

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?

Family Report (AKA: The Case Plan)

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).

DHS Oregon Department of Human Services	
Tracy Lee 503-872-0000 121 Quail Rd. Fist, OR 97000	
Family Report Report for: First County	
Case Name: Lydia Garcia In the matter of: Lydia Garcia (DOJ12345)	Case Number: 345678 Date of Report: 10/01/2021
Type of Hearing: CRB Indian Child Welfare Act (ICWA) Applies: No ICWA Pending, explain: N/A Refugee Case: No	Date of Hearing: 11/10/2021
THE DEPARTMENT OF HUMAN SERVICES (DHS) REQUESTS:	
<input type="checkbox"/> Continue current plan <input type="checkbox"/> Change plan <input type="checkbox"/> Dismissal <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	
NOTICES	
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			
PARENTS/GUARDIANS			
Basic Information			
Name: Lydia Garcia	DOB: 08/23/1982	Age: 38	Language: English
Refugee Status: N/A	Tribal Affiliation: N/A	Whereabouts: 12345 Brunson Ave. First OR 97000	Guardian Ad Litem: N/A
Name: Jon Garcia			
DOB: 05/17/1978	Age: 43	Language: English	Whereabouts: 12345 Brunson Ave. First OR 97000
Refugee Status: N/A	Tribal Affiliation: N/A	Guardian Ad Litem: N/A	
CHILDREN/YOUNG ADULT			
Basic Information			
Name: Electra Garcia	DOB: 05/21/2005	Age: 16	ICWA Status: No
Tribal Affiliation: N/A	Refugee Status: 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
Date of Jurisdiction: 12/31/2020	Consent Plan: Adoption		

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.)

ODHS Oregon Department of Human Services	
Case number Worker Name ODHS Address	
ASSESSMENT SUMMARY Name, Parent (1000796777) INITIAL CONTACT REQUIRED BY: 08/13/2019	
Report Type: Date/Time Reported: Status: Response Time: Response Track:	Category: Allegations: Investigative Case: Assigned Worker:
CASE CONTACT INFORMATION: Case Name: Street: City, State & Zip Code: Worker Safety Concerns: Parent/Caregiver: Type: Address: Possible Refuges: Type: Phone & Email:	
ASSESSMENT PARTICIPANTS: Child(ren): Age: DOB: Gender: Races: Relationship: Language: Tribe: Parent/Caregiver(s): Age: DOB: Gender: Races: Relationship: Language: Tribe:	
THIS FORM IS AVAILABLE IN ALTERNATIVE FORMAT UPON REQUEST Page 1 of 9	

ODHS Oregon Department of Human Services	
PR	
Other Adult(s):	Age: DOB: Gender: Races: Relationship: Language: Tribe:
SCREENING REPORTS LINKED TO ASSESSMENT	
CHILD PROTECTIVE SERVICES CASES ONLY:	
ALLEGATIONS: Does the report allege a death by abuse, serious injury, or aggravated circumstances? Date: Alleged Victim: Alleged Perpetrator: AF Relationship to Victim: A/N Code: Description: F:	
SCREENING INFORMATION: Screening Report #: Report Type: Date/Time Reported: Response Time: Screening Decision Narrative:	
Screener's Name: Category: CPS Allegations: Police Report #:	
REPORT NARRATIVE: Report Summary:	
THIS FORM IS AVAILABLE IN ALTERNATIVE FORMAT UPON REQUEST Page 2 of 9	

ODHS Oregon Department of Human Services	
Describe the child(ren)'s injury or conditions as a result of the alleged abuse/neglect:	
Describe the child(ren)'s current location, school/daycare including dismissal time, functioning, including special needs, if any, and highlighting current vulnerabilities, and cultural and language considerations:	
Describe parent and/or caregiver's current location, any cultural/language considerations, and family functioning (if known):	
Describe any criminal history of household members and/or concerns for worker:	
ALLEGED PERPETRATOR NARRATIVE: Who is the alleged perpetrator and what is their relationship and access to the child: Terry Lewis is the alleged perpetrator. He is the step-father to Ryan Worth and has ongoing and direct access to Provide the name, age, and current location of any other children who may be unsafe and describe the relationship between these children and reported circumstances: Name and contact information of child's guardian:	
PRIOR INVOLVEMENT & ASSESSMENT NARRATIVE PRIOR INVOLVEMENT: Date: Case Name: Perpetrator: Report: Category or Allegation: Result or	
THIS FORM IS AVAILABLE IN ALTERNATIVE FORMAT UPON REQUEST Page 3 of 9	

Information from this document can be applied to:

- Finding 1 - 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.)
- Finding 4 Sub-Finding - 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?



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 from the Oregon Department of Human Services (ODHS). The forms are organized into sections with checkboxes and text boxes for data entry.

- Page 1:** Includes "Hearing and Case Information", "Child Information", "Parent Information", and "Hearing Notifications".
- Page 2:** Includes "DHS History", "Protective Custody", "ICWA Efforts", and "Efforts to Avoid Protective Custody".
- Page 3:** Includes "Efforts to Avoid Protective Custody", "Findings and Orders", and "Conditions for return".

