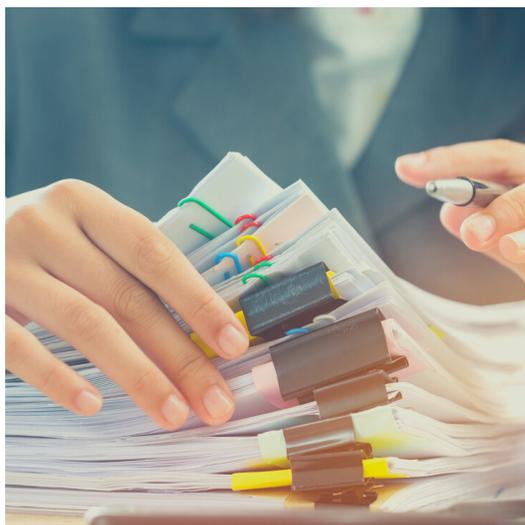


# WHERE TO FIND INFORMATION

IN YOUR CRB PACKETS



Every month, CRB board members receive packets of information about each case set to be reviewed by their board that month. Typically each case contains about 100-200 pages of materials, though some cases may contain many more or many fewer pages.

What documents can you expect to find in these packets, and what kind of information is contained in them?

## Case Plan (AKA: Family Report)

The case plan (now known as a Family Report) is the core document of every case packet. This document contains most of the basic information of your case, and will be applicable to every finding. Look in the case plan for: Child(ren)'s and parent(s)'s names/ages, status of the case, information about the child, dates of face-to-face contact between the agency and child(ren)/parent(s), what services the agency has offered the parents and dates those referrals were made, parental progress and conditions of return, child(ren)'s health information, medications, school information, and much more. Note the date the plan was written and signed. Case plans must be current (written within the last 90 days).

		Tracy Lee 803-873-0000 121 Quail Rd. Fist, OR 97000	
<b>Family Report</b> Report 800: First County			
Case Name: Lydia Garcia	Case Number: 345878		
In the matter of: Electra Garcia (DOJ12345)	Date of Report: 10/01/2021		
Type of Hearing: CRB	Date of Hearing: 11/10/2021		
Indian Child Welfare Act (ICWA) Applies: No			
ICWA Pending, explain: N/A			
Refugee Case: No			
<b>THE DEPARTMENT OF HUMAN SERVICES (DHS) REQUESTS:</b>			
<input type="checkbox"/> Continue current plan <input type="checkbox"/> Change plan <input type="checkbox"/> Dismissed <input type="checkbox"/> Order for specific service or action <input type="checkbox"/> Seeking court guidance on a specific question or topic <input type="checkbox"/> Other			
<b>NOTICES</b>			
All Grandparents Notified: Yes Explain the reason why grandparents were not notified: n/a			
All Foster Parents Notified: Yes Explain the reason why foster parents were not notified: n/a			

Tribes Notified: N/A Explain the reason why Tribes were not notified: N/A			
<b>PARENTS/GUARDIANS</b>			
Basic Information			
Name: Lydia Garcia	Age: 38	Language: English	Whereabouts: 12345 Brunson Ave, Fist OR 97000
Refugee Status: N/A	Tribal Affiliation: N/A		
Attorney: William Jones	Guardian Ad Litem: N/A		
CHILDREN/YOUNG ADULT			
Basic Information			
Name: Electra Garcia	Age: 10	ICWA Status: No	Refugee Status: N/A
DOB: 05/21/2005			
Tribal Affiliation: N/A			
Parent/Guardian: Lydia Garcia	Paternity Status: Not Applicable		
Parent/Guardian: Jon Garcia	Paternity Status: Legal/Biological		
Pending Paternity Issues: N/A			
Primary Plan: Reunification	Consent Plan: Adoption		
Date of Jurisdiction: 12/31/2020			

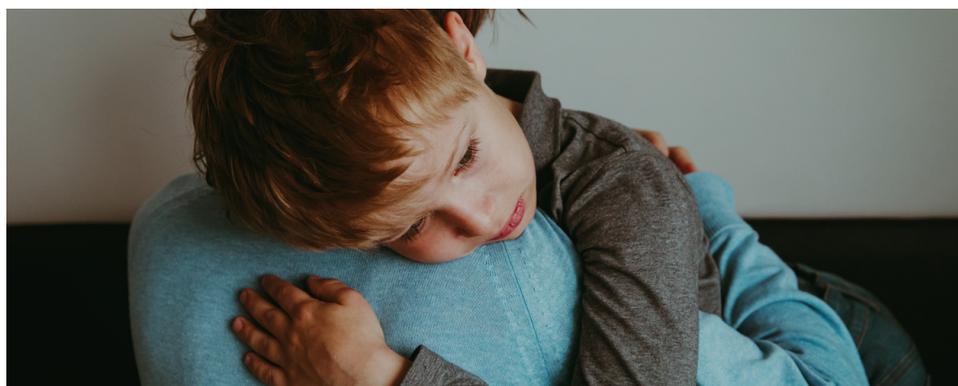
# Assessment Summary or 307

This is a document with information about the "assessment" of the safety concerns in the family and tells you what circumstances brought the child into care, the family's previous child welfare history, and efforts ODHS may have made to prevent the need to remove the children from the home. (Note: If safety issues are found/assessed in a foster placement, you may receive an assessment summary for that as well.)

