



# CASA Expectant and Parenting Youth (EPY) Guide

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## What is EPY?

EPY refers to “Expectant and Parenting Youth”, formerly known as Pregnant and Parenting Youth (PPY). A parenting youth can be a mother or a father.

Almost 50% of females who have been in foster care in California will have been pregnant at least once by age 19. 22% of this group will have been pregnant at least twice before the age of 17. By the age of 19, 20.6% will have been pregnant at least twice.<sup>1</sup> Given these numbers, it is important for a CASA to understand how to advocate for Expectant and Parenting Youth and what resources are in place to support these youths.

## What is an EPY Conference?

An EPY conference is a supportive service that youth can voluntarily participate in while they are expecting or parenting. The youth or a CASA can request an EPY Conference so long as the youth consents. The conference is arranged by the CSW and includes the youth, support persons that the youth has identified (this may or may not include the other parent), an EPY facilitator, and EPY resource specialist, and (if the youth agrees) a CASA. Others who might participate depending on the youth’s specific situation could be an education consultant, a mental health specialist or treatment team, or a public health nurse (PHN).

The goal of the conference is to proactively help the expectant or parenting youth identify their needs and connect them to the necessary resources. Additionally, the conference is used to highlight the youth’s strengths, and can cover a wide variety of topics such as choosing a healthcare provider (for pregnancy and pediatrics), prenatal care, home visitation programs, child care, youth’s education, housing, mental health, public benefits, funding options, parenting classes/programs, job needs, and transitional issues. For specific EPY resources, please click [here](#).

EPY Conferences are held more than once as the needs of the EPY arise.

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<sup>1</sup> (Courtney et al. Findings from the California Youth Transitions to Adulthood Study: Conditions at Age 17 and Age 19 (2014, 2016).

## CASA Advocacy for Expectant and Parenting Youth

### What does a CASA do if the youth informs a CASA that they are expecting?

As an advocate for the youth, a CASA should first and foremost remember to be open-minded and receptive to the support a youth is requesting. A CASA **is not permitted to share the youth's pregnancy status without the youth's consent**. A CASA can also help the youth identify adults, if any, with whom the youth feels comfortable discussing their pregnancy status. Should the youth identify a CASA as their primary trusted adult, a CASA can then discuss the youth's options, which include keeping the baby to raise, keep the baby with the goal of adoption, and terminating the pregnancy. If a CASA does not feel comfortable openly discussing all possible options with a youth, and would like more support from case parties, a CASA can start by encouraging the youth to share their status with their CSW and/or attorney.

A CASA can advocate for their youth in several ways depending on the youth's choice:

#### ***Keeping the Baby to Raise***

Once the information has been shared with the CSW with the youth's consent, a CASA can follow up with the CSW on coordinating and scheduling an [EPY conference](#). While the CSW is responsible for setting this up, a CASA can assist with informing all important parties and support groups that the youth wants involved in the process if it is helpful.

#### ***Keeping the Baby with the Goal of Adoption***

This decision can come up for an expectant youth at any stage during pregnancy. Should an expectant youth wish to know more about adoptive choices, a CASA will encourage youth to speak with CSW and attorney, as there are legal implications as well.

As this is a legally complex situation, a CASA's role would be a consistent support while directing logistical questions and concerns to the appropriate professionals. A CASA should not be providing legal advice surrounding an expectant youth's choice of adoption.

#### ***Terminating the Pregnancy***

The expectant youth has the legal choice to continue or terminate the pregnancy. At CASA of Los Angeles, a CASA is permitted to take the youth to an organization or doctor to discuss the youth's options. A CASA is also permitted to transport a youth to/from the appointment to terminate the pregnancy as a caring and supportive adult if that is the youth's request. Please see the Appendix for more information on sexual and reproductive health for foster youth.

***Please Note:*** If a CASA youth is an expectant father, and the expectant father and expectant mother are having differences about the potential choice, please encourage the youth to speak with their dependency attorney.

## How can A CASA advocate for a youth who is an expectant or parenting father?

It is important to acknowledge that fathers are typically not the first to be considered when thinking of parenting youth's needs. Should a male youth disclose to a CASA that he is a parent or soon-to-be parent, a CASA should be able to support that father equally.

Firstly, if given permission to share his parenting or soon to be parenting status, CASA should inform the CSW and attorney or encourage the youth to do so. EPY father or CASA can request an EPY conference with the youth's consent. A CASA can encourage EPY fathers to participate in parenting classes or other programs such as [Project Fatherhood](#). A CASA can also reach out to father-specific advocacy programs to identify resources available to their youth. Programs could include [Parents Anonymous](#) or [Goodplus Foundation](#).

If the child is not living with a CASA's youth, a CASA can support or encourage the youth in setting up visitation with the child. This may involve coordination with the CSW and the youth's attorney to identify any Court orders the youth must complete. A CASA can encourage the parenting youth to comply with the orders and a CASA can collaborate with the CSW and the youth's placement to reduce barriers to completion of the programs and visitation.

## What are advocacy activities specific to EPY youth?

As with all CASA cases, a CASA is meant to be a consistent support for a youth. When pregnancy and parenting come into the picture, that support and acceptance is especially important to the youth's confidence and success. It is integral for a CASA to emphasize a strengths-based approach when working with EPY. Specifically, a CASA can help EPYs identify protective factors they have in place, and continuously work with the EPY on strengthening those factors.

