

# **Smith Family Folder**

**Revised January 2013**

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403 East Winding Hill Road  
Mechanicsburg, PA 17055**



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## *Smith Family Exercise*

**Directions:** You are about see three separate video clips of interviews held with Carley and Christian Smith, Colin Levitt and Crystal Smith. The interviews were conducted in the Smith family home. The interviewer, Wayne Holder, is conducting these face to face contacts as part of his CYS assessment. Wayne Holder is in the process of concluding his CYS assessment. You have been asked to help him complete a formal In Home Safety Assessment Worksheet. In order to accomplish this task, identify the six domain information and the other elements of the structured case note and be prepared to complete a formal In-Home Safety Assessment Worksheet at the conclusion of the interviews.

### **Background Information**

#### **Referral Information:**

Referral Source:	Sheila Smith, maternal grandmother	
Mother:	Crystal Smith	30 years old
Paramour:	Colin Levitt	30 years old
Child:	Carley Smith	10 years old
Child:	Christian Smith	4 years old
Biological Father to Carley:	Unknown	
Biological Father to Christian:	Unknown	

#### **Information Gathered from the Referral Source:**

Maternal grandmother, Sheila Smith, reported that her grandchildren, Carley and Christian, were left alone all last night. (Type of Maltreatment) Sheila Smith stated that she is frustrated with her daughter ever since Colin moved into the home. Crystal avoids speaking to her mother whenever possible because she doesn't want to hear her opinions about her drug use and the bad influence Colin has on Crystal. (Adult functioning & Nature of the Maltreatment) Sheila Smith stated that Crystal has started using again and frequently leaves the children alone at night to party with Colin. (Type & Nature of Maltreatment and Adult Functioning) Grandmother stated that before Colin showed up Crystal had some previous drug problems but she got herself cleaned up and was a good mother. (Adult Functioning and General Parenting) Crystal was able to mind both of the children provide appropriate supervision and discipline. (General Parenting & Parenting Discipline) Now Carley is expected to care for her brother. (Parenting General, Child Functioning) Last night, Carley called her grandmother because she was afraid. (Child Functioning) After finding the children home alone, unsupervised, the grandmother took them to her house.

Review of the case record revealed that there have been two previous reports on this family with no substantiations. (Type of Maltreatment) Crystal has never been provided services through CYS but was referred to a D&A counselor where she received treatment. Crystal has a history of substance abuse.

A preliminary In Home Safety Assessment was completed with Crystal, Carley, and Christian Smith and resulted in a preliminary safety plan.

Sheila Smith was assessed and deemed to be a suitable and reliable resource for the children. She agreed to become a responsible person on the safety plan.

***The following space has been provided for you to record the information you gathered during the interviews:***

Case Name:	Case Number:	Caseworker:
Date of Contact:	Time of Contact:	Contact Type:
Purpose of Contact:		
Participants: Carley Smith, Christian Smith, Colin Levitt, Crystal Smith		
Contact Summary:		
<b>Information Gathered for Safety Assessment</b>		
<i>Safety Domains:</i>		
1. Type of Maltreatment: What is the extent of maltreatment? <input type="checkbox"/> No new allegations of maltreatment <input type="checkbox"/> Current Maltreatment (please describe):		

2. Nature of Maltreatment: What circumstances surround the maltreatment?

No new maltreatment identified  Circumstances surrounding current maltreatment (please describe):

3. Child Functioning: How does the child(ren) function, including their condition?

4. Adult Functioning: How do the adults within the household function, including substance use & behavioral health?

5. General Parenting: How do caregivers generally parent (i.e. knowledge, skills, protectiveness, history)?

6. Parenting Discipline: How do caregivers discipline the children?

**Information Supporting the Safety Decision**

Does the information gathered suggest a change in the child's safety?  Yes  No  
If yes, list the date of the formal In Home Safety Assessment Worksheet and Safety Plan Assessment: \_\_\_\_\_ Safety Plan: \_\_\_\_\_



## Smith Family Structured Case Note

The following document is a summary of the information that was gathered during the three interviews with the Smith family.

Case Name: Smith	Case Number: *****	Caseworker: Holder
Date of Contact: 10/17/00	Time of Contact: 10:00 am	Contact Type: Announced Home Visit
Purpose of Contact: Referral received from MGM regarding alleged lack of supervision of two children ages 10 and 4 by mother and paramour.		
Participants: Crystal Smith, mother; Colin Levitt, Paramour, Carley Smith age 10, Christian Smith, age 4		
Contact Summary: Three separate interviews were conducted back to back in the Smith home. Initial interview was held with Carley, age 10 and Christian, age 4 who confirmed the allegations (see below). Second interview was with Colin, the paramour, who confirmed the allegations, although provided somewhat conflicting information regarding his involvement (see below). The third interview was with Crystal who also confirmed that the children are left alone, but expressed her views that Carley was able to take care of herself and her brother (see below). Home appeared clean and free from physical safety hazards.		
<b>Information Gathered for Safety Assessment</b>		
<i>Safety Domains:</i>		
<p>7. Type of Maltreatment: What is the extent of maltreatment?  <input type="checkbox"/> No new allegations of maltreatment    <input checked="" type="checkbox"/> Current Maltreatment (please describe):            Following Carley's call, the maternal grandmother came to the home and found that the children were unsupervised. Apparently, the mother had left the children by themselves so that she could go out on the town. (MGM) Both of the children reported being fearful for their safety and the safety of their mother. (Carley) During the CPS interview, the mother indicated that she did not return home that evening until approximately 4:30 am. (Mother) After finding the children home alone, unsupervised, the grandmother took them to her house. (MGM)</p>		
<p>8. Nature of Maltreatment: What circumstances surround the maltreatment?  <input type="checkbox"/> No new maltreatment identified    <input checked="" type="checkbox"/> Circumstances surrounding current maltreatment (please describe):            Based on the interviews with the children and the mother, it appears that the children have repeatedly been left alone by the mother. This occurs several times per week. The mother admits to having a significant substance abuse problem. She reports she uses alcohol and crack cocaine approximately 5-6 times per week. The mother's substance abuse appears to be affecting the mother's ability to adequately supervise the children as well as consistently meet their basic needs for safety. The mother does not deny that the children were left alone but minimizes the severity of the concerns. This is exemplified by mother's report that Carley is capable of providing the needed supervision. (Carley and Mother)</p>		
<p>9. Child Functioning: How does the child(ren) function, including their condition?            Carley appears to be bright and is very verbal. She is sociable and pleasant to talk with. She indicates that she has many friends. She reports that she does well in school. She is in the fifth grade at Franklin Elementary. She appears developmentally appropriate and physically healthy. She accepts responsibility by taking on the caregiver role for both her mother and brother. She appears to be emotionally and intellectually mature for her age. She is somewhat preoccupied with family situation as she expresses concern for the welfare of her mother and she is also protective of her younger brother. Carley expresses fear of being left alone and she is afraid of</p>		

the neighborhood. Carley reports that she wishes they lived in a better neighborhood, then maybe she would not be so afraid to be alone with her brother. She appears somewhat parentified as observed in her interactions with her brother and this worker, taking the lead, protecting Christian, etc. (Carley)

Christian appears to be physically healthy. He is not very talkative. He is shy and somewhat withdrawn. He participates in age-appropriate activities and indicates having friends. He appears to be somewhat clingy to Carley. (Christian and Observation) He is a "sweet" child according to Mother but is growing out of the stage of wanting to be in her lap. (Mother)

10. Adult Functioning: How do the adults within the household function, including substance use & behavioral health?

Crystal appears to be intelligent, articulate, and sociable. She is able to communicate her needs but has difficulty meeting those needs in adaptive ways. She has limited ability to solve problems (particularly with regards to long-term problem solving). She expresses having a positive vision for her future (e.g., to get out of the "projects"). However, her ideas and thoughts about changing her current circumstances are not planned out. Crystal has difficulty managing stress. She has feelings of insecurity and becomes easily threatened. Crystal lacks self-control (e.g., substance abuse, leaving the kids unattended). She appears to have poor self-esteem. She has a significant substance abuse problem (e.g., regularly uses alcohol and crack cocaine). There may be some dependency issues as evident in her history of failed relationships with men. Also, she appears to frequently rely on others to get her needs met (e.g., Colin, Carley, her mother). While she is somewhat open about her drug usage, she remains guarded. Crystal expressed feeling "guilty" about some of the choices that she has made in her life. At some level, she remains in denial about the significance of individual problems and tends to blame others. (Crystal and observation)

Colin is clearly able to communicate needs, feelings and perceptions regarding the family situation, but generally keeps the conversation at a superficial level. He appears to be somewhat guarded, distrustful and does not talk much about himself. He tends to remove himself from any direct responsibility for family problems by focusing attention toward Crystal. He is controlled and seems thoughtful. He appears to be resourceful and intelligent. Based on interviews with the children, it appears that he is distributing drugs within the community and has been responsible for supplying Crystal with drugs. He denies selling drugs but is vague about his employment. He avoids conflict (e.g., prefers to leave the home during conflict). Colin has no apparent mental health issues. Although he denies substance abuse/use, there are concerns that he might be involved with drugs. He presents as emotionally controlled and stable. (Colin, Crystal, Carley and observations)

11. General Parenting: How do caregivers generally parent (i.e. knowledge, skills, protectiveness, history)?

Crystal speaks very fondly of the children and appears to be proud of them. She sees Carley as being very much like her when she was that age. She feels that both of her children are exceptional. When talking about Carley, she indicated that "she is going to be somebody." Based on interviews with the children, Crystal and Colin, there appear to be strong attachments between the mother and the children. She clearly has aspirations for the children to make something out of their lives and believes that they have the potential to do so. However, she has difficulty translating these feelings into positive and consistent parenting practices. Her substance abuse problem frequently results in her being unresponsive to the needs of the kids, both emotionally and physically. Her expectations of the children are inappropriate, which often means that Carley is required to take on a great deal of responsibility for maintaining the

household. Crystal readily admits that Carley "takes care of a lot of things" and she refers to Carley as "my big girl." Crystal indicated that she did feel that it was appropriate for Carley to take care of Christian by herself. Crystal's questionable parenting practices appear to be more related to the mother's substance abuse problem, rather than a lack of knowledge and/or skill. Parenting decisions are often impulsive and are influenced by her urges to satisfy the drug dependency. (Crystal and observation)

Colin speaks positively of the kids (e.g., "good kids;" "I love the kids."). He appears to enjoy spending time with them (e.g., takes them to the park and takes them to get something to eat). The relationship between the children and him seems to be more like a big brother rather than a father figure. Although on a couple of occasions he referred to Carley and Christian as "his kids," Carley indicated that she gets along with him but does not see him as a father figure. Generally, Colin seems uncertain about his role as a parent. This is partially related to the way that Crystal undermines his role or standing with the children. Also, it appears that Colin is yet to make a firm commitment to the family. He is frequently in and out of the home and subsequently that affects his degree of involvement with the kids. Beyond talking about "babysitting," it appears that Colin may not view the supervision and/or general welfare of the children as his direct responsibility. (Colin, Carley and observation)

12. Parenting Discipline: How do caregivers discipline the children?

Crystal is primarily responsible for the discipline of the children. She rarely allows Colin to have any leverage in disciplining the children (e.g., "No conflict over the kids because he [Colin] is not their father."). The mother denies physically disciplining the children. Disciplinary approaches may be inconsistent or passive as a result of the mother's substance abuse and her frequent absences from the home. (e.g., Carley indicated that Crystal and Colin are gone almost every night.) It is possible that the conflict between the adults over roles and responsibilities regarding discipline may upset Crystal and or Colin. Colin does not take an active role in disciplining the children. He expresses some frustration about Crystal not letting him have more of a "parental" role with respect to guiding and/or redirecting the kids. (Crystal, Carley and observation)

**Changes to the Safety Assessment and/or Safety Plan**

Did the information gathered during this contact result in a new In Home Safety Assessment Worksheet:  Yes  No

If yes, list the date of that assessment: xx/xx/xxxx

Did the information gathered during this contact result in a new/revised Safety Plan:  Yes  No

If yes, list the date of that Safety Plan: xx/xx/xxxx

## Additional Smith Family Information

**Directions:** This information has been provided to supplement the information learned through the most recent interviews with the Smith Family and provide detail about potential resources. Review the information and incorporate it into your formal In-Home Safety Assessment.

As part of the next steps with Crystal and Colin, you ask if there are any resources to their family that would be able to help to assure the safety of Carley and Christian. After some reluctance, Crystal mentions her mother, Sheila Smith. She feels that even though she “causes a lot of my problems,” she is always willing to help. She also shares that she has a brother, Brian, who lives in the next town over. She doesn’t see Brian a lot since he is always busy at his job as an adjunct professor at the community college. He might be willing to help, if he needed to.

The Smith family is also members of the Brightside Baptist Church. The pastor, Michael Scott, has been supportive of Crystal and her children. Crystal feels that he or other members of their church may be willing to help, but Crystal only feels comfortable talking with Pastor Scott about her family. Colin is quiet throughout most of the conversation. He doesn’t feel that his friends would be capable or interested in helping out with the kids. He also expresses that he doesn’t feel able to handle the kids full time by himself. Colin does not have any family close by. His sister lives in a different state and has never met Crystal, Carley, or Christian. He no longer communicates with either of his parents.

You ask Crystal about service providers she previously worked with and her relationship with them. Crystal said that the D&A counselor, Clint Nail, was able to help her before, but she hasn’t spoken with him for two years. Colin doesn’t know him at all. Crystal expresses a willingness to speak with Clint, if he still works at the same place. She doesn’t remember any of the other provider names and didn’t feel as if they understood her or helped her in the past.

You are able to make some phone calls from the Smith house. All of the resources Crystal and Colin identified are willing to come over and discuss how they can help. As people arrive, Crystal becomes more quiet and nervous – even though each person greets her warmly.

You ask Crystal to share with her friends and family, in her own words, why they are here today. Crystal states that they are here because her Mother told on her. You end up needing to step in to restate the purpose of getting everyone together which is to not place blame or point fingers, but to get together as a family to assure the safety of Carley and Christian. You express that the concerns are that both children are being left alone for extended periods of time due to Crystal’s drug use. Crystal’s body language is very rigid and she becomes defensive.

Brian states that he has been so busy with work that he didn't realize that there was a problem. He shares that he would be willing to help but that teaching takes up a lot of his time. He wouldn't be able to care for the kid's full time.

Pastor Scott expresses support for Crystal and her children. He feels strongly that he would be able to provide help through the church and encourages Crystal to let Carley and Christian take a more active role in the after school programs at the church. They even have a group for kids Christian's age who are not yet in school during the day. If necessary, he would be willing to call on the other members of the congregation to seek their support as well.

Sheila states that she wants to see Crystal taking care of her kids. She doesn't want to hear that the kids are left alone anymore. She states that she knows that Crystal is a good mother when she is not on drugs, but that lately Crystal isn't doing right by her kids. She wants Crystal to stop doing drugs and leaving her kids alone. Crystal becomes very defensive with her mother at this point and tries to minimize the safety threats and her actions. She still won't acknowledge that she left the children alone for all that long and wants everyone to stop judging her. Colin expresses his opinion that Crystal is a good mother and tries her best. You acknowledge Crystal's strengths, especially her love for her children and that she has a history of being a good parent without any help in the past. You also acknowledge that there are still the concerns for the safety of both children and that we are working together without shame or blame to determine how to make sure Carley and Christian are safe.

Clint Nail speaks out at this point and reminds the group that he knows that Crystal has been successful at being drug free in the past. Crystal states that she went two full years without using drugs. Clint stresses that, in his opinion, what needs to change is Crystal's drug use. Clint states that there is an opening at his facility that Crystal could enter into today. The program requires a five-day inpatient stay for detox and then a longer term outpatient therapy to treat the addiction.

Crystal is very reluctant at first to leave her children. The last time she went through the process it was hard for her to be away from her kids – and to see her kids doing so well without her. Every time they came to visit she felt more like a failure. Pastor Scott was able to reassure Crystal that her kids love her and she will always be their mother. Pastor Scott stated that, in the long run, if a few days away from them means that she will be able to provide for them on her own, it would be worth the separation.

Sheila says that she would be willing to care for Carley and Christian at her house – as long as she needs to – until Crystal gets back on her feet again. She states that the kids have stayed with her before, they are comfortable at her house, and they have their rooms already set up. Brian says that he will stop by when he can to help out, maybe to take Carley to school or to the after school programs. Pastor Scott shares that the kids are welcome at the church and he would be available if Sheila needed help. The group looks to Crystal and Colin for agreement. Colin is silent. Crystal appears sad, looks away, and nods.

# Smith Family Safety Assessment

<b>Date of Safety Assessment: 10/17/200-</b>			<b>Type of Assessment:</b>			
<b>I. Family Name: Smith</b>		<b>Case number: 0101010</b>		<b>Caseworker Name:</b>		
Suf	Child's Name	Age	Suf	Child's Name	Age	
A	Carley Smith	10				
B	Christian Smith	4				
Caregiver of Origin's Name		Rel	Date Seen	Caregiver of Origin's Name		Date Seen
Crystal Smith		M	10/17/200			
Colin Levitt		B/f	10/17/200			
<b>II. Identify Safety Threats Below</b>			List each child by name or suffix in the column. Note: only select Yes if the Safety Threshold was met			Explain how Safety Threshold was met (Safety Threshold: vulnerable child, specific, out-of control, imminent, and serious harm likely)
Date of Face-to-Face Contact:			10/17/00	10/17/00		
1. Caregiver(s) intended to cause serious physical harm to the child.	Y					
	N	<b>A</b>	<b>B</b>			
2. Caregiver(s) are threatening to severely harm a child or are fearful that they will maltreat the child.	Y					
	N	<b>A</b>	<b>B</b>			
3. Caregiver(s) cannot or will not explain the injuries to a child.	Y					
	N	<b>A</b>	<b>B</b>			
4. Child sexual abuse is suspected, has occurred, and/or circumstances suggest abuse is likely to occur.	Y					
	N	<b>A</b>	<b>B</b>			
5. Caregiver(s) are violent and/or acting dangerously.	Y					
	N	<b>A</b>	<b>B</b>			
6. Caregiver(s) cannot or will not control their behavior.	Y	<b>A</b>	<b>B</b>			Crystal has a significant substance abuse problem which is directly affecting her parenting, her lack of protectiveness, her perceptions about child safety and her judgment. She is impulsive and frequently leaves the children at home alone to acquire and use drugs.
	N					
7. Caregiver(s) react dangerously to child's serious emotional symptoms, lack of behavioral control, and/or self-destructive behavior.	Y					
	N	<b>A</b>	<b>B</b>			
8. Caregiver(s) cannot or will not meet the child's special, physical, emotional, medical, and/or behavioral needs.	Y					
	N	<b>A</b>	<b>B</b>			

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9. Caregiver(s) in the home are not performing duties and responsibilities that assure child safety.	Y	A	B				The children are left alone at night (often all night long), often 4 to 5 times per week. Carley is expected to care for Christian and herself, and mother feels Carley is capable of this. Although Colin realizes this is inappropriate, he does not take action to assure the children receive proper supervision.
	N						
10. Caregiver(s) lack of parenting knowledge, skills, and/or motivation presents an immediate threat of serious harm to a child.	Y	A	B				Crystal's focus on obtaining and using drugs has impacted her judgment and resulted in her leaving her children alone, often for extended periods of time, 4 to 5 times per week. As a result of their young ages and their inability to protect themselves, the threat of serious harm to the children exists. Colin does not demonstrate a consistent presence in the home to protect the children.
	N						
11. Caregiver(s) do not have or do not use resources necessary to meet the child's immediate basic needs which presents an immediate threat of serious harm to a child.	Y						
	N	A	B				
12. Caregiver(s) perceive child in extremely negative terms.	Y						
	N	A	B				
13. Caregiver(s) overtly rejects CPS/GPS intervention; refuses access to a child; and/or there is some indication that the caregivers will flee.	Y						
	N	A	B				
14. Child is fearful of the home situation, including people living in or having access to the home.	Y	A	B				Carley expresses anxiety related to being left home alone and of the neighborhood in which the family lives. Christian appeared withdrawn and was not very verbal throughout the interview process.
	N						

**III. Are Safety Threats Present?**  Yes?  No? If Yes, complete the following:

**Protective Capacities:** A Protective Capacity is a specific quality that can be observed and understood to be part of the way a caregiver thinks, feels, and acts that makes him or her protective. The purpose of determining whether or not a caregiver has Protective Capacities is to 1) determine if the child can be safe with that caregiver, 2) to determine when a child could be safely returned to the home, and/or 3) to determine if the case can be closed. Protective Capacities can be absent, enhanced or diminished. Consider each identified Safety Threat. What Protective Capacity must be enhanced and in operation to mitigate that threat? For enhanced Protective Capacities, describe specifically how that Protective Capacity would prevent the Safety Threat from reoccurring in the near future.

Caregiver of Origin's Name	Safety Threat By #	Child Suffix/ Name	List the caregiver(s) of origin's Protective Capacities which, when enhanced AND used, would mitigate the Safety Threat.	Indicate if the Protective Capacity is enhanced, diminished or absent. For enhanced Protective Capacities describe how the selected capacity prepares, enables, or empowers caregiver(s) of origin to be protective. Will the caregiver(s) be able to put the Protective Capacity into action?
Crystal	6, 9, 10, 14	A & B	The caregiver demonstrates impulse control.	This is a diminished protective capacity. Crystal's motivation to seek and use drugs compromises any protective capacities she usually has when not drugging. Crystal also demonstrates that she is currently unable or unwilling to demonstrate impulse control as is evidenced by her frequent leaving both of her children unsupervised.

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			The caregiver has a history of protecting	This is a diminished protective capacity. While Crystal has periods of being protective in the past, she is not calling upon that now. In order to be enhanced, Crystal must be able to demonstrate how she can draw from her prior success
			The caregiver expresses love, empathy, and sensitivity toward the child; experiences specific empathy with the child's perspective and feelings	This is a diminished protective capacity. While Crystal shares that she loves her children and has dreams for her children's future, she does not fully recognize that her children are fearful when they are left alone or understand the long term emotional impact that that fear has on children.
Crystal	10	A	The caregiver has accurate perceptions of the child	This protective capacity is currently absent for Crystal. She is unaware of and lacks sufficient understanding of child development and has parentified her eldest child, Carley. Crystal's expectation is for Carley to provide care and supervision to Christian and, when she is hung-over, to provide care to Crystal herself.
Colin	6, 9, 10, 14	A & B	The caregiver has adequate knowledge to fulfill caregiving responsibilities and tasks.	This is a diminished protective capacity. While Colin states that he knows the children should not be left alone, he frequently leaves the home before Crystal knowing that Crystal will leave the children unsupervised so he cannot be relied upon.
			The caregiver understands his/her protective role	This is a diminished protective capacity. It is unclear whether or not Colin fully embraces his caregiving role. He has previously demonstrated a willingness to be part of the children's lives and has further stated that he is planning on being part of the family for the long-term; however, he has yet to fully acknowledge his role/responsibility for being a caregiver to the children. He does not have a clearly defined role both from the perspective of Crystal and both children.

**IV. Safety Analysis:** As part of your analysis, respond to the following four questions:

*How are Safety Threats manifested in the family?*

Mother's current level of drug use currently impacts negatively on her ability to provide adequate care and supervision to the children. Mother leaves the children home alone to locate and use drugs, often overnight, 5-6 times per week. Although Colin is a household member and recognizes that the children should not be left unsupervised, he has not assured the children are supervised by a responsible adult at all times. Mother's judgment is impaired by her drug use, and she feels that Carley is capable of caring for Christian in the absence of an adult caregiver, to include extended periods of time. In addition, Carley exhibits anxiety about being left alone, as well as of the community in which they live. Christian is somewhat withdrawn.

*Can an able, motivated, responsible adult caregiver adequately manage and control for the child's safety without direct assistance from CCYA?*

No, currently both caregivers in the home demonstrate diminished Protective Capacities and are unable to assure the children's safety with assistance from CCYA.

*Is an in-home CCYA managed Safety Plan an appropriate response for this family?*

No, the supports available to the family cannot be put into place in the children's own home. Due to mother's inability to put the children's need for constant supervision above her own need to seek out and use drugs and a lack of resources that could be put into place in the home of origin. However, a CCYA managed comprehensive safety plan would be an appropriate response for the family, utilizing family supports and community resources to prevent the children from being placed in a formal placement setting and the need for CCYA to petition for formal custody in court.

*What safety responses, services, actions, and providers can be deployed in the home that will adequately control and manage Safety Threats?*

The children could be cared for informally by the maternal grandmother in her residence, utilizing community supports to assure continuity in school attendance and continued contact between the children and their mother. Crystal can enter into a detox program which is slated to last five days. CCYA will collaborate with the D&A provider to monitor progress and assess mother's readiness to resume care of the children. Maternal grandmother can care for the children while mother attends detox and in the time period following Crystals' release from detox. Community support systems, including the pastor from the family's church, will assist grandmother in getting Carley to school, and in allowing for continued contact between the children and their mother. CCYA worker will maintain weekly contact with the grandmother and the children through home visits and phone calls.



