HEALTHY SEXUAL DEVELOPMENT AND PREGNANCY PREVENTION FOR YOUTH IN FOSTER CARE

For Children's Residential Facilities and Resource Families

This guide is intended to inform foster caregivers of key issues relating to healthy sexual development and pregnancy prevention by addressing current requirements and ways to effectively assist youth in foster care. Our intent is to ensure the health and safety of youth during foster care placement and during their transition into young adulthood. Throughout this guide, the term "youth" will refer to both children and nonminor dependents in foster care. This resource guide is not an exhaustive treatment of the subject, but seeks to provide a basic framework for better understanding the issues concerning the healthy sexual development of youth in foster care and the utilization of available resources. Also included are topics related to healthy sexual development that may be helpful, such as being free from dating abuse, lesbian, gay, bisexual, transgender and questioning youth, prevention of pregnancy and sexually transmitted infections, and commercial sexual exploitation of children.

Teen Pregnancy in Foster Care and Current Statistics

In California, 26% of young women in foster care will become pregnant by age 17, and close to 40% of those who had already given birth will give birth to another child by age 18 (John Burton Foundation, 2014). Youth in foster care are considered twice as likely as those not in foster care to become pregnant. Although teen pregnancy has been declining in California and nationwide, teen pregnancy in foster care has been on the rise.

Unplanned teen pregnancies have serious health, educational, and psychological impacts on the youth, the baby, and the future family. Youth in foster care have typically accessed prenatal care in the third trimester of pregnancy, often leading to health issues for the baby, including low infant birth-weight. Parenting youth are more likely to drop out of school, not to return. Not completing high school has shown to contribute to lifelong financial struggles. Lower educational levels and financial insecurity can have a negative impact on a family's ability to cope with daily stress and is associated with higher levels of child abuse and neglect.

Communicating with the Social Worker

The social worker has the responsibility in assuring access to reproductive health information for foster youth in their care. The caregiver is with the youth daily and is often the one who has the most communication and opportunity to positively influence the youth as a role-model and support system in promoting health and wellbeing. Additionally, the caregiver is responsible for meeting the needs of the youth based on information that the social worker provides. The caregiver is responsible for assisting the youth with accessing health services. The social worker is responsible for the wellbeing

and health of the youth and may have access to resources available through the county. It is important for the caregiver to contact the social worker when the youth's needs are identified or when referrals must be made. Open communication with the social worker is essential not only to assisting the youth in receiving the services and support necessary to prevent unwanted pregnancy, sexually transmitted infections (STIs), and dating abuse, but to also address any barriers the youth may be experiencing in accessing services and support.

More information can be found in California's Plan for the Prevention of Unintended Pregnancy for Youth and Non Minor Dependents, which outlines the responsibility of the social worker in relation to sexual health and pregnancy prevention for youth in foster care.

Personal Rights, Reasonable and Prudent Parent Standard (RPPS), and Caregiver Responsibilities

The caregiver may not be an expert or even be comfortable with discussing questions about sexual health or related issues. These can be uncomfortable topics for both the caregivers and youth in foster care. There are, however, experts who can provide information on these and related topics and can also talk to the youth about sex and sexuality. Information and training can be found in Appendix A and may also be provided by the youth's social worker. Because sexuality is a sensitive and highly personal subject, it is important that the caregiver maintain the youth's privacy and confidentiality.

Youth in foster care have reproductive rights. These rights are described in detail in All County Letter number 16-82, and include the following:

- The right to access to age-appropriate, medically accurate information about reproductive and sexual health care, the prevention of unplanned pregnancy including abstinence and contraception, abortion care, pregnancy services , and the prevention, diagnosis, and treatment of sexually transmitted infections. (Welfare and Institutions Code (WIC) sections 369(h) and 16001.9(a)(27).)
- The right to consent to medical care related to the prevention or treatment of pregnancy at any age without need of consent from a caregiver, social worker, or anyone else. (Family Code, section 6925(a).)
- The right to consent to an abortion at any age without need of consent of a caregiver, social worker, or anyone else. (*American Academy of Pediatrics v. Lungren* (1997) 16 Cal. App. 4th 307.)
- The right to consent to medical care related to the diagnosis and treatment of rape and sexual assault and the collection of medical evidence without need of consent of a caregiver, social worker, or anyone else. (Family Code, sections 6927 and 6928(b).)
- At age 12, a youth has the right to consent to medical care for the prevention, diagnosis, or treatment of sexually transmitted infections without need of consent of a caregiver, social worker, or anyone else. (Family Code, section 6926(a) and (b)).
- A youth has the right to have storage space for private use. (WIC, section 16001.9(a)(18).)

Caregivers are in one of the best positions to influence and guide youth entrusted to their care. The reasonable and prudent parent standard (RPPS) supports the empowerment of a caregiver to

exercise common sense and good judgment to assess participation by youth in age and developmentally appropriate, extracurricular, cultural, enrichment, and social activities. Youth with disabilities shall have the same opportunities and access to sexual expression and relationships that their non-disabled peers have. These activities improve the normalcy of life in foster care for all youth.

