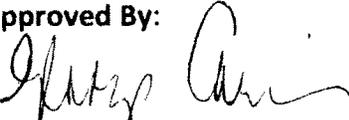


Sexual and Reproductive Health Care for Youth in Foster Care

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<p>Supporting Case Law: <u>City of Akron v. Akron Center for Reproductive Health</u>, 103 Sct. 2481 (1983); <u>H.L. v. Matheson</u>, 101 Sct. 1164 (1981); <u>Belottie v. Baird</u>, 99 Sct. 3033 (1979)</p>	<p>Supporting Regulations: 10 NYCRR § 85.44; 18 NYCRR §§ 421.2; 431.7; 441.22(b); 463.1; 463.2; 507.1</p>	<p>Key Words: sexual, reproductive, health care, foster care, confidential, confidentiality, adolescent development, consent, pregnant youth</p>	
<p>Bulletins & Directives: 11-OCFS-ADM-09, Reproductive Health and Services for Youth in Foster Care, dated 9/1/11; 90 ADM-21, Foster Care: Medical Services for Children in Foster Care, dated 7/6/90; 97 ADM-15, Foster Care: Assessment of Foster Children for Capacity to Consent and HIV Risk, Counseling of Adolescents, Legal Consent for HIV Testing, Documentation and Disclosure, dated 7/24/97</p>	<p>Related Documents:</p> <ul style="list-style-type: none"> • Sexual and Reproductive Health Best Practice Guidelines; • Guide to Working with Young Parents in Out-of-Home Care; • Policy #2012/01 Promoting a Safe and Respectful Environment for Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) Youth and Their Families Involved in the Child Welfare, Detention and Juvenile Justice System • Policy and Procedure 	<p>Supersedes: This policy incorporates language from Procedure #2007/01, Policy Guidelines for Family Planning and Pregnancy Related Information and Service, dated 11/8/2007, and hereby renders that policy obsolete.</p>	

	2014/08 Medical Consents for Children in Foster Care	
<p>Related Forms/Links/Sources: <i>A Medical Guide for Youth in Foster Care</i> is available on line in both single page and booklet format. The guide in single page format can be viewed at: http://www.ocfs.state.ny.us/main/publications/Pub5116SINGLE.pdf</p> <p>The guide in booklet format can be viewed at: http://www.ocfs.state.ny.us/main/publications/Pub5116BOOKLET.pdf</p>		
<p>SUMMARY: Youth in foster care have the right to confidential sexual and reproductive health information and services. Although sexual activity can be an anticipated part of adolescent development, because of their history of abuse and neglect, youth in foster care are often at higher risk for unsafe sexual behaviors.¹ It is for this reason that receiving high quality, preventive health care and information is so critical. This policy clarifies required casework actions pertaining to the reproductive health services for youth in foster care and describes the standards that foster care providers are expected to meet and that ACS will monitor.</p>		

¹ See 11-OCFS-ADM-09, *Reproductive Health and Services for Youth in Foster Care*.

POLICY HIGHLIGHTS

- ACS and provider agency staff must **not** impose their personal, organizational, and/or religious beliefs regarding sexual and reproductive health care services on youth in foster care.
- In New York State, youth have the **right** to access **confidential** sexual and reproductive health care services **without the knowledge or consent** of their parents or guardians.
- Provider agency staff must notify youth in foster care who are **12 and older (and youth under 12 who are known to be sexually active)** of their right to sexual and reproductive health services within 30 days of placement and every six months thereafter. If a youth is pregnant, the case planner must inform the youth immediately of her rights and the services available.
- Provider agencies must develop a sexual health and **pregnancy prevention strategy** focused on educating young people about safer sex practices, offering consistent messaging about dual protection (e.g., condom and hormonal methods), promoting the delay of early parenting, and avoiding unintended pregnancies.
- For pregnant youth who are considering termination of pregnancy, the provider agency must provide **nonjudgmental, unbiased information** about abortion and access to services and/or make alternative referrals to providers who offer these services to enable youth to make informed decisions about their pregnancies.
- Provider agencies must counsel and provide up-to-date information to all male youth with special attention to **parenting and expectant fathers**, including information on topics, such as healthy intimate relationships, co-parenting, and support services related to becoming a father.
- Provider agencies must offer meaningful access and referrals to the full range of sexual and reproductive health care as described in this policy. This includes referrals for LGBTQ-affirming services, access to contraception (including emergency contraception), testing for STIs, discussion and counseling regarding pregnancy options, etc.

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I. INTRODUCTION

A. Sexual and Reproductive Health Care Services Requirements

The Administration for Children’s Services (ACS) and foster care providers are required to provide age-appropriate sexual and reproductive health education and information to all children in foster care. This includes providing access to or arranging for reproductive health care services for youth in foster care aged 12 years and older upon request. Younger children who are known to be sexually active should also receive age-appropriate reproductive health care services.² The resources provided must not be limited to the provision of and access to age-appropriate sexual and reproductive health care information and services. Staff shall also provide youth with any support they need in order to access these services.

B. Sexual and Reproductive Health Services Resources

Youth in foster care aged 12 and older, and younger children who are known to be sexually active, need age-appropriate education and counseling about their reproductive rights and on reproductive health care services, including education and counseling on sexuality, pregnancy prevention, family planning, and sexually transmitted infections (STIs). New York State regulations support the rights of youth aged 12 and older and sexually active younger children to receive reproductive health counseling, education and reproductive health services.³

C. ACS’ Standard for Culturally Respectful Practice

ACS is committed to working with children, youth, and families in a manner that is respectful of all cultural backgrounds. Accordingly, ACS and provider agency staff must be sensitive to the beliefs and values of clients when discussing or providing information about sexual and reproductive health care services. Staff should never allow their own cultural values to interfere with their responsibility to provide unbiased information and quality services.

II. GENERAL POLICY GUIDELINES

A. Sexual and Reproductive Health Care Services for Adolescents in Foster Care

For the purpose of this policy, “sexual and reproductive health care services” include, but are not limited to, the social, educational, and medical services regarding:

² See 11-OCFS-ADM-09.

³ See 18 NYCRR § 463.1; 18 NYCRR § 441.22 (1) (1); 18 NYCRR § 463.2 (2) (b) (1) and 18 NYCRR § 507.1(c) - (9).

1. Sexuality education, family planning, and safer sex practices, including access to contraception methods (as well as emergency contraception such as Plan B One-Step);
2. Sexuality, sexual orientation, and gender identity;
3. Sexual abuse and sexual trauma;
4. Prevention, testing for, diagnosis, and treatment of STIs and Human Immunodeficiency Virus (HIV);
5. Responsible behavior and equal treatment between dating or sexual partners;
6. Access to gynecological care;
7. Pregnancy prevention, testing, and pregnancy options counseling, including legal and safe termination of pregnancy (abortion);
8. Access and referral to maternity care (prenatal, perinatal, and postpartum); and
9. Reproductive biology and the changes that come with adolescence.

B. Availability of Sexual and Reproductive Health Care Services

In New York State, youth have the right to access confidential sexual and reproductive health care services without their parents'/guardians' knowledge or consent. Although it is ACS' hope that youth in foster care develop trusting relationships with their foster parents and provider agency staff and can turn to them for assistance in accessing the health services that they need, for various reasons, not all youth will want to include others in their sexual and reproductive health-related decisions. It is also important to consider that in some cases, youth have maintained trusting relationships with their parents or other adult family members and may wish to seek their assistance.

C. Right to Confidentiality

1. All youth have a right to confidentiality regarding their sexual activity and any related health services they may receive. Staff should not make assumptions about a youth's sexual behaviors based on sexual orientation, gender identity, or gender expression.⁴
2. Confidentiality of a Minor's Health Care Information
 - a. Unless otherwise specified by law, a medical provider may not reveal confidential health information about a patient without the permission of the person who consented to the health care.
 - b. When a minor (defined as youth under the age of 18) consents to his or her reproductive health care, that health care and information is confidential and must not be disclosed, even to the minor's parents, unless an appropriate

⁴ See Policy # 2012/01, *Promoting a Safe and Respectful Environment for Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) Youth and their Families Involved in the Child Welfare, Detention and Juvenile Justice System* available in the ACS Policy Library at http://www.nyc.gov/html/acs/html/home/policy_library.shtml.

written consent has been obtained from the youth. If a youth provides the agency with reproductive health information, or seeks reproductive medical care from a foster care provider agency on site, the information must be maintained in the Health Narrative tab in CONNECTIONS (CNNX) and may not be disclosed to any other persons without the youth's written consent unless specifically authorized by law.

3. Documentation of Confidential Health Care Information

All sexual and reproductive health information must be documented in the Health Narrative tab in CNNX or the Health Narrative field. Agency documentation must adhere to all applicable laws governing confidentiality of health information. General CNNX progress notes must not contain confidential health information, including information regarding HIV/AIDS or reproductive health.

D. Age- and Developmentally Appropriate Sexual and Reproductive Health Education⁵

Age-appropriate sexual and reproductive health education and information must be given to all children in foster care. Provider agencies must provide children in foster care aged 12 years and older and those under 12 years who are known to be sexually active with age- and developmentally appropriate sexual and reproductive health education and counseling during routine medical appointments through the foster care agency, as well as in coordination with their schools with the knowledge of their parents/guardians. The information provided must consist of education and counseling on sexuality, pregnancy prevention, family planning, and STIs. Provision of reproductive health information and the discussion of these aforementioned topics, including a discussion of the *Letter Informing Youth of Their Right to Confidential Sexual and Reproductive Health Care* (Form FSS-004, see Attachment A), must begin when the child first arrives in foster care. The agency staff person responsible is encouraged to have the discussion at the first meeting with the foster parents and the youth, if appropriate. For children who are known to have a history of sexual abuse, this information must be conveyed with care by professional staff trained or experienced in sexual and reproductive health and knowledgeable about the impact sexual abuse and other traumas can have on child development.⁶

E. Consent for Sexual and Reproductive Health Care for Youth in Foster Care

1. Parental Consent to Health Services

As a general rule, parents must consent to their children's health care. This rule is based on the premise that youth typically lack the intellectual maturity to make informed health care decisions. There are laws that create exceptions to this rule so

⁵ See 11-OCFS-ADM-09.

⁶ This trained staff person may be a case planner, supervisor, or medical or mental health professional.

that in certain situations, minors have the right to consent to their own health care in New York State.