A CASA can also provide support through connection to resources. While the EPY conference will assist with a lot of resources and support, a CASA can still follow up on the status of supportive services, as well as encourage their EPY to do their own monitoring of their child. Children's Law Center 1 has parenting youth advocates who are assigned to expectant and parenting youth.

### ***Pre-Birth***

A CASA can encourage the youth to identify what resources they will need when the baby is born and make a plan to secure the resources. A CASA can contact the Program Manager, Early Childhood, to ask that a wish list request be submitted to Baby2Baby for an infant car seat and a port-a-crib. (During the Covid-19 pandemic, the wish list option is currently not available). The request should be submitted at last 2 months before the due date. In addition to concrete resources such as a crib/car seat/stroller, resources can also include clothes, appropriate baby toys/books, diapers, bottles, medical supplies. CASA should coordinate with the EPY team members about resources. Here is a [link](#) to a discussion about supplies a new parent should have (or nice extras to have) when the newborn comes from the hospital.

A CASA will encourage youth to attend regular pre-natal visits with the OB/GYN. A CASA will also support the youth as they research and select a pediatrician for the baby.

A CASA will follow up with the CSW to ensure that the EPY is receiving the early infant supplement during the 7<sup>th</sup>, 8<sup>th</sup>, and 9<sup>th</sup> month of pregnancy. (See Appendix) Also, a CASA can advocate for the EPY or with the

CSW to ensure that the EPY is signed up with WIC for the nutritional supplement during pregnancy and then for nutritional supplement for both mother and child after delivery or for the father if baby is with the parenting father.

A CASA can encourage the pregnant youth to participate with [home visitation programs](#) (both pre and post birth).

### ***Post-Birth***

A CASA can remind the parenting youth to contact the CSW no later than 30 days after the child is born so the CSW can activate MediCal for the newborn. The baby is only covered on the youth's MediCal for 30 days.

A CASA can discuss the baby's health with the parenting youth and ensure that the parenting youth is aware of Well Baby Exams (See [General Resources](#) in Appendix). A CASA can remind the parenting youth to schedule the Well Baby Exam and can role play with the parenting youth how to schedule the appointments. A CASA can encourage the parenting youth to share any concerns/observations about the baby with the pediatrician. A CASA can support the parenting youth by encouraging/supporting the parenting youth to build up their capacities to parent their child.

A CASA can encourage the parenting youth to put a [developmental milestone tracker app](#) on their phone in order to help them learn to track their child's development and identify potential delays sooner. A CASA can look up developmental milestones prior to each visit with the parenting youth in order to potential identify developmental concerns a CASA has observed during visit with the parenting youth. A CASA can share observations with the parenting youth and discuss what the parenting youth observes and whether observations should be shared with baby's pediatrician.

A CASA can encourage the parenting youth to sign up for WIC to supplement their nutritional intake while expecting and/or nursing and to provide nutritional supplements and other resources for the child until age 5. See more information for WIC in [Benefits & Funding](#).

A CASA can collaborate with the parenting youth and the team to ensure that the parenting youth is receiving the appropriate funding based upon the youth's placement/living situation. (See Appendix).

If the baby is living with the parenting youth, a CASA can discuss with the parenting youth what are their child care needs (to attend school, work or complete court ordered programs) and develop a plan with the parenting youth to secure the resources. A CASA can also encourage the parenting youth to connect with other parents of young children to develop social supports.

A CASA can encourage parenting youth to collaborate with their team to secure a certified copy of the baby's birth certificate as well as the baby's social security card. A CASA can also remind the parenting youth to keep a copy of the baby's immunization card in a safe location. A CASA can encourage the EPY to create a plan how to organize documents/records relating to their child or set up a secure digital account. See "Personal Identifying Documents" under [Benefits & Funding](#).

A CASA can research online with the parenting youth various activities in their community for a baby and parent. (211, local parks and rec programs, YWCA/YMCAs, local religious organizations, First Five LA). A CASA can support youth with enrolling in activities.

## What are some potential mental health issues for my youth/NMD post-delivery?

### ***Baby Blues***

The “baby blues” are when a woman experiences symptoms for one to two weeks after giving birth. These symptoms include mood swings, anxiety, sadness, overwhelm, difficulty concentrating, trouble eating, and difficulty sleeping.

### ***Depression***

Being a teen mom is a risk factor for depression. If a mom has a baby before 37 weeks or experiences complications, depression risks can increase.

### ***Postpartum depression***

Postpartum depression involves more severe and significant symptoms than baby blues. Teen moms are twice as likely to experience postpartum depression as their adult counterparts. Women sometimes mistake postpartum depression for the baby blues. Baby blues symptoms will go away after a few weeks. Depression symptoms won't.

- difficulty bonding with your baby
- overwhelming fatigue
- feeling worthless
- anxiety
- panic attacks
- thinking of harming yourself or your baby
- difficulty enjoying activities you once did

For more information, visit <https://www.healthline.com/health/pregnancy/teenage-pregnancy-effects>.

## How can I advocate if my youth's child is also in the system?

If a parenting youth's child enters the system, a CASA can discuss the youth's goals regarding reunification and what the parenting youth wants regarding parenting status. It is important to be non-judgmental during this time, as some parenting youth may not want to reunify with their child(ren) depending on their varying situations. By having a discussion with the parenting youth about his/her goals, it allows the youth to have more of a voice in their choices and plans moving forward.

