals can be added as needed)**, is a conditionally displayed section, based on the disposition of the "N/A" (Not Applicable) checkbox.

- If the "N/A" checkbox is not selected, at least one goal and its associated fields will display and must be completed.
- If the "N/A" checkbox is selected, no informational fields will be displayed.

The screenshot shows a web form with a section titled "List any goals below (additional goals can be added as needed):". At the top left of this section is a checkbox labeled "N/A", which is currently unchecked. A red box highlights this checkbox, and a red arrow points from it to a larger red box that encompasses the entire goal entry form. This larger form is also titled "List any goals below (additional goals can be added as needed):" and contains several fields: a checked checkbox labeled "Goal:", a "Target Date:" field with the value "01/07/2019" and a calendar icon, and several text input fields for "Criteria for Achievement:", "Planned Interventions:", "Frequency:", "Responsible Party:", and "Progress Summary:". At the bottom of the form are three buttons: "Delete", "Add", and "Save".

To add or delete a goal in any of the **Goals** fields throughout the **Child Plan Detail** page, follow these guidelines:

26. You may add and/or delete goals as necessary—but there are rules.

27. To add a **Goal** and its associated fields, select the **Add** button. If you add a goal, you must complete all the following associated fields:

- **Goal**
- **Target Date**
- **Criteria for Achievement**

- **Planned Interventions**
- **Frequency**
- **Responsible Party**
- **Progress Summary** (Child Plan Review Only)

28. To delete a goal, select the checkbox next to the goal you wish to delete, and then select the **Delete** button.



Note: If this is the last **Goal** remaining on the page, and the "N/A" checkbox is not selected, then only the data will be deleted in the **Goal** and its associated fields, but the blank fields will remain. Because there must be at least one goal and associated field if the "N/A" checkbox isn't selected, the blank fields must be completed. In other words, you must replace the deleted goal with at least one new goal to meet the minimum.

List any goals below (additional goals can be added as needed):

N/A

* Goal:

* Target Date: 01/07/2019

* Criteria for Achievement:

* Planned Interventions:

* Frequency:

* Responsible Party:

* Progress Summary:



Texas Department of
Family and Protective Services

Child Plan of Service
Child Plan Detail Page – Supervision

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Child Plan Detail Page – Supervision Section

To complete the **Supervision** section follow these steps:

This section starts with an instructional text:

Children will participate in normal childhood activities, including unsupervised activities when approved by their caregiver. Caregiver(s) (and designated persons from GRO's) are empowered to make decisions regarding the child's participation in childhood activities using the prudent parenting standards, unless DFPS provides notice in advance that the child is prohibited from participating in a specific activity. A reasonable and prudent parent must take into consideration the following when deciding whether a child may participate in normal childhood activities:

- (1) The child's age and level of maturity;*
- (2) The child's cognitive, social, emotional, and physical developmental level;*
- (3) The child's behavioral history and ability to participate in a proposed activity;*
- (4) The child's overall abilities;*
- (5) Whether the activity is a normal childhood activity;*
- (6) The child's desires;*
- (7) The surrounding circumstances, hazards, and risks of the activity;*
- (8) Outside supervision of the activity, if available and appropriate;*
- (9) The supervision instructions in the child's service plan; and*
- (10) The importance of providing the child with the most normal family-like living experience possible.*

▶ Juvenile Justice Involvement

▶ Youth Who Are Pregnant or Parenting

▶ Health Care Summary

▼ Supervision

Children will participate in normal childhood activities, including unsupervised activities when approved by their caregiver. Caregiver(s) (and designated persons from GRO's) are empowered to make decisions regarding the child's participation in childhood activities using the prudent parenting standards, unless DFPS provides notice in advance that the child is prohibited from participating in a specific activity. A reasonable and prudent parent must take into consideration the following when deciding whether a child may participate in normal childhood activities:

- (1) The child's age and level of maturity;
- (2) The child's cognitive, social, emotional, and physical developmental level;
- (3) The child's behavioral history and ability to participate in a proposed activity;
- (4) The child's overall abilities;
- (5) Whether the activity is a normal childhood activity;
- (6) The child's desires;
- (7) The surrounding circumstances, hazards, and risks of the activity;
- (8) Outside supervision of the activity, if available and appropriate;
- (9) The supervision instructions in the child's service plan; and
- (10) The importance of providing the child with the most normal family-like living experience possible.

* Is supervision required inside the home? Yes No

* Is supervision required outside of the home? Yes No

1. The **Supervision** section is an expandable section containing radio buttons for **Yes/No** responses.
2. Some of your responses may trigger conditional displays. If so, you will need to complete the required fields that are displayed.
3. **Is supervision required inside the home?** If "Yes" is selected, then the conditional field **Describe the plan for supervision** is displayed.
4. **Is supervision required outside of the home?** If "Yes" is selected, then the field **Describe the plan for supervision** is displayed.
5. **Other supervision issues to be addressed** is required.

Supervision 1

Children will participate in normal childhood activities, including unsupervised activities when approved by their caregiver. Caregiver(s) (and designated persons from GRO's) are empowered to make decisions regarding the child's participation in childhood activities using the prudent parenting standards, unless DFPS provides notice in advance that the child is prohibited from participating in a specific activity. A reasonable and prudent parent must take into consideration the following when deciding whether a child may participate in normal childhood activities:

- (1) The child's age and level of maturity;
- (2) The child's cognitive, social, emotional, and physical developmental level;
- (3) The child's behavioral history and ability to participate in a proposed activity;
- (4) The child's overall abilities;
- (5) Whether the activity is a normal childhood activity;
- (6) The child's desires;
- (7) The surrounding circumstances, hazards, and risks of the activity;
- (8) Outside supervision of the activity, if available and appropriate;
- (9) The supervision instructions in the child's service plan; and
- (10) The importance of providing the child with the most normal family-like living experience possible.

3 * Is supervision required inside the home? Yes No **2**

* Describe the plan for supervision:

4 * Is supervision required outside of the home? Yes No

* Describe the plan for supervision:

5 * Other supervision issues to be addressed:

List any goals below (additional goals can be added as needed):

6. The field for **List any goals below (additional goals can be added as needed)**, is a conditionally displayed section, based on the disposition of the "N/A" (Not Applicable) checkbox.
- If the "N/A" checkbox is not selected, at least one goal and its associated fields will display and must be completed.
 - If the "N/A" checkbox is selected, no informational fields will be displayed.

The screenshot displays two versions of a form section titled "Other supervision issues to be addressed:". The left version shows the "List any goals below (additional goals can be added as needed)" section with the "N/A" checkbox unselected. The right version shows the same section with the "N/A" checkbox selected. A red box highlights the "N/A" checkbox in both versions, with an arrow pointing from the unselected state to the selected state. The form includes fields for "Goal", "Target Date", "Criteria for Achievement", "Planned Interventions", "Frequency", "Responsible Party", and "Progress Summary". Buttons for "Delete", "Add", and "Save" are also visible.

To add or delete a goal in any of the **Goals** fields throughout the **Child Plan Detail** page follow these guidelines:

7. You may add and/or delete goals as necessary—but there are rules.
8. To add a **Goal** and its associated fields, select the **Add** button. If you add a goal, you must complete all the following associated fields:
 - **Goal**
 - **Target Date**
 - **Criteria for Achievement**
 - **Planned Interventions**
 - **Frequency**
 - **Responsible Party**

- **Progress Summary** (Child Plan Review Only)

9. To delete a goal, select the checkbox next to the goal you wish to delete, and then select the **Delete** button.



Note: If this is the last **Goal** remaining on the page, and the "N/A" checkbox is not selected, then only the data will be deleted in the **Goal** and its associated fields, but the blank fields will remain. Because there must be at least one goal and associated field if the "N/A" checkbox isn't selected, the blank fields must be completed. In other words, you must replace the deleted goal with at least one new goal to meet the minimum.

* Other supervision issues to be addressed:

List any goals below (additional goals can be added as needed):

N/A

* Goal:

* Target Date: 

* Criteria for Achievement:

* Planned Interventions:

* Frequency:

* Responsible Party:

* Progress Summary:

Child Plan Detail Page – Social and Recreational Section

To complete the **Social and Recreational** section, follow these steps:

This section starts with an instructional text:

"Address plans for normalcy, including social, extracurricular, recreation, and leisure activities. Discuss plans to involve the child in community activities, as appropriate.

Caregivers will model appropriate social skills and expose the child to various social situations and outings that will allow the child to use learned social skills. The child will be encouraged to improve social skills, specifically in areas of deficit. The child will be included in normal interactions, experiences and traditions within the home.