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<b>V. Caregiver(s) of Origin and Children Who Were Not Seen:</b> Every effort should be made to see each caregiver of origin and child in the family face-to-face to determine if the child(ren) is/are safe. If there is a caregiver of origin or child in the family that was not seen (e.g. child runaway or adult caregiver of origin out of town), list their name, age, role within the family, and provide justification as to why they were not seen, how long it has been since someone has seen them, and the plan identified to see/locate them and to assure that child's safety.					
<b>Child Name</b>	<b>Age</b>	<b>Justification</b>			
All parties were seen					
<b>VI. Safety Decision -</b>			List each child by name or suffix		
<b>Decision Date:</b>					
<b>Safe:</b> Either the caregiver(s) of origin's existing Protective Capacities sufficiently control each specific and identified Safety Threat, or no Safety Threats exist. Child can safely remain in the current living arrangement or with the caregiver(s) of origin. Safety Plan is not required.					
<b>Safe with a Comprehensive Safety Plan:</b> Either the caregiver(s) of origin's existing Protective Capacities can be supplemented by safety actions to control each specific and identified Safety Threat or the child must temporarily reside in an alternate informal living arrangement. No court involvement is necessary; however a Safety Plan is required.			A	B	
<b>Unsafe:</b> Caregiver(s) of origin's existing Protective Capacities cannot be sufficiently supplemented by safety actions to control specific and identified Safety Threats. Child cannot remain safely in the current living arrangement or with the caregiver(s) of origin; County Children and Youth Agency must petition for custody of the child. A Safety Plan is not required if the child is removed by court order as a result of the safety threat(s).					
<b>VII. Signatures of Approval</b> (Requires Supervisory Discussion)					
	<b>Caseworker Name</b>	Signature		Date	
	<b>Supervisor Name</b>	Signature		Date	



## Smith Family Safety Plan - Example

<b>I.</b>	<b>Family Name:</b> Smith	<b>Case Number:</b> 000000000000	<b>Children's Names or Suffixes:</b> Carley and Christian	<b>Date of Safety Plan:</b> 10/17/2000	
<b>II. Safety Plan:</b> Identify the Safety Threat, the person responsible for ensuring that the safety action is completed, the safety action, and the child (by name and suffix). <b>Note: for In-Home Safety Plans, it is agreed that these actions are necessary to maintain the child(ren) safely in their own home. If these actions are not achieved, do not provide for the safety of the child, and/or additional safety threats are identified which make the child unsafe in their own home, consideration will be made for the removal and placement of the child(ren) to ensure safety.</b>					
Safety Threat By #	Child Suffix	Responsible Person	Safety Action	Time Period	How Monitored
9, 10	A & B	Clint Nail will facilitate admission. Mom will self-admit.	Crystal will immediately enter Mountainside Substance Abuse Treatment Center for detox to address current addiction.	From today 00/00/0000 to discharge	Clint Nail will notify worker of progress and anticipated discharge date & monitor for mother leaving AMA.
14	A & B	MGM, Mother	MGM will voluntarily care for the children in her home, which has been assessed as appropriate through a HV. Mother agrees to this arrangement for the care of her children.	Now until 15 days post discharge of mother from treatment	Worker will contact MGM weekly by phone and visit once a week.
6, 9, 10	A&B	Mother	Mother agrees to contact CYS worker prior to resuming care of the children without prior agreement among all parties.	While children are with MGM	MGM will contact CYS worker should mother decide without agreement of CYS to resume care of the children. CYS will maintain weekly contact with MGM by phone and in person.
6, 9	A&B	MGM, CYS worker, Clint Nail	MGM, Clint Nail & CYS worker will assure that all contact is appropriate and in the best interest of the children	While children are with MGM	Through regular contact between MGM, Clint Nail and CYS worker

**III. Plan Agreement:**

**Signature on the safety plan indicates that the responsible person agrees to follow the safety plan as prescribed. The responsible person also agrees to notify the child and youth caseworker and/or private provider staff if they are in need of assistance, unable to fulfill their responsibilities as detailed in the plan, and/or if other individuals attempt to have unapproved contact with the child.**

<b>Responsible Persons Print Name/ Address</b>	<b>Signature</b>	<b>Relationship to Children</b>	<b>Date</b>
Crystal Smith		Mother	
Maternal Grandmother's name		Maternal Grandmother	
Pastor Reed		Family Support	
Clint Nail		Drug and Alcohol Provider	

**Agency Representatives:**

Caseworker		Phone:	
Supervisor		Phone:	

**IV. Parental / Legal Custodian Waiver (Sign Below):**

**"I authorize the release of all of the information on the Safety Assessment and Plan to all participants in the Safety Plan, for the purpose of providing information about their role in enforcing the Safety Plan. I hereby waive any rights to confidentiality that I may otherwise have concerning the information on the Safety Plan."**

Parent or legal custodian name	Signature	Phone:	
Parent or legal custodian name	Signature	Phone:	
Child Name, if applicable	Signature	Phone:	
Child Name, if applicable	Signature	Phone:	
Other Name	Signature	Phone:	

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**PENNSYLVANIA MODEL  
RISK ASSESSMENT FORM**

ASSESSMENT CODES: Z - NO RISK    L - LOW RISK    M - MODERATE RISK    H - HIGH RISK    X - UNABLE TO ASSESS

CASE NAME: Smith

CASE #

A. CHILD FACTORS	NAME: AGE:	Carley 10	Christian 4				HIGHEST RISK FACTOR
1. VULNERABILITY		M	H				H
2. SEV/FREQ AND/OR RECENTNESS OF ABUSE/NEGLECT		M	H				H
3. PRIOR ABUSE/NEGLECT		M	M				M
4. EXTENT OF EMOTIONAL HARM		H	M				H
B. CARETAKER, HOUSEHOLD MEMBER, PERPETRATOR	NAME: AGE:	Crystal 30	Colin 30				HIGHEST RISK FACTOR
5. AGE, PHYSICAL, INTELLECTUAL OR EMOTIONAL STATUS		M	M				M
6. COOPERATION		M	M				M
7. PARENTING SKILLS /KNOWLEDGE		M	M				M
8. ALCOHOL/SUBSTANCE ABUSE		H	X				X
9. ACCESS TO CHILDREN		H	H				H
10. PRIOR ABUSE/NEGLECT		M	L				M
11. RELATIONSHIP WITH CHILDREN		H	M				H
C. FAMILY ENVIRONMENT		<b>D. PLEASE USE BACK OF PAGE FOR NARRATIVE</b>					RISK FACTOR
12. FAMILY VIOLENCE	Z						
13. CONDITION OF THE HOME	L						
14. FAMILY SUPPORTS	M						
15. STRESSORS	M						
WORKER	DATE	OVERALL SEVERITY		H			
SUPERVISOR	DATE	OVERALL RISK		M			

**RISK/SEVERITY ASSESSMENT FORM**

**D. Note specific evidence supporting all High Risk and Moderate Risk conclusions and justify all "Unable to Assess" ratings. You must provide conclusions regarding Overall Severity/Risk based on the interaction of all factors. Attach extra pages if needed.**

The **overall severity** rating for the Smith family is high due to the fact that the Smith family children have repeatedly been left alone by the mother for extended periods of time. This occurs several times per week. While the children have not yet experienced any injuries, the frequency of the children being left alone increases the likelihood that they will be injured in the future. Because of this, and the concern that Crystal does not recognize the danger in leaving the children alone and Colin makes no effort to correct this issue.

Crystal Smith admits to having a significant substance abuse problem. She reports using alcohol and crack cocaine approximately 5-6 times per week. The mother's substance abuse is currently affecting the mother's ability to adequately supervise the children as well as consistently meet their basic needs for safety. Crystal Smith leaves the home when she uses, leaving Carley Smith, aged 10 to care for herself and her 4-year-old brother, Christian. Due to the substance use/abuse this pattern of behavior is not likely to change in the future.

Carley is developmentally appropriate and physically healthy although she appears to be emotionally and intellectually mature for her age. This is due to her being parentified which supports a rating of high for the Severity, Frequency, and/or Recentness of Abuse/Neglect risk factor. Carley has assumed the role of caregiver for both her mother and brother. Crystal stated that Carley takes care of her when she is feeling poorly. This occurs multiple times a week and is correlated to Crystals' substance abuse. Christian presents as very attached to Carley and looks to Carley for his physical and emotional care. Carley is somewhat preoccupied with family situation as she expresses concern for the welfare of her mother and she is also protective of her younger brother. Both children have expressed fear in being left alone and have fear of their neighborhood. The mother does not deny that the children were left alone but minimizes the severity of the concerns. This is exemplified by mother's report that Carley is capable of providing the needed supervision. Both children are physically healthy although Christian's behavior is withdrawn.

The **overall risk** rating for the Smith family is moderate. Crystal Smith appears to be intelligent, articulate, and sociable. She is able to communicate her needs but has difficulty meeting those needs in adaptive ways. She has limited ability to solve problems (particularly with regards to long-term problem solving). She expresses having a positive vision for her future (e.g., to get out of the "projects."). However, her ideas and thoughts about changing her current circumstances are not planned out. Crystal has difficulty managing stress. She has feelings of insecurity and becomes easily threatened. Crystal lacks self-control (e.g., substance abuse, leaving the kids unattended). She appears to have poor self-esteem. There may be some dependency issues as evident in her history of failed relationships with men. Also, she appears to frequently rely on others to get her needs met (e.g., Colin, Carley, her mother). While she is somewhat open about her drug usage, she remains guarded. Crystal expressed feeling "guilty" about some of the choices that she has made in her life.

At some level, she remains in denial about the significance of individual problems and tends to blame others. Even though Crystal expresses love for her children and describes positives interactions with both Carley and Christian, the Relationship to Children Factor is rated as high because of Crystal's parentification of Carley and Christians' dependence on Carley for his



care.

There have been previous referrals made on the Smith Family related mostly to Carley being truant from school which appeared to be as a result of previous drug and alcohol use by Crystal. The previous referrals were unsubstantiated but did result in Crystal receiving and successfully completing a drug treatment program. She did remain sober for two years. It is unclear, at this point what prompted her current drug and alcohol abuse; however, information supports that that abuse is increasing. This may be as a result of her relationship with her current boyfriend, Colin.

Colin is clearly able to communicate needs, feelings and perceptions regarding the family situation, but generally keeps the conversation at a superficial level. He appears to be somewhat guarded, distrustful and does not talk much about himself. He tends to remove himself from any direct responsibility for family problems by focusing attention toward Crystal. He is controlled and seems thoughtful. He appears to be resourceful and intelligent. Based on interviews with the children, it appears that he is distributing drugs within the community and has been responsible for supplying Crystal with drugs. He denies selling drugs but is vague about his employment. He avoids conflict (e.g., prefers to leave the home during conflict). Colin has no apparent mental health issues. Although he denies substance abuse/use, there are concerns that he might be involved with drugs which led to the X rating. He presents as emotionally controlled and stable.

While the interior of the home is clean and free of hazards, both children are fearful of the neighborhood that they are living in. There are also financial stressors in the home. Crystal is not employed and, as previously mentioned, Colin's employment is unclear. Crystal does have some support from her mother although she blames her mother for becoming involved with CCYA. Crystal does not actively reach out for support from her mother, although Carley looks to her grandmother as a resource she can access when needed. Crystal has not been forthcoming with information regarding the biological father of either Carley or Christian. Efforts have been made and will continue to be made to locate the fathers of both Carley and Christian and they will be incorporated into future risk assessments once they are located. Colin does not have family supports and was not forthcoming with other resources available to him.



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# Smith Family Service Plan

## FAMILY SERVICE PLAN

Parents, guardians, custodians and children have the right to participate in the development of this plan; however, if you disagree with this plan you are not required to sign and have the right to appeal.

Parents, guardians and custodians must notify the county agency within 24 hours when the child or family moves from one residence to another.

Please notify the agency if you require accommodations to participate in the development of the plan as required by the Americans with Disabilities Act. This plan will be provided in alternate format upon request.

Family Name: Smith

County: Any

Case Number: 0101010

Date Family Accepted for Service: 10/17/20xx

Date of Initial/Revised Plan: 11/20/20xx

Date of Next Plan Review: 4/29/20xx

Initial Family Service Plan  Revised Plan

### INITIAL FAMILY STRENGTHS:

Crystal and Colin actively participate in the safety assessment and are cooperative with the development and implementation of the Safety Plan. The physical home environment was free of safety hazards. Children's basic needs are being met.

Crystal speaks very fondly of her children and appears proud of them. Crystal has dreams for her children. Crystal has strong attachments with her children. Crystal appears to be intelligent, articulate, and sociable. Crystal displays at least an average level of intelligence in her communications. Crystal is concerned that her children become responsible adults. Crystal knows that she has family members she can use as resources. Crystal knows that others in the community are willing to step into her life to make sure that her children are protected from abuse and neglect. Crystal provides a clean home for herself and her children.

Colin is clearly able to communicate his needs, feelings and perceptions regarding the family situation. Colin appears thoughtful. Colin can avoid conflict. Colin appears emotionally controlled and stable. Colin speaks positively about the children. Colin is resourceful. Colin enjoys playing with the children and will take them to get something to eat or to the park.

### STRENGTHS IDENTIFIED DURING REVIEW:

N/A

# Smith Family Service Plan

Date of Initial/Revised Plan: 11/20/20xx	Case Number: 0101010	Family Name: Smith
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**INITIAL REASON FAMILY WAS ACCEPTED FOR SERVICE:**

*Describe the family's situation(s) and the causes of the situation(s):*

Crystal's (mother) history of drug use currently impacts negatively on her ability to provide adequate care and supervision to the children. She leaves the children home alone, often overnight, 5-6 times per week so that she can locate and use drugs. Although Colin is a household member and recognizes that the children should not be left unsupervised, he has not assured the children are supervised by a responsible adult at all times. Mom's judgment is impaired by her drug use, and she feels that Carley is capable of caring for her younger brother, Christian in the absence of an adult caregiver, to include extended periods of time.

*Effects on child(ren):*

Both children report they are scared to be home alone at night and scared of the neighborhood in which they live. Carley is parentified and expected to care for her mother when she is hung-over and also provide care for her 4-year-old brother.

*Concerns:*

Crystal leaves the children home alone for long periods of time unsupervised so that she can use and obtain drugs. Collin leaves the home knowing that Crystal will leave the children home alone. Crystal admits to leaving the children home alone but does not see this as a major concern as Carley is 10-years-old and can provide supervision to Christian (age 4). Crystal's treatment needs are not known at this time. Christian presents extremely shy and his developmental functioning is not known at this time. It is unclear if Colin fully embraces the caregiver role. He has been part of the children's lives and says he wants to be a part of the family long-term; but has not yet fully acknowledged his role as a caregiver.

Initial level of risk on:                      was:

<input type="checkbox"/> High	<input checked="" type="checkbox"/> Moderate	<input type="checkbox"/> Low	<input type="checkbox"/> No
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**REASON FOR REVISION:**

*Describe the family's situation(s) and the causes of the situation:*

*Effects on child(ren):*

*Concerns:*

Current level of risk on:                      is:

<input type="checkbox"/> High	<input type="checkbox"/> Moderate	<input type="checkbox"/> Low	<input type="checkbox"/> No
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## Smith Family Service Plan

<i>Date of Initial/Revised Plan:</i> 11/20/20xx		<i>Case Number:</i>		<i>Family Name:</i> Smith	
<b>IDENTIFYING INFORMATION</b>					
If the county agency or juvenile court has concerns about the safety of anyone noted in this plan, addresses and phone numbers may be withheld.					
<b>CHILD:</b>					
<i>First Name:</i> Carley		<i>Middle Initial:</i> P	<i>Last Name:</i> Smith		<i>Gender:</i> M <input type="checkbox"/> F <input checked="" type="checkbox"/>
<i>DOB:</i> Age 10					
<i>Address 1:</i> 123 South Pendleton Avenue		<i>Address 2:</i>		<i>Phone:</i>	
<i>City:</i> Anytown		<i>State:</i> PA	<i>Zip:</i> 11111	( 717 ) 555-1234	
<b>MOTHER:</b>					
<i>First Name:</i> Crystal		<i>Middle Initial:</i>	<i>Last Name:</i> Smith		<i>DOB:</i> Age 30
<i>Address 1:</i> 123 South Pendleton Avenue		<i>Address 2:</i>		<i>Phone:</i>	
<i>City:</i> Anytown		<i>State:</i> PA	<i>Zip:</i> 11111	( 717 ) 555-1234	
<b>FATHER(S):</b>					
<i>First Name:</i> James		<i>Middle Initial:</i>	<i>Last Name:</i> Webster		<i>DOB:</i>
<i>Phone:</i> ( 516 ) 555-7890					
<i>Address 1:</i> 12 Main Street		<i>Address 2:</i>		<i>Biological:</i>	<i>Legal:</i>
<i>City:</i> Anytown		<i>State:</i> OH	<i>Zip:</i> 40000	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>Alleged:</i>		<input type="checkbox"/>			
<i>First Name:</i>		<i>Middle Initial:</i>	<i>Last Name:</i>		<i>DOB:</i>
<i>Phone:</i> (    )					
<i>Address 1:</i>		<i>Address 2:</i>		<i>Biological:</i>	<i>Legal:</i>
<i>City:</i>		<i>State:</i>	<i>Zip:</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Alleged:</i>		<input type="checkbox"/>			
<i>First Name:</i>		<i>Middle Initial:</i>	<i>Last Name:</i>		<i>DOB:</i>
<i>Phone:</i> (    )					
<i>Address 1:</i>		<i>Address 2:</i>		<i>Biological:</i>	<i>Legal:</i>
<i>City:</i>		<i>State:</i>	<i>Zip:</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Alleged:</i>		<input type="checkbox"/>			

# Smith Family Service Plan

Date of Initial/Revised Plan: 11/20/20xx		Case Number:		Family Name: Smith					
<b>OTHER CAREGIVER(S)/PRINCIPAL CAREGIVER IF CHILD NOT WITH PARENT <input type="checkbox"/> N/A</b>									
First Name: Colin		Middle Initial:	Last Name: Levitt		DOB:	Phone:	Has Legal Custody:	Date of Custody Order:	
Relationship to Child: Mother's live-in paramour					Age 30	717 -555-1234	<input type="checkbox"/>		
Address 1: 123 South Pendleton Avenue			Address 2:						
City: Anytown			State: PA	Zip: 11111					
First Name:		Middle Initial:	Last Name:					<input type="checkbox"/>	
Relationship to Child:									
Address 1:			Address 2:						
City:			State:	Zip:					
<b>PERMANENCY GOAL</b>									
<input checked="" type="checkbox"/> <b>Child remains in the home. (Check only one box)</b> <input type="checkbox"/> The child is not at imminent risk of placement. <b>OR</b> <input checked="" type="checkbox"/> The child is at imminent risk of removal from his/her home. Absent effective preventive services, foster care is the planned placement for the child. Foster care is defined as foster family homes, kinship foster homes, group homes, emergency shelters, residential facilities, child-care institutions, and pre-adoptive homes. <b>OR</b> <input type="checkbox"/> Absent effective preventive services provided for in this service plan, placement outside of the home other than in foster care is the planned placement for the child.									
<input type="checkbox"/> <b>Child entered substitute care with the goal of:</b>							Date Court Approved:		
<input type="checkbox"/> Return to parent, guardian or other custodian.									
<input type="checkbox"/> Place for adoption.									
<input type="checkbox"/> Placement with a permanent legal custodian.									
<input type="checkbox"/> Place permanently with a fit and willing relative.									
<input type="checkbox"/> Placement in another planned living arrangement intended to be permanent.									



## Smith Family Service Plan

**The safety of the child will be assessed at every contact and documented in the family case record. The Safety Plan will be revised when needed to assure the safety of the child.**

<i>Date of Initial/Revised Plan:</i>	<i>Case Number:</i>	<i>Family Name:</i>
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### IDENTIFYING INFORMATION

If the county agency or juvenile court has concerns about the safety of anyone noted in this plan, addresses and phone numbers may be withheld.

#### CHILD:

<i>First Name:</i> Christian	<i>Middle Initial:</i>	<i>Last Name:</i> Smith	<i>Gender:</i> M <input checked="" type="checkbox"/> F <input type="checkbox"/>	<i>DOB:</i> 4-years-old
<i>Address 1:</i> 123 South Pendleton Avenue	<i>Address 2:</i>		<i>Phone:</i>	
<i>City:</i> Anytown	<i>State:</i> PA	<i>Zip:</i> 11111	(717 )	

#### MOTHER:

<i>First Name:</i> Crystal	<i>Middle Initial:</i>	<i>Last Name:</i> Smith	<i>DOB:</i> Age 30	
<i>Address 1:</i> 123 South Pendleton Avenue	<i>Address 2:</i>		<i>Phone:</i>	
<i>City:</i> Anytown	<i>State:</i> PA	<i>Zip:</i> 11111	(717 )	

#### FATHER(S):

<i>First Name:</i> Unknown	<i>Middle Initial:</i>	<i>Last Name:</i>	<i>DOB:</i>	<i>Phone:</i> ( )	
<i>Address 1:</i>	<i>Address 2:</i>		<i>Biological:</i>	<i>Legal:</i>	<i>Alleged:</i>
<i>City:</i>	<i>State:</i>	<i>Zip:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>First Name:</i>	<i>Middle Initial:</i>	<i>Last Name:</i>	<i>DOB:</i>	<i>Phone:</i> ( )	
<i>Address 1:</i>	<i>Address 2:</i>		<i>Biological:</i>	<i>Legal:</i>	<i>Alleged:</i>
<i>City:</i>	<i>State:</i>	<i>Zip:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>First Name:</i>	<i>Middle Initial:</i>	<i>Last Name:</i>	<i>DOB:</i>	<i>Phone:</i> ( )	
<i>Address 1:</i>	<i>Address 2:</i>		<i>Biological:</i>	<i>Legal:</i>	<i>Alleged:</i>
<i>City:</i>	<i>State:</i>	<i>Zip:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Smith Family Service Plan

Date of Initial/Revised Plan: 11/20/20xx		Case Number:		Family Name: Smith			
<b>OTHER CAREGIVER(S)/PRINCIPAL CAREGIVER IF CHILD NOT WITH PARENT <input type="checkbox"/> N/A</b>							
First Name: Colin		Middle Initial:	Last Name: Levitt		DOB:	Phone:	Has Legal Custody:
Relationship to Child: Mother's live-in paramour					Age 30	717 -555-1234	<input type="checkbox"/>
Address 1: 123 South Pendleton Avenue			Address 2:				
City: Anytown			State: PA	Zip: 11111			
First Name:		Middle Initial:	Last Name:				
Relationship to Child:							
Address 1:			Address 2:				
City:			State:	Zip:			
<b>PERMANENCY GOAL</b>							
<input checked="" type="checkbox"/> <b>Child remains in the home. (Check only one box)</b> <input type="checkbox"/> The child is not at imminent risk of placement. <b>OR</b> <input checked="" type="checkbox"/> The child is at imminent risk of removal from his/her home. Absent effective preventive services, foster care is the planned placement for the child. Foster care is defined as foster family homes, kinship foster homes, group homes, emergency shelters, residential facilities, child-care institutions, and pre-adoptive homes. <b>OR</b> <input type="checkbox"/> Absent effective preventive services provided for in this service plan, placement outside of the home other than in foster care is the planned placement for the child.							
<input type="checkbox"/> <b>Child entered substitute care with the goal of:</b>							Date Court Approved:
<input type="checkbox"/> Return to parent, guardian or other custodian.							
<input type="checkbox"/> Place for adoption.							
<input type="checkbox"/> Placement with a permanent legal custodian.							
<input type="checkbox"/> Place permanently with a fit and willing relative.							
<input type="checkbox"/> Placement in another planned living arrangement intended to be permanent.							
<b>The safety of the child will be assessed at every contact and documented in the family case record. The Safety Plan will be revised when needed to assure the safety of the child.</b>							

# Smith Family Service Plan

Date of Initial/Revised Plan: 11/20/20xx		Case Number:		Family Name: Smith	
<b>HOUSEHOLD MEMBERS</b>					
First Name:		Middle Initial:	Last Name:		DOB:
Relationship:			Gender: M <input type="checkbox"/> F <input type="checkbox"/>		Phone:
First Name:		Middle Initial:	Last Name:		DOB:
Relationship:			Gender: M <input type="checkbox"/> F <input type="checkbox"/>		Phone: (    )
First Name:		Middle Initial:	Last Name:		DOB:
Relationship:			Gender: M <input type="checkbox"/> F <input type="checkbox"/>		Phone: (    )
First Name:		Middle Initial:	Last Name:		DOB:
Relationship:			Gender: M <input type="checkbox"/> F <input type="checkbox"/>		Phone: (    )
First Name:		Middle Initial:	Last Name:		DOB:
Relationship:			Gender: M <input type="checkbox"/> F <input type="checkbox"/>		Phone: (    )
First Name:		Middle Initial:	Last Name:		DOB:
Relationship:			Gender: M <input type="checkbox"/> F <input type="checkbox"/>		Phone: (    )
First Name:		Middle Initial:	Last Name:		DOB:
Relationship:			Gender: M <input type="checkbox"/> F <input type="checkbox"/>		Phone: (    )
First Name:		Middle Initial:	Last Name:		DOB:
Relationship:			Gender: M <input type="checkbox"/> F <input type="checkbox"/>		Phone: (    )
First Name:		Middle Initial:	Last Name:		DOB:
Relationship:			Gender: M <input type="checkbox"/> F <input type="checkbox"/>		Phone: (    )

# Smith Family Service Plan

<i>Date of Initial/Revised Plan:</i> 11/20/20xx		<i>Case Number:</i>		<i>Family Name:</i> Smith	
<b>INDIVIDUALS/GROUPS SIGNIFICANT TO THE FAMILY</b>					
<i>First Name:</i> Brian		<i>Middle Initial:</i>	<i>Last Name:</i> Smith		<i>DOB:</i> Age 32
<i>Relationship:</i> Maternal Uncle			<i>Gender:</i> M <input checked="" type="checkbox"/> F <input type="checkbox"/>		<i>Phone:</i> (555) 555-0990
<i>Address 1:</i> 223 Spruce Street			<i>Address 2:</i>		
<i>City:</i> Anytown			<i>State:</i> PA		<i>Zip:</i> 11111
<i>First Name:</i> Brandi		<i>Middle Initial:</i>	<i>Last Name:</i> Smith		<i>DOB:</i> Age 33
<i>Relationship:</i> Maternal Aunt			<i>Gender:</i> M <input type="checkbox"/> F <input checked="" type="checkbox"/>		<i>Phone:</i> (555)555-0990
<i>Address 1:</i> 223 Spruce Street			<i>Address 2:</i>		
<i>City:</i> Anytown			<i>State:</i> PA		<i>Zip:</i> 11111
<i>First Name:</i> Sheila		<i>Middle Initial:</i>	<i>Last Name:</i> Smith		<i>DOB:</i> Age 65
<i>Relationship:</i> maternal grandmother			<i>Gender:</i> M <input type="checkbox"/> F <input checked="" type="checkbox"/>		<i>Phone:</i> (555) 555-1859
<i>Address 1:</i> 333 English Court			<i>Address 2:</i>		
<i>City:</i> Anytown			<i>State:</i> PA		<i>Zip:</i> 11111
<i>First Name:</i> Michael		<i>Middle Initial:</i>	<i>Last Name:</i> Scott		<i>DOB:</i>
<i>Relationship:</i> Family Pastor			<i>Gender:</i> M <input checked="" type="checkbox"/> F <input type="checkbox"/>		<i>Phone:</i> ( 555 ) 555-0174
<i>Address 1:</i> Brightside Baptist Church			<i>Address 2:</i> 501 Baltimore Avenue		
<i>City:</i> Anytown			<i>State:</i> PA		<i>Zip:</i> 11111
<i>First Name:</i> Clint		<i>Middle Initial:</i>	<i>Last Name:</i> Nail		<i>DOB:</i>
<i>Relationship:</i> Drug & Alcohol Counselor			<i>Gender:</i> M <input checked="" type="checkbox"/> F <input type="checkbox"/>		<i>Phone:</i> ( 555 ) 555-5597
<i>Address 1:</i> 1902 Carlisle Road			<i>Address 2:</i>		
<i>City:</i> Anytown			<i>State:</i> PA		<i>Zip:</i> 11111

# Smith Family Service Plan

<i>Date of Initial/Revised Plan:</i> 11/20/20xx	<i>Case Number:</i>	<i>Family Name:</i> Smith
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## SERVICE PLAN

**OBJECTIVE:** Crystal manages her addiction to drugs and alcohol so that she can provide appropriate supervision and care for the children.