2. Youths' Capacity to Consent

- a. In New York State, a minor may consent to his or her own reproductive health care if the treating physician determines that the minor has the capacity to consent⁷. This includes health care for family planning services, gynecological exams, PAP tests, contraceptives (including emergency contraceptives), pregnancy options counseling, counseling on sexual decision-making, abortion, treatment for STIs, and testing for HIV.
- b. For cases in which the treating physician cannot determine whether a youth has the capacity to consent, and there is doubt or question about the capacity of a youth to provide informed consent, the case planning agency must obtain an independent assessment of the mental capacity of the youth by a qualified mental health professional who is appropriately trained to make such an assessment.
- c. Both ACS and the foster care agency with which a youth is placed have a responsibility to raise any questions about the youth's capacity to consent at any point during the youth's placement. Anyone working with a youth in foster care who has doubts about the youth's capacity to consent must inform the youth's case planner. The case planner must follow up with the youth's treating physician who will determine whether the youth has the capacity to consent. If the physician determines the youth lacks such capacity, the case planner must contact the ACS Medical Consent Unit at:
MedicalConsentRequests@acs.nyc.gov.

3. Pregnant and Parenting Minors

Any minor who is the parent of a child may consent for medical, dental, health, and hospital services for him- or herself.⁸ Any pregnant minor may consent for medical, dental, health, and hospital services relating to prenatal care.⁹ No other person's consent is necessary. If a minor parent is in foster care and has custody of his or her child who is not in foster care, the minor parent may also give consent for health care for the child. If the minor parent and child are both in foster care, in certain circumstances, ACS may consent for the child's health care if the minor parent refuses¹⁰.

⁷ Capacity to consent means an individual's ability to understand and appreciate the nature and consequences of a proposed health care service, treatment, or procedure and to make an informed decision about the service, treatment, procedure, or disclosure of health information (Public Health Law § 2780).

⁸ See Public Health Law § 2504(14).

⁹ See Public Health Law § 2504(3)

¹⁰ See Policy and Procedure 2014/08, *Medical Consents for Children in Foster Care*, 9/16/14.

4. Married Minors

A minor who is married can consent to all of his or her own health care, including medical, dental and hospital services.¹¹

III. REQUIRED ACTIONS

A. Informing Youth of Their Right to Confidential Sexual and Reproductive Health Care

It is ACS' policy that youth in foster care aged 12 years and older and youth under 12 who are known to be sexually active must be notified of their right to sexual and reproductive health services within 30 days after placement (or after reaching the age of 12) and at least every six (6) months thereafter. If a youth is pregnant, the case planner must inform her immediately about her sexual and reproductive rights and the available services. All youth must be informed of their rights via 1) a private, face-to-face discussion with the assigned provider staff person responsible for such discussions; and 2) the ACS *Letter Informing Youth of Their Right to Confidential Sexual and Reproductive Health Care*, which must be given to each youth in person.

B. Face-to-Face Discussions With Youth

1. Direct service staff responsible for face-to-face discussions with youth should either be:
 - a. Qualified licensed medical, mental health, or social work practitioners trained in sexual and reproductive health; or
 - b. Casework staff trained or experienced in sexual health, reproductive health care services, and youths' rights to confidential health care services.
2. In order for youth to access confidential sexual and reproductive health services on their own if they choose to do so, provider agencies must provide youth aged 12 and older with their case identification number ("CIN"¹²). Written documentation of the CIN must be included on the *Letter Informing Youth of Their Right to Confidential Sexual and Reproductive Health Care*. This documentation must also include the youth's name and date of birth. To prevent abuse or deliberate misuse of the CIN, provider staff must instruct the youth to carry a photo identification card to access services.

C. Informing Youth of Their Right to Confidential Sexual and Reproductive Health Care

1. The *Letter Informing Youth of Their Right to Confidential Sexual and Reproductive Health Care* (Form FSS-004) is the standardized letter that all provider agencies

¹¹ *Id.*

¹² The CIN is also referred to as the Medicaid number and is used for billing purposes.

must give to youth aged 12 or known to be sexually active every six (6) months. As this letter notes, foster parents may not withhold sexual and reproductive health information or services from foster children in their care. When a foster parent does not wish to provide information or access to these services to foster children in his or her care, the foster parent must contact the provider agency staff person identified on the letter. The staff person must help the foster parent understand that offering sexual and reproductive health care for youth is required; and if the foster parent still refuses, the provider agency is responsible for providing the youth with the necessary information, services, and assistance.

2. The provider agency staff person who reviews the letter with the youth must include his or her name and telephone number on the letter. The youth must sign, date, and return the letter to the staff person who must file it in the youth's medical record and record receipt of it in the CNX Health Narrative field (see ACS [Foster Care Quality Assurance Standards](#) Part V(l) - Sexual Health Education and Services).

D. Providing Supportive Literature

The four documents listed below are additional resources for staff, youth, and foster parents. The *Pass it 2 Youth* pamphlet must be distributed to all youth aged 12 and older and youth under 12 years who are known to be sexually active. This pamphlet shall be accompanied by the *Letter Informing Youth of Their Right to Confidential Sexual and Reproductive Health Care* semiannually.

1. *Pass It 2 Youth: What Every Teen Needs to Know About Sexual and Reproductive Health Rights* pamphlet can be accessed through the following link: [Pass it 2 Youth pamphlet](#).
2. *Pass It 2 Youth: What Every Teen Needs to Know About Sexual and Reproductive Health* workbook addresses sexual and reproductive health issues including, but not limited to, adolescents' rights, general health information, specific information for young men, community resources, and pregnancy prevention. The *Pass It 2 Youth* workbook will be provided to provider agencies via the Division of Family Support Services (FSS) Health Policy and Planning Unit. The workbook can also be accessed through the following link: [Pass it 2 Youth workbook](#).
3. *The Sexual and Reproductive Health Care for Youth in Foster Care Best Practice Guide*, designed for ACS and foster care agency staff, outlines the basic foundation of this policy. The best practice guide describes when and how to provide information and services and assists providers and staff in understanding their role under the policy. It suggests strategies to enhance practice skills and offers recommendations for integrating the components into the work of child welfare staff. The guide can be accessed through the following link: [Sexual and Reproductive Health Care for Youth in Foster Care Best Practice Guide](#).

4. *A Medical Guide for Youth in Foster Care* is an OCFS publication available through the OCFS website on the “Publications” page under “Adolescents in Care.” The guide is available in single page and booklet format. The guide can be accessed through the following link:
<http://ocfs.ny.gov/main/publications/Pub5116SINGLE.pdf>.

E. Documentation

A copy of the *Letter Informing Youth of Their Right to Confidential Sexual and Reproductive Health Care* (Form FSS-004) or the agency’s standardized letter informing a youth of his or her right to confidential sexual and reproductive health care and the date it was given to the foster parent¹³ and parent/guardian must be filed in the youth’s medical record. Documentation of the face-to-face discussion, the delivery of the standardized written letter, and the provision of supportive publications must be recorded in the CNX Health Narrative field.

F. Referrals for Youth Requesting Sexual and Reproductive Health Care Services

1. Referrals for youth who request routine appointments for sexual and reproductive health services shall be made within 30 days of the request. Referrals for emergency contraception and termination of pregnancy, however, must be made immediately following the request. Female youth who disclose having had sexual intercourse during the immediately preceding 72 hours, without benefit of any form of contraception, must be referred for counseling and offered emergency contraception, such as Plan B One-Step.
2. Foster care staff (case planners, administrators, health care and social service providers) are responsible for providing meaningful access to the full range of family planning and pregnancy-related services and information to all youth in their care aged 12 and older, and to children under the age of 12 who are known to be sexually active, without regard to level of care or permanency planning goal. It is ACS’ expectation that family planning and pregnancy-related services are provided through direct on-site services or through other community-based service providers. Additional resources are available in the *Pass It 2 Youth* pamphlet and the Sexual and Reproductive Health Centers and Clinics list (see Attachment C).

G. Sexually Transmitted Infection (STI) Risk Assessment

1. Risk Assessment

Within 30 days of placement and every six (6) months thereafter, foster care providers are required to administer an STI risk assessment to all youth aged 12 and

¹³ See 18 NYCRR 441.22.

older or under 12 if known to be sexually active. Agencies may choose to use the *Mandated Family Planning Risk Assessment Form* (Form FSS-11¹⁴ issued by ACS) or their own equivalent form. Agencies that choose to develop or use their own assessment tools should use Form FSS-11 as a template and must include all of the questions posed.

2. Testing and Treatment

STI testing should be a routine part of primary care for sexually active youth. Testing should also be considered when a youth returns from an absence without permission (i.e., AWOL) if there are concerns that the youth engaged in sexual activity. Health care practices should follow the current STD Treatment Guidelines, which are available from the Centers for Disease Control and Prevention (CDC) website or through the following link:
<http://www.cdc.gov/STD/treatment/2010/default.htm>.

H. Informing Parents/Guardians and Foster Parents of Youths' Rights to Sexual and Reproductive Health Care

1. Informing Parents/Guardians

- a. It is ACS policy that within 30 days of placement in foster care, the case planner will provide the parents/guardians of a youth 12 years of age and over or under 12 years and known to be sexually active with the *Pass It 2 Youth* pamphlet and the *ACS Letter Informing Parents/Guardians and Foster Parents of Adolescents' Rights to Confidential Sexual and Reproductive Health Care* (Form FSS-005, see Attachment B). The case planner must send these documents to each parent/guardian whose rights have not been terminated or surrendered. This standardized letter informs parents/guardians of their children's rights to confidential sexual and reproductive health care and privacy regarding information concerning that care, within applicable law. The letter also states that parents/guardians may not withhold sexual and reproductive health information or services from their children in foster care. Although parents/guardians may not have provided the consent for sexual and reproductive health services, it is nevertheless important that they be familiar with their children's rights to care and be educated about the importance of their children receiving sexual and reproductive health information and services. The case planner must not reveal to the parent/guardian that the child is known to be sexually active unless that information came from the parent/guardian, or the child has consented to such disclosure.

¹⁴ FSS-011 was formerly known as CM-1036 and can be accessed through the following link: [FSS-011 Mandated Family Planning Risk Assessment Form](#).