Caregivers will ensure each child remains connected to their own culture within the home and community; including incorporating practices or customs of the child's birth family. In addition, caregivers will ensure they are addressing any religious needs the child has. This can be accomplished through the following: birth family visitation, books, educational materials and cultural events."

▶ Juvenile Justice Involvement

▶ Youth Who Are Pregnant or Parenting

▶ Health Care Summary

▶ Supervision

▼ Social and Recreational

Address plans for normalcy, including social, extracurricular, recreation, and leisure activities. Discuss plans to involve the child in community activities, as appropriate

Caregivers will model appropriate social skills and expose the child to various social situations and outings that will allow the child to use learned social skills. The child will be encouraged to improve social skills, specifically in areas of deficit. The child will be included in normal interactions, experiences and traditions within the home.

Caregivers will ensure each child remains connected to their own culture within the home and community; including incorporating practices or customs of the child's birth family. In addition, caregivers will ensure they are addressing any religious needs the child has. This can be accomplished through the following: birth family visitation, books, educational materials and cultural events.

* Community/Cultural and Social Needs:

1. The **Social and Recreational** section is an expandable section containing required textboxes and **Goals** you will need to complete:

- **Community/Cultural and Social Needs**
- **Discuss plans to ensure normalcy**
- **Discuss plans to ensure connections to culture**
- **Summary of recreational activities. Discuss both formal and informal activities**
- **Discuss needs and plans to address**

2. If the **Level of Care** for the child is "Specialized," "Intense," or "Intense Plus," the following field will conditionally display and will require a text response:

- **Address therapeutic value of recreational activities for children with a level of care of specialized, intense or intense plus**

Supervision

Social and Recreational

Address plans for normalcy, including social, extracurricular, recreation, and leisure activities. Discuss plans to involve the child in community activities, as appropriate

Caregivers will model appropriate social skills and expose the child to various social situations and outings that will allow the child to use learned social skills. The child will be encouraged to improve social skills, specifically in areas of deficit. The child will be included in normal interactions, experiences and traditions within the home.

Caregivers will ensure each child remains connected to their own culture within the home and community; including incorporating practices or customs of the child's birth family. In addition, caregivers will ensure they are addressing any religious needs the child has. This can be accomplished through the following: birth family visitation, books, educational materials and cultural events.

- Community/Cultural and Social Needs:
- Discuss plans to ensure normalcy:
- Discuss plans to ensure connections to culture:
- Summary of recreational activities. Discuss both formal and informal activities:
- Discuss needs and plans to address:

List any goals below (additional goals can be added as needed):

3. The field for **List any goals below (additional goals can be added as needed)**, is a conditionally displayed section, based on the disposition of the "N/A" (Not Applicable) checkbox.
 - If the "N/A" checkbox is not selected, at least one goal and its associated fields will display and must be completed.
 - If the "N/A" checkbox is selected, no informational fields will be displayed.

The screenshot displays two versions of a form section titled "List any goals below (additional goals can be added as needed)".

- Left Version (N/A unselected):** The "N/A" checkbox is unchecked. Below it, several fields are visible: "Goal:", "Target Date:", "Criteria for Achievement:", "Planned Interventions:", "Frequency:", "Responsible Party:", and "Progress Summary:". A "Delete" button is at the bottom left, and "Add" and "Save" buttons are at the bottom right.
- Right Version (N/A selected):** The "N/A" checkbox is checked. The goal-related fields are hidden, and only the "N/A" checkbox and a "Save" button are visible.

A red box highlights the "N/A" checkbox in both versions, with an arrow pointing from the unselected state to the selected state. At the bottom of the form, there is a section for "Transitioning to Successful Adulthood (for youth age 13 and older)" with an "Override to complete for child(ren) under age 13" checkbox.

4. To add or delete a goal in any of the **Goals** fields throughout the **Child Plan Detail** page follow these guidelines:
5. You may add and/or delete goals as necessary—but there are rules.
6. To add a **Goal** and its associated fields, select the **Add** button. If you add a goal, you must complete all the following associated fields:
 - **Goal**
 - **Target Date**
 - **Criteria for Achievement**
 - **Planned Interventions**

- **Frequency**
- **Responsible Party**
- **Progress Summary** (Child Plan Review Only)

7. To delete a goal, select the checkbox next to the goal you wish to delete, and then select the **Delete** button.



Note: If this is the last **Goal** remaining on the page, and the "N/A" checkbox is not selected, then only the data will be deleted in the **Goal** and its associated fields, but the blank fields will remain. Because there must be at least one goal and associated field if the "N/A" checkbox isn't selected, the blank fields must be completed. In other words, you must replace the deleted goal with at least one new goal to meet the minimum.

* Discuss needs and plans to address:

List any goals below (additional goals can be added as needed):

N/A

* Goal:

* Target Date:

* Criteria for Achievement:

* Planned Interventions:

* Frequency:

* Responsible Party:

* Progress Summary:

Delete

Add

Child Plan Detail Page – Transitioning to Successful Adulthood Section

To complete the **Transitioning to Successful Adulthood (for youth age 13 and older)** and **Transitioning to Successful Adulthood (for youth age 14 and older)** sections, follow these steps:

1. Expand the appropriate section: The **Transitioning to Successful Adulthood (for youth age 13 and older)** and **Transitioning to Successful Adulthood (for youth age 14 and older)**.
2. Each age group in the **Transitioning to Successful Adulthood** section has different instructional text regarding what life skills caregivers will teach and model that are appropriate for that section's age level and abilities.

▶ Health Care Summary

▶ Supervision

▶ Social and Recreational

▶ Transitioning to Successful Adulthood (for youth age 13 and older)

▼ Transitioning to Successful Adulthood (for youth age 14 and older)

Plans must be tailored to the youth's specific skills and abilities and include training in practical activities that include but are not limited to grocery shopping, meal preparation, cooking, using public transportation, performing basic household tasks, and balancing a check book.

* Has this youth had a Life Skills Assessment? Yes No

* Life skills strengths and challenges:

* Discuss progress and evaluation of life skills:

* Discuss mental health and medication management strengths and challenges:

Transitioning to Successful Adulthood – Age 13 and Older

1. The instructional text for a child 13 or older is centered around personal hygiene, relationships, communication and human reproduction.

"For youth age 13 and older, caregiver(s) will teach healthy interpersonal relationships, social communication, sexual health, and human reproduction. Caregiver(s) will ensure that the youth develops life skills and other responsibilities that will eventually prepare them to live independently. Caregiver(s) will model the importance of learning skills independent of reminders and verbal prompting. The youth will complete self-care and hygiene task on their own and according to their age and level of development."

2. You will need to complete the fields for:

- **Discuss communication strengths and challenges**
- **Discuss needs and plans to address**
- **Discuss relationship strengths and challenges**
- **Discuss needs and plans to address**

▶ Supervision

▶ Social and Recreational

▼ Transitioning to Successful Adulthood (for youth age 13 and older)

For youth age 13 and older, caregiver(s) will teach healthy interpersonal relationships, social communication, sexual health, and human reproduction. Caregiver(s) will ensure that the youth develops life skills and other responsibilities that will eventually prepare them to live independently. Caregiver(s) will model the importance of learning skills independent of reminders and verbal prompting. The youth will complete self-care and hygiene task on their own and according to their age and level of development.

* Discuss communication strengths and challenges:

* Discuss needs and plans to address:

* Discuss relationship strengths and challenges:

* Discuss needs and plans to address:

List any goals below (additional goals can be added as needed):

N/A

3. The field for **List any goals below (additional goals can be added as needed)**, is a conditionally displayed section, based on the disposition of the "N/A" (Not Applicable) checkbox.
 - If the "N/A" checkbox is not selected, at least one goal and its associated fields will display and must be completed.
 - If the "N/A" checkbox is selected, no informational fields will be displayed.

The screenshot displays two versions of a form section titled "List any goals below (additional goals can be added as needed)".

- Left Version:** The "N/A" checkbox is unselected. Below it, several goal-related fields are visible: "Goal", "Target Date", "Criteria for Achievement", "Planned Interventions", "Frequency", "Responsible Party", and "Progress Summary".
- Right Version:** The "N/A" checkbox is selected. The goal-related fields are hidden, and only the "N/A" checkbox and a "Save" button are visible.

A red box highlights the "N/A" checkbox in both versions, with an arrow pointing from the unselected state to the selected state. Buttons for "Delete", "Add", and "Save" are also present.