The image displays three pages of the 'Assessment Summary or 307' form. Page 1 (left) includes fields for Case number, Worker Name, and DHS Address, followed by an 'ASSESSMENT SUMMARY' section with a table for 'INITIAL CONTACT REQUIRED BY' and 'CASE CONTACT INFORMATION'. Page 2 (middle) features a table for 'ASSESSMENT PARTICIPANTS' and a table for 'ALLEGATIONS'. Page 3 (right) contains sections for 'ALLEGED PERPETRATOR NARRATIVE' and 'PRIOR INVOLVEMENT & ASSESSMENT NARRATIVE'. Each page includes a footer with the form number (CF 307B (06/12)) and a note that the form is available in alternative format upon request.

Information from this document can be applied to:

- Finding 1 - What steps did the agency take to try to keep the children with the parents while resolving safety concerns? What was life like for the child and the family at the time removal occurred?
- Finding 3 - What are some of the child's needs/family history and are those needs being addressed?
- Finding 4 - What circumstances necessitated foster care for this family, and what is being done to address those issues so that the family can be reunited? (Reminder: ODHS can offer any helpful service, but the only services ODHS can *require* are those related to bases for jurisdiction.)



# Protective Custody Report

This document is clearly identified by the title "Protective Custody Report" generally printed at the top of every page. This is a report ODHS makes to the court that summarizes much of the information from the Assessment Summary, so you can use this document in a similar way.

The image shows three pages of the Protective Custody Report form. The first page includes sections for 'Hearing and Case Information', 'Child Information', 'Parent Information', and 'Hearing Notifications'. The second page includes 'DHS History', 'Protective Custody', 'ICWA Efforts', and 'Efforts to Avoid Protective Custody'. The third page includes 'Efforts to Avoid Protective Custody', 'Best Interests', 'Placement', 'Visitation', and 'Findings and Orders'. Each page has a footer with the text: 'THIS FORM IS AVAILABLE IN ALTERNATIVE FORMAT UPON REQUEST' and 'ODHS 418B.171 Distribution: Copy - Court File, Search - Case File Legal Page 1 of 4 CF 0404 (01/2020)'.

# Safety Plan

Safety Plans are required by OAR (Oregon Administrative Rule) 413-015-0450 for every child deemed unsafe during a CPS (Child Protective Services) assessment. This document can tell you about identified safety threats, the conditions of return that parents must meet, and the in-home safety criteria that, if met, would allow the child to return home with continued ODHS support.

Information from this document can be applied to:

- Finding 6 - Are parents making progress towards reunification?
- Finding 10 - Can the child(ren) return home now, with continued ODHS support?

The image shows two forms from the Oregon Department of Human Services (ODHS). The first form is the 'Safety Plan' form, which includes fields for Case number, Case name, Worker, and Worker phone. It has checkboxes for 'Initial safety plan' and 'On-going safety plan'. The purpose of the plan is to ensure the safety of the child by managing safety threats within the family. It includes fields for Date of Family Engagement Meeting and Date of ongoing safety plan modification. There is a section for 'Safety threat(s):' and a 'Safety Plan' section for planning to manage safety threats. A table for 'Safety service providers' has columns for Name, Safety service, and Frequency. The second form is the 'In-home safety plan criteria' form, which includes a section for 'Conditions for return:' and a table for 'Printed name', 'Signature', 'Date signed', and 'Role'. Both forms have a footer with the text: 'Distribution: Original - Case file, Copies - Parents and Safety Service Providers Page 1 of 2 CF 1149 (03/2020)'.

# ICWA Eligibility Verification Form / 1270

ODHS must attempt to get this document completed by each parent within 48 hours of a child entering foster care. If a parent is whereabouts unknown or unavailable to sign this form, the parent can attest to it over the phone or a biological relative can complete it for the parent. There should never be a situation where a 1270 cannot be completed for each parent.



**Verification of American Indian/Alaska Native Membership or Enrollment**

Case name: \_\_\_\_\_ Assigned caseworker: \_\_\_\_\_

The Department of Human Services will use the following information to determine if your child may be an Indian child as defined by the Indian Child Welfare Act. This information may be provided to a number of various federally recognized tribes to inquire as to tribal membership or enrollment status of your child. Please answer the questions to the best of your knowledge. This information is confidential except the information needed to verify tribal membership or enrollment status.

This form is to be completed regarding the biological parent of the child. A separate form must be completed for each biological parent.

**Section A**

Biological parent of the child (full name): \_\_\_\_\_  
Maiden, married, former or alias names: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ Relationship to the child (check one):  Mother  Father  
Address: \_\_\_\_\_ Phone number: \_\_\_\_\_  
City, state, ZIP: \_\_\_\_\_

Ethnicity:  Hispanic/Latino  Not Hispanic/Latino  Unknown  Decline to answer  
Race (check all that apply):  American Indian or Alaska Native  Asian  Black or African American  Native Hawaiian or Pacific Islander  White  Unknown  Decline to answer

Are you a member of a federally recognized Indian tribe or eligible for enrollment/membership in a federally recognized Indian tribe?  
 Yes Tribe(s): \_\_\_\_\_ If yes, complete all questions and sections below, including the family history chart.  
 No Complete all questions and sections below, including the family history chart.