Each page has a footer with the text: "THIS FORM IS AVAILABLE IN ALTERNATIVE FORMAT UPON REQUEST" and "ODHS 4188 (1/17) Distribution: Copy - Court File, Branch - Case File Legal, Page 1 of 4, CF 0454 (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 the "Safety Plan" and "In-home safety plan criteria" form from the Oregon Department of Human Services (ODHS). The form is divided into two main sections.

Safety Plan Section:

- Includes fields for Case number, Case name, Worker, and Worker phone.
- Has checkboxes for "Initial safety plan" and "On-going safety plan".
- Contains a statement: "The purpose of this plan is to ensure the safety of [] by managing the safety threats within the family."
- Includes fields for "Date of Family Engagement Meeting" and "Date of ongoing safety plan modification".
- Has a section for "Safety threat(s)".
- Includes a "Safety Plan" section with a statement: "Plan to manage safety threats, including how the plan will be monitored."
- Contains a table for "Safety service providers" with columns for Name, Safety service, and Frequency.
- Includes a distribution footer: "Distribution: Original - Case file; Copies - Parents and Safety Service Providers, Page 1 of 2, CF 1149 (03/2020)".

In-home safety plan criteria Section:

- Includes a section for "In-home safety plan criteria" with a statement: "How are the in-home safety plan criteria met or if child(ren) are out of home, how are the criteria not met?"
- Contains a section for "Conditions for return" with a statement: "If child(ren) are out of home, the following must be met in order for child(ren) to be safely returned with an in-home safety plan:"
- Includes a table for "Printed name", "Signature", "Date signed", and "Role".
- Includes a distribution footer: "Distribution: Original - Case file; Copies - Parents and Safety Service Providers, Page 2 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		DHS Oregon Department of Human Services	
<p>Case name: _____</p> <p>Case number: _____ Assigned caseworker: _____</p> <p>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.</p> <p>This form is to be completed regarding the biological parent of the child. A separate form must be completed for each biological parent.</p>			
Section A			
<p>Biological parent of the child (full name): _____</p> <p>Maiden, married, former or alias names: _____</p> <p>Date of birth: _____ Relationship to the child (check one): <input type="checkbox"/> Mother <input type="checkbox"/> Father</p> <p>Address: _____ Phone number: _____</p> <p>City, state, ZIP: _____</p> <p>Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/> Unknown <input type="checkbox"/> Decline to answer</p> <p>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</p> <p>Are you a member of a federally recognized Indian tribe or eligible for enrollment/membership in a federally recognized Indian tribe?</p> <p><input type="checkbox"/> Yes Tribe(s): _____ If yes, complete all questions and sections below, including the family history chart.</p> <p><input type="checkbox"/> No Complete all questions and sections below, including the family history chart.</p> <p>Do you have any American Indian or Alaska Native ancestry?</p> <p><input type="checkbox"/> Yes Tribe(s): _____</p> <p><input type="checkbox"/> No <input type="checkbox"/> I don't know</p> <p>Have you or any member of your family ever lived on a reservation or in an Alaska village?</p> <p><input type="checkbox"/> Yes Who and where? _____</p> <p><input type="checkbox"/> No</p>			
<p>Policy Ref: 14-2 File: Client File - Essential Information CF1270 (04/15) PG 5/5 Page 1 of 4</p>			
<p>Are you or any of your relatives enrolled in an Alaska Native corporation?</p> <p><input type="checkbox"/> Yes Who and where? _____</p> <p><input type="checkbox"/> No</p> <p>Have any of your children ever been a ward of tribal court?</p> <p><input type="checkbox"/> Yes Which children and which tribal court? _____</p> <p><input type="checkbox"/> No</p>			
Section B			
<p>Complete below for each of your children</p> <p>Name of child (First/Middle/last): _____ Date of birth: _____ Place of birth: _____</p> <p>Tribe or Native American ancestry: _____ Enrollment number: _____</p> <p>Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/> Unknown <input type="checkbox"/> Decline to answer</p> <p>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</p> <p>Name of child (First/Middle/last): _____ Date of birth: _____ Place of birth: _____</p> <p>Tribe or Native American ancestry: _____ Enrollment number: _____</p> <p>Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/> Unknown <input type="checkbox"/> Decline to answer</p> <p>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</p> <p>Name of child (First/Middle/last): _____ Date of birth: _____ Place of birth: _____</p> <p>Tribe or Native American ancestry: _____ Enrollment number: _____</p> <p>Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/> Unknown <input type="checkbox"/> Decline to answer</p> <p>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</p>			
<p>Policy Ref: 14-2 File: Client File - Essential Information CF1270 (04/15) PG 5/5 Page 2 of 4</p>			
<p>Name of child (First/Middle/last): _____ Date of birth: _____ Place of birth: _____</p> <p>Tribe or Native American ancestry: _____ Enrollment number: _____</p> <p>Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/> Unknown <input type="checkbox"/> Decline to answer</p> <p>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</p> <p>Biological parent signature: _____ Date: _____</p> <p>Reason the biological parent did not sign this form (check one): <input type="checkbox"/> Deceased <input type="checkbox"/> Incarcerated <input type="checkbox"/> Out of country <input type="checkbox"/> Out of state <input type="checkbox"/> Parent refusal <input type="checkbox"/> Treatment <input type="checkbox"/> Unable to locate <input type="checkbox"/> Other: _____</p> <p>Who provided the information to complete this form, if not the biological parent? Please provide identifying information so we may contact you if necessary.</p> <p>Print name: _____ Relationship to child: _____</p> <p>Address: _____ Phone number: _____</p> <p>How is the above individual familiar with the parent's ancestry? _____</p> <p>Signature: _____ Date: _____</p> <p>Documented by (department staff): _____ Date: _____</p> <p>Form completed: <input type="checkbox"/> In person <input type="checkbox"/> Via telephone <input type="checkbox"/> Other: _____</p> <p>You can get this document in other languages, large print, braille or a format you prefer. Contact Publications and Creative Services at 503-375-3405 or email dhs-ohs.publicationsrequest@state.or.us. We accept all relay calls or you can dial 711.</p> <p>Policy Ref: 14-2 File: Client File - Essential Information CF1270 (04/15) PG 5/5 Page 3 of 4</p>			

