



Fletcher Case

Citizen Review Board
Volunteer Board Member Orientation Training

Case Materials Exercise – Fletcher Case Case

When reading the case plan and case materials, begin your analysis of the information provided by considering the three basic issues identified below.

1. Who is involved in the case?

Think about...

- The child
- Parents
- Attorneys for parents and children
- DHS
- Foster Parents
- Involved relatives
- CASA, Tribe, Others

2. Where is the case headed?

Think about...

- The goals in the case
- The plan for the child
- The achievement dates for the plan
- How long the child has been in foster care
- Whether the plans are appropriate
- Whether the achievement dates are realistic

3. What is being done in the case?

Think about...

- What is being done by DHS
- What is being done by the parents
- What is being done for the child
- The relationship between the services provided and the reasons the child came into foster care
- Whether the child's needs are being met
- What progress has been made in the case

**IN THE CIRCUIT COURT OF THE STATE OF OREGON
FOR FLINT COUNTY**

In the Matter of:)	Case Number: J13-0001
)	
Ashley Fletcher)	PETITION
)	
A Child.)	

TO THE ABOVE ENTITLED COURT:

PETITIONER, whose name appears below, respectfully represents to the Court as follows:

1. The name, age, date of birth and residence of the above-named child:
Name: Ashley Fletcher
Age: 3 months
Date of Birth: October 1, 2012
Address: 12345 SW Brunson Avenue
Flint, OR 97000

2. The child is within the jurisdiction of the Court by reason of the following facts and pursuant to ORS 419B.100(1) (c):
The conditions and circumstances endanger the welfare of said child in that:
 - A. The mother has a chemical abuse problem involving methamphetamine and marijuana that disrupts her ability and availability to appropriately parent and that makes her a danger to said child.
 - B. The mother has exposed said child to dangerous living conditions in which drug paraphernalia was present and accessible.
 - C. The mother has exposed said child to unsafe and unsanitary living conditions, which has placed the child at risk of harm.
 - D. The father has a history of substance abuse involving methamphetamine and marijuana that disrupts his ability and availability to appropriately parent and that makes him a danger to said child.
 - E. The father has exposed said child to dangerous living conditions in which drug paraphernalia was present and accessible.
 - F. The father has exposed said child to unsafe and unsanitary living conditions, which has placed the child at risk of harm.
 - G. The father is the legal and biological father of said child. The father is listed as the father on said child's birth certificate issued by the State of Oregon.

3. The name and residence of the child's parents:

Penny Fletcher
12345 Brunson Ave.
Flint, OR 97000

James Fletcher
12345 Brunson Ave.
Flint, OR 97000

4. The name and residence of the person having custody of the child:

Penny Fletcher
12345 Brunson Ave.
Flint, OR 97000

James Fletcher
12345 Brunson Ave.
Flint, OR 97000

5. The child has lived with the following persons in the following places in the previous five years:

Penny Fletcher
12345 Brunson Ave.
Flint, OR 97000

James Fletcher
12345 Brunson Ave.
Flint, OR 97000

6. The child resides in this county.
7. Petitioner has not participated as a party, witness or in any other capacity in other litigation concerning the custody of the child in this or any other state.
8. No other custody litigation involving the child is pending in any other court in this or any other state.
9. No person, not a party to these proceedings, has physical custody of the child or claims custody or visitation rights.
10. The petition is not filed pursuant to the direction of the Court.

**IN THE CIRCUIT COURT OF THE STATE OF OREGON
FOR FLINT COUNTY**

In the Matter of:) Case Number: J13-0001
)
Ashley Fletcher) **JURISDICTION AND DISPOSITION**
 A Child.) **JUDGMENT**

This matter came before the Court on: February 1, 2013.

Parties appearing:

<input checked="" type="checkbox"/> Legal Father <input type="checkbox"/> Putative Father	Attorney for Father:	DHS Caseworker:
James Fletcher	Bradley Walker	Joseph Robertson
Mother:	Attorney for Mother:	Juvenile Department:
Penny Fletcher	William Garcia	
Child:	Attorney for Child:	CASA:
	Harrison Parker	
Guardian:	Attorney for Guardian:	Guardian Ad Litem:
Tribe:	Attorney for Tribe:	Other:
Deputy District Attorney:	Assistant Attorney General:	Other:
Rex Thompson		

Relevant Dates/Current Placement:

Date juvenile court jurisdiction was established: February 1, 2013.
 Date the child was last placed in substitute care: January 1, 2013.
 Date the child was placed in current placement: January 1, 2013.
 Current Placement: Relative Foster Care with Maternal Grandparents.

DHS Documentation: The Department of Human Services (DHS) **has** **has not** prepared a written case plan that complies with the requirements of ORS 419B.343

1. SUMMONS AND NOTICE FINDINGS AND ORDERS:

► Parties Summoned:

- Mother was summoned to the hearing and appeared. Mother was summoned to the hearing and failed to appear, and she **is** **is not** a person in the military service who is entitled to the protections of the Service Members Civil Relief Act. Other: _____.
- Father was summoned to the hearing and appeared. Father was summoned to the hearing and failed to appear, and he **is** **is not** a person in the military service and who is entitled to the protections of the Service Members Civil Relief Act. Other: _____.
- Mother Father Guardian(s) was/were provided the notice of obligations and rights required by ORS 419B.117.

► Foster Parent(s)/Care Provider(s) - Notification and Participation:

- The child is in substitute care, and DHS **did** **did not** give the foster parent(s)/current care provider(s) notice of the hearing.
 - The foster parent(s)/current care provider(s) **did not attend** the hearing.
 - The foster parent(s)/current care provider(s) **attended** the hearing and had an opportunity to be heard.

► **Grandparent(s) - Notification and Participation:**

- DHS **did** give the legal grandparent(s) notice of the hearing.
- DHS **did not** give the legal grandparent(s) notice of the hearing because: _____.
- The legal grandparent(s) **did not attend** the hearing.
- The legal grandparent(s) **attended** the hearing and had an opportunity to be heard.

