

AMENDED IN ASSEMBLY JUNE 20, 2013

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**

---

---

**Introduced by Senator Yee**

**(Coauthor: Senator Beall)**

(Coauthor: Assembly Member Ammiano)

February 21, 2013

---

---

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 age-appropriate, medically accurate information about sexual development, reproductive health, and prevention of unplanned pregnancies and sexually transmitted infections on an ongoing basis.

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.

23 (b) Except as provided in Article 15.5 (commencing with Section  
 24 8350), priority for federal and state subsidized child development  
 25 services is as follows:

26 (1) (A) First priority shall be given to neglected or abused  
 27 children who are recipients of child protective services, or children  
 28 who are at risk of being neglected or abused, upon written referral

1 from a legal, medical, or social services agency. If an agency is  
2 unable to enroll a child in the first priority category, the agency  
3 shall refer the family to local resource and referral services to  
4 locate services for the child.

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

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

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

36 (3) The Superintendent shall set criteria for and may grant  
37 specific waivers of the priorities established in this subdivision for  
38 agencies that wish to serve specific populations, including children  
39 with exceptional needs or children of prisoners. These new waivers  
40 shall not include proposals to avoid appropriate fee schedules or

1 admit ineligible families, but may include proposals to accept  
2 members of special populations in other than strict income order,  
3 if appropriate fees are paid.

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

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

35 (e) A physical examination and evaluation, including  
36 age-appropriate immunization, shall be required before, or within  
37 six weeks of, enrollment. A standard, rule, or regulation shall not  
38 require medical examination or immunization for admission to a  
39 child care and development program of a child whose parent or  
40 guardian files a letter with the governing board of the child care

1 and development program stating that the medical examination or  
2 immunization is contrary to his or her religious beliefs, or provide  
3 for the exclusion of a child from the program because of a parent  
4 or guardian having filed the letter. However, if there is good cause  
5 to believe that a child is suffering from a recognized contagious  
6 or infectious disease, the child shall be temporarily excluded from  
7 the program until the governing board of the child care and  
8 development program is satisfied that the child is not suffering  
9 from that contagious or infectious disease.

10 (f) Regulations formulated and promulgated pursuant to this  
11 section shall include the recommendations of the State Department  
12 of Health Care Services relative to health care screening and the  
13 provision of health care services. The Superintendent shall seek  
14 the advice and assistance of these health authorities in situations  
15 when service under this chapter includes or requires care of  
16 children who are ill or children with exceptional needs.

17 (g) (1) The Superintendent shall establish a fee schedule for  
18 families utilizing child care and development services pursuant to  
19 this chapter, including families receiving services under paragraph  
20 (1) of subdivision (b). Families receiving services under  
21 subparagraph (B) of paragraph (1) of subdivision (b) may be  
22 exempt from these fees for up to three months. Families receiving  
23 services under subparagraph (C) of paragraph (1) of subdivision  
24 (b) may be exempt from these fees for up to 12 months. The  
25 cumulative period of time of exemption from these fees for families  
26 receiving services under paragraph (1) of subdivision (b) shall not  
27 exceed 12 months.

28 (2) The income of a recipient of federal supplemental security  
29 income benefits pursuant to Title XVI of the federal Social Security  
30 Act (42 U.S.C. Sec. 1381 et seq.) and state supplemental program  
31 benefits pursuant to Title XVI of the federal Social Security Act  
32 (42 U.S.C. Sec. 1381 et seq.) and Chapter 3 (commencing with  
33 Section 12000) of Part 3 of Division 9 of the Welfare and  
34 Institutions Code shall not be included as income for purposes of  
35 determining the amount of the family fee.

36 (h) (1) The family fee schedule shall provide, among other  
37 things, that a contractor or provider may require parents to provide  
38 diapers. A contractor or provider offering field trips either may  
39 include the cost of the field trips within the service rate charged  
40 to the parent or may charge parents an additional fee. Federal or

1 state money shall not be used to reimburse parents for the costs of  
2 field trips if those costs are charged as an additional fee. A  
3 contractor or provider that charges parents an additional fee for  
4 field trips shall inform parents, before enrolling the child, that a  
5 fee may be charged and that no reimbursement will be available.

6 (2) A contractor or provider may charge parents for field trips  
7 or require parents to provide diapers only under the following  
8 circumstances:

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

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

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

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

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

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

23 (4) Expenses incurred and income received for field trips  
24 pursuant to this section shall be reported to the department. The  
25 income received for field trips shall be reported specifically as  
26 restricted income.

27 (i) The Superintendent shall establish guidelines for the  
28 collection of employer-sponsored child care benefit payments from  
29 a parent whose child receives subsidized child care and  
30 development services. These guidelines shall provide for the  
31 collection of the full amount of the benefit payment, but not to  
32 exceed the actual cost of child care and development services  
33 provided, notwithstanding the applicable fee based on the fee  
34 schedule.