Depending on what the parenting youth wants (reunification, visitation, etc.), a CASA can follow up with the parenting youth's attorney on what the Court has ordered regarding reunification requirements. A CASA can then assist the parenting youth in completing those requirements, advocating for the CSW to connect the parenting youth to necessary resources (i.e. parenting classes, transportation, etc.) and communicating their progress to the parenting youth's attorney.

In some cases, with the parenting youth and attorney's approval, a CASA can write a progress letter to be shared with the attorney to use as appropriate. A CASA should consult with their supervisor when drafting the progress letter for the dependency attorney. The supervisor will send the letter to the attorney once

it is finalized. Since a CASA is not assigned to the parenting youth's child's court case, a CASA does not hold the same role and voice in that case. Also, the court case may or may not be in the same court department as the parenting youth's case as a dependent. However, it should not prevent a CASA from advocating for their parenting youth by highlighting their strengths and progress.

### What are Sexual and Reproductive Health Rights for Foster Youth?

An important area that a CASA can help strengthen an EPY's education is in sexual and reproductive health rights. Many youth are not fully aware of the rights they have as a youth in the system, and what education they are entitled to. A CASA can collaborate with the EPY and the team to ensure that the youth is receiving the sexual and reproductive health rights education that they are required to under the law.

*Please note:* If a CASA wishes to address the lack of the mandatory comprehensive sexual health education in the court report, the focus must be on the provision of the education itself, and not on the individual youth's needs around sexual or reproductive health, as this is considered protected health information. However, it is encouraged that a CASA work to address the lack of education outside of Court if possible. Please speak to your Advocate Supervisor for more guidance.

Additionally, a CASA can connect their youth to resources around pregnancy prevention. For already parenting youth, a second child may not be something they want at this time. A CASA can collaborate with the EPY conference team in order to get the EPY access to contraception.

For more information on sexual education requirements and reproductive rights for foster youth, please visit [www.fosterreprohealth.org](http://www.fosterreprohealth.org)

### What are family law issues where a parenting youth may need support?

Occasionally, a parenting youth may encounter issues with their co-parent or other family members around custody, visitation, or sometimes child support. These issues are addressed through the Family Law Court which is separate from Dependency Court. A CASA can support the parenting youth through these issues by contacting the parenting youth's dependency attorney so that the dependency attorney can connect with a public interest attorney or legal aid attorney who could provide the parenting youth with legal guidance and support around these issues in family law court. A CASA can then monitor the resolution of these issues and continue supporting the parenting youth through next steps.

It is important to note that if the parenting youth has a Dependency Court case where the parenting youth successfully reunifies with their child and the Dependency Court will be terminating jurisdiction, the parenting youth's attorney should be requesting that a family law order (FLO) addressing custody and visitation be filed with the Dependency Court. A CASA can encourage the parenting youth to speak with their attorney about a family law order.

### What are the specific confidentiality issues for a CASA supporting an EPY?

As mentioned earlier, an EPY's pregnancy is considered protected health information, and should not be shared with the Advocate Supervisor, CSW, attorney, or other case parties without the express permission

of the EPY. Instead, a CASA should discuss the benefits of disclosing the EPY's status to their CSW and/or attorney in terms of connecting them to the appropriate services and interventions.

Should an EPY inform a CASA of their status and independently decide to terminate the pregnancy, a CASA shall not reveal this information to any case parties.

Regarding court reports, a CASA shall not include information about the EPY's pregnancy or termination of pregnancy without the express permission of the EPY. Please see California CASA's policy [here](#) for more information.

## Mandated Reporting

CASA volunteers are mandated reporters. California law states that a mandated reporter must make a report "whenever the mandated reporter, in his or her professional capacity or within the scope of his or her employment, has knowledge of or observes a child whom the mandated reporter knows or reasonably suspects has been the victim of child abuse or neglect." In fact, it is illegal not to report known child abuse or neglect .

As a **mandated reporter**, you must report if you have reasonable suspicion of **child abuse** or neglect that comes to your attention while you are acting within the scope of your duties as a **CASA** volunteer, which includes if you observe or have a reasonable suspicion that your CASA youth is abusing or neglecting their own child. If you are not sure if a situation requires mandated reporting, please consult with your Advocate Supervisor.

For more information about mandated reporting policy and procedure for CASA volunteers, see the [CASA Volunteer Handbook](#).

# Appendix

## EPY Resources

Please note that this is not an exhaustive list of resources.

### General Resources

#### **Youth Reproductive Health and Pregnancy DCFS Policy**

[http://policy.dcfslacounty.gov/Default.htm#Youth\\_Development\\_Reprod.htm](http://policy.dcfslacounty.gov/Default.htm#Youth_Development_Reprod.htm)

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#### **Assessing the Safety and Risk of Newborns for Families Already Under DCFS Supervision DCFS policy**

[http://policy.dcfslacounty.gov/Default.htm#newborn\\_safety\\_and\\_risk.htm%3FTocPath%3DAssessments%20%26%20In-Person%20Responses%7CAllegation%20Assessments%7CNewborn%20Safety%20and%20Risk%7C\\_\\_0](http://policy.dcfslacounty.gov/Default.htm#newborn_safety_and_risk.htm%3FTocPath%3DAssessments%20%26%20In-Person%20Responses%7CAllegation%20Assessments%7CNewborn%20Safety%20and%20Risk%7C__0)

**211:** 211 is a resource and referral services for all of Los Angeles County. 211 can be accessed in person at the Dependency Court on the first floor at the Monterey Park Courthouse, by calling 211 or accessing their website at <https://www.211.org>.

