HEALTHY SEXUAL DEVELOPMENT AND PREGNANCY PREVENTION FOR YOUTH IN FOSTER CARE

For Children's Residential Facilities

This guide is intended to inform foster caregivers of key issues relating to the healthy sexual development of youth in foster care and pregnancy prevention, addressing both current requirements and ways to effectively assist youth in foster care ensure their health and safety during placement and as they transition into young adulthood. Throughout this guide we will refer to "youth" which for the purposes of this guide will include both youth in foster care and nonminor dependents. This resource guide is not an exhaustive treatment of the subject, but seeks to provide a basic framework for better understanding the issues concerning healthy sexual development in youth in foster care and utilizing available resources.

Teen Pregnancy in Foster Care and Current Statistics

In California, 26% of young women in foster care will become pregnant by age 17, and close to 40%of those who had already given birth will give birth to another child by age 18 (John Burton Foundation, 2014). Youth in foster care are considered twice as likely as those not in foster care to become pregnant. Although teen pregnancy has been declining in California and nationwide, teen pregnancy in foster care has been on the rise.

Unplanned teen pregnancies have serious health, educational and psychosocial impacts on the youth, her baby and her future family. Youth in foster care have typically accessed prenatal care in the third trimester of pregnancy, often leading to health issues for the baby, including low infant birth-weight. Parenting youth are more likely to drop out of school, not to return. Not completing high school has shown to contribute to lifelong financial struggles. Lower educational levels and financial insecurity can have a negative impact on a family's ability to cope with daily stress and is associated with higher levels of child neglect and abuse.

Communicating with the Social Worker

The caregiver and social worker share responsibilities in assuring access to health information and services for foster youth in their care. The caregiver is with the youth daily and is often the one who has the most communication and opportunity to positively influence the foster youth as a role-model and support system in promoting health and wellbeing. Additionally, the caregiver is responsible for meeting the needs of the youth based on information that the social worker provides. The caregiver is responsible for assisting the youth with accessing health services. The social worker is responsible for the wellbeing and health of the youth in foster care and may have access to resources available through the county. It is important for the caregiver to contact the social worker when the youth's needs are identified or when referrals must be made. Open communication with the social worker is

essential not only to assisting the youth in receiving the services and support necessary to prevent unwanted pregnancy, sexually transmitted infections (STIs), and abuse, but to also address any barriers the youth may be experiencing in accessing services and support.

Personal Rights and Caregiver Responsibilities

The caregiver may not be an expert or even be comfortable with discussing questions about sexual health or Lesbian Gay Bisexual Transgender and Questioning (LGBTQ) issues. These can be very uncomfortable topics for both the caregivers and youth in foster care. There are, however, experts who can provide not just information on these and related topics, but who can also talk to the youth in foster care about sex and sexuality. Information and training can be found on the websites (link here) listed in the appendix and also be provided by the youth's social worker**.**

All youth 12 years of age and older, including youth in foster care, have reproductive rights that include access to medically accurate information about confidential access to medical care for sexual assault, testing and treatment of sexually transmitted infections and pregnancy care or termination (abortion). Additionally a minor may consent to medical care related to the prevention or treatment of pregnancy, Family Code (FAM) Section 6925. The rights for youth in foster care are further stated in the personal rights outlined in the Title 22 regulations and in Welfare and Institutions Code (WIC) Section 16001.9. Caregivers have the responsibility to ensure that each youth is safe, well cared for, and that they are accorded their personal rights. Respect for private storage space and belongings in connection to the exercise of these rights shall be maintained.

Caregivers are in one of the best positions to influence and guide youth entrusted to their care. RPPS supports the empowerment of a caregiver to exercise common sense and good judgment to assess circumstances and events in which a youth may participate. It also enables participation by youth in age-appropriate extracurricular, cultural, enrichment, and social activities in order to improve the normalcy of life in foster care. There are many opportunities to model secure relationship skills and to initiate productive conversations by just being in the right place at the right time. Spending time together doing everyday activities like watching TV, driving, having a meal, or doing house chores together present opportunities to share ideas about your family values. Such sharing may assist with arriving at a healthier understanding of love and relationships and help build self-confidence and communication skills. They can also serve as opportunities to provide facts about the risks of sex and help counter unhealthy views of sex seen and heard in the media.