Do you have any American Indian or Alaska Native ancestry?  
 Yes Tribe(s): \_\_\_\_\_  
 No  I don't know

Have you or any member of your family ever lived on a reservation or in an Alaska village?  
 Yes Who and where? \_\_\_\_\_  
 No

Policy Ref: 14-2 File: Client File - Essential Information CF1270 (04/15) PG 5/5 Page 1 of 4

**Section B**

Are you or any of your relatives enrolled in an Alaska Native corporation?  
 Yes Who and where? \_\_\_\_\_  
 No

Have any of your children ever been a ward of tribal court?  
 Yes Which children and which tribal court? \_\_\_\_\_  
 No

**Section D**

Complete below for each of your children

Name of child (First/middle/last)	Date of birth	Place of birth
_____	_____	_____
Tribes or Native American ancestry: _____	Enrollment number: _____	
Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/> Unknown <input type="checkbox"/> Decline to answer		
Race (check all that apply): <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Unknown <input type="checkbox"/> Decline to answer		

**Section C**

Biological parent signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Reason the biological parent did not sign this form (check one):  
 Deceased  Incarcerated  Out of country  Out of state  Parent refusal  
 Treatment  Unable to locate  Other: \_\_\_\_\_

Who provided the information to complete this form, if not the biological parent?  
Please provide identifying information so we may contact you if necessary.  
Print name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone number: \_\_\_\_\_

How is the above individual familiar with the parent's ancestry?  
\_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Documented by (department staff): \_\_\_\_\_ Date: \_\_\_\_\_  
Form completed:  In person  Via telephone  Other: \_\_\_\_\_

You can get this document in other languages, large print, braille or a format you prefer.  
Contact Publications and Creative Services at 503-370-3400 or email  
dhs-ohs.publicationsrequest@state.or.us. We accept all relay calls or you can dial 711.  
Policy Ref: 14-2 File: Client File - Essential Information CF1270 (04/15) PG 5/5 Page 3 of 4

Information from this document can be applied to:

- ICWA determination - Did the agency ensure that a form was completed for all parents? Are the forms dated and signed with all sections completed? If any parent indicated any native heritage, did the agency follow up and send letters to the identified tribe(s)?
- Finding 3 - What tribal connections does this family have and are those connections being fostered, supported, and rehabilitated if necessary?
- Finding 7 - Did the agency determine ICWA eligibility in a timely fashion for concurrent planning purposes? The tribes have a say in permanency planning for children of their tribe, so concurrent planning is not on track if ICWA status is still unresearched.
- Finding 8 - Did ODHS make necessary efforts to have all parents or their relatives complete the ICWA form? If not, Finding 8 may be "no."

# Intake Nursing Assessment

ORS (Oregon Revised Statute) 414.686 requires that any child in ODHHS custody must have an initial health assessment no later than 60 days after coming into foster care. This document shows a summary of that assessment. The last page of this document contains the assessor's follow-up recommendations for this child.



Intake Nursing Assessment		Appropriate speech		Gastrointestinal		Adequate sleeping space	
<b>Child's name:</b> _____ <b>Case number/person number:</b> _____ <b>Date of birth:</b> _____ <b>Date of assessment:</b> _____ <b>Caseworker/phone number:</b> _____ <b>Branch:</b> _____ <b>Child's primary care provider:</b> _____ <b>Phone number:</b> _____ <b>Date of contact with foster parent:</b> _____		<b>Developmental milestones:</b> _____ <b>General health:</b> _____ <b>Adolescent and young adult:</b> _____ <b>Mood and affect:</b> _____ <b>Personal hygiene:</b> _____ <b>Communication:</b> _____ <b>General health:</b> _____		<b>Diarrhea:</b> _____ <b>Constipation:</b> _____ <b>Stool source:</b> _____ <b>Elimination (FREQUENCY/CONSISTENCY/COOR):</b> _____ <b>Urinary:</b> _____ <b>Continence (FREQUENCY/COOR):</b> _____ <b>Bed wetting:</b> _____ <b>Communicated (PAIN):</b> _____ <b>Has menses begun (AD/ YG/A):</b> <input type="checkbox"/> Not applicable		<input type="checkbox"/> Adequate sleeping space _____ <input type="checkbox"/> Developmentally appropriate toys, games, books _____ <input type="checkbox"/> Nutritious food available _____ <input type="checkbox"/> Safety conscious _____ <input type="checkbox"/> Other _____	
<b>Known medical history/diagnoses:</b> _____ <input type="checkbox"/> Fetal exposure to drugs or alcohol (age 0-1 only)		<b>Vital signs:</b> _____ <b>Temperature:</b> _____ <b>Respirations:</b> _____ <b>Blood pressure:</b> _____ <b>Heart rate:</b> _____ <b>Cardiac rate:</b> _____ <b>Height:</b> _____ <b>Weight:</b> _____ <b>Appropriate weight for age:</b> _____ <b>Feeding issues:</b> _____		<b>Reproductive health for adolescent and young adults:</b> <input type="checkbox"/> Not applicable <b>Characteristics of menses:</b> _____ <b>Sexually active:</b> _____ <b>Pregnant:</b> _____ <b>Musculoskeletal:</b> _____ <b>Amputation:</b> _____ <b>Prostheses:</b> _____ <b>Fracturing/breaking:</b> _____		<b>Nursing interventions and recommendations:</b> _____ <b>Caseworker:</b> _____ <input type="checkbox"/> Refer to Early Intervention (0-3 yrs) <input type="checkbox"/> Refer to EIC for nutritional counseling and support (0-6 yrs) <input type="checkbox"/> Schedule CANS screening and mental health assessment <input type="checkbox"/> Other _____ <b>Foster parent:</b> _____ <input type="checkbox"/> Make appointment with healthcare provider as soon as possible <input type="checkbox"/> Make appointment with dental health provider as soon as possible (age 1 and over) <input type="checkbox"/> Review information in health and wellness packet provided <input type="checkbox"/> Other _____	
<b>Current medications:</b> _____ <b>Allergies to medications:</b> <input type="checkbox"/> ANKA <input type="checkbox"/> Medication log provided <input type="checkbox"/> Medication log reviewed <input type="checkbox"/> Not applicable		<b>Physical assessment:</b> _____ <b>Neurologic:</b> _____ <b>Pupils:</b> _____ <b>Gait:</b> _____ <b>Level of consciousness:</b> _____ <b>Gait and balance:</b> _____ <b>Deep tendon reflexes:</b> _____ <b>Respiratory:</b> _____ <b>Respiratory effort:</b> _____ <b>Breath sounds:</b> _____		<b>Additional nursing assessment notes:</b> _____ <b>Adaptive devices and medical equipment (glasses, hearing aid, dental gear, retractor, etc.):</b> _____ <input type="checkbox"/> In child's possession <input type="checkbox"/> Condition of the home _____		<b>Additional interventions and recommendations:</b> _____ <b>Recommended follow-up:</b> <input type="checkbox"/> None <input type="checkbox"/> Phone call <input type="checkbox"/> Visit <input type="checkbox"/> Follow-up date: _____ <b>Personal care assessment completed:</b> _____ <b>Assessment completed by:</b> _____ <b>Date:</b> _____	



