

# CASA Lake County

# **CASA Report to the Court**

This report presents the findings and recommendations of the CASA volunteer serving in an advisory capacity to the Court.

In the interest of:	DOB	Age	Docket No.
First Last	01/01/2016	1y 1m	17JA 136

If more than one child, list by docket number, lowest to highest. DOB should be a standard format of xx/xx/xxxx (09/25/2004) Age should be indicated by year and month in the format x yrs., xmos. Docket number should follow the format xx JA xx

# **Date of Hearing**

Insert hearing date here. Please do not add any other information. In this instance the date should be the written-out month with numerical day and year: November 1, 2010

# **Case Summary**

Tells why and how the case came to the attention of the court and includes brief information on the children's current placement. This case summary is initially provided to you by your Advocate Manager. Over time, the manager will update the legal status of the case. The CASA should review each report to confirm that the information is up-to-date and may also add other significant case updates, such as placement changes.

# **Findings**

Case activity since the last court report. Findings are based on CASA visits with the child(ren) and also report other contacts made on the case such as phone calls or visits with school staff, therapists, caregivers, etc.

Start with a brief summary of case activity since the last court report, including CASA visits by date, for example:

"The findings of this report are based on visits to the foster home on 7/30/14, 8/21/14, 9/29/14, and 10/20/14, multiple conversations with FF, and attendance at a supervised visit on 10/5/14."

Before drafting your report, make sure you have the most current information available so your report will be accurate. Nonetheless, *Findings should be reported in the past tense*. This is the most accurate and objective approach, as situations change over time.

Items to remember throughout the report:

- Remain objective and support all your recommendations with facts and detailed observations. No personal opinions or interpretations.
- Provide attribution clearly identify the source of your information: *who, when, where.*
- The advocate should be invisible: you should not identify or refer to yourself in the report. IF you must, refer to yourself as "this CASA." Do not use personal pronouns to refer to yourself.
- Maintain confidentiality: do not use identifying names; this includes foster parent names, teachers, therapists, schools, etc. Refer to foster parents as "foster mother, foster father, foster parents" Accepted acronyms are FM, FF, FPs, etc. In relative placements we refer to whether the relation is Paternal/Maternal, then the relationship to the child, e.g. Paternal Grandmother (PGM), Maternal Aunt (MA), etc.

# **Use Bold Italics for Topical Headings** (left-justified)

It's helpful to organize your findings by topic. The following headings apply to many of our cases. Work with your Advocate Manager to add or modify headings as your case calls for it.

# Placement, Stability

- What type of placement is this: relative, traditional, intact, specialized, institutional, hospital? Even if you provided this information in previous reports, include a short recap on the current placement. How many placements has the child been in since the case was opened?
- How long has the child been in this placement? Has the child changed placements since the last hearing? What caused the change in placements?
- Describe the actual placement house, apartment and neighborhood or provide a brief recap if this information has been shared previously.
- Identify the people who live with the child and their relationship to the child.
- Describe the child's sleeping arrangements. Does child have his/her own room, own bed, toys?
- Do caregivers work? Is after school care required? What are the details?
- What are your observations of the child's interactions with all the household members?
- What do you observe to support how well (or how poorly) the child is integrated into the life of the family?

- Do you notice any change in behavior when the child is interacting with caregivers?
- What do parents or foster parents say about the child's behaviors?
- How does the child act with other children, pets?
- Describe issues which arise in the foster home.
- Are foster parents supportive of the permanency goal? What does the child want? Is this possible?
- Do you have any concerns about the child in this placement?
- How frequently do you visit with the child?
- Have you observed any red flags that have caused you concern?
- Has the child told you that he/she feels unsafe or uncomfortable?
- Is the child at risk or being re-abused?
- How does the child act with the caregivers around? Is it different than when the child is alone with you?
- What do the caregivers report to you?

#### **Behavior**

Note that <u>bullet points should NOT be used</u> when writing your actual court report. Questions to consider for this section:

- What behaviors do you observe with the child?
- What do the caregivers report to you about behavior? What do other adults report?
   Are the reported behaviors consistent with your observations of the child's behavior?
- How do the child's behaviors compare with their age group?
- Has the child's behavior undergone notable changes? Over what time frame?
- Do the child's behaviors correspond with what the child is telling you about the situation? What others are telling you?

# Physical Health, Development

- Does the child have a medical card through DCFS? Up-to-date medical records?
- Does the child receive DCFS required medical exams and dental check-ups? Share details.
- Is the caregiver in touch with HealthWorks of IL regarding the child's healthcare (especially for children under 6 years old)?
- Did the child receive a developmental evaluation through the IA (Initial Assessment) process? Have follow up evaluations been completed?
  - o When was the child's last evaluation done? Is there documentation?
  - o What services were recommended and which are they receiving? Frequency?
  - o Who provides these services?

- Does the child appear to have any developmental delays? Provide specific observations. Has child been evaluated for specific needs? Do they need evaluation?
- Is the child taking medication? What medication? Who is responsible for administering the medication? Are there any concerns or issues regarding medication?
- What are your observations of the child's emotional, physical, social and mental development?
- Is the child healthy? If not, how have caregivers handled it?
- Caregiver's ability to meet the medical and health needs of child?

