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AMENDED IN SENATE MAY 28, 2013

AMENDED IN SENATE MAY 8, 2013

AMENDED IN SENATE APRIL 15, 2013

AMENDED IN SENATE APRIL 1, 2013

**SENATE BILL**

**No. 528**

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**Introduced by Senator Yee**  
**(~~Coauthor: Senator Beall~~)**  
*(Principal coauthor: Senator Leno)*  
*(Coauthors: Senators Beall and Evans)*  
(Coauthor: Assembly Member Ammiano)

February 21, 2013

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An act to amend Section 8263 of the Education Code, and to amend Sections 369, 16001.9, and 16002.5 of the Welfare and Institutions Code, relating to juveniles.

LEGISLATIVE COUNSEL'S DIGEST

SB 528, as amended, Yee. Dependents: care and treatment: minor parents and nonminor dependent parents.

Under existing law, minors are authorized to consent to medical and other treatment under certain circumstances, including the diagnosis and treatment of sexual assault, medical care relating to the prevention or treatment of pregnancy, treatment of infectious, contagious, and

communicable diseases, mental health treatment, and treatment for alcohol and drug abuse.

Under existing law, a child may come within the jurisdiction of the juvenile court and become a dependent child of the court under certain circumstances, including in cases of abuse and neglect. Under existing law, when a minor has been, or has a petition filed with the court to be, adjudged a dependent child of the court, the court may authorize, or order that a social worker may authorize, medical and other care for the minor, as prescribed. Under existing law, a social worker may, without court order, authorize medical and other care for a minor in emergency situations, as specified.

This bill would specify that nothing in those provisions shall be construed to limit the rights of dependent children to consent to specified types of medical and other care, including the diagnosis and treatment of sexual assault, medical care relating to the prevention or treatment of pregnancy, treatment of infectious, contagious, and communicable diseases, mental health treatment, and treatment for alcohol and drug abuse. This bill would authorize a dependent child's social worker, if the child is 12 years of age or older, to inform the child of his or her right as a minor to consent to and receive those health services. This bill would authorize social workers to provide dependent children with access to age-appropriate, medically accurate information about sexual development, reproductive health, and prevention of unplanned pregnancies and sexually transmitted infections.

Existing law declares the intent of the Legislature to maintain the continuity of the family unit and to support and preserve families headed by minor parents and nonminor dependent parents, as defined, and provides that, to the greatest extent possible, minor parents and their children living in foster care shall be provided with access to services that target supporting, maintaining, and developing the parent-child bond and the dependent parent's ability to provide a permanent and safe home for the child. Under existing law, minor parents are required to be given the ability to attend school, complete homework, and participate in age and developmentally appropriate activities separate from parenting. Existing law requires foster care placements for minor parents and their children to demonstrate a willingness and ability to provide support and assistance to minor parents and their children.

This bill would declare the intent of the Legislature to ensure that complete and accurate data on ~~pregnant and parenting~~ minor and nonminor dependents ~~and their children~~ is collected, as specified, and

would authorize child welfare agencies to provide minor parents and nonminor dependent parents with access to social workers or resource specialists who have received specified training. The bill would encourage child welfare agencies to update the case plans for pregnant and parenting dependents within 60 calendar days of the date the agency is informed of a pregnancy, and would authorize those agencies to hold a specialized conference, as prescribed, to assist the pregnant or parenting foster youth and nonminor dependents with planning for healthy parenting, among other things. The bill would additionally require nonminor dependent parents to be given the ability to attend school, complete homework, and participate in age and developmentally appropriate activities separate from parenting. This bill would authorize child welfare agencies, local educational agencies, and child care resource and referral agencies to make reasonable and coordinated efforts to ensure that minor parents and nonminor dependent parents who have not completed high school have access to school programs that provide onsite or coordinated child care, and that minor parents and nonminor dependent parents are given priority for subsidized child care. This bill would additionally require foster care placements for nonminor dependent parents and their children to demonstrate a willingness and ability to provide support and assistance to nonminor dependent parents and their children.

Existing law provides that it is the policy of the state that foster children have specified rights.

