



OR-Kids is the new Statewide Automated Child Welfare Information System (SACWIS) that will replace FACIS. The new system is scheduled to implement on February 28, 2011.

The following forms are samples of common forms that will be submitted at court hearings – the Court Report (cover letter), Case Plan and Permanency Plan.



20000441
Sara Woodcock
500 Summer St. NE
Salem, OR 97301

06/08/2010

Judge Jane Smith
Multnomah County Circuit Court
1401 NE 68th Ave.
Portland, OR 97213

RE: Report for Dispositional Hearing scheduled for 06/10/2010 @ 9:00 AM

CHILD
Name: Charlie T. Willis DOB: 07/15/2001
Date of Removal: 06/08/2001 Court #: 2010-111111

PARENT/GUARDIAN(S)

Name: Willis, Hilary, J.
Address: 4005 NE Shaver Rd., Portland, OR 97230
Address Type: Primary Residence
Confidential Address:
Relationship: Child's Mother

Name: Willis, Thomas, C.
Address: 4005 NE Shaver Rd., Portland, OR 97230
Address Type: Primary Residence
Confidential Address:
Relationship: Child's Father

Additional Fathers (if applicable and known):

Name:
Address:
Address Type:
Confidential Address:
Relationship:

LEGAL INFORMATION

Last Court hearing: 06/08/2010 Last Substitute Care Placement Review:
Last Reasonable or Active Efforts Finding: Last Permanency Plan Hearing:
06/08/2010
Basis of Jurisdiction:

THIS FORM IS AVAILABLE IN ALTERNATIVE FORMAT UPON REQUEST



The father has a substance abuse problem that hinders his ability to adequately parent.

The mother has a substance abuse problem that hinders her ability to adequately parent.

The father has not provided the child with stable, safe, sanitary and otherwise appropriate shelter and necessities.

The mother has not provided the child with stable, safe, sanitary and otherwise appropriate shelter and necessities.

The father's whereabouts are unknown.

The mother's whereabouts are unknown.

ICWA INQUIRY SEARCH

ICWA Status: Pending

Name of Tribe: Confederated Tribes of Siletz Indians

ABSENT PARENT SEARCH

| Parent being searched for: | Date of most recent attempt: | Response (if known): |
|----------------------------|------------------------------|----------------------|
| Willis, Hilary, J. | 06/08/2010 | No Response |
| Willis, Thomas, C. | 06/08/2010 | No Response |

REASONABLE OR ACTIVE EFFORTS TO ACHIEVE PRIMARY PLAN OF REUNIFICATION

DHS has referred Charlie for a mental health evaluation and ongoing counseling services. The agency will refer the parents to services when they are located. The agency is conducting absent parent searches for both Ms. Willis and Mr. Willis, a diligent relative search and an ICWA search.

REASONABLE OR ACTIVE EFFORTS TO ACHIEVE CONCURRENT PLAN OF ADOPTION

The agency is conducting a diligent relative search and assessing the child's medical and educational needs.

PLAN: JUSTIFICATION FOR CONTINUED SUBSTITUTE CARE

The parents' whereabouts remain unknown and the agency is unable to provide appropriate, ameliorative services to propose a timetable for return home.

OTHER INFORMATION

PENDED ALLEGATIONS

PENDED ALLEGATIONS RECOMMENDATIONS



GENERAL RECOMMENDATIONS

The Department of Human Services - Child Welfare respectfully requests: temporary custody of Charlie Willis.

Submitted by,

Sara Woodcock

Attachments:

CC:

Attorney - Child

Attorney - Mother

Attorney - Father

CASA



20000441
 Sara Woodcock
 500 Summer St. NE
 Salem, OR 97301

CHILD WELFARE CASE PLAN

| | | | |
|-------------------|----------------|-------------------|----------------|
| CASE NAME: | Willis, Hilary | CASE TYPE: | CPS - Familial |
|-------------------|----------------|-------------------|----------------|

PARENT/GUARDIAN(S)

| | |
|--------------------------|--------------------|
| Name: | Willis, Hilary, J. |
| Address: | 4005 NE Shaver Rd. |
| City, State, Zip: | Portland, OR 97230 |
| Relationship: | Child's Mother |

| | |
|--------------------------|--------------------|
| Name: | Willis, Thomas, C. |
| Address: | 4005 NE Shaver Rd. |
| City, State, Zip: | Portland, OR 97230 |
| Relationship: | Child's Father |

| | | | | | | | |
|--------------------------|---------------------|-----------------------|---------------------------------------|-------------|---|----------------|------|
| Child's Name: | Willis, Charlie, T. | DOB: | 07/15/2001 | Age: | 8 | Gender: | Male |
| Primary Language: | English | Court Number: | 2010-111111 | | | | |
| ICWA Status: | Pending | Name of Tribe: | Confederated Tribes of Siletz Indians | | | | |

| | |
|--|----------------------------------|
| Ongoing Safety Plan: | Date Reviewed: 06/08/2010 |
| Identify the plan to manage the safety threats: Charlie will remain in substitute care. DHS will continue to search for the parents and will offer appropriate, ameliorative services to the parents when they are located. | |