#### Mental Health

- Does the child appear to have any mental health issues? Provide specific, attributable observations. Review the list of mental health red flags in the Mental Health Advocacy Action Plan handout (page 3). Would a recommendation for a mental health assessment be appropriate?
- What is the caregiver's ability to meet the mental health needs of child?
- Has therapy been recommended for this child? What assessment was conducted prior to therapy?
  - o If so, are they receiving it? Is the therapy being provided consistent with recommendations?
  - o If not, what is interfering with compliance?
  - o Does the child have a diagnosis?
  - o If the child receives therapy, who are the providers and what are the therapy treatment goals? Do the goals address the issues that brought the child into foster care (e.g. sexual victimization)?
  - What progress does the therapist report?
  - Does the therapist have any recommendations or concerns about the permanency goal (e.g. return home, guardianship, or independence), visitation, or the foster home?
- Has the child been prescribed or been recommended to take medication?
  - o What medication? What is the goal for this medicine and any related treatment/intervention (e.g. therapy)? What is the desired effect? What are the potential adverse reactions or side effects to this medicine?
  - Is the child taking the medication? Who is responsible for administering the medication? Are there any concerns or issues regarding medication?
  - Has the child been prescribed medication but not taking it? What is interfering with compliance?

#### Education

Note that <u>bullet points should NOT be used</u> when writing your actual court report. Questions to consider for this section:

- Is the child enrolled in school or day care? Full or half-day program? How long has the child been in this school or daycare? What grade are they in?
- How many times has the child transferred schools or daycare? Have the child's school records been transferred to his/her current school? If an IEP or 504 plan was in place, has that information been transferred to the child's current school?
- Is the child performing at grade level? What are the child's grades? Standardized test scores?
- What observations do you have about the child's strengths/challenges at school?
- Have any concerns been identified that would warrant a request for evaluation?
- Does this child have a current IEP or 504 plan? What types of services or accommodations are involved?
- Does the child participate in extracurricular activities? Details?
- Is child's attendance regular? How many absences does the child have? Were the absences excused?
- Does the child need or receive tutoring?
- Any behavioral concerns? Socialization?
- For older youth: what transition planning has been done? On track for HS graduation? What is the status of post HS plans?

### Visitation with Biological Family

- What is the visitation plan for this child?
  - Do visits occur consistent with the plan? If not, what factors cause inconsistencies?
- Who does the child have visits with: parents, siblings, relatives?
- Are the visits supervised? By whom?
- Are there any transportation barriers for visits?
- Have you observed any visits? If so, what did you observe about interactions between the child and parents or siblings?
- Does the child say anything to you about visits or about his/her thoughts about certain people?
- How do visits affect the child's behavior, if at all? Has the child or caregiver identified any concerns regarding visitation?

For older youth, also consider including the two additional heading topics:

# Skills for Independence

- What is the their status and what resources are needed regarding general life skills:
  - Checking & savings accounts, budgeting & banking
  - o Driver's education & license, state ID
  - Credit rating
  - Registered to vote
  - o Ability to form healthy peer and adult relationships
  - o Risks of alcohol, drug, and tobacco use
  - Ability to make decisions, problem solve, self-advocate
  - o Grocery shopping, food preparation
  - o Car use, maintenance, funding, insurance, and other associated costs
- What is the their status and what resources are needed regarding employment:
  - o Is the youth employed? What is their financial situation?
  - o If the youth is not employed do they have any employment goals? Are they realistic? What steps have they taken toward obtaining employment?
  - Does the youth have a telephone number, email address, and/or a personal appointments calendar?
  - Does the youth have a social security card, birth certificate, and other documents needed to apply for employment?
- What is their status and what resources are needed regarding housing:
  - Help in conducting a housing search
  - Information/help regarding financial assistance for housing & independent living
  - Understanding options and requirements for housing, including transitional living and independent living housing
  - o Understanding legal rights and responsibilities regarding housing
  - The ability to create/maintain a budget
- What is their status and what resources are needed regarding health:
  - Obtaining physical and mental health screenings; understanding when and how to obtain medical attention.
  - o Obtaining dental care; understanding fundamentals of dental health
  - Understanding birth control options, importance
  - Connection to a medical "home" which is familiar with their health needs and history
  - Understanding STDs, HIV, and AIDS

- Obtaining copies of all health records (age 18+)
- Current coverage by Medicaid (or other) insurance and insurance coverage once emancipated
- What is their status and what resources are needed regarding relationships and community:
  - o Connection with one or more responsible, committed adult
  - Connection with at least one peer
  - o Contact information for, connection with natural family, former FPs, etc.
  - o Knows the options if they find themselves to be homeless

Should your sections need to be organized into further detail:

Subheadings should be centered and italicized but not bold

For example, on a case with multiple children, each child's name could be a heading and the issues relating to that child (e.g. Health, Education, etc.) could be designated by subheadings.

Double space between paragraphs.

#### Recommendations

Recommendations must be formatted as simple <u>numbered</u> statements recommending what you would suggest on behalf of the child.

Each recommendation <u>must</u> be supported by information in the Findings section.

If you have a recommendation regarding the placement this would typically be your first recommendation.

Consider the following subject areas for your recommendations: placement of the child (e.g. child to remain in current placement, be returned home, or have a change in placement), visitation, school, medical care, therapy, extracurricular activities, and/or the court's permanency goal.

- 1.
- 2.
- 3.

Respectfully submitted: Date (Month DD, YYYY)

First Last
Court Appointed Special Advocate

Advocate Manager

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