- b. In addition to the letter, provider agency staff must have face-to-face conversations with parents/guardians regarding their children's rights to confidential sexual and reproductive health care. Such discussions may be incorporated into an existing meeting among the parents/guardians, foster parents, and provider agency, such as at a Family Team Conference. As stated above, in the course of the discussion, staff may not reveal or discuss any confidential sexual and reproductive health information about the youth.
2. Informing Foster Parents¹⁵
- a. Within 30 days of a youth's placement in foster care and annually thereafter, the foster parents of a youth 12 years of age and over or under 12 years and known to be sexually active, will receive the *Pass It 2 Youth* pamphlet and the *Letter Informing Parents/Guardians and Foster Parents of Adolescents' Rights to Confidential Sexual and Reproductive Health Care*. Provider agencies must send these documents to each foster parent caring for any foster child 12 years of age and over or under 12 years and known to have been sexually active.
 - b. The letter also states that foster parents may not withhold appropriate sexual and reproductive health information or services from foster children in their care.
 - c. In addition to the letter, provider agency staff must have an annual face-to-face conversation with each foster parent regarding adolescents' rights to sexual and reproductive health services. Unlike discussions with youth, which must be private, discussions with the foster parent about these rights and services may be incorporated into an existing meeting between the foster parent and provider agency.
 - i. To avoid creating an uncomfortable situation for the youth, the provider agency staff member should not have this conversation in front of the youth unless the youth wishes to be part of the discussion. In the course of the discussion, staff may confirm the delivery of sexual and reproductive health information to the young person but may not reveal or discuss any confidential health information or health care provided to the young person.

I. Documentation

A copy of the *Letter Informing Parents/Guardians and Foster Parents of Adolescents' Rights to Confidential Sexual and Reproductive Health Care* (Form FSS-005) or the standardized agency letter containing the same information and the date it was given to

¹⁵ See 18 NYCRR § 441.22(l)(1); 11-OCFS-ADM-09; 90-OCFS-ADM-21.

the foster parent and parent/guardian must be filed in the youth's medical record. Documentation of the delivery of the *Letter Informing Parents/Guardians and Foster Parents of Adolescents' Rights to Confidential Sexual and Reproductive Health Care* and other literature as well as the face-to-face discussion must be recorded in the CNNX Health Narrative field.

IV. PROGRAMS AND SERVICES

A. Assisting Youth in Accessing Sexual and Reproductive Health Care Services

1. All foster care provider agencies must offer meaningful access and referrals to the full range of sexual and reproductive health care as described herein to youth 12 years and older and children younger than 12 if they are known to be sexually active. Provider agencies must adhere to ACS policy and the terms of their contracts regarding comprehensive sexual health information and services for youth in their care. State and federal laws mandate that family planning services, including contraception, must be provided to youth in foster care who request such services; and youth who enter ACS custody already on contraception (e.g., birth control pills) shall be able to continue. Youth must be encouraged to make independent and informed choices regarding the measures they will take to avoid unintended pregnancies and STIs. Contraception services may either be provided by the youth's physician or by referral to a community health care provider who will make a determination regarding the youth's capacity to consent to a particular service or treatment.¹⁶ Provider agencies must also offer access to LGBTQ-affirming services¹⁷ [e.g., the Callen-Lorde Health Clinic's Health Outreach to Teens (HOTT) Program and the Health and Education Alternatives for Teens (Heat) Program].
2. ACS and provider agency staff must not impose their personal, organizational, and/or religious beliefs regarding sexual and reproductive health care services on youth in foster care. Provider agencies must distribute and use the Sexual and Reproductive Health Centers and Clinics list when alternative resources are needed. Additionally, if a youth requests an escort to medical appointments, provider agencies shall promptly identify a responsible individual (e.g., case planner, foster parent, mentor) to accompany the youth to the appointment and all related sexual and reproductive health procedures. It remains the responsibility of the provider agency case planner to make certain that the youth has timely and adequate support and access to sexual and reproductive health and follow-up services.
3. Provider agencies must develop a sexual and reproduction health services strategy to address the issue of staff and foster parents who have difficulty reconciling their obligations to youth with their personal values. Staff must talk to their supervisors,

¹⁶ See 11-OCFS-ADM-09.

¹⁷ See Policy #2012/01, *Promoting a Safe and Respectful Environment for Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) Youth and Their Families Involved in the Child Welfare, Detention and Juvenile Justice System.*

and foster parents must speak to their case planners about ways to manage their feelings so that they are able to provide youth in foster care with all of the information and services they need. Case planners must document discussions, including topic areas discussed, in the CNNX Health Narrative field.

4. Provider agencies must develop a sexual health and pregnancy prevention strategy focused on educating young people about safer sex practices, offering consistent messaging about dual protection (e.g., condom and hormonal methods), promoting the delay of early parenting, and avoiding unintended pregnancies. Discussions must be confidential and occur at least every six (6) months. Discussions may happen in a formal or informal setting but must be private and be clearly documented in the CNNX Health Narrative field.

B. Addressing the Sexual and Reproductive Health Needs of Youth in Foster Care

1. Gynecological Services¹⁸

- a. As part of routine medical care, all eligible youth aged 12 and over or at the onset of puberty must be referred for annual gynecological services. This care includes all female youth who are thinking about becoming sexually active or who are already sexually active, or when there are medical concerns such as menstrual problems. This care may include counseling, consultation, and determination of when a pelvic examination is appropriate.
- b. If the youth refuses services, the provider agency staff person is responsible for documenting the youth's refusal in the medical record. In addition, the provider staff person must continue to engage the youth to consider the benefits of receiving sexual and reproductive medical services.
- c. Human Papillomavirus (HPV) vaccinations should be administered as a routine immunization to all females aged 11-12¹⁹ and over who have not yet received the vaccination, regardless of whether they are sexually active or already infected with HPV.
- d. In the event that an eligible youth provides information that indicates the need for more immediate gynecological attention, the provider agency shall arrange for such care regardless of the date of the last examination.

2. Support and Services for Pregnant and Parenting Youth in Care

- a. ACS has issued a booklet entitled, *Guide to Working with Young Parents in Out of Home Care*. Staff should use this guide in conjunction with the *Checklist for*

¹⁸ *Ibid.*

¹⁹ See 11-OCFS-ADM-09, page 5.

Pregnant and Parenting Young People in Out of Home Care (see Attachment E). Additionally, ACS has developed the *Sexual and Reproductive Health Best Practice Guide* to assist and continue to support improved practices among foster care agencies, foster parents, and parents to better support foster care youth who are sexually active. A link to this guide can be found above in section III(D)(3).

- b. Provider agency staff must counsel female youth as to the advisability of testing for pregnancy at any time that a pregnancy is reasonably suspected due to late or missed menses or for some other reason²⁰. In the event that a foster parent or provider agency staff member other than an on-site medical staff person employed by the agency becomes aware that a youth is pregnant, that youth's case planner must be informed within 24 hours of obtaining such information. Provider staff and foster parents must approach a possible pregnancy with sensitivity to the young person's feelings and must involve her in conversations about her reproductive health rather than merely having such discussions about her.
- c. Provider agencies must counsel and offer information to pregnant youth in foster care that covers all relevant issues including, but not limited to:
 - i. Living arrangements for the infant if the pregnant youth decides to continue the pregnancy to term;
 - ii. The pregnant youth's decision about whether to involve her parents, foster parents, and/or the baby's father in planning (this discussion should include an assessment of the safety of the youth's relationship with the baby's father);
 - iii. An objective review and discussion of all options and their implications, including continuing the pregnancy to term, adoption, or termination of the pregnancy;
 - iv. School attendance and other education services;
 - v. Childcare resources and referrals for the infant; and
 - vi. Additional services and supports that are needed in order for the pregnant youth to remain in her current placement. (Note: this conversation may include the foster parent with the youth's consent.)
- d. Discussion and counseling regarding all available options must be provided as soon as possible, but no more than five (5) days after a pregnancy confirmation.²¹ Within two (2) weeks following the pregnancy confirmation, the case planner shall meet with the pregnant youth to determine whether the youth would like any information in order to be adequately educated and informed about all pregnancy options. The case planner may not delay a

²⁰ See 11-OCFS-ADM-09.

²¹ *Ibid.*

pregnant youth's termination procedure for failure to have such a meeting. The case planner must also confirm that the youth's decision was made solely by the youth and that another individual has not coerced her into making a decision to maintain or terminate the pregnancy. The case planner must offer the youth an opportunity to meet with a health care provider, counselor, and/or her attorney if the youth wishes additional assistance in the decision-making process.

- e. The case planner must also ask the pregnant youth about whether she wants to notify her parent or legal guardian about the pregnancy. No disclosure to the youth's parent or legal guardian may occur unless the youth gives written consent. The case planner must document discussions, including topic areas discussed, in the CNNX Health Narrative field.

C. Pregnant Youth Who are Considering Maintaining Their Pregnancy

Pregnant youth who are considering maintaining their pregnancy must receive prenatal care immediately, as well as postpartum care. Such care must be consistent with the New York State Department of Health (DOH) Prenatal Care Assistance Program (PCAP) regulations.²² Care must include a referral to a community prenatal care provider who will be responsible for the obstetrical medical care. The first prenatal care appointment must occur as soon as possible after the youth has decided to continue her pregnancy, preferably within one week.

1. Prenatal/postpartum care must be consistent with current professional standards of care. The American College of Obstetricians and Gynecologists (ACOG) Standards for reproductive health and the birth process must be employed.

D. Pregnant Youth Who Are Considering Termination of Pregnancy

For pregnant youth who are considering termination of pregnancy, the provider agency must provide nonjudgmental, unbiased information about abortion and access to services and/or make alternative referrals to providers who offer these services to enable youth to make informed decisions about their pregnancies. Following termination of a pregnancy, the provider agency must offer youth trauma-informed counseling and support by an appropriate licensed mental health or social work practitioner.

E. Documentation

All sexual and reproductive health information related to continuing or terminating a pregnancy must be documented. The case planner must document face-to-face discussions about these two issues in the CNNX Health Narrative field.

²² See 10 NYCRR § 85.44.