4. To add or delete a goal in any of the **Goals** fields throughout the **Child Plan Detail** page follow these guidelines:
5. You may add and/or delete goals as necessary—but there are rules.
6. To add a **Goal** and its associated fields, select the **Add** button. If you add a goal, you must complete all the following associated fields:
 - **Goal**
 - **Target Date**
 - **Criteria for Achievement**
 - **Planned Interventions**
 - **Frequency**
 - **Responsible Party**

- **Progress Summary** (Child Plan Review only)

7. To delete a goal, select the checkbox next to the goal you wish to delete, and then select the **Delete** button.



Note: If this is the last **Goal** remaining on the page, and the "N/A" checkbox is not selected, then only the data will be deleted in the **Goal** and its associated fields, but the blank fields will remain. Because there must be at least one goal and associated field if the "N/A" checkbox isn't selected, the blank fields must be completed. In other words, you must replace the deleted goal with at least one new goal to meet the minimum.

List any goals below (additional goals can be added as needed):

N/A

* Goal:

* Target Date: 

* Criteria for Achievement:

* Planned Interventions:

* Frequency:

* Responsible Party:

* Progress Summary:

▶ Transitioning to Successful Adulthood (for youth age 14 and older)

Transitioning to Successful Adulthood – Age 14 and Older

To complete the **Transitioning to Successful Adulthood – Age 14 and Older** section, follow these steps:

1. The instructional text for a child 14 or older is centered around practical activities (grocery shopping, meal preparation, and interests in higher education.)

"Plans must be tailored to the youth's specific skills and abilities and include training in practical activities that include but are not limited to grocery shopping, meal preparation, cooking, using public transportation, performing basic household tasks, and balancing a check book."

2. You will need to complete these items:

- **Has this youth had a Life Skills Assessment?**
- **Date of Life Skills Assessment** . This field is conditionally displayed when the answer to **Has this youth had a Life Skills Assessment?** is "Yes." A future date is not allowed.
- **Explain plan to complete Life Skills Assessment** . This field is conditionally displayed when the answer to **Has this youth had a Life Skills Assessment?** is "No"
- **Life skills strengths and challenges**
- **Address strengths and needs identified in the Life Skills Assessment.** This field is conditionally displayed when the answer to **Has this youth had a Life Skills Assessment?** is "Yes."
- **Discuss progress and evaluation of life skills**
- **Discuss mental health and medication management strengths and challenges**
- **Discuss needs and plans to address**
- **Describe the youth's plans or interest in college, vocational school and/or training.**
- **Describe educational needs to support plans for college, vocational school, and/or training**
- **Discuss needs to support plans for college, vocational school and/or training**
- **Discuss status of PAL Life Skills classes**

Transitioning to Successful Adulthood (for youth age 14 and older)

Plans must be tailored to the youth's specific skills and abilities and include training in practical activities that include but are not limited to grocery shopping, meal preparation, cooking, using public transportation, performing basic household tasks, and balancing a check book.

* Has this youth had a Life Skills Assessment? Yes No

* Date of Life Skills Assessment: 

* Life skills strengths and challenges:

* Address strengths and needs identified in the Life Skills Assessment:

* Discuss progress and evaluation of life skills:

* Discuss mental health and medication management strengths and challenges:

* Discuss needs and plans to address:

* Describe the youth's plans or interest in college, vocational school and/or training:

* Describe educational needs to support plans for college, vocational school, and/or training:

* Discuss needs to support plans for college, vocational school and/or training:

* Discuss status of PAL Life Skills classes:

Transitioning to Successful Adulthood – Age 16 and Older

To complete the section for **Transitioning to Successful Adulthood (for youth age 16 and older)**, follow these steps:

1. The system displays this section if the **Transitioning to Successful Adulthood Age 14 and Older** section is expanded.
2. You will need to complete the follow items:
 - **Discuss participation in any state or regional PAL youth activities**
 - **Discuss career guidance, employment and/or job readiness strengths and challenges**
 - **Discuss needs and plans to address**
 - **Housing needs (beginning at age 16). Address the youth's plans for housing if they were to exit foster care at age 18. Provide guidance on the steps and process of obtaining housing**
 - **Does the youth plan on remaining in foster care?**
 - **If the youth does not plan on remaining in foster care, what is the youth's plan and what needs to occur to support the youth?** This field conditionally displays if the answer to **Does the youth plan on remaining in foster care?** is "No."
 - **Extended Foster Care Options (beginning at age 17). Describe any discussion or plans the youth has once they turn 18 if they are still in foster care**
 - **Discuss any other needs to support the youth's transition to successful adulthood**

▼ **Transitioning To Successful Adulthood (for youth age 16 and older)**

* Discuss participation in any state or regional PAL youth activities:

* Discuss career guidance, employment and/or job readiness strengths and challenges:

* Discuss needs and plans to address:

* Housing needs (beginning at age 16). Address the youth's plans for housing if they were to exit foster care at age 18. Provide guidance on the steps and process of obtaining housing:

* Does the youth plan on remaining in foster care? Yes No

* Extended Foster Care Options (beginning at age 17). Describe any discussion or plans the youth has once they turn 18 if they are still in foster care:

* Discuss any other needs to support the youth's transition to successful adulthood:

Personal documents provided to youth:

Birth Certificate Social Security Card Valid Driver's License/State ID Permanent Resident Card if applicable

List any goals below (additional goals can be added as needed):

Each **Transitioning to Successful Adulthood** section has an **Override** checkbox that can be selected to override the age qualification. This allows you to use that age section for children younger than the age set for that section.

The system displays the checkbox if the child does not meet the age for this section.

For example, if you are completing a **Child Plan** for a 13-year-old child, you may use the **Age 14 or Older** section if you select the **Override** checkbox in that section.



Note: When the **Override** checkbox is selected, it will trigger conditional displays for the section. Whenever conditionally displayed fields appear, responses are required in those fields.

▶ Health Care Summary	
▶ Supervision	
▶ Social and Recreational	
▶ Transitioning to Successful Adulthood (for youth age 13 and older)	<input type="checkbox"/> Override to complete for child(ren) under age 13
▶ Transitioning to Successful Adulthood (for youth age 14 and older)	<input type="checkbox"/> Override to complete for child(ren) under age 14
▶ Services To Address High Risk Behavior	

Personal documents provided to youth is a section that is conditionally displayed when the **Child Plan** is created for a child age 14 or older or the age **Override** checkbox has been selected.

You will need to select the checkbox options when the following documents have been provided to the youth:

- "Birth Certificate"
- "Social Security Card"
- "Valid Driver's License/State ID"
- "Permanent Resident Card if applicable"

Transitioning To Successful Adulthood (for youth age 16 and older)

* Discuss participation in any state or regional PAL youth activities:

* Discuss career guidance, employment and/or job readiness strengths and challenges:

* Discuss needs and plans to address:

* Housing needs (beginning at age 16). Address the youth's plans for housing if they were to exit foster care at age 18. Provide guidance on the steps and process of obtaining housing:

* Does the youth plan on remaining in foster care? Yes No

* Extended Foster Care Options (beginning at age 17). Describe any discussion or plans the youth has once they turn 18 if they are still in foster care:

Personal documents provided to youth:

Birth Certificate Social Security Card Valid Driver's License/State ID Permanent Resident Card if applicable

Personal documents provided to youth:

Birth Certificate Social Security Card Valid Driver's License/State ID Permanent Resident Card if applicable

The field for **List any goals below (additional goals can be added as needed)**, is a conditionally displayed section, based on the disposition of the "N/A" (Not Applicable) checkbox.

- If the "N/A" checkbox is not selected, at least one goal and its associated fields will display and must be completed.
- If the "N/A" checkbox is is selected, no informational fields will be displayed.

The screenshot shows a web form with two main sections. The top section is titled "Personal documents provided to youth:" and includes checkboxes for "Birth Certificate" and "Social Security Card". Below this is a section titled "List any goals below (additional goals can be added as needed)". In this section, the "N/A" checkbox is selected, and the "Goal:" checkbox is also selected. A red box highlights the "N/A" checkbox, and a red arrow points from it to the "Goal:" checkbox. The "Goal:" checkbox is also highlighted with a red box. Below the "Goal:" checkbox are several text input fields: "Target Date:", "Criteria for Achievement:", "Planned Interventions:", "Frequency:", "Responsible Party:", and "Progress Summary:". The bottom section of the form is titled "Discuss any other needs to support the youth's transition to successful adulthood:" and includes checkboxes for "Birth Certificate", "Social Security Card", "Valid Driver's License/State ID", and "Permanent Resident Card if applicable". Below this is another "List any goals below (additional goals can be added as needed)" section, where the "N/A" checkbox is selected. A "Save" button is located at the bottom right of the form.

