

Case Plan     Court Report     CRB Review

Report to *\_(drop down list of counties)\_* County

In the matter of: (Child(ren)'s name)

Court number(s):

Date of hearing: <i>Calendar dropdown</i> Time of Hearing: <i>Clock dropdown</i>	Report Date <i>Calendar dropdown</i>	Caseworker Name:
Case #	Type of Hearing: <i>Review</i> <i>Permanency</i> <i>CRB</i> <i>Other: opens narrative box</i>	ICWA or Refugee <i>Yes (if yes, dropdown select ICWA or Refugee or both and narrative opens)</i> <i>No - if No then all subsequent ICWA boxes hide and narrative opens)</i> <i>Pending – narrative box opens</i>

**DHS MAKES THE FOLLOWING REQUEST(S)**

*Hover: Continue current plan, change plan, specific service/action ordered, seeking court guidance on a specific question/topic*

**ADDITIONAL INFORMATION SINCE THE LAST HEARING**

*Hover: The information in this box is not a summary of the entire case since the last hearing but a place to address why DHS is making the above stated request of the court.*

**NOTIFICATIONS**

**Grandparents**

Maternal		<i>Hover: Yes – how, No - why</i>
Paternal		<i>Hover: Yes – how, No - why</i>

**INSERT** *(add another grandparent)*

**Foster Parents**

*Show only if checked*

**Tribe**

Show only if ICWA is selected above

## PARENT(S)

### Parent 1

Name:	DOB:	Age: <i>prefills from DOB</i>
Contact Info:	Attorney:	Language:

INSERT (add another parent)

Paternity Status:

*drop down – legal, putative, NA, other -if legal selected the box opens re: how that was established, if putative or other it open pending paternity issues*

How was paternity established: *narrative*

INSERT (add another parent)

Pending Paternity Issues: *(disappears if legal selected above)*

## DILIGENT EFFORTS TO PLACE WITH RELATIVES AND SIBLINGS

Efforts to place child with relatives or person with a caregiver relationship?	<i>Hover: Describe efforts to place with relatives or person with a caregiver relationship on all sides of the family, relative search</i>
Additional Relative Information	<i>Hover guidance: Extended Family Functioning</i>
Are siblings placed together?	<i>Dropdown: yes, no, NA – no siblings in substitute care If checked yes, no box opens If no, box opens re: Efforts to Place Siblings Together If NA – no siblings in substitute care – all other boxes below hide</i>
Is it in the best interests of the child to be placed separately?	<i>Yes, box opens re: Reason why it is not in the best interests of the child to be placed with sibling(s) No, no box opens</i>
Additional Sibling Information	<i>Hover guidance: Relationship of siblings in care and siblings not in care, describe sibling contact or attach the 831 Sibling Visit and Contact Form</i>

## CHILD(REN)

<b>Name:</b>	DOB:	Age: <i>prefill</i>
<b>Parent(s):</b>	<i>Dropdown calendar</i>	
Court #:	Date of Jurisdiction:	Date of Last Removal:
	<i>Dropdown calendar</i>	<i>Dropdown calendar</i>
Basis for Jurisdiction: <i>hover guidance - write out allegations and date for all parents, indicate if the allegation is amended or dropped, if applicable.</i>		
Primary Plan:	Concurrent Plan:	Placement Type:
<i>Dropdown: Reunification, Guardianship, Adoption, APPLA (FWR), APPLA (PCS)</i>	<i>Dropdown: Reunification, Guardianship, Adoption, APPLA (FWR), APPLA (PCS)</i>	<i>Dropdown: In-home, Substitute Care, Relative/Kith Foster Care, Trial Reunification, ODDS, In-home, Residential</i>
Date Plan Established:	Date Plan Established:	
<i>Drop down calendar</i>	<i>Drop down calendar</i>	
Date of Current Placement:	Attorney:	CASA:
<i>Dropdown calendar</i>		
Court Appointed Educational Surrogate	Tribal Contact, if ICWA applies:	