**Baby2Baby:** Baby2Baby provides children 0-12 with diapers, clothing, and all basic necessities. Check out their website for more information: <https://baby2baby.org>

**DCFS Supportive Services:** Through DCFS, expectant and parenting youth can receive several services and referrals including: EPY Conferences, Whole Family Resource Home Placements, Financial Assistance, and Child Care options. For more information on each service, go to this link: <https://dcfs.lacounty.gov/youth/teen-parenting>

**First Five Los Angeles:** First Five provides information, resources, activities for parents and young children in Los Angeles County. <https://www.first5la.org/parenting/>

**Home Visitation Programs:** <https://edirectory.homevisitingla.org>

**Los Angeles Educational Partnership:** Provides twice a month virtual prenatal visits, social/health services, pre and post-natal education/support <https://www.laep.org/recruitment-screening-form/>

**LAUSD/Nurse-Family Partnership:** The Nurse Family Partnership (NFP) Program is an evidence-based nurse home visitation program providing comprehensive health education services and support to first time pregnant teens enrolled in an LAUSD school. It is free and voluntary to eligible participants and there are no medical or immigration restrictions. <https://achieve.lausd.net/Page/12657#spn-content>

**Los Angeles Reproductive Health Equity Project (LA RHEP):** LA RHEP brings together foster youth and the agencies that serve them to promote evidence-informed strategies that reduce unplanned pregnancies

and dismantle systemic barriers to sexual and reproductive health education and service access for youth in foster care. <https://fosterreprohealth.org>

**Parents Anonymous:** builds resiliency in all parents, children and youth that mitigates the impact and prevents Adverse Childhood Experiences that lead to all major health and mental health concerns and fosters the well-being of Parents/Caregivers, Children and Youth and family functioning. <https://parentsanonymous.org>

**Project Fatherhood:** This program offered by Children’s Institute provides comprehensive skills to men in caregiver roles using an innovative support group model. They have locations all over Los Angeles County, including Antelope Valley. <https://www.childrensinstitute.org/project-fatherhood/>

**TeenParent.net:** A great website to give your expectant and parenting youth if they wish to explore their options and resources more independently. This website provides them with information on many issues they may encounter as an EPY, as well as legal rights and resources. <http://teenparentnet.azurewebsites.net>

**Well Baby Exams:** Well Baby exams, or regular checkups, are an important way to monitor your baby’s growth and development. These exams also provide an opportunity to develop a relationship with your baby’s doctor. The purpose of the Well Baby Exams is prevention, tracking, raising concerns and developing collaboration with the baby’s team. During the exams, the pediatrician will complete a thorough head to toe examination of the baby including height, weight, and head circumference examination. Vaccinations will be recommended at certain visits. The Well Baby Exams are a perfect time for the youth to ask questions and to share any concerns or observations about the baby. The first exam should be scheduled with the pediatrician 3-5 days after release from the hospital. Below is the suggested schedule for well-baby exams through age 5: 1 month, 2 months, 4 months, 6 months, 9 months, 12 months, 24 months, 30 months, 36 months, 48 months, and 60 months.

### Housing Options

**Shared Responsibility Plan (SRP)** is developed between the teen parent and the certified caregiver in the Whole Family Resource Home. It is optional to develop a SRP but is required in order for the Whole Family Resource Home to receive an infant supplement rate. The SRP is created to help develop the parent-child bond, assist the teen parent in their transition to independence, and create a successful, supportive, and nurturing placement for both the teen parent and child. In addition, the SRP provides clear, realistic guidelines for both the teen parent and the adult caregiver as to the responsibilities of each.

### **SILP (Supervised Independent Living Placement) for NMDs**

### **STRTP (Short Term Residential Therapeutic Program) for Expectant and Parenting Female Youth**

**St. Anne’s (Los Angeles):** provides short term residential therapeutic housing, transitional housing and permanent supportive housing for girls. For more information, <https://stannes.org>

**Crittenton’s Teen Mom and Baby Program (Orange County):** for girls up to age 18 <https://crittentonsocal.org/crittentons-teen-mom-and-baby-program/>

**Mary's Path (Santa Ana, CA):** for expectant and parenting girls up to age 18  
<https://maryspath.org>

**Transitional Housing (THP, THP+) and DCFS' Independent Living Program possible transitional housing lists for expectant and parenting NMDs:** <http://www.ilponline.org/Housing/Additional>

**Whole Family Resource Homes:** A Whole Family Foster Home (WFFH) is a home that provides out-of-home care to dependent young parents and their non-dependent children, while assisting young parents in developing the skills needed to provide a safe, stable and permanent home for their children. A Whole Family Foster Home offers young parents and their non-dependent child a safe, stable, and permanent home. WFFH caregivers are specifically trained to assist them in developing the skills to parent successfully.