2. INDIAN CHILD WELFARE ACT (ICWA) FINDING(S) AND ORDER(S):

- The ICWA **does not** apply.
- At this time, the Court **does not have reason to believe that the ICWA applies**, but DHS shall continue its inquiry whether the child is an “Indian child” and report the results of the inquiry to the Court.
- The ICWA applies to this case, because the Court **has determined** **has reason to know** that the child is an “Indian child” under the ICWA, and is an enrolled member of, or is eligible for membership in, the following tribe(s): _____, 25 USC § 1903(4). The tribe(s) **has/have been** **has/have not been** notified of this proceeding, as required by 25 USC § 1912(a). This Court **has** **does not have** jurisdiction under 25 USC § 1911 to proceed with the case. This Court **has** **does not have** temporary emergency removal/placement jurisdiction under 25 USC § 1922. Additional findings/orders: _____.

3. UCCJEA FINDINGS:

This Court **has jurisdiction** **does not have jurisdiction** under the UCCJEA (ORS 109.701 to 109.834) to make “a child custody determination.”

JURISDICTIONAL FINDINGS AND ORDERS:

4. FINDINGS ON THE JURISDICTIONAL ALLEGATIONS:

► **Evidence Considered:**

- Stipulations by the parties.
- The admissions described below.
- The exhibits offered by the parties and admitted at the hearing.
- The testimony of the witness(es) at the hearing.
- The following facts and/or law, of which the Court has taken judicial notice: _____.
- Other: _____.

► **The Child:** resides in Flint County, and is under 18 years of age.

► **Petition Allegations Admitted and/or Proved:**

FATHER:

- the **allegations** in paragraph(s) D,E,F,G of the petition(s)/amended petition(s) filed on January 2, 2013.
- the **amended allegations** in paragraph(s) _____ of the petition(s)/amended petition(s) filed on _____, 20____.

MOTHER:

- the **allegations** in paragraph(s) A,B,C of the petition(s)/amended petition(s) filed on January 2, 2013.
- the **amended allegations** in paragraph(s) _____ of the petition(s)/amended petition(s) filed on _____, 20____.

GUARDIAN:

- the **allegations** in paragraph(s) _____ of the petition(s)/amended petition(s) filed on _____, 20____.
- the **amended allegations** in paragraph(s) _____ of the petition(s)/amended petition(s) filed on _____, 20____.

► **Standard of Proof for Allegations Contested and Proved:**

- preponderance of the evidence.
- clear and convincing evidence, and the evidence, which includes qualified expert witness testimony, also is clear and convincing that continued custody of the child by the parent(s), or Indian custodian(s), is likely to result in serious emotional or physical damage/injury to the child.

► **Petition Allegations Dismissed or Continued for Further Proceedings:**

- Paragraph(s) _____ in the petition(s)/amended petition(s) filed on _____, 20_____, is/are dismissed.
- Paragraph(s) _____ in the petition(s)/amended petition(s) filed on _____, 20_____, and the allegation(s) is/are continued for further proceedings, as follows: _____.

5. JURISDICTION/WARDSHIP - FINDINGS AND ORDERS:

► **Jurisdiction and Wardship:**

- The child **is** within the jurisdiction of the Court under ORS 419B.100, and is made a ward of the Court, pursuant to ORS 419B.328.
- The child **is not** within the jurisdiction of the Court under ORS 419B.100, and the petitions(s)/amended petition(s) is/are dismissed.

DISPOSITIONAL FINDINGS AND ORDERS:

6. EVIDENCE CONSIDERED:

- Stipulations by the parties.
- The exhibits offered by the parties and admitted at the hearing.
- The exhibits admitted by the Court under ORS 419A.253.
- The testimony of the witness(es) at the hearing.
- The following facts and/or law, of which the Court has taken judicial notice: _____.
- Other: _____.

7. PLACEMENT/CUSTODY FINDINGS AND ORDERS:

► **In-Home Placement:**

Placement in the **home** is in the child’s best interest and for the child’s welfare, and, **THEREFORE, the child shall be placed/continued in the custody of** Mother Father Other: _____, subject to the following conditions: _____.

Placement in the legal custody of DHS for **in-home** placement is in the child’s best interest and for the child’s welfare, and, **THEREFORE, the Court commits the child to the legal custody of DHS for care, placement and supervision in the physical custody of** Mother Father Other: _____.

► **Out-of-Home Placement:**

Placement or continuation in substitute care is in the child’s best interest and for the child’s welfare, based on the jurisdictional findings under ORS 419B.100 and because:

Non-ICWA case: The child cannot be safely returned home/maintained in the home without further danger of suffering physical injury or emotional harm or endangering or harming others. Additional findings: _____.
ORS 419B.337(1).

ICWA case: Clear and convincing evidence, including qualified expert witness testimony, has established that continued custody of the child by the parent(s), or Indian custodian(s), is likely to result in serious emotional or physical damage/injury to the child. Additional findings: _____. 25 USC §1912(e); ORS 419B.340(7).

The Court further finds that it is in the child’s best interest and for the child’s welfare to be placed:

in the legal custody of DHS for placement in substitute care, and, **THEREFORE, the Court commits the child to the legal custody of DHS for care, placement and supervision.**

in substitute care/out-of-home care, pursuant to ORS 419B.331 ORS 419B.334
 ORS _____, and **THEREFORE, the Court orders that:** _____.

► **Diligent Efforts:**

Relative Placement:

The child is in substitute care, and DHS **has made** **has not made** diligent efforts to place the child with a relative/person who has a caregiver relationship with the child, as required by ORS 419B.192.

DHS has decided to place the child with a relative/person who has a caregiver relationship with the child, but that

placement is not in the child's best interest, because: _____.

Sibling Placement:

The child is in substitute care and has one or more minor siblings. DHS **has made** **has not made** diligent efforts to place the child with a sibling, as required by ORS 419B.192.

► Placement Preferences:

Non-ICWA case: The selected placement **is** **is not** the least restrictive, most family-like setting that meets the health and safety needs of the child and in reasonable proximity to the child's home. 42 USC § 675(5)(A).

Additional findings: _____.

ICWA case: The selected placement:

is **is not** the least restrictive, most family-like setting that meets the health and safety needs of the child

is **is not** in reasonable proximity to the child's home.

complies **does not comply** with the placement preference(s) established by 25 USC § 1915.

Additional findings _____.

8. REASONABLE/ACTIVE EFFORTS FINDINGS AND ORDERS:

► Reasonable Efforts Findings Not Required

This is **not an ICWA case**, and, pursuant to ORS 419B.340(5) and (6), DHS is **not required to make reasonable efforts** to reunify the child with Mother Father. Additional findings: _____.

Reasonable/active efforts findings are not required, because this judgment does not authorize the removal of the child from the home, and the child is currently in the home and was not removed from the home prior to entry of this judgment.