Additionally, the day to day communication that the caregiver and the youth share provide opportunities for the care provider to model secure relationship skills by just being in the right place at the right time. Spending time together doing everyday activities like watching TV, driving, having a meal, or doing household chores together present opportunities to share ideas about your family values. Such sharing may assist with arriving at a healthier understanding of relationships and help build self-confidence and communication skills. They can also serve as opportunities to provide facts about the risks of sex and help counter unhealthy views of sex seen and heard in the media.

Pregnancy Prevention

Youth need accurate information and decision-making skills to help protect them from pressure to have sex and to protect against unintended pregnancy if they choose to be sexually active. Caregivers may assist foster youth in their care by directing them to reliable sources of information. It is important that foster youth learn about reproductive health and family planning from reliable sources, including reputable websites, healthcare professionals, and from clinics specializing in reproductive health. Accurate, non- judgmental, comprehensive information on sexuality and pregnancy prevention, related services, and options available, coupled with careful guidance, will assist youth in making the best choices for themselves.

Youth need to be comfortable with their healthcare provider and trust the information and services they receive in order to feel empowered to make good choices regarding their health and wellbeing. Youth can actively participate in the process of selecting a healthcare provider and receive assistance in setting up their own health appointments, as well as the steps involved in preparing for them. Youth in foster care are permitted to choose their own healthcare providers as long as the payment for the health-related services is authorized. Caregivers are required to arrange for timely transportation to health-related services, as many reproductive health services are time-sensitive.

- As referenced in All County Letter, Number 16-82, under Right #5, youth have “the right to obtain, possess, and use the contraception of his/her choice, including condoms.” (Family Code, section 6925; WIC, section 369(h).) All barrier methods of birth control, including condoms, diaphragms, and spermicide, are considered personal items and may be stored privately. Group home and short-term residential therapeutic program (STRTP) staff may not confiscate a youth’s contraception as part of its disciplinary program.

The STRTP interim licensing standards (ILS) are effective January 1, 2017 and require the licensee to provide a locked storage container to a youth for the private storage of prescription contraceptive medication, including birth control and emergency contraception pills. (STRTP ILS, § 87075(b).) Both the youth and staff shall have a key to the container. For other licensed children’s residential facilities, current regulations mandate that prescription medications be centrally stored. Please follow current protocol until regulations have been updated.

Resource families are not required to centrally store prescription medications. For youth under the age of 18, the resource family shall use the RPPS to determine whether it is appropriate for the youth to have access to medications for self-administration. (FFA ILS, § 88487.3(c)(2); RFA Written Directives (WD), § 11-03(c)(2).) For youth who are 18 or older, the resource family shall permit the youth to access medications necessary for self-administration. (FFA ILS, § 88487.3(d)(2); RFA WD, § 11-03(d)(2).)

A youth may choose to be abstinent. Abstinence is a reasonable option for youth who do not want to be sexually active or to stop being sexually active. A caregiver may provide support related to the youth's decision to practice abstinence. However, requiring the youth to agree to be abstinent or to sign an abstinence agreement may constitute a personal rights violation.

Another way to prevent pregnancy, which allows a youth to release sexual tension and urges, is to masturbate in private. Masturbation may have other benefits related to healthy sexual development, including helping a youth have a sense of ownership of their bodies. If a caregiver has cultural or religious beliefs that would make it difficult to talk with a youth about masturbation, then the caregiver should direct the youth to reliable sources of information or suggest the youth talk with a healthcare provider.

Scenario:	What to do:
The youth lets the caregiver know they have become sexually active with their boyfriend or girlfriend.	• The caregiver can review the Reproductive and Sexual Health Care Rights with the youth. • The caregiver can offer reliable, non-biased information on safe sex and birth control to the youth. • The caregiver can direct the youth to reliable websites with information about various types of birth control methods for pregnancy prevention. • The caregiver can assist the youth in making an appointment with a health provider who can explain different birth control options. • The caregiver shall provide transportation to the health care appointment.
The youth has gone to a clinic and has been prescribed birth control pills, spermicide and condoms. How shall the medication and other contraceptive methods be stored?	• Except for STRTPs and resource families, the caregiver shall centrally store prescription birth control pills. The youth may self-administer the birth control pills or request assistance with the self-administration of the birth control pills. • The Centrally Stored Medication and Destruction Record (LIC 622) is available for this purpose. Identify what information must be recorded for all centrally stored medications. • Medications shall be locked and inaccessible to unauthorized caregivers, children, and other youth. • All medications shall be stored in accordance with label instructions (refrigerate, room temperature, out of direct sunlight, etc.). • The youth may privately store condoms and spermicide, purchased over the counter or acquired from a medical provider, as personal items. • Starting January 1, 2017, if placed in an STRTP, the youth may store prescription birth control pills in a locked storage container for the self-administration of the medication.