### *Benefits & Funding*

**Cal-Fresh:** Cal Fresh, known federally as the Supplemental Nutrition Assistance Program or SNAP, provides monthly food benefits to individuals and families with low-income and provides economic benefits to communities. Cal Fresh is the largest food program in California and provides an essential hunger safety net. Cal Fresh is federally mandated and in California, is state-supervised and county-operated.

Cal Fresh benefits can help buy nutritious foods for a better diet. Cal Fresh benefits stretch food budgets, allowing individuals and families to afford nutritious food, including more fruit, vegetables and other healthy foods. The amount of benefits a household receives is dependent on household size countable income, and monthly expenses, such as housing and utilities. The program issues monthly benefits on an Electronic Benefit Transfer (EBT) card. Food may be purchased at any grocery store or farmers market that accepts EBT cards.

<https://www.cdss.ca.gov/inforesources/calfresh>

1-877-847-3663 Cal-Fresh Benefits Helpline

**DCFS Independent Living Program resources and information** for expectant and parenting youth:  
<http://www.ilponline.org/Resources/PregnantParenting>

**Early Infant Supplement:** DCFS provides an Early Infant Supplement (EIS) monthly payment of \$415.00 to pregnant youth in the 7th, 8th and 9th month of pregnancy, prior to the birth of the baby. Note, effective, January 1, 2022, the EIS will be called the Expectant Parent Payment will be increased to \$900/month for the three month period. From January 1, 2022 to January 1, 2023 (when the payments will be automated), DCFS will issue one lump sum check valued at \$2,700. Beginning on January 1, 2023, the payments will be issued month in the amount of \$900/month.

For pregnant youth who are under the age of 18, EIS payments are issued to an out-of-home caregiver. For pregnant youth who are 18 years old or older, EIS payments are issued directly to you.

EIS funds are for you to use to purchase items or services to help prepare for the birth of the baby. Items may include diapers, formula, clothing, crib, bassinet, car seat, etc., and services may include a birth preparation or parenting class. Funds may also be used to purchase maternity clothes.

To receive EIS funds, the youth provides a copy of an official medical record given to you by a health care provider, containing both verification of pregnancy and the Expected Delivery Date. If you are unable to provide your social worker with an official medical record containing the Expected Delivery Date, your social worker can help.

<https://dcfs.lacounty.gov/youth/teen-parenting/>

**Infant Supplement:** As soon as the baby is born, and if the newborn remains under the youth's care, the CSW/AB-12 will submit a referral to initiate Infant Supplement payments, as well as Medi-Cal coverage for the infant once the youth contacts the CSW/AB-12 worker. If parenting youth is in out-of-home care, the Infant Supplement payments are provided to the parenting youth's caregiver in the amount of \$900 per month, or \$1,379 per month for group home/STRTP placements. If the NMD is living in a Supervised Independent Living Placement, the Infant Supplement payments of \$900 per month are provided directly to the NMD.

**Parent support plan (PSP):** If the parenting NMD is living in an approved SILP, the parenting NMD can receive the foster care payment and the infant supplement directly.

The NMD can also receive an additional \$200 per month in addition to the infant supplement, if, while the NMD and the NMD's non-dependent child are residing in a SILP, and after development and approval of a PSP with an identified responsible adult mentor. The PSP identifies significant resources and supports to help the NMD develop and/or strengthen the factors and skills needed to create a safe, stable and permanent home for the NMD's child. The mentor agrees through the PSP to support these efforts.

Find a blank sample of the PSP here:

[http://file.lacounty.gov/SDSInter/dcfs/docs/1004990\\_ParentingSupportPlanFINAL101716.pdf](http://file.lacounty.gov/SDSInter/dcfs/docs/1004990_ParentingSupportPlanFINAL101716.pdf)

**Personal identifying documents:** A CASA can advocate for the parenting youth to set up an account on iFoster so that the parenting youth can store all the child's personal identifying documents in a secure digital account. The website is <https://portal.ifoster.org/Default.aspx>

Personal identifying documents include the following:

**Baby's birth certificate:** <https://lavote.net/home/records/birth-records/birth-records-request/who-can-obtain-a-copy-of-a-birth-record>

**Immunization card:** A CASA can remind youth to secure an immunization card from the pediatrician and keep in a safe location.

**Social security card.** Social Security must verify a birth record for all U.S.-born applicants who apply for an original Social Security number. An exception is made for a parent who applies for a baby's Social Security number at the hospital when the baby is born. To verify a birth record, Social Security will contact the office that issued it. <https://www.ssa.gov/ssnumber/ss5doc.htm>

**Subsidized Child Care and Emergency Bridge Childcare Funding:** If the you are a parenting teen under DCFS supervision, your child (even if they are not under DCFS supervision) is eligible for the Emergency Child Care Bridge Program as long as the youth isn't working, in school and/or attending a vocational training program, regardless of income level. The Emergency Child Care Bridge Program is a short-term solution and child care is only approved for up to six months with a possible six-month extension, for a total of 12 months. The DCFS case must remain open during this time and a CASA youth's child must remain in the youth's custody.