F. Addressing the Sexual and Reproductive Health Needs of Male Youth in Foster Care

1. Primary Care

As part of primary care services related to sexual and reproductive health care for male youth, clinicians must discuss and manage male adolescent sexual and reproductive health on a regular basis (i.e., annually and as needed). Case planners must refer all eligible male youth (from the age of 12 and over or at the onset of puberty or if they are known to be sexually active or thinking of becoming sexually active) for sexual and reproductive health services. This care may include obtaining a youth's sexual history, conducting an appropriate examination, offering patient-centered (i.e., youth, parent, foster parent, or trusted individual) and age-appropriate anticipatory guidance, and providing appropriate vaccinations.²³

2. The male genital examination is important for screening and diagnostic purposes beyond the need to screen for testicular cancer. Despite the lack of evidence supporting screening for testicular cancer, the genital examination should be included as part of a male's routine physical examination as well as when a male patient presents with genital complaints.
3. If a youth refuses services, the provider agency staff person is responsible for documenting the youth's refusal for services in the medical record. In addition, the provider staff person must continue to engage the youth to consider the benefits of receiving sexual and reproductive medical services.
4. Provider agencies must remain informed about any new recommendations regarding the administration of the HPV vaccine to male youth and be ready to incorporate them in their provision of services. Routine vaccinations against HPV should be given to male adolescents beginning from ages 11 to 12 years old. The series can be initiated as early as age 9, and it is recommended that catch-up vaccinations begin between ages 13 through 21 among males who have not been vaccinated previously or have not completed the three-dose series through age 21.²⁴
5. In the event that an eligible youth provides information that indicates the need for more immediate medical attention, the case planner shall arrange for it regardless of the date of the last examination.
6. The parent's/guardian's signed consent for routine medical treatment is sufficient for the HPV vaccination; no additional consent is required.

²³ Marcell, A. V., et.al. (2011). "Male Adolescent Sexual Reproductive Health Care," *Pediatrics* 128(6):e1658.

²⁴ See <http://www2.aap.org/immunization/izschedule.html>.

G. Support and Services for Expectant and Parenting Male Youth in Care

1. Provider agencies can refer to the *Sexual and Reproductive Health Care for Youth in Foster Care Best Practice Guide*, the *Pass It 2 Youth: What Every Teen Needs to Know About Sexual and Reproductive Health* workbook, and the Fatherhood Program/Provider Resource Data Base (see Attachment D) as resources when having discussions with male youth who are expectant fathers. The guide and workbook serve as supportive materials that may assist agency staff in having open and informative conversations with males who are parenting or are expectant fathers.
2. If a male youth discloses to a foster parent or provider agency staff person that he has impregnated another youth, his case planner must immediately connect him to a fatherhood program. If the pregnant youth is also in foster care, the case planner must notify her case planner of the pregnancy within 24 hours.
3. Provider agencies must counsel and provide up to date and useful information to all male youth with special attention to parenting and expectant fathers that covers all relevant issues including, but not limited to:
 - a. Identifying trusted, non-judgmental, and positive individuals in whom male youth can confide;
 - b. Promoting responsibility and encouraging expectant fathers to talk openly with expectant mothers;
 - c. An objective review and discussion of all options and their implications, including continuing a pregnancy to term, adoption, or termination of a pregnancy, and the provision of support services to assist young men learning to raise a child;
 - d. Co-parenting arrangements for the infant if the pregnant youth decides to continue the pregnancy to term and raise the child with the expectant father (this discussion should include an assessment of the safety of the young man's relationship with the expectant mother);
 - e. School attendance and other education services;
 - f. Information about job training;
 - g. Information and support services related to becoming a father;
 - h. Information about responsible fatherhood, resources, and referrals for the infant;
 - i. Information on budgeting and conflict resolution;
 - j. Information on healthy intimate relationships, responsible behavior, and support with co-parenting; and
 - k. Information on DNA testing and establishing paternity if paternity has not already been legally established and, when relevant, child support and custody.

H. Documentation

All sexual and reproductive health information related to male adolescents' sexual and reproductive health needs must be documented. The case planner shall document face-to-face discussions about these issues in the CNNX Health Narrative field.

I. Discharge Planning

Discharge planning for youth who are leaving care shall include planning for access to sexual and reproductive health care services. This may include, but is not limited to, arranging for future medical appointments and acquiring any necessary medication.

J. Provider Agency Training²⁵

Provider agencies must offer separate training sessions on sexual and reproductive health services for youth in care, foster parents, and parents/guardians. Each of these trainings must be offered at least four (4) times a year. Agencies must also give youth the option to receive individual trainings. If possible, a training option that involves both parents and youth should be provided to promote dialogue around sexual and reproductive health.

1. Direct Service Staff

Provider agencies must offer mandatory training twice a year for all direct service staff regarding sexual and reproductive health rights and services. Non-direct service staff must be encouraged to attend these trainings to enhance their knowledge about these topics. These training sessions must be LGBTQ-affirming and include, but not be limited to:

- a. Adolescent development (including sexual orientation and gender identity) and the response to trauma, and adolescent sexual and reproductive health needs;
- b. The impact of sexual abuse and other maltreatment on sexual decision-making, including the decision to become a parent;
- c. Sexual and reproductive health care services available to teens;
- d. Consistent messaging about dual protection (e.g., condoms and hormonal methods);
- e. Information about adolescents' rights to confidential care;
- f. Guidance on how to talk to teens and parents about sexual and reproductive health issues;
- g. The impact of culture and ethnicity on sexual and reproductive health care; and
- h. The challenges of being a parent.

²⁵ The individuals conducting the following trainings must have experience working with or have training in sexual and reproductive health matters.

2. Paternity Rights of Male Youth

- a. Provider agencies must offer training and inform all young men about their paternity rights and responsibilities regardless of their sexual orientation and gender identity. Topics should include parenting classes, family planning counseling, and links to local resources, mentors, and support groups.
- b. Agencies must also provide training for young fathers addressing the importance of their involvement in the lives of their children, as well as support in creating a positive co-parenting relationship with the mother(s) of their child(ren). Provider agencies shall make efforts to help young fathers develop a strong sense of sexual responsibility and an understanding of the implications of fatherhood.

3. All Youth

Provider agencies must offer all youth aged 12 years and older ongoing training (e.g., one-on-one, group, video or webinar, etc.) on matters pertaining to adolescent sexual and reproductive health. Such training must be LGBTQ-affirming and address issues including, but not limited to:

- a. Reproductive biology and the changes that come with adolescence;
- b. Sexuality and sexual orientation;
- c. Gender identity, including related topics such as puberty blockers and hormone replacement therapy;
- d. Responsible behavior and equal treatment between dating or sexual partners;
- e. Safer sex practices and access to contraception methods;
- f. Consistent messaging about dual contraception (e.g., condoms and hormonal methods);
- g. STIs, including HIV;
- h. Maternity care (prenatal, perinatal, and postpartum) and termination of pregnancy;
- i. Gynecological care;
- j. Adolescents' rights to confidential sexual and reproductive health care;
- k. The impact of culture and ethnicity on sexual and reproductive health care;
- l. Commercial sexual exploitation and the vulnerability of adolescents in child welfare, including information about appropriate interventions and mental health services; and
- m. The challenges of being a parent.

4. Foster Parents

Provider agencies must offer ongoing training (e.g., one-on-one, group, video or webinar, etc.) to foster parents in matters pertaining to adolescent sexual and

reproductive health. This training must be LGBTQ-affirming and address issues including, but not limited to:

- a. Talking to teens about sexual and reproductive health issues;
- b. Human sexual development, including sexual orientation and gender identity;
- c. The impact of sexual abuse and other maltreatment on sexual development and decision-making, including the decision to become a parent;
- d. How to assess the need for specialist care and selecting an appropriate provider;
- e. Consistent messaging about dual protection (e.g., condoms and hormonal methods);
- f. Youths' rights to confidential sexual and reproductive health care; and
- g. Commercial sexual exploitation and the vulnerability of adolescents in child welfare, including information about appropriate interventions and mental health services.

5. Parents/Guardians

Foster care provider agencies must offer trainings (e.g., one-on-one, group, video or webinar, etc.) to parents/guardians that are LGBTQ affirming and address issues including, but not limited to:

- a. Talking to teens about sexual and reproductive health issues;
- b. Human sexual development, including sexual orientation and gender identity;
- c. The impact of sexual abuse and other maltreatment on sexual development and decision-making, including the decision to become a parent;
- d. How to assess the need for specialist care and selecting an appropriate provider;
- e. Consistent messaging about dual protection (e.g., condoms and hormonal methods);
- f. Youths' rights to confidential sexual and reproductive health care; and
- g. Commercial sexual exploitation and the vulnerability of adolescents in child welfare, including information about appropriate interventions and mental health services.

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ATTACHMENT A

Letter Informing Youth of Their Right to Confidential Sexual and Reproductive Health Care

NAME OF YOUTH _____ DATE OF BIRTH _____

YOUTH'S CIN (MEDICAID #):

As you make decisions about your health, it is important for you to be able to receive support from a number of different people, including your foster parent(s), parent(s)/guardian(s) and foster care agency staff. As a young person, you have certain rights concerning your medical needs, including sexual and reproductive health information and services. You also have the responsibility to make sure that any medical providers you go to on your own know about the other health services and medication(s) you are receiving.

You have the right to learn about:

- contraception and safer sex practices, including safer sex supplies such as barrier methods such as condoms, dental dams, and finger condoms;
- prevention of pregnancies;
- responsible behavior;
- healthy and unhealthy relationships;
- sexual orientation and gender identity; and
- prevention of and testing and treatment for sexually transmitted infections (STIs), HIV and AIDS;

You have the right to access contraceptives and safer sex supplies, including emergency contraception (the “morning after pill” or Plan B).

All female youth have the right to a gynecological exam and maternity care (prenatal, perinatal and postpartum) and termination of pregnancy. All male youth have the right to sexual and reproductive health services, including information about safer sex and delaying fatherhood.

The foster care agency and/or foster parent must give you support in making sure you receive information and services. Even if your foster parent is not supportive about these issues, this should not affect your ability to access information and services. The agency gave a similar letter to your foster parent informing him/her of your sexual and reproductive rights.

You have the right to privacy regarding your sexual and reproductive health. You can receive sexual and

2 of 2 (back)

reproductive health services (prevention, testing and treatment for STIs, pregnancy testing, abortion services, and contraception) without anyone knowing about it, including your parents/guardians and foster parents, foster care agency staff, or anyone else.