► Reasonable/Active Efforts Findings Required

This judgment commits the child to the legal custody of DHS, and, having considered the circumstances of the child and parent(s) and the child's health and safety, the Court finds that DHS **has made** **has not made** **reasonable efforts** **active efforts** to prevent or eliminate the need for removal to make it possible for the child to safely return home. **Brief description of preventive and reunification efforts and why those efforts were or were not sufficient and whether additional efforts would have been successful:** _____.

The Court considers DHS to have made **reasonable efforts** **active efforts** to prevent or eliminate the need for the child's most recent removal, because the agency's first contact with the family occurred during an **emergency** and the child could not remain without jeopardy in the home, even with reasonable services being provided.

Although DHS did not make the required reasonable, or active, efforts to prevent or eliminate the need for removal and/or to make it possible for the child to safely return home, additional preventive/reunification efforts would not permit the child to remain safely in the home.

9. CASE PLAN FINDINGS AND ORDERS:

► The Current Case Plan Is:

Reunification with Mother Father Other: _____, to be achieved by January 1, 2014.

Other: _____, to be achieved by _____, 20____.

► The Concurrent Plan Is: Adoption.

► The Court Orders That:

Mother Father Other: _____ comply with the terms of the Action Agreement

Letter of Expectation Other: _____, dated January 31, 2013.

Mother Father Other: _____.

DHS Other legal custodian: _____.

DHS Other legal custodian: _____ is made the child's guardian, pursuant to ORS 419B.370.

10. VISITATION: ORS 419B.337(3).

DHS **has** **has not** developed an adequate plan for visitation by the child's parents sibling(s).

DHS is ordered to develop/modify the visitation plan to include the following provisions: _____.

11. DHS DISCLOSURE OF RECORDS AND REPORTS:

The Court authorizes DHS to disclose court records and reports associated with the petition(s) in this matter, if such disclosure is reasonably necessary to perform its official duties related to the involvement of the child with the juvenile court and complies with ORS 419A.255 through ORS 419A.257, and ORS 419B.035.

12. PARTIES PRESENT ARE ORDERED TO APPEAR AS FOLLOWS:

Trial

Mother Father for trial on the petition(s) on: _____, 20____ at _____ AM/PM.

Continuance

Pursuant to ORS 419B.305, the Court finds that there is good cause to continue beyond the 60-day time limit the adjudication of the petition(s) filed on _____, 20____, for the following reason(s): _____.

Mother Father shall: _____.

Disposition

This case is continued for Disposition for Mother Father on _____, 20____ at _____ AM/PM.

This case will next be reviewed:

By the Court at the annual review on _____, 20____, at _____ AM/PM.

Because the child is in the legal custody of DHS and placed in substitute care, the CRB will conduct a review in this case in six months in three months.

The Court will conduct a review hearing (as provided in ORS 419B.449) a permanency hearing (as provided in ORS 419B.476), on October 1, 2013, at 9:00 AM/PM.

No further hearings

DATE February 1, 2013

John A. Ross
CIRCUIT JUDGE

Model Juvenile Form	Type:	Number	Revision
Jurisdiction and Disposition Judgment	Fillable	JF4B	6 6-18-13



345678
 BRITTANY STANFORD
 (503) 277-6644
 123 Quail Rd.
 Flint, OR 97000

CHILD SPECIFIC CASE PLAN

CASE NAME: PENNY FLETCHER	PLAN DATE: 05/17/2013
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Child's Name: FLETCHER, ASHLEY	Primary Language: English
DOB: 10/01/2012 Age: 7 months	Gender: Female
Child is considered a runaway: No	Date Child reported missing:
ICWA Status: Not Eligible	Name of Tribe: No Tribe
CASA:	Attorney: Harrison Parker

PARENT/GUARDIAN(S)

Name: FLETCHER, PENNY	Phone Number: (971) 737-0612
DOB: 08/23/1992 Age: 20	Relationship to Child: Mother – Biological

Name: FLETCHER, JAMES	Phone Number: (971) 737-0612
DOB: 10/5/1990 Age: 22	Relationship to Child: Father - Legal

Description of how Paternity Status has been determined (if applicable):

James Fletcher is identified as the father on Pebble's Oregon birth certificate. He was married to Penny Fletcher at the time of Ashley's birth.

RELATIVE SEARCH

Relationship: Maternal Grandmother			
Method of Contact	Date of Contact	Result	Desired Level of Participation
Phone	01/01/2013	Response Received	Temporary Placement

Relationship: Maternal Aunt			
Method of Contact	Date of Contact	Result	Desired Level of Participation
Letter	01/21/2013	Response Received	Family Contact

Relationship: Maternal Uncle			
Method of Contact	Date of Contact	Result	Desired Level of Participation



Letter	01/21/2013	Response Received	Family Contact
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Relationship: Paternal Grandmother			
Method of Contact	Date of Contact	Result	Desired Level of Participation
Letter	01/21/2013	Response Received	Family Contact

Relationship: Paternal Uncle			
Method of Contact	Date of Contact	Result	Desired Level of Participation
Letter	01/21/2013	Response Received	No Desired Participation

Relationship: Paternal Uncle			
Method of Contact	Date of Contact	Result	Desired Level of Participation
Letter	01/21/2013	Response Received	No Desired Participation

PLACEMENT

Child's Functioning and Needs:

Ashley is an adorable 7 month old girl. When Ashley was placed into substitute care, there were concerns about her development. Ashley was referred to the ESD for an Early Intervention assessment. She was found to be slightly delayed in her gross motor skills. Ashley received physical therapy through Early Intervention and is now meeting her developmental milestones.

Reason(s) for Initial Removal from Home (AFCARS): Caregiver's Drug Abuse, Neglect	
The current placement is the most appropriate and least restrictive: Yes	
Placement Setting: Relative Family Foster Care	Begin Date: 01/15/2013
Provider ID: 987654	Are siblings all placed together: N/A
If No, describe why sibling are not placed together:	

Description of How the Current Placement is Safe and Appropriate:

The current placement is the most appropriate and least restrictive. Ashley is placed with her maternal grandparents who have been certified as foster parents. The maternal grandparents have ensured that all of Ashley's medical needs are met including her well child exams and her immunizations. The maternal grandparents also worked with Early Intervention on Ashley development. The maternal grandparents also help facilitate visitation for the parents with Ashley by allowing the parents to visit Ashley in their home.