Pregnancy

Pregnancy requires a youth to make important choices about their future. It is a young woman's right to make important personal decisions for herself and her unborn child. She may need assistance and input from her partner, family, friends, counselors and mentors to make these decisions. It is important that she have unbiased guidance from the caregiver who can assist her in finding a counselor or with gathering accurate information on her choice to keep the baby, terminate the pregnancy (abortion), safely surrender the baby, or to place the baby up for adoption.

Scenario:	What to do:
The youth tells the caregiver she is pregnant.	• The caregiver can provide the youth with reliable websites with information about various options including parenting, terminating the pregnancy (abortion), safely surrendering the baby, or placing the child for adoption. • The caregiver can encourage the youth to gather information from trusted and supportive individuals in order to arrive at an informed decision about her future. • The caregiver shall assist the youth in making a health care appointment and transporting the youth to the appointment so a health provider can review options with the youth, if the youth requests such assistance. • The caregiver can assist the youth in finding a support group for pregnant and parenting youth. • If the youth chooses to continue the pregnancy the caregiver shall transport the youth to prenatal appointments, if the youth requests such assistance.
The youth discloses she is pregnant and would like an abortion.	• The caregiver shall assist the youth in making an abortion appointment with a health provider in a timely manner, if the youth requests such assistance. The caregiver shall provide transportation to the appointment, if the youth requests such assistance.

Lesbian Gay Bisexual Transgender and Questioning (LGBTQ)

National research by the Center for the Study of Social Policy ("Out of the Shadows" report) states 22.8% of children in the foster care system identify as LGBTQ. Given that over 20% of the youth in care identify as LGBTQ, attention and sensitivity to the needs of LGBTQ teens is essential. Like all youth, LGBTQ youth in foster care need accurate, age-appropriate, and culturally sensitive information regarding sexual and reproductive health. LGBTQ youth often face bullying and harassment, familial rejection, homelessness, higher rates of teen dating violence, suicide attempts, and become victims of hate crimes. LGBTQ youth face serious safety threats and may have heightened concerns and fears about discussing their sexual orientation and gender identity. LGBTQ youth are at a higher risk of early sexual encounters and abuse than their non-LGBTQ counterparts according to the Centers for Disease Control and Prevention (CDC). Rates of depression and suicide are significantly higher for LGBTQ youth in foster care, likely due to the increased stress and isolation (www.cdc.gov).

Transgender ("trans") youth face many of the same challenges as other LGBQ youth, but they also face additional health challenges and social stigma. Transgender youth are making decisions around their gender identity, gender expression and transitioning. This can consist of changing their name,

pronouns, dress, hairstyle, voice, and a myriad of other changes that help the youth express their gender. Some youth may want to begin or are currently using hormones to assist in their transition, which may include puberty blockers and/or hormone therapies. Additionally, youth may want to begin other procedures to alter their bodies to be aligned with their gender. A transgender foster youth should speak to their attorney regarding consent for medical care such as puberty blocking medication or hormone therapy. It is critical to assist a foster youth in talking to their attorney and medical providers if they wish to seek hormone therapies. When caregivers and social workers ignore a youth's request for help, they put the youth at increased risk of seeking hormones from non-medical venues. Taking hormones without proper medical monitoring is dangerous and can be deadly. It is important that transgender youth talk to a skilled counselor or therapist as well a healthcare provider who understands their unique needs.

Scenario:	What to do:
The youth discloses that they are gay, lesbian or bisexual.	• The caregiver can provide reassurance to the youth and can ask the youth what would help them feel safe and supported. • The caregiver can assist the youth by thoughtfully directing them to helpful websites, programs, and resources for information and to find answers to the questions they may have. • The caregiver can assist youth in finding and attending LGBTQ community activities, events, resources, organizations and social programs for LGBTQ youth. • The caregivers can help the youth get connected to a positive LGBTQ mentor. • The caregiver shall not disclose information regarding a youth's sexual orientation or gender identity without the youth's permission.

Scenario:	What to do:
The youth discloses they are transgender or gender non-conforming.	• The caregiver can provide reassurance to the youth and ask the youth what would help them feel safe and supported. • The caregiver can ask the youth what name and gender pronouns to use, and will refer to the youth using the terms the youth requests. • The caregiver can offer to support the youth to get clothing and supplies that match their gender. • The caregiver should ask if the youth would prefer a room change that allows the youth to be placed with the gender they most identify with, rather than their biological sex. • The caregiver can require staff to respect the trans youth and stop any incidents of bullying, harassment, or discrimination. • The caregiver can get to know and welcome their partner if they have one. • The caregiver can help the youth get connected to a positive trans mentor. • The caregiver can ask if they have any questions concerning transgender issues and if they would like to discuss them with a therapist or healthcare provider. The caregiver shall assist with scheduling a healthcare appointment if requested and shall transport the youth to the appointment. • The caregiver shall maintain the youth's rights to privacy and confidentiality and only share information that the youth permits the caregiver to share.
The youth discloses that they have gone to a clinic for hormones and has started to transition.	• The caregiver can provide reassurance to the youth and help them feel safe and supported. • The caregiver shall not prohibit any youth from accessing medical attention including prescribed hormone therapies. • The caregivers should get educated about the hormones or medications the youth was prescribed. • The caregiver should ask the youth what medications they were prescribed, how they are feeling on their medications, and if they are experiencing any adverse side effects. • Hormone therapy medications shall be centrally stored in the facility and must be logged. The Centrally Stored Medication and Destruction Record (LIC 622) is available for this purpose. Identify what information must be recorded for all centrally stored medications. • Medications shall be locked and inaccessible to unauthorized caregivers, children, and other youth. • All medications shall be stored in accordance with label instructions (refrigerate, room temperature, out of direct sunlight, etc.).

