



CDSS

WILL LIGHTBOURNE
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES

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EDMUND G. BROWN JR.
GOVERNOR

May 26, 2011

ALL COUNTY INFORMATION NOTICE NO. I-31-11

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY PROBATION OFFICERS

SUBJECT: FOSTER CARE: SOC 158A COMPLETION IN CASES WHERE A
CHILD TRANSITIONS FROM A DEPENDENCY TO DELINQUENCY
STATUS

REASON FOR THIS TRANSMITTAL

- State Law Change
- Federal Law or Regulation Change
- Court Order
- Clarification Requested by One or More Counties
- Initiated by CDSS

This All County Information Notice is in response to an issue that has been identified regarding the accurate completion of form SOC 158A, Foster Child’s Data Record and Aid to Families with Dependent Children-Foster Care Certification. The SOC 158A is completed by the county social worker/probation officer or designated staff and transmitted to the county eligibility worker. This form provides placement and other critical information necessary to track and maintain a foster care case.

The issue involves the appropriate dates that should be used in Section D5 of the SOC 158A, “Removed from Home Date,” and Sections E1-3, “Petition Date, Detention Order Date, and Disposition Order Date” (copy attached). When a child transitions from dependency status to delinquency status, the Child Welfare Services/Case Management System (CWS/CMS) will not carry over the original removal date information which makes the placement appear to result from a new removal. In some cases, this affects the child’s federal foster care eligibility. Therefore, when a child transitions from dependency to delinquency status, it is imperative that the county probation officer/staff manually adjust the “Removed from Home Date” and associated hearing dates on the form SOC 158A to reflect the original removal information as a dependent in order to identify the continuation of the original out-of-home episode. It is important to note that the same would be true should the case go from dependency to delinquency status, and back to dependency.

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Any questions about data input should be directed to the County Single Point of Contact (SPOC). The SPOCs needing assistance should contact their System Support Consultant at the CWS/CMS Project. If you have any other questions, you may contact your Foster Care Eligibility Consultant at (916) 651-2752.

Sincerely,

Original Document Signed By:

GREGORY E. ROSE
Deputy Director
Children and Family Services Division

Attachment

FOSTER CHILD'S DATA RECORD AND AFDC-FC CERTIFICATION

A	1. Submittal Date	2. Caseworker ID	3. Eligibility Worker ID		4. Agency Resp.	5. Sealed	6. ILP
B	1. Case Number / State ID		2. Case Number Change		3. Case Name (optional)		
C	1. Child's Last Name		2. Child's First Name		3. MI	4. Date of Birth	5. Social Security Number
D	1. Adop. Status	2. Health Cond.	3. Gender	4. Ethnicity	5. Removed from Home Date	6. Primary Reason	7. Secondary Reason(s) for Removal
	8. Removed from Relationship				9. Name of Person from whom Child Removed		
E	1. Petition Date	2. Detention Order Date	3. Disposition Order Date		Legal Authority 4. Code 5. Date		6. Number of Placements in Episode
F	1. Placement Start Date	Last End-Dated Placement 2. Reason 3. Date		Placement Episode Termination 4. Reason 5. Date		Transferring to 6. Date 7. County 8. Agency Resp.	
G	1. Placement Facility Name			2. Primary Substitute Care Provider		3. SCP Relationship to Child	
H	1. Child's Street Address			2. Child's City		3. State	4. ZIP 5. County
I	1. Facility Type	2. License Status	3. License Number	4. Basic Rate	5. Specialized Care Increment	6. County Funds Y/N	7. AFDC-FC Effective Date 8. AFDC-FC Termination Date
J	1. Payee Name					2. Payee is: Placement Worker <input type="checkbox"/> Child <input type="checkbox"/>	
K	1. Payee's Street Address			2. Payee's City		3. State	4. ZIP
L	1. Date of Last Case Plan	2. Pre-placement Preventive Services	3. Case Plan Goal	4. Date of Last In-person Contact with Child	5. Date of Last 6-month Review Hearing	6. Date of Last PP Hearing	7. Current Service Program
M	1. Child Ever Adopted?	2. Child's Age at Adoption	3. Family Structure	4. Year of Birth 1st Caretaker	5. Year of Birth 2nd Caretaker	6. Mom's Rights Termination Date	7. Dad's Rights Termination Date
N	FOR APPROVED HOMES:				FOR GROUP HOMES:		
	1. <input type="checkbox"/> This home is suited to meet the child's needs.				2. <input type="checkbox"/> Group home placement is necessary to meet child's treatment needs and this facility offers needed services.		
O	1. Rationale Description						
I certify that all 45-201.4 services requirements have been met and all information recorded on this form is true and correct to the best of my knowledge.							
				SIGNATURE OF PLACEMENT WORKER		DATE	
AGENCY			ADDRESS/LOCATION			WORKER PHONE NUMBER	