**Related Concerns: Absent/Diminished Protective Capacities:** caregiver demonstrates impulse control; caregiver has a history of protecting  
**Risk Factors:** Age, physical, intellectual, or emotional status; History of neglect; Parenting skills/knowledge; Substance abuse; Family supports; Stressors

<i>Who</i>	<i>Will Do What Task</i>	<i>By When</i>	<i>How This Task Is Measured</i>	<i>Date Started</i>	<i>Date Completed</i>
Crystal Smith	Crystal will successfully complete the detox program at Mountainside Substance Abuse Treatment Center.	Until date of discharge by the facility	By the discharge report from Mountainside Treatment Center.		
Crystal Smith	Crystal will follow the discharge plan from Mountainside Substance Abuse Treatment Center.	From date of discharge until other recommendations are made	Weekly reports from her counselor, Clint Nail.		
Crystal Smith	Crystal will participate in intensive outpatient drug and alcohol treatment at Mountainside Substance Abuse Treatment Center until successfully discharged or other recommendations are made by her counselor.	Until recommended by counselor or successfully discharged	-Caseworker will have weekly phone contact with Crystal's counselor, Clint Nail. -Counselor (Clint Nail) will send monthly reports and discharge summary.		
Crystal Smith	Crystal will provide random drug screens as requested by the CYS agency.	As requested until 6/15/20xx	Caseworker will document all random drug screen requests and their results.		
Crystal Smith	Crystal will attend 2 NA or AA meetings a week.	Bi-weekly until 6/15/20xx	Crystal will get attendance sheet signed at each meeting and show caseworker each time she meets with him.		
Crystal Smith	Crystal will obtain and utilize a sponsor who she feels comfortable with and call the sponsor when she needs support or has the urge to use	Ongoing as needed	The caseworker will call the sponsor for updates after receiving contact information from Crystal.		

# Smith Family Service Plan

Comments:

*OBJECTIVE: Crystal will assure that her children are supervised at all times.*

**Related Concerns: Absent/Diminished Protective Capacities:** caregiver demonstrates impulse control; caregiver has a history of protecting  
**Risk Factor:** Vulnerability; Extent of emotional harm; Age, physical, intellectual, or emotional status; History of neglect; Parenting skills/knowledge; Relationship with children; Family supports; Stressors

<b>Who</b>	<b>Will Do What Task</b>	<b>By When</b>	<b>How This Task Is Measured</b>	<b>Date Started</b>	<b>Date Completed</b>
Crystal Smith	Crystal will enroll Christian in the Brightside Baptist Church all day daycare so he has appropriate supervision during the day while Crystal is in treatment.	Immediately following discharge from detox	Crystal will call the caseworker when Christian is enrolled		
Crystal Smith	Crystal will enroll Carley in the Brightside Baptist Church after school daycare and register her for transportation. Crystal will ensure her attendance.	Immediately following discharge from detox	Crystal will call the caseworker when Carley is enrolled. Caseworker will obtain attendance reports monthly.		
Crystal Smith	Crystal will sign a release for Brightside Baptist Church so caseworker can call for updates and receive records from the daycare.	Immediately following discharge from detox	Caseworker will have the signed release.		
Crystal Smith, Brian Smith	Brian will provide childcare for children at least 2X week according to Crystal's NA/AA meeting schedule.	Immediately following discharge from treatment.	Caseworker will call Brian weekly to confirm that he has been watching the children while Crystal attends her meetings.		
Colin Levitt and Crystal Smith	Crystal will attend a co-parenting class with Colin to discuss roles and responsibilities of being a parent. Colin will help with child care duties.	Crystal will register for classes upon the recommendation of her counselor, Clint Nail.	Colin and Crystal will attend the weekly classes and report their leanings to the caseworker Written monthly reports and collateral calls from the counselor.		

# Smith Family Service Plan

**OBJECTIVE:** Colin will better understand his caregiving role in the family and basic child development of a 4 and 10 year old to assure that the children are supervised at all times and safe from threats of harm.

**Related Concerns: Absent/Diminished Protective Capacities:** The caregiver has adequate knowledge to fulfill caregiving responsibilities and tasks; the caregiver understands his/her protective role

**Risk Factors:** Vulnerability; Extent of emotional harm; Age, physical, intellectual, or emotional status; Parenting skills/knowledge; Relationship with Children; Family supports; Stressors

<i>Who</i>	<i>Will Do What Task</i>	<i>By When</i>	<i>How This Task Is Measured</i>	<i>Date Started</i>	<i>Date Completed</i>
Colin Levitt and Crystal Smith	Colin will attend a co-parenting class with Crystal to discuss roles and responsibilities of being a parent. Colin will help with child care duties.	Colin will register for classes when Crystal's counselor, Clint Nail recommends.	Colin and Crystal will attend the weekly classes and report their leanings to the caseworker Written monthly reports and collateral calls from the counselor.		
Colin Levitt	Colin will attend weekly age appropriate parenting classes with a parenting coach.	April 20xx (minimum of 10 weeks)	Discharge report from parenting coach.		
Colin Levitt	Colin and Caseworker will discuss his progress in the parenting class and discuss the parenting coach's recommendations after the 10 sessions. If the coach recommends additional sessions, they will be planned at this meeting.	April 20xx	Discussion with Colin and Caseworker by reviewing the parenting program discharge recommendations.		
Colin Levitt	Colin will call the two local parenting classes to find one that he feels comfortable participating with and make a self-referral.	1/25/20xx	Colin will provide the name of the parenting class he chose to the caseworker by 2/1/20xx.		
Caseworker	Caseworker will make an appropriate referral to the parenting class that Colin chooses that discusses child development as a need for Colin.	2/4/20xx	Caseworker will provide Colin with the date, time and location of the parenting classes.		
Colin	Colin will sign a release of information for the parenting program so the caseworker can receive updates on Colin's progress.	2/5/20xx/09	Colin will provide the signed release to the caseworker. Caseworker will ask for reports.		

## Smith Family Service Plan

Colin	Colin will understand and be able to demonstrate that the children are too young to be left home alone unsupervised.	6/1/20xx	Colin will assure that someone is there to supervise the children when he does need to leave. Colin will be able to explain to the caseworker what plan he used when he did need to leave the home. Caseworker can verify this with the caregiver who supervised the children.		
Colin	Colin will participate in the men's/fathers group at the Brightside Baptist Church with Pastor Scott. Colin will use this group as a support to share his successes and struggles at becoming a role model and parenting figure to two small children.	6/1/20xx or ongoing as needed	Colin will self report when he attended the group. -Pastor Scott will maintain contact with the caseworker and discuss Colin's attendance and participation in the group.		



## Smith Family Service Plan

**OBJECTIVE:** Christian's developmental needs will be assessed and met.

**Related Concerns: Risk Factors:** Vulnerability, Sev/Frequency of Abuse/Neglect, Extent of Emotional Harm; Parenting skills/knowledge; Family supports; Stressors

<i>Who</i>	<i>Will Do What Task</i>	<i>By When</i>	<i>How This Task Is Measured</i>	<i>Date Started</i>	<i>Date Completed</i>
Caseworker and Crystal Smith	Will complete the Ages and Stages Questionnaire for Christian.	1/12/20xx	The caseworker will document the findings and recommendations.		
Caseworker	Will make any referrals for additional evaluations should the Ages and Stages Screening tool indicate a need.	1/20/20xx	The caseworker will give the mother dates, times and locations of any appointments.		
Crystal Smith	Crystal will make and keep any appointments for evaluations recommended by the Ages and Stages Questionnaire.	2/15/20xx	Caseworker will request a copy of any evaluations completed for Christian.		

# Smith Family Service Plan

Date of Initial/Revised Plan: 11/20/20xx

Case Number:

Family Name: Smith

## NOTICE OF RIGHT TO APPEAL

### NOTICE TO PARENTS ABOUT APPEALS

As a parent of a child receiving services from:  
(name of County Children and Youth Agency)

You have the right to appeal the following:

- Any determination made by the County Children and Youth Agency which results in a denial, reduction, discontinuance, suspension, termination of service; or
- The County Agency's failure to act upon a request for service with reasonable promptness.

A) You have the right to appeal the County Children and Youth Agency's determination by submitting a written appeal to your Children & Youth caseworker at the address below, within fifteen (15) calendar days from the date this notice was given or mailed to you:  
(name and address of County Children and Youth Agency)

The written appeal should include a statement concerning the portions of the plan with which you disagree and the reason for your disagreement.

B) If the Juvenile Court is involved with your case, you may ask the Court to schedule a hearing regarding you and your child(ren).

### ADDITIONAL NOTICE TO PARENTS OF CHILDREN IN OUT OF HOME PLACEMENT

As the parent(s) of a child(ren) in out-of-home care, you:

- Have the right to petition the Court regarding any actions of the county agency affecting your child(ren).
- Will be notified, in writing, of all Court Reviews which you are expected to attend.
- Are entitled to visit your child(ren) at a minimum of once every two (2) weeks, unless otherwise directed by the court.
- Will receive notification prior to any change in the placement location or visiting arrangements for your child(ren), unless the change is an emergency or your child's permanency goal is adoption.
- You are expected to work toward the goals and objectives of this plan. Consistent failure to work towards the goals and objectives of this plan may result in the initiation of action in accordance with the law to terminate your parental rights.

**During the appeal process, the Service Plan developed with the Children and Youth caseworker and signed by the Children & Youth caseworker, remains in effect. If you fail to file an appeal within fifteen (15) days as outlined above, this plan, as written, remains in effect.**

Parents have the right to be represented by an attorney or a spokesperson of his/her choice, during the appeal process or any Court proceeding regarding your child(ren). If you wish to be represented by a lawyer and cannot afford one, contact:

\_\_\_\_\_ PA, \_\_\_\_\_ Phone: \_\_\_\_\_

# Smith Family Service Plan

<i>Date of Initial/Revised Plan:</i> 11/20/20xx	<i>Case #:</i>	<i>Family Name:</i> Smith
<b>FAMILY GROUP DECISION MAKING/CONFERENCING</b>		
<i>Date Conference Held:</i>	<i>Coordinator:</i>	
<i>Facilitator(s):</i>	<i>Referring Worker:</i>	
<i>Length of Conference:</i>	<i>Location of Conference:</i>	
<b>Purpose of Conference:</b>		
<b>RESOURCE LIST:</b>		
<b>DECISION OF REFERRING WORKER:</b> <input type="checkbox"/> <i>Approved</i> <input type="checkbox"/> <i>Not Approved</i>		
<b>PERSONS WHO ATTENDED:</b>		
<b>PERSONS INVITED WHO DID NOT ATTEND:</b>		<b>PROVIDED INFORMATION:</b>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

# Smith Family Service Plan

<i>Date of Initial/Revised Plan: 11/20/20xx</i>	<i>Case #:</i>	<i>Family Name: Smith</i>
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**FACILITATOR/COORDINATOR COMMENTS:**

Empty space for Facilitator/Coordinator Comments.

## Smith Family Service Plan

Date of Initial/Revised Plan: 11/20/20xx		Case Number:		Family Name: Smith			
<b>SERVICE PLAN PARTICIPANTS</b>							
Name	Relationship	Phone		Date and Method of Invitation to Participate		Date and Method of Actual Participation	
		Regular	Emergency	Date	Method	Date	Method
Crystal Smith	Mother	(717) 555-1234	( )	10/19/20xx	IPC	10/30/20xx	IPC
Colin Levitt	Mother's paramour	(555) 555-6778	( )	10/19/20xx	IPC	10/30/20xx	IPC
Clint Nail	A/D Counselor	(555) 555-3341	( )	10/22/20xx	TC	11/1/20xx	TC
Brian Smith	Maternal uncle	(555) 555-0990	( )	11/20/20xx	WC	11/4/20xx	IPC
Sheila Smith	MGM	(555)555-1859	( )	11/22/20xx	IPC	11/5/20xx	TC
Pastor Scott	Pastor	(555)555-1226	( )	11/2/2-xx	WC	11/5/20xx	TC
<b>SERVICE PLAN SIGNATURES</b>							
<b>SIGNATURE CONSTITUTES AGREEMENT WITH SERVICE PLAN</b>							
<i>If you disagree with this plan you are not required to sign it. Parents, guardians, custodians, and children age 14 and older must be given the opportunity to sign the Service Plan and related forms.</i>							
Name	Signature	Date	Refused to Sign	Plan & Rights Distribution Date			
				Given	Mailed		
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
Comments:							
Caseworker:				Date:			
<i>I, the undersigned supervisor, have reviewed the attached plan and found that the level of activity, in person contacts with the child, oversight, supervision and services for the child and family contained within, are consistent with the level of risk.</i>							
Supervisor:				Date:			

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# Smith Family Updated Case Note and Safety Assessment

## CASE NOTE

The following document is a summary of the information that was gathered during interviews with the Smith family.

Case Name: Smith	Case Number: *****	Caseworker: Holder
Date of Contact:	Time of Contact: 9:00 am	Contact Type: Unannounced Home Visit
<p>Purpose of Contact: A referral was received from law enforcement regarding a violent altercation that occurred between the parents the previous night in the presence of three children ages 11 yrs., 5 yrs. and 3 months A second referral was received this morning from jail personnel on behalf of the now incarcerated father of the infant and step-father of the two older children regarding the mother's alleged substance abuse and improper supervision of all three children.</p>		
<p>Participants: Crystal Smith, mother; Colin Levitt, step-father and father, Carley Smith age 11, Christian Smith, age 5, and Cameron Levitt, age 3 months.</p>		
<p>Contact Summary: Four separate back to back interviews were conducted with the family members. The first interview was conducted at school with Carley Smith, who confirmed the allegations (see below). The second interview was conducted at school with Christian Smith, who confirmed the allegations (see below). The third interview was conducted at jail with Colin Levitt, who confirmed the allegations, although provided somewhat conflicting information regarding his involvement (see below). The fourth interview was conducted in the home with Crystal, who presented in a hostile and uncooperative manner, possibly intoxicated and gave conflicting information regarding accounts of her involvement. The infant Cameron was observed during the home visit. The home appeared cluttered, dirty and in disarray with turned over chairs and table. Shards of glass from a broken storm door window and pieces of a broken lamp were present on the living room floor creating possible physical safety hazards. A brief interview was conducted with the school guidance counselor and an audio tape of the 911 call was heard.</p>		
<b>Information Gathered for Safety Assessment</b>		
<i>Safety Domains:</i>		
<p>13. Type of Maltreatment: What is the extent of maltreatment?  <input type="checkbox"/> No new allegations of maltreatment    <input checked="" type="checkbox"/> Current Maltreatment (please describe): Following Carley's call to 911, the police arrived to find the mother calm and the father irate. The mother, who presented in a calm controlled manner accused the father, while intoxicated, of assaulting her, knocking Christian over causing an injury to his lip, eye and cheek and grabbing the baby from her arms. The father, presenting in an irate manner accused the mother of using illegal substances and neglecting the children. As the children appeared to be unharmed and the mother responsible, the father was arrested and the children were left with the mother. (police report) Jail personnel called this a.m. to report that the father was alleging that the mother has relapsed and has been abusing drugs for several months and that he had come home that day to find his infant son alone with the two young children. He alleges that the argument was the result of his confronting mother with her behavior. (Colin) Both of the children confirmed a violent altercation the night before and confirmed that Christian was knocked down by his step-father and that Colin had grabbed the baby out of their mother's arms while they were fighting. Both children reported being fearful for their safety and the safety of their mother. Carley also confirmed that she watched her brothers while her mother was out and that most of the time there was no formula for the baby. She reported that she tried to feed the baby milk from the refrigerator but it was sour and the baby threw-up. (Carley and Christian) Mother accused father/stepfather of assaulting her and the children while he was drunk and refused to answer allegations regarding her conduct and refused to take a drug test. Multiple attempts by CYS worker to engage the mother such as providing non-judgmental responses, offering to involve</p>		



# Smith Family Updated Case Note and Safety Assessment

supportive family members and offering services such as food and financial assistance were unsuccessful. The mother demanded CYS worker leave the home (Crystal, observation) The 911 recording supports the conclusion that the children were exposed to a very violent, frightening and traumatic event the previous night. (911 recording)

14. Nature of Maltreatment: What circumstances surround the maltreatment?

No new maltreatment identified  Circumstances surrounding current maltreatment (please describe): Based on the interviews with the children, mother and step-father/father, it appears that the children have been left alone by the mother and this behavior may be occurring several times per week. The step-father/father admits to drinking alcohol to excess the previous night. In response to discovering the children alone and that he suspects that the mother has done this on numerous occasions. He admits to striking the mother and taking the baby from her as he suspected that the mother was high on cocaine. He denies that he struck or knocked down Christian. Although he admits to drinking every night he denies it's excessive. He admits to striking the mother at least once during her pregnancy and a couple of times after the baby was born. The mother denies having a substance abuse problem and became hostile and uncooperative when asked to discuss allegations regarding her behavior. Mother smelled of alcohol during the 11:30 a.m. visit. She refused to take a drug test. The mother's alleged substance and possible alcohol abuse appears to be affecting the mother's ability to adequately supervise the children as well as consistently meet their basic needs for safety. The father's admitted alcohol use and domestic violence toward the mother and conduct towards Christian and Cameron appear to be affecting his ability to adequately protect and care for his infant son and his step-children. (Crystal, Colin, Carley and Christian)

15. Child Functioning: How does the child(ren) function, including their condition?

Carley, a sixth grade student at Franklin Elementary, appears to be intelligent, verbal, developmentally appropriate, physically healthy, but very depressed. Carley presented as very protective of her mother and was, at first, reluctant to report that her mother left her alone with her brothers. However, she did report that she watches her brother after she returns home from school several days a week. Sometimes her mother is not home when she gets home from school and the boys are alone. She reports that she has been doing this "a while" and her mother told her not to tell her step-father. Carley accepts responsibility for the caretaking role for both her brothers as she reports that since she is now 11-years-old her mother told her that she should no longer be scared of being left alone and that she is old enough now to watch her brothers. Carley reports that she called the police last night because Colin was drinking, yelling at and hitting her mother. She reports that Colin knocked Christian over when he grabbed the baby out of her mother's arms. Carley reported that she cried and was afraid because Colin hurt Christian and might hurt the baby. Carley refused to say whether she has seen her mother take any drugs. However, her eyes began to tear up when asked this question. Carley did report that her mother got very angry at her for calling the police and that she took the phone from Carley and threw it across the room. Carley reported that when the police arrived she told the police that she felt safe with her mother and that her mother did not take drugs as Colin was saying. Carley is extremely preoccupied with the family situation and says she is afraid of Colin and for her mother's and her brother's safety. (Carley)

Christian, who attends kindergarten at Franklin Elementary School, appears to be physically healthy although somewhat small for his age. His vocabulary appears limited for his age. He is shy and somewhat withdrawn. Christian reports that Carley takes care of him a lot and that sometimes his mother is not there. He reports that when his mother came home last night that she bumped into a chair "like she was going to fall" and that Colin yelled at his mother last night and hit her. Christian reported that Colin bumped into him hard and it hurt and that Colin grabbed the baby from his mother. He reported crying and that Carley hugged him and took care of him. Christian reported that his mom grabbed the phone from Carley and yelled at her

# Smith Family Updated Case Note and Safety Assessment

and then threw the phone across the room. He remembers that the police came to the house last night and that they took Colin away. Christian reported that he was afraid of Colin last night. He reports that he is not usually scared because Carley takes care of him and she is nice to him. He reports that Colin is usually nice but was not nice last night. Christian cried at the end of the interview. (Christian)

School guidance counselor, Gail Fields, reports that in the past three weeks the children have consistently arrived at school late and without lunch or lunch money. On one occasion a teacher reported that Christian was wearing the same clothes he wore the day before and they were very dirty. The mother has not yet responded to a note and call regarding the children's tardiness. Ms. Fields also reports that the school has recommended three months ago that Christian be evaluated for special education services as he appears to be delayed in several areas. However, the mother has not responded to the request.

Cameron appears to be small for his age. He was laid on the couch with a pillow propped up at his side to prevent him from rolling off the couch. He slept throughout most of the interview. When he woke up crying the mother did not comfort him, check on his diaper, or offer him a bottle for several minutes. Only after the CYS worker picked him up and commented on his needs did the mother prepare him a bottle and offer it to him.

16. Adult Functioning: How do the adults within the household function, including substance use & behavioral health?

Colin presented in the interview at the jail as calm and concerned about all three children's safety. He admitted that he drank too much the night before and that he had been physically abusive to Crystal both last night and in the past. He reported that he got upset after he came home and found Carley home alone watching the kids. He reported that he was worried that Crystal was beginning to leave the children alone again, but this was the first time he had proof that she was leaving the baby alone too. When Crystal returned he saw that she was high on drugs as she was stumbling around and almost fell on top of the baby. He searched her bag and found crack cocaine and a pipe. He denied knocking Christian over deliberately or accidentally. He reported that when the police arrived Crystal acted calm and accused him of abuse so the police arrested him and did not believe his concerns about Crystal's drug use. Colin admitted that he typically drinks every night but denied it was problematic or that the children's exposure to domestic violence was harmful to them. He reported that both Crystal and he hit each other when fighting but that it does not happen very much, maybe twice a week. Colin reported that they had gotten along very well after all the services ended, last year. However, Crystal became pregnant and was always sick. She lost her job so he was out all day working different jobs. He reports that Crystal started smoking marijuana again during her pregnancy to deal with extreme nausea and that she stopped sometime in her 8<sup>th</sup> month because she didn't want to get caught. Colin is clearly able to communicate needs, feelings and perceptions regarding the family situation. He became very emotional during the interview, but not disrespectful. He blames Crystal's alleged drug use for his drinking and violent behavior last night. (Colin, observation)

Crystal presented as hostile and uncooperative. Initially she freely reported on Colin's behavior. She accused him of drinking excessively every night and beating her throughout her pregnancy and afterwards. She reported that domestic violence seldom occurred in the past, and became more frequent as she became sicklier throughout her pregnancy and after she was fired from her job for taking so much time off. She reports that Colin continues to sell drugs and won't share his money with her or the children. Crystal presented in a very emotional affect and spoke in rapid and sometimes slurred speech. When asked questions about her conduct last night, she became angry and offended. When asked about taking the phone from Carley, she used

# Smith Family Updated Case Note and Safety Assessment

profanity and accused Carley of lying and stated that “she will get it when she gets home from school.” When asked about possible use of crack cocaine, Crystal refused to speak to the CYS worker any longer and demanded that the CYS worker leave. Crystal appears to lack self-control (e.g., substance abuse, leaving the kids unattended). She appears to have a poor self-esteem. She has a significant substance abuse problem (e.g., reportedly has relapsed using alcohol and crack cocaine). It appears that she places parental responsibility on Carley and then faults Carley for disclosing family interactions to outsiders. Crystal has become extremely guarded about her conduct. (Crystal, Colin, Carley, Christian and observation)

17. General Parenting: How do caregivers generally parent (i.e. knowledge, skills, protectiveness, history)?

Crystal has previously been found to speak fondly of Carley and Christian and appeared to be proud of them. However, in this interview before this assessment could be made Crystal became resistant and uncooperative in response to specific questions about her behavior. It is of concern that her response to Carley’s disclosure resulted in Crystal using profanity and stating that Carley would “get it” when she returned home from school. When asked to clarify, the mother stated that Carley was “no stranger to the belt.” Based on interviews with the children, Crystal and Colin, there appear to be strong attachments between the mother and the children. However, it appears that Crystal habitually requires Carley to take on the parenting role for her two younger brothers. Colin was unable to identify any positives with his current family. He reported he resented the responsibility of providing for Crystal’s other two children and that only Carley did anything around the house, but she couldn’t make a decent meal. He reported enjoying spending time with the baby, but complained that with working multiple jobs and long hours he is not home much. He reported that he will not change diapers as he finds it disgusting and woman’s work. When the mother is not home, he asks Carley to do it. He reports that Carley loves playing little mother and she is better at it than Crystal. Colin reported that although he married their mother he does not have “parenting” or “discipline” responsibility for the two older children. Carley and Christian report being fearful of him since he started hitting their mother. Neither of them want to see or live with him again after the incident last night. Crystal reported that Colin hasn’t spent any positive time with any of three children in several months. Colin also reports that Crystal, since resuming her use of drugs does not help the children with their school work or gets them up in the morning. Colin and Carley report that Carley get her and Christian’s breakfast in the morning. (Colin, Crystal, Carley and Christian)

18. Parenting Discipline: How do caregivers discipline the children?

Crystal is primarily responsible for the discipline of the children. Both Crystal and Colin report that Colin has no responsibility in this area. Colin and Carley both report that Crystal frequently uses physical discipline on the children by using a belt strap or telephone cord. Colin reports that the children are well behaved but Crystal will let them stay up late one night and then discipline them the next night if they do stay up late. (Crystal, Colin, Carley)