You may also receive a variety of other medical/dental/mental health documents. OAR 413-015-0465 requires that every child in foster care must receive the intake nursing assessment, as well as: A comprehensive health assessment by the child's primary care doctor within 30 days of entering care, a dental assessment for children age 1+ within 30 days of entering care, a mental health assessment for children age 3+ within 60 days of entering care, and a developmental assessment (called an Early Intervention screening) for children ages 0-2 within 60 days of entering care.

Information from these documents can be applied to:

- Finding 3 - What were the recommendations from the assessment(s)? What are the child's health needs, if any? Are they being addressed in a timely fashion? Did the child get all the required health screenings in a timely fashion?

# Prior CRB Findings and Recommendations Report

When you see a CRB Findings and Recommendations report in your packet, it is important to note that this is the report from the last CRB review (check the date of review at the top of the document). These CRB Findings and Recommendations are sometimes followed by a one-page judge response form where you can see what actions the judge took based on the CRB report.



<p>In the County Court of the State of Oregon FOR THE COUNTY OF FLEET</p> <p>In the Matter of <b>ELECTRA L GARCIA</b> a child</p> <p>Citizen Review Board File # Date of Review: 05/12/21 Permanency Plan: Reunification Concurrent Plan: Adoption</p> <p><b>Case No:</b> 20JU12345 <b>CITIZEN REVIEW BOARD (CRB) FINDINGS AND RECOMMENDATIONS</b></p> <p>Date Entered Care: 10/28/20 Date of Jurisdiction: 12/31/20 CCHS Number: DHS345678 Date of Birth: 6/21/05</p> <p><b>Board Members Present:</b> Selma Kairy, Cody Kirby, Liam Long, Allison Nolan, and Gary Owen</p> <p><b>Others Present:</b> Tracy Lee, CCHS Caseworker; Lydia Garcia, Mother; Jon Garcia, Father; Resource Parent for Electra; Harrison Parker, Attorney for Electra; William Jones, Attorney for Ms. Garcia; Beverly Smith, Attorney for Mr. Garcia; and Sue Land, CRB Field Manager</p> <p><b>Information Considered by the Board:</b> Family Report, 4/1/21; Ongoing Safety Plan, Ongoing Visit and Contact Plan, Assessment Summary, Protective Custody Report, 10/25/20; Judgment of Jurisdiction and Disposition, 12/31/20; Shelter Order, 10/29/20; Parison, 10/28/20; Father's Questionnaire, Verification of ICWA Eligibility, Action Agreements, 10/21; Mental Health Assessment, CANS Assessment, Placement History.</p> <p><b>Reason for Jurisdiction:</b> 4A: The mother's substance abuse, if left untreated, interferes with her ability to safely parent. 4B: The child has emotional, mental health, and/or behavioral problems that require structure, supervision, and treatment. The mother needs the assistance of the court and the agency to develop parenting skills to safely meet the child's needs. 4C: The father's substance abuse, if left untreated, interferes with his ability to safely parent. 4D: The child has emotional, mental health, and/or behavioral problems that require structure, supervision, and treatment. The father needs the assistance of the court and the agency to develop parenting skills to safely meet the child's needs.</p> <p><b>ICWA Status:</b> There is no reason to know this child is an Indian child. Ms. Garcia and Mr. Garcia completed Indian Child Welfare Act (ICWA) verification forms indicating they do not have Native American or Alaskan Native Ancestry. At the review parties report no reason to know Electra is an Indian child.</p> <p>The Board Made the Following Findings and Recommendations at the Review:</p>	<table border="1"> <thead> <tr> <th>FINDINGS</th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>1. removal of the child(ren) from the home.</td> <td></td> <td></td> </tr> <tr> <td>2. OCHS has made diligent efforts to place the child(ren) with a relative or a person who has a caregiver relationship.</td> <td>X</td> <td></td> </tr> <tr> <td>3A. OCHS has ensured that appropriate services are in place to</td> <td></td> <td>X</td> </tr> </tbody> </table>	FINDINGS	Yes	No	1. removal of the child(ren) from the home.			2. OCHS has made diligent efforts to place the child(ren) with a relative or a person who has a caregiver relationship.	X		3A. OCHS has ensured that appropriate services are in place to		X	<table border="1"> <thead> <tr> <th>FINDINGS</th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>1. safeguarding the child(ren)'s safety, health and well-being.</td> <td></td> <td></td> </tr> <tr> <td>2. OCHS has taken appropriate steps to ensure that (1) the</td> <td></td> <td>N/A</td> </tr> </tbody> </table>	FINDINGS	Yes	No	1. safeguarding the child(ren)'s safety, health and well-being.			2. OCHS has taken appropriate steps to ensure that (1) the		N/A
FINDINGS	Yes	No																					
1. removal of the child(ren) from the home.																							
2. OCHS has made diligent efforts to place the child(ren) with a relative or a person who has a caregiver relationship.	X																						
3A. OCHS has ensured that appropriate services are in place to		X																					
FINDINGS	Yes	No																					
1. safeguarding the child(ren)'s safety, health and well-being.																							
2. OCHS has taken appropriate steps to ensure that (1) the		N/A																					