To add or delete a goal in any of the **Goals** fields throughout the **Child Plan Detail** page follow these guidelines:

1. You may add and/or delete goals as necessary—but there are rules.
2. To add a **Goal** and its associated fields, select the **Add** button. If you add a goal, you must complete all the following associated fields:
 - **Goal**
 - **Target Date**
 - **Criteria for Achievement**
 - **Planned Interventions**
 - **Frequency**
 - **Responsible Party**
 - **Progress Summary** (Child Plan Review Only)

3. To delete a goal, select the checkbox next to the goal you wish to delete, and then select the **Delete** button.



Note: If this is the last **Goal** remaining on the page, and the "N/A" checkbox is not selected, then only the data will be deleted in the **Goal** and its associated fields, but the blank fields will remain. Because there must be at least one goal and associated field if the "N/A" checkbox isn't selected, the blank fields must be completed. In other words, you must replace the deleted goal with at least one new goal to meet the minimum.

Personal documents provided to youth:

Birth Certificate Social Security Card Valid Driver's License/State ID Permanent Resident Card if applicable

List any goals below (additional goals can be added as needed):

N/A

* Goal:

* Target Date: 

* Criteria for Achievement:

* Planned Interventions:

* Frequency:

* Responsible Party:

* Progress Summary:



Texas Department of
Family and Protective Services

Child Plan of Service

Child Plan Detail Page – High Risk Behavior

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Child Plan Detail Page – Services to Address High Risk Behavior Section

To complete the **Services To Address High Risk Behavior** section, follow these steps:

1. Expand the section. This section starts with an instructional text:

"Address plans to minimize risk of harm to the child or others. This should include instructions for caregiver(s), sleeping arrangements; and a specific safety contract developed between the child and staff that addresses how the child's safety needs will be maintained."
2. This section contains radio buttons for "Yes"/"No" responses.
3. Some of your responses may trigger conditional displays. If so, you will need to complete the required fields that are displayed.
4. Some fields are open text fields. Others are prefilled fields, which cannot be edited.
5. **Is the child at risk of self-harm ?** Select a "Yes" or "No" response. If "Yes" is selected, then the item **Describe behavior and plans to address** will display.
6. **Does the child exhibit suicidal behavior?** Select a "Yes" or "No" response. If "Yes" is selected, then the item **Describe behavior and plans to address** will display.
7. **Has this child been identified by DFPS as having a sexual behavior problem?** Select a "Yes" or "No" response. If "Yes" is selected, then the item **Describe behavior and plans to address** will display.
8. **Has this child been identified by DFPS as sexually aggressive?** This field prefills from the child's **Child Sexual Aggression** records, where it is set to "Yes" if there are any open records for the child. (Open records have a **Start Date**, but no **End Date**).
 - **Describe behavior and plans to address.** This item conditionally displays if "Yes" is displayed to the item: **Has this child been identified by DFPS as sexually aggressive?**
 - **Address plans to ensure child's safety** conditionally displays if "Yes" is displayed to the item: **Has this child been identified by DFPS as sexually aggressive?**
9. **Is there risk of harm to others?** This item requires a "Yes" or "No" response. If "Yes" is selected, then the item **Describe risk and plans to address** is conditionally displayed.
10. **Is there risk of waking frequently at night, leaving room, wandering etc.?** This item requires a "Yes" or "No" response. If " **Yes**" is selected, then the item **Describe behavior and plans to address** conditionally displays.
11. **Is there risk of runaway?** This item requires a "Yes" or "No" response. If "Yes" is selected, then the item **Describe plans to address** is conditionally displayed.
12. **Are there any other high risk behaviors?** This item requires a "Yes" or "No" response. If "Yes" is selected, then the item **Describe plans to address** is conditionally displayed.

Services To Address High Risk Behavior

1 Address plans to minimize risk of harm to the child or others. This should include instructions for caregiver(s), sleeping arrangements; and a specific safety contract developed between the child and staff that addresses how the child's safety needs will be maintained. **2**

5 * Is the child at risk of self-harm? Yes No

* Describe behavior and plans to address:

4

3

6 * Does the child exhibit suicidal behavior? Yes No

7 * Has this child been identified by DFPS as having a sexual behavior problem? Yes No

8 * Has this child been identified by DFPS as sexually aggressive? No (Prefilled)

9 * Is there risk of harm to others? Yes No

* Describe risk and plans to address:

10 * Is there risk of waking frequently at night, leaving room, wandering etc.? Yes No

11 * Is there risk of runaway? Yes No

12 * Are there any other high risk behaviors? Yes No

* Describe behavior and plans to address:

Save

Child Plan Detail Page – Treatment Services Section

The **Treatment Services** section is conditionally enabled when you select "Yes" to the item **Is the child receiving Treatment Services?**, which is in the **Placement Information** section. To complete this section, follow these steps:

1. Expand the **Treatment Services** section.
2. This section starts with an instructional text:

"Address all of the child's waking hours to include a description of the emotional, behavioral, and physical conditions that require treatment services. Explain what goals the child must achieve and maintain to function in a less restrictive setting; and any specific interventions to treat the conditions. For children with an Intellectual Disability a minimum of one hour per day of visual, auditory, and tactile stimulation is required."
3. This section contains required textboxes as well as **Goals**.
4. Notice that the **Treatment Services Types** list the types selected in the **Placement Information** section.
5. Complete the following required text fields:
 - **Treatment Criteria (Describe the conditions that require the treatment services)**
 - **Treatment Special Services (list emotional, physical and social needs and address plans to obtain appropriate professional expertise, and treatment)**
 - **Treatment Interventions**
 - **Address Transitional Living Services for children with an Intellectual Disability, if not previously addressed in Transitional Living Section**
 - **Address any additional treatment services provided to children with an Intellectual Disability, if not previously addressed**
6. If, in the **Placement Information** section the field **Is the child receiving Treatment Services?** is marked as "Yes" and the **Level of Care** is "Intense" or "Intense Plus," the following conditional field will also be displayed:
 - **For children with an Intense Level of Care or Intense Plus Level of Care describe the emotional, behavioral, and physical conditions that the child must achieve and maintain to function in a least restrictive setting and reduce their level of care.**

▶ Services To Address High Risk Behavior

1

▼ Treatment Services

2

Address all of the child's waking hours to include a description of the emotional, behavioral, and physical conditions that require treatment services. Explain what goals the child must achieve and maintain to function in a less restrictive setting; and any specific interventions to treat the conditions. For children with an Intellectual Disability a minimum of one hour per day of visual, auditory, and tactile stimulation is required.

4

Treatment Services Type(s): Primary Medical Needs and Intellectual Disability

3

* Treatment Criteria (Describe the conditions that require the treatment services):

[Empty text box for Treatment Criteria]

* Treatment Special Services (list emotional, physical and social needs and address plans to obtain appropriate professional expertise, and treatment):

[Empty text box for Treatment Special Services]

* Treatment Interventions:

[Empty text box for Treatment Interventions]

5

* Address Transitional Living Services for children with an Intellectual Disability, if not previously addressed in Transitional Living Section:

[Empty text box for Transitional Living Services]

* Address any additional treatment services provided to children with an Intellectual Disability, if not previously addressed:

[Empty text box for Additional Treatment Services]

List any goals below (additional goals can be added as needed):

7. The field for **List any goals below (additional goals can be added as needed)**, is a conditionally displayed section, based on the disposition of the "N/A" (Not Applicable) checkbox.
- If the "N/A" checkbox is not selected, at least one goal and its associated fields will display and must be completed.
 - If the "N/A" checkbox is is selected, no informational fields will be displayed.

* Address any additional treatment services provided to children with an Intellectual Disability, if not previously addressed:

List any goals below (additional goals can be added as needed):

N/A

* Goal:

* Target Date:

* Criteria for Achievement:

* Planned Interventions:

* Frequency:

* Responsible Party:

* Progress Summary:

▶ Support Services to Caregiver

8. To add or delete a goal in any of the **Goals** fields throughout the **Child Plan Detail** page follow these guidelines:
9. You may add and/or delete goals as necessary—but there are rules.
10. To add a **Goal** and its associated fields, select the **Add** button. If you add a goal, you must complete all the following associated fields:
 - **Goal**
 - **Target Date**
 - **Criteria for Achievement**
 - **Planned Interventions**
 - **Frequency**
 - **Responsible Party**
 - **Progress Summary** (Child Plan Review Only)
11. To delete a goal, select the checkbox next to the goal you wish to delete, and then select the **Delete** button.