This bill would instead specify that all minors and nonminors in foster care have those rights. The bill would provide that foster children also have the right, at 12 years of age or older, to receive information regarding specified health care services.

Existing law, the Child Care and Development Services Act, administered by the State Department of Education, requires the Superintendent of Public Instruction to administer child care and development programs that offer a full range of services for eligible children from infancy to 13 years of age. Existing law requires the Superintendent to adopt rules and regulations on eligibility, enrollment, and priority of services needed to implement the Child Care and Development Services Act, and requires families to meet at least one of the specified requirements in order to be eligible for federal and state subsidized child development services.

This bill would provide that a family may be eligible for services if one or both parents are foster youth or nonminor dependents under 21

years of age, or if the family needs child care services because the parents are foster youth or nonminor dependents.

Under existing law, priority for federal and state subsidized child development services is given first to children who are or who are at risk of neglect or abuse, and second priority is given to eligible families who are income eligible, as specified. Existing law provides that if 2 or more families are in the same priority in relation to income, the family that has a child with exceptional needs shall be admitted first.

This bill would provide that a family in which one or both parents are foster youth or nonminor dependents under 21 years of age shall also be given second priority enrollment. The bill would prohibit this priority enrollment from being used to displace children who are currently receiving care.

Vote: majority. Appropriation: no. Fiscal committee: yes.  
 State-mandated local program: no.

*The people of the State of California do enact as follows:*

1 SECTION 1. Section 8263 of the Education Code is amended  
 2 to read:

3 8263. (a) The Superintendent shall adopt rules and regulations  
 4 on eligibility, enrollment, and priority of services needed to  
 5 implement this chapter. In order to be eligible for federal and state  
 6 subsidized child development services, families shall meet at least  
 7 one requirement in each of the following areas:

8 (1) A family is (A) a current aid recipient, (B) income eligible,  
 9 (C) homeless, (D) one whose children are recipients of protective  
 10 services, or whose children have been identified as being abused,  
 11 neglected, or exploited, or at risk of being abused, neglected, or  
 12 exploited, or (E) one in which one or both parents are foster youth  
 13 or nonminor dependents under 21 years of age.

14 (2) A family needs the child care services (A) because the child  
 15 is identified by a legal, medical, or social services agency, or  
 16 emergency shelter as (i) a recipient of protective services or (ii)  
 17 being neglected, abused, or exploited, or at risk of neglect, abuse,  
 18 or exploitation, or (B) because the parents are (i) engaged in  
 19 vocational training leading directly to a recognized trade,  
 20 paraprofession, or profession, (ii) foster youth or nonminor  
 21 dependents, (iii) employed or seeking employment, (iv) seeking  
 22 permanent housing for family stability, or (v) incapacitated.

1 (b) Except as provided in Article 15.5 (commencing with Section  
2 8350), priority for federal and state subsidized child development  
3 services is as follows:

4 (1) (A) First priority shall be given to neglected or abused  
5 children who are recipients of child protective services, or children  
6 who are at risk of being neglected or abused, upon written referral  
7 from a legal, medical, or social services agency. If an agency is  
8 unable to enroll a child in the first priority category, the agency  
9 shall refer the family to local resource and referral services to  
10 locate services for the child.

11 (B) A family who is receiving child care on the basis of being  
12 a child at risk of abuse, neglect, or exploitation, as defined in  
13 subdivision (k) of Section 8208, is eligible to receive services  
14 pursuant to subparagraph (A) for up to three months, unless the  
15 family becomes eligible pursuant to subparagraph (C).

16 (C) A family may receive child care services for up to 12 months  
17 on the basis of a certification by the county child welfare agency  
18 that child care services continue to be necessary, or if the child is  
19 receiving child protective services during that period of time, and  
20 the family requires child care and remains otherwise eligible. This  
21 time limit does not apply if the family's child care referral is  
22 recertified by the county child welfare agency.