### CHILD UPDATES

Update:	<i>Hover: How is the child doing? Describe the child's current developmental status, placement, mood or temperament, physical or emotional characteristics and special needs.</i>
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### PLACEMENTS, VISITS, FACE TO FACE CONTACTS

# of F2F contacts with CW	<i># Dropdown (number since the last review)</i>
F2F contacts for the last 6 months – date, location	<i>Calendar dropdown, location dropdown: DHS Office, Placement, Community, Other, then "save and next" for another box to pop open</i>
# of out of home placements	<i># Dropdown</i>
Dates and placement settings	<i>Calendar dropdown, placement type dropdown: In-home, Family Foster Care, Relative/Kith Foster Care, Trial Reunification, ODDS, In-home, Residential, save and next</i>
Placement proximity to child's home, how is this the least restrictive placement, how does the placement meet the child's specific needs	<i>Narrative</i>
# of visits with	<i># Dropdown (number since the last review)</i>

Parent 1	<i>Date &amp; Place</i>
# of visits with Parent 2	# <i>Dropdown (number since the last review)</i> <i>Date &amp; Place</i>
# of visits with Siblings	# <i>Dropdown (number since the last review)</i> <i>Date &amp; Place</i>
# of visits with Others	# <i>Dropdown (number since the last review)</i>
<b>EDUCATION</b>	
Current Grade Level	<i>Dropdown</i> <i>Not school age (rest of education info hides)</i> <i>Grade level (Pre-K, KG, 1<sup>st</sup>, 2<sup>nd</sup>, etc.)</i>
List all schools the child has attended since DHS custody and dates of attendance	<i>Hover: If there are multiple school changes, please indicate why</i>
Child is performing at grade level	<i>Drop down:</i> <i>Yes – no box</i> <i>No – box to narrate</i>
Child is on an IEP/504	<i>Dropdown:</i> <i>Yes</i> <i>No</i> <i>Pending (all answers open a narrative box)</i>
Update on how the child is doing in school	<i>Hover: Challenges &amp; successes and efforts to support the child in school, Is the agency requesting a change in school placement?)</i>
<b>HEALTH/MENTAL HEALTH/DEVELOPMENT</b>	
Name of Medical Doctor:	Date of last medical appointment: <i>Dropdown calendar</i>
Name of Dentist:	Date of last dental appointment: <i>Dropdown calendar</i>
Name of Eye Doctor:	Date of last eye appointment: <i>Dropdown calendar</i>
Name of MH Provider:	Date of last visit and frequency of visits: <i>Dropdown calendar</i>
Psychotropic Medications <i>Yes - below boxes (through "have they been reviewed..." open</i> <i>No – all below boxes hide (except for update)</i>	
Type of medication	
Prescriber	
Reason for medication	<i>Combine with box below?</i>
Have they been	

reviewed per policy?	
Immunizations up to date? <i>Dropdown: Yes, No</i>	<i>If No, box opens: Plan to update immunizations</i>
Update on health and other services	<i>Hover: medical, mental health, and any other services being provided, any significant issues, current tx plans, additional providers, CANS information and diagnosis</i>

**EXTRACURRICULAR, CULTURAL, SOCIAL, SOCIAL ACTIVITIES**

Describe how DHS has ensured the child is engaged in age/developmentally appropriate activities and the care provider is supporting and encouraging these activities	<i>Hover: Definition of RPPS</i>
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**INDEPENDENT LIVING TRANSITION PLANNING**

Youth is 14 years or older	<i>If checked, boxes below open</i>
Current age	<i>Pulls from first child box</i>
Date referred to ILP	<i>Dropdown calendar</i>
Services offered and efforts made to support the Transition Plan	
Date credit report reviewed (if 14+)	<i>Dropdown Calendar</i>
Date youth signed the Foster Care Bill of Rights	<i>Dropdown calendar</i>
# of high school credits earned	Enter number of credit/number of credits needed – 16/24
Date of graduation	<i>Dropdown calendar</i>
How was the youth involved in the development of the plan?	<i>Hover: Did the youth identify people to invite to meetings?</i>
Most recent date Transition Plan completed	<i>Dropdown Calendar</i>