Information from this document can be applied to:

- All findings - What has changed since the last CRB review? What was already covered at the last CRB review? What issues were identified at the last review which may require follow-up?
- Finding 8 - What were the recommendations of the board at the last CRB review? Did the agency implement all prior CRB recommendations? By statute, ODHS must respond to the CRB in writing within 17 days if they do not intend to implement recommendations. Otherwise, the agency is obligated to do so.



# Visit and Contact Plans

There may be Visit and Contact Plans in your packet covering sibling visit contact and parent-child contact. These are helpful to see what has been offered to the family to ensure that their bonds and relationships remain intact, however these plans change frequently. Sometimes the visits that the parents or children are getting in reality do not match what is offered in the visit and contact plan. Be sure to ask about family contact at every CRB review!

**DHS** Oregon Department of Human Services  
CHILD WELFARE  
Permanency

**Visit and Contact Plan**

The Visit and Contact Plan must be developed when the child(ren) first enters substitute care or by the first court hearing, whichever comes first.

Case name: \_\_\_\_\_ Case number: \_\_\_\_\_  
 Child(ren): \_\_\_\_\_ Start date: \_\_\_\_\_

Name(s) of person(s) allowed visits or contact: \_\_\_\_\_  
 Language preference: \_\_\_\_\_ Is an interpreter needed?  Yes  No  
 Cultural considerations and family norms (traditions, communications styles, family roles, food preferences, etc.): \_\_\_\_\_

Are visits or contact to be supervised?  Yes  No  
 Person(s) approved to supervise: \_\_\_\_\_ Contact information: \_\_\_\_\_

Provide clear narrative that includes why supervision is necessary, the safety considerations and the specific needs. Also, include reasons and behaviors that might cause a visit to end early: \_\_\_\_\_

If visits are currently not safe and appropriate, what is the plan to address the concerns so that visits can begin or resume? \_\_\_\_\_

Day	Start time	End time	Location	Transportation plan

How missed visits will be handled: \_\_\_\_\_

If a visit must be rescheduled contact:  
 Caseworker or another agency contact: \_\_\_\_\_  
 Contact information: \_\_\_\_\_

[Add another approved person](#)

**Contact Agreement** (what is the plan for the child(ren) to stay connected with parent(s) and others between visits and while visits are not possible? This could include but is not limited to letters, phone, emails, video calls, social media, etc.): \_\_\_\_\_

**Check all the following that apply:**

This plan supports the current safety plan.  
 The parent(s) had an active role in the development of this plan.  
 Visits are arranged to maximize contact between the parent(s)/legal guardian(s) and the child or young adult.  
 This plan takes into consideration the child or young adult's age, developmental level, and attachment needs related to the parent(s)/legal guardian(s) and others.  
 As possible, this plan does not disrupt the child or young adult's school schedule and any extracurricular activities.  
 Any identified barriers to visitation have been addressed during the development of this plan.  
 Safety considerations that would impact supervision have been considered in the development of this plan.

**Copies of the plan provided to (list names):**

Child(ren)/youth:	Date provided	Parent(s):	Date provided
SSA(s):	Date provided	Provider/legal guardian(s):	Date provided
Attorney(s):	Date provided	Extended family:	Date provided
CASA(s):	Date provided	Other(s) (specify):	Date provided

Visit and contact plan completed by: \_\_\_\_\_

This plan may be reviewed or revised at any time and must be reviewed every 90 days. Date of next review: \_\_\_\_\_

**DHS** Oregon Department of Human Services  
CHILD WELFARE  
Permanency

**Sibling Visit and Contact Plan**

The Sibling Visit and Contact Plan must be developed within 30 days from the date that the child or youth enters substitute care and must reflect the active participation of all siblings in care.

Case name: \_\_\_\_\_ Start date: \_\_\_\_\_

Plan created with (list each child/youth and any other participants):	Relationship to case	How did they participate?
		Did not participate
		Did not participate
		Did not participate
		Did not participate

[Add another participant](#)

**Supervision**

Are visits or contact to be supervised?  Yes  No  
 Person(s) approved to supervise: \_\_\_\_\_ Contact information: \_\_\_\_\_

Provide clear narrative that includes why supervision is necessary, which children and youth require supervision, the safety considerations and specific needs. Also, include reasons and behaviors that might cause a visit to end early: \_\_\_\_\_

If visits are currently not safe and appropriate, what is the plan to address the concerns so that sibling visits can begin or resume? \_\_\_\_\_

If a visit must be rescheduled contact:  
 Caseworker or another agency contact: \_\_\_\_\_ Contact information: \_\_\_\_\_

**Visitation and contact plan**

Document efforts to engage the children and youth in the creation of the plan and include their requests: \_\_\_\_\_

Visitation Agreement (include type, setting, frequency, length, time of day and transportation plans): \_\_\_\_\_

Contact Agreement (include the plan for siblings to stay connected between visits and while visits): \_\_\_\_\_

Information from this document can be applied to:

- Finding 3 - Is the child being offered sufficient sibling/parental/extended family contact (including with incarcerated relatives) to ensure their attachments are preserved? Where are visits (in a natural setting, or in an office)? How are visits going? Can supervision safely be reduced to provide a more natural family environment?
- Finding 4 - Are the parents being offered sufficient parenting time in order for them to demonstrate improved parenting skills and not lose hope? (ODHS may not restrict children's access to their parents just because parents are using substances or not complying with services. Children have a constitutional right to a relationship with their parents and vice versa.)