Pregnancy Prevention

Youth in foster care need accurate information and decision-making skills to help protect themselves from pressure to have sex and to protect against unintended pregnancy if they choose to be sexually active. Caregivers are responsible for assisting foster youth in their care by directing them to reliable sources of information and with providing assistance in finding providers with respect to contraception and other reproductive healthcare needs. It is important that foster youth learn about reproductive health and family planning from reliable sources, including reputable websites, healthcare professionals, and from clinics specializing in reproductive health. Accurate, non-biased,

comprehensive information covering all aspects of sexuality, related services and options available, coupled with careful guidance, will assist youth in making the best choices for themselves.

Youth in foster care need to be comfortable with their healthcare provider and trust the information and services they receive in order to feel empowered to make good choices regarding their health and wellbeing. Youth can actively participate in the process of selecting a healthcare provider and receive assistance in setting up their own health appointments, as well as the steps involved in preparing for them. Youth in foster care are permitted to choose their own healthcare providers as long as the payment for the health–related services is authorized. Caregivers are required to arrange for timely transportation to health-related services, as many reproductive health services are time-sensitive.

Most contraception, including but not limited to condoms, diaphragms, spermicide and other barrier methods are considered personal items. Regulation is currently undergoing revision and future changes may include an exemption for the storage of birth control pills. Because current regulations mandate that birth control pills shall be centrally stored, please follow current protocol until further notice. A caregiver must ensure that all youth are safe and that personal items are kept safely with the youth as permitted by current regulations.

A youth in foster care may choose to be abstinent. Abstinence is a reasonable option for youth who wish to put off being sexually active or to stop being sexually active and focus on developing healthy friendships. A caregiver may provide support as far as the foster youth's decision to practice abstinence, but may not require the youth to sign an abstinence agreement.

Scenario:	What to do:
Youth lets the caregiver know he/she has become sexually active with his or her boyfriend or girlfriend.	• The caregiver can review the personal rights with the youth. • The caregiver, if comfortable, can provide reliable, non-biased information on safe sex and birth control to the youth. • The caregiver can direct the youth to reliable websites with information about safe sex to prevent STIs as well as various types of birth control methods. • The caregiver can assist the youth in making an appointment with a health provider who can explain different birth control and STI prevention options. • The caregiver shall provide transportation to the health care appointment.
Youth discloses she is pregnant and would like an abortion.	• The caregiver shall assist youth in making an appointment and provide transportation to a health care provider to discuss pregnancy options and to schedule the appointment for an abortion if this choice is made by the youth. • The caregiver will maintain the youth's privacy and confidentiality.
Youth has gone to a clinic and has been prescribed birth control pills, spermicide and condoms. How shall these medications be stored?	• The youth shall centrally store prescription birth control pills. She may request assistance with the self-administration of the birth control pills. • The youth may choose to keep the condoms and spermicide as a personal item

Pregnancy

Pregnancy requires a young woman to make important and personal decisions for herself and her unborn child. She may need assistance and input from family, friends, counselors and mentors to make these decisions. It is important that she have unbiased guidance from the caregiver who can assist her in finding a counselor or with gathering accurate information on her choice to keep the baby, terminate the pregnancy, surrender the baby or to place her baby up for adoption.

Scenario:	What to do:
The youth lets the caregivers know she is pregnant.	• The caregiver can provide youth with reliable websites with information about various options including parenting, terminating the pregnancy (abortion), surrendering the baby, or various adoption options. • The caregiver can encourage the youth to gather information from trusted and supportive individuals in order to arrive at an informed decision about her future. • The caregiver shall assist the youth in making an appointment and transporting the youth to an appointment with a health provider who can go over different options. • The caregiver will transport the youth to the abortion appointment. • The caregiver will assist youth with attending pre-natal appointments. • The caregiver can assist youth in finding a support group attended by other pregnant and parenting youth.

Lesbian Gay Bisexual Transgender and Questioning (LGBTQ)

Like all youth, LGBTQ youth in foster care need accurate, age-appropriate, and culturally sensitive information regarding sexual and reproductive health. LGBTQ youth in foster care often face stigmas from both their peers and adults and may therefore have heightened concerns about expressing their needs and concerns. LGBTQ youth are at a higher risk early sexual encounters and abuse than their non-LGBTQ counterparts. Rates of depression and suicide are significantly higher for LGBTQ youth in foster care, likely due to the increased stress and isolation according to the Center for Disease Control and Prevention (CDC).