Sexually Transmitted Infections (STIs): STIs are infections that are easily spread through sexual or intimate physical contact. Many people who have STIs are unaware that they do. They may look outwardly healthy but could have an STI. A sexual partner who has a STI may not always inform the other partner that they have one. Some STIs are curable, others can only be treated.

STIs may include HIV, HPV, genital warts, herpes, gonorrhea, chlamydia, hepatitis, etc.

All youth have the right to access age-appropriate medically accurate information about the prevention and treatment of STIs. A caregiver can inform youth that STIs may be prevented through the use of condoms. Also, a vaccination against the STI, Human Papillomavirus (HPV), is available and may protect against some strains of HPV. If a caregiver is uncomfortable discussing this topic with a youth, they should direct them to reliable sources of information.

For more information about STIs, link to the Centers for Disease Control and Prevention website at: **http://www.cdc.gov/std/ .**

Scenario:	What to do:
The youth discloses to the caregiver that they regularly have sexual intercourse with a partner who is HIV positive.	• The caregiver can provide the youth with reliable websites with information about STIs, including HIV. • The caregiver can assist the youth in making an appointment with a health provider who can explain different options, such as condom use and the use of anti-viral drugs such as Pre-Exposure Prophylaxis (PrEP).
The youth discloses they have had oral sex with multiple partners but is unsure if they could contract a STI.	• The caregiver can let them know that STIs can be spread by oral sex and provide the youth with reliable websites with additional information about STIs. • The caregiver can assist the youth in making an appointment with a health care provider and shall transport them to the appointment.

Dating Abuse

Violent relationships in adolescence can have serious ramifications by putting both young women and men at higher risk for substance abuse, eating disorders, risky sexual behavior, and further domestic violence. Being physically or sexually abused makes teen girls six times more likely to become pregnant and all youth twice as likely to contract STIs. (**http://www.loveisrespect.org**)

Scenario:	What to do:
The caregiver notices that the youth has a hand shaped red mark on their face and a small cut on the upper lip. They ask the youth about this and they disclose that their girl/boyfriend "smacked them."	• The caregiver shall establish if the youth feels safe and what can be done to ensure safety and mutual respect in a relationship. • The caregiver can assist the youth with accessing information about relationship violence and assist them in setting up an appointment to speak with their therapist or a domestic violence counselor for additional support. • The caregiver shall inform the social worker of the alleged abuse and request additional support if needed. • The caregiver or foster family agency shall file an incident report with the Community Care Licensing Division (CCL). County-approved resource families shall report the incident to the county.

Commercially Sexually Exploited Children (CSEC)

Any commercially sexually exploited youth under the age of 18 is by definition a victim of trafficking. Commercial sexual exploitation can include the exchange of sexual acts for money, food, clothing or shelter, child pornography, and internet based exploitation. It involves three parties—the youth/victim who is being exploited for profit, a perpetrator who is paying to sexually abuse the youth, and the perpetrator/trafficker who is profiting financially from the youth's sexual exploitation. (Child Law Practice newsletter, October 2015.) Youth who have been or are the victims of trafficking are in need of specialized intensive services that can be accessed by contacting the social worker. These youth also need to feel safe and loved and to be treated with the same care and respect that all children deserve.

For additional information on CSEC, please refer to All County Letter, Number 16-85.

Scenario:	What to do:
The caregiver suspects that the youth has been commercially sexually exploited.	• The caregiver shall establish if the youth feels safe and what can be done to ensure ongoing safety. • The caregiver shall immediately make a mandated report of suspected child abuse with the child welfare department or local law enforcement. • The caregiver shall inform the social worker of the suspected commercial sexual exploitation of the youth and request an assessment of the youth to determine appropriate services and support for the youth. • The caregiver or foster family agency shall file an incident report with CCL. County-approved resource families shall report the incident to the county.

Mandated Reporting
As mandated reporters, caregivers are required to report suspected physical, mental, or sexual abuse or neglect of a minor to law enforcement or a child welfare department, as well as to submit a serious incident report to CCL if the youth is in foster care(see Form SS 8572).