Description of How the Current Placement is Able to Meet the Child's Needs:

The maternal grandparents have had an ongoing relationship with Ashley for all of her life. She is bonded to the maternal grandparents.



Does the agency anticipate a placement change: No

If Yes, describe in detail including anticipated date of placement change:

PLACEMENT HISTORY

Placement Setting: Relative Family Shelter Care		Provider ID: 987654
Start Date: 01/01/2013	End Date: 01/14/2013	End Reason: Move to New Service, Same Provider

SERVICE GOALS

Service Goal #:	
Case Participant:	
Service Goal:	
Begin Date:	Target End Date:
Status of Goal:	
Progress and/or Barriers in Achieving Goal:	

SERVICES

Service Goal #:	
Case Participant:	
Service Category:	Service Type:
Provider/Responsible Person:	
Specifically Explain Service/Activity:	
Progress and/or Barriers in Achieving Goal:	

ACHIEVED SERVICE GOALS

Case Participant:	
Achieved Service Goal:	
Begin Date:	Date Achieved:
Progress and/or Barriers in Achieving Goal:	

PERMANENCY PLAN

Permanency Plan: Reunification	Anticipated date achieved: 12/31/2013
Concurrent Plan: Adoption	
When ICWA eligible, is the tribe in agreement with the plan? N/A	



Permanency Plan Agreement:	Concurrent Plan Agreement:
Child is currently placed with a potential adoptive resource: Yes	
The child has been out of the family home 4 of the most recent 22 months.	
The court has made a finding that reasonable/active efforts are not required: No	
Date referred to AAG/DDA office:	Date TPR was filed:
Reason why TPR is not being pursued at 15 of 22 months (if applicable):	

Description of Efforts to identify an Adoptive Resource (if applicable):

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EDUCATION INFORMATION

Child is currently enrolled in school: N/A				
School Name:				
Address:				
City, State, Zip:				
Last grade completed:		Current IEP:	Child's IQ:	
Expected Graduation Date:		Diploma/Certificate:		
Performance	Math:		Reading:	
High School Credits	English:	Math:	Electives:	Social Science:
	Science:	Health:	Language:	Physical Education:

SCHOOL HISTORY

School Name:		School Type:
Start Date:	End Date:	End Reason:

MEDICAL/MENTAL HEALTH INFORMATION

Physician/Clinic:	Robert Johnstone/Flint Pediatric Clinic
Address:	1515 Cave Ave.
City, State, Zip:	Flint, OR, 97000
Phone Number	(541) 988-3244

Dentist:	N/A
Address:	
City, State, Zip:	



Phone Number	
---------------------	--

Mental Health Professional:	N/A
Address:	
City, State, Zip:	
Phone Number	
Mental Health Organization:	

Medical/Dental/Mental Health Treatments for the past Six Months:

Service	Service Date	Provider Name
All Other Medical Procedures/DX	01/15/2013	Flint Pediatric Clinic
All Other Medical Procedures/DX	05/14/2013	Flint Pediatric Clinic

Billed Medications	# Days	Quantity	Strength	Start Date

Psychotropic Medications	Dosage	Frequency	Start Date	End Date

Allergies:	
Immunizations:	Date Administered:
HepB-Peds	05/14/2013
DTaP-IPV/Hib	05/14/2013
PCV13	05/14/2013
HepB-Peds	01/15/2013

Child's Medical Needs:

Ashley has no special medical needs.

VISITATION

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

01/09/2013 01/16/2013 01/23/2013 02/06/2013
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02/13/2013
 02/20/2013
 02/27/2013
 03/06/2013
 03/13/2013
 03/20/2013
 03/27/2013
 04/03/2013
 04/10/2013
 04/17/2013
 04/24/2103
 05/01/2013
 05/08/2013
 05/15/2013

Visit contact between the child and siblings 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 Worker and Child for the Past Six Months:

01/01/2013, JOE ROLAND, Substitute Care/Child Placement, Scheduled Contact Occurred
 02/05/2013, JOE ROLAND, Substitute Care/Child Placement, Scheduled Contact Occurred
 03/05/2013, BRITTANY STANFORD, Substitute Care/Child Placement, Scheduled Contact Did Not Occur
 03/11/2013, BRITTANY STANFORD, Substitute Care/Child Placement, Scheduled Contact Occurred
 04/08/2013, BRITTANY STANFORD, Substitute Care/Child Placement, Scheduled Contact Occurred
 05/06/2013, BRITTANY STANFORD, Substitute Care/Child Placement, Scheduled Contact Occurred

Attachments:

<input type="checkbox"/> Comprehensive Youth Transition Plan Attached	Effective/Issued:
<input type="checkbox"/> Child's most current report card is attached	Effective/Issued:
<input type="checkbox"/> Visitation Plan(s) attached	Effective/Issued:

Signatures	Date
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Mother	
Father	
Caseworker	
Supervisor	

<input type="checkbox"/>	Parent/Legal Guardian has opted not to sign the Permanency Plan
<input type="checkbox"/>	Child has opted not to sign the Permanency Plan



345678
 BRITTANY STANFORD
 (503) 277-6644
 123 Quail Rd.
 Flint, OR 97000

CHILD WELFARE CASE PLAN

CASE NAME: PENNY FLETCHER	PLAN DATE: 05/17/2013
----------------------------------	------------------------------

PARENT/GUARDIAN(S)

Name:	Penny Fletcher
Address:	12345 Brunson Ave.
City, State, Zip:	Flint, OR, 97000
Relationship:	Mother

Name:	James Fletcher
Address:	12345 Brunson Ave.
City, State, Zip:	Flint, OR, 97000
Relationship:	Father – Legal

Child's Name: Ashley Fletcher	DOB: 10/01/2012	Age: 7 months	Gender: Female
Primary Language: English	Court Number: J13-0001		
ICWA Status: Not Eligible	Name of Tribe:		

Active Safety Threats:
 Safety Threat #1: The family situation is such that no adult in the home is routinely performing parenting duties and responsibilities that assure child safety.
 Safety Threat #3: One or both parents' or caregivers' behavior is impulsive or they will not/cannot control their behavior.
 Safety Threat #5: A family situation or behavior is such that the family does not have or use resources necessary to assure a child's safety.
 Safety Threat #8: A situation, attitudes, and/or behavior is such that one or both parents or caregivers lack parenting knowledge, skills, and motivation necessary to assure a child's safety.