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

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

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

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

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

29 (c) If a dependent child of the juvenile court is placed by order  
30 of the court within the care and custody or under the supervision  
31 of a social worker of the county where the dependent child resides  
32 and it appears to the court that there is no parent, guardian, or  
33 person standing in loco parentis capable of authorizing or willing  
34 to authorize medical, surgical, dental, or other remedial care or  
35 treatment for the dependent child, the court may, after due notice  
36 to the parent, guardian, or person standing in loco parentis, if any,  
37 order that the social worker may authorize the medical, surgical,  
38 dental, or other remedial care for the dependent child, by licensed  
39 practitioners, as necessary.

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

16 (e) If the court orders the performance of any medical, surgical,  
17 dental, or other remedial care pursuant to this section, the court  
18 may also make an order authorizing the release of information  
19 concerning that care to social workers, parole officers, or any other  
20 qualified individuals or agencies caring for or acting in the interest  
21 and welfare of the child under order, commitment, or approval of  
22 the court.

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

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

35 (h) Nothing in this section shall be construed as limiting the  
36 rights of dependent children, pursuant to Chapter 3 (commencing  
37 with Section 6920) of Part 4 of Division 11 of the Family Code,  
38 to consent to, among other things, the diagnosis and treatment of  
39 sexual assault, medical care relating to the prevention or treatment  
40 of pregnancy, including contraception, abortion, and prenatal care,

1 treatment of infectious, contagious, or communicable diseases,  
2 mental health treatment, and treatment for alcohol and drug abuse.  
3 If a dependent child is 12 years of age or older, his or her social  
4 worker may inform the child of his or her right as a minor to  
5 consent to and receive those health services, as necessary. Social  
6 workers may provide dependent children with age-appropriate,  
7 medically accurate information about sexual development,  
8 reproductive health, and prevention of unplanned pregnancies and  
9 sexually transmitted infections on an ongoing basis.

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

12 16001.9. (a) It is the policy of the state that all ~~children~~ *minors*  
13 *and nonminors* in foster care shall have the following rights:

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

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

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

20 (4) To receive medical, dental, vision, and mental health  
21 services.

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

24 (6) To contact family members, unless prohibited by court order,  
25 and social workers, attorneys, foster youth advocates and  
26 supporters, Court Appointed Special Advocates (CASAs), and  
27 probation officers.

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

30 (8) To contact the Community Care Licensing Division of the  
31 State Department of Social Services or the State Foster Care  
32 Ombudsperson regarding violations of rights, to speak to  
33 representatives of these offices confidentially, and to be free from  
34 threats or punishment for making complaints.

35 (9) To make and receive confidential telephone calls and send  
36 and receive unopened mail, unless prohibited by court order.

37 (10) To attend religious services and activities of his or her  
38 choice.

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

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

6 (26) To have access to age-appropriate information about  
7 reproductive health care, the prevention of unplanned pregnancy,  
8 and the prevention and treatment of sexually transmitted infections  
9 at 12 years of age or older.

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

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

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

20 16002.5. It is the intent of the Legislature to maintain the  
21 continuity of the family unit and to support and preserve families  
22 headed by minor parents and nonminor dependent parents who  
23 are themselves under the jurisdiction of the juvenile court by  
24 ensuring that minor parents *and nonminor dependent parents* and  
25 their children are placed together in as family-like a setting as  
26 possible, unless it has been determined that placement together  
27 poses a risk to the child. It is also the intent of the Legislature to  
28 ensure that complete and accurate data on parenting minor and  
29 nonminor dependents and their children is collected, and that the  
30 State Department of Social Services shall ensure that the following  
31 information is publicly available on a quarterly basis by county  
32 about parenting minor and nonminor dependents and their children:  
33 total number of children, their age, their ethnic group, their  
34 placement type, and their time in care.

35 (a) To the greatest extent possible, minor *parents* and nonminor  
36 dependent parents and their children shall be provided with access  
37 to existing services for which they may be eligible, that are  
38 specifically targeted at supporting, maintaining, and developing  
39 both the parent-child bond and the dependent parent's ability to  
40 provide a permanent and safe home for the child. Examples of

1 these services may include, but are not limited to, child care,  
2 parenting classes, child development classes, and frequent  
3 visitation.

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

27 (c) The minor ~~parent~~ *parents and nonminor dependent parents*  
28 shall be given the ability to attend school, complete homework,  
29 and participate in age and developmentally appropriate activities  
30 unrelated to and separate from parenting.

31 (d) Child welfare agencies, local educational agencies, and child  
32 care resource and referral agencies may make reasonable and  
33 coordinated efforts to ensure that minor parents and nonminor  
34 dependent parents who have not completed high school have access  
35 to school programs that provide onsite or coordinated child care,  
36 and that minor *parents and nonminor* dependent parents are given  
37 priority for subsidized child care.

38 (e) Foster care placements for minor parents *and nonminor*  
39 *dependent parents* and their children shall demonstrate a  
40 willingness and ability to provide support and assistance to

1 ~~dependent~~ minor parents *and nonminor dependent parents* and  
2 their children.

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

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

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

10 (i) For the purpose of this section, “nonminor dependent parent”  
11 refers to a nonminor as described in subdivision (v) of Section  
12 11400 who also is a parent.

O