Your medical information may only be shared when required by law. In this event, the foster care agency will follow the law and will only share the information necessary. You will be told, as required by law, when the information is shared.

Along with this letter, the foster care agency will give you a pamphlet about your right to confidential sexual and reproductive health care (*Pass It 2 Youth: What Every Teen Needs to Know About Sexual and Reproductive Health Rights*) and your rights and options if you or your partner is pregnant.

Your foster care agency has given you a CIN, which stands for Child Identification Number (Medicaid #), will allow you to access sexual and reproductive health-related services and resources outside of your foster care agency. Your CIN (Medicaid #) is also listed at the top of this letter. To prevent abuse or deliberate misuse, only share your CIN with appropriate staff and keep the letter in a safe place. When you have a doctor's appointment or visit a health clinic for services, take this letter and a photo identification card with you. You can ask the clinic or hospital to make a copy of the letter so you can keep the original.

Someone from your agency will speak to you about this information. If you have questions, and/or would like to talk about your sexual and reproductive health needs you can contact him/her at:

Staff Person's Name _____ Telephone Number _____

If you need help finding a health clinic in your neighborhood, have questions, or are unable to access information or services related to your sexual and reproductive health, you may call the **Children's Services Office of Advocacy at 212.676.9421.**

I have read, discussed, and I understand the information in this letter.

Signature of Youth _____ Date _____

ATTACHMENT B
Letter Informing Parents/Guardians and Foster Parents
of Adolescents' Rights to Confidential Sexual and Reproductive Health Care

Youth in foster care constantly face difficult life decisions that affect their future. Communicating accurate information with youth in a non-judgmental way about their rights to confidential sexual and reproductive health services is critical in helping them make informed decisions regarding their sexual health. As a parent/guardian/foster parent, you must be aware that youth 12 years and older and certain youth under 12 years in foster care have certain rights concerning their medical needs, including sexual and reproductive health information. It is important to be open and available to talk to youth about these situations, and be a resource for support and information.

Youth in foster care have the right to learn about:

- contraception and safer sex practices;
- safer sex supplies, including barrier methods such as condoms, dental dams, and finger condoms;
- prevention of pregnancies;
- prevention of, testing and treatment for, sexually transmitted infections (STIs), HIV, and AIDS;
- responsible behavior;
- sexual orientation and gender identity;
- healthy and unhealthy relationships

Youth in foster care have the right to access contraceptives and safer sex supplies.

All female youth have the right to a gynecological exam and maternity care (prenatal, perinatal and postpartum) and termination of pregnancy.

All male youth have the right to sexual and reproductive health services, including information about safer sex and delaying fatherhood.

The foster care agency and/or foster parent must give support to youth in care in receiving information and services.

Young people have the right to privacy in all issues regarding their sexual and reproductive health. Young people can receive sexual and reproductive health services (prevention, testing and treatment for STIs, pregnancy testing, abortion services, and contraception) without anyone knowing about them, including parents/guardians and foster parents, foster care agency staff, or anyone else.

Along with a letter, every youth will receive a pamphlet describing his/her rights to confidential sexual and reproductive health care (*Pass It 2 Youth: What Every Teen Needs to Know About Sexual and Reproductive Health Rights*) and his/her rights and options if the youth is pregnant or has gotten someone pregnant. A copy of this pamphlet is included with this letter for your information.

The foster care agency has issued documentation to your child/foster child with his/her Child Identification Number (CIN), which is the youth's Medicaid #. This will allow him/her to access sexual and reproductive health-related services and resources outside of the foster care agency. This number must only be used by the youth.

A representative from your agency will speak to the youth in your care about the information in this letter. You and/or the youth may contact the following person from your agency if either of you have questions about sexual and reproductive health issues or the rights of youth to confidential health care:

Staff Person's Name _____ Telephone Number _____

If you have questions or if the youth in your care is unable to access information or services related to sexual and reproductive health, you may call the **Children's Services Office of Advocacy at 212 -676-9421**.

I have read, discussed, and I understand the information in this letter. After signing the document please return to agency staff person.

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Signature of Parent/Guardian/Foster Parent _____ Date _____

Printed Name _____ Relationship to Child _____

ATTACHMENT C
Sexual and Reproductive Health Centers/Clinics

CLINICS	PHONE NUMBERS
Bronx	
Bronx Health Center	718.320.4466
Jacobi Hospital/Clinic – Gun Hill	718.918.8850
Jacobi Hospital/Clinic - Tremont	718.918.8700
Planned Parenthood - The Bronx Center	212.965.7000
Brooklyn	
CABS Health Center	718.388.0390
Caribbean House Health Center	718.778.0198
Coney Island Hospital/Clinic	718.616.4392/3191
Dr. Betty Shabazz Health Center	718.277.8303
HEAT Program	718.467-4446
Kings County Hospital/Clinic	718.245.5495/ 3502
Planned Parenthood - Boro Hall Center	212.965.7000
Manhattan	
Callen-Lorde Health Outreach to Teens (Project HOTT)	212.271.7212
Community Health Care Network of NYC	212.545.2400
Community League Health Center	212.781.7979
Downtown Health Center	212.477.1120
Gouverneur Hospital/Clinic	212.238.7244/ 7601
Harlem Hospital/Clinic	212.939.8229/ 8262
Helen B. Atkinson Health Center	212.426.0088
Metropolitan Hospital	212.423.8811/ 7662
Planned Parenthood - Margaret Sanger Center	212.965.7000
The Door	212.941.9090
The Young Men’s Clinic	866.463.2778
PFLAG (Parents, Families and Friends of Lesbians and Gays)	212. 463.0629
Queens	
Long Island City Health Center	718.482.7772
South Queens Clinic	718.883.6699/ 2558
Queens Health Center	718.657.7088
Staten Island	
Planned Parenthood - Staten Island Center	212.965.7000
Teen R.A.P.	718.226.6262

Attachment D

Fatherhood Program/Provider Resource Data Base

**Office of Child Support Enforcement
NYC Human Resources Administration
Parent & Community Outreach**

Program/Provider Name	Services Offered	Website Link
BRONX		
Bronx Workforce1 Career Center 358 East 149th St. Bronx, NY 10455 718-960-7099	Workforce 1 Centers provide job search resources, career counseling, assistance creating resumes and cover letters, and job placement services. The Center is a partnership of agencies and organizations providing a full array of services.	www.nyc.gov/workforce1
Visiting Nurse Service of New York Agency Location: 107 East 70 th St NYC, NY 10021 800 675-0391 Program Site: Friends Program 389-391 East 153 rd St. Bronx, NY 10455	Visiting Nurse Service provides workshops on parenting skills, child development, anger management, legal counseling, and job readiness.	www.vnsny.org

<p>Legal Information for Families Today (LIFT) Agency Location: 350 Broadway, Suite 400 NYC, NY 10013 646 613-9633 212 343-1122</p>	<p>LIFT provides fathers 24 years and older with individual/family and group counseling, anger management workshops, mediation/conflict resolution training, parent/child rearing classes, educational/career/employment counseling, visitation arrangements, and family budgeting services.</p>	<p>www.liftonline.org</p>
<p>Claremont Neighborhood Centers, Inc. Program Site: 489 East 169th Street Bronx, NY 10456 718 588-1000</p>	<p>Claremont Neighborhood Centers provides fathers 24 years and older with group and individual/family counseling, mediation/conflict resolution/ training, parenting skills, educational workshops, family budget and consumer education, visitation arrangements, and mentoring. They also offer an eight week summer camp for children of fatherhood program participants, ages 5-12 years old.</p>	<p>www.claremontneighborhoodcenters.org</p>
<p>Friends of Island Academy Agency Location: 330 West 38th Street, 3rd Floor NYC, NY 10018 212 760-0755</p>	<p>Friends of Island Academy offers workshops, counseling, support, employment, parenting classes, anger management</p>	<p>www.foiany.org</p>

<p>Program Site: Parkside Community Center 29 10/2972 Bronx Park East Bronx, NY 10467</p>	<p>counseling, child support and legal assistance, career development, housing and educational assistance.</p>	
<p>Fund for the City of New York/Center for Court Innovation Agency Location: 520 Eighth Avenue, 18th Floor Forest Hills, NY 11375 718 397-3050</p>	<p>The Center for Court Innovation provides individuals on parole with drug treatment, transitional employment and vocational services, health care and mental health treatment and other services.</p>	<p>www.courtinnovation.org</p>
<p>Inwood House Fathers Count Program 522 Courtland Ave. Bronx, NY 10451 718 742-8100 Contact: Andrew Ross aross@inwoodhouse.com</p>	<p>The Fathers Count Program provides parenting and family planning classes, educational and vocational referral and placement, recreational activities, counseling, a safe, supportive atmosphere, and positive peer influence.</p>	<p>www.inwoodhouse.com</p>
<p>South Bronx Concerned Citizens Inc. Fathers First 1019 Avenue of Saint Johns Bronx, NY 10455</p>	<p>South Bronx Concerned Citizens provides support groups, education and advocacy to fathers.</p>	<p>www.sbcccinc.net</p>
<p>Citizens Advice Bureau (now BronxWorks) 2054 Morris Avenue Bronx, NY 10453 (718) 365-0910 cabinfo@cabny.org</p>	<p>BronxWorks provides services for immigrants, homeless individuals and families, people with and families impacted</p>	<p>www.bronxworks.org</p>

	by HIV/AIDS, and adults making the transition from welfare to work.	
BROOKLYN		
Brooklyn Workforce1 Career Center 9 Bond St., 5th Floor Brooklyn, NY 11201 718-246-5219	Workforce1 Centers provide job search resources, career counseling, assistance creating resumes and cover letters, and job placement services. The Center is a partnership of agencies and organizations providing a full array of services.	www.nyc.gov/workforce1
Family, Fathers & Children 563 Sterling Pl. Brooklyn, NY 11238 718 287 9044 Contact: Ellen Edelman eedelm@aol.com	Family, Fathers & Children provides cooking services for children with incarcerated fathers.	No website
Ralph Lincoln Service Center, Inc. Agency Location: 261 Buffalo Avenue, Suite 2 Brooklyn, NY 11213 718 604-1358	Ralph Lincoln Service Center provides help with parenting skills, individual and family counseling, mediation and conflict resolution, mentoring, group counseling and visitation assistance.	No website
Coalition for Hispanic Family Services Agency Location: 315 Wyckoff Avenue, 4th Floor	The Coalition for Hispanic Family Services provides fathers and those in father-like roles 24	hispanicfamilyservicenyc.org