# Smith Family Updated Case Note and Safety Assessment

## FAMILY ASSESSMENT FORM

<b>Date of Safety Assessment: 11/28/200-</b>		<b>Type of Assessment:</b>						
<b>I.</b>		<b>Family Name: Smith</b>		<b>Case number: 0101010</b>			<b>Caseworker Name:</b>	
Suf	Child's Name	Age	Suf	Child's Name	Age			
A	Carley	11						
B	Christian	5						
C	Cameron	3 mos.						
Caregiver of Origin's Name		Rel	Date Seen		Caregiver of Origin's Name		Rel	Date Seen
Crystal Smith		M						
Colin Leavitt		SF/ F						
<b>II. Identify Safety Threats Below</b>			List each child by name or suffix in the column. Note: only select Yes if the Safety Threshold was met			Explain how Safety Threshold was met (Safety Threshold: vulnerable child, specific, out-of control, imminent, and serious harm likely)		
Date of Face to Face Contact:		xxx	xxx	xxx				
1. Caregiver(s) intended to cause serious physical harm to the child.	Y							
	N	A	B	C				
2. Caregiver(s) are threatening to severely harm a child or are fearful that they will maltreat the child.	Y							
	N	A	B	C				
3. Caregiver(s) cannot or will not explain the injuries to a child.	Y							
	N	A	B	C				
4. Child sexual abuse is suspected, has occurred, and/or circumstances suggest abuse is likely to occur.	Y							
	N	A	B	C				
5. Caregiver(s) are violent and/or acting dangerously.	Y	A	B	C				Both caregivers engage in violent/dangerous behavior towards each other resulting with infant grabbed and while caregivers were intoxicated and physically fighting. Christian was knocked down and injured Carley and Christian have confirmed violent or dangerous behavior by both caregivers.
	N							
6. Caregiver(s) cannot or will not control their behavior.	Y	A	B	C				Colin refuses to curb drinking and states his intent to continue to beat Crystal. Crystal refuses to cooperate with the investigation to determine her intention regarding her past behavior. Reports from Colin and Carley support the conclusion that her drug use is out of control and it has a serious dangerous impact on the children's

# Smith Family Updated Case Note and Safety Assessment

	N						safety as she frequently leaves an infant in the care of young children who cannot meet the infant's needs rendering this child unsafe. Caregivers' behaviors directly affect their parenting, judgment, and lack of protectiveness, perceptions about child safety.
7. Caregiver(s) react dangerously to child's serious emotional symptoms, lack of behavioral control, and/or self-destructive behavior.	Y						
	N	A	B	C			
8. Caregiver(s) cannot or will not meet the child's special, physical, emotional, medical, and/or behavioral needs.	Y						
	N	A	B	C			
9. Caregiver(s) in the home are not performing duties and responsibilities that assure child safety.	Y	A	B	C			Crystal leaves for many hours several days a week. Crystal requires 11-year-old Carley to care for a 5-year-old and an infant. Crystal does not provide formula or food for the infant resulting in a serious risk of harm to the infant who was fed sour milk and vomited. Crystal ignored infant's need during home visit by not attending to her crying infant's need for care. Colin requires Carley to change Cameron's diaper and refuses to provide direct care to infant. Colin is in jail.
	N						
10. Caregiver(s) lack of parenting knowledge, skills, and/or motivation presents an immediate threat of serious harm to a child.	Y	A	B	C			Colin fails to understand impact of DV and excessive alcohol on ability to parent young children. Crystal refuses to cooperate and engage in a discussion regarding allegations. Crystal has unrealistic expectations on 11-year-old to care for a 5-year-old and an infant. As a result of their young ages and their inability to protect themselves, the threat of serious harm to all three children exists.
	N						
11. Caregiver(s) do not have or do not use resources necessary to meet the child's immediate basic needs which presents an immediate threat of serious harm to a child.	Y						
	N	A	B	C			
12. Caregiver(s) perceive child in extremely negative terms.	Y						
	N	A	B	C			
13. Caregiver(s) overtly rejects CPS/GPS intervention; refuses access to a child; and/or there is some indication that the caregivers will flee.	Y						
	N	A	B	C			

# Smith Family Updated Case Note and Safety Assessment

14. Child is fearful of the home situation, including people living in or having access to the home.	Y	A	B	C			Carley presents as depressed and preoccupied with the family situation. Christian presents as withdraw. Both children report that they are afraid of Colin and were frightened by the domestic violence that occurred last night.
	N						

**III. Are Safety Threats Present?**  Yes?  No? If Yes, complete the following:  
**Protective Capacities:** A Protective Capacity is a specific quality that can be observed and understood to be part of the way a caregiver thinks, feels, and acts that makes him or her protective. The purpose of determining whether or not a caregiver has Protective Capacities is to 1) determine if the child can be safe with that caregiver, 2) to determine when a child could be safely returned to the home, and/or 3) to determine if the case can be closed. Protective Capacities can be absent, enhanced or diminished. Consider each identified Safety Threat. What Protective Capacity must be enhanced and in operation to mitigate that threat? For enhanced Protective Capacities, describe specifically how that Protective Capacity would prevent the Safety Threat from reoccurring in the near future.

Caregiver of Origin's Name	Safety Threat By #	Child Suffix/ Name	List the caregiver(s) of origin's Protective Capacities which, when enhanced AND used, would mitigate the Safety Threat.	Indicate if the Protective Capacity is enhanced, diminished or absent. For enhanced Protective Capacities describe how the selected capacity prepares, enables, or empowers caregiver(s) of origin to be protective. Will the caregiver(s) be able to put the Protective Capacity into action?
Crystal	5,6,8, 9, 10, 14	A & B & C	The caregiver demonstrates impulse control.	This is a diminished Protective Capacity. Crystal has relapsed and her use of drugs compromises any Protective Capacities she usually has had. Crystal also demonstrates that she is currently unable or unwilling to demonstrate impulse control as is evidenced by her frequent leaving of all three children unsupervised.
			The caregiver has a history of protecting	This is a diminished Protective Capacity. Crystal has left an infant and a 5-year-old alone. She requires an 11-year-old to provide them with supervision. In the past, Crystal has demonstrated the capacity to apply learned skills such as providing appropriate supervision and substance abuse coping strategies. She is not currently demonstrating these skill sets. Crystal must be able to demonstrate how she can draw from her prior success.
			The caregiver expresses love, empathy, and sensitivity toward the child; experiences specific empathy with the child's perspective and feelings	This is a diminished Protective Capacity. While Crystal shares that she loves her children she does not fully recognize or understand the long-term emotional impact her drug use, exposure to domestic violence and lack of supervision has on her children.
Crystal	10	A	The caregiver has accurate perceptions of the child	This Protective Capacity is currently absent for Crystal. She is unaware of and lacks sufficient understanding of child development and has parentified her eldest child, Carley. Crystal's expectation is for Carley to provide care and supervision to Christian and Cameron when she is engaged in drug use.
Colin	5,6,8, 9, 10, 14	A & B & C	The caregiver demonstrates impulse control.	This Protective Capacity is currently absent. When confronted with Crystal's leaving the children unattended, Colin's response is to drink and engage in domestic violence in the children's presence resulting in all of the children's physical safety to be compromised.
			The caregiver understands his/her protective role	This is a diminished Protective Capacity. He engages in domestic violence in the children's presence. Colin reports an unwillingness to provide his infant child some basic caretaking activities and relies on an 11-year-old child to perform these tasks. He has previously demonstrated a willingness to be part of his step-children's lives and has demonstrated this interest by marrying their mother.

# Smith Family Updated Case Note and Safety Assessment

				However, he does not engage in actively parenting or disciplining these children.
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**IV. Safety Analysis:** As part of your analysis, respond to the following four questions:

*How are Safety Threats manifested in the family?*  
 Mother's current level of drug use currently impacts negatively on her ability to provide adequate care and supervision to the children. Mother leaves the children home alone to locate and use drugs, leaving a 5-year-old and an infant alone and sometimes under the care of an 11-year-old several times a week. The children's step-father, Colin, and father of the infant also is present in the household, however, his response to mother's behavior is to drink excessively and engage in domestic violence in the children's presence. This violent behavior on at least one occasion presented a physical threat to two of the children, when 5-year-old Christian was knocked down and 3-month-old Cameron was grabbed by father while fighting with mother. Colin is currently incarcerated and charged with assault and public intoxication. Mother's judgment is impaired by her drug use. She believes 11-year-old Carley is capable of caring for Christian and Cameron in the absence of an adult caregiver. In addition, both Carley and Christian exhibit anxiety and depression symptoms and report being scared of Colin. Christian is withdrawn and appears to be developmentally delayed. The 911 audio tape supports the conclusion that all three children were exposed to a traumatic event.

*Can an able, motivated, responsible adult caregiver adequately manage and control for the child's safety without direct assistance from CCYA?*  
 No, currently both caregivers in the home demonstrate diminished protective capacities and are unable to assure the children's safety with assistance from CCYA.

*Is an in-home CCYA managed Safety Plan an appropriate response for this family?*  
 No, the supports available to the family cannot be put into place in the children's own home. Due to mother's inability to put the children's need for constant supervision above her own need to seek out and use drugs and a lack of resources that could be put into place in the home of origin. Given the mother's current lack of cooperation and unwillingness to discuss allegations regarding her drug use and leaving the children unattended a CCYA managed comprehensive safety plan would not be an appropriate response for the family at this time. The children cannot be cared for informally by the maternal grandmother in her residence as she is currently suffering from diabetes and living in a nursing home. Brian Smith, maternal uncle, previously provided support to the family. However, Crystal's current hostility is preventing her from discussing her situation with the caseworker or other family members. The whereabouts and availability of Christian's father is currently unknown. Carley's father, who lives out-of-state, reports that he cannot be a resource for Carley, at this time as, according to him, his residence is not stable and unsuitable for a young girl. He refused a request to provide Carley support at this time, but said he would meet with the CCYA worker when he "gets a chance."

*What safety responses, services, actions, and providers can be deployed in the home that will adequately control and manage Safety Threats?*

**V. Caregiver(s) of Origin and Children Who Were Not Seen:** Every effort should be made to see each caregiver of origin and child in the family face-to-face to determine if the child(ren) is/are safe. If there is a caregiver of origin or child in the family that was not seen (e.g. child runaway or adult caregiver of origin out of town), list their name, age, role within the family, and provide justification as to why they were not seen, how long it has been since someone has seen them, and the plan identified to see/locate them and to assure that child's safety.

Individuals Not Seen	Age	Family Role	Justification
All parties were seen			

VI. Safety Decision -	List each child by name or suffix					
<b>Decision Date:</b>						
<b>Safe:</b> Either the caregiver(s) of origin's existing Protective Capacities sufficiently control each specific and identified Safety Threat, or no Safety Threats exist. Child can safely remain in the current living arrangement or with the caregiver(s) of origin. Safety Plan is not required.						
<b>Safe with a Comprehensive Safety Plan:</b> Either the caregiver(s) of origin's existing Protective Capacities can be supplemented by safety actions to control each specific and identified Safety Threat or the child must temporarily reside in an alternate informal living arrangement. No court involvement is necessary; however a Safety Plan is required.						

# Smith Family Updated Case Note and Safety Assessment

<p><b>Unsafe:</b> Caregiver(s) of origin's existing Protective Capacities cannot be sufficiently supplemented by safety actions to control specific and identified Safety Threats. Child cannot remain safely in the current living arrangement or with the caregiver(s) of origin; County Children and Youth Agency must petition for custody of the child. A Safety Plan is not required if the child is removed by court order as a result of the safety threat(s).</p>	A	B	C			
<p><b>VII. Signatures of Approval</b> (Requires Supervisory Discussion)</p>	<p><b>Caseworker Name: Rob Detter</b></p>		<p>Signature</p>			<p>Date</p>
	<p><b>Supervisor Name: Gail Marachi</b></p>		<p>Signature</p>			<p>Date</p>
	<p> </p>		<p> </p>			<p> </p>





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# Smith Family Service Plan

## FAMILY SERVICE PLAN

Parents, guardians, custodians and children have the right to participate in the development of this plan; however, if you disagree with this plan you are not required to sign and have the right to appeal.

Parents, guardians and custodians must notify the county agency within 24 hours when the child or family moves from one residence to another.

Please notify the agency if you require accommodations to participate in the development of the plan as required by the Americans with Disabilities Act. This plan will be provided in alternate format upon request.

Family Name: Smith

County:

Case Number:

Date Family Accepted for Service: 11/28/xx

Date of Initial/Revised Plan: 12/16/xx

Date of Next Plan Review: 5/27/xx

Initial Family Service Plan  Revised Plan

### INITIAL FAMILY STRENGTHS:

- Crystal speaks very fondly of her children and appears proud of them.
- Crystal has dreams for her children.
- Crystal appears to be intelligent.
- Crystal appears to be sociable.
- Crystal displays at least an average level of intelligence in her communications.
- Colin is clearly able to communicate his needs, feelings and perceptions regarding the family situation.
- Crystal knows that she has family members she can use as resources.
- Crystal knows that others in the community are willing to step into her life to make sure that her children are protected from abuse and neglect.
- Colin enjoys playing with the children and will take them to get something to eat or to the park.

### STRENGTHS IDENTIFIED DURING REVIEW:

## Smith Family Service Plan

<i>Date of Initial/Revised Plan:</i> 12/16/xx	<i>Case Number:</i>	<i>Family Name:</i> Smith
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**INITIAL REASON FAMILY WAS ACCEPTED FOR SERVICE:**

*Describe the family's situation(s) and the causes of the situation(s):*

Crystal's (mother) history of drug use currently impacts negatively on her ability to provide adequate care and supervision to the children. She leaves the children home alone, often overnight, 5-6 times per week so that she can locate and use drugs. Mom's judgment is impaired by her drug use, and she feels that Carley is capable of caring for her younger brothers Christian and Cameron in the absence of an adult caregiver, to include extended periods of time. There is often no formula for the Cameron. When intoxicated, Colin physically assaulted Crystal in the presence of the children upon his discovery that she left them home alone. During the altercation he knocked Christian over causing an injury to his lip, eye and cheek.

*Effects on child(ren):*

Carley exhibits anxiety about being left alone and reports she is scared to be home alone at night and scared of the neighborhood in which they live. Carley is parentified.

Christian is somewhat withdrawn. Cameron appears small for his age.

*Concerns:*

Crystal leaves the children home alone for long periods of times unsupervised so that she can use and obtain drugs. Crystal admits to having a significant substance abuse problems she reports she uses crack cocaine and alcohol 5-6 times a week. Crystal admits to leaving the children home alone but does not see this as a major concern since Carley is 10-years-old and provides supervision to her younger brothers, Christian and Cameron. Colin gets assaultive with Crystal in front of the children when he drinks to excess.

*Initial level of risk on:* 11/28/xx *was:*

<input checked="" type="checkbox"/> <i>High</i>	<input type="checkbox"/> <i>Moderate</i>	<input type="checkbox"/> <i>Low</i>	<input type="checkbox"/> <i>No</i>
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**REASON FOR REVISION:**

*Describe the family's situation(s) and the causes of the situation:*

*Effects on child(ren):*

*Concerns:*

*Current level of risk on:* *is:*

<input type="checkbox"/> <i>High</i>	<input type="checkbox"/> <i>Moderate</i>	<input type="checkbox"/> <i>Low</i>	<input type="checkbox"/> <i>No</i>
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## Smith Family Service Plan

<i>Date of Initial/Revised Plan:</i> 12/16/xx		<i>Case Number:</i>		<i>Family Name:</i> Smith	
<b>IDENTIFYING INFORMATION</b>					
If the county agency or juvenile court has concerns about the safety of anyone noted in this plan, addresses and phone numbers may be withheld.					
<b>CHILD:</b>					
<i>First Name:</i> Cameron		<i>Middle Initial:</i> P	<i>Last Name:</i> Levitt		<i>Gender:</i> M <input checked="" type="checkbox"/> F <input type="checkbox"/>
<i>Address 1:</i> 223 Spruce		<i>Address 2:</i>		<i>DOB:</i>	
<i>City:</i> Anytown		<i>State:</i> PA	<i>Zip:</i>	(555) 555-0990 )	
<b>MOTHER:</b>					
<i>First Name:</i> Crystal		<i>Middle Initial:</i>	<i>Last Name:</i> Smith		<i>DOB:</i>
<i>Address 1:</i> 123 South Pendleton Avenue		<i>Address 2:</i>		<i>Phone:</i>	
<i>City:</i>		<i>State:</i>	<i>Zip:</i>	( 717 ) 555-1234 )	
<b>FATHER(S):</b>					
<i>First Name:</i> Colin		<i>Middle Initial:</i>	<i>Last Name:</i> Levitt		<i>DOB:</i>
<i>Address 1:</i> 123 South Pendleton Avenue		<i>Address 2:</i>		<i>Biological:</i>	<i>Legal:</i>
<i>City:</i> Anytown		<i>State:</i> PA	<i>Zip:</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<i>Phone:</i> ( 555 ) 334-1000		<i>Alleged:</i>			
<i>DOB:</i>		<i>Alleged:</i>			
<i>Phone:</i> ( )		<i>Biological:</i>	<i>Legal:</i>	<i>Alleged:</i>	
<i>Address 1:</i>		<i>Address 2:</i>		<input type="checkbox"/>	<input type="checkbox"/>
<i>City:</i>		<i>State:</i>	<i>Zip:</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Phone:</i> ( )		<i>Biological:</i>	<i>Legal:</i>	<i>Alleged:</i>	
<i>Address 1:</i>		<i>Address 2:</i>		<input type="checkbox"/>	<input type="checkbox"/>
<i>City:</i>		<i>State:</i>	<i>Zip:</i>	<input type="checkbox"/>	<input type="checkbox"/>

## Smith Family Service Plan

<i>Date of Initial/Revised Plan:</i> 12/16/xx		<i>Case Number:</i>		<i>Family Name:</i> Smith	
<b>IDENTIFYING INFORMATION</b>					
If the county agency or juvenile court has concerns about the safety of anyone noted in this plan, addresses and phone numbers may be withheld.					
<b>CHILD:</b>					
<i>First Name:</i> Carley		<i>Middle Initial:</i>	<i>Last Name:</i> Smith		<i>Gender:</i> M <input type="checkbox"/> F <input checked="" type="checkbox"/>
<i>DOB:</i> age 11					
<i>Address 1:</i> 223 Spruce		<i>Address 2:</i>		<i>Phone:</i>	
<i>City:</i> Anytown		<i>State:</i> PA	<i>Zip:</i> 11111	(555) 555-0990	
<b>MOTHER:</b>					
<i>First Name:</i> Crystal		<i>Middle Initial:</i>	<i>Last Name:</i> Smith		<i>DOB:</i> age 31
<i>Address 1:</i> 123 South Pendleton Avenue		<i>Address 2:</i>		<i>Phone:</i>	
<i>City:</i> Anytown		<i>State:</i> PA	<i>Zip:</i> 11111	(717) 555-1234	
<b>FATHER(S):</b>					
<i>First Name:</i> James		<i>Middle Initial:</i>	<i>Last Name:</i> Webster		<i>DOB:</i> 33
<i>Phone:</i> (555) 222-2222					
<i>Address 1:</i> 123 Creek Avenue		<i>Address 2:</i>		<i>Biological:</i>	<i>Legal:</i>
<i>City:</i> Anytown		<i>State:</i> OH	<i>Zip:</i> 44444	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<i>Alleged:</i>		<input type="checkbox"/>			
<i>First Name:</i>		<i>Middle Initial:</i>	<i>Last Name:</i>		<i>DOB:</i>
<i>Phone:</i> ( )					
<i>Address 1:</i>		<i>Address 2:</i>		<i>Biological:</i>	<i>Legal:</i>
<i>City:</i>		<i>State:</i>	<i>Zip:</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Alleged:</i>		<input type="checkbox"/>			
<i>First Name:</i>		<i>Middle Initial:</i>	<i>Last Name:</i>		<i>DOB:</i>
<i>Phone:</i> ( )					
<i>Address 1:</i>		<i>Address 2:</i>		<i>Biological:</i>	<i>Legal:</i>
<i>City:</i>		<i>State:</i>	<i>Zip:</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Alleged:</i>		<input type="checkbox"/>			

## Smith Family Service Plan

<i>Date of Initial/Revised Plan:</i> 12/16/xx		<i>Case Number:</i>		<i>Family Name:</i> Smith	
<b>IDENTIFYING INFORMATION</b>					
If the county agency or juvenile court has concerns about the safety of anyone noted in this plan, addresses and phone numbers may be withheld.					
<b>CHILD:</b>					
<i>First Name:</i> Christian		<i>Middle Initial:</i>	<i>Last Name:</i> Smith		<i>Gender:</i> M <input checked="" type="checkbox"/> F <input type="checkbox"/>
<i>Address 1:</i> 223 Spruce		<i>Address 2:</i>		<i>DOB:</i>	
<i>City:</i> Anytown		<i>State:</i> PA	<i>Zip:</i> 11111	<i>Phone:</i> (555) 555-0990	
<b>MOTHER:</b>					
<i>First Name:</i> Crystal		<i>Middle Initial:</i>	<i>Last Name:</i> Smith		<i>DOB:</i> age 31
<i>Address 1:</i> 123 South Pendleton Avenue		<i>Address 2:</i>		<i>Phone:</i>	
<i>City:</i> Anytown		<i>State:</i> PA	<i>Zip:</i> 11111	<i>(717) 555-1234</i>	
<b>FATHER(S):</b>					
<i>First Name:</i> Michael		<i>Middle Initial:</i>	<i>Last Name:</i> Johnson		<i>DOB:</i> age 29
<i>Address 1:</i>		<i>Address 2:</i>		<i>Biological:</i>	<i>Legal:</i>
<i>City:</i>		<i>State:</i>	<i>Zip:</i> 1	<input type="checkbox"/>	<input type="checkbox"/>
<i>First Name:</i>		<i>Middle Initial:</i>	<i>Last Name:</i>		<i>DOB:</i>
<i>Address 1:</i>		<i>Address 2:</i>		<i>Biological:</i>	<i>Legal:</i>
<i>City:</i>		<i>State:</i>	<i>Zip:</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>First Name:</i>		<i>Middle Initial:</i>	<i>Last Name:</i>		<i>DOB:</i>
<i>Address 1:</i>		<i>Address 2:</i>		<i>Biological:</i>	<i>Legal:</i>
<i>City:</i>		<i>State:</i>	<i>Zip:</i>	<input type="checkbox"/>	<input type="checkbox"/>



## Smith Family Service Plan

Date of Initial/Revised Plan: 12/16/xx		Case Number:		Family Name: Smith				
<b>OTHER CAREGIVER(S)/PRINCIPAL CAREGIVER IF CHILD NOT WITH PARENT <input type="checkbox"/> N/A</b>								
First Name: Brian		Middle Initial:	Last Name: Smith		DOB:	Phone:	Has Legal Custody:	Date of Custody Order:
Relationship to Child: Maternal Uncle					Age 33	(555) 555-0990	<input type="checkbox"/>	
Address 1: 223 Spruce			Address 2:					
City: Anytown			State: PA	Zip: 11111				
First Name: Brandi		Middle Initial:	Last Name: Smith		Age 34	(555) 555-0990	<input type="checkbox"/>	
Relationship to Child: Maternal Aunt								
Address 1: 223 Spruce			Address 2:					
City: Anytown			State: PA	Zip: 11111				
<b>PERMANENCY GOAL</b>								
<input type="checkbox"/> Child remains in the home. <b>(Check only one box)</b> <input type="checkbox"/> The child is not at imminent risk of placement. <b>OR</b> <input type="checkbox"/> The child is at imminent risk of removal from his/her home. Absent effective preventive services, foster care is the planned placement for the child. Foster care is defined as foster family homes, kinship foster homes, group homes, emergency shelters, residential facilities, child-care institutions, and pre-adoptive homes. <b>OR</b>								
<input checked="" type="checkbox"/> Child entered substitute care with the goal of:							Date Court Approved:	
<input checked="" type="checkbox"/> Return to parent, guardian or other custodian.							12/5/xx	
<input type="checkbox"/> Place for adoption.								
<input type="checkbox"/> Placement with a permanent legal custodian.								
<input type="checkbox"/> Place permanently with a fit and willing relative.								
<input type="checkbox"/> Placement in another planned living arrangement intended to be permanent.								
<b>The safety of the child will be assessed at every contact and documented in the family case record. The Safety Plan will be revised when needed to assure the safety of the child.</b>								

# Smith Family Service Plan

Date of Initial/Revised Plan: 12/16/xx		Case Number:		Family Name: Smith	
<b>HOUSEHOLD MEMBERS</b>					
First Name:		Middle Initial:	Last Name:		DOB:
Relationship:			Gender: M <input type="checkbox"/> F <input type="checkbox"/>		Phone: (    )
First Name:		Middle Initial:	Last Name:		DOB:
Relationship:			Gender: M <input type="checkbox"/> F <input type="checkbox"/>		Phone: (    )
First Name:		Middle Initial:	Last Name:		DOB:
Relationship:			Gender: M <input type="checkbox"/> F <input type="checkbox"/>		Phone: (    )
First Name:		Middle Initial:	Last Name:		DOB:
Relationship:			Gender: M <input type="checkbox"/> F <input type="checkbox"/>		Phone: (    )
First Name:		Middle Initial:	Last Name:		DOB:
Relationship:			Gender: M <input type="checkbox"/> F <input type="checkbox"/>		Phone: (    )
First Name:		Middle Initial:	Last Name:		DOB:
Relationship:			Gender: M <input type="checkbox"/> F <input type="checkbox"/>		Phone: (    )
First Name:		Middle Initial:	Last Name:		DOB:
Relationship:			Gender: M <input type="checkbox"/> F <input type="checkbox"/>		Phone: (    )
First Name:		Middle Initial:	Last Name:		DOB:
Relationship:			Gender: M <input type="checkbox"/> F <input type="checkbox"/>		Phone: (    )
First Name:		Middle Initial:	Last Name:		DOB:
Relationship:			Gender: M <input type="checkbox"/> F <input type="checkbox"/>		Phone: (    )

# Smith Family Service Plan

<i>Date of Initial/Revised Plan:</i> 12/16/xx		<i>Case Number:</i>		<i>Family Name:</i> Smith	
<b>INDIVIDUALS/GROUPS SIGNIFICANT TO THE FAMILY</b>					
<i>First Name:</i> Sheila		<i>Middle Initial:</i>	<i>Last Name:</i> Smith		<i>DOB:</i>
<i>Relationship:</i> maternal grandmother			<i>Gender:</i> M <input type="checkbox"/> F <input checked="" type="checkbox"/>		<i>Phone:</i> (555)555-5545
<i>Address 1:</i> 349 Main Street			<i>Address 2:</i>		
<i>City:</i> Anytown			<i>State:</i> PA		<i>Zip:</i> 11111
<i>First Name:</i> Richard		<i>Middle Initial:</i>	<i>Last Name:</i> Scott		<i>DOB:</i>
<i>Relationship:</i> Pastor			<i>Gender:</i> M <input checked="" type="checkbox"/> F <input type="checkbox"/>		<i>Phone:</i> (555) 5551226
<i>Address 1:</i> 222 Maple			<i>Address 2:</i>		
<i>City:</i> Anytown			<i>State:</i> PA		<i>Zip:</i> 11111
<i>First Name:</i>		<i>Middle Initial:</i>	<i>Last Name:</i>		<i>DOB:</i>
<i>Relationship:</i>			<i>Gender:</i> M <input type="checkbox"/> F <input type="checkbox"/>		<i>Phone:</i> ( )
<i>Address 1:</i>			<i>Address 2:</i>		
<i>City:</i>			<i>State:</i>		<i>Zip:</i>
<i>First Name:</i>		<i>Middle Initial:</i>	<i>Last Name:</i>		<i>DOB:</i>
<i>Relationship:</i>			<i>Gender:</i> M <input type="checkbox"/> F <input type="checkbox"/>		<i>Phone:</i> ( )
<i>Address 1:</i>			<i>Address 2:</i>		
<i>City:</i>			<i>State:</i>		<i>Zip:</i>
<i>First Name:</i>		<i>Middle Initial:</i>	<i>Last Name:</i>		<i>DOB:</i>
<i>Relationship:</i>			<i>Gender:</i> M <input type="checkbox"/> F <input type="checkbox"/>		<i>Phone:</i> ( )
<i>Address 1:</i>			<i>Address 2:</i>		
<i>City:</i>			<i>State:</i>		<i>Zip:</i>

# Smith Family Service Plan

<i>Date of Initial/Revised Plan:</i> 12/20/20xx	<i>Case Number:</i>	<i>Family Name:</i> Smith
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## SERVICE PLAN

**OBJECTIVE:** Crystal will manage her addiction to drugs and alcohol in order to help her control her impulses.

**Related Concerns:** *Absent/Diminished Protective Capacities:* caregiver demonstrates impulse control; caregiver has a history of protecting  
**Risk Factors:** Age, physical, intellectual, or emotional status; History of neglect; Parenting skills/knowledge; Substance abuse; Family supports; Stressors

<i>Who</i>	<i>Will Do What Task</i>	<i>By When</i>	<i>How This Task Is Measured</i>	<i>Date Started</i>	<i>Date Completed</i>
Crystal Smith	Will successfully complete the detox program at Mountainside Substance Abuse Treatment Center	1/30/xx	By the discharge report from Mountainside Treatment Center		
Crystal Smith	Will participate in a drug and alcohol assessment from Mountainside Substance Abuse Treatment Center.	1/30/xx	Caseworker will obtain written assessment report.		
Crystal Smith	Will follow any recommendations for treatment at Mountainside Substance Abuse Treatment Center until successfully discharged or other recommendations are made by her counselor.	5/15/xx	-Caseworker will have weekly phone contact with Crystal's counselor, Clint Nail. -Counselor (Clint Nail) will send monthly reports and discharge summary.		
Crystal Smith	Will provide random drug screens as requested by the CYS agency.	As requested until 5/15/xx	Caseworker will document all random drug screen requests and their results.		
Crystal Smith	Will consult with the domestic violence consultant at Safehouse Shelter to determine appropriate intervention for the violence in the home.	3/1/xx	Written and verbal reports.		