Ongoing Safety Plan: Ashley is placed in relative family foster care with the maternal grandparents. The parents are allowed to visit Ashley in the relative foster home when the maternal grandparents are present to supervise. The maternal grandparents ensure that all of Ashley' medical needs are met.

Conditions for Return: The mother and/or father will understand how their actions and lack of care for the child has created an unsafe situation.
 The mother and/or father will demonstrate that they are motivated to develop the knowledge and skills necessary to keep the child safe.
 The mother and/or father will be willing and able to allow DHS staff, community providers and safety service providers in the home as often as necessary to address the safety concerns.
 The mother and/or father will be sober and provide a home that is free of drug use. They will

understand how their drug use had impacted the child's safety.
The mother and/or father will understand how their neglect of the child has led to ongoing medical, dental and mental health issues. They will present a plan to ensure that the child's needs, around these issues, will be addressed on an ongoing basis.
The mother and/or father will show that they can meet the children's daily needs and understand appropriate parenting techniques to meet their behavioral needs and developmental capacities.

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

To Prevent Removal:

No efforts were possible as the parents were arrested and incarcerated for PCS-Methamphetamine. Neither parent was available to parent Ashley.

To Return Child Home:

DHS referred the parents for ART screenings on 1/7/13 and for full substance abuse assessments on 1/25/13. Based on the results of the substance abuse assessments, the parents were referred for Level I Outpatient Treatment on 2/1/13. A visitation plan was developed and the parents have weekly visitation with Ashley in the DHS office. The parents are also allowed to visit Ashley in the maternal grandparents' home under the maternal grandparents' supervision. The parents were provided bus passes to assist them in attending treatment. At the appropriate time, the parents will be referred for In-home Safety and Reunification Services ("ISRS") to assist with Ashley' transition home. Action Agreements have been developed for the parents.

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

The parents were arrested and incarcerated for PCS and Endangering the Welfare of a Minor.

Immediate Family Functioning:

The parents continue to live together in their two bedroom apartment. Penny does not work outside of the home. James continues to work at the quarry doing equipment repair work. The parents love Ashley and continue to visit Ashley regularly.

Extended Family Functioning:

Ashley is placed with the maternal grandparents. The maternal grandparents have had an ongoing relationship with Ashley since birth. A 16 year old maternal aunt also resides in the maternal grandparents' home. There is also a maternal uncle who resides in the state of Washington. He and his family see Ashley at family occasions.

The father has an estranged relationship with his family. The paternal grandparents were contacted and were not interested in being a placement resource for Ashley; however, they want to have a relationship with Ashley. The father's two brothers did not wish to be involved with Ashley.

Protective Capacity Assessment Summary:

Penny Fletcher:

Enhanced:

The parent is aligned with the child: Penny and Ashley have a strong bond.

The parent is physically able to parent the child: Penny does not have any physical limitations to her ability to parent Ashley.



The parent demonstrates adequate knowledge and skill in fulfilling her caregiving responsibilities. Penny demonstrates age appropriate parenting skills and is able to demonstrate parental control over Ashley.

Diminished:

The parent has a history of protecting: Penny has used substances in Ashley' presence. She is also not able to meet Ashley' basic needs due to her continued substance abuse.

The parent demonstrates impulse control: Penny does not have impulse control. She continued to put her own needs before the needs of Ashley. She continued to abuse substances, knowing the impact that it has on Ashley.

James Fletcher:

Enhanced:

The parent is aligned with the child: James and Ashley have a strong bond.

The parent is physically able to parent the child: James does not have any physical limitations to his ability to parent Ashley.

The parent demonstrates adequate knowledge and skill in fulfilling his caregiving responsibilities.

James demonstrates age appropriate parenting skills and is able to demonstrate parental control over Ashley.

Diminished:

The parent has a history of protecting: James has used substances in Ashley' presence.

The parent demonstrates impulse control: James does not have impulse control. He continued to put his own needs before the needs of Ashley. He continued to abuse substances, knowing the impact that it has on Ashley.

EXPECTED OUTCOMES

Expected Outcome #:1

Case Participant: PENNY FLETCHER

Expected Outcome: Penny will establish and maintain a clean and sober lifestyle.

Begin Date: 01/31/2013

Target End Date: 12/31/2013

Status of Outcome: Continue Current Goal

Progress and/or Barriers in Achieving Outcome: Penny completed an ART screen and a full substance abuse assessment. She began substance abuse treatment with Intensive Treatment and Recovery Services (ITRSD) but had a UA that was positive for marijuana on 3/4/13. She has continued in substance abuse treatment.

Expected Outcome #: 2

Case Participant: PENNY FLETCHER

Expected Outcome: Penny will address her mental health issues and will be able to articulate the importance of maintaining her individual mental health to be able to safely and appropriately parent.

Begin Date: 01/31/2013

Target End Date: 12/31/2013

Status of Outcome: Continue Current Goal

Progress and/or Barriers in Achieving Outcome: Penny began individual therapy with Flint County



Mental Health.

Expected Outcome #: 3

Case Participant: PENNY FLETCHER

Expected Outcome: Penny will establish a safe and stable home.

Begin Date: 01/31/2013

Target End Date: 12/31/2013

Status of Outcome: Continue Current Goal

Progress and/or Barriers in Achieving Outcome: Penny and James continue to live together in a two bedroom apartment.

Expected Outcome #: 4

Case Participant: JAMES FLETCHER

Expected Outcome: James establish a clean and sober lifestyle.

Begin Date: 01/31/2013

Target End Date: 12/31/2013

Status of Outcome: Continue Current Goal

Progress and/or Barriers in Achieving Outcome: James completed an ART screen and a full substance abuse assessment. He began substance abuse treatment with ITRS and all of his UAs have been negative.

Expected Outcome #: 5

Case Participant: JAMES FLETCHER

Expected Outcome: James will establish a safe and stable home

Begin Date: 01/31/2013

Target End Date: 12/31/2013

Status of Outcome: Continue Current Goal

Progress and/or Barriers in Achieving Outcome: James has maintained his employment and has maintained the family's residence. He and Penny continue to live together in a two bedroom apartment.

SERVICES

Expected Outcome #: 1

Case Participant: PENNY FLETCHER

Service Category: Alcohol and Drug Support Services

Service Type: Addiction Recovery Team Services

Provider/Responsible Person: ART Team

Specifically Explain Service/Activity: Penny will complete an alcohol and drug screening with the ART Team and any recommended treatment.