To apply for the Emergency Child Care Bridge Program, the youth should contact the CSW/AB-12 worker. Upon acceptance to the Bridge Program, the youth will be assigned a child care systems navigator. The navigator will assist with finding a child care provider, securing a subsidized child care placement if eligible, completing child care program applications and developing a plan for long-term child care appropriate to the child's age and needs. The child care systems navigator will make every effort to ensure continuity of child care with the same child care provider. However, it is possible that, once the full six to twelve months of Emergency Child Care Bridge Program eligibility are exhausted, a new long-term child care option with another child care provider will need to be secured.

Childcare Resource and Referral program: <https://rrnetwork.org/family-services/find-child-care>

**Women Infants and Children (WIC):** The California WIC program aims to assist low-income and nutritionally at risk women who are pregnant, currently breastfeeding women (up to infant's 1<sup>st</sup> birthday), non-breastfeeding postpartum women (up to 6 months after birth of an infant or after pregnancy ends), infants (up to 1<sup>st</sup> birthday) and children up to their fifth birthday. Benefits that are provided to participants through the California WIC program includes supplemental nutritious foods, nutrition education, counseling at WIC clinics, screening and referrals for other health reasons, welfare and social services. Note: fathers who have custody of a child between birth and the child's fifth birthday can also apply for WIC. For clinics in Los Angeles, click here: <https://www.womeninfantschildrenoffice.com/los-angeles-wic-clinics-california-wcc261>

## Developmental Milestones Chart<sup>i</sup>

### Developmental Stage: 0-3 months (Infant)

Physical /Motor	Cognitive	Language	Social / Emotional
<ul style="list-style-type: none"> <li>• Raises head and chest when lying on stomach</li> <li>• Supports upper body with arms when lying on stomach</li> <li>• Stretches legs out and kicks when lying on stomach or back</li> <li>• Opens and shuts hands</li> </ul>	<ul style="list-style-type: none"> <li>• Watches faces intently</li> <li>• Follows moving objects</li> <li>• Recognizes familiar objects and people at a distance</li> <li>• Starts using hands and eyes in coordination</li> </ul>	<ul style="list-style-type: none"> <li>• Smiles at the sound of your voice</li> <li>• Begins to babble</li> <li>• Begins to imitate some sounds</li> <li>• Turns head toward direction of sound</li> </ul>	<ul style="list-style-type: none"> <li>• Begins to develop a social smile</li> <li>• Enjoys playing with other people and may cry when playing stops</li> <li>• Becomes more communicative and expressive with face and body</li> <li>• Imitates some movements and facial expressions</li> </ul>

<ul style="list-style-type: none"> <li>• Pushes down on legs when feet are placed on a firm surface</li> <li>• Brings hand to mouth</li> <li>• Takes swipes at dangling objects with hands</li> <li>• Grasps and shakes hand toys</li> </ul>			
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### Developmental Stage: 4-7 months (Infant)

Physical / Motor	Cognitive	Language	Social / Emotional
<ul style="list-style-type: none"> <li>• Rolls both ways (front to back, back to front)</li> <li>• Sits with, and then without, support of hands</li> <li>• Supports whole weight on legs</li> <li>• Reaches with one hand</li> <li>• Transfers object from hand to hand</li> <li>• Uses raking grasp (not pincer)</li> </ul>	<ul style="list-style-type: none"> <li>• Finds partially hidden object</li> <li>• Explores with hands and mouth</li> <li>• Struggles to get objects that are out of reach</li> </ul>	<ul style="list-style-type: none"> <li>• Responds to own name</li> <li>• Begins to respond to “no”</li> <li>• Distinguishes emotions by tone of voice</li> <li>• Responds to sound by making sounds</li> <li>• Uses voice to express joy and displeasure</li> <li>• Babbles chains of consonants</li> </ul>	<ul style="list-style-type: none"> <li>• Enjoys social play</li> <li>• Interested in mirror images</li> <li>• Responds to other people’s expressions of emotion and appears joyful often</li> </ul>

### Developmental Stage: 8-12 months (Infant)

Physical / Motor	Cognitive	Language	Social / Emotional
<ul style="list-style-type: none"> <li>• Gets to sitting position without assistance</li> <li>• Crawls forward on belly by pulling with arms and pushing with legs</li> <li>• Assumes hands-and-knees position</li> <li>• Creeps on hands and knees supporting trunk on hands and knees</li> <li>• Gets from sitting to crawling or prone</li> </ul>	<ul style="list-style-type: none"> <li>• Explores objects in many different ways (shaking, banging, throwing, dropping)</li> <li>• Finds hidden objects easily</li> <li>• Looks at correct picture when the image is named</li> <li>• Imitates gestures</li> <li>• Begins to use objects correctly (drinking from cup, brushing hair, dialing phone, listening to receiver)</li> </ul>	<ul style="list-style-type: none"> <li>• Pays increasing attention to speech</li> <li>• Responds to simple verbal requests</li> <li>• Responds to “no”</li> <li>• Uses simple gestures, such as shaking head for “no”</li> <li>• Babbles with inflection</li> <li>• Says “dada” and “mama”</li> <li>• Uses exclamations, such as “oh-oh!”</li> </ul>	<ul style="list-style-type: none"> <li>• Shy or anxious with strangers</li> <li>• Cries when mother or father leaves</li> <li>• Enjoys imitating people in play</li> <li>• Shows specific preferences for certain people and toys</li> <li>• Tests parental responses to his actions during feedings (What do you do when he refuses a food?)</li> <li>• Tests parental responses to his behavior (What do</li> </ul>