Scenario:	What to do:
The youth discloses that he or she is gay.	• The caregiver can provide reassurance to the youth and help him/her feel safe and supported. • The caregiver can assist the youth by thoughtfully directing them to helpful websites for information about the questions he or she may have. • The caregiver can assist youth in finding community activities and social programs for LGBTQ youth in foster care.

Scenario:	What to do:
The youth discloses he/she is transgender.	• The caregiver can ask if the youth feels comfortable and safe or may wish to consider a room change. • The caregiver can ask if he/she has any questions concerning transgender issues and if he/she would like to discuss them with a healthcare provider. • The caregivers shall maintain the foster youth's rights to privacy and confidentiality and only share information that he or she permits the care provider to share on his/her behalf.
The youth discloses that he/she has gone to a clinic and has started transition therapy.	• Hormone therapy medications shall be centrally stored in the facility and must be logged. The Centrally Stored Medication and Destruction Record (LIC 622) is available for this purpose. Identify what information must be recorded for all centrally stored medications. • This medication shall be locked and inaccessible to unauthorized caregivers, children and other youth. • All medications shall be stored in accordance with label instructions (refrigerate, room temperature, out of direct sunlight, etc.).

Diseases/Sexually Transmitted Infections (STI's):

STIs are infections that are easily spread through sexual or intimate physical contact. Many people who have STIs are unaware that they do. They may look outwardly healthy but could have an STI. A sexual partner who has a STI may not always inform the other partner that he/she has one. Some STIs are curable, others can only be treated. For more information about STIs, link to the Center for Disease Control website at: **http://www.cdc.gov/std/ .** At 12 years of age, all youth have the right to access age-appropriate medically accurate information about the prevention and treatment of sexually transmitted infections.

Scenario:	What to do:
The youth discloses to the caregiver that he/she regularly has sexual intercourse with a partner who is HIV positive.	• The caregiver can provide youth with reliable websites with information about STIs, including HIV. • The caregiver can assist youth in making an appointment with a health provider who can explain different options, such as condom use and the use of anti-viral drugs such as Pre-Exposure Prophylaxis (PrEP).
The youth discloses he/she has had oral sex with multiple partners but is unsure if he/she could contract an STI .	• The caregiver can let him/her know that STIs can be spread by oral sex and provide the youth with reliable websites with additional information about STIs. • The caregiver can assist the youth in making an appointment with a health care provider and shall transport him/her to the appointment. • The caregiver shall maintain the youth's privacy and confidentiality.

Scenario:	What to do:
Youth discloses that he/she has gone to a clinic and has been given condoms. How shall these be stored?	• The youth has a right to keep condoms as a personal item and may store them with his/her other personal items.

Dating Abuse

Violent relationships in adolescence can have serious ramifications by putting both young women and men at higher risk for substance abuse, eating disorders, risky sexual behavior and further domestic violence. Being physically or sexually abused makes teen girls six times more likely to become pregnant and all youth twice as likely to contract STIs (**http://www.loveisrespect.org**)

Scenario:	What to do:
The caregiver notices that the youth has a hand shaped red mark on his/her face and a small cut on the upper lip. He/she asks the youth about this and he discloses that his girlfriend "smacked him."	• The caregiver shall establish if the youth feels safe and what can be done to ensure safety and mutual respect in a relationship. • The caregiver can assist the youth with accessing information about relationship violence and assist him/her in setting up an appointment to speak with his or her therapist or a domestic violence counselor for additional support. • The caregiver shall inform the social worker of the alleged abuse and request additional support if needed. • The caregiver shall file an incident report with CCL.

Mandated Reporting

As mandated reporters, caregivers are required to report alleged physical, mental, or sexual abuse of a youth in foster care to law enforcement or a child welfare department, as well as to submit a serious incident report to CCL. Online training for mandated reporters can be found at: http://www.mandatedreporterca.com/

Scenario:	What to do:
A 17 year old youth lets the caregiver know he/she has become sexually active with a person who is 25 years old.	• The caregiver can discuss the law regarding a youth having sexual contact with an adult (Penal Code Section 261.5). • The caregiver, if comfortable, can provide reliable, non-biased information on safe sex and birth control to the youth. • The caregiver can inform the youth that he/she is a mandated reporter and explain what that means. • The caregiver shall file an abuse report with the child welfare department or local law enforcement and inform the social worker. • The caregiver shall file an incident report with CCL.