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 1 - 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 ODHS 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		DHS Oregon Department of Human Services	
Child's name: _____ Case number/person number: _____ Date of birth: _____ Date of assessment: _____ Careworker/phone number: _____ Branch: _____ Child's primary care provider: _____ Phone number: _____ Date of contact with foster parent: _____		Appropriate speech: _____ Developmental milestones: _____ General health: _____ Adolescent and young adult: _____ Mood and affect: _____ Personal hygiene: _____ Communication: _____ General health: _____	
Known medical history/diagnoses: _____ <input type="checkbox"/> Fetal exposure to drugs or alcohol (age 0-1 only)		Vital signs: _____ Temperature: _____ Heart rate: _____ Blood pressure: _____ Respiratory rate: _____ Weight: _____ Height: _____ Head circumference: _____ Neurologic: _____ Physical assessment: _____ Neurologic: _____ Head: _____ Eyes: _____ Ears: _____ Nose: _____ Throat: _____ Heart: _____ Lungs: _____ Abdomen: _____ Extremities: _____ Skin: _____ Genital/anal: _____ Additional nursing assessment notes: _____	
Current medications: _____ Adverse reactions to medications: <input type="checkbox"/> AKA: _____ <input type="checkbox"/> Medication log provided <input type="checkbox"/> Medication log reviewed <input type="checkbox"/> Not applicable		Additional nursing assessment notes: _____ Adaptive devices and medical equipment (glasses, hearing aid, dental gear, retractor, etc.): _____ <input type="checkbox"/> In child's possession Home environment: _____ <input type="checkbox"/> Condition of the home: _____	
General appearance: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other (see notes) Infant (0-24 months): _____ Toddler (2-5 years): _____ Child (6-12 years): _____ Adolescent (13-17 years): _____ Young adult (18-24 years): _____		Nursing interventions and recommendations: _____ Careworker: _____ <input type="checkbox"/> Refer to Early Intervention (0-3 yrs) <input type="checkbox"/> Refer to EIC for nutritional counseling and support (3-5 yrs) <input type="checkbox"/> Schedule CANS screening and mental health assessment <input type="checkbox"/> Other: _____ Foster parent: _____ <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 older) <input type="checkbox"/> Review information in health and wellness packet provided <input type="checkbox"/> Other: _____ Additional interventions and recommendations: _____ Recommended follow-up: <input type="checkbox"/> None <input type="checkbox"/> Phone call <input type="checkbox"/> Visit <input type="checkbox"/> Follow up date: _____ Personal care assessment completed: _____ Assessment completed by: _____ Date: _____	



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 1 - 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.



In the Matter of ELECTRA L GARCIA a child		Case No: 20JUI2345	CITIZEN REVIEW BOARD (CRB) FINDINGS AND RECOMMENDATIONS
Citizen Review Board First 1	Date Entered Care: 10/28/20	Date of Review: 05/12/21	Date of Birth: 6/21/05
Permanency Plan: Reunification	ODHS Number: OHS345678		
Concurrent Plan: Adoption			
Board Members Present: Selma Kany, Cody Kirby, Liam Long, Allison Nolan, and Gary Owen			
Others Present: Tracy Lee, OCHS 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			
Information Considered by the Board: Family Report, 4/1/21; Ongoing Safety Plan; Ongoing Visit and Contact Plan; Assessment Summary; Protective Custody Report, 10/23/20; Judgment of Jurisdiction and Disposition, 12/31/20; Shelter Order, 10/29/20; Petition, 10/28/20; Father's Questionnaire; Verification of CINA (Eligibility, Action Agreements, 10/21; Mental Health Assessment; CANS Assessment; Placement History			
Reasons for Jurisdiction: 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.			
CINA Status: 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 know Electra is an Indian child.			
The Board Made the Following Findings and Recommendations at the Review:			
FINDINGS	Yes	No	
1. OCHS made active efforts to prevent or eliminate the need for	X		