<p>(lying on stomach) position</p> <ul style="list-style-type: none"> <li>• Pulls self up to stand</li> <li>• Walks holding on to furniture</li> <li>• Stands momentarily without support</li> <li>• May walk two or three steps without support</li> <li>• Uses pincer grasp</li> <li>• Bangs two cubes together</li> <li>• Puts objects into container</li> <li>• Takes objects out of container</li> <li>• Lets objects go voluntarily</li> <li>• Pokes with index finger</li> <li>• Tries to imitate scribbling</li> </ul>		<ul style="list-style-type: none"> <li>• Tries to imitate words</li> </ul>	<p>you do if he cries after you leave the room?)</p> <ul style="list-style-type: none"> <li>• May be fearful in some situations</li> <li>• Prefers mother and/or regular caregiver over all others</li> <li>• Repeats sounds or gestures for attention</li> <li>• Finger-feeds himself</li> <li>• Extends arm or leg to help when being dressed</li> </ul>
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### Developmental Stage: 12-18 months (Toddler)

Physical / Motor	Cognitive	Language	Social / Emotional
<ul style="list-style-type: none"> <li>• Tasting foods with a variety of textures</li> <li>• Walking without support and independently</li> <li>• Playing in a typical way with toys</li> <li>• Scribbling with a crayon</li> <li>• Putting objects in container</li> <li>• Using a spoon with some spilling and drinking from a cup</li> </ul>	<ul style="list-style-type: none"> <li>• Responding to simple requests such as “give me the ball”</li> <li>• Listening to simple rhymes and songs</li> <li>• Looking at books and turning pages</li> </ul>	<ul style="list-style-type: none"> <li>• Imitating and saying a few words (10-15 words)</li> <li>• Jabbering in a way that sounds like language</li> <li>• Showing affection</li> </ul>	<ul style="list-style-type: none"> <li>• Showing affection</li> <li>• Shows jealousy for attention</li> <li>• Communicates desires</li> <li>• Recognizes self in the mirror</li> <li>• Expresses frustration in tantrums</li> </ul>

### Developmental Stage: 18-24 months (Toddler)

Physical / Motor	Cognitive	Language	Social / Emotional
<ul style="list-style-type: none"> <li>• Walks alone</li> <li>• Pulls toys behind her while walking</li> <li>• Carries large toy or several toys while walking</li> <li>• Stands on tiptoe</li> <li>• Kicks a ball</li> <li>• Climbs onto and down from furniture unassisted</li> <li>• Walks up and down stairs holding on to support</li> <li>• Scribbles spontaneously</li> <li>• Turns over container to pour out contents</li> <li>• Builds tower of four blocks or more</li> <li>• Might use one hand more frequently than the other</li> <li>• Removes clothing</li> </ul>	<ul style="list-style-type: none"> <li>• Finds objects even when hidden under two or three covers</li> <li>• Begins to sort by shapes and colors</li> <li>• Begins make-believe play</li> <li>• Obeying simple two part commands</li> </ul>	<ul style="list-style-type: none"> <li>• Points to object or picture when it’s named for him</li> <li>• Recognizes names of familiar people, objects, and body parts</li> <li>• Says several single words (by fifteen to eighteen months)</li> <li>• Uses simple phrases (by eighteen to twenty-four months)</li> <li>• Uses two- to four-word sentences</li> <li>• Follows simple instructions</li> <li>• Repeats words overheard in conversation</li> <li>• Speech can be understood about 65% of the time</li> </ul>	<ul style="list-style-type: none"> <li>• Imitates behavior of others, especially adults and older children</li> <li>• Increasingly aware of herself as separate from others</li> <li>• Increasingly enthusiastic about company of other children</li> <li>• Demonstrates increasing independence</li> <li>• Assert independence</li> <li>• Increasing episodes of separation anxiety toward midyear, then they fade</li> <li>• Playing alone for a few minutes</li> <li>• Pointing to a few pictures of familiar people or objects and body parts</li> </ul>

### Developmental Stage: 24-30 months (Toddler)

Physical / Motor	Cognitive	Language	Social / Emotional
<ul style="list-style-type: none"> <li>• Walking up and down stairs</li> <li>• Climbs well</li> <li>• Swings leg to kick ball</li> <li>• Runs easily</li> <li>• Building block towers, snipping with scissors, and placing square pegs in a board</li> <li>• Feeding self with utensils, washing/drying hands</li> <li>• Bends over easily without falling</li> <li>• Screws and unscrews jar lids, nuts, and bolts</li> <li>• Turns book pages one at a time</li> </ul>	<ul style="list-style-type: none"> <li>• Answering simple questions such as “What is your name?” or “Where are you going?”</li> <li>• Following 2 step directions</li> <li>• Matches an object in hand or room to a picture in a book</li> <li>• Finds things even when hidden under two or three covers</li> <li>• Begins to sort shapes and colors</li> </ul>	<ul style="list-style-type: none"> <li>• Using 3—4 word sentences frequently</li> <li>• Speech is understood by people outside the family most of the time</li> <li>• Recognizes and identifies almost all common objects and pictures</li> <li>• Uses pronouns (I, you, me, we, they)</li> </ul>	<ul style="list-style-type: none"> <li>• Expressing emotions</li> <li>• Interest in playing with others but may not share well</li> <li>• Copies others, especially adults and older children</li> <li>• Gets excited when with other children</li> <li>• Shows more and more independence</li> <li>• Plays mainly beside other children, but is beginning to include other children, such as in chase games</li> </ul>