Online training for mandated reporters can be found at: http://www.mandatedreporterca.com/

Scenario:	What to do:
A 17 year old youth tells the caregiver they have become sexually active with a person who is 25 years old.	• The caregiver can discuss the law regarding an adult having sexual contact with a minor. (Penal Code, section 261.5.) • The caregiver can provide reliable, non-biased information on safe sex and birth control to the youth. • The caregiver can inform the youth that they are a mandated reporter and explain what that means. • If the caregiver suspects the youth's sexual relationship is abusive, nonconsensual, coercive, exploitive, or involves threats, duress, or intimidation, the caregiver shall immediately make an abuse report with the child welfare department or local law enforcement and inform the social worker. • The caregiver or foster family agency shall file an incident report with CCL. County-approved resource families shall report the incident to the county.
An 18 year old youth discloses they have met a 14 year old and would like to start a romantic relationship that may include sex.	• The caregiver can discuss the law regarding an adult having sexual contact with a minor. (Penal Code, section 261.5.) • The caregiver, if comfortable, can provide reliable, non-biased information on safe sex and birth control to the youth. • The caregiver can inform the youth that they are a mandated reporter and what that means.
A youth returns from a date and discloses that their date forced them to have sex.	• The caregiver shall take the youth to the ER for a rape exam. • The caregiver shall immediately make a mandated report of suspected child abuse with the child welfare department or local law enforcement. • The caregiver can provide ongoing emotional support and reassure the youth. • The caregiver can assist the youth in accessing therapy, rape counseling or support groups and shall provide transportation to these services. • The caregiver must inform the social worker and can request referrals for additional services. • The caregiver or foster family agency shall file an incident report with CCL. County-approved resource families shall report the incident to the county.

APPENDIX A – ONLINE RESOURCES

Youth, NMDs, and Caregivers

Information on birth control options:
http://thenationalcampaign.org/resource/pocket-protector

Information about types of birth control and effectiveness:
http://www.plannedparenthood.org/learn/birth-control

To find a Planned Parenthood Center near you:
https://www.plannedparenthood.org/health-center

To find a Title X family planning clinic near you:
http://www.cfhc.org/programs-and-services/clinic-map

Family Planning, Access, Care, and Treatment (PACT) Program:
www.familypact.org

Caregivers

Prevalence of Foster Youth and Pregnancy (9 minute video):
http://thenationalcampaign.org/resource/crucial-connection

The ETR website provides health education materials in sexual health, pregnancy prevention, LGBTQ+ wellness, dating violence and more:
http://www.etr.org/

Free DVDs with discussion guides for each episode of "16 and Pregnant":
http://thenationalcampaign.org/resource/16-and-pregnant-season-1

Tips and resources for caregivers about talking to youth about sex and sexuality:
https://www.plannedparenthood.org/parents/talking-to-kids-about-sex-and-sexuality

List of resources for caregivers about talking to youth of different ages about sex:
http://www.plannedparenthood.org/parents/resources-for-parents

Tips and information about talking to youth about pregnancy prevention and other topics:
www.TalkWithYourKids.org
https://www.healthychildren.org/English/ages-stages/teen/dating-sex/Pages/default.aspx
http://www.etr.org
http://www.positivepreventionplus.com/
http://www.cdc.gov/lgbthealth/youth-resources.htm
http://thenationalcampaign.org/resource/briefly-its-your-responsibility-talk-youth-pregnancy-prevention-youth-foster-care

Youth and NMDs

Youth friendly websites about birth control, safe sex, and healthy relationships:
http://stayteen.org/
http://www.teensource.org/
http://bedsider.org/

Resources for LGBTQ+ Youth:

http://www.cdc.gov/lgbthealth/youth-resources.htm

APPENDIX B – APPLICABLE LAWS

This appendix provides applicable sections of statutes that apply to this resource guide. To view the most current versions of these California laws and regulations, please visit our CDSS webpage.

CALIFORNIA LAWS

Family Code
Division 11, Part 4, Chapter 3
Consent by Minor

- **6925(a)** – A minor may consent to medical care related to the prevention or treatment of pregnancy.
- **6925(b)** – This section does not authorize a minor:
  - 6925(b)(1) – To be sterilized without the consent of the minor's parent or guardian.
  - 6925(b)(2) – To receive an abortion without the consent of a parent or guardian other than as provided in Section 123450 of the Health and Safety Code.
- **6926(a)** – A minor who is 12 years of age or older and who may have come into contact with an infectious, contagious, or communicable disease may consent to medical care related to the diagnosis or treatment of the disease, if the disease or condition is one that is required by law or regulation adopted pursuant to law to be reported to the local health officer, or is a related sexually transmitted disease, as may be determined by the State Public Health Officer.
- **6926(b)** – A minor who is 12 years of age or older may consent to medical care related to the prevention of a sexually transmitted disease.
- **6926(c)** – The minor's parents or guardian are not liable for payment for medical care provided pursuant to this section.
- **6927** – A minor who is 12 years of age or older and who is alleged to have been raped may consent to medical care related to the diagnosis or treatment of the condition and the collection of medical evidence with regard to the alleged rape.
- **6928(a)** – "Sexually assaulted" as used in this section includes, but is not limited to, conduct coming within Section 261, 286, or 288a of the Penal Code.
- **6928(b)** – A minor who is alleged to have been sexually assaulted may consent to medical care related to the diagnosis and treatment of the condition, and the collection of medical evidence with regard to the alleged sexual assault.
- **6928(c)** – The professional person providing medical treatment shall attempt to contact the minor's parent or guardian and shall note in the minor's treatment record the date and time the professional person attempted to contact the parent or guardian and whether the attempt was successful or unsuccessful. This subdivision does not apply if the professional person reasonably believes that the minor's parent or guardian committed the sexual assault on the minor.