FINDINGS		Yes	No
removal of the child(ren) from the home.	According to OCHS records, a call of concern was received on 10/1/20 reporting the parents' substance use was impacting their ability to parent Electra. Upon contact OCHS found Electra's mental health needs were not being met. Electra suffers from anxiety and depression and her treatment plan includes twice weekly therapy and regular medication management. Electra frequently reports suicidal ideation and self-harm. They hadn't been to counseling in over three weeks and reports their parents forgot an appointment and then just didn't reschedule any further. Electra's counselor reports making multiple calls to connect with the family to schedule sessions. Electra reports their parents had not refilled the anxiety and depression medication, so they had not had medication for the last two weeks. Electra reports their parents don't accept their gender identity and frequently use degrading terms about them. They have concerns about Ms. Garcia relapsing and taking unprescribed pain medication to the point where she was nodding off during the day frequently. Electra reported Mr. Garcia drinks nightly to intoxication which results in him yelling at both Electra and Ms. Garcia. Electra reports there were a couple of nights where he pushed them down when in an argument. Ms. Garcia admitted she had been using pain medication that was not prescribed and reported she was very stressed about Electra. She felt hopeless about things reporting counseling wasn't doing anything for Electra. Mr. Garcia stated he has a couple of beers after work to decompress and Electra was exaggerating things and was too sensitive. Treatment referrals were offered to both parents, but they reported they wanted to do things on their own. OCHS made an in-home safety plan with safety service providers checking in but after a couple of weeks, Electra reported nothing had changed and things were getting worse as their parents blamed them for OCHS involvement. Electra asked to be moved 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.	Electra is moved into a specially certified non-relative placement a month ago on 4/13/21. This home was identified through contacts from the OCHS youth group. Their previous placement asked for Electra to move as Electra was not following the rules at the home and they felt they couldn't meet Electra's supervision needs. OCHS has initiated a relative search and a maternal relative who resides out of state reports an interest in being a long-term resource if needed. No in-state relatives have responded to the relative search at this time.	X	
3A. OCHS has ensured that appropriate services are in place to			X

FINDINGS		Yes	No
safeguard the child(ren)'s safety, health and well-being.	The Board makes a negative finding as Electra does not have a current youth transition plan in place, hasn't been considered for a 504 plan despite their diagnosis of anxiety and depression, and hasn't been at least referred to an orthodontist for assessment. Electra, age 15, is in the 9 th grade at Washington High School. They are performing at grade level. Electra has reported they enjoy the academic part of school but not so much the social part. In the 9 th grade their anxiety very much impacted their school success as Electra would frequently skip classes or leave early when feeling overwhelmed. Testing was also a big issue as Electra felt huge pressure and would avoid entire school days. Electra has reported online school has been much better for them and they have elected to finish out this school year online. Ms. Lee reports a 504 plan has not been considered but she can juggle it. Electra participates in a LGBTQ+ youth group which they report is a huge support. A youth transition plan hasn't occurred yet, but Ms. Lee reports they have had talks about the different domains. Ms. Lee reports a credit report will be run around Electra's 16 th birthday. Electra has expressed a desire to get their learner's permit. Electra completed a mental health and CANS assessment on 12/15/20. They were assessed as a CANS level 3 with a supervision plan in place. Electra was able to re-engage with the therapist they had previously and is attending counseling twice a week. Their counselor reports progress is being made and Electra is putting skills learned into place. Electra sees a psychiatrist for medication management. According to OCHS records, they had a medical exam on 11/19/20 and a dental exam on 12/7/20. Their dentist recommended Electra be assessed by an orthodontist for braces. Ms. Lee states a referral to an orthodontist hasn't been made as OHP will not cover braces. Mr. Parker states Electra did not want to come to the CRB today but was invited. They report they enjoy their current home and feel supported. Electra would like to have braces as they are self-conscious about their teeth and report pain when eating. Family Contact: The parents have parenting time scheduled weekly for an hour. Mr. Garcia struggles to attend consistently due to his work schedule but he will sometimes call during Ms. Garcia's parenting time to check in with Electra. The maternal aunt reports wanting contact with Electra to build their relationship, but Electra is not comfortable doing that currently.		
3B. 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 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](#)

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 1 - 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 1 - 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 5228 of the Welfare and Institutions Code.

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

PHONE: (310) 456-2390 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

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 1 - 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?



Petition

The dependency petition looks like this. It is a legal petition filed by ODHS in court early in a dependency case, and contains the specific allegations against the parents (which you can always locate in paragraph 3). Remember, allegations have no legal basis until they are proven or admitted. Allegations that are proven at a jurisdictional trial (or admitted by a parent) become the "bases for jurisdiction" in the case. You can check the jurisdiction judgment to locate the adjudicated bases of jurisdiction.

Jurisdiction and/or Disposition Judgment

This is a complex but important court document that generally looks like this:

2/23/2021 10:31 AM

1
2
3
4 IN THE CIRCUIT COURT OF THE STATE OF OREGON
5 FOR DESCHUTES COUNTY
6 Juvenile Department
7 In the Matter of No.
8 _____
9 A Child. DEPENDENCY PETITION
10 TO THE ABOVE-ENTITLED COURT:
11 Petitioner, whose name appears below, respectfully represents to the Court as follows:
12 1. The name, age, and residence of the above-named child is as follows:
13 • _____ Deschutes
14 County, Oregon.
15 2. The name and present address of each parent is as follows:
16 • MOTHER: _____
17 • FATHER: _____
18 3. The child is within the jurisdiction of the Court pursuant to ORS 419B.100(1)(c) by
19 reason of the following facts:
20 The condition and circumstances of the above-named minor child are such as to endanger the
21 welfare of the person or of others, as follows:
22 A. The mother's mental health impairs her ability to safely parent.
23 B. The mother's substance abuse impairs her ability to safely parent.
24 C. The mother subjects the child to emotional abuse.
25 D. The mother subjects child to physical abuse.
26 E. The father's substance use impairs his ability to safely parent.
Page 1 -DEPENDENCY PETITION