23 (2) Second priority shall be given equally to eligible families,  
24 regardless of the number of parents in the home, who are income  
25 eligible. Within this priority, families with the lowest gross monthly  
26 income in relation to family size, as determined by a schedule  
27 adopted by the Superintendent, shall be admitted first. If two or  
28 more families are in the same priority in relation to income, the  
29 family that has a child with exceptional needs, or the family in  
30 which one or both parents are foster youth or nonminor dependents  
31 under 21 years of age, shall be admitted first. Priority enrollment  
32 for families in which one or both parents are foster youth or  
33 nonminor dependents under 21 years of age shall be granted when  
34 slots become available, but shall not displace children who are  
35 currently receiving care. If there is no family of the same priority  
36 with a child with exceptional needs, or a family in which one or  
37 both parents are foster youth or nonminor dependents under 21  
38 years of age, the same priority family that has been on the waiting  
39 list for the longest time shall be admitted first. For purposes of

1 determining order of admission, the grants of public assistance  
2 recipients shall be counted as income.

3 (3) The Superintendent shall set criteria for and may grant  
4 specific waivers of the priorities established in this subdivision for  
5 agencies that wish to serve specific populations, including children  
6 with exceptional needs or children of prisoners. These new waivers  
7 shall not include proposals to avoid appropriate fee schedules or  
8 admit ineligible families, but may include proposals to accept  
9 members of special populations in other than strict income order,  
10 if appropriate fees are paid.

11 (c) Notwithstanding any other law, in order to promote  
12 continuity of services, a family enrolled in a state or federally  
13 funded child care and development program whose services would  
14 otherwise be terminated because the family no longer meets the  
15 program income, eligibility, or need criteria may continue to  
16 receive child development services in another state or federally  
17 funded child care and development program if the contractor is  
18 able to transfer the family's enrollment to another program that  
19 the family is eligible for before the date of termination of services  
20 or to exchange the family's existing enrollment with the enrollment  
21 of a family in another program, provided that both families satisfy  
22 the eligibility requirements for the program in which they are being  
23 enrolled. The transfer of enrollment may be to another program  
24 within the same administrative agency or to another agency that  
25 administers state or federally funded child care and development  
26 programs.

27 (d) In order to promote continuity of services, the Superintendent  
28 may extend the 60-working-day period specified in subdivision  
29 (a) of Section 18086.5 of Title 5 of the California Code of  
30 Regulations for an additional 60 working days if he or she  
31 determines that opportunities for employment have diminished to  
32 the degree that one or both parents cannot reasonably be expected  
33 to find employment within 60 working days and granting the  
34 extension is in the public interest. The scope of extensions granted  
35 pursuant to this subdivision shall be limited to the necessary  
36 geographic areas and affected persons, which shall be described  
37 in the Superintendent's order granting the extension. It is the intent  
38 of the Legislature that extensions granted pursuant to this  
39 subdivision improve services in areas with high unemployment

1 rates and areas with disproportionately high numbers of seasonal  
2 agricultural jobs.

3 (e) A physical examination and evaluation, including  
4 age-appropriate immunization, shall be required before, or within  
5 six weeks of, enrollment. A standard, rule, or regulation shall not  
6 require medical examination or immunization for admission to a  
7 child care and development program of a child whose parent or  
8 guardian files a letter with the governing board of the child care  
9 and development program stating that the medical examination or  
10 immunization is contrary to his or her religious beliefs, or provide  
11 for the exclusion of a child from the program because of a parent  
12 or guardian having filed the letter. However, if there is good cause  
13 to believe that a child is suffering from a recognized contagious  
14 or infectious disease, the child shall be temporarily excluded from  
15 the program until the governing board of the child care and  
16 development program is satisfied that the child is not suffering  
17 from that contagious or infectious disease.

18 (f) Regulations formulated and promulgated pursuant to this  
19 section shall include the recommendations of the State Department  
20 of Health Care Services relative to health care screening and the  
21 provision of health care services. The Superintendent shall seek  
22 the advice and assistance of these health authorities in situations  
23 when service under this chapter includes or requires care of  
24 children who are ill or children with exceptional needs.