Scenario:	What to do:
An 18 year old youth discloses he/she has met a 14 year old and would like to start a romantic relationship that may include sex.	• The caregiver can discuss the law regarding an adult having sexual contact with a minor (Penal Code Section 261.5). • The caregiver can inform the youth that he/she is a mandated reporter and what that means.
A youth returns from a date and discloses that her date forced her to have sex.	• The caregiver shall take the youth to the ER for a rape exam. • The caregiver can provide ongoing emotional support and reassure the youth. • The caregiver can assist the youth in accessing therapy, rape counseling or support groups and shall provide transportation to these services. • The caregiver must inform the social worker and can request referrals for additional services. • The caregiver shall file an incident report with CCL.

Resources

http://answer.rutgers.edu/page/sexetc

http://www.advocatesforyouth.org/for-professionals/sex-education-resource-center

http://www.jhsph.edu/research/centers-and-institutes/center-for-adolescent-health

http://www.hhs.gov/ash/oah/resources-and-publications/info/parents/index.html

http://www.plannedparenthood.org/parents/

http://familyproject.sfsu.edu

APPENDIX OF APPLICABLE LAWS

This appendix provides applicable sections of statutes that apply to this resource guide. To view the most current versions of said California laws and regulations, please visit our CDSS webpage.

CALIFORNIA LAWS

Family Code – FAM
Division 11, Part 4, Chapter 3
Consent by Minors

- **6925(a)** – A minor may consent to medical care related to the prevention or treatment of pregnancy.
- **6925(b)** – This section does not authorize a minor:
  - 6925(b)(1) – To be sterilized without the consent of the minor's parent or guardian.
  - 6925(b)(2) – To receive an abortion without the consent of a parent or guardian other than as provided in Section 123450 of the Health and Safety Code.
- **6926(a)** – A minor who is 12 years of age or older and who may have come into contact with an infectious, contagious, or communicable disease may consent to medical care related to the diagnosis or treatment of the disease, if the disease or condition is one that is required by law or regulation adopted pursuant to law to be reported to the local health officer, or is a related sexually transmitted disease, as may be determined by the State Public Health Officer.
- **6926(b)** – A minor who is 12 years of age or older may consent to medical care related to the prevention of a sexually transmitted disease.
- **6926(c)** – The minor's parents or guardian are not liable for payment for medical care provided pursuant to this section.
- **6927** – A minor who is 12 years of age or older and who is alleged to have been raped may consent to medical care related to the diagnosis or treatment of the condition and the collection of medical evidence with regard to the alleged rape.
- **6928(a)** – "Sexually assaulted" as used in this section includes, but is not limited to, conduct coming within Section 261, 286, or 288a of the Penal Code.
- **6928(b)** – A minor who is alleged to have been sexually assaulted may consent to medical care related to the diagnosis and treatment of the condition, and the collection of medical evidence with regard to the alleged sexual assault.
- **6928(c)** – The professional person providing medical treatment shall attempt to contact the minor's parent or guardian and shall note in the minor's treatment record the date and time the professional person attempted to contact the parent or guardian and whether the attempt was successful or unsuccessful. This subdivision does not apply if the professional person reasonably believes that the minor's parent or guardian committed the sexual assault on the minor.

Health and Safety Code – HSC
Division 2, Chapter 3, Article 2
Administration

- **1522.44(a)** – It is the policy of the state that caregivers of children in foster care possess knowledge and skills relating to the reasonable and prudent parent standard, as defined in subdivision (c) of Section 362.05 of the Welfare and Institutions Code.
- **1522.44(b)** – Except for licensed foster family homes and certified family homes, each licensed community care facility that provides care and supervision to children and operates with caregivers shall designate at least one onsite caregivers member to apply the reasonable and prudent parent standard to decisions involving the participation of a child who is placed in the facility in age or developmentally appropriate activities in accordance with the requirements of Section 362.05 of the Welfare and Institutions Code, Section 671(a)(10) of Title 42 of the United States Code, and the regulations adopted by the department pursuant to this chapter.
- **1522.44(c)** – A licensed and certified foster parent or facility caregivers member, as described in subdivision (b), shall receive training related to the reasonable and prudent parent standard that is consistent with Section 671(a)(24) of Title 42 of the United States Code. This training shall include knowledge and skills relating to the reasonable and prudent parent standard for the participation of the child in age or developmentally appropriate activities, including knowledge and skills relating to the developmental stages of the cognitive, emotional, physical, and behavioral capacities of a child, and knowledge and skills relating to applying the standard to decisions such as whether to allow the child to engage in extracurricular, enrichment, cultural, and social activities, including sports, field trips, and overnight activities lasting one or more days, and to decisions involving the signing of permission slips and arranging of transportation for the child to and from extracurricular, enrichment, and social activities.
- **1522.44(d)** – This section does not apply to runaway and homeless youth shelters as defined in paragraph (14) of subdivision (a) of Section 1502.