<p>Brooklyn, NY 11237 718 497-6090</p>	<p>years and older with individual and group counseling, visitation, partner mediation, parenting classes, and anger management workshops.</p>	
<p>Catholic Charities Neighborhood Services, Inc. Agency Location: 191 Joralemon Street Brooklyn, NY 11201 718 722-6000</p> <p>Program Site: Project Bridge 52 Wilson Avenue Brooklyn, NY 11237</p>	<p>Catholic Charities Neighborhood Services provides individual and family counseling, visitation, group counseling, parenting skills, educational and vocational counseling, budget & finance and independent living skills.</p>	<p>www.ccbq.org</p>
<p>Legal Information for Families Today (LIFT) Agency Location: 350 Broadway, Suite 400 NYC, NY 10013 646 613-9633 212 343-1122</p>	<p>LIFT provides fathers 24 years and older with individual/family and group counseling, anger management workshops, mediation/conflict resolution training, parent/child rearing classes, educational/career/employment counseling, visitation arrangements, and family budgeting services.</p>	<p>www.liftonline.org</p>
<p>Family & Community Support Services Agency Location: 1195 St. Marks Avenue Brooklyn, NY 11213 718 771-3136</p>	<p>Family & Community Support Services provides young fathers 16-24 years old with individual, family and group counseling, parenting classes, anger</p>	<p>www.fcsc.org</p>

<p>Family & Community Support Services 124 Utica Ave. Brooklyn, NY 11213 718 771 3136 www.fcss.org Contact: Maurice Lauriano</p> <p>Program Site: Beacon 1137 Herkimer St. Brooklyn, NY 11233</p>	<p>management classes, skill empowerment workshops and mentoring.</p>	
<p>Fund for the City of New York/Center for Court Innovation Agency Location: 520 Eighth Avenue, 18th Floor Forest Hills, NY 11375 718 397-3050</p>	<p>The Center for Court Innovation provides individuals on parole with drug treatment, transitional employment and vocational services, health care and mental health treatment and other services.</p>	<p>www.courtinnovation.org</p>
<p>The New York Society for the Prevention of Cruelty to Children Agency Location: 161 William Street, 9th Floor NYC, NY 10038 212 233-5500</p>	<p>The New York Society for the Prevention of Cruelty to Children provides supervised visitation for children with their non-custodial parents; promotion of healthy parenting through skills training, education and guidance; trauma recovery for children from physical or sexual abuse, family violence, parental substance abuse and parental mental illness; group counseling to “high-risk” children in New York City public</p>	<p>www.nyspcc.org</p>

	<p>schools; sexual abuse prevention workshops geared towards children in grades K-3; child permanency mediation; resiliency restoration training for child welfare agencies to help staff during times of grief, stress and loss; and education on legislative action.</p>	
<p>Counseling Service of EDNY 180 Livingston St. Suite 301 Brooklyn, NY 11201 718 858-6631 Contact: Catherine Rossi Catherine.rossi-be@csedny.org</p>	<p>Counseling Service of EDNY provides men 18-25 years old involved in the criminal justice system with an alternative to incarceration through drug counseling and fatherhood classes.</p>	<p>www.csedny.org</p>
<p>Enhanced Employment Initiative EAC NYC Task 175 Remsen St. Brooklyn, NY 11201 718 237-9404 Contact: Alma Radonic aradonic@nyctask.org</p>	<p>Enhanced Employment Initiative provides employment services and fatherhood workshops on topics such as child support for the formerly incarcerated. Only available by referral from the DA's office.</p>	<p>www.eacinc.org</p>
<p>Man-Up 200 Gold St. Brooklyn, NY 11201 718-875-8801 Contact: Antionette Brembridge ABrembridge@CCBQ.org</p>	<p>Man-Up provides men 16-24 years old, noncustodial parents and the unemployed with counseling, job readiness and parenting classes which focus on engaging fathers in their children's lives; as</p>	<p>www.ccbq.org</p>

	<p>well as summer employment, a food pantry and anger management and life skills. Walk-ins, referrals, or the formerly incarcerated may participate.</p>	
<p>Puerto Rican Family Institute Responsible Fatherhood/Healthy Marriage Initiative 217 Have Meyer St. 4thFloor Brooklyn, NY 11211 718 963-4430 Ext. 4501 Contact: Martha Mendez Mendez@prfi.org</p>	<p>The Puerto Rican Family Institute offers workshops on responsible fatherhood, anger management, and couples' relationship enhancement. They provide metro cards, child care, snacks and certificates. They teach fathers self esteem and how to balance work and family.</p>	<p>www.prfi.org</p>

<p>Fathers in Training for Fatherhood 515 Stanley Ave. Brooklyn, NY 11207 646 419-0906 www.fit4fathers.org Contact: Lance Cruell</p>	<p>Fathers in Training offers parenting skills classes, domestic violence counseling, anger management, transitional/post-incarceration release counseling, adult basic education, GED/SAT/computer training, HIV/AIDS related services, network social services and child/youth at risk prevention services.</p>	<p>www.fit4fathers.org</p>
<p>Center for Employment Opportunities Fatherhood Initiative 32 Broadway New York, NY 10004 212 422 4430 www.ceoworks.org Contact: Alba Rivera</p>	<p>The Center for Employment Opportunities provides young fathers 18-25 years old with intensive job coaching, mentoring and parenting skills.</p>	<p>www.ceoworks.org</p>
<p>Dads Embracing Fatherhood Williamsburg Works/St. Nicholas NPC 790 Broadway Brooklyn, NY 11206 718 302 2057 Contact: Theresa Dobie tdobie@stnicksnpc.com</p>	<p>Dads Embracing Fatherhood provides job readiness skills, parenting classes and child support workshops.</p>	<p>www.stnicksnpc.org/</p>
<p>Brooklyn Male Involvement Healthy Start Brooklyn 485 Throop Ave Brooklyn, NY 11221 646 253 5607 Contact: Dennis Smith dsmith3@health.nyc.gov</p>	<p>Brooklyn Male Involvement provides families with outreach and case management, activities to improve parent-child and family relationships, and help</p>	<p>http://www.fphny.org/phealthystart.php</p>

	accessing healthcare and improving self-sufficiency.	
Working Parents Program The Osborne Association 175 Remsen St. 8 th Floor Brooklyn, NY 11201 718 637 6560 Contact: Jose	The Working Parents Program provides formerly incarcerated men with parenting skills, cognitive and economic literacy enhancement and other services.	www.osborneny.org
P.A.P.A. Teen Father Program Lois aida, Inc 710 East 9 th St. New York, NY 10009 212 353-0272 info@loisaidainc.org Contact: Julio Cesar Diaz	The P.A.P.A. Teen Father Program offers parenting awareness and 12 Steps to Fatherhood workshops, job skills, paid internships, reading for two and counseling.	www.loisaidainc.org
Rise Up & Walk Youth Outreach Center, Inc. 1958 Fulton St. Suite 401 Brooklyn, NY 11233 Contact: Clyde Evans Clyde.evans@riseupnwalk.org 718 221-1154	Rise Up & Walk offers mentoring for boys in school and help reconnecting fathers to families.	www.riseupnwalk.org
MANHATTAN		
The Northern Manhattan Pre-natal Partnership, Inc Agency Location: 127 West 127 th Street NYC, NY 10007 212 665-2600 Contact: Thomas Goggans	The Northern Manhattan Pre-Natal Partnership provides non-custodial parents 24 years and older with individual and family counseling, parenting	http://www.sisterlink.com/

	classes, employment assistance, male group meetings, and empowerment workshops.	
<p>East Harlem Employment Services, Inc. Agency Location: 240 East 123rd Street, 3rd Floor NYC, NY 10035 212 360-1100</p>	<p>East Harlem Employment Services offers parent skills training, career exploration, visitation arrangements, job readiness skills, employment assistance and career development workshops.</p>	<p>www.striveinternational.org</p>
<p>Union Settlement Association Agency Location: 237 East 104th Street NYC, NY 10029 212 828-6000</p> <p>Program Site: Washington Houses Community Center 1775 3rd Ave (98th St.) New York, NY 10029 646 245-5076 Contact: Richard Reeves www.unionsettlement.org</p>	<p>The Union Settlement Association provides individual and family counseling for young fathers, group counseling, peer counseling, father-to-father mentoring, parenting skills training, mediation/conflict resolution training, visitation arrangements and job readiness.</p>	<p>www.unionsettlement.org.contact</p>
<p>Fund for the City of New York/Center for Court Innovation Agency Location: 520 Eighth Avenue, 18th Floor Forest Hills, NY 11375 718 397-3050</p> <p>Program Site: Midtown Community Court</p>	<p>The Center for Court Innovation provides fathers 24 years and older with individual/family and group counseling, peer or father-to-father mentoring, mediation/conflict resolution training,</p>	<p>www.courtinnovation.org</p>

<p>314 West 54th Street NYC, NY 10019</p>	<p>parenting classes, family budget and consumer education, visitation arrangements, educational and employment counseling, college preparation, educational workshops, job readiness and employment assistance.</p>	
<p>Inwood House 320 East 82nd St. New York, NY 10028 212-861-4400 www.inwoodhouse.com</p>	<p>Inwood house provides services for pregnant teens and the Fathers Count program for young fathers.</p>	<p>www.inwoodhouse.com</p>
<p>The New York Society for the Prevention of Cruelty to Children Agency Location: 161 William Street, 9th Floor NYC, NY 10038 212 233-5500</p>	<p>The New York Society for the Prevention of Cruelty to Children provides supervised visitation for children with their non-custodial parents; promotion of healthy parenting through skills training, education and guidance; trauma recovery for children from physical or sexual abuse, family violence, parental substance abuse and parental mental illness; group counseling to “high- risk” children in New York City public schools; sexual abuse prevention workshops geared towards children in grades K-3; child permanency</p>	<p>www.nyspcc.org</p>

	mediation; resiliency restoration training for child welfare agencies to help staff during times of grief, stress and loss; and education on legislative action.	
<p>Legal Information for Families Today (LIFT) Agency Location: 350 Broadway, Suite 400 NYC, NY 10013 646 613-9633 212 343-1122</p>	LIFT provides fathers 24 years and older with individual/family and group counseling, anger management workshops, mediation/conflict resolution training, parent/child rearing classes, educational/career/employment counseling, visitation arrangements, and family budgeting services.	www.LIFTonline.org
<p>CHIPP (Children of incarcerated Parents Program, NYC Children’s Services) 212-487-8274/8266/8631 7 12-483-559/5600, 9 17-572-1769 Contact: Paula Y Fendall</p>	CHIPP provides incarcerated parents and youth with help facilitating parent/child visits, sibling visits, and case conferences.	www.nyc.gov/html/acs/home.html
<p>WDC (Dominican Woman’s Development Center) Families in Action 1780 Amsterdam Ave. (W148 St) New York, NY 646-410-0311 Contact: Rosa Lavergne, PhD familiesinaction@dwdc.org</p>	WDC provides parents with workshops on creating a safe, loving environment, promoting family integrity, establishing healthy house rules and meeting children’s emotional, spiritual, educational, and	www.dwdc.org .