Expected Outcome #: 2

Case Participant: PENNY FLETCHER

Service Category: Counseling and Therapeutic Services

Service Type: Individual Counseling

Provider/Responsible Person: Flint County Mental Health



Specifically Explain Service/Activity: Penny will participate in individual counseling to help her understand the issues that led to her neglect of Ashley.

Expected Outcome #: 4

Case Participant: JAMES FLETCHER

Service Category: Alcohol and Drug Support Services

Service Type: Alcohol and Drug Treatment

Provider/Responsible Person: ART Team

Specifically Explain Service/Activity: James will complete and alcohol and drug screening with the ART Team and any recommended treatment.

ACHIEVED EXPECTED OUTCOMES

Case Participant: PENNY FLETCHER

Achieved Expected Outcome:

Begin Date: 2/11/13

Date Achieved:

Barriers in Achieving Outcome: Penny had a UA that was positive for marijuana on 3/4/13.

Progress and/or Barriers in Achieving Goal: Penny completed an ART screen and a full substance abuse assessment. She began substance abuse treatment with Intensive Treatment and Recovery Services (ITRSD) but had a UA that was positive for marijuana on 3/4/13. She has continued in substance abuse treatment.

Case Participant: JAMES FLETCHER

Achieved Expected Outcome:

Begin Date: 2/25/12

Date Achieved:

Barriers in Achieving Outcome: James's work schedule delayed his participation in outpatient substance abuse treatment.

Progress and/or Barriers in Achieving Goal: James completed an ART screen and a full substance abuse assessment. He began substance abuse treatment with ITRS and all of his UAs have been negative.

One Time Service Payments

Case Participant: PENNY FLETCHER

Request Type: Bulk Item Distribution

Serviced Category: Transportation

Service Type: Transport Parents or Others for Visit

Start Date: 01/09/2013

End Date: 01/09/2013

Case Participant: PENNY FLETCHER

Request Type: Bulk Item Distribution

Serviced Category: Transportation

Service Type: Transport Parents or Others for Visit

Start Date: 01/16/2013

End Date: 01/16/2013

Case Participant: PENNY FLETCHER

Request Type: Bulk Item Distribution



Serviced Category: Transportation	Service Type: Transport Parents or Others for Visit
Start Date: 01/23/2013	End Date: 01/23/2013

Case Planning Meetings Held in the Past Six Months:

Meeting Type: Child Safety Meeting	Date Held: 1/31/2013
Participants: Penny Fletcher, James Fletcher, Bradley Walker, William Garcia, Harrison Parker.	

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

--

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

--

Face-to-face Contact Between Worker and Parent/Guardian(s) for the Past Six Months:

PENNY FLETCHER: 01/13/2013 02/08/2013 03/08/2013 04/10/2013 05/08/2013
JAMES FLETCHER: 01/13/2013 02/08/2013 03/08/2013 04/10/2013 05/08/2013

Case Progress Evaluation Summary:

<p>Penny and James continue to live together and to present as a couple. The parents completed ART screenings and full substance abuse assessments. Penny began outpatient substance abuse treatment at ITRS on 2/11/13. The reports from the treatment program have been good and Penny is an active participant in treatment. On 3/4/13, Penny had a UA that was positive for marijuana. She disclosed that she had been at a party and did use some marijuana. Penny continues to participate in treatment. Penny is also in individual therapy at Flint County Mental Health. James began outpatient substance abuse treatment on 2/25/13. There was some difficulty in arranging his substance abuse treatment due to his work schedule. He has been participating in treatment regularly. He has submitted regular UAs that have been negative.</p>

Attachments:

--



Signatures	Date
Mother	
Father	
Caseworker	
Supervisor	

<input type="checkbox"/>	Parent/Legal Guardian has opted not to sign the Permanency Plan
<input type="checkbox"/>	Child has opted not to sign the Permanency Plan

345678
JOE ROLAND
(503) 277-1232
123 Quail Rd.
Flint, OR 97000

Protective Custody Report (PCR)

Date Protective Custody Ordered (if different than Date of Removal): _____

Date PCR Written: 01/02/2013

Date of Removal: 01/01/2013

Shelter Hearing/Place: Flint County Circuit Court **Date:** 01/02/2013 **Time:** 1:30 p.m.

1. Child's Information

Child's Name: Ashley Fletcher A.K.A.: _____
Date of Birth: 10/01/2012 Child's Age: 0 years 3 months
Address: 12345 SW Brunson Ave. Flint OR 97000
(Street) (City) (State) (Zip Code)

2. Person(s) with legal custody of child:

Name: Penny Fletcher Date of Birth: 08/23/1992
Address: 12345 SW Brunson Ave. Flint OR 97000
(Street) (City) (State) (Zip Code)
Name: James Fletcher Date of Birth: 10/05/1990
Address: 12345 SW Brunson Ave. Flint OR 97000
(Street) (City) (State) (Zip Code)

3. Person with physical custody of child (if different):

Name: _____ Date of Birth: _____
Address: _____
(Street) (City) (State) (Zip Code)
Name: _____ Date of Birth: _____
Address: _____
(Street) (City) (State) (Zip Code)

4. List efforts made to locate legal and/or physical custodian(s) of child and to notify them of protective custody and the results of these efforts:
Both parents were informed of the Shelter Hearing date, time, and place at the time of the removal.

5. List prior DHS contacts with family or child:
N/A

THIS FORM IS AVAILABLE IN ALTERNATIVE FORMAT UPON REQUEST



Verification of ICWA Eligibility

Case Name: Penny Fletcher Case#: 345678 Worker: Joe Roland

Name(s) of Child(ren)	D.O.B.	Place of Birth
<u>Ashley Fletcher</u>	<u>10/1/12</u>	<u>Flint, OR</u>

The following information will be used to establish American Indian/Alaskan Native ancestry. Please answer the questions to be best of your knowledge.

1. Do you have any American Indian or Alaskan Native Ancestry?

NO If "No," stop here and sign the form below.

YES If "Yes," answer **ALL** the questions below. Then turn the form over and fill out the Parent History Chart as completely as possible.