Division 106, Part 2, Chapter 2, Article 3
Abortion

- **123450(a)** – Except in a medical emergency requiring immediate medical action, no abortion shall be performed upon an unemancipated minor unless she first has given her written consent to the abortion and also has obtained the written consent of one of her parents or legal guardian.
- **123450(b)** – If one or both of an unemancipated, pregnant minor's parents or her guardian refuse to consent to the performance of an abortion, or if the minor elects not to seek the consent of one or both of her parents or her guardian, an unemancipated pregnant minor may file a petition with the juvenile court. If, pursuant to this subdivision, a minor seeks a petition, the court shall assist the minor or person designated by the minor in preparing the petition and notices required pursuant to this section. The petition shall set forth with specificity the minor's reasons for the request. The court shall ensure that the minor's identity is confidential. The minor may file the petition using only her initials or a pseudonym. An unemancipated pregnant minor may participate in the proceedings in juvenile court on her own behalf, and the court may appoint a guardian ad litem for her. The

court shall, however, advise her that she has a right to court-appointed counsel upon request. The hearing shall be set within three days of the filing of the petition. A notice shall be given to the minor of the date, time, and place of the hearing on the petition.

- **123450(c)** – At the hearing on a minor's petition brought pursuant to subdivision (b) for the authorization of an abortion, the court shall consider all evidence duly presented, and order either of the following:
    - 123450(c)(1) – If the court finds that the minor is sufficiently mature and sufficiently informed to make the decision on her own regarding an abortion, and that the minor has, on that basis, consented thereto, the court shall grant the petition.
    - 123450(c)(2) – If the court finds that the minor is not sufficiently mature and sufficiently informed to make the decision on her own regarding an abortion, the court shall then consider whether performance of the abortion would be in the best interest of the minor. In the event that the court finds that the performance of the abortion would be in the minor's best interest, the court shall grant the petition ordering the performance of the abortion without consent of, or notice to, the parents or guardian. In the event that the court finds that the performance of the abortion is not in the best interest of the minor, the court shall deny the petition. Judgment shall be entered within one court day of submission of the matter.
- **123450(d)** – The minor may appeal the judgment of the juvenile court by filing a written notice of appeal at any time after the entry of the judgment. The Judicial Council shall prescribe, by rule, the practice and procedure on appeal and the time and manner in which any record on appeal shall be prepared and filed. These procedures shall require that the notice of the date, time, and place of hearing, which shall be set within five court days of the filing of notice of appeal, shall be mailed to the parties by the clerk of the court. The appellate court shall ensure that the minor's identity is confidential. The minor may file the petition using only her initials or a pseudonym. Judgment on appeal shall be entered within one court day of submission of the matter.
- **123450(e)** – No fees or costs incurred in connection with the procedures required by this section shall be chargeable to the minor or her parents, or either of them, or to her legal guardian.
- **123450(f)** – It is a misdemeanor, punishable by a fine of not more than one thousand dollars ($1,000), or by imprisonment in the county jail of up to 30 days, or both, for any person to knowingly perform an abortion on an unmarried or unemancipated minor without complying with the requirements of this section.

Welfare and Institutions Code – WIC
Division 2, Part 1, Chapter 2, Article 10
Dependent Children – Judgments and Orders

- **362.05(a)(1)** – Every child adjudged a dependent child of the juvenile court shall be entitled to participate in age-appropriate extracurricular, enrichment, and social activities. No state or local regulation or policy may prevent, or create barriers to, participation in those activities. Each state and local entity shall ensure that private agencies that provide foster care services to dependent children have policies consistent with this section and that those agencies promote and protect the ability of dependent children to participate in age-appropriate extracurricular, enrichment, and social activities. A group home administrator, a

facility manager, or his or her responsible designee, and a caregiver, as defined in paragraph (1) of subdivision (a) of Section 362.04, shall use a reasonable and prudent parent standard in determining whether to give permission for a child residing in foster care to participate in extracurricular, enrichment, and social activities. A group home administrator, a facility manager, or his or her responsible designee, and a caregiver shall take reasonable steps to determine the appropriateness of the activity in consideration of the child's age, maturity, and developmental level.