# CANS and Mental Health Assessments

CANS (Child and Adolescent Needs and Strengths) assessments look at a child's needs, history, and strengths for case planning and to determine the level of supervision they require. Children receive scores of 0 (normal supervision needs) to 3 (24/7 line-of-sight supervision needs). ODHS is required to conduct a CANS assessment for every child, newborn to age 20, within 60 days of their entry into care, and annually thereafter. ODHS must implement the recommendations from this assessment and provide a written Supervision Plan to the resource parents of any child who receives a CANS score *above 0*.

CANS assessments are not mental health assessments. Mental health assessments or comprehensive psychological assessments for parents or children are summaries of their mental health needs, diagnoses, prognosis, and treatment recommendations. Mental health assessments are required for all *children* age 3+ within 60 days of entering foster care. You do not need to read every line of these documents, but pay attention to the recommendations (usually found at the end). Remember that a person's mental health status is highly sensitive. Please treat it as such, both when discussing it in reviews, and by protecting the confidentiality of your cases. You are entrusted with this information due to our faith in your professionalism, discretion, and compassion.

Information from these documents can be applied to:

- Finding 3 - Has the child had the required assessments? What are the recommendations? Has ODHS implemented them? If the child's score is 1 or above, has an adequate Supervision Plan been provided to the resource parents? Are the child's needs being met?
- Finding 4 - Is ODHS providing the parent with referrals to services recommended by the assessment? What does this parent need in order to achieve successful reunification, and is that being offered to them?
- Finding 6 - Is the parent engaging in recommended follow-up? What progress has the parent made? What is the parent's prognosis as far as parenting capacity?

\*\*\*CONFIDENTIAL\*\*\*

The following psychological assessment report is intended as a communication between professionals. This report includes sensitive information that is likely to be misinterpreted by those without the necessary training. Authorization for use of this report is limited to the examinee and their designated consultants. Any further use requires the authorization of the examinee or their legal guardian. Use or disclosure outside these parameters constitutes a violation of Section 5328 of the Welfare and Institutions Code.

---

**ERIC L. STRANG, PSY.D.**  
CLINICAL PSYCHOLOGIST  
2510 MAIN STREET, SUITE 201  
SANTA MONICA, CA 90405

---

PHONE: (310) 456-2391 CALIFORNIA LICENSE # PSY 17729

---

Ψ Psychological Assessment Report Ψ	
Date:	11/29/2009
Examinee:	Sally Sample
Guardian:	Grandma Sample
DOB:	6/13/1993
Gender:	Female
Ethnicity:	Caucasian
Grade:	10th
Examiner:	Eric L. Strang, Psy.D.
Testing Dates:	10/18, 10/25, & 11/1/2009

**Referral Question**  
Sally was referred for testing by her guardian. This assessment was requested to identify possible sources of Sally's school failure and make recommendations for treatment and/or school accommodations. Specific questions to be answered by this test battery are as follows:

- Level of Cognitive Development
  - Intellectual strengths and weaknesses
- Level of Academic Achievement
  - Presence of Learning Disabilities
  - Academic Strengths and Weaknesses
- Status of Executive Functioning
- Status of Social and Emotional Functioning

**Identifying Information / Relevant History**  
At the time of this examination Sally was a 16-year-old Caucasian female with a history of anger management issues and poor school performance. Sally was diagnosed with Attention-Deficit/ Hyperactivity Disorder, Combined type in 2004 and placed on stimulant medication, which she has continued since that time.

Sally is the product of an uncomplicated full-term birth. Her biological mother was reported to be 30 years of age and healthy. The Biological father was 27 years old. Sally weighed 7lbs at birth and is reported to have had a brief bout of breathing

Sally Sample DOB 6/13/1993 Page 1 of 9

Holly Hill Residential Facility

Date of Exam: 9/1/2015  
Time of Exam: 8:35:55 AM  
Patient Name: Jones, Sheila  
Patient Number: 1000010660967

**Diagnoses:** The following Diagnoses are based on currently available information and may change as additional information becomes available.

Alcohol Withdrawal, with perceptual disturbances, F10.232 (ICD-10) (Active)  
Opioid Use Disorder, severe, F11.20 (ICD-10) (Active)  
Generalized Anxiety Disorder, F41.1 (ICD-10) (Active)  
Chronic migraine without aura, intractable, with status migrainosus, G43.711 (ICD-10) (Active)

**Dimension 1: INTOXICATION / WITHDRAWAL RISK RATING: 3**, as evidenced by:

Client tolerates and copes with withdrawal discomfort poorly. Client has severe intoxication, such that the client endangers self or others, or intoxication has not abated with less intensive levels of services. Client displays severe signs and symptoms; or risk of severe, but manageable withdrawal; or withdrawal worsening despite detox at less intensive level.