Departmental Efforts to Prevent Removal or to Return Child(ren) Home:

| |
|---|
| No efforts could have prevented the removal of Charlie from his home. Charlie was left with an unsafe caregiver and DHS has not had any contact with the parents since that time. |
|---|

Reasons Services Could Not be Provided to Prevent Removal of the Child from the Home:

| |
|---|
| DHS has been unable to offer services to the parents as their whereabouts remain unknown. The agency is currently conducting absent parent searches for both parents. |
|---|



If Remaining in the Home Without These Services, the Child is at Immediate Risk of Removal from the Home:

Yes

Active Safety Threats:

The family situation is such that no adult in the home is routinely performing parenting duties and responsibilities that assure child safety.
One or both parents' or caregivers' behavior is violent and/or they are acting (behaving) dangerously.
One or both parents' or caregivers' behavior is impulsive or they will not/cannot control their behavior.

Child Safety Meeting:

Date Held: 06/08/2010

Participants: Sara Woodcock, Chuck Dunn, Attorney - Child, Attorney - Mother, Attorney - Father

Results of Meeting: Neither parent present at CSM, Charlie to remain in substitute care as whereabouts of parents remains unknown.

Conditions For Return:

Ms. Willis needs to address her substance abuse issues and be able to demonstrate a clean and sober lifestyle.
Ms. Willis needs to demonstrate an understanding of the impact domestic violence has on her child.
Mr. Willis needs to address his substance abuse issues and be able to demonstrate a clean and sober lifestyle.
Mr. Willis needs to demonstrate an understanding of the impact domestic violence has on his child.

Protective Capacity Assessment Summary:

Ms. Willis has diminished protective capacities including a history of not protecting her child and poor impulse control as demonstrated by her lengthy history of using methamphetamine.
Mr. Willis has diminished protective capacities including a history of not protecting his child and poor impulse control as demonstrated by his lengthy history of using methamphetamine.

Case Progress Evaluation Summary:

DHS has not had any contact with the parents since Charlie was removed from their care. The agency will refer the parents to appropriate services including parenting classes, substance abuse evaluations/treatment, batterers' intervention and domestic violence counseling if/when they are located.



Oregon Family Decision Meeting:

Date Held: 06/08/2010

Participants: Sara Woodcock, Chuck Dunn, Attorney – Child, Attorney – Mother, Attorney - Father

Results of Meeting: Neither parent present at OFDM, Charlie to remain in substitute care as whereabouts of parents remains unknown.

EXPECTED OUTCOMES

Case Participant: Willis, Charlie T.

Service Goal / Expected Outcome:

Charlie will participate in a mental health assessment to determine whether he would benefit from individual counseling.

Service Category: Assessment and Evaluations

Service Type: Mental Health Assessment

Est Begin Date: 06/08/2010

Target End Date: 06/30/2010

Provider/Responsible Person: Families First
Coun Serv Hermiston

Status of Goal/Outcome: Continue Current Goal

Progress and/or Barriers in Achieving Goal: Charlie is scheduled for a mental health assessment on 06/12/2010.

Case Participant: Willis, Hilary J.

Service Goal / Expected Outcome:

Ms. Willis will participate in an ART assessment to determine what level of ongoing substance abuse treatment she needs.

Service Category: Alcohol and Drug Treatment
Services

Service Type: Addiction Recovery Team
Assessment

Est Begin Date: 06/08/2010

Target End Date: 06/30/2010

Provider/Responsible Person: ART Team

Status of Goal/Outcome: Continue Current Goal

Progress and/or Barriers in Achieving Goal: Ms. Willis has not participated in a drug and alcohol assessment as her whereabouts are currently unknown.

Case Participant: Willis, Thomas C.

Service Goal / Expected Outcome:

Mr. Willis will participate in an ART assessment to determine what level of ongoing substance abuse treatment he needs.

Service Category: Alcohol and Drug Treatment

Service Type: Addiction Recovery Team
Assessment

Est Begin Date: 06/08/2010

Target End Date: 06/30/2010

Provider/Responsible Person: ART Team

Status of Goal/Outcome: Continue Current Goal

Progress and/or Barriers in Achieving Goal: Mr. Willis has not participated in a drug and alcohol assessment as her whereabouts are currently unknown.