Health and Safety Code
Division 2, Chapter 3, Article 2
Administration

- **1522.44(a)** – It is the policy of the state that caregivers of children in foster care possess knowledge and skills relating to the reasonable and prudent parent standard, as defined in subdivision (c) of Section 362.05 of the Welfare and Institutions Code.
- **1522.44(b)** – Except for licensed foster family homes and certified family homes, each licensed community care facility that provides care and supervision to children and operates with staff shall designate at least one onsite staff member to apply the reasonable and prudent parent standard to decisions involving the participation of a child who is placed in the facility in age or developmentally appropriate activities in accordance with the requirements of Section 362.05 of the Welfare and Institutions Code, Section 671(a)(10) of Title 42 of the United States Code, and the regulations adopted by the department pursuant to this chapter.
- **1522.44(c)** – A licensed and certified foster parent or facility staff member, as described in subdivision (b), shall receive training related to the reasonable and prudent parent standard that is consistent with Section 671(a)(24) of Title 42 of the United States Code. This training shall include knowledge and skills relating to the reasonable and prudent parent standard for the participation of the child in age or developmentally appropriate activities, including knowledge and skills relating to the developmental stages of the cognitive, emotional, physical, and behavioral capacities of a child, and knowledge and skills relating to applying the standard to decisions such as whether to allow the child to engage in extracurricular, enrichment, cultural, and social activities, including sports, field trips, and overnight activities lasting one or more days, and to decisions involving the signing of permission slips and arranging of transportation for the child to and from extracurricular, enrichment, and social activities.
- **1522.44(d)** – This section does not apply to runaway and homeless youth shelters as defined in paragraph (14) of subdivision (a) of Section 1502.

Division 106, Part 2, Chapter 2, Article 3
Abortion

- **123450(a)** – Except in a medical emergency requiring immediate medical action, no abortion shall be performed upon an unemancipated minor unless she first has given her written consent to the abortion and also has obtained the written consent of one of her parents or legal guardian.
- **123450(b)** – If one or both of an unemancipated, pregnant minor's parents or her guardian refuse to consent to the performance of an abortion, or if the minor elects not to seek the consent of one or both of her parents or her guardian, an unemancipated pregnant minor may file a petition with the juvenile court. If, pursuant to this subdivision, a minor seeks a petition, the court shall assist the minor or person designated by the minor in preparing the petition and notices required pursuant to this section. The petition shall set forth with specificity the minor's reasons for the request. The court shall ensure that the minor's identity is confidential. The minor may file the petition using only her initials or a pseudonym. An unemancipated pregnant minor may participate in the proceedings in juvenile court on her own behalf, and the court may appoint a guardian ad litem for her. The

court shall, however, advise her that she has a right to court-appointed counsel upon request. The hearing shall be set within three days of the filing of the petition. A notice shall be given to the minor of the date, time, and place of the hearing on the petition.

- **123450(c)** – At the hearing on a minor's petition brought pursuant to subdivision (b) for the authorization of an abortion, the court shall consider all evidence duly presented, and order either of the following:
    - 123450(c)(1) – If the court finds that the minor is sufficiently mature and sufficiently informed to make the decision on her own regarding an abortion, and that the minor has, on that basis, consented thereto, the court shall grant the petition.
    - 123450(c)(2) – If the court finds that the minor is not sufficiently mature and sufficiently informed to make the decision on her own regarding an abortion, the court shall then consider whether performance of the abortion would be in the best interest of the minor. In the event that the court finds that the performance of the abortion would be in the minor's best interest, the court shall grant the petition ordering the performance of the abortion without consent of, or notice to, the parents or guardian. In the event that the court finds that the performance of the abortion is not in the best interest of the minor, the court shall deny the petition. Judgment shall be entered within one court day of submission of the matter.
- **123450(d)** – The minor may appeal the judgment of the juvenile court by filing a written notice of appeal at any time after the entry of the judgment. The Judicial Council shall prescribe, by rule, the practice and procedure on appeal and the time and manner in which any record on appeal shall be prepared and filed. These procedures shall require that the notice of the date, time, and place of hearing, which shall be set within five court days of the filing of notice of appeal, shall be mailed to the parties by the clerk of the court. The appellate court shall ensure that the minor's identity is confidential. The minor may file the petition using only her initials or a pseudonym. Judgment on appeal shall be entered within one court day of submission of the matter.
- **123450(e)** – No fees or costs incurred in connection with the procedures required by this section shall be chargeable to the minor or her parents, or either of them, or to her legal guardian.
- **123450(f)** – It is a misdemeanor, punishable by a fine of not more than one thousand dollars ($1,000), or by imprisonment in the county jail of up to 30 days, or both, for any person to knowingly perform an abortion on an unmarried or unemancipated minor without complying with the requirements of this section.