Note: *If this is the last **Goal** remaining on the page, and the "N/A" checkbox is not selected, then only the data will be deleted in the **Goal** and its associated fields, but the blank fields will remain. Because there must be at least one goal and associated field if the "N/A" checkbox isn't selected, the blank fields must be completed. In other words, you must replace the deleted goal with at least one new goal to meet the minimum.*

* Address any additional treatment services provided to children with an Intellectual Disability, if not previously addressed:

List any goals below (additional goals can be added as needed):

N/A

* Goal:

* Target Date:

* Criteria for Achievement:

* Planned Interventions:

* Frequency:

* Responsible Party:

* Progress Summary:

Delete

Add

Save

Child Plan Detail Page – Support Services to Caregiver Section

To complete the **Support Services to Caregiver** section, follow these steps:

1. Expand the **Support Services to Caregiver** section.
2. Complete the required text fields.
 - **Services to Caregiver and Plans to Support**
 - **Respite Care**

▶ Services To Address High Risk Behavior

▶ Treatment Services

▼ Support Services to Caregiver

* Services to Caregiver and Plans to Support:

* Respite Care:

Save

▶ Travel

Child Plan Detail Page – Travel Section

To complete the **Travel** section, follow these steps:

1. The **Travel** section starts with an instructional text:

"Address any plans for trips and visits away from the foster home and any actions the caregiver(s) must take.

Caregiver(s) may include the foster/adoptive child with their family in making overnight visits to friends, extended family, or for vacation. When the child is away from the home, caregivers will take precaution for the child's health and safety by having medical releases, medications and prescribed dosing instructions. When caregivers wish to take a child in DFPS conservatorship outside of the state or travel in state for more than 3 calendar days, the caregiver will provide a written itinerary with necessary address and phone Numbers and seek written permission from DFPS. Caregivers are not to leave for a trip until permission is secured from DFPS. Travel to a bordering state for less than 72 hours does not require prior approval. Each child will be properly placed in a car seat or seatbelt according to current laws and regulations whenever traveling in a vehicle."

2. The **Travel** section features an **Additional Comments** text field, which is not a required field.

▶ Treatment Services

▶ Support Services to Caregiver

▼ Travel

Address any plans for trips and visits away from the foster home and any actions the caregiver(s) must take.

Caregiver(s) may include the foster/adoptive child with their family in making overnight visits to friends, extended family, or for vacation. When the child is away from the home, caregivers will take precaution for the child's health and safety by having medical releases, medications and prescribed dosing instructions. When caregivers wish to take a child in DFPS conservatorship outside of the state or travel in state for more than 3 calendar days, the caregiver will provide a written itinerary with necessary address and phone Numbers and seek written permission from DFPS. Caregivers are not to leave for a trip until permission is secured from DFPS. Travel to a bordering state for less than 72 hours does not require prior approval. Each child will be properly placed in a car seat or seatbelt according to current laws and regulations whenever traveling in a vehicle.

Additional Comments:

[Save](#)

▶ Plans for Discharge

Child Plan Detail Page – Plans for Discharge Section

To complete the **Plans for Discharge** section, follow these steps:

1. Expand the **Plans for Discharge** section.
2. Complete the required text field for **Address planned discharges and efforts to transition to a least restrictive setting.**

▶ Treatment Services

▶ Support Services to Caregiver

▶ Travel

▼ Plans for Discharge

* Address planned discharges and efforts to transition to a least restrictive setting:

[Save](#)

▶ Child And Family Team Participation in Plan:

[Save and Submit](#) [Save](#)

Child Plan Detail Page – Child and Family Team Participation in Plan Section

To complete the **Child And Family Team Participation in Plan** section, follow these steps:

1. Expand the **Child And Family Team Participation in Plan** section.
2. Locate the **Identify all who participated in the development of the plan** header for the column.
3. This section features an informational table with the following columns:
 - **Name**
 - **Rel/Int**
 - **Relationship if Other.** Conditionally required if " **Other** " is selected in the Rel/Int column.
 - **Notification Type**
 - **Participation Date**
 - **Send**
 - **Distribution Method**
 - **Date Copy Provided**

▶ Travel

▶ Plans for Discharge

▼ Child And Family Team Participation in Plan:

* Identify all who participated in the development of the plan: Select

<u>Name</u>	<u>Rel/Int</u>	<u>Relationship if Other</u>	<u>Notification Type</u>	<u>Participation Date</u>	<u>Send</u>	<u>Distribution Method</u>	<u>Date Copy Provided</u>
-------------	----------------	------------------------------	--------------------------	---------------------------	-------------	----------------------------	---------------------------

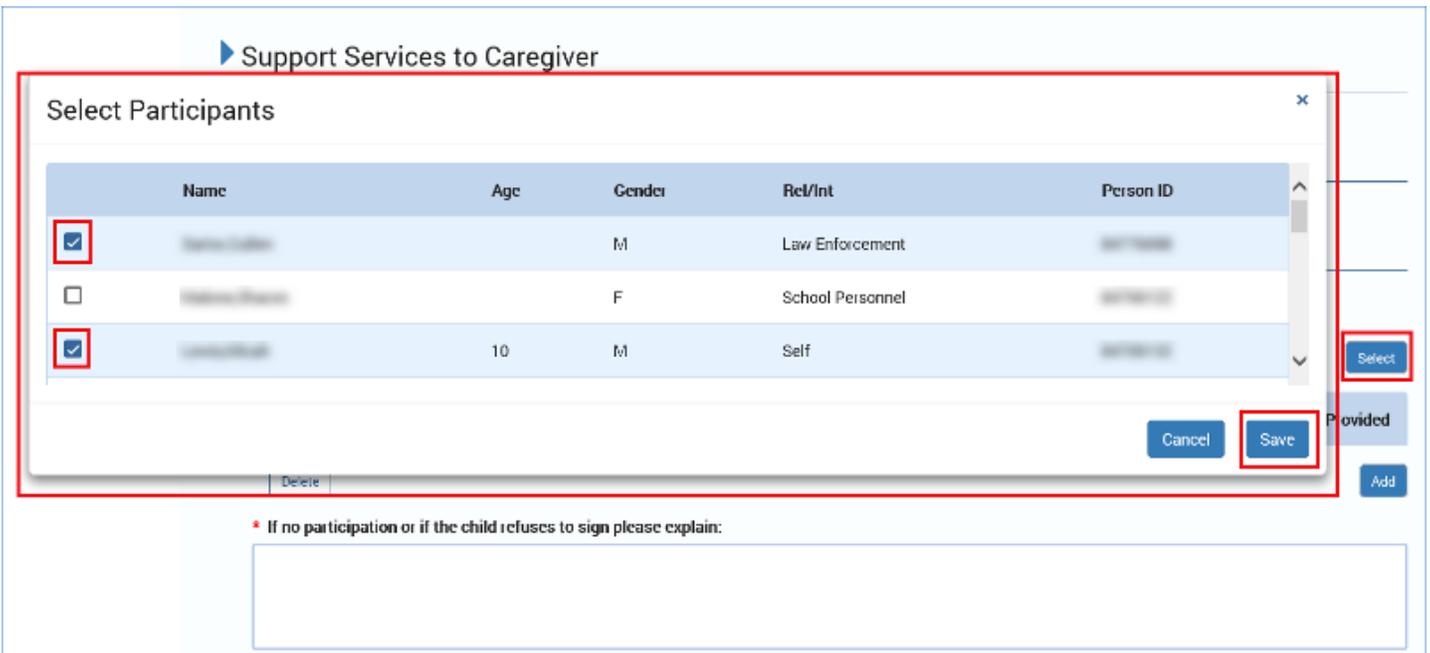
Delete Add

* If no participation or if the child refuses to sign please explain:

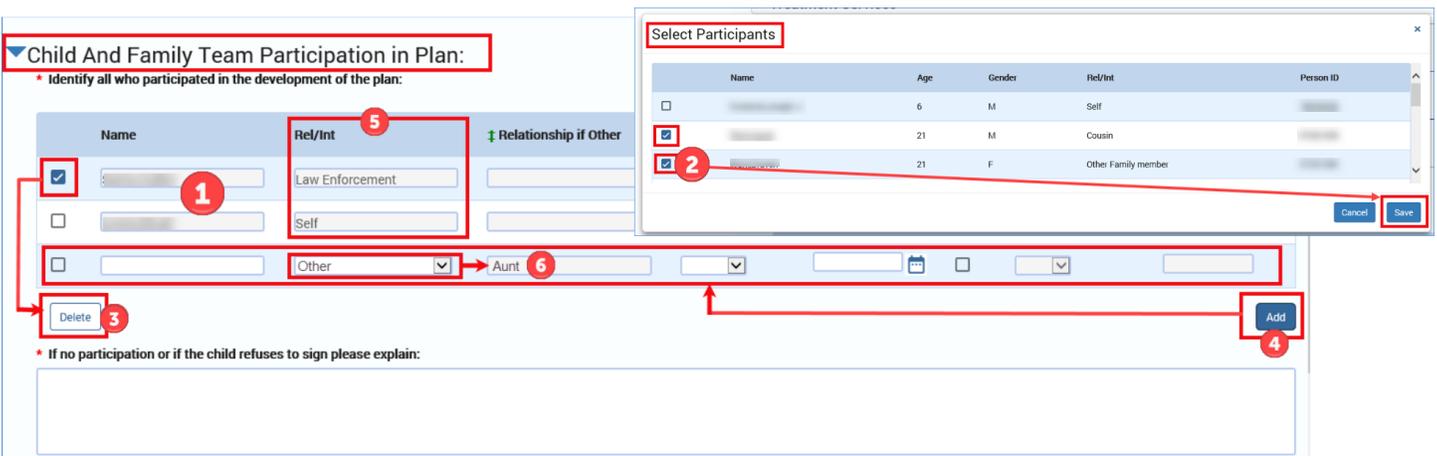
* Identify who reviewed the plan with the child:

4. To select participants for the **Child and Family Team Participation in Plan** section, select the **Select** button. A **Select Participant** pop-up window appears. The source for the information in the pop-up window is the **Person List** page.
5. Select the checkboxes next to the name(s) of the person(s) you wish to include in the **Child and Family Team Participation in Plan** section.

6. Select **Save** and the selected person(s) will be displayed in the **Plan Participant** table.



- The plan participant table is filled with persons selected from the **Select Participant** pop-up window that appears.
- Within the **Select Participant** pop-up window, you may delete one or more person(s) from the **Child and Family Team Participation in Plan** table by deselecting the checkbox next to the person's name and then selecting the **Save** button. This removes them from the participants' table.
- You may also remove participants by selecting the checkbox for their name within the **Child and Family Team Participation in Plan** table itself, and selecting the **Delete** button. This also removes them from the participants table.
- You may add names of persons not on the **Select Participant** pop-up window by selecting the **Add** button below the **Child and Family Team Participation in Plan** table.
- The **Rel/Int** field for a person will prefill if their information is included from the **Select Participant** pop-up window, otherwise you will need to select a Rel/Int value.
- If you select "Other" as the dropdown option for **Rel/Int**, you will be required to enter information in the **Relationship if Other** field.



13. Select a **Notification Type** from the dropdown.
14. For **Participation Date**, future dates are not allowed.
15. When the **Send** checkbox is prefilled or selected, the **Distribution Method** and the **Date Copy Provided** fields become activated.
16. The **Date Copy Provided** prefills with the date that the **Child Plan** is approved. This field is disabled and view only.

Child And Family Team Participation in Plan:
 * Identify all who participated in the development of the plan: Select

Name	Rel/Int	Relationship if Other	Notification Type	Participation Date	Send	Distribution Method	Date Copy Provided
<input type="checkbox"/>	<input type="text" value="Self"/>	<input type="text"/>	Written	<input type="text"/>	<input checked="" type="checkbox"/>	Mail	<input type="text"/>
<input type="checkbox"/>	<input type="text" value="Law Enforcement"/>	<input type="text"/>	Verbal Written	01/22/2019	<input checked="" type="checkbox"/>	Email Fax Mail	<input type="text"/>

17. The notifications **Send** checkbox is selected by default if **Rel/Int** is any of the following **Principal Types**:

- **Adoptive/Foster Parent**
- **Adoptive Parent**
- **Foster parent**
- **Guardian**
- **Parent (Birth)**
- **Parent (Legal Only)**
- **Parent(Alleged)**

Child And Family Team Participation in Plan:
 * Identify all who participated in the development of the plan: Select

Name	Rel/Int	Relationship if Other	Notification Type	Participation Date	Send	Distribution Method	Date Copy Provided
<input type="checkbox"/>	<input type="text" value="Sibling"/>	<input type="text"/>		<input type="text"/>	<input type="checkbox"/>		<input type="text"/>
<input type="checkbox"/>	<input type="text" value="Guardian"/>	<input type="text"/>	Written	01/22/2019	<input checked="" type="checkbox"/>	Mail	<input type="text"/>

18. The notifications **Send** checkbox is selected by default if **Rel/Int** is any of the following **Collateral Types**:

- **Adoptive/Foster Parent**
- **Adoptive Parent**
- **Attorney Ad Litem**
- **Attorney (Mother)**
- **Attorney (Father)**
- **Case Manager**
- **CASA**
- **Foster Parent**
- **Guardian Ad Litem**
- **Atty/Gua Ad Litem**
- **Parent(Birth)**
- **Parent (Legal Only)**
- **Parent(Alleged)**

Child And Family Team Participation in Plan:
* Identify all who participated in the development of the plan:

Name	Rel/Int	Relationship if Other	Notification Type	Participation Date	Send	Distribution Method	Date Copy Provided
<input type="checkbox"/>	<input type="text" value="Sbing"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text" value="Parent (Legal Only)"/>	<input type="text"/>	<input type="text" value="Written"/>	<input type="text" value="01/22/2019"/>	<input checked="" type="checkbox"/>	<input type="text" value="Mail"/>	<input type="text"/>

Delete Add

19. For **Distribution Method**, once you select the **Send** button, the fields are enabled and the **Distribution Method** field is prefilled for the person from their **Person Detail**.
20. If the person has an email address, this field will default to "Email."
21. Otherwise, if they have a business fax number, it will default to "Fax."
22. If neither of those, but they have an address, it will default to "Mail."
23. The dropdown is enabled depending on the **Rel/Int** selected, and when the **Send** checkbox is enabled and selected.

▼ Child And Family Team Participation in Plan:

* Identify all who participated in the development of the plan: Select

Name	Rel/Int	Relationship if Other	Notification Type	Participation Date	Send	Distribution Method
<input type="text"/>	Sibling	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	Guardian	<input type="text"/>	Written	01/22/2019	<input checked="" type="checkbox"/>	<div style="border: 1px solid red; padding: 2px;"> Email Fax Mail </div>

Delete Add

- 24. The dropdown is enabled depending on the **Rel/Int** selected, and when the **Send** checkbox is enabled and selected.
- 25. If you have added a person rather than selected from those in the **Select Participant** pop-up window, the **Distribution Method** field will default to blank and you will have to select from the dropdown.
- 26. For **Date Copy Provided**, the date is set in IMPACT 2.0 upon approval of the **Child Plan**.
- 27. You need to enter the **Participation Date**. Future dates are not allowed.

Child And Family Team Participation in Plan:

Identify all who participated in the development of the plan: Select

Name	Rel/Int	Relationship if Other	Notification Type	Participation Date	Send	Distribution Method	Date Copy Provided
<input type="checkbox"/>	<input type="text" value="Law Enforcement"/>	<input type="text"/>	Written	01/14/2019	<input checked="" type="checkbox"/>	Email	<input type="text"/>
<input type="checkbox"/>	Babysitter	<input type="text"/>		<input type="text"/>	<input type="checkbox"/>		<input type="text"/>
<input type="checkbox"/>	<div style="border: 1px solid red; padding: 2px;"> <ul style="list-style-type: none"> Adoptive Child Adoptive/Foster Parent Adoptive Parent Adoptive Sibling Attorney Aunt/Uncle Attorney Ad l item Attorney (Mother) Attorney (Fathor) Babysitter Case Manager Cousin Clergy CASA Court Daughter Doctor Emergency Contact Fictive Kin Rel. Home member Other Family member FAD Fam home mem Foster Child Foster Parent Foster Sibling Friend Grandchild Grandparent Maternal Grandparent Paternal </div>	<input type="text"/>		<input type="text"/>	<input checked="" type="checkbox"/>		<input type="text"/>

If no participation or if the child refuses:

Identify who reviewed the plan with the child:

Is the child in agreement with the plan? Yes No N/A

Comments from the child (If desired, the child may include comments they would like to include in the plan):

Did the mother participate? Yes No

To complete the section for **Child and Family Team Participation in Plan**, follow these steps:

28. Provide the information for the required text fields:

- **If no participation or if the child refuses to sign please explain**
- **Identify who reviewed the plan with the child**

29. Select the appropriate "Yes" or "No" radio button for the item **Is the child in agreement with the plan?**

- If you select the "No" radio button, a conditionally displayed field appears. For this field: **Document why the child is not in agreement with the plan**, you are required to provide information in the text box.