*Comments:*

# Smith Family Service Plan

Date of Initial/Revised Plan: 12/20/20xx	Case Number:	Family Name: Smith			
<b>SERVICE PLAN</b>					
<b>OBJECTIVE:</b> Crystal will demonstrate love, empathy and sensitivity towards the children.					
<b>Related Concerns: Absent/Diminished Protective Capacities:</b> caregiver demonstrates impulse control; caregiver has a history of protecting, caregiver expresses love, empathy, and sensitivity toward the child; experiences specific empathy with the child's perspective and feelings.					
<b>Risk Factor:</b> Vulnerability; Extent of emotional harm; Age, Physical, Intellectual, or Emotional Status with Children; Family supports; Stressors Parenting skills/knowledge; Relationship					
Who	Will Do What Task	By When	How This Task Is Measured	Date Started	Date Completed
Crystal Smith	<i>During visits, Crystal will interact with her children in a sensitive, honest and age appropriate manner by practicing what she learns in parenting classes.</i>	5/15/xx	Visitation observation reports, interviews with Crystal and the children.		
<b>Comments:</b>					

# Smith Family Service Plan

<i>Date of Initial/Revised Plan:</i> 12/20/20xx	<i>Case Number:</i>	<i>Family Name:</i> Smith
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## SERVICE PLAN

**OBJECTIVE:** Crystal will develop accurate perceptions of her children so that she can identify the need for them to be supervised.

**Related Concerns: Absent/Diminished Protective Capacities:** *The caregiver has adequate knowledge to fulfill caregiving responsibilities and tasks; the caregiver understands his/her protective role, caregiver has accurate perceptions of the child.*

**Risk Factors:** *Vulnerability; Extent of emotional harm; Age, physical, intellectual, or emotional status; Parenting skills/knowledge; Relationship with Children; Family supports; Stressors*

<i>Who</i>	<i>Will Do What Task</i>	<i>By When</i>	<i>How This Task Is Measured</i>	<i>Date Started</i>	<i>Date Completed</i>
Crystal Smith	Crystal will participate and complete parenting classes through Mountainside;	5/15/xx	Caseworker will obtain written attendance reports and progress reports.		
Crystal Smith	Crystal will discuss learning points with the caseworker	5/15/xx	Caseworker will discuss the learning points with Crystal and together plan ways to practice the skills.		
Crystal Smith	Crystal will practice what she learns in parenting during visits.	5/15/xx	Observations of visits, discussions with caseworker, recommendations from parenting instructor.		

*Comments:*

# Smith Family Service Plan

<i>Date of Initial/Revised Plan:</i> 12/20/20xx	<i>Case Number:</i>	<i>Family Name:</i> Smith			
<b>SERVICE PLAN</b>					
<b>OBJECTIVE:</b> Colin will better understand his caregiving role in the family and basic child development to assure that the children are supervised at all times and safe from threats of harm.					
<b>Related Concerns: Absent/Diminished Protective Capacities:</b> Caregiver demonstrates impulse control; caregiver understands his/her protective role. <b>Risk Factors:</b> Vulnerability, Sev/Frequency of Abuse/Neglect, Extent of Emotional Harm; Parenting skills/knowledge; Family supports; Stressors					
<i>Who</i>	<i>Will Do What Task</i>	<i>By When</i>	<i>How This Task Is Measured</i>	<i>Date Started</i>	<i>Date Completed</i>
Colin Levitt	Colin will attend a hands-on parenting class and identify roles and responsibilities associated with being a parent.	3/12/xx	Attendance and progress reports from parenting program.		
Colin Levitt	Colin will take a more active parenting role with Cameron by providing for his physical needs (diapers, food, cleanliness, emotional needs) and (comforting, talking, stimulation) during visits	1/15/xx	Observations of visits, discussions with caseworker, recommendations from parenting instructor.		
Colin Levitt	Colin will contact Pastor Scott at the Brightside Baptist Church men's/father's group and attend weekly support group. Colin will use share successes and struggles associated with becoming a role model and parent.	2/15/20xx	Written and verbal progress reports from Pastor Scott.		
Colin Levitt	Colin will follow all probation requirements so that he can be present for his son and avoid incarceration.	5/15/xx	Written and verbal probation reports.		
<i>Comments:</i>					

# Smith Family Service Plan

<i>Date of Initial/Revised Plan:</i> 12/20/20xx	<i>Case Number:</i>	<i>Family Name:</i> Smith
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## SERVICE PLAN

**OBJECTIVE:** Colin will manage his alcohol use and anger in order to help him control his impulses.

***Related Concerns:*** Caregiver demonstrates impulse control; caregiver understands his/her protective role.

***Risk Factors:*** Vulnerability, Sev/Frequency of Abuse/Neglect, Extent of Emotional Harm; Parenting skills/knowledge; Family supports; Stressors

<i>Who</i>	<i>Will Do What Task</i>	<i>By When</i>	<i>How This Task Is Measured</i>	<i>Date Started</i>	<i>Date Completed</i>
Colin Levitt	Colin will participate in a drug/alcohol assessment at Harborview and follow any recommendations for treatment.	2/1/xx	Assessment report.		
Colin Levitt	Colin will complete a domestic violence consult with Safehouse representatives and follow any recommendations.	2/15/xx	Written and verbal reports		
Colin Levitt	Colin will learn to manage his anger by participating in and successfully completing the anger management program at Harborview per his probation requirement.	3/15/xx	Written and verbal reports		

*Comments:*



# Smith Family Service Plan

Date of Initial/Revised Plan: 12/20/20xx

Case Number:

Family Name: Smith

## NOTICE OF RIGHT TO APPEAL

As a parent of a child receiving services from:  
(name of County Children and Youth Agency)

You have the right to appeal:

- Any determination made by the County Children and Youth Agency which results in a denial, reduction, discontinuance, suspension, termination of service; or
- The County Agency's failure to act upon a request for service with reasonable promptness.

A) You have the right to appeal the County Children and Youth Agency's determination by submitting a written appeal to your Children & Youth caseworker at the address below, within fifteen (15) calendar days from the date this notice was given or mailed to you:  
(name and address of County Children and Youth Agency)

The written appeal should include a statement concerning the portions of the plan with which you disagree and the reason for your disagreement.

B) If the Juvenile Court is involved with your case, you may ask the Court to schedule a hearing regarding you and your child(ren)

### ADDITIONAL NOTICE TO PARENTS OF CHILDREN IN OUT OF HOME PLACEMENT

As the parent(s) of a child(ren) in out-of-home care, you:

- Have the right to petition the Court regarding any actions of the county agency affecting your child(ren).
- Will be notified, in writing, of all Court Reviews which you are expected to attend.
- Are entitled to visit your child(ren) at a minimum of once every two (2) weeks, unless otherwise directed by the court.
- Will receive notification prior to any change in the placement location or visiting arrangements for your child(ren), unless the change is an emergency or your child's permanency goal is adoption.
- You are expected to work toward the goals and objectives of this plan. Consistent failure to work towards the goals and objectives of this plan may result in the initiation of action in accordance with the law to terminate your parental rights.

**During the appeal process, the Service Plan developed with the Children and Youth caseworker and signed by the Children & Youth caseworker, remains in effect. If you fail to file an appeal within fifteen (15) days as outlined above, this plan, as written, remains in effect.**

Parents have the right to be represented by an attorney or a spokesperson of his/her choice, during the appeal process or any Court proceeding regarding your child(ren). If you wish to be represented by a lawyer and cannot afford one, contact:

\_\_\_\_\_, PA, \_\_\_\_\_ Phone: \_\_\_\_\_

# Smith Family Service Plan

<i>Date of Initial/Revised Plan:</i> 12/20/20xx	<i>Case #:</i>	<i>Family Name:</i> Smith
<b>FAMILY GROUP DECISION MAKING/CONFERENCING</b>		
<i>Date Conference Held:</i>	<i>Coordinator:</i>	
<i>Facilitator(s):</i>	<i>Referring Worker:</i>	
<i>Length of Conference:</i>	<i>Location of Conference:</i>	
<b>Purpose of Conference:</b>		
<b>RESOURCE LIST:</b>		
<b>DECISION OF REFERRING WORKER:</b> <input type="checkbox"/> <i>Approved</i> <input type="checkbox"/> <i>Not Approved</i>		
<b>PERSONS WHO ATTENDED:</b>		
<b>PERSONS INVITED WHO DID NOT ATTEND:</b>		<b>PROVIDED INFORMATION:</b>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

# Smith Family Service Plan

*Date of Initial/Revised Plan: 12/20/20xx*

*Case #:*

*Family Name: Smith*

## **FACILITATOR/COORDINATOR COMMENTS:**

## Smith Family Service Plan

Date of Initial/Revised Plan: 12/20/20xx		Case Number:		Family Name: Smith			
<b>SERVICE PLAN PARTICIPANTS</b>							
Name	Relationship	Phone		Date and Method of Invitation to Participate		Date and Method of Actual Participation	
		Regular	Emergency	Date	Method	Date	Method
Crystal Smith	Mother	(717) 555-1234	( )	11/30/20xx	IPC	12/5/20xx	IPC
Colin Levitt	Father (Cameron)	(717) 555-1234	( )	11/30/20xx	IPC	12/5/20xx	IPC
Clint Nail	A/D Counselor	(555) 555-3341	( )	12/1/20xx	TC	12/3/20xx	TC
Brian Smith	Maternal uncle	(555) 555-0990	( )	12/30/20xx	WC	11/30/20xx	IPC
Sheila Smith	MGM	(555)555-1859	( )	12/30/20xx	IPC	12/5/20xx	TC
Pastor Scott	Pastor	(555)555-1226	( )	12/2/2-xx	WC	12/5/20xx	TC
<b>SERVICE PLAN SIGNATURES</b>							
<b>SIGNATURE CONSTITUTES AGREEMENT WITH SERVICE PLAN</b>							
<i>If you disagree with this plan you are not required to sign it. Parents, guardians, custodians, and children age 14 and older must be given the opportunity to sign the Service Plan and related forms.</i>							
Name	Signature	Date	Refused to Sign	Plan & Rights Distribution Date			
				Given	Mailed		
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
Comments:							
Caseworker:				Date:			
<i>I, the undersigned supervisor, have reviewed the attached plan and found that the level of activity, in person contacts with the child, oversight, supervision and services for the child and family contained within, are consistent with the level of risk.</i>							
Supervisor:				Date:			



**Remove this page and insert the items that follow in a pocket folder titled "Appendices."**



## Smith Family Report A-Group 1

April 24th

### Placement history

Child	Placement	Placement Date
Carley, Christian and Cameron	Brian and Brandi Smith	Nov. 28
Cameron	Henry and Susan Kelly	Feb. 2
Carley	Jennifer and Ed Crow	Feb. 9
Christian	Gale Johnson	Feb. 14

### Information Learned from 11/28/XX- 1/31/XX

All three children were placed on 11/28 with their maternal aunt and uncle, Brandi and Brian Smith, who volunteered to provide ongoing care for the children. The caseworker discussed the safety and permanency needs of the children with the couple who were open and candid about their situation. Brian is a hard worker who recently left his position at the university to start his own construction company, something that has been his lifelong dream. Brandi resigned from her job as a pharmacy technician so that she could stay at home with their infant daughter, Jeannie. Brandi is enjoying being a stay-at-home mother, but at times misses having somewhere to go. They recently moved to a new residence about five miles from Crystal's residence. It is a rent-to-own property and it is their intention that their monthly payments will be able to go toward paying off the house. They are slowly meeting people in their new neighborhood.

A full disclosure interview occurred between the couple and the caseworker. The caseworker explained that the agency would be asking them to become a certified resource home for their niece and nephews and that they would need to complete a home study, which would approve them as resource parents. The caseworker told them that they would first need to complete the requirements to become emergency caregivers for the children. The caseworker reviewed Adoption and Safe Families Act (ASFA) timelines and offered that reunification with the parents would be the primary permanency goal. The caseworker also informed them that, despite reunification being the main goal, if the children were not able to be reunified with their mother or father(s) within one year, the agency would file to terminate parental rights, work to finalize the adoption of the children, and look to them (the maternal uncle and aunt) to be the adoptive resource. The worker informed the couple that the agency would conduct diligent searches to locate the paternal relatives, including Christian's father to offer them an opportunity to be a part of the family team, while at the same time assessing their ability to be resources for the children. The caseworker informed Brandi that ongoing safety assessments would be conducted as long as the children were residing in their home. The caseworker reviewed the responsibilities of a formal kinship home – keeping the children safe, providing for their physical, emotional, educational, and social well-being with assistance from the agency, being an active family team member, actively supporting reunification efforts, supporting visitation with Crystal and the children's fathers, and being open to the children establishing and/or maintaining



relationships with paternal relatives. Although the couple resides out of the children's home school district, Brandi agreed to transport Carley and Christian to their home school. The school is aware of this arrangement. The couple agreed to adopt the children if they could not be returned to one of the parents. They appeared sincere in their commitment to the children and said they "wouldn't do this for anyone else except family."

Brian and Brandi appeared to understand how the agency would proceed to work with the family. They met Carley's father, James Webster, a few times over the past year and felt comfortable with him continuing to be a part of her life. Brian had some concerns about the agency seeking out Christian's father and Cameron and Christian's paternal relatives as he believes most of them are "bad news" due to having extensive drug and criminal histories. Generally, Brian's contact with paternal relatives has been minimal. He was not able to identify specific family members other than Christian's father, Michael Johnson, and his own father, Bill (now deceased), who were of concern to him. The caseworker validated Brian's concerns. The caseworker then explained that, just as their mother has legal rights to the children, so to do their fathers. Any relatives that would be found would be thoroughly assessed for safety before the relatives would be allowed to care for the children. Hearing this information appeared to alleviate major concerns about how the agency would work with the paternal relatives. Brian and Brandi agreed to support the agency in this effort.

The caseworker informed the couple about Carley and Christian's depressive symptomology and that the agency would look to them and the rest of the family team to help decide how best to address those concerns. Also, the caseworker informed the couple of the concerns regarding Christian's possible developmental delays. Brandi and Brian expressed relief that help would be made available to address the depressive symptoms. However, they were quite surprised to hear that there was concern about Christian's development. They believed Christian would do better in school with consistent parenting and more assistance with his reading. They agreed to work with the agency and the school to get the issues resolved.

Brian also raised questions about financial support that would be available to them. It was explained that they would be entitled to receive foster care payments upon resource home approval. If they became the approved adoptive resource, they would be entitled to adoption assistance, which could not be a higher amount than the foster care rate.

Brian, Brandi and the caseworker completed the necessary requirements for Emergency Caretaker approval. The home was assessed for safety. It was decided that the home was safe for the children. The children were placed in their care on 11/29.

Carley's and Christian's overall health is good. They both went to the pediatrician for physical examinations on 12/11. Each had a dental exam on 12/14. Carley had two cavities and Christian had three. All cavities were filled on 12/24.

Christian appeared to thrive in the home of Brandi and Brian. Although he missed his mother, Christian reports that he is happy to be away from his home. Christian is described as having a shy temperament. He enjoyed the positive adult attention that he received and always cheerfully accepted opportunities to help feed or entertain his little brother and cousin. Christian became quite close to Brian. He loved to follow Brian around the house and assist him with household fix-it tasks. Since Christian often says he has “no father”, Christian proudly stated that Brian is his “new father.”

Due to Christian’s withdrawn behavior, he received a mental health assessment on 1/22 to determine if he can benefit from mental health services. The assessment indicated that mental health intervention is not warranted for Christian at this point in time.

Christian is in Kindergarten. He knows his alphabet and can identify all letters and numbers up to twenty. However, he has difficulty connecting the letter with its sound. Christian was screened at school. It was recommended that he be formally tested for learning disabilities. On 1/25, Christian’s school evaluated him for learning disabilities. He was determined to have a reading disability and an Individualized Education Plan (IEP) was developed. Stemming from the plan, he receives individual instruction in reading three times per week.

Diligent search efforts were successful at locating Christian’s father, Michael Johnson. Mr. Johnson has been living in New York for the past two years and has been in and out of psychiatric care for most of his life. He is currently living with his girlfriend. He knew that he had a child with Crystal but lost contact with her soon after she became pregnant. He described his relationship with Crystal as a “fling” and that they were together for only a short period. He comes across as distant and non-engaged. Although he wishes Crystal and Christian well, he expressed no desire in becoming involved in the life of his son, even after a full disclosure interview. He volunteered to relinquish parental rights. The caseworker explained that it would be in Christian’s best interest to know some of his paternal relatives and that they would conduct a relative search. He was concerned at first about this, as his family did not know about Christian. He did not want to be identified by Christian as the “dad who gave him up.” After much discussion, Michael was finally able to consider Christian’s needs and agreed to provide contact information for his mother, Gale Johnson. Michael Johnson’s father, Bill Johnson, died of cancer in 2004. The agency subsequently initiated contact with Gale.

Crystal initially had mixed feelings about the agency contacting Gale Johnson. Gale lives in the same county as the Smith family. The caseworker contacted Gale who was surprised to know that she had a grandson. She voiced frustration with her son, Michael, for not telling her of Christian’s existence. Gale was informed that Christian was in agency care along with his siblings, due to safety concerns with his mother and his mother’s husband. She expressed an interest in meeting Christian, but was not quite sure how she would explain to him who she is. Together, with Crystal’s help, the group decided how to introduce Gale to Christian.

Brandi transported Christian to the agency for a visit with Gale on January 3. The caseworker supervised. Overall, it was a very positive visit (see visitation notes). Christian had questions about his father's absence. Gale answered the questions truthfully, but in an age appropriate way. Gale finds Christian to have endearing qualities, such as his shyness, which Gale says is similar to her son's. Christian feels safe around his grandmother. Gale and Christian decided that they would like to continue visits. Brandi and Brian exchanged phone numbers with Gale so that Christian can talk with his grandmother on the phone. It was decided that another visit would be scheduled after the caseworker makes a home visit to Gale's home to determine safety. As of January 16, Gale and her home were determined to be safe and unsupervised visits were scheduled every other week in her home. Brandi agreed to transport. Gale's mother and cousins live in the area and have met Christian during visits. Christian has been embraced by most members of the Johnson family.

Cameron thrived in the care of Brandi and Brian. He received well baby care and is up-to-date on his immunizations. The caseworker completed the Ages and Stages Questionnaires®: (ASQ™), Second Edition: A Parent-Completed, Child Monitoring System with Brandi and Cameron. The results suggested that a further evaluation should be conducted, especially around gross motor abilities. Because of this, Cameron was referred to Early Intervention (EI). EI completed their evaluation and determined that no further services are necessary at this time. Cameron's current developmental functioning is in the normal range. However, since he was drug exposed, EI recommends that Cameron be reevaluated when he is nine-months-old. Cameron appears happy and alert except for occasional irritability, which is thought to be due to teething. His appetite is good. He did not switch formula or bottles when he moved into kinship care. At 5 months, he started to eat small amounts of cereal, which he seemed to tolerate well. His diet continues to expand to include vegetables, fruits and just recently meats.

The agency conducted a search for Cameron's paternal relatives. Contact information for at least fourteen relatives was identified. Letters went out to these relatives explaining Cameron's identity and encouraging them to contact the caseworker. Two relatives called the caseworker requesting additional information. The relatives are Colin's uncle, Chester Levitt, and aunt, Jana Levitt, both residing in Pittsburgh. The caseworker invited them to be family team members who would work toward providing Cameron with a safe and permanent home. Both expressed disdain and fear of Colin, were appreciative of being notified about Cameron, and concluded that Cameron is in the best place with his maternal relatives. The caseworker learned that Colin has "burnt his bridges" with most family members throughout the years. He has borrowed money from many of them and has not paid back his debt. Jana reports that she does not allow Colin around her daughter, Bobbie as his behavior can be quite hostile, erratic and scary to her. The last time he came to her house, he was extremely drunk, tripped up her front stairs, gave himself a bloody nose and scared her young children. She mentioned that she would be surprised if many other Levitt relatives made contact with the agency, as they all feel similarly to her in regards to Colin. Jana noted that the family members that have not become disgusted with Colin have their own problems with

drugs. Jana agreed to send the caseworker some photographs of Colin and his family throughout the years, as the caseworker explained that the photographs would be used for Cameron's Life Book. Jana agreed that she would like to meet Cameron if the agency could assure her safety and could guarantee she would not have any contact with Colin. Jana agreed to call the caseworker with her availability to set up a visit. However, she never did initiate contact.

Carley received a mental health assessment and counseling for depression. Brandi and Brian expressed concern that Carley bosses Christian around. She often interrupted them when trying to redirect Christian or give him instruction. Carley became defensive and defiant when confronted on her own behavior. Brandi and Brian believed Carley should be able to relax and "be a kid" now that she is in a safe home. Brandi got discouraged because she lacks the energy to offer Carley consistent parental guidance. Sometimes she allows Carley to behave as she did. Sometimes she confronts her. At times, she took away privileges or sent Carley to her room. Other times she noted that she yelled at Carley.

The caseworker discussed this issue with Brian, Brandi, and Carley's therapist. Brandi had been encouraged to make a list of decisions and areas for which Carley could be allowed to be the decision-maker and be in control. Brandi was also encouraged to consider a couple tasks for which Carley could remain responsible in relation to Christian and Cameron's care. After that, the plan was to be explained to Carley and she was to be encouraged to offer feedback, suggest any changes and make a commitment to it.

Even with the support of the agency and Carley's therapist, ultimately, Brian and Brandi were unable to tolerate Carley's need to be "in control" of the caretaking of her siblings. They requested that all three children be removed. The placement disrupted in February 2008, due to Brandi's inability to tolerate Carley's parentified behavior which resulted in power struggles between Brandi and Carley. The agency attempted to maintain the placement for the boys. However, Brandi and Brian decided they wanted to focus their energies on raising their own child and, as such, were not willing to keep any of Crystal's children. Despite this, the couple agreed to maintain contact with the children.

The caseworker hoped to keep the children together by finding a suitable maternal relative who was willing and able to care for them. Recruitment efforts were unsuccessful. The three children were placed separately in 2/08 – Carley and Christian with paternal relatives and Cameron in an agency resource home where they all remain to this day.

### **Carley: 2/XX to 4/XX**

Through diligent search efforts to locate Carley's relatives, an aunt and uncle, Jennifer Webster-Crow and Ed Crow were located in Ohio. Subsequently, the caseworker made a referral for an Interstate Compact home study on them. Also residing in the home are Carley's two cousins, Claudia, eight, and Jerry, thirteen. The home study was approved within 60 days and Carley was placed there in 2/9. She is in the sixth grade and attends

Madison Elementary School. Carley's grades are good (A's and B's) and her teachers report no behavior problems in the classroom. She is making friends and has recently joined the field hockey team. Carley has had some difficulty adjusting to the new home. She finds it challenging to follow the rules of the home, such as bedtime, assigned chores, and asking for food. She is also bossy toward her cousin, Claudia, and will challenge Jennifer and Ed when they give Carley directions.

Carley needed to transfer therapists when she moved across state lines. However, her new therapist agreed with her diagnosis and treatment regimen and maintained the same treatment interventions. Jennifer and Ed are consistent and patient with Carley. They have been able to incorporate the therapist's recommendations. They appear to be flexible and although they would like to see Carley's behavior improve, they do not get into power struggles with her. The couple is pleased to see Carley's behavior improve in small increments. Ed and Jennifer will ensure that Carley continues to receive counseling as necessary.