DEPARTMENT OF JUSTICE
150 NW Pacific Park Lane, Suite 100
Bend, OR 97703
PHONE: (541) 493-2444
FAX: (541) 497-2039
TTY: (800) 733-2690
Email: Karm.karm@dcj.state.or.us

IN THE CIRCUIT COURT OF THE STATE OF OREGON
FOR _____ COUNTY

In the Matter of:) Case Number: _____
A Child.) JUDGMENT OF JURISDICTION
AND DISPOSITION (insert petition
name(s))

This matter came before the Court on: _____, 20____.

Persons appearing:
☐ Check box if person appeared by video or telephone (optional)
Alleged Father: _____ Attorney ☐
Putative Father: _____ Attorney ☐
Mother: _____ Attorney ☐
Child: _____ Attorney ☐
CASA: _____ Assist. Atty. Gen. ☐
Guardian: _____ Other: _____
ODHS Careworker: _____ Other: _____
Guardian Ad Litem: _____

Relevant Dates/Current Placement:
Date juvenile court jurisdiction was established: _____
Date the child was last placed in substitute care: _____
Date the child was placed in current placement: _____
Current Placement: ☐ home with parent or guardian, or ☐ substitute care with: ☐ relative ☐ current caretaker
☐ non-relative non-current caretaker ☐ residential ☐ other: _____

ODHS Documentation: The Department of Human Services (ODHS) ☐ has ☐ has not prepared a written case plan that complies with the requirements of ORS 419B.143.

Evidence Considered

Allegation	Disposition
<input type="checkbox"/> Suppositions by the parties	<input type="checkbox"/> Suppositions by the parties
<input type="checkbox"/> The admissions described below	<input type="checkbox"/> The admissions described below
<input type="checkbox"/> The exhibits admitted at the hearing	<input type="checkbox"/> The testimony of the witnesses at the hearing
<input type="checkbox"/> The testimony of the witnesses at the hearing	<input type="checkbox"/> The following facts law, of which the court has taken judicial notice:
<input type="checkbox"/> The following facts law, of which the court has taken judicial notice:	<input type="checkbox"/> Other:
<input type="checkbox"/> Other:	

The findings in this judgment are found by a preponderance of the evidence.

1. SUBPOENA, NOTICE AND PARTICIPATION

Parent 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 Servicemembers 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 who is entitled to the protections of the Servicemembers Civil Relief Act.
☐ Other: _____
☐ Mother ☐ Father ☐ Guardian(s) were provided the notice of obligations and rights required by ORS 419B.117.
Putative Parent(s) Care Provider(s):
☐ The child is in substitute care, and ODHS ☐ 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):
ODHS ☐ made ☐ did not make diligent efforts to identify, obtain contact information for, and notify all grandparents of the hearing.
☐ No grandparents attended the hearing, or
The following grandparents attended the hearing and had an opportunity to be heard:
Name(s): ☐ grandmother ☐ grandfather
☐ grandmother ☐ grandfather
☐ The grandparents who attended the hearing were informed of the date of a future hearing.
☐ ODHS did not give the grandparents notice of the hearing because ☐ a prior order relieved ODHS of the notice requirement, or
☐ For good cause shown, the court relieves ODHS of the responsibility to provide notice of this hearing. ☐ to all grandparents, ☐ to the following grandparents: _____

2. INDIAN CHILD WELFARE ACT (ICWA/ORICWA)

☐ At this time, the Court does not have reason to know that ICWA/ORICWA applies. No individual present at the hearing knows or has reason to know the child is an Indian child under ICWA/ORICWA, and there is no additional information that has been presented that provides the court reason to know that ICWA/ORICWA applies. Or Laws 2020, ch. 14, §15 (1" Spec. Sess.).

3. JURISDICTION

☐ The child is under 18 years of age, and venue is proper in this court.
☐ The court has jurisdiction under the UCCJEA to make a child custody determination.
☐ Allegations in "Admissions to Petitioner" from accepted by the court on _____, is hereby incorporated into this judgment.
☐ The following allegations were proved, admitted, dismissed and pending in a jurisdictional judgment on the dates set out below.

Allegation for:	Proved/Admitted	Amended	Text (or summary if full text in admissions form)
# Date of Judgment	<input type="checkbox"/> P <input type="checkbox"/> A <input type="checkbox"/> Y	<input type="checkbox"/> Y	
	<input type="checkbox"/> P <input type="checkbox"/> A <input type="checkbox"/> Y	<input type="checkbox"/> Y	
	<input type="checkbox"/> P <input type="checkbox"/> A <input type="checkbox"/> Y	<input type="checkbox"/> Y	
	<input type="checkbox"/> P <input type="checkbox"/> A <input type="checkbox"/> Y	<input type="checkbox"/> Y	
	<input type="checkbox"/> P <input type="checkbox"/> A <input type="checkbox"/> Y	<input type="checkbox"/> Y	
	<input type="checkbox"/> P <input type="checkbox"/> A <input type="checkbox"/> Y	<input type="checkbox"/> Y	
# Date of Judgment	Dismissed/Pending	Text optional	
	<input type="checkbox"/> D <input type="checkbox"/> P		
	<input type="checkbox"/> D <input type="checkbox"/> P		
	<input type="checkbox"/> D <input type="checkbox"/> P		