	physical needs through active participation in their lives.	
<p>STRIVE Dads Embracing Fatherhood 240 East 123rd St. New York, NY 10035 212 360-1100 Contact: Ernest Johnson EJohnson@striveinternational.org</p>	<p>STRIVE offers workshops, employment services, training (parenting skills, relationships and fatherhood), case management, fatherhood counseling, career development, job placement assistance and enhancement activities (planned activities for fathers and their children).</p>	<p>www.strive.org</p>
<p>Mount Sinai Medical Center Young Fathers Program Fathers Helping Fathers Program Klingenstein Pavilion 1176 Fifth Ave. NYC, NY 212 241-4645 Contact: Gregory Mudd Gregory.Mudd@mountsinai.org</p>	<p>Mount Sinai Medical Center offers support groups; individual, couple & family counseling; and a summer employment & training program, as well other employment and educational opportunities.</p>	<p>www.msmc.com</p>
<p>Youth at Risk Fatherhood Program 116 John St., Suite 2200 New York, NY 10038 212 791-4927 ext. 231 Contact: Kirk Francis KirkFrancis@nyyouthatrisk.org</p>	<p>Youth at Risk provides fathers and expecting fathers 16 to 25 years old with educational workshops, individual & group counseling, peer support, mentoring, job assistance, vocational & educational support, parenting classes,</p>	<p>www.nyyouthatrisk.org</p>

	<p>conflict mediation, GED tutoring & prep and financial literacy. Weekly unlimited Metro cards are available.</p>	
<p>Neighborhood Defender Service of Harlem 317 Lenox Avenue, 10th Floor New York, NY 10027 212-876-5500</p>	<p>Neighborhood Defender Service provides formerly incarcerated individuals with individual/family and group counseling, parenting classes, peer counseling, father-to- father mentoring, mediation/conflict resolution training, family budget and consumer education, visitation arrangements, and employment assistance.</p>	<p>www.ndsny.org</p>
<p>Connect NYC Men in Dialog/Hombres Dialogando 3 West 29th St. New York, NY 10001 212 685 0015 Contact: Marlon Walker mwalker@connectnyc.org</p>	<p>Connect NYC offers peer to peer education for men/fathers, DV education for workers and services for men and women.</p>	<p>www.connectnyc.org</p>
<p>Diligent Dads Neighborhood Defender Service 317 Lenox Ave New York, NY 10027 212 876 5500 Contact: Robert Sanchez rsanchez@ndsny.org</p>	<p>Diligent Dads provides individual, family and group counseling, family court advocacy, paralegal services, family mediation and family retreat events.</p>	<p>http://www.ndsny.org/</p>

<p>D-UP Dads United for Parenting; Nurturing Fathers Program 314 W. 54th St New York, NY 10019 646 264 1329</p>	<p>D-UP offers workforce development, educational and training programs, as well as DV, homelessness, and substance abuse referrals.</p>	<p>No website</p>
<p>SEEDCO Parent Support Pilot 915 Broadway, 17th Fl. New York, NY 10010 212 204-1335 Contact: Linda Rodriquez</p>	<p>SEEDCO provides employment assistance and case management services.</p>	<p>www.seedco.org</p>
<p>Single Parent Resource Center Single Fathers 228 East 45th St. New York, NY 10017 212 951-7030 x 237 Contact: Neil Pollicino</p>	<p>The Single Parent Resource Center provides training and preparation for navigating social service systems.</p>	<p>www.singleparentusa.com</p>
<p>Upper Manhattan Workforce1 Career Center 215 W 125th St. 6th Floor New York, NY 10027 917-493-7063 Contact: Jose Flores</p>	<p>Workforce1 Centers provide job search resources, career counseling, assistance creating resumes and cover letters, and job placement services. The Center is a partnership of agencies and organizations providing a full array of services.</p>	<p>www.nyc.gov/workforce1</p>
<p>Ecumenical Community Development Organization 475 Riverside Dr Ste 253 New York, NY 10115</p>	<p>The Ecumenical Community Development Organization offers</p>	<p>www.ecdo.org</p>

212-870-2135	housing development, housing management, employment and placement services. Their services also include the ECDO ChildStart Center, the Youth Employment Program (YEP), tenant advocacy and technical assistance.	
Loisaida Inc. (Main Program Office) 12 Avenue D (Near Houston Street) New York, NY 10009 Tel: 212.353.0272 Fax: 212.473.5462	Loisaida provides after school programs, youth development, adolescent pregnancy and HIV prevention programs.	www.loisaidainc.org
Audubon Partnership for Economic Development 513 W 207th Street, New York, NY 10034-2645 Phone : (212) 544-2400 Fax: (212) 544-0248 info@audubonpartnership.org	The Audubon Partnership for Economic Development provides small business owners and entrepreneurs with one-on-one guidance to access financing and other business services.	www.audubonpartnership.org
The Educational Alliance 197 East Broadway New York, NY 10002 212.780.2300 info@edalliance.org	The Educational Alliance offers individual, group and family therapy with experienced professionals.	www.edalliance.org
The Doe Fund, Inc. 232 East 84th Street New York, NY 10028 Phone 212-628-5207	The Doe Fund provides individuals on parole with paid work, substance abuse	www.doe.org

Fax 212-249-5589	services, education, and mentoring, job training, preparation and placement and long-term follow-up services.	
CUNY Black Male Initiative Contact: Elliott Dawes, Director of the CUNY Black Male Initiative at Elliott.Dawes@mail.cuny.edu	CUNY's Black Male Initiative provides help for underrepresented groups and formerly incarcerated individuals to enroll in colleges, access to college-prep GED courses, and a survey of workforce development opportunities in New York City's construction industry.	www.cuny.edu/academics/initiatives/bmi.html
Northern Manhattan Improvement Corporation 494 W 158th St New York, NY 10032 212-368-0230	The Northern Manhattan Improvement Corporation offers housing, immigration, adult basic education and GED-Prep classes, employment and training, homelessness prevention and legal services.	www.nmic.org
QUEENS		
Forestdale, Inc. Agency Location: 67-35 112 th Street Forest Hills, NY 11375 718 263-0740 Program Site: Allen AME Multi-Center	Forestdale provides clients referred from Family Court, ACS, Church groups and other organizations (and walk-ins on a case by case basis) with parenting workshops, job readiness	http://forestdaleinc.org/

<p>114-02 Guy Brewer Blvd Queens, NY Jamaica Neighborhood Center 161-06 89th Avenue Jamaica, NY 11432</p> <p>Quaker House 137-16 Northern Blvd Flushing, NY 11354</p>	<p>placement, anger management, domestic violence services, supervised visitation, dad-to-dad mentoring, counseling and crisis intervention.</p>	
<p>Fund for the City of New York/Center for Court Innovation Agency Location: 520 Eighth Avenue, 18th Floor Forest Hills, NY 11375 718 397-3050</p>	<p>The Center for Court Innovation offers individual/family and group counseling, peer or father-to-father mentoring, mediation/conflict resolution training, parenting classes, family budget and consumer education, visitation arrangements, educational and employment counseling, college preparation, educational workshops, job readiness and employment assistance.</p>	<p>www.courtinnovation.org</p>
<p>Legal Information for Families Today (LIFT) Agency Location: 350 Broadway, Suite 400 NYC, NY 10013 646 613-9633 212 343-1122</p>	<p>LIFT provides fathers 24 years and older with individual/family and group counseling, anger management workshops, mediation/conflict resolution training, parent/child rearing classes, educational/career/employment counseling, visitation</p>	<p>www.liftonline.org</p>

	arrangements, and family budgeting services.	
<p>The New York Society for the Prevention of Cruelty to Children Agency Location: 161 William Street, 9thFloor NYC, NY 10038 212 233-5500</p>	<p>The New York Society for the Prevention of Cruelty to Children provides supervised visitation for children with their non-custodial parents; promotion of healthy parenting through skills training, education and guidance; trauma recovery for children from physical or sexual abuse, family violence, parental substance abuse and parental mental illness; group counseling to “high-risk” children in New York City public schools; sexual abuse prevention workshops geared towards children in grades K-3; child permanency mediation; resiliency restoration training for child welfare agencies to help staff during times of grief, stress and loss; and education on legislative action.</p>	<p>www.nyspcc.org</p>

<p>Fortune Society Father's Group 29-76 Northern Boulevard Long Island City, NY 11101 212-691-7554 Contact: Sophia Strong sstrong@fortunesociety.org</p>	<p>The Fortune Society provides fathers who have a prior criminal record with free legal help with court/family court cases from an on-staff attorney, child support workshops, GED classes and individual/group counseling.</p>	<p>www.fortunesociety.org</p>
<p>Visiting Nurse Service of New York Fathers First Initiative Children & Family Services Early Head Start 86-0 1 Rockaway Blvd Rockaway Beach, NY 11693 718-318-8040 Contact: Jomael Young Jomael.young@vnsny.org David Jones- Director DJones@vnsny.org</p>	<p>The Visiting Nurse Service's Fathers First Initiative provides fathers with group sessions and other counseling services, child care, job referral and paternity testing.</p>	<p>www.vnsny.org</p>
<p>Work Force 1 LaGuardia Community College Community Based Organization Programs 29-10 Thomson Avenue, Rm X-400, 4thFl Long Island City, NY 11101 718-609-2130 Contact: Racheal Walker RWalker@Lagcc.Cuny.edu CBO Coordinator</p>	<p>Workforce1 Centers provide job search resources, career counseling, assistance creating resumes and cover letters, and job placement services. The Center is a partnership of agencies and organizations providing a full array of services.</p>	<p>www.nyc.gov/workforce1</p>
<p>Rockaway Development & Revitalization Corporation 1920 Mott Ave. Far Rockaway, NY</p>	<p>The Rockaway Development & Revitalization Corporation provides</p>	<p>www.rdrc.org</p>

<p>718-327-5300 Contact: Rene McWilliams RWilliams@RDRC.org</p>	<p>noncustodial parents 16-45 years old with income execution, job search help, referral and readiness workshops and mentoring.</p>	
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ATTACHMENT E

Checklist for Pregnant and Parenting Young People in Out-of-Home Care

The checklist for Pregnant and Parenting Young People in Out of Home Care (“PPYP Checklist”) is a tool for case planners to use in planning for youth who become pregnant or are parenting. The purpose of this checklist is to assist case planners securing services for pregnant and parenting youth in foster care. One of the main goals for this population is to emphasize comprehensive planning that promotes well-being, avoids placement disruptions, and supports permanency planning for the youth and their children.