During a therapy session, Carley expressed that she worries a lot about her mother's drug dependence and has doubts that her mother will be able to maintain a clean and sober status over time. Her teacher reports that in the last couple of weeks, she has seemed better rested and more alert during school. She is slowly making some friends. Jennifer encourages Carley to do more socially now that she does not have the responsibility of taking care of her siblings. Jennifer says she needs a "gentle push" to reach out to her peers. Jennifer noted that Carley is making some progress in this area.

Through diligent search efforts during the last case opening, it was found that Carley's father, James Webster, lives just three miles over the border into Ohio. After approaching him about his daughter and her situation, Mr. Webster expressed an interest in gaining custody of Carley. All necessary checks were run and clearances received. Subsequent visits between Carley and her father were scheduled and held, all of which were positive. Carley described her father as gentle and easygoing. Carley's father lives less than two miles away from the Crows and visits Jennifer, Ed, and Carley at least three times per week. He is supportive of the placement.

James is currently working two part-time factory jobs that offer no health insurance to their part-time employees. James has a long history of depression for which he used to manage through medication. In the past couple of years, his depression has caused him to miss shifts, resulting in multiple job losses. He is not currently being seen by a mental health provider. He has not been able to find a full-time job. He currently rents a room in a house. There is no safety threats associated with the father.

James has been referred to Next Steps Mental Health Clinic for a psychiatric evaluation and counseling; however, he has not attended so far. James missed two scheduled appointments due to transportation problems and forgetting the appointment.

ICPC denied James as a viable placement resource for Carley at this time because of the lack of housing stability and his depression, which has not been successfully

managed.

Since Carley's placement with the Crows, her visits with her father have been held at least weekly. Visits usually take place at relatives' homes or in the community (i.e., the park, restaurant, library, and so on). James is welcome to drop by Jennifer and Ed's home, so visitation has been liberal. Visits seem to be going well and Carley looks forward to visits with her father. Although there are no safety threats, extended visits cannot take place in James' home because there is a community bathroom.

Jennifer and Ed are willing to become a permanent resource for Carley. However, the family is adamant that they do not want to adopt Carley because they do not believe that terminating the rights of Carley's parents would be in her best interest. The family believes that Carley is attaching to Jennifer and Ed because of their family connection to her father. They fear that without the involvement and support of Carley's father, Carley would stop attaching to them. They would like permanent legal custody of Carley. Ed and Jennifer have successfully completed the foster home certification process in Ohio.

Carley has been participating in Child Preparation. She has also explored the option of adoption by the Crows but has concluded after much consideration that she would prefer to stay with the Crows under their permanent legal custody, should she not be reunited with a parent. She has one more Child Preparation session with her worker to finalize her decision and she will receive her completed Life Book at that time. Her Child Profile has been completed.

Crystal and James both have a respectful and collaborative relationship with Ed and Jennifer. Although James and Crystal are not in a position to provide private medical insurance to Carley at this time, Ed's employment is stable and provides excellent coverage. He is willing to add Carley to his plan. In the event of a job loss or loss of insurance, the couple is adept enough to navigate the system in Ohio to apply for Medicaid for Carley if needed.

Even though the home is out-of-state, it is still in close enough proximity to allow ongoing visitation between Carley and Crystal and Carley and her siblings. Ed and Jennifer allow visits in their home and have monitored the visits between Carley and her mother. They and Crystal understand that if Crystal shows up for visits under the influence of drugs, the visit will not take place.

Carley noted that she misses her brothers terribly. She visits them when she visits her mother. In addition, all the kinship and resource families keep in contact and arrange to get the siblings together every few weeks for visits outside of Crystal's visits. The Crows are committed to maintaining connections between the siblings.

**Christian: 2/XX- 4/XX**

As a result of the agency initiating visits between Christian and his grandmother, Gale Johnson, a very positive relationship between them started to develop. When Christian's placement was disrupted with his aunt and uncle, placement with Gale was a logical placement option.

Christian was placed with his paternal grandmother, Gale Johnson, on February 14. He has adjusted quite well. He is becoming very skilled at verbalizing his needs and wants. He continues to visit Brian and Brandi at least once per week.

Gale has decided that if Christian cannot be returned to his mother, she would like to adopt him. Gale was referred to the Statewide Adoption and Permanency Network (SWAN) for a Family Profile, which is expected to be completed in thirty (30) days.

Christian is in the process of receiving SWAN Child Preparation services. He and his Child Preparation worker will complete his Life Book shortly. Christian's Child Profile has been completed. He is ready to accept Gale as his mother should he not be able to be returned home to his mother.

His father, Michael, continues to remain uninvolved.

On one recent home visit, Gale mentioned that her late husband, Bill Johnson, had Native American heritage. When the caseworker inquired about this in more detail, he learned from Gale that Christian's grandfather was one quarter Cherokee. Gale did not know anything else and reported that, to her knowledge, no family members were involved in any tribe. The caseworker wrote three separate letters to the three Cherokee tribes inquiring about Christian's membership status and/or eligibility for tribal membership. Two tribes have responded that Christian is neither a member of their tribe nor is he eligible based on the information provided. The caseworker sent a second letter to the third tribe that did not respond. The caseworker followed up with the tribe by phone and spoke with the enrollment coordinator who concluded that, based on the information provided; Christian is not eligible for enrollment. The coordinator committed to confirm this information in a follow-up letter.

**Cameron: 2/XX- 4/XX**

When Cameron's placement was disrupted, the caseworker again made contact with Jana. Jana said that although most relatives have expressed genuine concern over Cameron's situation, no family member is able and willing to provide more than temporary care for him. Unfortunately, no one other than Jana committed themselves to working as members of the family team.

On February 2, Cameron was placed in the home of Henry and Susan Kelly. The couple is a Caucasian resource family who, while being supportive of reunification, is equally eager to adopt him should he need a permanent home. Through Jana, it was learned that Cameron's paternal relatives expressed concern because Cameron is not placed in

an African American resource home. The caseworker explained that, at the time of placement, there were no African American homes available and that the Kelly family was the best-suited family to care for Cameron. No relative has been able to commit to becoming Cameron's permanent family should he not be returned to a parent.

Jana and her seven-year-old daughter, Bobbie have visited Cameron in the Kelly's home and are developing a supportive relationship. Jana recently gave Susan tips on how to care for Cameron's hair, which was beginning to appear quite unruly.

The Kelly's were referred to SWAN for a Family Profile, which is expected to be completed in thirty (30) days.

The Kelly's have built a good relationship with the Crows and Gale Johnson. It is the Crow's intention to maintain the relationships for the benefit of all the Smith children.

Cameron's Life Book and Child Profile will be completed in the next thirty (30) days.

### **Permanency Review Preparation:**

**Family Service Plan:** The caseworker updated the FSP based on the family's circumstances in 2/XX. He reviewed that Plan in preparation for the Permanency Hearing. The summary is listed below:

- **Objective:** *Crystal will manage her addiction to drugs and alcohol in order to help her control her impulses.*
- **Tasks:**
  - Crystal will successfully complete the detox program at Mountainside Substance Abuse Treatment Center;
  - Crystal will participate in a drug and alcohol assessment from Mountainside Substance Abuse Treatment Center;
  - Crystal will follow any recommendations for drug and alcohol treatment at Mountainside Substance Abuse Treatment Center until successfully discharged or other recommendations are made by her counselor;
  - Crystal will take part in random drug screens as requested by the children and youth agency; and
  - Crystal and the caseworker will consult with the domestic violence consultant at Safehouse Domestic Violence Shelter to determine appropriate intervention for the violence in the home.
- **Objective:** *Crystal will demonstrate love, empathy and sensitivity towards the children.*



- **Tasks:**
  - During visits, Crystal will interact with her children in a sensitive, honest and age appropriate manner.
- **Objective:** *Crystal will develop accurate perceptions of her children so that she can identify the need for them to be supervised.*
- **Tasks:**
  - Crystal will attend parenting classes through Mountainside;
  - Crystal will discuss learning points with the caseworker; and
  - Crystal will practice what she learns in parenting during visits.
- **Objective:** *Colin will better understand his caregiving role in the family and basic child development to assure that the children are supervised at all times and safe from threats of harm.*
- **Tasks:**
  - Colin will attend a hands-on parenting class and identify roles and responsibilities associated with being a parent;
  - Colin will take a more active parenting role with Cameron by providing for his physical needs (diapers, food, cleanliness) and emotional needs (comforting, talking, stimulation) during visits;
  - Colin will contact Pastor Scott at the men's/father's group at the Brightside Baptist Church. Colin will use this group as a support to share successes and struggles associated with becoming a role model and parent; and
  - Colin will follow all probation requirements so that he can be present for his son and avoid incarceration.
- **Objective:** Colin will manage his alcohol use and anger in order to help him control his impulses.
- **Tasks:**
  - Colin will participate in a drug/alcohol assessment at Harborview and follow any recommendations for treatment;
  - Colin will complete a domestic violence consult with Safehouse representatives and follow any recommendations; and
  - Colin will learn to manage his anger by participating in and successfully completing the anger management program at Harborview.

**Child Permanency Plans:** The caseworker reviewed the most recent Child Permanency Plan for each child. Summaries are listed below.

**Carley:**

- **Objective:** *James Webster will provide a permanent home for his daughter free of safety threats.*
- **Tasks:**
  - ICPC home study—the agency will make a referral for a home study for James through the Interstate Compact Office (ICO). James will make himself

- available for the home study and will complete home study tasks required by the ICO;
- Psychiatric consultation -- the agency will refer. James will make and keep appointment with Dr. Low;
  - Medication monitoring if recommended by Dr. Low; -- the agency will refer. James will make and keep appointments with Dr. Low;
  - Section 8 Housing-- the agency will refer. James will submit a completed application and maintain contact with the housing agency; and
  - Participate in safety and risk assessments. James will make himself available to meet with the agency caseworker.
- **Objective:** *The child will be prepared legally and emotionally for PLC, so as to be willing to accept a new family as her own.*
  - **Tasks:**
    - Child Preparation -- The agency will refer the child to the Statewide Adoption and Permanency Network (SWAN). Ed and Jennifer Crow will make and keep appointments with the Child Preparation worker;
    - Child Profile -- The agency will refer the child to SWAN. Ed and Jennifer Crow will make and keep appointments with Child Preparation Worker and arrange to gather the information needed; and
    - Family Profile (on Ed and Jennifer Crow) -- The agency will refer the child to SWAN. Ed and Jennifer Crow will make and keep appointments. They will actively participate with the home study process.
  - **Objective:** *The child's mental health needs will be met.*
  - **Tasks:**
    - Individual counseling -- The agency will refer the child to Child Guidance. Ed and Jennifer Crow will make and keep scheduled appointments for the child and participate in counseling as needed at Child Guidance.
  - **Objective:** *The child will recognize her mother as a parental figure.*
  - **Tasks:**
    - Family counseling between Carley and Crystal -- The agency will refer the child to Child Guidance once Crystal can maintain a clean and sober status for eight (8) weeks and based on counselor recommendations. Crystal, Ed and Jennifer Crow will make and keep schedule appointments for child and participate in counseling as needed.

#### *Christian*

- **Objective:** *Michael Johnson will provide a permanent home that is free of safety threats for his son.*
- **Tasks:**
  - Participate in safety and risk assessments -- Agency will make appointments with Michael. Michael will keep appointments with the agency;
  - Diligent search for father -- The agency will conduct the search;

- Explore relatives as permanent resources or supports -- The agency will conduct the search; and
- Establish paternity -- Michael will contact the local Domestic Relations Section and request genetic testing to determine paternity. He will follow through with all appointments.
- **Objective:** *The child will be prepared legally and emotionally for adoption so that he is willing to accept a new family as his own.*
- **Tasks:**
  - Child Preparation -- the agency will refer to the Statewide Adoption and Permanency Network (SWAN). Gale Johnson will make and keep appointments with the Child Preparation worker;
  - Child Profile -- The agency will refer the child to SWAN. Gale Johnson will make and keep appointments with the SWAN worker and arrange to gather the information needed; and
  - Family Profile (on Gale Johnson) -- The agency will refer the child to SWAN. Gale Johnson will make and keep appointments. She will complete the home study process.
- **Objective:** *The child's educational, developmental and mental health needs will be assessed and met.*
- **Tasks:**
  - Individual reading instruction is provided through the school three times per week per his Individualized Education Plan (IEP).

#### Cameron

- **Objective:** *Colin Levitt will provide a permanent home that is free of safety threats for his son.*
- **Tasks:**
  - Participate in safety and risk assessments -- Agency will conduct. Colin will make and keep appointments;
  - Drug and alcohol assessment and any recommended treatment -- Agency will refer. Colin will make and keep appointments and consistently follow through with any recommended treatment;
  - Reconnect with Father Support Group and attend weekly meetings -- Colin will initiate;
  - Domestic Violence assessment -- agency will make referral. Colin will schedule and keep appointments;
  - Conditions of parole -- Agency will maintain regular phone contact with parole officer and receive written reports. Colin will comply with conditions of parole; and
  - Explore paternal relatives as permanent resources or supports -- Agency will initiate.
- **Objective:** *the child will be legally and emotionally prepared for adoption, so as to attach to his new caregivers.*

- **Tasks:**
  - Explore relatives -- Agency will initiate a relative search using Family Finding;
  - Child Preparation: Life book only -- Agency will refer to the Statewide Adoption and Permanency Network (SWAN). Henry and Sue Kelly will cooperate with the worker to complete the life book;
  - Child Profile -- Agency will refer to SWAN. Henry and Sue Kelly will make and keep appointments with the SWAN worker and help to gather needed information; and
  - Family Profile (Henry and Sue Kelly) -- The agency will refer the child to SWAN. Henry and Sue will make and keep appointments. They will complete the home study process.
  
- **Objective:** the child's developmental needs will be assessed and met.
- **Tasks:**
  - Early Intervention Evaluation -- The agency will arrange for a follow-up assessment at nine (9) months. Henry and Sue Kelly will make and keep appointments to complete evaluation.

### **Family of Origin Functioning:**

Crystal entered Mountainside Detoxification Center on December 24, began treatment on December 29 and experienced a short relapse in early January. Since then Crystal took full responsibility for the relapse, turned herself in the next day, and asked to be allowed back in treatment. Mountainside allowed her back in immediately without making her go back on the waiting list. Her treatment has included the following: Problem Solving, Relapse Prevention, Group Therapy, Cognitive Restructuring, Discharge Planning, Coping Skills, and Stress Management. Since re-admission, Crystal has been clean and sober. She successfully completed inpatient treatment on April 7, 2008 and is loyally attending aftercare, including three (3) Narcotics Anonymous (NA) meetings per week. At times, she feels weak and thinks about using; however, she has learned that, by relying on Beth, her NA sponsor, for support, she is able to refocus herself to the work at hand. Crystal is building a solid relationship with her new aftercare counselor, Sally Freedman. A major focus of aftercare will be relapse prevention and "clean and sober parenting." Crystal has had two parenting classes through aftercare. Clint Nail, her treatment counselor, is also still available to Crystal as a support and she calls him on a weekly basis to check in. She maintains a part-time job in a retail store, which she believes will become full-time in the fall. Crystal noted that it pains her to think about the violence, drug use, and lack of supervision to which she exposed her children. Now that she has the skills to manage her addiction, she is committed to making the children her priority. Crystal has developed a preference to raise her children as a single mother and has no desire to look for a new relationship. She will continue to accept the assistance and support of her children's paternal family members. At first, she found it threatening that these relatives were being brought into her children's life. She perceived them as being judgmental of her and wanting to replace her. However, she stated that she can now see things more clearly and that it was a good thing for her children to have more people in their lives to love and care for

them.

The family counselor has noted that Crystal is “tuning in” to her children’s feelings about 80% of the time. The other 20% can be attributed to Crystal falling into her “old selfish habits.” However, she is catching herself more often in the middle of these instances and has been able to successfully interrupt her “selfish” habits and focus instead on the needs of the children. There is no more foot traffic in the home as had been indicated on previous reports.

Family counseling has been implemented. Carley is slowly building trust with her mother again. She still believes her mother will relapse in the future because she has relapsed in the past. She still expresses some fear of living with her mother. It is expected that this process will be slow. The therapist stated that over time, with consistent parenting, Crystal’s prognosis is good.

Colin Levitt broke up with Crystal when she entered drug treatment. Crystal initially saw the breakup as a major setback in her life, especially as it occurred within weeks of losing custody of her children. However, with the help of her counselor and family, she has successfully worked through the grieving process. She now is thankful that Colin left, as it was the best thing for her. Crystal has no desire to get back with him, as she has gained increased insight over the past months into how he held her back from getting the help she needed. She cannot envision him supporting himself in any other way than drug dealing. Crystal plans to file for divorce.

Crystal completed a domestic violence consult at Safehouse Domestic Violence Shelter in April. Crystal signed releases of information so that the consultant could speak with Mountainside about Crystal’s progress in treatment and services available to her for aftercare. The consultant determined that Crystal allowed herself and her children to reside in a violent home in order to support her drug habit. The assessment concluded that as long as Crystal maintains her clean and sober status and follows recommendations for counseling in aftercare, additional domestic violence services are not warranted.

Colin was picked up on a parole violation on January 7 and held for three (3) days. On January 21, he was arrested for assault and drug possession. The caseworker wrote a letter informing Colin that he will have to contact the caseworker should Colin wish to visit Cameron. When Cameron was moved to his resource home, the caseworker sent him a letter informing him of the move. No response was ever received. On March 30, Colin was convicted and sentenced to fourteen (14) months. Colin was transferred to a medium security prison about two hours away. The caseworker met with him in prison on April 26. Case planning was discussed. Colin is aware that he is unable to be considered as a resource for his son, Cameron, due to the length of his imprisonment. He believes that, if Crystal has successfully received treatment, the children should be placed in her care. However, if she relapses, he is not confident that she will be able to assure the safety of the children.

### **Family visits with Crystal**

Prior to Crystal entering detox and treatment (November 28-December 24), the three children had scheduled visits with Crystal twice per week in the home of Brandi and Brian. Children and Youth supervised the visits. Crystal missed five (5) of eight (8) scheduled visits. While Crystal was in detox, visits could not take place. While she was in inpatient treatment (December 24-April 7), visits were moved to the drug treatment facility. Visits took place Mondays and Thursdays from 3:00-4:30. Relatives transported the children to the facility where they are able to spend time in the visiting rooms. It was determined that, as long as Crystal remained clean and sober, there was no longer a reason for supervised visits. The caseworker planned activities with Crystal ahead of time so that all children's needs were met during the visits. For example, Crystal sometimes chose to bring children's books from the treatment center's library for Carley to read to Christian while Crystal fed Cameron. When Cameron would fall asleep, Crystal enjoyed coloring with the older children.

When Crystal was discharged from treatment on April 7, visits between Crystal and all three children were moved to Gale's home. Then, Crystal's visitation plan included that she plan a dinner for herself and her children at Gale's home. Due to financial constraints, dinners are kept relatively simple and have included such items as grilled cheese, ham and cheese sandwiches, macaroni and cheese, or spaghetti. She always ensures that there is a serving of fruit and/or vegetables and milk. Crystal solicits the help of Carley and even Christian in setting the table and clean up. However, it is clear that she is the one in charge. On a couple of occasions, Carley has taken the initiative to prepare other food than what Crystal has planned. Crystal appropriately confronted Carley, reminded her that she is in someone else's home and that their belongings need to be respected. Crystal appropriately reinforced the concept that she is in charge and instructed Carley to put away the other items. Carley is slowly becoming more compliant and allowing her mother to be the one in charge.

Three (3) weeks ago, the twice per week visits were moved to Crystal's home. They have been going very well. Last Saturday, the children spent a daylong visit at Crystal's home and in two (2) weeks, an overnight visit is scheduled.

### **Safety Assessment**

An in-home safety assessment was completed two weeks ago. There is one current safety threat in operation: Carley is still fearful of living in the home.

Crystal's previously absent or diminished protective capacities were as follows:

- The caregiver demonstrates impulse control;
- The caregiver has a history of protecting;
- The caregivers expresses love, empathy, and sensitivity toward the child; experiences specific empathy with the child's perspective and feelings;
- The caregiver has an accurate perception of the child.

These protective capacities are now enhanced and currently being used by Crystal. It is thought that sufficient changes have been made as to the circumstances that caused the threats. Crystal's protective capacities are improving.

There is no indication that Colin's previously identified safety threats have changed. Colin's previously absent or diminished protective capacities were as follows:

- The caregiver demonstrates impulse control; and
- The caregiver understands his protective role.

### ***Risk Assessment***

A risk assessment was completed two (2) weeks ago on Crystal's home. The risk level is moderate.

### ***Family Team Meeting***

A family team meeting took place on May 6 where the above progress was reviewed. In attendance were Crystal, Sheila, Brian, Brandi, Gale Johnson, James, Ed and Jennifer Crow, Beth, Clint Nail, Sally Freedman, the family therapist, Sue Kelly (Cameron's resource parents), and the caseworker. Crystal presented plans for the children's return home including information concerning child care, transportation, and instituting a more structured and age-appropriate chore schedule. Crystal is also looking into field hockey in her own community so that Carley can continue participating in it when she returns. Finances are going to be a challenge now that Colin is not around to bring in his extra income. With Crystal's part-time job, Section 8, utility assistance, food stamps, and the limited child support payments from James are just enough to cover the family's expenses. Michael Johnson has been referred for child support. A bus pass is being provided by the aftercare program. Paternal and maternal relatives have agreed to "recycle" the older cousins' clothes. Also during the meeting, they developed a plan that Gale will watch the children in the evenings when Crystal works. A crisis plan has been put into place should Crystal relapse. Crystal has given Carley and Christian permission to tell a school counselor, Aunt Brandi or her Aunt Jennifer should they believe their mother is using drugs or if they are left alone. The mother gave the children their aunts' telephone numbers.

## Smith Family Report B-Group 2

April 24<sup>th</sup>

### Placement history

Child	Placement	Placement Date
Carley, Christian and Cameron	Brian and Brandi Smith	Nov. 28
Cameron	Henry and Susan Kelly	Feb. 2
Carley	Jennifer and Ed Crow	Feb. 9
Christian	Gale Johnson	Feb. 14

### Information Learned from 11/28/XX- 1/31/XX

All three children were placed on 11/28 with their maternal aunt and uncle, Brandi and Brian Smith, who volunteered to provide ongoing care for the children. The caseworker discussed the safety and permanency needs of the children with the couple who were open and candid about their situation. Brian is a hard worker who recently left his position at the university to start his own construction company, something that has been his lifelong dream. Brandi resigned from her job as a pharmacy technician so that she could stay at home with their infant daughter, Jeannie. Brandi is enjoying being a stay-at-home mother, but at times misses having somewhere to go. They recently moved to a new residence about five miles from Crystal's residence. It is a rent-to-own property and it is their intention that their monthly payments will be able to go toward paying off the house. They are slowly meeting people in their new neighborhood.

A full disclosure interview occurred between the couple and the caseworker. The caseworker explained that the agency would be asking them to become a certified resource home for their niece and nephews and that they would need to complete a home study, which would approve them as resource parents. The caseworker told them that they would first need to complete the requirements to become emergency caregivers for the children. The caseworker reviewed Adoption and Safe Families Act (ASFA) timelines and offered that reunification with the parents would be the primary permanency goal. The caseworker also informed them that, despite reunification being the main goal, if the children were not able to be reunified with their mother or father(s) within one year, the agency would file to terminate parental rights, work to finalize the adoption of the children, and look to them (the maternal uncle and aunt) to be the adoptive resource. The worker informed the couple that the agency would conduct diligent searches to locate paternal relatives, including Christian's father to offer them an opportunity to be a part of the family team, while at the same time assessing their ability to be resources for the children. The caseworker informed Brandi that ongoing safety assessments would be conducted as long as the children were residing in their home. The caseworker reviewed the responsibilities of a formal kinship home –keeping the children safe, providing for their physical, emotional, educational, and social well-being with assistance from the agency, being an active family team member, actively supporting reunification efforts, supporting visitation with Crystal and the children's fathers, and being open to the children establishing and/or maintaining relationships



with paternal relatives. Although the couple resides out of the children's home school district, Brandi agreed to transport Carley and Christian to their home school. The school is aware of this arrangement. The couple agreed to adopt the children if they could not be returned to one of the parents. They appeared sincere in their commitment to the children and said they "wouldn't do this for anyone else except family."

Brian and Brandi appeared to understand how the agency would proceed to work with the family. They met Carley's father, James Webster, a few times over the past year and felt comfortable with him continuing to be a part of her life. Brian had some concerns about the agency seeking out Christian's father and Cameron and Christian's paternal relatives as he believes most of them are "bad news" due to having extensive drug and criminal histories. Generally, Brian's contact with paternal relatives has been minimal. He was not able to identify specific family members other than Christian's father, Michael Johnson, and his own father, Bill (now deceased), who were of concern to him. The caseworker validated Brian's concerns. The caseworker then explained that, just as their mother has legal rights to the children, so to do their fathers. Any relatives that would be found would be thoroughly assessed for safety before the relatives would be allowed to care for the children. Hearing this information appeared to alleviate major concerns about how the agency would work with the paternal relatives. Brian and Brandi agreed to support the agency in this effort.

The caseworker informed the couple about Carley and Christian's depressive symptomology and that the agency would look to them and the rest of the family team to help decide how best to address those concerns. Also, the caseworker informed the couple of the concerns regarding Christian's possible developmental delays. Brandi and Brian expressed relief that help would be made available to address the depressive symptoms. However, they were quite surprised to hear that there was concern about Christian's development. They believed Christian would do better in school with consistent parenting and more assistance with his reading. They agreed to work with the agency and the school to get the issues resolved.

Brian also raised questions about financial support that would be available to them. It was explained that they would be entitled to receive foster care payments upon resource home approval. If they became the approved adoptive resource, they would be entitled to adoption assistance, which could not be a higher amount than the foster care rate.

Brian, Brandi and the caseworker completed the necessary requirements for Emergency Caretaker approval. The home was assessed for safety. It was decided that the home was safe for the children. The children were placed in their care on 11/29.

Carley's and Christian's overall health is good. They both went to the pediatrician for physical examinations on 12/11. Each had a dental exam on 12/14. Carley had two cavities and Christian had three. All cavities were filled on 12/24.

Christian appeared to thrive in the home of Brandi and Brian. Although he missed his mother, Christian reports that he is happy to be away from his home. Christian is described as having a shy temperament. He enjoyed the positive adult attention that he received and always cheerfully accepted opportunities to help feed or entertain his little brother and cousin. Christian became quite close to Brian. He loved to follow Brian around the house and assist him with household fix-it tasks. Since Christian often says he has “no father,” Christian proudly stated that Brian is his “new father.”