Biological Parent: (Name) Penny Fletcher AKA: _____

Band or Tribe: _____ Enrollment No.: _____

2. Are you or any of your relatives enrolled in an Alaskan Native corporation? Yes No

If "Yes," name the corporation: _____

3. Have you or any member of your family ever lived on a reservation or in an Alaskan village?

Yes No If "Yes," where? _____

Biological Parent (printed name): Penny Fletcher Phone No.: _____

Biological Parent Signature: Penny Fletcher Date: 1/1/13

If Biological parent(s) are not available, verify information below:

Print Name: _____ Relationship: _____

Signature (if possible): _____ Date: _____

Address: _____ Phone No.: _____

Documented by: _____ Date: _____

THIS FORM IS AVAILABLE IN ALTERNATIVE FORMAT UPON REQUEST

**PARENT HISTORY CHART
BIOLOGICAL PARENT**

Instructions: Provide the following:
Name, where appropriate; Date of Birth (DOB);
Place of Birth (POB); and Tribal Name (Tribe).

Grandmother

Name: _____
DOB: _____
POB: _____
Tribe: _____

Great Grandmother

Name: _____
DOB: _____
POB: _____
Tribe: _____

Great Great Grandmother

Name: _____
DOB: _____
POB: _____
Tribe: _____

Great Great Grandfather

Name: _____
DOB: _____
POB: _____
Tribe: _____

Biological Parent

Name: _____
DOB: _____
POB: _____
Tribe: _____

Great Grandfather

Name: _____
DOB: _____
POB: _____
Tribe: _____

Great Great Grandmother

Name: _____
DOB: _____
POB: _____
Tribe: _____

Great Great Grandfather

Name: _____
DOB: _____
POB: _____
Tribe: _____

Grandfather

Name: _____
DOB: _____
POB: _____
Tribe: _____

Great Grandmother

Name: _____
DOB: _____
POB: _____
Tribe: _____

Great Great Grandmother

Name: _____
DOB: _____
POB: _____
Tribe: _____

Great Great Grandfather

Name: _____
DOB: _____
POB: _____
Tribe: _____

Great Grandfather

Name: _____
DOB: _____
POB: _____
Tribe: _____

Great Great Grandmother

Name: _____
DOB: _____
POB: _____
Tribe: _____

Great Great Grandfather

Name: _____
DOB: _____
POB: _____
Tribe: _____

PRINT LEGIBLY IN DARK INK



Verification of ICWA Eligibility

Case Name: Penny Fletcher Case#: 345678 Worker: Joe Roland

Name(s) of Child(ren)	D.O.B.	Place of Birth
<u>Ashley Fletcher</u>	<u>10/1/12</u>	<u>Flint, OR</u>

The following information will be used to establish American Indian/Alaskan Native ancestry. Please answer the questions to be best of your knowledge.

1. Do you have any American Indian or Alaskan Native Ancestry?

NO If "No," stop here and sign the form below.

YES If "Yes," answer **ALL** the questions below. Then turn the form over and fill out the Parent History Chart as completely as possible.

Biological Parent: (Name) James Fletcher AKA: _____

Band or Tribe: _____ Enrollment No.: _____

2. Are you or any of your relatives enrolled in an Alaskan Native corporation? Yes No

If "Yes," name the corporation: _____

3. Have you or any member of your family ever lived on a reservation or in an Alaskan village?

Yes No If "Yes," where? _____

Biological Parent (printed name): James Fletcher Phone No.: _____

Biological Parent Signature: James Fletcher Date: 1/1/13

If Biological parent(s) are not available, verify information below:

Print Name: _____ Relationship: _____

Signature (if possible): _____ Date: _____

Address: _____ Phone No.: _____

Documented by: _____ Date: _____

THIS FORM IS AVAILABLE IN ALTERNATIVE FORMAT UPON REQUEST

**PARENT HISTORY CHART
BIOLOGICAL PARENT**

Instructions: Provide the following:
Name, where appropriate; Date of Birth (DOB);
Place of Birth (POB); and Tribal Name (Tribe).

Grandmother

Name: _____
DOB: _____
POB: _____
Tribe: _____

Great Grandmother

Name: _____
DOB: _____
POB: _____
Tribe: _____

Great Great Grandmother

Name: _____
DOB: _____
POB: _____
Tribe: _____

Great Great Grandfather

Name: _____
DOB: _____
POB: _____
Tribe: _____

Biological Parent

Name: _____
DOB: _____
POB: _____
Tribe: _____

Great Grandfather

Name: _____
DOB: _____
POB: _____
Tribe: _____

Great Great Grandmother

Name: _____
DOB: _____
POB: _____
Tribe: _____

Great Great Grandfather

Name: _____
DOB: _____
POB: _____
Tribe: _____

Grandfather

Name: _____
DOB: _____
POB: _____
Tribe: _____

Great Grandmother

Name: _____
DOB: _____
POB: _____
Tribe: _____

Great Great Grandmother

Name: _____
DOB: _____
POB: _____
Tribe: _____

Great Great Grandfather

Name: _____
DOB: _____
POB: _____
Tribe: _____

Great Grandfather

Name: _____
DOB: _____
POB: _____
Tribe: _____

Great Great Grandmother

Name: _____
DOB: _____
POB: _____
Tribe: _____

Great Great Grandfather

Name: _____
DOB: _____
POB: _____
Tribe: _____

PRINT LEGIBLY IN DARK INK



Action Agreement

Case Name: Penny Fletcher Case Number: 345678
Worker: Joe Roland Date: 01/31/2013
Branch: 100

Parent/Child(ren) Information

Parent Information:

Penny Fletcher

Parent Information:

Children:

Ashley Fletcher

This Action Agreement documents the current child safety threats, the changes needed in parental protective capacity, and the specific actions to be taken over the next 120 days to increase the parents or legal guardians' ability to provide for the safety of their child(ren). This Action Agreement supplements and supports the Case Plan.

Identified Safety Threats to Child(ren):

State the safety threats that were identified in the CPS assessment to which the child was vulnerable and for which there was insufficient parental protective capacity.

Safety Threat #1: The family situation is such that no adult in the home is routinely performing parenting duties and responsibilities that assure child safety.

Safety Threat #3) One or both parents' or legal guardians' behavior is impulsive or they will not/cannot control their behavior

Safety Threat #5) A family situation or behavior is such that the family does not have or use resources necessary to assure a child's safety

Safety Threat #8) A situation, attitudes and /or behavior is such that one or both parents' or legal guardians' lack parenting knowledge, skills, and motivation necessary to assure a child's safety

Which of the above Safety Threat(s) is/are being addressed by this Action Agreement:
All of the above.

Case Name: Penny Fletcher

Case Number: 345678

Worker: Joe Roland

Date: 01/31/2013

Branch: 100

Expected Outcomes:

Penny will maintain a clean and sober lifestyle.