**Information Re Substance Abuse Received From:**

Ms. Jones  
Ms. Jones's Family  
Ms. Jones reports that her current relapse began with exposure to a small amount of the substance.

**Drugs Used:**

Ms. Jones uses the following substance: Alcohol

The following pattern of use is described:

- \*Alcohol is often taken in larger amounts or over a longer period than was intended.
- \*There is a persistent desire or unsuccessful efforts to cut down or control alcohol use.
- \*A great deal of time is spent in activities necessary to obtain alcohol, use alcohol, or recover from its effects.
- \*Craving, or strong desire or urge to use alcohol.
- \*Recurrent alcohol use resulting in a failure to fulfill major role obligations at work, school, or home.
- \*Recurrent alcohol use in situations in which it is physically hazardous.

**Tolerance:**

- \*A need for markedly increased amounts of alcohol to achieve intoxication or desired effect.

**Withdrawal Symptoms**, as manifested by the following:

- \*Alcohol is taken to relieve or avoid withdrawal symptoms.

**Impression:**

Ms. Jones has 6 or more symptoms/behaviors, therefore she is considered to have a Severe Alcohol Use Disorder.

When Ms. Jones uses the substance she uses until she is completely intoxicated.

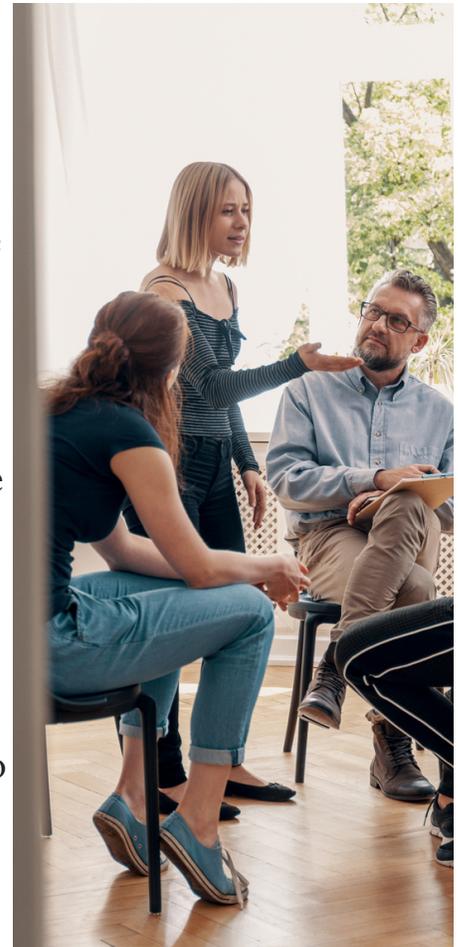
**Pattern of Use:**

# Treatment Reports for Children or Parents

Treatment reports may come from substance abuse treatment programs, residential treatment programs, physicians, occupational or developmental therapists, mental health professionals, domestic violence or batterer's intervention programs, parenting training, etc. When you are looking at a report from a treatment provider, make sure the reports are relevant to your review period. The CRB only reviews the prior 6 months in any case. Disregard any outdated documents.

Information from this document can be applied to:

- Finding 3 - What services are the children receiving? Were these services offered in a timely manner? Are these services helpful? Is the child attending? Is ODHS implementing treatment recommendations? (Note: Resource parents are contracted by ODHS and ODHS is responsible to ensure resource parents take children to their services and visits. If a resource parent is not doing so, ODHS is responsible.)
- Finding 4 - What services are being offered to the parents? Were the services offered timely? Are they appropriate to the parents' needs? Are parents receiving services that are useful to them or do they need accommodations related to a mental or physical disability?
- Finding 6 - Are the parents engaging in services, and what progress are they making on their treatment goals?





If the judgment lists the allegations only by letters or numbers (such as "3A" or "B") then you can reference the petition to determine which allegations were found to be bases of jurisdiction. For example, look at the petition pictured on the previous page. If the jurisdiction judgment in that case showed that the proven allegations for the mother were "A and D" then the bases of jurisdiction for the mother would be "The mother's mental health impairs her ability to safely parent," and "The mother subjects the child to physical abuse." These bases of jurisdiction are what the entire case is about, and are essentially the proven reasons why the Court and ODHS can legally intervene in the family.

The date that the jurisdiction hearing or trial took place is also usually the date of jurisdiction. The date of jurisdiction is the date on which the court found the child to be under its control based on proven or admitted allegations against ALL parents. Jurisdiction is considered to be pending in any case where there is jurisdiction as to only one of multiple legal parents. A case where the court does not find jurisdiction as to all legal parents will be dismissed and the child returned to the safe parent.

The document also frequently contains orders from the judge (ie: court orders) telling the parents and ODHS what they are to do next.

Information from this finding can be applied to:

- Finding 4 - Is ODHS offering adequate services/support to the parents to address every basis of jurisdiction? Has ODHS offered all court-ordered services?
- Finding 6 - Are the parents making progress towards changing the circumstances described by each basis of jurisdiction?
- Finding 8 - Is ODHS in compliance with the orders of the court?
- Finding 10 - If none of the circumstances described by the bases of jurisdiction are still true, there is not a continuing need for placement of the child out-of-home. Parents are not required to be perfect in order to reunite with their family, they are simply required to ameliorate the circumstances of the bases of jurisdiction.