30. The text field for **Comments from the child (If desired, the child can provide any comments they would like to include in the plan)** is a required field.

Child And Family Team Participation in Plan:

Identify all who participated in the development of the plan: Select

Name	Rel/Int	Relationship if Other	Notification Type	Participation Date	Send	Distribution Method	Date Copy Provided	
<input type="checkbox"/>	<input type="text"/>	Law Enforcement	<input type="text"/>	Written	D1/14/2019	<input checked="" type="checkbox"/>	Email	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	Babysitter	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

Delete Add

*** If no participation or if the child refuses to sign please explain:**

*** Identify who reviewed the plan with the child:**

*** Is the child in agreement with the plan?** Yes No N/A

*** Document why the child is not in agreement with the plan:**

Comments from the child (If desired, the child can provide any comments they would like to include in the plan):

Child Plan Detail Page – Mother, Father, and Caregiver Participation in Plan



1. Where the Legacy IMPACT system had one field for **Did the Child, Mother, Father or Caregiver participate in Plan?**, IMPACT 2.0 has separate fields for mother, father, and caregiver.
2. Select the appropriate "Yes" or "No" radio button for each field.
3. If you select "No," please provide an explanation in the conditionally displayed text field.
4. Provide the phone numbers for the phone fields for **Caseworker, Attorney Ad Litem,** and **Guardian Ad Litem/CASA.**

* Identify who reviewed the plan with the child:

* Is the child in agreement with the plan? Yes No N/A

Comments from the child (If desired, the child can provide any comments they would like to include in the plan):

* Did the mother participate? Yes No

* Did the father participate? Yes No

* If no participation, please explain:

* Did the caregiver participate? Yes No

Caseworker Phone Number: Attorney Ad Litem Phone Number:

Guardian Ad Litem/CASA Phone Number:

Child Plan Detail Page – Save and Submit

1. When you've completed the **Child Plan Detail** page, select the **Save and Submit** button. If you've completed the **Child Plan** successfully, it will be submitted for approval.
2. If you have not completed the **Child Plan** correctly or completely, you will receive a validation error message box listing the error(s) to be addressed.

The screenshot displays the 'Child Plan Detail' page with a navigation menu on the left and a main content area. The main content area includes tabs for 'Child Plan', 'Child Plan for Case', 'Perm Planning (PPM)', 'PRT Action Plan', 'PRT Follow-Up', and 'Visitation Plan'. The 'Child Plan' tab is active. Below the tabs, there are buttons for 'Save and Submit' and 'Save'. A red box highlights the 'Save and Submit' button, and a red arrow points from it to a red error message box. The error message box contains the following text: 'Your information contains 1 error(s) - Effective Date of Plan: Field is required. Please enter a value.' Below the error message, there are sections for 'DFPS Information' and 'Child's Information'. The 'Child's Information' section includes fields for 'Child's Full Name', 'Child's Date of Birth', 'Child's Legal Region', 'Child's Legal County', 'Child's Ethnicity', 'Child's Race', 'Child's Gender', 'PID', 'Type of Plan', 'Current Level of Care', 'Start Date', 'End Date', 'Date Plan Completed', 'Effective Date of Plan', and 'Next Due Date'. The 'Effective Date of Plan' field is highlighted with a red box, and a red arrow points from the error message box to it. The 'Effective Date of Plan' field is currently empty, indicating that it is a required field that has not been filled out.

Case Summary

Person

Contacts/Summaries

Service Authorization

Legal

Child Plans

Placement

History

Medical

Foster Care Eligibility

PCA

ICPC

Case Management

Child Plan | Child Plan for Case | Perm Planning (PPM) | PRT Action Plan | PRT Follow-Up | Visitation Plan

Child Plan Detail

Stage Name: [redacted] * required field

Case ID: [redacted] † conditionally required field

Expand All Collapse All

! Your information contains 1 error(s)

- Effective Date of Plan: Field is required. Please enter a value.

DFPS Information

DFPS Caseworker: [redacted] DFPS Supervisor: [redacted]

Unit #: [redacted]

Child's Information

Child's Full Name: [redacted] Child's Date of Birth: [redacted]

Child's Legal Region: 07 Child's Legal County: HAYS

Child's Ethnicity: Hispanic Child's Gender: Male

Child's Race: Black PID: [redacted]

Type of Plan: Review Triggered Review

Current Level of Care: Basic

Start Date: 09/08/2018 End Date: 10/01/2019

* Date Plan Completed: 09/14/2018 * Effective Date of Plan: [redacted] * Next Due Date: 01/31/2019

Child Plan Detail Page – Forms

To launch the **Child Plan** form, follow these steps:

1. Scroll down to the **Forms** field on the **Child Plan Detail** page.
 - The dropdown displays **Child Plan** for IMPACT 2.0 child plans, and displays **Child Plan and Child and Family History** for Legacy IMPACT child plans.
2. It is here you would make your **Form** selection and select the **Launch** button.
 - IMPACT 2.0 **Child Plan Forms** will automatically include the **CPS Rights of Children and Youth in Foster Care** form.
3. Select the **Download** button at the top left of the form to download the form in a PDF format.

The screenshot shows a web interface with several sections. At the top, there are four expandable sections: 'Support Services to Caregiver', 'Travel', 'Plans for Discharge', and 'Child And Family Team Participation in Plan:'. Below these sections are two buttons: 'Save and Submit' and 'Save'. At the bottom, there is a 'Forms' section with a dropdown menu set to 'Child Plan' and a 'Launch' button. The 'Forms' section and the 'Launch' button are highlighted with a red border.

About the Child Plan Detail Page for a Child Plan Review

All child plans for a child after the **Initial Child Plan** will default to a **Child Plan Review**. If there is a **Child Plan** with a status of "APRV" in the system, IMPACT 2.0 automatically creates a **Child Plan Review** when you select the **Add** button on the **Child's Service Plan List** page

The **Child Plan Detail** page for a **Child Plan Review** will have fields prefilled from not only source pages but also from the previous **Child Plan** (goals, for example.)

The screenshot displays the 'Child's Service Plan List' page. The page title is 'Child's Service Plan List'. Below the title, there are fields for 'Stage Name' and 'Case ID'. A dropdown menu shows '10' entries. The main content is a table with the following columns: Date Approved, Status, Type, Date Created, Last Edited By CPS(Date), Last Edited By External(Date), and Event ID. The table contains five rows of data. The 'Status' column is highlighted with a red box. At the bottom right of the page, there is an 'Add' button, also highlighted with a red box.

	Date Approved	Status	Type	Date Created	Last Edited By CPS(Date)	Last Edited By External(Date)	Event ID
<input type="radio"/>	09/18/2018	APRV	Child's Service Plan - Review	09/17/2018			
<input type="radio"/>	05/14/2018	APRV	Child's Service Plan - Review	05/14/2018			
<input type="radio"/>	01/25/2018	APRV	Child's Service Plan	01/19/2018			
<input type="radio"/>	09/06/2017	APRV	Child's Service Plan	09/06/2017			
<input type="radio"/>	05/15/2017	APRV	Child's Service Plan	04/09/2017			

Showing 1 to 5 of 5 entries

Add



Texas Department of
Family and Protective Services

Child Plan of Service
Child Plan Calendar Notifications

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Child Plan Calendar Notifications – Viewing and Deleting.....	4

Child Plan Calendar Notifications – Introduction



IMPACT 2.0 will send **Calendar Reminders** whenever an **Initial Child Plan** or **Child Plan Review** is due to be completed.

Reminders will automatically appear on the caseworker's calendar. Calendar notifications will follow assignment to any new primary or secondary caseworkers.