Due to Christian’s withdrawn behavior, he received a mental health assessment on 1/22 to determine if he can benefit from mental health services. The assessment indicated that mental health intervention is not warranted for Christian at this point in time.

Christian is in Kindergarten. He knows his alphabet and can identify all letters and numbers up to twenty. However, he has difficulty connecting the letter with its sound. Christian was screened at school. It was recommended that he be formally tested for learning disabilities. On 1/25, Christian’s school evaluated him for learning disabilities. He was determined to have a reading disability and an Individualized Education Plan (IEP) was developed. Stemming from the plan, he receives individual instruction in reading three times per week.

Diligent search efforts were successful at locating Christian’s father, Michael Johnson. Mr. Johnson has been living in New York for the past two years and has been in and out of psychiatric care for most of his life. He is currently living with his girlfriend. He knew that he had a child with Crystal but lost contact with her soon after she became pregnant. He described his relationship with Crystal as a “fling” and that they were together for only a short period. He comes across as distant and non-engaged. Although he wishes Crystal and Christian well, he expressed no desire in becoming involved in the life of his son, even after a full disclosure interview. He volunteered to relinquish parental rights. The caseworker explained that it would be in Christian’s best interest to know some of his paternal relatives and that they would conduct a relative search. He was concerned at first about this, as his family did not know about Christian. He did not want to be identified by Christian as the “dad who gave him up.” After much discussion, Michael was finally able to consider Christian’s needs and agreed to provide contact information for his mother, Gale Johnson. Michael Johnson’s father, Bill Johnson, died of cancer in 2004. The agency subsequently initiated contact with Gale.

Crystal initially had mixed feelings about the agency contacting Gale Johnson. Gale lives in the same county as the Smith family. The caseworker contacted Gale who was surprised to know that she had a grandson. She voiced frustration with her son, Michael, for not telling her of Christian’s existence. Gale was informed that Christian was in agency care along with his siblings, due to safety concerns with his mother and his mother’s husband. She expressed an interest in meeting Christian, but was not quite sure how she would explain to him who she is. Together, with Crystal’s help, the group decided how to introduce Gale to Christian.

Brandi transported Christian to the agency for a visit with Gale on January 3. The caseworker supervised. Overall, it was a very positive visit (see visitation notes). Christian had questions about his father's absence. Gale answered the questions truthfully, but in an age appropriate way. Gale finds Christian to have endearing qualities, such as his shyness, which Gale says is similar to her son's. Christian feels safe around his grandmother. Gale and Christian decided that they would like to continue visits. Brandi and Brian exchanged phone numbers with Gale so that Christian can talk with his grandmother on the phone. It was decided that another visit would be scheduled after the caseworker makes a home visit to Gale's home to determine safety. As of January 16, Gale and her home were determined to be safe and unsupervised visits were scheduled every other week in her home. Brandi agreed to transport. Gale's mother and cousins live in the area and have met Christian during visits. Christian has been embraced by most members of the Johnson family.

Cameron thrived in the care of Brandi and Brian. He received well baby care and is up-to-date on his immunizations. The caseworker completed the Ages and Stages Questionnaires®: (ASQ™), Second Edition: A Parent-Completed, Child Monitoring System with Brandi and Cameron. The results suggested that a further evaluation should be conducted, especially around gross motor abilities. Because of this, Cameron was referred to Early Intervention (EI). EI completed their evaluation and determined that no further services are necessary at this time. Cameron's current developmental functioning is in the normal range. However, since he was drug exposed, EI recommends that Cameron be reevaluated when he is nine-months-old. Cameron appears happy and alert except for occasional irritability, which is thought to be due to teething. His appetite is good. He did not switch formula or bottles when he moved into kinship care. At 5 months, he started to eat small amounts of cereal, which he seemed to tolerate well. His diet continues to expand to include vegetables, fruits and just recently meats.

The agency conducted a search for Cameron's paternal relatives. Contact information for at least fourteen relatives was identified. Letters went out to these relatives explaining Cameron's identity and encouraging them to contact the caseworker. Two relatives called the caseworker requesting additional information. The relatives are Colin's uncle, Chester Levitt, and aunt, Jana Levitt, both residing in Pittsburgh. The caseworker invited them to be family team members who would work toward providing Cameron with a safe and permanent home. Both expressed disdain and fear of Colin, were appreciative of being notified about Cameron, and concluded that Cameron is in the best place with his maternal relatives. The caseworker learned that Colin has "burnt his bridges" with most family members throughout the years. He has borrowed money from many of them and has not paid back his debt. Jana reports that she does not allow Colin around her daughter, Bobbie as his behavior can be quite hostile, erratic and scary to her. The last time he came to her house, he was extremely drunk, tripped up her front stairs, gave himself a bloody nose and scared her young children. She mentioned that she would be surprised if many other Levitt relatives made contact with the agency, as they all feel similarly to her in regards to Colin. Jana noted that the family members that have not become disgusted with Colin have their own problems with

drugs. Jana agreed to send the caseworker some photographs of Colin and his family throughout the years, as the caseworker explained that the photographs would be used for Cameron's Life Book. Jana agreed that she would like to meet Cameron if the agency could assure her safety and could guarantee she would not have any contact with Colin. Jana agreed to call the caseworker with her availability to set up a visit. However, she never did initiate contact.

Carley received a mental health assessment and counseling for depression. Brandi and Brian expressed concern that Carley bosses Christian around. She often interrupted them when trying to redirect Christian or give him instruction. Carley became defensive and defiant when confronted on her own behavior. Brandi and Brian believed Carley should be able to relax and "be a kid" now that she is in a safe home. Brandi got discouraged because she lacks the energy to offer Carley consistent parental guidance. Sometimes she allows Carley to behave as she did. Sometimes she confronts her. At times, she took away privileges or sent Carley to her room. Other times she noted that she yelled at Carley.

The caseworker discussed this issue with Brian, Brandi, and Carley's therapist. Brandi had been encouraged to make a list of decisions and areas for which Carley could be allowed to be the decision-maker and be in control. Brandi was also encouraged to consider a couple tasks for which Carley could remain responsible in relation to Christian and Cameron's care. After that, the plan was to be explained to Carley and she was to be encouraged to offer feedback, suggest any changes and make a commitment to it.

Even with the support of the agency and Carley's therapist, ultimately, Brian and Brandi were unable to tolerate Carley's need to be "in control" of the caretaking of her siblings. They requested that all three children be removed. The placement disrupted in February 2008, due to Brandi's inability to tolerate Carley's parentified behavior which resulted in power struggles between Brandi and Carley. The agency attempted to maintain the placement for the boys. However, Brandi and Brian decided they wanted to focus their energies on raising their own child and, as such, were not willing to keep any of Crystal's children. Despite this, the couple agreed to maintain contact with the children.

The caseworker hoped to keep the children together by finding a suitable maternal relative who was willing and able to care for them. Recruitment efforts were unsuccessful. The three children were placed separately in 2/08 – Carley and Christian with paternal relatives and Cameron in an agency resource home where they all remain to this day.

### **Carley: 2/XX to 4/XX**

Through diligent search efforts to locate Carley's relatives, an aunt and uncle, Jennifer Webster-Crow and Ed Crow were located in Ohio. Subsequently, the caseworker made a referral for an Interstate Compact home study on them. Also residing in the home are Carley's two cousins, Claudia, eight, and Jerry, thirteen. The home study was approved within 60 days and Carley was placed there in 2/9. She is in the sixth grade and attends

Madison Elementary School. Carley's grades are good (A's and B's) and her teachers report no behavior problems in the classroom. She is making friends and has recently joined the field hockey team. Carley has had some difficulty adjusting to the new home. She finds it challenging to follow the rules of the home, such as bedtime, assigned chores, and asking for food. She is also bossy toward her cousin, Claudia, and will challenge Jennifer and Ed when they give Carley directions.

Carley needed to transfer therapists when she moved across state lines. However, her new therapist agreed with her diagnosis and treatment regimen and maintained the same treatment interventions. Jennifer and Ed are consistent and patient with Carley. They have been able to incorporate the therapist's recommendations. They appear to be flexible and although they would like to see Carley's behavior improve, they do not get into power struggles with her. The couple is pleased to see Carley's behavior improve in small increments. Ed and Jennifer will ensure that Carley continues to receive counseling as necessary.

During a therapy session, Carley expressed that she worries a lot about her mother's drug dependence and has doubts that her mother will be able to maintain a clean and sober status over time. Her teacher reports that in the last couple of weeks, she has seemed better rested and more alert during school. She is slowly making some friends. Jennifer encourages Carley to do more socially now that she does not have the responsibility of taking care of her siblings. Jennifer says she needs a "gentle push" to reach out to her peers. Jennifer noted that Carley is making some progress in this area.

Through diligent search efforts during the last case opening, it was found that Carley's father, James Webster, lives just three miles over the border into Ohio. After approaching him about his daughter and her situation, Mr. Webster expressed an interest in gaining custody of Carley. All necessary checks were run and clearances received. Subsequent visits between Carley and her father were scheduled and held, all of which were positive. Carley described her father as gentle and easygoing. Carley's father lives less than two miles away from the Crows and visits Jennifer, Ed, and Carley at least three times per week. He is supportive of the placement.

James is currently working two part-time factory jobs that offer no health insurance to their part-time employees. James has a long history of depression for which he used to manage through medication. In the past couple of years, his depression has caused him to miss shifts, resulting in multiple job losses. He is not currently being seen by a mental health provider. He has not been able to find a full-time job. He currently rents a room in a house. There are no safety threats associated with the father.

James has been referred to Next Steps Mental Health Clinic for a psychiatric evaluation and counseling; however, he has not attended so far. James missed two scheduled appointments due to transportation problems and forgetting the appointment.

ICPC denied James as a viable placement resource for Carley at this time because of the lack of housing stability and his depression, which has not been successfully

managed.

Since Carley's placement with the Crows, her visits with her father have been held at least weekly. Visits usually take place at relatives' homes or in the community (i.e., the park, restaurant, library, and so on). James is welcome to drop by Jennifer and Ed's home, so visitation has been liberal. Visits seem to be going well and Carley looks forward to visits with her father. Although there are no safety threats, extended visits cannot take place in James' home because there is a community bathroom.

Jennifer and Ed are willing to become a permanent resource for Carley. However, the family is adamant that they do not want to adopt Carley because they do not believe that terminating the rights of Carley's parents would be in her best interest. The family believes that Carley is attaching to Jennifer and Ed because of their family connection to her father. They fear that without the involvement and support of Carley's father, Carley would stop attaching to them. They would like permanent legal custody of Carley. Ed and Jennifer have successfully completed the foster home certification process in Ohio.

Carley has been participating in Child Preparation. She has also explored the option of adoption by the Crows but has concluded after much consideration that she would prefer to stay with the Crows under their permanent legal custody, should she not be reunited with a parent. She has one more Child Preparation session with her worker to finalize her decision and she will receive her completed Life Book at that time. Her Child Profile has been completed.

Crystal and James both have a respectful and collaborative relationship with Ed and Jennifer. Although James and Crystal are not in a position to provide private medical insurance to Carley at this time, Ed's employment is stable and provides excellent coverage. He is willing to add Carley to his plan. In the event of a job loss or loss of insurance, the couple is adept enough to navigate the system in Ohio to apply for Medicaid for Carley if needed.

Even though the home is out-of-state, it is still in close enough proximity to allow ongoing visitation between Carley and Crystal and Carley and her siblings. Ed and Jennifer allow visits in their home and have monitored the visits between Carley and her mother. They and Crystal understand that if Crystal shows up for visits under the influence of drugs, the visit will not take place.

Carley noted that she misses her brothers terribly. She visits them when she visits her mother. In addition, all the kinship and resource families keep in contact and arrange to get the siblings together every few weeks for visits outside of Crystal's visits. The Crows are committed to maintaining connections between the siblings.

**Christian: 2/XX- 4/XX**

As a result of the agency initiating visits between Christian and his grandmother, Gale Johnson, a very positive relationship between them started to develop. When Christian's placement was disrupted with his aunt and uncle, placement with Gale was a logical placement option.

Christian was placed with his paternal grandmother, Gale Johnson, on February 14. He has adjusted quite well. He is becoming very skilled at verbalizing his needs and wants. He continues to visit Brian and Brandi at least once per week.

Gale has decided that if Christian cannot be returned to his mother, she would like to adopt him. Gale was referred to the Statewide Adoption and Permanency Network (SWAN) for a Family Profile, which is expected to be completed in thirty (30) days.

Christian is in the process of receiving SWAN Child Preparation services. He and his Child Preparation worker will complete his Life Book shortly. Christian's Child Profile has been completed. He is ready to accept Gale as his mother should he not be able to be returned home to his mother.

His father, Michael, continues to remain uninvolved.

On one recent home visit, Gale mentioned that her late husband, Bill Johnson, had Native American heritage. When the caseworker inquired about this in more detail, he learned from Gale that Christian's grandfather was one quarter Cherokee. Gale did not know anything else and reported that, to her knowledge, no family members were involved in any tribe. The caseworker wrote three separate letters to the three Cherokee tribes inquiring about Christian's membership status and/or eligibility for tribal membership. Two tribes have responded that Christian is neither a member of their tribe nor is he eligible based on the information provided. The caseworker sent a second letter to the third tribe that did not respond. The caseworker followed up with the tribe by phone and spoke with the enrollment coordinator who concluded that, based on the information provided; Christian is not eligible for enrollment. The coordinator committed to confirm this information in a follow-up letter.

**Cameron: 2/XX- 4/XX**

When Cameron's placement was disrupted, the caseworker again made contact with Jana. Jana said that although most relatives have expressed genuine concern over Cameron's situation, no family member is able and willing to provide more than temporary care for him. Unfortunately, no one other than Jana committed themselves to working as members of the family team.

On February 2, Cameron was placed in the home of Henry and Susan Kelly. The couple is a Caucasian resource family who, while being supportive of reunification, is equally eager to adopt him should he need a permanent home. Through Jana, it was learned that Cameron's paternal relatives expressed concern because Cameron is not placed in an African American resource home. The caseworker explained that, at the time of

placement, there were no African American homes available and that the Kelly family was the best-suited family to care for Cameron. No relative has been able to commit to becoming Cameron's permanent family should he not be returned to a parent.

Jana and her seven-year-old daughter, Bobbie have visited Cameron in the Kelly's home and are developing a supportive relationship. Jana recently gave Susan tips on how to care for Cameron's hair, which was beginning to appear quite unruly.

The Kelly's were referred to SWAN for a Family Profile, which is expected to be completed in thirty (30) days.

The Kelly's have built a good relationship with the Crows and Gale Johnson. It is the Crow's intention to maintain the relationships for the benefit of all the Smith children.

Cameron's Life Book and Child Profile will be completed in the next thirty (30) days.

### **Permanency Review Preparation:**

**Family Service Plan:** The caseworker updated the FSP based on the family's circumstances in 2/XX. He reviewed that Plan in preparation for the Permanency Hearing. The summary is listed below:

- **Objective:** *Crystal will manage her addiction to drugs and alcohol in order to help her control her impulses.*
- **Tasks:**
  - Crystal will successfully complete the detox program at Mountainside Substance Abuse Treatment Center;
  - Crystal will participate in a drug and alcohol assessment from Mountainside Substance Abuse Treatment Center;
  - Crystal will follow any recommendations for drug and alcohol treatment at Mountainside Substance Abuse Treatment Center until successfully discharged or other recommendations are made by her counselor;
  - Crystal will take part in random drug screens as requested by the children and youth agency; and
  - Crystal and the caseworker will consult with the domestic violence consultant at Safehouse Domestic Violence Shelter to determine appropriate intervention for the violence in the home.
  
- **Objective:** *Crystal will demonstrate love, empathy and sensitivity towards the children.*
- **Tasks:**
  - During visits, Crystal will interact with her children in a sensitive, honest and age appropriate manner.
  
- **Objective:** *Crystal will develop accurate perceptions of her children so that she can identify the need for them to be supervised.*
- **Tasks:**



- Crystal will attend parenting classes through Mountainside;
  - Crystal will discuss learning points with the caseworker; and
  - Crystal will practice what she learns in parenting during visits.
- **Objective:** *Colin will better understand his caregiving role in the family and basic child development to assure that the children are supervised at all times and safe from threats of harm.*
  - **Tasks:**
    - Colin will attend a hands-on parenting class and identify roles and responsibilities associated with being a parent;
    - Colin will take a more active parenting role with Cameron by providing for his physical needs (diapers, food, cleanliness) and emotional needs (comforting, talking, stimulation) during visits;
    - Colin will contact Pastor Scott at the men's/father's group at the Brightside Baptist Church. Colin will use this group as a support to share successes and struggles associated with becoming a role model and parent; and
    - Colin will follow all probation requirements so that he can be present for his son and avoid incarceration.
- **Objective:** *Colin will manage his alcohol use and anger in order to help him control his impulses.*
  - **Tasks:**
    - Colin will participate in a drug/alcohol assessment at Harborview and follow any recommendations for treatment;
    - Colin will complete a domestic violence consult with Safehouse representatives and follow any recommendations; and
    - Colin will learn to manage his anger by participating in and successfully completing the anger management program at Harborview.

**Child Permanency Plans:** The caseworker reviewed the most recent Child Permanency Plan for each child. Summaries are listed below.

*Carley:*

- **Objective:** *James Webster will provide a permanent home for his daughter free of safety threats.*
- **Tasks:**
  - ICPC home study—the agency will make a referral for a home study for James through the Interstate Compact Office (ICO). James will make himself available for the home study and will complete home study tasks required by the ICO;
  - Psychiatric consultation -- the agency will refer. James will make and keep appointment with Dr. Low;
  - Medication monitoring if recommended by Dr. Low; -- the agency will refer.

- James will make and keep appointments with Dr. Low;
  - Section 8 Housing-- the agency will refer. James will submit a completed application and maintain contact with the housing agency; and
  - Participate in safety and risk assessments. James will make himself available to meet with the agency caseworker.
- **Objective:** *The child will be prepared legally and emotionally for PLC, so as to be willing to accept a new family as her own.*
  - **Tasks:**
    - Child Preparation -- The agency will refer the child to the Statewide Adoption and Permanency Network (SWAN). Ed and Jennifer Crow will make and keep appointments with the Child Preparation worker;
    - Child Profile -- The agency will refer the child to SWAN. Ed and Jennifer Crow will make and keep appointments with Child Preparation Worker and arrange to gather the information needed; and
    - Family Profile (on Ed and Jennifer Crow) -- The agency will refer the child to SWAN. Ed and Jennifer Crow will make and keep appointments. They will actively participate with the home study process.
- **Objective:** *The child's mental health needs will be met.*
  - **Tasks:**
    - Individual counseling -- The agency will refer the child to Child Guidance. Ed and Jennifer Crow will make and keep scheduled appointments for the child and participate in counseling as needed at Child Guidance.
- **Objective:** *The child will recognize her mother as a parental figure.*
  - **Tasks:**
    - Family counseling between Carley and Crystal -- The agency will refer the child to Child Guidance once Crystal can maintain a clean and sober status for eight (8) weeks and based on counselor recommendations. Crystal, Ed and Jennifer Crow will make and keep schedule appointments for child and participate in counseling as needed.

#### *Christian*

- **Objective:** *Michael Johnson will provide a permanent home that is free of safety threats for his son.*
- **Tasks:**
  - Participate in safety and risk assessments -- Agency will make appointments with Michael. Michael will keep appointments with the agency;
  - Diligent search for father -- The agency will conduct the search;
  - Explore relatives as permanent resources or supports -- The agency will conduct the search; and
- Establish paternity -- Michael will contact the local Domestic Relations Section and request genetic testing to determine paternity. He will follow

- through with all appointments.
- **Objective:** *The child will be prepared legally and emotionally for adoption so that he is willing to accept a new family as his own.*
  - **Tasks:**
    - Child Preparation -- the agency will refer to the Statewide Adoption and Permanency Network (SWAN). Gale Johnson will make and keep appointments with the Child Preparation worker;
    - Child Profile -- The agency will refer the child to SWAN. Gale Johnson will make and keep appointments with the SWAN worker and arrange to gather the information needed; and
    - Family Profile (on Gale Johnson) -- The agency will refer the child to SWAN. Gale Johnson will make and keep appointments. She will complete the home study process.
  - **Objective:** *The child's educational, developmental and mental health needs will be assessed and met.*
  - **Tasks:**
    - Individual reading instruction is provided through the school three times per week per his Individualized Education Plan (IEP).

#### Cameron

- **Objective:** *Colin Levitt will provide a permanent home that is free of safety threats for his son.*
- **Tasks:**
  - Participate in safety and risk assessments -- Agency will conduct. Colin will make and keep appointments;
  - Drug and alcohol assessment and any recommended treatment -- Agency will refer. Colin will make and keep appointments and consistently follow through with any recommended treatment;
  - Reconnect with Father Support Group and attend weekly meetings -- Colin will initiate;
  - Domestic Violence assessment -- agency will make referral. Colin will schedule and keep appointments;
  - Conditions of parole -- Agency will maintain regular phone contact with parole officer and receive written reports. Colin will comply with conditions of parole; and
  - Explore paternal relatives as permanent resources or supports -- Agency will initiate.
- **Objective:** *The child will be legally and emotionally prepared for adoption, so as to attach to his new caregivers.*
- **Tasks:**
  - Explore relatives -- Agency will initiate a relative search using Family Finding;
  - Child Preparation: Life book only -- Agency will refer to the Statewide Adoption and Permanency Network (SWAN). Henry and Sue Kelly will cooperate with the worker to complete the life book;

- Child Profile -- Agency will refer to SWAN. Henry and Sue Kelly will make and keep appointments with the SWAN worker and help to gather needed information; and
  - Family Profile (Henry and Sue Kelly) -- The agency will refer the child to SWAN. Henry and Sue will make and keep appointments. They will complete the home study process.
- **Objective:** *The child's developmental needs will be assessed and met.*
  - **Tasks:**
    1. Early Intervention Evaluation -- The agency will arrange for a follow-up assessment at nine (9) months. Henry and Sue Kelly will make and keep appointments to complete evaluation.

### **Family of Origin Functioning:**

Crystal entered Mountainside Detoxification Center on December 24, began treatment on December 29 and experienced a short relapse in early January. Since then Crystal took full responsibility for the relapse, turned herself in the next day, and asked to be allowed back in treatment. Mountainside allowed her back in immediately without making her go back on the waiting list. Her treatment has included the following: Problem solving, Relapse Prevention, Group Therapy, Cognitive Restructuring, Discharge Planning, Coping Skills, Stress management. Since readmission, Crystal has been clean and sober. She successfully completed inpatient treatment on 4/7/08 and is loyally attending aftercare, including 3 Narcotics Anonymous (NA) meetings per week. At times she feels weak and thinks about using. However, she has learned that by relying on Beth, her NA sponsor, for support, she is able to refocus herself to the work at hand. She is building a solid relationship with her new aftercare counselor, Sally Freedman. A major focus of aftercare will be relapse prevention and "clean and sober parenting." Crystal has had two parenting classes so far through aftercare. Clint Nail, her treatment counselor is also still available to Crystal as a support and she calls him on a weekly basis to check in. She maintains a part time job in a retail store, which is thought to become full time in the fall. It pains her to think about the violence, drug use, and lack of supervision to which she allowed her children to be exposed. Now that she has the skills to manage her addiction, she is committed to making the children her priority. Crystal has developed a preference to raise her children as a single mother and has no desire to look for a new relationship. She will continue to accept the assistance and support of her children's paternal family members. At first, she found it threatening that these relatives were being brought into her children's life. She perceived them as being judgmental of her and wanting to replace her. However, she can now see things more clearly and that it was a good thing for her children to have more people in their lives to love and care for them.

The family counselor has noted that Crystal is "tuning in" to her children's feelings about 80% of the time. The other 20% can be attributed to Crystal falling into her "old selfish habits." However, she is catching herself more often in the middle of these instances and has been able to successfully interrupt her "selfish" habits and focus instead on the needs of the children. There is no more foot traffic in the home.

Family counseling has been implemented. Carley is slowly building trust with her mother again. She still believes her mother will relapse in the future because she has relapsed in the past. She still expresses some fear of living with her mother. It is expected that this process will be slow and over time, with consistent parenting, the therapist feels the prognosis is good.

Colin Levitt broke up with Crystal when she entered drug treatment. Crystal initially saw the breakup as a major set-back in her life, especially as it occurred within weeks of losing custody of her children. However, with the help of her counselor and family, she has successfully worked through the grieving process. She now is thankful that Colin left as it was the best thing for her. Crystal has no desire to get back with him as she has gained increased insight over the past months into how he held her back from getting the help she needed. She cannot envision him supporting himself in any other way than drug dealing. Crystal plans to file for divorce.

Crystal completed a domestic violence consult at Safehouse in April. Crystal signed releases of information so that the consultant could speak with Mountainside about Crystal's progress in treatment and services available to her for aftercare. The consultant determined that Crystal allowed herself and her children to reside in a violent home in order to support her drug habit. The assessment concluded that as long as Crystal maintains her clean and sober status and follow recommendations for counseling in aftercare, additional domestic violence services are not warranted.

Colin was picked up on a parole violation on January 7th and held for three days. On January 21st, he was arrested for assault and drug possession. The caseworker wrote a letter informing him that should he want to visit with Cameron, to contact him. When Cameron was moved to his resource home, the caseworker sent him a letter informing him of the move. No response was ever received. On March 30th, he was convicted and sentenced to 14 months. Colin was transferred to a medium security prison about two hours away. The caseworker met with him in prison on April 26th. Case planning was discussed. Colin is aware that he is unable to be considered as a resource for his son, Cameron due to the length he will be unavailable. He believes that if Crystal has successfully received treatment the children should be placed in her care. However, if she relapses, he is not confident, that she will be able to assure their safety.

### **Family visits with Crystal**

Prior to Crystal entering detox and treatment (November 28th-December 24th), the three children had scheduled visits with Crystal twice per week in the home of Brandi and Brian. C&Y supervised the visits. Crystal missed five of eight scheduled visits. While Crystal was in detox, visits could not take place. While she was in inpatient treatment (December 24th- April 4th), visits were moved to the drug treatment facility. They took place Mondays and Thursdays from 3:00-4:30. Relatives transported the children to the facility where they are able to spend time in the visiting rooms. As long as Crystal remained clean and sober, there was no longer a reason for supervised visits. The caseworker planned activities with Crystal ahead of time so that all children's needs are met during the visit. For example, she sometimes chose to bring children's

books from the treatment center's library for Carley to read to Christian while she is feeding Cameron. When Cameron would fall asleep she enjoyed coloring with the older children.