Penal Code
Part 1, Title 9.
Chapter 1. Rape, Abduction, Carnal Abuse of Children, and Seduction

- **261.5(a) -** Unlawful sexual intercourse is an act of sexual intercourse accomplished with a person who is not the spouse of the perpetrator, if the person is a minor. For the purposes of this section, a "minor" is a person under the age of 18 years and an "adult" is a person who is at least 18 years of age.

- **261.5(b) -** Any person who engages in an act of unlawful sexual intercourse with a minor who is not more than three years older or three years younger than the perpetrator, is guilty of a misdemeanor.
- **261.5(c) -** Any person who engages in an act of unlawful sexual intercourse with a minor who is more than three years younger than the perpetrator is guilty of either a misdemeanor or a felony, and shall be punished by imprisonment in a county jail not exceeding one year, or by imprisonment pursuant to subdivision (h) of Section 1170.
- **261.5(d) -** Any person 21 years of age or older who engages in an act of unlawful sexual intercourse with a minor who is under 16 years of age is guilty of either a misdemeanor or a felony, and shall be punished by imprisonment in a county jail not exceeding one year, or by imprisonment pursuant to subdivision (h) of Section 1170 for two, three, or four years.

Welfare and Institutions Code
Division 2, Part 1, Chapter 2, Article 10
Dependent Children – Judgments and Orders

- **362.05(a)(1)** – Every child adjudged a dependent child of the juvenile court shall be entitled to participate in age-appropriate extracurricular, enrichment, and social activities. No state or local regulation or policy may prevent, or create barriers to, participation in those activities. Each state and local entity shall ensure that private agencies that provide foster care services to dependent children have policies consistent with this section and that those agencies promote and protect the ability of dependent children to participate in age-appropriate extracurricular, enrichment, and social activities. A group home administrator, a facility manager, or his or her responsible designee, and a caregiver, as defined in paragraph (1) of subdivision (a) of Section 362.04, shall use a reasonable and prudent parent standard in determining whether to give permission for a child residing in foster care to participate in extracurricular, enrichment, and social activities. A group home administrator, a facility manager, or his or her responsible designee, and a caregiver shall take reasonable steps to determine the appropriateness of the activity in consideration of the child's age, maturity, and developmental level.
- **362.05(a)(2)** – Training for caregivers shall include knowledge and skills relating to the reasonable and prudent parent standard for the participation of the child in age or developmentally appropriate activities, consistent with this section and Section 671(a)(24) of Title 42 of the United States Code.
- **362.05(b)** – A group home administrator or a facility manager, or his or her responsible designee, is encouraged to consult with social work or treatment staff members who are most familiar with the child at the group home in applying and using the reasonable and prudent parent standard.
- **362.05(c)(1)** – "Reasonable and prudent parent" or "reasonable and prudent parent standard" means the standard characterized by careful and sensible parental decisions that maintain the health, safety, and best interests of a child while at the same time encouraging the emotional and developmental growth of the child, that a caregiver shall use when determining whether to allow a child in foster care under the responsibility of the state to

participate in age or developmentally appropriate extracurricular, enrichment, cultural, and social activities.

- **362.05(c)(2)** – The term "age or developmentally appropriate" means both of the following:
  - 362.05(c)(2)(A) – Activities or items that are generally accepted as suitable for children of the same chronological age or level of maturity or that are determined to be developmentally appropriate for a child, based on the development of cognitive, emotional, physical, and behavioral capacities that are typical for an age or age group.
  - 362.05(c)(2)(B) – In the case of a specific child, activities or items that are suitable for the child based on the developmental stages attained by the child with respect to the cognitive, emotional, physical, and behavioral capacities of the child.

Division 9, Part 4, Chapter 1
Foster Care Placement

- 16001.9(a) – It is the policy of the state that all minors and nonminors in foster care shall have the following rights:
  - **16001.9(a)(25)** – To have caregivers and child welfare personnel who have received instruction on cultural competency and sensitivity relating to, and best practices for, providing adequate care to lesbian, gay, bisexual, and transgender youth in out-of-home care.
  - **16001.9(a)(27)** – To have access to age-appropriate, medically accurate information about reproductive health care, the prevention of unplanned pregnancy, and the prevention and treatment of sexually transmitted infections at 12 years of age or older.
- **16001.9(b)** – Nothing in this section shall be interpreted to require a foster care provider to take any action that would impair the health and safety of children in out-of-home placement.
- **16002.5** – It is 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 who are themselves under the jurisdiction of the juvenile court by ensuring that minor parents and nonminor dependent parents and their children are placed together in as family-like a setting as possible, unless it has been determined that placement together poses a risk to the child. It is also the intent of the Legislature to ensure that complete and accurate data on parenting minor and nonminor dependents is collected, and that the State Department of Social Services shall ensure that the following information is publicly available on a quarterly basis by county about parenting minor and nonminor dependents: total number of parenting minor and nonminor dependents in each county, their age, their ethnic group, their placement type, their time in care, the number of children they have, and whether their children are court dependents.
  - 16002.5(a) – To the greatest extent possible, minor parents and nonminor dependent parents and their children shall be provided with access to existing services for which they may be eligible, that are specifically targeted at supporting, maintaining, and developing both the parent-child bond and the dependent parent's ability to provide a permanent and safe home for the child. Examples of these