25 (g) (1) The Superintendent shall establish a fee schedule for  
26 families utilizing child care and development services pursuant to  
27 this chapter, including families receiving services under paragraph  
28 (1) of subdivision (b). Families receiving services under  
29 subparagraph (B) of paragraph (1) of subdivision (b) may be  
30 exempt from these fees for up to three months. Families receiving  
31 services under subparagraph (C) of paragraph (1) of subdivision  
32 (b) may be exempt from these fees for up to 12 months. The  
33 cumulative period of time of exemption from these fees for families  
34 receiving services under paragraph (1) of subdivision (b) shall not  
35 exceed 12 months.

36 (2) The income of a recipient of federal supplemental security  
37 income benefits pursuant to Title XVI of the federal Social Security  
38 Act (42 U.S.C. Sec. 1381 et seq.) and state supplemental program  
39 benefits pursuant to Title XVI of the federal Social Security Act  
40 (42 U.S.C. Sec. 1381 et seq.) and Chapter 3 (commencing with

1 Section 12000) of Part 3 of Division 9 of the Welfare and  
2 Institutions Code shall not be included as income for purposes of  
3 determining the amount of the family fee.

4 (h) (1) The family fee schedule shall provide, among other  
5 things, that a contractor or provider may require parents to provide  
6 diapers. A contractor or provider offering field trips either may  
7 include the cost of the field trips within the service rate charged  
8 to the parent or may charge parents an additional fee. Federal or  
9 state money shall not be used to reimburse parents for the costs of  
10 field trips if those costs are charged as an additional fee. A  
11 contractor or provider that charges parents an additional fee for  
12 field trips shall inform parents, before enrolling the child, that a  
13 fee may be charged and that no reimbursement will be available.

14 (2) A contractor or provider may charge parents for field trips  
15 or require parents to provide diapers only under the following  
16 circumstances:

17 (A) The provider has a written policy that is adopted by the  
18 agency's governing board that includes parents in the  
19 decisionmaking process regarding both of the following:

20 (i) Whether or not, and how much, to charge for field trip  
21 expenses.

22 (ii) Whether or not to require parents to provide diapers.

23 (B) The maximum total of charges per child in a contract year  
24 does not exceed twenty-five dollars (\$25).

25 (C) A child shall not be denied participation in a field trip due  
26 to the parent's inability or refusal to pay the charge. Adverse action  
27 shall not be taken against a parent for that inability or refusal.

28 (3) Each contractor or provider shall establish a payment system  
29 that prevents the identification of children based on whether or  
30 not their parents have paid a field trip charge.

31 (4) Expenses incurred and income received for field trips  
32 pursuant to this section shall be reported to the department. The  
33 income received for field trips shall be reported specifically as  
34 restricted income.

35 (i) The Superintendent shall establish guidelines for the  
36 collection of employer-sponsored child care benefit payments from  
37 a parent whose child receives subsidized child care and  
38 development services. These guidelines shall provide for the  
39 collection of the full amount of the benefit payment, but not to  
40 exceed the actual cost of child care and development services

1 provided, notwithstanding the applicable fee based on the fee  
2 schedule.

3 (j) The Superintendent shall establish guidelines according to  
4 which the director or a duly authorized representative of the child  
5 care and development program will certify children as eligible for  
6 state reimbursement pursuant to this section.

7 (k) Public funds shall not be paid directly or indirectly to an  
8 agency that does not pay at least the minimum wage to each of its  
9 employees.

10 SEC. 2. Section 369 of the Welfare and Institutions Code is  
11 amended to read:

12 369. (a) Whenever a person is taken into temporary custody  
13 under Article 7 (commencing with Section 305) and is in need of  
14 medical, surgical, dental, or other remedial care, the social worker  
15 may, upon the recommendation of the attending physician and  
16 surgeon or, if the person needs dental care and there is an attending  
17 dentist, the attending dentist, authorize the performance of the  
18 medical, surgical, dental, or other remedial care. The social worker  
19 shall notify the parent, guardian, or person standing in loco parentis  
20 of the person, if any, of the care found to be needed before that  
21 care is provided, and if the parent, guardian, or person standing in  
22 loco parentis objects, that care shall be given only upon order of  
23 the court in the exercise of its discretion.