Allegation for: (insert name)	Proved/Admitted	Amended	Text (or summary if full text in admissions form)
# Date of Judgment	<input type="checkbox"/> P <input type="checkbox"/> A <input type="checkbox"/> Y	<input type="checkbox"/> Y	
	<input type="checkbox"/> P <input type="checkbox"/> A <input type="checkbox"/> Y	<input type="checkbox"/> Y	
	<input type="checkbox"/> P <input type="checkbox"/> A <input type="checkbox"/> Y	<input type="checkbox"/> Y	
	<input type="checkbox"/> P <input type="checkbox"/> A <input type="checkbox"/> Y	<input type="checkbox"/> Y	
	<input type="checkbox"/> P <input type="checkbox"/> A <input type="checkbox"/> Y	<input type="checkbox"/> Y	
	<input type="checkbox"/> P <input type="checkbox"/> A <input type="checkbox"/> Y	<input type="checkbox"/> Y	
# Date of Judgment	Dismissed/Pending	Text optional	
	<input type="checkbox"/> D <input type="checkbox"/> P		
	<input type="checkbox"/> D <input type="checkbox"/> P		
	<input type="checkbox"/> D <input type="checkbox"/> P		

Jurisdiction Finding
☐ The child is within the jurisdiction of the court under ORS 419B.100.
☐ The child is not within the jurisdiction of the court under ORS 419B.100.

4. DISPOSITIONAL FINDINGS

Placement and Custody Findings

In-Home Placement
☐ Placement in the home is in the child's best interest and for the child's welfare.
☐ Placement in the legal custody of ODHS for in-home placement is in the child's best interest and for the child's welfare.

The jurisdictional or dispositional judgment is the product of a jurisdiction trial or hearing. It is the judge's written finding that the child is now under the jurisdiction of the court, and why. The proven and admitted allegations noted in this judgment (usually on page 2 or 3 of the document) are the "why" and they form the "bases of jurisdiction" in the case.

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 to the parents?
- Finding 6 - Are the parents making progress towards changing the circumstances described by each basis of jurisdiction?
- Finding 8 - Is ODHS in compliance with all 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.



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.



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 3 - 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.

Other Court Documents

You will receive a variety of court documents in each CRB packet. When you get your first packet, take some time to familiarize yourself with the way these court documents look in your county. Note things like where to find the date of the hearing, the type of hearing that was held, who attended, and what the judge found or ordered.

Some court documents you can expect to see in your packet include:

Jurisdiction and/or Disposition Judgment - Described in detail above.

Shelter Order - Shelter hearings occur within 24 hours of any child being placed in out-of-home care. The judgement from this hearing is called a shelter order, and authorizes the removal of the child from their home and placement in foster care. The judgment often lists efforts made by ODHS to prevent the need for removal of the child from the home.

Judicial Review Judgment - Review hearings can occur any time in a case. These judgments often include more orders from the judge, and information about the current status of the case.

Permanency Review Judgment - Permanency hearings are required at least annually in every dependency case. The first permanency hearing in any case is required 12 months after jurisdiction is established or 14 months after the child is removed from the home, whichever is earlier. Such hearings are the only proceedings at which a case's permanency plan can be changed. At permanency hearings, the court makes determinations on findings very similar to those that the CRB makes. The judge may also make more court orders at that time.

IN THE CIRCUIT COURT OF THE STATE OF OREGON
FOR _____ COUNTY

In the Matter of: _____)
Case Number: _____)
JUDGMENT OF JURISDICTION
AND DISPOSITION (insert petition
number(s))

A Child: _____)

This matter came before the Court on: _____, 20____

Persons Appearing:

Child: _____ (insert name of person appearing by video or telephone (optional))

Legal Father: _____ Attorney: _____

Putative Father: _____ Attorney: _____

Mother: _____ Attorney: _____

Child: _____ Attorney: _____

CASA: _____ Juvenile Justice: _____

Guardian: _____ Attorney: _____

OCERS Caseworker: _____ Attorney: _____

Guardian Ad Litem: _____ Attorney: _____

Relevant Dates/Current Placement:

Date juvenile court jurisdiction was established: _____

Date the child was last placed in substitute care: _____

Date the child was placed in current placement: _____

Current Placement: ☐ home with parent or guardian, or ☐ substitute care with: ☐ relative ☐ current caretaker

☐ non-relative non-current caretaker ☐ residential ☐ other

OCERS Documentation: The Department of Human Services (OCERS) ☐ has ☐ has not prepared a written case plan that complies with the requirements of ORS 419B.143.

Evidence Considered

Admission	Disposition
<input type="checkbox"/> Testimony by the parties	<input type="checkbox"/> Testimony by the parties
<input type="checkbox"/> The admissions described below:	<input type="checkbox"/> The exhibits admitted at the hearing
<input type="checkbox"/> The testimony of the witnesses at the hearing	<input type="checkbox"/> The testimony of the witnesses at the hearing
<input type="checkbox"/> The following facts law, of which the court has taken judicial notice:	<input type="checkbox"/> The following facts law, of which the court has taken judicial notice:
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:

The findings in this judgment are found by a preponderance of the evidence.