- **362.05(a)(2)** – Training for caregivers shall include knowledge and skills relating to the reasonable and prudent parent standard for the participation of the child in age or developmentally appropriate activities, consistent with this section and Section 671(a)(24) of Title 42 of the United States Code.
- **362.05(b)** – A group home administrator or a facility manager, or his or her responsible designee, is encouraged to consult with social work or treatment caregivers members who are most familiar with the child at the group home in applying and using the reasonable and prudent parent standard.
- **362.05(c)(1)** – "Reasonable and prudent parent" or "reasonable and prudent parent standard" means the standard characterized by careful and sensible parental decisions that maintain the health, safety, and best interests of a child while at the same time encouraging the emotional and developmental growth of the child, that a caregiver shall use when determining whether to allow a child in foster care under the responsibility of the state to participate in age or developmentally appropriate extracurricular, enrichment, cultural, and social activities.
- **362.05(c)(2)** – The term "age or developmentally appropriate" means both of the following:
    - 362.05(c)(2)(A) – Activities or items that are generally accepted as suitable for children of the same chronological age or level of maturity or that are determined to be developmentally appropriate for a child, based on the development of cognitive, emotional, physical, and behavioral capacities that are typical for an age or age group.
    - 362.05(c)(2)(B) – In the case of a specific child, activities or items that are suitable for the child based on the developmental stages attained by the child with respect to the cognitive, emotional, physical, and behavioral capacities of the child.

Division 9, Part 4, Chapter 1
Foster Care Placement ("Foster Care Bill of Rights")

- **16001.9(a)(25)** – To have caregivers and child welfare personnel who have received instruction on cultural competency and sensitivity relating to, and best practices for, providing adequate care to lesbian, gay, bisexual, and transgender youth in out-of-home care.
- **16001.9(a)(27)** – To have access to age-appropriate, medically accurate information about reproductive health care, the prevention of unplanned pregnancy, and the prevention and treatment of sexually transmitted infections at 12 years of age or older.
- **16001.9(b)** – Nothing in this section shall be interpreted to require a foster care provider to take any action that would impair the health and safety of children in out-of-home placement.

- **16002.5** – It is the intent of the Legislature to maintain the continuity of the family unit and to support and preserve families headed by minor parents and nonminor dependent parents who are themselves under the jurisdiction of the juvenile court by ensuring that minor parents and nonminor dependent parents and their children are placed together in as family-like a setting as possible, unless it has been determined that placement together poses a risk to the child. It is also the intent of the Legislature to ensure that complete and accurate data on parenting minor and nonminor dependents is collected, and that the State Department of Social Services shall ensure that the following information is publicly available on a quarterly basis by county about parenting minor and nonminor dependents: total number of parenting minor and nonminor dependents in each county, their age, their ethnic group, their placement type, their time in care, the number of children they have, and whether their children are court dependents.
    - 16002.5(a) – To the greatest extent possible, minor parents and nonminor dependent parents and their children shall be provided with access to existing services for which they may be eligible, that are specifically targeted at supporting, maintaining, and developing both the parent-child bond and the dependent parent's ability to provide a permanent and safe home for the child. Examples of these services may include, but are not limited to, child care, parenting classes, child development classes, and frequent visitation.
    - 16002.5(b) – Child welfare agencies may provide minor parents and nonminor dependent parents with access to social workers or resource specialists who have received training on the needs of teenage parents and available resources, including, but not limited to, maternal and child health programs, child care, and child development classes. Child welfare agencies are encouraged to update the case plans for pregnant and parenting dependents within 60 calendar days of the date the agency is informed of a pregnancy. When updating the case plan, child welfare agencies may hold a specialized conference to assist pregnant or parenting youth in foster care and non-minor dependents with planning for healthy parenting and identifying appropriate resources and services, and to inform the case plan. The specialized conference shall include the pregnant or parenting minor or nonminor dependent, family members, and other supportive adults, and the specially trained social worker or resource specialist. The specialized conference may include other individuals, including, but not limited to, a public health nurse, a community health worker, or other personnel with a comprehensive knowledge of available maternal and child resources, including public benefit programs. Participation in the specialized conference shall be voluntary on the part of the youth in foster care or non-minor dependent and assistance in identifying and accessing resources shall not be dependent on participation in the conference.
    - 16002.5(c) – The minor parents and nonminor dependent parents shall be given the ability to attend school, complete homework, and participate in age and developmentally appropriate activities unrelated to and separate from parenting.
    - 16002.5(d) – Child welfare agencies, local educational agencies, and child care resource and referral agencies may make reasonable and coordinated efforts to ensure that minor parents and nonminor dependent parents who have not