24 (b) Whenever it appears to the juvenile court that a person  
25 concerning whom a petition has been filed with the court is in need  
26 of medical, surgical, dental, or other remedial care, and that there  
27 is no parent, guardian, or person standing in loco parentis capable  
28 of authorizing or willing to authorize the remedial care or treatment  
29 for that person, the court, upon the written recommendation of a  
30 licensed physician and surgeon or, if the person needs dental care,  
31 a licensed dentist, and after due notice to the parent, guardian, or  
32 person standing in loco parentis, if any, may make an order  
33 authorizing the performance of the necessary medical, surgical,  
34 dental, or other remedial care for that person.

35 (c) Whenever a dependent child of the juvenile court is placed  
36 by order of the court within the care and custody or under the  
37 supervision of a social worker of the county where the dependent  
38 child resides and it appears to the court that there is no parent,  
39 guardian, or person standing in loco parentis capable of authorizing  
40 or willing to authorize medical, surgical, dental, or other remedial

1 care or treatment for the dependent child, the court may, after due  
2 notice to the parent, guardian, or person standing in loco parentis,  
3 if any, order that the social worker may authorize the medical,  
4 surgical, dental, or other remedial care for the dependent child, by  
5 licensed practitioners, as necessary.

6 (d) Whenever it appears that a child otherwise within subdivision  
7 (a), (b), or (c) requires immediate emergency medical, surgical,  
8 or other remedial care in an emergency situation, that care may be  
9 provided by a licensed physician and surgeon or, if the child needs  
10 dental care in an emergency situation, by a licensed dentist, without  
11 a court order and upon authorization of a social worker. The social  
12 worker shall make reasonable efforts to obtain the consent of, or  
13 to notify, the parent, guardian, or person standing in loco parentis  
14 prior to authorizing emergency medical, surgical, dental, or other  
15 remedial care. “Emergency situation,” for the purposes of this  
16 subdivision means a child requires immediate treatment for the  
17 alleviation of severe pain or an immediate diagnosis and treatment  
18 of an unforeseeable medical, surgical, dental, or other remedial  
19 condition or contagious disease which if not immediately diagnosed  
20 and treated, would lead to serious disability or death.

21 (e) In any case in which the court orders the performance of  
22 any medical, surgical, dental, or other remedial care pursuant to  
23 this section, the court may also make an order authorizing the  
24 release of information concerning that care to social workers,  
25 parole officers, or any other qualified individuals or agencies caring  
26 for or acting in the interest and welfare of the child under order,  
27 commitment, or approval of the court.

28 (f) Nothing in this section shall be construed as limiting the  
29 right of a parent, guardian, or person standing in loco parentis,  
30 who has not been deprived of the custody or control of the child  
31 by order of the court, in providing any medical, surgical, dental,  
32 or other remedial treatment recognized or permitted under the laws  
33 of this state.

34 (g) The parent of a person described in this section may  
35 authorize the performance of medical, surgical, dental, or other  
36 remedial care provided for in this section notwithstanding his or  
37 her age or marital status. In nonemergency situations, the parent  
38 authorizing the care shall notify the other parent prior to the  
39 administration of that care.

1 (h) Nothing in this section shall be construed as limiting the  
2 rights of dependent children, pursuant to Chapter 3 (commencing  
3 with Section 6920) of Part 4 of Division 11 of the Family Code,  
4 to consent to, among other things, the diagnosis and treatment of  
5 sexual assault, medical care relating to the prevention or treatment  
6 of pregnancy, including contraception, abortion, and prenatal care,  
7 treatment of infectious, contagious, or communicable diseases,  
8 mental health treatment, and treatment for alcohol and drug abuse.  
9 If a dependent child is 12 years of age or older, his or her social  
10 worker is authorized to inform the child of his or her right as a  
11 minor to consent to and receive those health services, as necessary.  
12 Social workers are authorized to provide dependent children access  
13 to age-appropriate, medically accurate information about sexual  
14 development, reproductive health, and prevention of unplanned  
15 pregnancies and sexually transmitted infections.