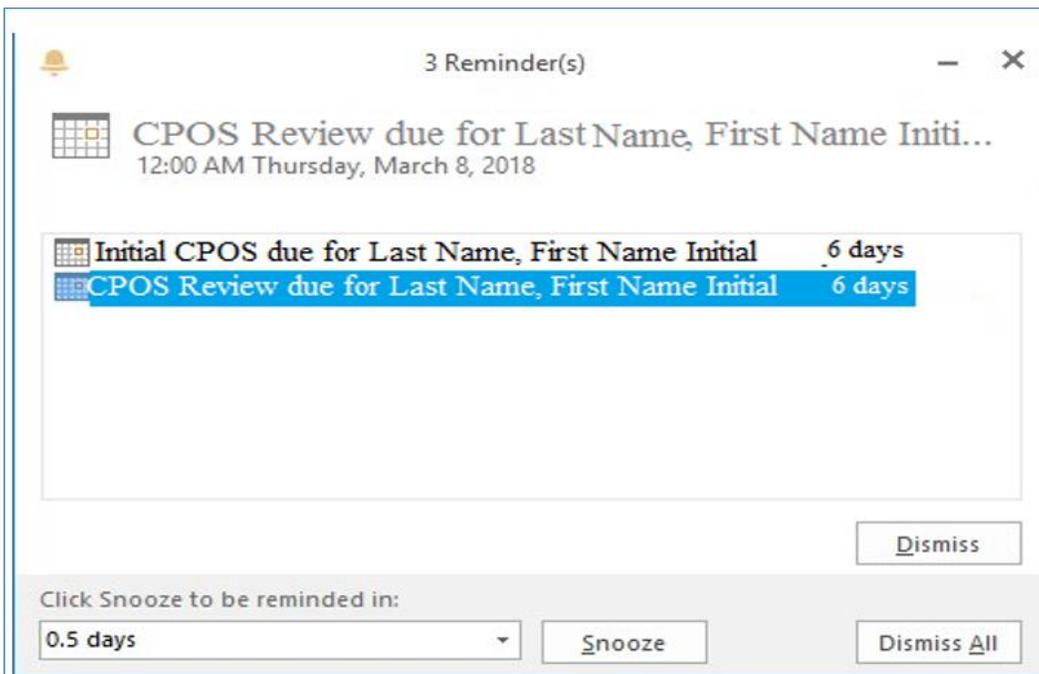
- "Child Plan-Initial" reminders are triggered by saving the removal date.
- "Child Plan-Review" reminders are triggered by the approval of a **Child Plan** and set to 30 days prior to the next review date.

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Aug 26	27	28	29	30	31	Sep 1
2	3	4 Initial CPOS due for	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	Oct 1	2	3	4 CPOS Review due for	5	6

Child Plan Calendar Notifications – Viewing and Deleting

Follow these steps to view calendar reminders and their details, as well as delete reminders from a calendar:

1. Open your **Outlook Calendar** to view calendar reminder notifications for both initial child plans and child plan reviews.
2. Select one reminder to open the calendar details.
3. Observe the reminder is marked as an **All Day Event**. Also note the appointment shows as **Free** on your calendar so as to prevent calendar conflicts.
4. The **Subject line** will contain the following:
 - For Initial CPOS: Initial CPOS due for Last Name, First Name Initial
 - For CPOS Review: CPOS Review due for Last Name, First Name Initial
5. Once you've completed the **Initial Child Plan** or **Child Plan Review**, you can delete the reminder from your calendar. IMPACT 2.0 will not automatically remove child plan reminder notifications from your Outlook Calendar.



- "Child Plan-Initial" reminders are triggered by saving the removal date.
 - "Child Plan-Review" reminders are triggered by the approval of a **Child Plan** and set to 30 days prior to the next review date.
6. The following **Primary Assigned** caseworkers and **Secondary Assigned** caseworkers will receive the **Child Plan** reminders:
 - **CVS Specialist I**
 - **CVS Specialist II**
 - **CVS Specialist III**
 - **CVS Specialist IV**
 - **CVS Specialist V**

7. Calendar reminders will follow any new primary or secondary assignments, moving to those calendars until the **Due Date** is exceeded.
8. The reminder will be generated for new primary or secondary worker assignments prior to the **Due Date**, even if prior assigned workers have deleted their reminders from Outlook.



Texas Department of
Family and Protective Services

Child Plan of Service
Child Plan Form

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Child Plan Form – Introduction to the New Format

The new **Child Plan Form** is streamlined by conditional displays. Sections and fields not applicable to the child or relevant to the plan will not appear on the form. Whenever an Initial **Child Plan** or **Child Plan Review** is created in IMPACT 2.0, it can be launched from both the **Child's Service Plan List** page and the **Child Plan**.

		Child's Plan of Service Child Protective Services (CPS)	
Case Name:		DOB:	
Case #:			
Child's Name:			
DFPS INFORMATION			
DFPS Caseworker:	DFPS Supervisor:	Unit:	F7
CHILD'S INFORMATION			
Child's Full Name:	Child's Date of Birth:	Child's Gender: Male	Child's Legal Region: 07
	Child's Ethnicity: Unable to Determine	Child's Race: Unable to Determine	Child's Legal County: 227
Type of Plan: Review	Current Level of Care: 210		
Reason for Triggered Review:	Start Date: 03/01/2018		
	End Date: 02/01/2019		
Date Plan Completed:	Effective Date of Plan:		
PLACEMENT INFORMATION			
Date of Current Placement: 02/27/2017	Placement Type:	FPS Contracted Foster Placement	
Name of Agency:	Agency Case Manager/Supervisor:		
Is this child receiving Treatment Services?	Which Treatment Service Type(s)?		
PRIOR ADOPTION/GUARDIANSHIP INFORMATION			
Has the child been previously adopted domestically?	Actual or estimated date of previous consummation?		
	Type of agency that completed domestic adoption:		
	Name of agency:		
	State child was adopted from:		
Has the child been previously adopted internationally?	Actual or estimated date of previous consummation?		
	Type of agency that completed international adoption:		
	Name of agency:		
	Country child was adopted from:		
Was the child previously placed in a legal guardianship other than with parent?	Actual or estimated date of previous legal guardianship?		
	With whom?		
PERMANENCY			
Legal Status of Child: PMC/ Rts Term (All)	DFPS Primary Permanency Goal:	DFPS Concurrent Permanency Goal:	
	Expected Date to achieve Primary Permanency Goal:	Expected Date to achieve Concurrent Permanency Goal:	

Child Plan Form – How to Launch and Download a Form

The **Child Plan Form** can be launched from both the **Child's Service Plan List** page or from the **Child Plan Detail** page. Follow these steps to launch and download a **Child Plan Form** from the **Child Plan Detail** page:

1. Scroll down to the **Forms** dropdown.
2. To launch the form, select **Child Plan** (in addition to the **Child Plan** form, the **Child and Family History** form is available for **Legacy Child Plans**) from the dropdown, and then select the **Launch** button.
3. You can select the **Download** button inside the launched form to download the form in PDF format.

Child Plan Form – Tour the Form

Scroll through the form, recognizing how your responses to certain fields either triggered conditional displays of informational fields, or hid those fields not relevant to your child or the plan.

		Child's Plan of Service Child Protective Services (CPS)	
Case Name:		[REDACTED]	
Case #:		[REDACTED]	
Child's Name:		DOB: [REDACTED]	
DFPS INFORMATION			
DFPS Caseworker:	DFPS Supervisor:	Unit:	F7
CHILD'S INFORMATION			
Child's Full Name:	Child's Date of Birth:	Child's Gender:	Male
	Child's Ethnicity:	Child's Race:	Unable to Determine
		Child's Legal Region:	07
		Child's Legal County:	227
Type of Plan:	Review	Current Level of Care:	210
Reason for Triggered Review:		Start Date:	03/01/2018
		End Date:	02/01/2019
Date Plan Completed:		Effective Date of Plan:	
PLACEMENT INFORMATION			
Date of Current Placement:	02/27/2017	Placement Type:	FPS Contracted Foster Placement
Name of Agency:		Agency Case Manager/Supervisor:	[REDACTED]
Is this child receiving Treatment Services?		Which Treatment Service Type(s)?	
PRIOR ADOPTION/GUARDIANSHIP INFORMATION			
Has the child been previously adopted domestically?		Actual or estimated date of previous consummation?	
		Type of agency that completed domestic adoption:	
		Name of agency:	
		State child was adopted from:	
Has the child been previously adopted internationally?		Actual or estimated date of previous consummation?	
		Type of agency that completed international adoption:	
		Name of agency:	
		Country child was adopted from:	
Was the child previously placed in a legal guardianship other than with parent?		Actual or estimated date of previous legal guardianship?	
		With whom?	
PERMANENCY			
Legal Status of Child:	PMC/ Rts Term (All)		
DFPS Primary Permanency Goal:		DFPS Concurrent Permanency Goal:	
Expected Date to achieve Primary Permanency Goal:		Expected Date to achieve Concurrent Permanency Goal:	