completed high school have access to school programs that provide onsite or coordinated child care.
  - 16002.5(e) – Foster care placements for minor parents and nonminor dependent parents and their children shall demonstrate a willingness and ability to provide support and assistance to minor parents and nonminor dependent parents and their children, shall support the preservation of the family unit, and shall refer a minor parent or nonminor dependent parent to preventive services to address any concerns regarding the safety, health, or well-being of the child, and to help prevent, whenever possible, the filing of a petition to declare the child a dependent of the juvenile court pursuant to Section 300.
  - 16002.5(f) – Contact between the child, the custodial parent, and the noncustodial parent shall be facilitated if that contact is found to be in the best interest of the child.
  - 16002.5(g) – For the purpose of this section, "child" refers to the child born to the minor parent.
  - 16002.5(h) – For the purpose of this section, "minor parent" refers to a dependent child who is also a parent.
  - 16002.5(i) – For the purpose of this section, "nonminor dependent parent" refers to a nonminor dependent, as described in subdivision (v) of Section 11400, who also is a parent.

Division 9, Part 4, Chapter 5
State Child Welfare Services

- **16521.5(e)(1)** – The department, in consultation with the State Department of Health Services, shall convene a working group for the purpose of developing a pregnancy prevention plan that will effectively address the needs of adolescent male and female foster youth. The workgroup shall meet not more than three times and thereafter shall provide consultation to the department upon request.
- **16521.5(e)(2)** – The working group shall include representatives from the California Youth Connection, the Foster Parent's Association, group home provider associations, the County Welfare Director's Association, providers of teen pregnancy prevention programs, a foster care case worker, an expert in pregnancy prevention curricula, a representative of the Independent Living Program, and an adolescent health professional.
- **16521.5(f)** – The plan required pursuant to subdivision (e) shall include, but not be limited to, all of the following:
  - 16521.5(f)(1) – Effective strategies and programs for preteen and older teen foster youth and nonminor dependents.
  - 16521.5(f)(2) – The role of foster care and group home care providers.
  - 16521.5(f)(3) – The role of the assigned case management worker.
  - 16521.5(f)(4) – How to involve foster youth and nonminor peers.
  - 16521.5(f)(5) – Selecting and providing appropriate materials to educate foster youth and nonminors in family life education.
  - 16521.5(f)(6) – The training of foster care and group home care providers and, when necessary, county case managers in adolescent pregnancy prevention.

FEDERAL LAW

United States Code – (USC)

Title 42, Section 671
State Plan for Foster Care and Adoption Assistance

- **671(a)(24)** – In order for a State to be eligible for payments under this part, it shall have a plan approved by the Secretary which—includes a certification that, before a child in foster care under the responsibility of the State is placed with prospective caregivers, the prospective caregivers will be prepared adequately with the appropriate knowledge and skills to provide for the needs of the child and that the preparation will be continued, as necessary, after the placement of the child, and that the preparation shall include knowledge and skills relating to the reasonable and prudent parent standard for the participation of the child in age or developmentally-appropriate activities, including knowledge and skills relating to the developmental stages of the cognitive, emotional, physical, and behavioral capacities of a child, and knowledge and skills relating to applying the standard to decisions such as whether to allow the child to engage in social, extracurricular, enrichment, cultural, and social activities, including sports, field trips, and overnight activities lasting 1 or more days, and to decisions involving the signing of permission slips and arranging of transportation for the child to and from extracurricular, enrichment, and social activities.

  (Source: https://www.ssa.gov/OP_Home/ssact/title04/0471.htm)