Penny will acknowledge the potential harm she is placing her child in when she is under the influence of intoxicants and allowing people to use drugs and alcohol in her home.

Penny will be actively engaged in addressing her mental health issues and will be able to articulate the importance of maintaining her individual mental health to be able to safely and appropriately parent her child.

List the changes in cognitive, behavioral or emotional protective capacities the parents must make and demonstrate to increase their ability to keep the child(ren) safe in relation to the Safety Threats addressed by this Action Agreement.

Activity or Service:

Activity or Service: Drug and alcohol assessment

Participant: Penny Fletcher, ITRS

Responsibilities: Penny will participate in a full drug and alcohol assessment with ITRS and will follow through with any recommendations of the assessment.

Start/End Dates: 2/4/13 – 2/11/13

Court Order: Yes

Activity or Service: Outpatient drug and alcohol treatment with ITRS

Participant: Penny Fletcher, ITRS

Responsibilities: Penny will participate in outpatient drug and alcohol treatment as recommended.

Start/End Dates: 2/11/13 – 12/31/13

Court Order: Yes

Activity or Service: Individual mental health counseling

Participant: Penny Fletcher, Flint County Mental Health

Responsibilities: Penny will participate in weekly individual counseling with Flint County Mental Health.

Start/End Dates: 3/1/13 – 12/31/13

Court Order: Yes

Progress will be measured by:

List the behavioral, cognitive and emotional changes that demonstrate enhanced parental protective capacity as observed, or evidenced by: (Examples may include: professional assessments, observed behavior by family and community members, demonstrated by, etc.)

Penny's completion of the ITRS assessment and any recommended drug and alcohol counseling.

Penny's progress will be measured by her acknowledgement of past behaviors and willingness to change.

Case Name: Penny Fletcher Case Number: 345678
Worker: Joe Roland Date: 01/31/2013
Branch: 100

- I will actively participate in services and activities that will help me to make and demonstrate needed changes.
- I understand that changes I make must be noticed over time by significant others, including my child(ren), my caseworker and other professionals..
- I will stay in contact with my caseworker and will notify my caseworker within 24 hours if my address or phone number changes.
- I understand that this agreement may be followed by additional agreements as I work toward regaining sole responsibility for assuring the safety of my child(ren).

Parent: Penny Fletcher Date: 2/1/13

Caseworker: Joe Roland Date: 2/1/13

Date to Review/Update the action Agreement:



Action Agreement

Case Name: Penny Fletcher Case Number: 345678
Worker: Joe Roland Date: 01/31/2013
Branch: 100

Parent/Child(ren) Information

Parent Information:

James Fletcher

Parent Information:

Children:

Ashley Fletcher

This Action Agreement documents the current child safety threats, the changes needed in parental protective capacity, and the specific actions to be taken over the next 120 days to increase the parents or legal guardians' ability to provide for the safety of their child(ren). This Action Agreement supplements and supports the Case Plan.

Identified Safety Threats to Child(ren):

State the safety threats that were identified in the CPS assessment to which the child was vulnerable and for which there was insufficient parental protective capacity.

Safety Threat #1: The family situation is such that no adult in the home is routinely performing parenting duties and responsibilities that assure child safety.

Safety Threat #3) One or both parents' or legal guardians' behavior is impulsive or they will not/cannot control their behavior

Safety Threat #5) A family situation or behavior is such that the family does not have or use resources necessary to assure a child's safety

Safety Threat #8) A situation, attitudes and /or behavior is such that one or both parents' or legal guardians' lack parenting knowledge, skills, and motivation necessary to assure a child's safety

Which of the above Safety Threat(s) is/are being addressed by this Action Agreement:
All of the above.

Case Name: Penny Fletcher

Case Number: 345678

Worker: Joe Roland

Date: 01/31/2013

Branch: 100

Expected Outcomes:

James will maintain a clean and sober lifestyle.

James will acknowledge the potential harm he is placing his child in when he is under the influence of intoxicants and allowing people to use drugs and alcohol in his home.

List the changes in cognitive, behavioral or emotional protective capacities the parents must make and demonstrate to increase their ability to keep the child(ren) safe in relation to the Safety Threats addressed by this Action Agreement.

Activity or Service:

Activity or Service: Drug and alcohol assessment

Participant: James Fletcher, ITRS

Responsibilities: James will participate in a full drug and alcohol assessment with ITRS and will follow through with any recommendations of the assessment.

Start/End Dates: 2/4/13 – 2/11/13

Court Order: Yes

Activity or Service: Outpatient drug and alcohol treatment with ITRS

Participant: James Fletcher, ITRS

Responsibilities: James will participate in outpatient drug and alcohol treatment as recommended.

Start/End Dates: 2/11/13 – 12/31/13

Court Order: Yes

Progress will be measured by:

List the behavioral, cognitive and emotional changes that demonstrate enhanced parental protective capacity as observed, or evidenced by: (Examples may include: professional assessments, observed behavior by family and community members, demonstrated by, etc.)

James's completion of the ITRS assessment and any recommended drug and alcohol counseling.

James's progress will be measured by her acknowledgement of past behaviors and willingness to change.

Case Name: Penny Fletcher

Case Number: 345678

Worker: Joe Roland

Date: 01/31/2013

Branch: 100

- I will actively participate in services and activities that will help me to make and demonstrate needed changes.
- I understand that changes I make must be noticed over time by significant others, including my child(ren), my caseworker and other professionals..
- I will stay in contact with my caseworker and will notify my caseworker within 24 hours if my address or phone number changes.
- I understand that this agreement may be followed by additional agreements as I work toward regaining sole responsibility for assuring the safety of my child(ren).

Parent: James Fletcher

Date: 2/1/13

Caseworker: Joe Roland

Date: 2/1/13

Date to Review/Update the action Agreement:

Placement History

Child's Last Name: FLETCHER
Child's Person ID: 5455505

Child's First Name: ASHLEY
DOB: 10/01/2012

Removal Date: 01/01/2013

Closure Date:

Case ID	Begin Date	End Date	End Reason	Provider	Service Type	Placement Setting	Status
345678	01/01/2013	01/14/2013	Moved to Equivalent Level of Care	Julie Slate	Family Shelter Care Relative	Relative Family Foster Care	
345678	01/15/2013			Julie Slate	Family Foster Care Relative	Relative Family Foster Care	