FACE-TO-FACE CONTACTS

Face-to-face contact between primary worker and selected parent/guardian for the past six months:

Charlie T. Willis, 06/08/2010, School, Successful Contact

Attachments:

Morrison Center Child & Family Services Mental Health Assessment, 06/08/10

SIGNATURES

Date

| | | |
|--------------------------|-------|-------|
| Mother: | _____ | _____ |
| Legal Father: | _____ | _____ |
| Other Father: | _____ | _____ |
| Legal Guardian 1: | _____ | _____ |
| Legal Guardian 2: | _____ | _____ |
| Caseworker: | _____ | _____ |
| Supervisor: | _____ | _____ |

Parent/Legal Guardian has opted not to sign the Case Plan



20000441
 Sara Woodcock
 500 Summer St. NE
 Salem, OR 97301

PERMANENCY PLAN

| | | | |
|-----------------------------------|--------|----------------------------------|---------------------------|
| Child's Name: Willis, Charlie T. | | Case Name: Willis, Hilary | |
| DOB: 07/15/2001 | Age: 8 | Gender: Male | Primary Language: English |
| Child is considered a runaway: No | | Date child was reported missing: | |

| | |
|--------------------------------------|--|
| ICWA Status: Pending | Name of Tribe: Confederated Tribes of Siletz Indians |
| Tribe is in agreement with the plan: | Permanency Plan: |
| | Concurrent Plan: |

| | |
|-------------------|----------------------|
| CASA: Trudy Smith | Attorney: Judy Smith |
|-------------------|----------------------|

PARENT/GUARDIAN(S):

| | | | |
|-------------------------|---------|------------------------------|--|
| Name: Willis, Hilary J. | | Phone Number: 503-111-1111 | |
| DOB: 12/12/1970 | Age: 39 | Relationship: Child's Mother | |

| | | | |
|-------------------------|---------|------------------------------|--|
| Name: Willis, Thomas C. | | Phone Number: 503-111-1111 | |
| DOB: 11/12/1971 | Age: 38 | Relationship: Child's Father | |

Additional fathers (if applicable and known):

| | | | |
|-------|------|---------------|--|
| Name: | | Phone Number: | |
| DOB: | Age: | Relationship: | |

| | | | | | |
|---|----|----|----|----|----|
| Legal Status | 1. | 2. | 3. | 4. | 5. |
| Describe how this status has been determined: | | | | | |

RELATIVE SEARCH:

| |
|---|
| Date of last attempted contact: 06/08/2010 |
| Describe the role of the extended family; whether they have been supportive or have a connection to the child. Document the diligent efforts used to connect or place a child with their extended family. Relative search is underway. To date, no extended family members have been identified or contacted. |

PLACEMENT:

Reason(s) for Initial Removal from Home (AFCARS):
Inadequate Housing, Caregivers' Drug Abuse

Removal Narrative: Charlie was removed from the care of his parents on 06/08/2010 due to concerns that his parents have a history of abusing illicit substances and left the child in the care of an unsafe neighbor for several days.

| | |
|---|-----------------------------------|
| Placement Setting: Regular Family Foster Care – non relative | Begin Date: 06/08/2010 |
| Provider ID: 20000318 | Are siblings placed together? N/A |
| If No, describe why siblings are not placed together? | |
| The current placement is most appropriate/least restrictive: Yes. The placement is the least restrictive, most family-like setting available for Charlie. | |
| Does the agency anticipate a placement change? No | |
| If yes, describe in detail including anticipated date of placement change: | |

Child's placement history

| Service Type | Begin Date | End Date | End Reason |
|--------------|------------|----------|------------|
|--------------|------------|----------|------------|

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

Child's Functioning and Needs: Charlie is doing well in his current foster placement. The foster mother reports that Charlie is interacting well with his foster siblings and enjoys outdoor activities. Charlie has been noted to have anxiety when around eating and continues to express concern for his parents.

Charlie is doing well in school and is reading/writing at grade-level. He continues to participate in weekly counseling sessions with Morrison Center therapist Don Smith. Mr. Smith reports that Charlie is frequently tearful regarding discussions of his parents.