INSERT (add another child box)

**PARENT 1**

<b>Name</b>	<i>Pulls from first section</i>
<b>What does this parent say is important to them about their family?</b>	
<b>What does this parent want the team to know about their family's culture?</b>	<i>Hover: parenting, values, structure, trauma, spiritual practice</i>
<b># of Face to Face contacts with case worker</b>	<i>Dropdown: Number since last review</i>
<b>How is the contact going?</b>	
<b>Additional information on parent/child visits</b>	<i>Hover: Visit and Contact Plan attached, update on attendance, participation, or changes in visit schedule and/or supervision level</i>
<b>Conditions for Return:</b> What is needed to get the child(ren) home	<i>Hover: Conditions for Return need to be specific to the family. Document what specific behaviors, conditions, and circumstances that relate to the identified safety threats, must exist for the child(ren) to return home. -Home-like setting, calm home, one parent is willing to follow the in-home safety plan, resources are available to support the plan.</i>
<b>Progress toward Conditions for Return</b>	<i>What is preventing the child from returning home today?</i>
<b>Strengths - Enhanced Protective Capacity</b>	
<b>Challenges - Diminished Protective Capacity</b>	
<b>Connections with Community/Natural Supports</b>	
<b>Expected Outcomes:</b> What is needed to close the case	

<b>Progress toward Expected Outcomes</b>	<i>Hover: Progress on strengthening diminished protective capacity</i>	
<b>SERVICES</b>		<i>Only the ones that are checked will show</i>
<b>Support</b>		
Housing Assistance	<i>Narrative re: plan, progress</i>	
Transportation Assistance		
Clothing Assistance		
In-home outreach support		
In-home safety and reunification services		
<b>Substance Misuse</b>		
Alcohol and drug evaluation & treatment	<i>Date, plan, progress</i>	
Dual diagnosis evaluation & treatment	<i>Date, plan, progress</i>	
UA testing	<i>Progress</i>	
<b>Mental Health</b>		
Psychological evaluation & treatment	<i>Date, plan, progress</i>	
Psychiatric evaluation & treatment		
Mental Health evaluation & treatment		
Individual Counseling		
Medication Management		
Neuropsychological evaluation		
<b>Family</b>		
Family Counseling		
Development of a safety plan		
Intensive Family Services		
Supervised visitation with child		
<b>Domestic Violence</b>		
Batterer Intervention Program		
Victim Counseling and Education		
<b>Anger Management</b>		
Anger Management Counseling		
Anger Management Education		
<b>Sex-Offense Related</b>		
Psycho-sexual evaluation & treatment		
Non-offending Parent Education Program		
<b>Parenting &amp; Home</b>		
Parent Education & Training		
Specialized Parent Training and Education		
In-home Support Services		
Child Development Assessment & aftercare		
<b>Other</b>		

**INSERT ANOTHER**

PARENT

## REASONABLE OR ACTIVE EFFORTS REGARDING PLANNING

### Reunification

- The plan is no longer reunification

Additional efforts to return child(ren) home to parent(s) not stated in Services section above:

### Reasonable Efforts for Plan Other Than Reunification

- Adoption- (if checked APPLA & Adoption sections under Compelling Reasons below disappears)  
 Guardianship  
 Fit & Willing Relative  
 APPLA (age 16+)

Efforts to finalize the permanent plan:

### Concurrent Planning: Pull type of plan from 1<sup>st</sup> box

Efforts to develop the concurrent plan and date the plan was implemented:

## COMPELLING REASONS DETERMINATION

### Name

*Hover: If all plans and compelling reasons are the same, list all names of children, if they are different, insert another child below*

### Compelling Reasons – Adoption is Not the Appropriate Plan

# of months in care

*Dropdown: 1/22, 2/22, 3/22, 4/22 – 22/22, then 23 – 30+*

- Adoption is not appropriate because the child is being cared for by a relative and that placement is intended to be permanent (419B.498(2)(a))
- Adoption is not appropriate because one or more of the following compelling reasons under ORS 419B.498(2)(b) applies and establishes that adoption would not be in the child's best interest:



<input type="checkbox"/> Parent is successfully engaged in services that make it possible for the child to safely return home within a reasonable time
<input type="checkbox"/> Child has needs that require a therapeutic or other specialized placement
<input type="checkbox"/> Child does not consent to adoption
<input type="checkbox"/> Another permanent plan better meets the child's needs because of the child's: <ul style="list-style-type: none"> <li><input type="checkbox"/> Health and safety needs <ul style="list-style-type: none"> <li><input type="checkbox"/> Sibling attachment(s)</li> <li><input type="checkbox"/> Attachment to a parent</li> </ul> </li> </ul>
<input type="checkbox"/> The Court or CRB made a No Reasonable/Active Efforts finding while reunification was the plan
<input type="checkbox"/> Other compelling reason(s)
<b>Compelling Reasons – APPLA is the Appropriate Plan</b>
<input type="checkbox"/> The child's current permanency plan is APPLA <i>(if checked, bottom 6 rows disappear)</i>
<input type="checkbox"/> The child is at least 16 years of age and DHS recommends that the permanency plan be changed to APPLA. No other plan is suitable for the child, and APPLA is in the child's best interest because: <i>(if checked, bottom 6 rows disappear)</i>
<input type="checkbox"/> Return home is not appropriate because, despite the <ul style="list-style-type: none"> <li><input type="checkbox"/> Reasonable <ul style="list-style-type: none"> <li><input type="checkbox"/> Active</li> </ul> </li> </ul> reunification efforts of DHS, the child cannot be safely returned to a parent within a reasonable time
<input type="checkbox"/> Adoption is not appropriate for the reasons stated above
<input type="checkbox"/> Guardianship or a relative placement is not appropriate, because, despite reasonable and diligent efforts, DHS has been unable to identify: <ul style="list-style-type: none"> <li><input type="checkbox"/> A person who is willing and qualified to serve as the legal guardian for the child, or</li> <li><input type="checkbox"/> A fit and willing relative who could provide a permanent home for the child</li> </ul>
<input type="checkbox"/> APPLA is better suited to meet the child's health, safety and attachment needs
<input type="checkbox"/> Other compelling reasons and documentation of intensive, ongoing, unsuccessful efforts for family placement:
What is the youth's desired permanency outcome?
<input type="checkbox"/> DHS asked the child to attend the hearing and offered transportation

INSERT *(another child box)*

### NEED FOR CONTINUED SUBSTITUTE CARE AND WARDSHIP

Name
<input type="checkbox"/> <u>Child placed with parent:</u> The child is placed with the parent(s) and it is in the best interest of the child to continue in the legal custody of DHS because: <i>(if checked – other boxes except last 3</i>

*boxes will go away)*

Termination of wardship and the child's commitment to the legal custody of DHS is expected to occur on or by: *dropdown calendar*

- Child in substitute care:** The child remains in substitute care and DHS believes it is necessary for the child's safety and well-being to continue in substitute care: *(If checked the following boxes appear)*
- are  Child is in a placement intended to be permanent and continues to need DHS services that are available through the placement **OR**
- or  DHS believes continued substitute care is necessary as opposed to returning the child home taking prompt action to secure permanent placement because: *Narrative ability*
- Expected timetable to place child with a parent or other permanent placement: *Narrative ability*

DHS will provide the following services to eliminate the need for continued legal custody:

### Signatures:

Parents  
Children (if appropriate)  
CW  
CW Supervisor

### ATTACHMENTS:

#### Required attachments:

- Safety Plan** *(unless the child is legally free)*
- Transition Plans for Youth** *(for youth 14+)*
- Adoption Tracking Report** *(if the primary plan is adoption)*
- Action Agreement**

#### Attachments:

*Hover: Suggested attachments:*

*Photo of Family*  
*Visit and Contact Form (CF 0831)*  
*Visitation Notes*