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

- 16002.5(b) – Child welfare agencies may provide minor parents and nonminor dependent parents with access to social workers or resource specialists who have received training on the needs of teenage parents and available resources, including, but not limited to, maternal and child health programs, child care, and child development classes. Child welfare agencies are encouraged to update the case plans for pregnant and parenting dependents within 60 calendar days of the date the agency is informed of a pregnancy. When updating the case plan, child welfare agencies may hold a specialized conference to assist pregnant or parenting foster youth and nonminor dependents with planning for healthy parenting and identifying appropriate resources and services, and to inform the case plan. The specialized conference shall include the pregnant or parenting minor or nonminor dependent, family members, and other supportive adults, and the specially trained social worker or resource specialist. The specialized conference may include other individuals, including, but not limited to, a public health nurse, a community health worker, or other personnel with a comprehensive knowledge of available maternal and child resources, including public benefit programs. Participation in the specialized conference shall be voluntary on the part of the foster youth or nonminor dependent and assistance in identifying and accessing resources shall not be dependent on participation in the conference.
- 16002.5(c) – The minor parents and nonminor dependent parents shall be given the ability to attend school, complete homework, and participate in age and developmentally appropriate activities unrelated to and separate from parenting.
- 16002.5(d) – Child welfare agencies, local educational agencies, and child care resource and referral agencies may 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.
- 16002.5(e) – Foster care placements for minor parents and nonminor dependent parents and their children shall demonstrate a willingness and ability to provide support and assistance to minor parents and nonminor dependent parents and their children, shall support the preservation of the family unit, and shall refer a minor parent or nonminor dependent parent to preventive services to address any concerns regarding the safety, health, or well-being of the child, and to help prevent, whenever possible, the filing of a petition to declare the child a dependent of the juvenile court pursuant to Section 300.
- 16002.5(f) – Contact between the child, the custodial parent, and the noncustodial parent shall be facilitated if that contact is found to be in the best interest of the child.
- 16002.5(g) – For the purpose of this section, “child” refers to the child born to the minor parent.
- 16002.5(h) – For the purpose of this section, “minor parent” refers to a dependent child who is also a parent.

- 16002.5(i) – For the purpose of this section, "nonminor dependent parent" refers to a nonminor dependent, as described in subdivision (v) of Section 11400, who also is a parent.

Division 9, Part 4, Chapter 5
State Child Welfare Services

- **16521.5(e)(1)** – The department, in consultation with the State Department of Health Services, shall convene a working group for the purpose of developing a pregnancy prevention plan that will effectively address the needs of adolescent male and female foster youth. The workgroup shall meet not more than three times and thereafter shall provide consultation to the department upon request.
- **16521.5(e)(2)** – The working group shall include representatives from the California Youth Connection, the Foster Parent's Association, group home provider associations, the County Welfare Director's Association, providers of teen pregnancy prevention programs, a foster care case worker, an expert in pregnancy prevention curricula, a representative of the Independent Living Program, and an adolescent health professional.
- **16521.5(f)** – The plan required pursuant to subdivision (e) shall include, but not be limited to, all of the following:
  - 16521.5(f)(1) – Effective strategies and programs for preteen and older teen foster youth and nonminor dependents.
  - 16521.5(f)(2) – The role of foster care and group home care providers.
  - 16521.5(f)(3) – The role of the assigned case management worker.
  - 16521.5(f)(4) – How to involve foster youth and nonminor peers.
  - 16521.5(f)(5) – Selecting and providing appropriate materials to educate foster youth and nonminors in family life education.
  - 16521.5(f)(6) – The training of foster care and group home care providers and, when necessary, county case managers in adolescent pregnancy prevention.

FEDERAL LAW

United States Code

Title 42, Chapter 7, Subchapter I, Section 671
State Plan for Foster Care and Adoption Assistance

- **671(a)(24)** – In order for a State to be eligible for payments under this part, it shall have a plan approved by the Secretary which—include a certification that, before a child in foster care under the responsibility of the State is placed with prospective foster parents, the prospective foster parents will be prepared adequately with the appropriate knowledge and skills to provide for the needs of the child, and that such preparation will be continued, as necessary, after the placement of the child;

  (Source: https://www.ssa.gov/OP_Home/ssact/title04/0471.htm)