### Developmental Stage: 30-36 months (Toddler)

Physical / Motor	Cognitive	Language	Social / Emotional
<ul style="list-style-type: none"> <li>• Climbing, catching, riding a trike, jumping, going up and down stairs alone and running well</li> <li>• Feeding self and dressing and undressing with minimal assistance</li> <li>• Pedals tricycle</li> <li>• Holds a pencil in writing position</li> <li>• Makes vertical, horizontal, circular strokes with pencil or crayon</li> </ul>	<ul style="list-style-type: none"> <li>• Actively playing with a variety of toys including puzzles, books, pegs, crayons and blocks</li> <li>• Makes mechanical toys work</li> <li>• Plays make-believe with dolls, animals, and people</li> <li>• Sorts objects by color</li> <li>• Understands concept of “two”</li> </ul>	<ul style="list-style-type: none"> <li>• Has vocabulary of at least 300 words, expressively</li> <li>• Is intelligible about 80% of the time</li> <li>• Relating experiences using short grammatical sentences</li> <li>• Understands physical relationships (on, in, under)</li> <li>• Can say name, age, and sex</li> <li>• Strangers can understand most of words</li> </ul>	<ul style="list-style-type: none"> <li>• Playing simple interactive games and enjoying playing with others</li> <li>• Beginning to obey simple rules</li> <li>• Separates easily from parents</li> <li>• Expresses a wide range of emotions</li> <li>• Objects to major changes in routine</li> </ul>

### Developmental Stage: 3-4 years (Toddler)

Physical / Motor	Cognitive	Language	Social / Emotional
<ul style="list-style-type: none"> <li>• Hops and stands on one foot up to five seconds</li> <li>• Goes upstairs and downstairs without support</li> <li>• Kicks ball forward</li> <li>• Throws ball overhand</li> <li>• Catches bounced ball most of the time</li> <li>• Moves forward and backward with agility</li> <li>• Copies square shapes</li> <li>• Draws a person with two to four body parts</li> <li>• Uses scissors</li> <li>• Draws circles and squares</li> <li>• Begins to copy some capital letters</li> </ul>	<ul style="list-style-type: none"> <li>• Correctly names some colors</li> <li>• Understands the concept of counting and may know a few numbers</li> <li>• Approaches problems from a single point of view</li> <li>• Begins to have a clearer sense of time</li> <li>• Follows three-part commands</li> <li>• Recalls parts of a story</li> <li>• Understands the concept of same/different</li> </ul>	<ul style="list-style-type: none"> <li>• Understands the concepts of “same” and “different”</li> <li>• Has mastered some basic rules of grammar</li> <li>• Speaks in sentences of five to six words</li> <li>• Speaks clearly enough for strangers to understand</li> <li>• Tells stories</li> </ul>	<ul style="list-style-type: none"> <li>• Interested in new experiences</li> <li>• Cooperates with other children</li> <li>• Plays “Mom” or “Dad”</li> <li>• Increasingly inventive in fantasy play</li> <li>• Dresses and undresses</li> <li>• Negotiates solutions to conflicts</li> <li>• More independent</li> <li>• Imagines that many unfamiliar images may be “monsters”</li> <li>• Views self as a whole person involving body, mind, and feelings</li> </ul>

### Developmental Stage: 4-5 years (Preschool)

Physical / Motor	Cognitive	Language	Social / Emotional
<ul style="list-style-type: none"> <li>• Stands on one foot for ten seconds or longer</li> <li>• Hops, somersaults</li> <li>• Swings, climbs</li> <li>• May be able to skip</li> <li>• Copies triangle and other geometric patterns</li> <li>• Draws person with body</li> <li>• Prints some letters</li> <li>• Dresses and undresses without assistance</li> <li>• Uses fork, spoon, and (sometimes) a table knife</li> <li>• Usually cares for own toilet needs</li> </ul>	<ul style="list-style-type: none"> <li>• Can count ten or more objects</li> <li>• Correctly names at least four colors</li> <li>• Better understands the concept of time</li> <li>• Knows about things used every day in the home (money, food, appliances)</li> </ul>	<ul style="list-style-type: none"> <li>• Recalls part of a story</li> <li>• Speaks sentences of more than five words</li> <li>• Uses future tense</li> <li>• Tells longer stories</li> <li>• Says name and address</li> </ul>	<ul style="list-style-type: none"> <li>• Wants to please friends</li> <li>• Wants to be like her friends</li> <li>• More likely to agree to rules</li> <li>• Likes to sing, dance, and act</li> <li>• Shows more independence and may even visit a next-door neighbor by herself</li> <li>• Aware of sexuality</li> <li>• Able to distinguish fantasy from reality</li> <li>• Sometimes demanding, sometimes eagerly cooperative</li> </ul>

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<sup>i</sup> Adapted by First Look and The Early Childhood Direction Center (2006) from: Shelov, S. P., & Hannemann, R. E. (1994). *The American Academy of Pediatrics: Caring for Your Baby and Young Child Birth to Age 5: The Complete and Authoritative Guide*. New York: Bantam Doubleday Dell Pub.

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