16 SEC. 3. Section 16001.9 of the Welfare and Institutions Code  
17 is amended to read:

18 16001.9. (a) It is the policy of the state that all minors and  
19 nonminors in foster care shall have the following rights:

20 (1) To live in a safe, healthy, and comfortable home where he  
21 or she is treated with respect.

22 (2) To be free from physical, sexual, emotional, or other abuse,  
23 or corporal punishment.

24 (3) To receive adequate and healthy food, adequate clothing,  
25 and, for youth in group homes, an allowance.

26 (4) To receive medical, dental, vision, and mental health  
27 services.

28 (5) To be free of the administration of medication or chemical  
29 substances, unless authorized by a physician.

30 (6) To contact family members, unless prohibited by court order,  
31 and social workers, attorneys, foster youth advocates and  
32 supporters, Court Appointed Special Advocates (CASAs), and  
33 probation officers.

34 (7) To visit and contact brothers and sisters, unless prohibited  
35 by court order.

36 (8) To contact the Community Care Licensing Division of the  
37 State Department of Social Services or the State Foster Care  
38 Ombudsperson regarding violations of rights, to speak to  
39 representatives of these offices confidentially, and to be free from  
40 threats or punishment for making complaints.

- 1 (9) To make and receive confidential telephone calls and send  
2 and receive unopened mail, unless prohibited by court order.
- 3 (10) To attend religious services and activities of his or her  
4 choice.
- 5 (11) To maintain an emancipation bank account and manage  
6 personal income, consistent with the child’s age and developmental  
7 level, unless prohibited by the case plan.
- 8 (12) To not be locked in a room, building, or facility premises,  
9 unless placed in a community treatment facility.
- 10 (13) To attend school and participate in extracurricular, cultural,  
11 and personal enrichment activities, consistent with the child’s age  
12 and developmental level, with minimal disruptions to school  
13 attendance and educational stability.
- 14 (14) To work and develop job skills at an age-appropriate level,  
15 consistent with state law.
- 16 (15) To have social contacts with people outside of the foster  
17 care system, including teachers, church members, mentors, and  
18 friends.
- 19 (16) To attend Independent Living Program classes and activities  
20 if he or she meets age requirements.
- 21 (17) To attend court hearings and speak to the judge.
- 22 (18) To have storage space for private use.
- 23 (19) To be involved in the development of his or her own case  
24 plan and plan for permanent placement.
- 25 (20) To review his or her own case plan and plan for permanent  
26 placement, if he or she is 12 years of age or older and in a  
27 permanent placement, and to receive information about his or her  
28 out-of-home placement and case plan, including being told of  
29 changes to the plan.
- 30 (21) To be free from unreasonable searches of personal  
31 belongings.
- 32 (22) To the confidentiality of all juvenile court records consistent  
33 with existing law.
- 34 (23) To have fair and equal access to all available services,  
35 placement, care, treatment, and benefits, and to not be subjected  
36 to discrimination or harassment on the basis of actual or perceived  
37 race, ethnic group identification, ancestry, national origin, color,  
38 religion, sex, sexual orientation, gender identity, mental or physical  
39 disability, or HIV status.

1 (24) To have caregivers and child welfare personnel who have  
2 received instruction on cultural competency and sensitivity relating  
3 to, and best practices for, providing adequate care to lesbian, gay,  
4 bisexual, and transgender youth in out-of-home care.

5 (25) At 16 years of age or older, to have access to existing  
6 information regarding the educational options available, including,  
7 but not limited to, the coursework necessary for vocational and  
8 postsecondary educational programs, and information regarding  
9 financial aid for postsecondary education.

10 (26) To have access to age-appropriate, medically accurate  
11 information about reproductive health care, the prevention of  
12 unplanned pregnancy, and the prevention and treatment of sexually  
13 transmitted infections at 12 years of age or older.

14 (b) Nothing in this section shall be interpreted to require a foster  
15 care provider to take any action that would impair the health and  
16 safety of children in out-of-home placement.

17 (c) The State Department of Social Services and each county  
18 welfare department are encouraged to work with the Student Aid  
19 Commission, the University of California, the California State  
20 University, and the California Community Colleges to receive  
21 information pursuant to paragraph (23) of subdivision (a).