This checklist can be used by caseworkers, administrators, foster parents, direct care workers, and other staff within the provider agencies to help:

- Promote the development of youths’ mental, physical, and emotional well-being;
- Set developmentally appropriate expectations that encourage youth to achieve their highest potential in interpersonal relationships, career, education, and personal interest development;
- Make efforts for youth to have the education and/or vocational training they need to succeed in the job market; and
- Enable youth to be able to plan responsibly for themselves and their children’s needs for housing, food, clothing, health and safety as they mature into adulthood.

The PPYP Checklist will also assist case planners in ensuring new parents are fully supported in learning how to parent, in accessing services for their children’s needs, and in continuing to develop as individuals.

Note that the PPYP Checklist is not a substitute for the Preparing Youth for Adulthood (PYA) Checklist. Case planners should continue to use the PYA Checklist in planning for youth who are expectant parents ages 14 and up.

The checklist is used to aid in the following situations:

- Initial service planning – The case planner should complete the checklist in the initial stage of case management/case planning for a pregnant/parenting young person to identify appropriate service needs.
- In preparation for Family Team Conferences – The case planner can use the checklist to identify areas that should be discussed during Family Team Conferences.
- Post-Conference follow-up – The case planner should identify what services/needs identified at a conference are still unaddressed and need follow-up with other service providers.

To maximize the helpfulness of the PPYP Checklist, it should be used in conjunction with the *Guide to Working with Young Parents in Out of Home Care*, developed by a working group of NYC Children’s Services and parent and child advocates released in 2012.

Checklist for Pregnant and Parenting Young People in Out of Home Care Child's Name:

Case Name: _____

Case Number: _____ CIN: _____

Permanency Goal: _____

Expected date of delivery (birth): _____

Date of most recent Family Team Conference (FTC): _____

Scheduled date of next FTC: _____

(Optional) Name and address of expectant father: _____

Is there a partner involved? Y/N Name: _____

Names of people invited to the Family Team Conference:

Does the young person have other children? If so, list names and dates of birth: _____

Date of next Permanency Hearing in Family Court: _____

Is the agency facilitating the young parent's attendance at the court appearance? What is the plan?

MATERNAL HEALTH	YES	NO	N/A	FOLLOW UP
<p>1. Is the pregnant young person attending prenatal visits?</p> <p>The health care provider will develop a schedule for prenatal care based upon the young person's individual needs, but prenatal exams are generally scheduled:</p> <ul style="list-style-type: none"> • Monthly from week one to week 28 of pregnancy • Bi-weekly from week 29 through week 36 • Weekly from week 37 until the date of delivery <p>Provider Name and Contact Info:</p>				
<p>2. Is this a high-risk pregnancy?</p>				
<p>3. Has the health care provider identified any health issues related to the pregnancy?</p>				
<p>4. If the pregnant or parenting young person needs specialized services or has special needs (e.g., mental health, medical diagnosis, developmental disability), have services been put in place for her?</p> <p>Specialized Service Provider Names & Contact Information:</p>				
<p>5. Is the young person attending Lamaze or other birthing classes?</p>				
<p>6. Has breastfeeding been discussed with the pregnant young person?</p>				
<p>7. Has the young person been provided with a doula?</p>				
<p>8. Have a doctor and delivery hospital been identified?</p> <p>Doctor:</p> <p>Hospital:</p>				
<p>9. Does the young woman have someone to accompany her during delivery?</p>				
<p>10. Has the pregnant young person been referred to the Nurse Family Partnership (first-time mothers must be referred by the 28th week of pregnancy) or Healthy Families New York (will work w/mothers who have more than one child)?</p>				
<p>11. If the pregnant young person resides in a foster boarding home, is the foster parent involved in the young person's pregnancy and health care needs?</p>				
<p>12. Is pregnant young person getting exercise?</p>				
<p>13. Has the young person been provided with nutrition counseling including information about WIC and food stamps - even if the young person is not currently eligible?</p>				
<p>14. Has smoking cessation been discussed with the pregnant young person?</p>				

15. Have any substance abuse problems been addressed sufficiently with the young person?				
16. Date of last physical exam:				
17. Date of last vision exam:				
18. Date of last dental exam:				
19. Did the young person deliver already? If NO, skip to the next section (EDUCATION). Delivery Date: (Circle one) Cesarean Vaginal Birth				
20. Has the importance of well family care, including well baby visits, been fully explained to the young parent?				

EDUCATION	YES	NO	N/A	FOLLOW UP
1. Is the young person enrolled in an educational program? If so, type of Program: School: Grade: Number of credits: Regents or RCT exams passed: Identify the young person's long-term educational goals:				
2. Does the young person have an IEP? Date of last IEP: Recommended placement and services: Is the young person appropriately placed? Is she receiving all mandated services?				
3. Does the young person receive tutoring or other homework help? Name/Type of provider:				

RELATIONSHIPS	YES	NO	N/A	FOLLOW UP
1. Does the young person visit with family/friends?				
2. Does the young person have a relationship with her birth mother?				
3. Does the young person have a relationship with her birth father?				
4. Does the young person have relationships with siblings or extended family members?				

5. If not, what follow-up should be done to encourage relationships with her birth family (regardless of her permanency planning goal)?				
6. Is the young person involved with the child's father?				
7. Is the child's father providing financial support?				
8. Is the agency facilitating visits with the child's father?				
9. Does the young person have relationships with the child's paternal resources?				
10. Does the young person have a partner other than the child's father?				
11. Are there concerns regarding the young person and her relationship with the child's father or her partner? If so, detail the concerns under the comments section and detail necessary follow-up.				
12. Does the young person have a good relationship with the foster parent and/or staff where she lives?				
13. Has the young person identified a supportive relationship with anyone not asked about above?				

SERVICES	YES	NO	N/A	FOLLOW UP
1. Is the young person receiving counseling? Provider/Type: Location/Frequency:				
2. Are supportive parenting services being provided (e.g., parenting education, medical home visiting programs, Baby and Me, etc.)?				
3. Have arrangements been made for the young person to attend and participate in parenting classes?				
4. Has the agency provided assistance in applying for entitlements if appropriate?				
5. Has the young person received a Child Care/Head Start referral? Has the young person been referred for an eligibility interview? Interview date:				
6. Has the young person applied to a LYFE program? If so, has she been accepted? Where?				
7. Who provides child care for the young parent?				

PARENTING QUESTIONS	YES	NO	N/A	FOLLOW UP
1. Has the young person been provided written information about her ability to make confidential health care decisions for herself and her baby?				
2. Are reproductive health and pregnancy prevention discussed with the young parent on an ongoing basis?				
3. Has there been ongoing discussion with the young parent about repeat pregnancy and family planning?				
4. Does the young parent have custody of all of her children?				
5. Are any of the young parent's children in foster care?				
5a. If yes, is reunification the plan?				
6. Does the young parent keep her baby safe?				
7. Has the agency provided the young parent with a clear indication of safety expectations?				
8. Is shared parenting encouraged with the father?				
9. Does the young parent utilize the Early Intervention Program?				
10. Does the young parent demonstrate an understanding of good nutrition for herself and for her baby?				

BABY	YES	NO	N/A	FOLLOW UP
1. If the young parent is breastfeeding, are the feedings successful?				
2. Is the young parent receiving assistance in scheduling and attending well baby visits?				
3. Has the young mother been provided with written information about immunizations?				
4. Is the baby receiving immunizations?				
5. Are there any medical concerns with the baby?				
6. Are there any safety concerns with the baby?				
7. Who does the young parent turn to, and how often, for answers to questions, information, etc. about parenting?				
8. Does the young parent know the names and phone numbers of her doctor and/or the pediatrician of her child? Doctor Name & Contact Information: Pediatrician Name & Contact Information:				

Complete the following PERMANENCY questions only for young or expecting parents under age 14. For those ages 14 and up, use the PYA Checklist instead. Then complete CONFERENCE PLANNING on the last page of this document.

PERMANENCY	YES	NO	N/A	FOLLOW UP
1. Is the current foster care placement stable at this time?				
2. Is the current placement appropriate as a mother-child placement?				
3. Is a placement transfer pending?				
4. Has a referral been made to the ACS Office of Placement Services for a transfer?				
5. Have the young person's placement options been fully discussed with her?				
6. Does the young person have viable permanency resources?				
7. Have other permanency placements/resources been explored?				
8. Does the young person's PPG need to be changed?				
9. Is the young person involved in planning for permanency?				
10. Has the young person been provided with a written copy of her latest permanency report?				
11. Does the young person receive the additional \$55/month (as of 2009) for diaper allowance? Amount:				
12. Is the young person a US citizen, or does the young person possess a green card?				
13. Does the young person know who her attorney is? Name: Phone:				
14. Does the agency allow the young person to use an agency phone to call her attorney?				
15. Did the young person attend her most recent Permanency Hearing? Next PH Date:				
16. Did the young person attend the most recent Family Team Conference? Date:				
17. Has notice of the next conference been provided to the young person? Date of FTC:				

CONFERENCE DISCUSSION ISSUES

1.

2.

3.

4.