1. SUMMONS, NOTICE AND PARTICIPATION

Parent Summons:

☐ Mother 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 who is entitled to the protections of the Servicemembers 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 who is entitled to the protections of the Servicemembers Civil Relief Act.

☐ Other: _____

☐ Mother ☐ Father ☐ Guardian(s) was/were provided the notice of obligations and rights required by ORS 419B.117.

Parental/Care Provider(s):

☐ The child is in substitute care, and OCERS ☐ 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):

☐ OCERS ☐ made ☐ did not make diligent efforts to identify, obtain contact information for, and notify all grandparents of the hearing, or

☐ No grandparents attended the hearing, or

☐ The following grandparents attended the hearing and had an opportunity to be heard:

☐ grandmother ☐ grandfather

☐ parent

☐ grandmother ☐ grandfather

The grandparents who attended the hearing were informed of the date of a future hearing.

☐ OCERS did not give the grandparents notice of the hearing because ☐ a prior order relieved OCERS of the notice requirement, or

☐ For good cause shown, the court relieves OCERS of the responsibility to provide notice of this hearing: ☐ to all grandparents, ☐ to the following grandparent(s): _____

2. INDIAN CHILD WELFARE ACT (ICWA-ORICWA)

☐ At this time, the Court does not have reason to know that ICWA/ORICWA applies. No individual present at the hearing knows or has reason to know the child is an Indian child under ICWA/ORICWA, and there is no additional information that has been presented that provides the court reason to know that ICWA/ORICWA applies. Or Laws 2020, ch. 14, §15 (1" Spec. Sess.)

3. JURISDICTION

☐ The child is under 18 years of age, and venue is proper in this court.

☐ This court has jurisdiction under the UCCJEA to make a child custody determination.

☐ Allegations in "Admissions to Petition" form accepted by the court on _____ are hereby incorporated into this judgment.

The following allegations were proved, admitted, dismissed and pending in a jurisdictional judgment on the date set out below:

Allegations for	Proved/Admitted	Admitted	Test (or summary if full text in admission form)
1. Date of Judgment	<input type="checkbox"/> P <input type="checkbox"/> A <input type="checkbox"/> Y	<input type="checkbox"/> Y	
	<input type="checkbox"/> P <input type="checkbox"/> A <input type="checkbox"/> Y	<input type="checkbox"/> Y	
	<input type="checkbox"/> P <input type="checkbox"/> A <input type="checkbox"/> Y	<input type="checkbox"/> Y	
	<input type="checkbox"/> P <input type="checkbox"/> A <input type="checkbox"/> Y	<input type="checkbox"/> Y	
	<input type="checkbox"/> P <input type="checkbox"/> A <input type="checkbox"/> Y	<input type="checkbox"/> Y	
	<input type="checkbox"/> P <input type="checkbox"/> A <input type="checkbox"/> Y	<input type="checkbox"/> Y	
2. Date of Judgment	<input type="checkbox"/> P <input type="checkbox"/> A <input type="checkbox"/> Y	<input type="checkbox"/> Y	
	<input type="checkbox"/> P <input type="checkbox"/> A <input type="checkbox"/> Y	<input type="checkbox"/> Y	
	<input type="checkbox"/> P <input type="checkbox"/> A <input type="checkbox"/> Y	<input type="checkbox"/> Y	
	<input type="checkbox"/> P <input type="checkbox"/> A <input type="checkbox"/> Y	<input type="checkbox"/> Y	
	<input type="checkbox"/> P <input type="checkbox"/> A <input type="checkbox"/> Y	<input type="checkbox"/> Y	
	<input type="checkbox"/> P <input type="checkbox"/> A <input type="checkbox"/> Y	<input type="checkbox"/> Y	

Dispositive/Pending

Allegations for	Proved/Admitted	Admitted	Test (or summary if full text in admission form)
1. Date of Judgment	<input type="checkbox"/> P <input type="checkbox"/> A <input type="checkbox"/> Y	<input type="checkbox"/> Y	
	<input type="checkbox"/> P <input type="checkbox"/> A <input type="checkbox"/> Y	<input type="checkbox"/> Y	
	<input type="checkbox"/> P <input type="checkbox"/> A <input type="checkbox"/> Y	<input type="checkbox"/> Y	
	<input type="checkbox"/> P <input type="checkbox"/> A <input type="checkbox"/> Y	<input type="checkbox"/> Y	
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	<input type="checkbox"/> P <input type="checkbox"/> A <input type="checkbox"/> Y	<input type="checkbox"/> Y	
2. Date of Judgment	<input type="checkbox"/> P <input type="checkbox"/> A <input type="checkbox"/> Y	<input type="checkbox"/> Y	
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	<input type="checkbox"/> P <input type="checkbox"/> A <input type="checkbox"/> Y	<input type="checkbox"/> Y	
	<input type="checkbox"/> P <input type="checkbox"/> A <input type="checkbox"/> Y	<input type="checkbox"/> Y	
	<input type="checkbox"/> P <input type="checkbox"/> A <input type="checkbox"/> Y	<input type="checkbox"/> Y	

Jurisdiction Finding

☐ The child is within the jurisdiction of the court under ORS 419B.100.