ACTIVE SERVICE GOALS/EXPECTED OUTCOMES:

| | | |
|--|--|---------|
| Service Goal/Expected Outcome: | Target End Date: | Status: |
| Counseling | 07/31/2010 | New |
| Planned Service / Activity: | Provider/Responsible Person: | |
| Counseling and Therapeutic Services | Morrison Center | |
| Specifically Explain Service/Activity: | Charlie will participate in weekly counseling appointments at Morrison Center. | |

REASON FOR PERMANENCY PLAN

The child has been out of the family home 2 of the most recent 22 months.



| | |
|--------------------------------|---------------------------------------|
| Permanency Plan: Reunification | Anticipated date achieved: 06/08/2011 |
| Concurrent Plan: Adoption | |

| | |
|--|---------------------|
| Latest court ordered Permanency Plan? | Reunification |
| The court found that aggravated circumstances exist: | No |
| If "Yes", has a recommendation been made to Terminate Parental Rights? N/A | |
| If "Yes", Date referred to AAG/DDA office: | Date TPR was filed: |

| | |
|--|--|
| If the court did not find that aggravated circumstances exist indicate your compelling reason. | |
| <input type="checkbox"/> | Child is placed with a relative and relative(s) do or will provide permanency. Provide supporting information. |
| <input type="checkbox"/> | The Parent is successfully working to complete a plan. Provide supporting information. |
| <input type="checkbox"/> | Compelling reasons why termination of parental rights is not in the child's best interest or all parents have voluntarily relinquished parental rights. Provide supporting information. |
| <input type="checkbox"/> | Reasonable efforts to safely return the child to his or her home have not been made. Provide supporting information. |
| <input type="checkbox"/> | Another permanent plan is better suited to meet the health and safety needs of the child. Provide supporting information. |

EDUCATION:

| | | | | | |
|---|--------------|-----------------------|------------|--------------------|----|
| The child's placement allows the child to remain in the school or educational setting the child attended prior to entry into substitute care when in the child's best interest. | | | | | |
| Child is currently enrolled in school: | Yes | Last grade completed: | Two | Current IEP: | No |
| Expected Graduation Date: | | Diploma/Certificate: | | | |
| | Performance: | Math: | | Reading: | |
| Credits: | English | Math | Electives: | Social Science: | |
| | Science | Health | Language: | Physical Education | |

MEDICAL/MENTAL HEALTH INFORMATION

| | | | |
|-----------------------|-------------------------|--------|--------------|
| Physician/Clinic: | Eastport Medical Center | Phone: | 503-899-8999 |
| Last Exam: 06/08/2010 | | | |

| | | | |
|-----------------------|------------------------|--------|--------------|
| Dentist: | Eastport Dental Center | Phone: | 503-899-9999 |
| Last Exam: 06/08/2010 | | | |

| | | | |
|-----------------------------|-----------|--------|--------------|
| Mental Health Professional: | Don Smith | Phone: | 503-888-9999 |
|-----------------------------|-----------|--------|--------------|

Allergies:
Pine Nuts, Onions

Medications:

| Medication | Dosage | Frequency | Reason | Psychotropic | Start Date | End Date |
|------------|--------|-----------|--------|--------------|------------|----------|
| | | | | | | |

Immunizations:

| | |
|--------------|---------------------------|
| Name: | Date Administered: |
|--------------|---------------------------|

| | |
|-------------------------|------------|
| Influenza | 07/08/2009 |
| Measles, Mumps, Rubella | 06/08/2008 |

Medical Limitations:

Child's IQ:
DSM IV Diagnosis, if applicable.
Axis I

Value: Adjustment Disorders HO-history of R/O- rule out

Axis II

Value: No Current Diagnosis HO-history of R/O- rule out

Axis V GAF: 55

Child's Mental Health Organization: Family Care

VISITATION:

Visit contact between the child and parent/guardian for the past 6 months:

Visit contact between the child and sibling for the past 6 months:

Visit contact between the child and relatives for the past 6 months:



FACE-TO-FACE:

Face-to-face contact between the child and primary worker for the past 6 months:

06/08/2010, School, Successful Contact Occurred, 06/09/2010, Substitute Care/Child Placement, Successful Contact Occurred

- Comprehensive Youth Transition Plan attached Effective/Issued:
- Child's most current report card is attached. Effective/Issued:
- Visitation Plan(s) attached Effective/Issued: 06/08/2010

| | Signatures | Date |
|-------------------|------------|-------|
| Child: | _____ | _____ |
| Parent 1: | _____ | _____ |
| Parent 2: | _____ | _____ |
| Other Father: | _____ | _____ |
| Legal Guardian 1: | _____ | _____ |
| Legal Guardian 2: | _____ | _____ |
| Caseworker: | _____ | _____ |
| Supervisor: | _____ | _____ |

- Parent/Legal Guardian has opted not to sign the Permanency Plan
- Child has opted not to sign the Permanency Plan