22 SEC. 4. Section 16002.5 of the Welfare and Institutions Code  
23 is amended to read:

24 16002.5. It is the intent of the Legislature to maintain the  
25 continuity of the family unit and to support and preserve families  
26 headed by minor parents and nonminor dependent parents who  
27 are themselves under the jurisdiction of the juvenile court by  
28 ensuring that minor parents and nonminor dependent parents and  
29 their children are placed together in as family-like a setting as  
30 possible, unless it has been determined that placement together  
31 poses a risk to the child. It is also the intent of the Legislature to  
32 ensure that complete and accurate data on parenting minor and  
33 nonminor dependents ~~and their children~~ is collected, and that the  
34 State Department of Social Services shall ensure that the following  
35 information is publicly available on a quarterly basis by county  
36 about parenting minor and nonminor ~~dependents and their children~~:  
37 *dependents: total number of ~~children~~, parenting minor and*  
38 *nonminor dependents in each county, their age, their ethnic group,*  
39 *their placement type, ~~and~~ their time in care, *the number of children**  
40 *they have, and whether their children are court dependents.*

1 (a) To the greatest extent possible, minor parents and nonminor  
2 dependent parents and their children shall be provided with access  
3 to existing services for which they may be eligible, that are  
4 specifically targeted at supporting, maintaining, and developing  
5 both the parent-child bond and the dependent parent's ability to  
6 provide a permanent and safe home for the child. Examples of  
7 these services may include, but are not limited to, child care,  
8 parenting classes, child development classes, and frequent  
9 visitation.

10 (b) Child welfare agencies may provide minor parents and  
11 nonminor dependent parents with access to social workers or  
12 resource specialists who have received training on the needs of  
13 teenage parents and available resources, including, but not limited  
14 to, maternal and child health programs, child care, and child  
15 development classes. Child welfare agencies are encouraged to  
16 update the case plans for pregnant and parenting dependents within  
17 60 calendar days of the date the agency is informed of a pregnancy.  
18 When updating the case plan, child welfare agencies may hold a  
19 specialized conference to assist pregnant or parenting foster youth  
20 and nonminor dependents with planning for healthy parenting and  
21 identifying appropriate resources and services, and to inform the  
22 case plan. The specialized conference shall include the pregnant  
23 or parenting minor or nonminor dependent, family members, and  
24 other supportive adults, and the specially trained social worker or  
25 resource specialist. The specialized conference may include other  
26 individuals, including, but not limited to, a public health nurse, a  
27 community health worker, or other personnel with a comprehensive  
28 knowledge of available maternal and child resources, including  
29 public benefit programs. Participation in the specialized conference  
30 shall be voluntary on the part of the foster youth or nonminor  
31 dependent and assistance in identifying and accessing resources  
32 shall not be dependent on participation in the conference.

33 (c) The minor parents and nonminor dependent parents shall be  
34 given the ability to attend school, complete homework, and  
35 participate in age and developmentally appropriate activities  
36 unrelated to and separate from parenting.

37 (d) Child welfare agencies, local educational agencies, and child  
38 care resource and referral agencies may make reasonable and  
39 coordinated efforts to ensure that minor parents and nonminor  
40 dependent parents who have not completed high school have access

1 to school programs that provide onsite or coordinated child care,  
2 and that minor parents and nonminor dependent parents are given  
3 priority for subsidized child care.

4 (e) Foster care placements for minor parents and nonminor  
5 dependent parents and their children shall demonstrate a  
6 willingness and ability to provide support and assistance to minor  
7 parents and nonminor dependent parents and their children.

8 (f) Contact between the child, the custodial parent, and the  
9 noncustodial parent shall be facilitated if that contact is found to  
10 be in the best interest of the child.

11 (g) For the purpose of this section, “child” refers to the child  
12 born to the minor parent.

13 (h) For the purpose of this section, “minor parent” refers to a  
14 dependent child who is also a parent.

15 (i) For the purpose of this section, “nonminor dependent parent”  
16 refers to a nonminor as described in subdivision (v) of Section  
17 11400 who also is a parent.