☐ The child is not within the jurisdiction of the court under ORS 419B.100.

4. DISPOSITIONAL FINDINGS

Placement and Custody Findings

In-Home Placement:

☐ Placement in the home is in the child's best interest and for the child's welfare.

☐ Placement in the legal custody of OCERS for in-home placement is in the child's best interest and for the child's welfare.

Any of these court documents may contain orders from the judge. You can usually find those orders on the last page of each document. You can also find basic information like current attorneys for each party, the assigned CASA, the permanency plan and concurrent plan, and what court hearings are scheduled in the future in this case.

IN THE CIRCUIT COURT OF THE STATE OF OREGON
FOR _____ COUNTY

In the Matter of: _____ Case Number: _____
A Child: _____)
) SHELTER ORDER
) (ORS 419B.180 et seq.)

This matter came before the Court on: _____, 20____

Persons appearing:
☒ Child: ☐ Attorney: ☐
☐ Foster Parent: ☐ Attorney: ☐
☐ Mother: ☐ Attorney: ☐
☐ Father: ☐ Attorney: ☐
☐ CASA: ☐ Attorney: ☐
☐ Guardian Ad Litem: ☐ Attorney: ☐

ODHS Documentation: The Oregon Department of Human Services (ODHS) ☐ did ☐ did not provide the Court with the documentation required by ORS 419B.185.

Evidence Considered:
☐ Testimony of the parties.
☐ The exhibits submitted by the Court.
☐ 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 findings made below are based on a preponderance of the evidence.

I. INDIAN CHILD WELFARE ACT (ICWA/ORICWA) FINDINGS
☐ At this time, the Court does not have reason to know that ICWA/ORICWA applies. No individual present at the hearing knows or has reason to know the child is an Indian child under ICWA/ORICWA, and there is no additional information that has been presented that provides the court reason to know that ICWA/ORICWA applies. ODHS has provided the court documentation that it has made inquiries as required under ORICWA. Or Laws 2020, ch. 14, §15 (1st Spec Sess).

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2. NOTICE FINDINGS
Parties:
☐ All parties were ☐ were not notified, and ODHS shall make diligent efforts to notify the following of all future hearings:
☐ Mother ☐ Father ☐ Guardian(s) was provided the notice of obligations and rights required by ORS 419B.117.
Foster Parent(s)/Care Provider(s):
☐ The child is in substitute care, and ODHS ☐ 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):
☐ ODHS ☐ made ☐ did not make diligent efforts to identify, obtain contact information for, and notify all grandparents of the hearing.
☐ No grandparents attended the hearing, or
☐ The following grandparents attended the hearing and had an opportunity to be heard:
☐ Maternal: ☐ grandmother ☐ grandfather
☐ Paternal: ☐ grandmother ☐ grandfather
☐ The grandparents who attended the hearing were informed of the date of a future hearing.
☐ ODHS did not give the grandparents notice of the hearing because: ☐ a prior order relieved ODHS of the notice requirement. ☐ other: _____
☐ For good cause shown, the court relieves ODHS of the responsibility to provide notice of this hearing ☐ to all grandparents, ☐ to the following grandparents: _____

3. UCCJEA DETERMINATION
This Court ☐ has ☐ does not have jurisdiction under the UCCJEA (ORS 109.701 to 109.834) to make a child custody determination.

4. REASONABLE EFFORTS FINDINGS
In light of the circumstances of the child and the parent(s), having considered the child's health and safety to be the paramount concern, and having considered whether placement of the child and referral to the Strengthening, Preventing and Restoring Families Program is in the child's best interest (ORS 411.995) the Court finds that:
☐ ODHS has made reasonable efforts to provide services and/or other support to prevent or eliminate the need for removal of the child from the home and to make it possible for the child to safely return home. ORS 419B.185(3). The efforts to prevent removal to safely return the child home include the following: _____
☐ Description of reasonable efforts is attached as Exhibit _____ and is adopted as the Court's written findings.
☐ The Court considers ODHS to have made reasonable efforts to prevent or eliminate the need for

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Information from these documents can be applied to:

- Finding 1 - Are the child's needs continuing to be met? Is ODHS providing the child with all court-ordered services?
- Finding 4 - Is ODHS providing the parent with all court-ordered services? Did the court order ODHS or the AAG's office to file something by a specific date, and did the agency do so?
- Finding 8 - Is ODHS in compliance with all court orders?
- ICWA determination - You can see whether or not the court has been treating this case as an ICWA case.
- All findings - These court documents can tell you what the court-ordered permanency plan and concurrent plan are. Note that if the permanency or concurrent plan that ODHS is working towards is different than the plan determined by the court, the court's order controls.



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.



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Placement History									
Child's Last Name:		GARCIA		Child's First Name:		ELECTRA			
Child's Person ID:		10293928		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	10/26/2020	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	345967	Family Foster Care NonRelative 06-12	NonRelative Family Foster Care			
345678	04/13/2021			967654	Family Foster Care NonRelative 06-12	NonRelative Family Foster Care			

<https://orkids-prd.dhs.sdc.gov/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 1 - 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?