# Action Agreements & Letters of Expectation

OAR 413-040-0011 requires that ODHS develop a time-limited written action agreement in conjunction with the case plan. These agreements should include expected outcomes in the case, the specific activities/services required to achieve that outcome, responsibilities of each participant in the plan, anticipated start/completion dates, a method of measuring parental progress, and a timeline for review of the agreement. ODHS policy specifies that action agreements should be reviewed and updated every 90 days or any time something significant changes in the case, whichever is sooner. If a parent refuses to sign an Action Agreement or is unavailable/whereabouts unknown, a dated Letter of Expectation can take the place of an Action Agreement.



**ODHS Oregon Department of Human Services**

**Action Agreement**

Case name: \_\_\_\_\_ Case number: \_\_\_\_\_  
Worker: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Branch: \_\_\_\_\_

**Parent/Child(ren) information**  
Parent information: \_\_\_\_\_  
Parent information: \_\_\_\_\_  
Children: \_\_\_\_\_

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 \_\_\_\_\_ 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. \_\_\_\_\_  
Which of the above safety threat(s) is/are being addressed by this Action Agreement: \_\_\_\_\_

**Expected outcomes:** \_\_\_\_\_  
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:** \_\_\_\_\_

**Participant:** \_\_\_\_\_

**Responsibilities:** \_\_\_\_\_

**Start/End dates:** \_\_\_\_\_

**Court order:** \_\_\_\_\_

**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.) \_\_\_\_\_

Case name: \_\_\_\_\_ Case number: \_\_\_\_\_  
Worker: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Branch: \_\_\_\_\_

- 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: \_\_\_\_\_ Date: \_\_\_\_\_  
Caseworker: \_\_\_\_\_ Date: \_\_\_\_\_  
Date to review/update the action agreement: \_\_\_\_\_

Policy 18.3.1 CP 1147 (09/01) CP 1147 (09/01)

Information from these documents can be applied to:

- Finding 4 - Was each parent provided with a timely Action Agreement (or if the parent was unavailable/unwilling to sign one, a Letter of Expectation instead)? Have these expectations been explained to and discussed with the parent? Has the parent had an opportunity to sign it? Are sufficient and timely services being offered to the parent to address every basis of jurisdiction?
- Finding 6 - Is the parent making progress on the action items listed in their Action Agreement or Letter of Expectation?
- Finding 8 - If the case plan is reunification, Action Agreements (or Letters of Expectation) provide a basic level of written notice to the parents about how to accomplish reunification. The agency is not in compliance with the case plan without it.

# Adoption Tracking Sheet

The adoption tracking sheet is usually labeled as such and may look different from county to county. Some ODHS offices use a printout of their computer program's adoption tracking page, or will provide the CRB with some other similar document made specifically for the review.

Information from this document can be applied to:

- Finding 5 - How many steps towards finalization of the child's permanent placement are complete? What remains to be done? Were the steps completed in a timely fashion? If there were delays, why?



## Diligent Relative Search

Like the adoption tracking sheet, this document looks different county to county. The agency's relative search efforts must start immediately when the child enters foster care (even before the child is placed) and must continue throughout the life of the case.

Information from this document can be applied to:

- Finding 2 - Was a timely, diligent effort made to identify possible relative placements for the child? Were maternal, paternal, adoptive and extended family relatives contacted? If ODHS received responses from relatives, did the agency follow up? Are there additional relatives the parents or child want to be contacted that ODHS has not contacted? Was an additional service like Family Find utilized to dig deeper for relatives?
- Finding 7 - The same questions as above for Finding 2 are relevant in Finding 7, as related to identifying relatives who may serve as permanent placement resources if needed. Relative search efforts are crucial to concurrent planning. For instance: If a diligent relative search was not started timely or was not conducted at all, and the child is placed with a relative who is not a permanent placement for the child, the agency may receive a "yes" finding on Finding 2 (because the child is placed with a relative), but a "no" on Finding 7 (because insufficient effort has been made to develop the concurrent plan).
- Finding 8 - A diligent relative search must be conducted in order for the agency to be fully in compliance with any case plan.





# CASA Reports

When available, CASA reports (reports from a child's Court Appointed Special Advocate) can be helpful for getting an understanding of the child's functioning in their foster home, at school, and in other services. You can also read about the top concerns and recommendations for this child and the child's family from someone whose only job is to get to know the child and advocate for their best interests. Information contained in these reports varies, and can be applicable to any finding.



Page 1 of 1

Placement History

Child's Last Name: GARCIA  
Child's Person ID: 10293928  
Child's First Name: ELECTRA  
DOB: 06/21/2005

Removal Date: 10/28/2020  
Closure Date:

Case ID	Begin Date	End Date	End Reason	Provider	Service Type	Placement Setting	Status
345678	10/28/2020	11/01/2020	Moved to New Service	321724	Family Shelter Care NonRelative 06-12	NonRelative Family Foster Care	
345678	11/02/2020	04/12/2021	Moved to New Service	345987	Family Foster Care NonRelative 06-12	NonRelative Family Foster Care	
345678	04/13/2021			987654	Family Foster Care NonRelative 06-12	NonRelative Family Foster Care	Foster

<https://orkids-prd.dhs.sdc.pvt/orkids/html/AutoClose.jsp> 5/25/2021

## Placement History

This somewhat difficult-to-read document is a printout of the child's placement history. Note that every line is not necessarily a new placement. Sometimes a placement's designation or status changes, so you must look carefully at the provider name/number to determine whether the child actually moved placements.

Information from this document can be applied to:

- Finding 3 - How many placements has this child been in? What were the reasons for the moves? Are the agency's placement choices helping to ensure the child's safety and well-being?