When Crystal was discharged from treatment on April 7th, visits between Crystal and all three children were moved to Gale's home. Then, Crystal's visitation plan included that she plan a dinner for herself and her children at Gale's home. Due to financial constraints, dinners are kept relatively simple, and have included such items as grilled cheese, ham and cheese sandwiches, macaroni and cheese, or spaghetti. She always ensures there is a serving of fruit and/or vegetable and milk.

Crystal gives the older children responsibilities that are far beyond what would be expected of them for their age. During visits Carley regularly feeds Cameron and puts him down for a nap, Christian is allowed to use the oven and fries chicken in a pan during the visits. Both Carley and Christian make the majority of the meals and do most of the clean up while Crystal talks on the phone or reads. Crystal believes that she has raised her children to be independent and she wants to nurture those qualities in her children.

Crystal allows Cameron to cry for long periods of time before feeding, changing or putting him to sleep. Crystal believes that infants need to learn to be patient before their needs are met so that they don't become spoiled.

Three weeks ago, the twice per week visits were moved to Crystal's home. They have been going better. Crystal appeared to be more attentive to the children's needs. Last Saturday, the children spent a day long visit at Crystal's home. Brandi supervised the visit.

### ***Safety Assessment***

An In-Home Safety Assessment was completed two weeks ago. There are three current safety threats in operation:

- Caregivers in the home are not performing duties and responsibilities that assure child safety.
- Caregiver's lack of parenting knowledge, skills, and/or motivation presents an immediate threat of harm
- Carley is still fearful of living in the home.

Crystal's absent or diminished protective capacities are as follows:

- The caregiver has a history of protecting;
- The caregivers expresses love, empathy, and sensitivity toward the child; experiences specific empathy with the child's perspective and feelings; and
- The caregiver has an accurate perception of the child.

These protective capacities are improving; but not being demonstrated consistently by Crystal.

There is no indication that Colin's previously identified safety threats have changed. Colin's previously absent or diminished protective capacities were as follows:

- The caregiver demonstrates impulse control; and
- The caregiver understands his protective role.

### ***Risk Assessment***

A Risk Assessment was completed two weeks ago on Crystal's home. The risk level is high.

### ***Family Team Meeting***

Family Team Meeting took place on May 6th where the above progress was reviewed. In attendance were Crystal, Sheila, Brian, Brandi, Gale Johnson, James, Ed and Jennifer Crow, Beth, Clint Nail, Sally Freedman, the family therapist, Sue Kelly (Cameron's foster parents), and the caseworker. Crystal presented plans for the children's return home such as child care, transportation, and instituting a children's chore schedule. Crystal is also looking into field hockey in her own community so that Carley can continue participating in it when she returns. Finances are going to be a challenge now that Colin is not around to bring in his extra income. With Crystal's part time job, Section 8, utility assistance, food stamps, and the limited child support payments from James are just enough to cover the family's expenses. Michael Johnson has been referred for child support. A bus pass is being provided by the aftercare program. Paternal and maternal relatives have agreed to "recycle" the older cousins' clothes. Also during the meeting, they developed a plan that Gale will watch the children in the evenings when Crystal works. A crisis plan has been put into place should Crystal relapse. Crystal has given Carley and Christian permission to tell a school counselor, or Aunt Brandi or her Aunt Jennifer should they believe their mother is using drugs or if they are left alone. The mother gave the children their aunts' telephone numbers.

## Smith Family Report C-Group 3

April 24th

### Placement history

Child	Placement	Placement Date
Carley, Christian and Cameron	Brian and Brandi Smith	Nov. 28
Cameron	Henry and Susan Kelly	Feb. 2
Carley	Jennifer and Ed Crow	Feb. 9
Christian	Gale Johnson	Feb. 14

### Information Learned from 11/28/XX- 1/31/XX

All three children were placed on 11/28 with their maternal aunt and uncle, Brandi and Brian Smith, who volunteered to provide ongoing care for the children. The caseworker discussed the safety and permanency needs of the children with the couple who were open and candid about their situation. Brian is a hard worker who recently left his position at the university to start his own construction company, something that has been his lifelong dream. Brandi resigned from her job as a pharmacy technician so that she could stay at home with their infant daughter, Jeannie. Brandi is enjoying being a stay-at-home mother, but at times misses having somewhere to go. They recently moved to a new residence about five miles from Crystal's residence. It is a rent-to-own property and it is their intention that their monthly payments will be able to go toward paying off the house. They are slowly meeting people in their new neighborhood.

A full disclosure interview occurred between the couple and the caseworker. The caseworker explained that the agency would be asking them to become a certified resource home for their niece and nephews and that they would need to complete a home study, which would approve them as resource parents. The caseworker told them that they would first need to complete the requirements to become emergency caregivers for the children. The caseworker reviewed Adoption and Safe Families Act (ASFA) timelines and offered that reunification with the parents would be the primary permanency goal. The caseworker also informed them that, despite reunification being the main goal, if the children were not able to be reunified with their mother or father(s) within one year, the agency would file to terminate parental rights, work to finalize the adoption of the children, and look to them (the maternal uncle and aunt) to be the adoptive resource. The worker informed the couple that the agency would conduct diligent searches to locate the paternal relatives, including Christian's father to offer them an opportunity to be a part of the family team, while at the same time assessing their ability to be resources for the children. The caseworker informed Brandi that ongoing safety assessments would be conducted as long as the children were residing in their home. The caseworker reviewed the responsibilities of a formal kinship home – keeping the children safe, providing for their physical, emotional, educational, and social well-being with assistance from the agency, being an active family team member, actively supporting reunification efforts, supporting visitation with Crystal and the children's fathers, and being open to the children establishing and/or maintaining



relationships with paternal relatives. Although the couple resides out of the children's home school district, Brandi agreed to transport Carley and Christian to their home school. The school is aware of this arrangement. The couple agreed to adopt the children if they could not be returned to one of the parents. They appeared sincere in their commitment to the children and said they "wouldn't do this for anyone else except family."

Brian and Brandi appeared to understand how the agency would proceed to work with the family. They met Carley's father, James Webster, a few times over the past year and felt comfortable with him continuing to be a part of her life. Brian had some concerns about the agency seeking out Christian's father and Cameron and Christian's paternal relatives as he believes most of them are "bad news" due to having extensive drug and criminal histories. Generally, Brian's contact with paternal relatives has been minimal. He was not able to identify specific family members other than Christian's father, Michael Johnson, and his own father, Bill (now deceased), who were of concern to him. The caseworker validated Brian's concerns. The caseworker then explained that, just as their mother has legal rights to the children, so to do their fathers. Any relatives that would be found would be thoroughly assessed for safety before the relatives would be allowed to care for the children. Hearing this information appeared to alleviate major concerns about how the agency would work with the paternal relatives. Brian and Brandi agreed to support the agency in this effort.

The caseworker informed the couple about Carley and Christian's depressive symptomology and that the agency would look to them and the rest of the family team to help decide how best to address those concerns. Also, the caseworker informed the couple of the concerns regarding Christian's possible developmental delays. Brandi and Brian expressed relief that help would be made available to address the depressive symptoms. However, they were quite surprised to hear that there was concern about Christian's development. They believed Christian would do better in school with consistent parenting and more assistance with his reading. They agreed to work with the agency and the school to get the issues resolved.

Brian also raised questions about financial support that would be available to them. It was explained that they would be entitled to receive foster care payments upon resource home approval. If they became the approved adoptive resource, they would be entitled to adoption assistance, which could not be a higher amount than the foster care rate.

Brian, Brandi and the caseworker completed the necessary requirements for Emergency Caretaker approval. The home was assessed for safety. It was decided that the home was safe for the children. The children were placed in their care on 11/29.

Carley's and Christian's overall health is good. They both went to the pediatrician for physical examinations on 12/11. Each had a dental exam on 12/14. Carley had two cavities and Christian had three. All cavities were filled on 12/24.

Christian appeared to thrive in the home of Brandi and Brian. Although he missed his mother, Christian reports that he is happy to be away from his home. Christian is described as having a shy temperament. He enjoyed the positive adult attention that he received and always cheerfully accepted opportunities to help feed or entertain his little brother and cousin. Christian became quite close to Brian. He loved to follow Brian around the house and assist him with household fix-it tasks. Since Christian often says he has “no father,” Christian proudly stated that Brian is his “new father.”

Due to Christian’s withdrawn behavior, he received a mental health assessment on 1/22 to determine if he can benefit from mental health services. The assessment indicated that mental health intervention is not warranted for Christian at this point in time.

Christian is in Kindergarten. He knows his alphabet and can identify all letters and numbers up to twenty. However, he has difficulty connecting the letter with its sound. Christian was screened at school. It was recommended that he be formally tested for learning disabilities. On 1/25, Christian’s school evaluated him for learning disabilities. He was determined to have a reading disability and an Individualized Education Plan (IEP) was developed. Stemming from the plan, he receives individual instruction in reading three times per week.

Diligent search efforts were successful at locating Christian’s father, Michael Johnson. Mr. Johnson has been living in New York for the past two years and has been in and out of psychiatric care for most of his life. He is currently living with his girlfriend. He knew that he had a child with Crystal but lost contact with her soon after she became pregnant. He described his relationship with Crystal as a “fling” and that they were together for only a short period. He comes across as distant and non-engaged. Although he wishes Crystal and Christian well, he expressed no desire in becoming involved in the life of his son, even after a full disclosure interview. He volunteered to relinquish parental rights. The caseworker explained that it would be in Christian’s best interest to know some of his paternal relatives and that they would conduct a relative search. He was concerned at first about this, as his family did not know about Christian. He did not want to be identified by Christian as the “dad who gave him up.” After much discussion, Michael was finally able to consider Christian’s needs and agreed to provide contact information for his mother, Gale Johnson. Michael Johnson’s father, Bill Johnson, died of cancer in 2004. The agency subsequently initiated contact with Gale.

Crystal initially had mixed feelings about the agency contacting Gale Johnson. Gale lives in the same county as the Smith family. The caseworker contacted Gale who was surprised to know that she had a grandson. She voiced frustration with her son, Michael, for not telling her of Christian’s existence. Gale was informed that Christian was in agency care along with his siblings, due to safety concerns with his mother and his mother’s husband. She expressed an interest in meeting Christian, but was not quite sure how she would explain to him who she is. Together, with Crystal’s help, the group decided how to introduce Gale to Christian.

Brandi transported Christian to the agency for a visit with Gale on January 3. The caseworker supervised. Overall, it was a very positive visit (see visitation notes). Christian had questions about his father's absence. Gale answered the questions truthfully, but in an age appropriate way. Gale finds Christian to have endearing qualities, such as his shyness, which Gale says is similar to her son's. Christian feels safe around his grandmother. Gale and Christian decided that they would like to continue visits. Brandi and Brian exchanged phone numbers with Gale so that Christian can talk with his grandmother on the phone. It was decided that another visit would be scheduled after the caseworker makes a home visit to Gale's home to determine safety. As of January 16, Gale and her home were determined to be safe and unsupervised visits were scheduled every other week in her home. Brandi agreed to transport. Gale's mother and cousins live in the area and have met Christian during visits. Christian has been embraced by most members of the Johnson family.

Cameron thrived in the care of Brandi and Brian. He received well baby care and is up-to-date on his immunizations. The caseworker completed the Ages and Stages Questionnaires®: (ASQ™), Second Edition: A Parent-Completed, Child Monitoring System with Brandi and Cameron. The results suggested that a further evaluation should be conducted, especially around gross motor abilities. Because of this, Cameron was referred to Early Intervention (EI). EI completed their evaluation and determined that no further services are necessary at this time. Cameron's current developmental functioning is in the normal range. However, since he was drug exposed, EI recommends that Cameron be reevaluated when he is nine-months-old. Cameron appears happy and alert except for occasional irritability, which is thought to be due to teething. His appetite is good. He did not switch formula or bottles when he moved into kinship care. At 5 months, he started to eat small amounts of cereal, which he seemed to tolerate well. His diet continues to expand to include vegetables, fruits and just recently meats.

The agency conducted a search for Cameron's paternal relatives. Contact information for at least fourteen relatives was identified. Letters went out to these relatives explaining Cameron's identity and encouraging them to contact the caseworker. Two relatives called the caseworker requesting additional information. The relatives are Colin's uncle, Chester Levitt, and aunt, Jana Levitt, both residing in Pittsburgh. The caseworker invited them to be family team members who would work toward providing Cameron with a safe and permanent home. Both expressed disdain and fear of Colin, were appreciative of being notified about Cameron, and concluded that Cameron is in the best place with his maternal relatives. The caseworker learned that Colin has "burnt his bridges" with most family members throughout the years. He has borrowed money from many of them and has not paid back his debt. Jana reports that she does not allow Colin around her daughter, Bobbie as his behavior can be quite hostile, erratic and scary to her. The last time he came to her house, he was extremely drunk, tripped up her front stairs, gave himself a bloody nose and scared her young children. She mentioned that she would be surprised if many other Levitt relatives made contact with the agency, as they all feel similarly to her in regards to Colin. Jana noted that the family members that have not become disgusted with Colin have their own problems with

drugs. Jana agreed to send the caseworker some photographs of Colin and his family throughout the years, as the caseworker explained that the photographs would be used for Cameron's Life Book. Jana agreed that she would like to meet Cameron if the agency could assure her safety and could guarantee she would not have any contact with Colin. Jana agreed to call the caseworker with her availability to set up a visit. However, she never did initiate contact.

Carley received a mental health assessment and counseling for depression. Brandi and Brian expressed concern that Carley bosses Christian around. She often interrupted them when trying to redirect Christian or give him instruction. Carley became defensive and defiant when confronted on her own behavior. Brandi and Brian believed Carley should be able to relax and "be a kid" now that she is in a safe home. Brandi got discouraged because she lacks the energy to offer Carley consistent parental guidance. Sometimes she allows Carley to behave as she did. Sometimes she confronts her. At times, she took away privileges or sent Carley to her room. Other times she noted that she yelled at Carley.

The caseworker discussed this issue with Brian, Brandi, and Carley's therapist. Brandi had been encouraged to make a list of decisions and areas for which Carley could be allowed to be the decision-maker and be in control. Brandi was also encouraged to consider a couple tasks for which Carley could remain responsible in relation to Christian and Cameron's care. After that, the plan was to be explained to Carley and she was to be encouraged to offer feedback, suggest any changes and make a commitment to it.

Even with the support of the agency and Carley's therapist, ultimately, Brian and Brandi were unable to tolerate Carley's need to be "in control" of the caretaking of her siblings. They requested that all three children be removed. The placement disrupted in February 2008, due to Brandi's inability to tolerate Carley's parentified behavior which resulted in power struggles between Brandi and Carley. The agency attempted to maintain the placement for the boys. However, Brandi and Brian decided they wanted to focus their energies on raising their own child and, as such, were not willing to keep any of Crystal's children. Despite this, the couple agreed to maintain contact with the children.

The caseworker hoped to keep the children together by finding a suitable maternal relative who was willing and able to care for them. Recruitment efforts were unsuccessful. The three children were placed separately in 2/08 – Carley and Christian with paternal relatives and Cameron in an agency resource home where they all remain to this day.

### **Carley: 2/XX to 4/XX**

Through diligent search efforts to locate Carley's relatives, an aunt and uncle, Jennifer Webster-Crow and Ed Crow were located in Ohio. Subsequently, the caseworker made a referral for an Interstate Compact home study on them. Also residing in the home are Carley's two cousins, Claudia, eight, and Jerry, thirteen. The home study was approved within 60 days and Carley was placed there in 2/9. She is in the sixth grade and attends

Madison Elementary School. Carley's grades are good (A's and B's) and her teachers report no behavior problems in the classroom. She is making friends and has recently joined the field hockey team. Carley has had some difficulty adjusting to the new home. She finds it challenging to follow the rules of the home, such as bedtime, assigned chores, and asking for food. She is also bossy toward her cousin, Claudia, and will challenge Jennifer and Ed when they give Carley directions.

Carley needed to transfer therapists when she moved across state lines. However, her new therapist agreed with her diagnosis and treatment regimen and maintained the same treatment interventions. Jennifer and Ed are consistent and patient with Carley. They have been able to incorporate the therapist's recommendations. They appear to be flexible and although they would like to see Carley's behavior improve, they do not get into power struggles with her. The couple is pleased to see Carley's behavior improve in small increments. Ed and Jennifer will ensure that Carley continues to receive counseling as necessary.

During a therapy session, Carley expressed that she worries a lot about her mother's drug dependence and has doubts that her mother will be able to maintain a clean and sober status over time. Her teacher reports that in the last couple of weeks, she has seemed better rested and more alert during school. She is slowly making some friends. Jennifer encourages Carley to do more socially now that she does not have the responsibility of taking care of her siblings. Jennifer says she needs a "gentle push" to reach out to her peers. Jennifer noted that Carley is making some progress in this area.

Through diligent search efforts during the last case opening, it was found that Carley's father, James Webster, lives just three miles over the border into Ohio. After approaching him about his daughter and her situation, Mr. Webster expressed an interest in gaining custody of Carley. All necessary checks were run and clearances received. Subsequent visits between Carley and her father were scheduled and held, all of which were positive. Carley described her father as gentle and easygoing. Carley's father lives less than two miles away from the Crows and visits Jennifer, Ed, and Carley at least three times per week. He is supportive of the placement.

James is currently working two part-time factory jobs that offer no health insurance to their part-time employees. James has a long history of depression for which he used to manage through medication. In the past couple of years, his depression has caused him to miss shifts, resulting in multiple job losses. He is not currently being seen by a mental health provider. He has not been able to find a full-time job. He currently rents a room in a house. There are no safety threats associated with the father.

James has been referred to Next Steps Mental Health Clinic for a psychiatric evaluation and counseling; however, he has not attended so far. James missed two scheduled appointments due to transportation problems and forgetting the appointment.

ICPC denied James as a viable placement resource for Carley at this time because of the lack of housing stability and his depression, which has not been successfully

managed.

Since Carley's placement with the Crows, her visits with her father have been held at least weekly. Visits usually take place at relatives' homes or in the community (i.e., the park, restaurant, library, and so on). James is welcome to drop by Jennifer and Ed's home, so visitation has been liberal. Visits seem to be going well and Carley looks forward to visits with her father. Although there are no safety threats, extended visits cannot take place in James' home because there is a community bathroom.

Jennifer and Ed are willing to become a permanent resource for Carley. However, the family is adamant that they do not want to adopt Carley because they do not believe that terminating the rights of Carley's parents would be in her best interest. The family believes that Carley is attaching to Jennifer and Ed because of their family connection to her father. They fear that without the involvement and support of Carley's father, Carley would stop attaching to them. They would like permanent legal custody of Carley. Ed and Jennifer have successfully completed the foster home certification process in Ohio.

Carley has been participating in Child Preparation. She has also explored the option of adoption by the Crows but has concluded after much consideration that she would prefer to stay with the Crows under their permanent legal custody, should she not be reunited with a parent. She has one more Child Preparation session with her worker to finalize her decision and she will receive her completed Life Book at that time. Her Child Profile has been completed.

Crystal and James both have a respectful and collaborative relationship with Ed and Jennifer. Although James and Crystal are not in a position to provide private medical insurance to Carley at this time, Ed's employment is stable and provides excellent coverage. He is willing to add Carley to his plan. In the event of a job loss or loss of insurance, the couple is adept enough to navigate the system in Ohio to apply for Medicaid for Carley if needed.

Even though the home is out-of-state, it is still in close enough proximity to allow ongoing visitation between Carley and Crystal and Carley and her siblings. Ed and Jennifer allow visits in their home and have monitored the visits between Carley and her mother. They and Crystal understand that if Crystal shows up for visits under the influence of drugs, the visit will not take place.

Carley noted that she misses her brothers terribly. She visits them when she visits her mother. In addition, all the kinship and resource families keep in contact and arrange to get the siblings together every few weeks for visits outside of Crystal's visits. The Crows are committed to maintaining connections between the siblings.

**Christian: 2/XX- 4/XX**

As a result of the agency initiating visits between Christian and his grandmother, Gale Johnson, a very positive relationship between them started to develop. When Christian's placement was disrupted with his aunt and uncle, placement with Gale was a logical placement option.

Christian was placed with his paternal grandmother, Gale Johnson, on February 14. He has adjusted quite well. He is becoming very skilled at verbalizing his needs and wants. He continues to visit Brian and Brandi at least once per week.

Gale has decided that if Christian cannot be returned to his mother, she would like to adopt him. Gale was referred to the Statewide Adoption and Permanency Network (SWAN) for a Family Profile, which is expected to be completed in thirty (30) days.

Christian is in the process of receiving SWAN Child Preparation services. He and his Child Preparation worker will complete his Life Book shortly. Christian's Child Profile has been completed. He is ready to accept Gale as his mother should he not be able to be returned home to his mother.

His father, Michael, continues to remain uninvolved.

On one recent home visit, Gale mentioned that her late husband, Bill Johnson, had Native American heritage. When the caseworker inquired about this in more detail, he learned from Gale that Christian's grandfather was one quarter Cherokee. Gale did not know anything else and reported that, to her knowledge, no family members were involved in any tribe. The caseworker wrote three separate letters to the three Cherokee tribes inquiring about Christian's membership status and/or eligibility for tribal membership. Two tribes have responded that Christian is neither a member of their tribe nor is he eligible based on the information provided. The caseworker sent a second letter to the third tribe that did not respond. The caseworker followed up with the tribe by phone and spoke with the enrollment coordinator who concluded that, based on the information provided; Christian is not eligible for enrollment. The coordinator committed to confirm this information in a follow-up letter.

**Cameron: 2/XX- 4/XX**

When Cameron's placement was disrupted, the caseworker again made contact with Jana. Jana said that although most relatives have expressed genuine concern over Cameron's situation, no family member is able and willing to provide more than temporary care for him. Unfortunately, no one other than Jana committed themselves to working as members of the family team.

On February 2, Cameron was placed in the home of Henry and Susan Kelly. The couple is a Caucasian resource family who, while being supportive of reunification, is equally eager to adopt him should he need a permanent home. Through Jana, it was learned that Cameron's paternal relatives expressed concern because Cameron is not placed in an African American resource home. The caseworker explained that, at the time of

placement, there were no African American homes available and that the Kelly family was the best-suited family to care for Cameron. No relative has been able to commit to becoming Cameron's permanent family should he not be returned to a parent.

Jana and her seven-year-old daughter, Bobbie, have visited Cameron in the Kelly's home and are developing a supportive relationship. Jana recently gave Susan tips on how to care for Cameron's hair, which was beginning to appear quite unruly.

The Kelly's were referred to SWAN for a Family Profile, which is expected to be completed in thirty (30) days.

The Kelly's have built a good relationship with the Crows and Gale Johnson. It is the Crow's intention to maintain the relationships for the benefit of all the Smith children.

Cameron's Life Book and Child Profile will be completed in the next thirty (30) days.

**Permanency Review Preparation:**

**Family Service Plan:** The caseworker updated the FSP based on the family's circumstances in 2/XX. He reviewed that Plans in preparation for the Permanency Hearing. The summary is listed below:

- **Objective:** *Crystal will manage her addiction to drugs and alcohol in order to help her control her impulses.*
- **Tasks:**
  - Crystal will successfully complete the detox program at Mountainside Substance Abuse Treatment Center;
  - Crystal will participate in a drug and alcohol assessment from Mountainside Substance Abuse Treatment Center;
  - Crystal will follow any recommendations for drug and alcohol treatment at Mountainside Substance Abuse Treatment Center until successfully discharged or other recommendations are made by her counselor;
  - Crystal will take part in random drug screens as requested by the children and youth agency; and
  - Crystal and the caseworker will consult with the domestic violence consultant at Safehouse Domestic Violence Shelter to determine appropriate intervention for the violence in the home.
  
- **Objective:** *Crystal will demonstrate love, empathy and sensitivity towards the children.*
- **Tasks:**
  - During visits, Crystal will interact with her children in a sensitive, honest and age appropriate manner.
  
- **Objective:** *Crystal will develop accurate perceptions of her children so that she can identify the need for them to be supervised.*



- **Tasks:**
  - Crystal will attend parenting classes through Mountainside;
  - Crystal will discuss learning points with the caseworker; and
  - Crystal will practice what she learns in parenting during visits.
  
- **Objective:** *Colin will better understand his caregiving role in the family and basic child development to assure that the children are supervised at all times and safe from threats of harm.*
  
- **Tasks:**
  - Colin will attend a hands-on parenting class and identify roles and responsibilities associated with being a parent;
  - Colin will take a more active parenting role with Cameron by providing for his physical needs (diapers, food, cleanliness) and emotional needs (comforting, talking, stimulation) during visits;
  - Colin will contact Pastor Scott at the men's/father's group at the Brightside Baptist Church. Colin will use this group as a support to share successes and struggles associated with becoming a role model and parent; and
  - Colin will follow all probation requirements so that he can be present for his son and avoid incarceration.
  
- **Objective:** *Colin will manage his alcohol use and anger in order to help him control his impulses.*
  
- **Tasks:**
  - Colin will participate in a drug/alcohol assessment at Harborview and follow any recommendations for treatment;
  - Colin will complete a domestic violence consult with Safehouse representatives and follow any recommendations; and
  - Colin will learn to manage his anger by participating in and successfully completing the anger management program at Harborview.

**Child Permanency Plans:** The caseworker reviewed the most recent Child Permanency Plan for each child. Summaries are listed below.

*Carley:*

- **Objective:** *James Webster will provide a permanent home for his daughter free of safety threats.*
  
- **Tasks:**
  - ICPC home study—the agency will make a referral for a home study for James through the Interstate Compact Office (ICO). James will make himself available for the home study and will complete home study tasks required by the ICO;
  - Psychiatric consultation -- the agency will refer. James will make and keep appointment with Dr. Low;
  
  - Medication monitoring if recommended by Dr. Low; -- the agency will refer.

- James will make and keep appointments with Dr. Low;
  - Section 8 Housing-- the agency will refer. James will submit a completed application and maintain contact with the housing agency; and
  - Participate in safety and risk assessments. James will make himself available to meet with the agency caseworker.
- **Objective:** *The child will be prepared legally and emotionally for PLC, so as to be willing to accept a new family as her own.*
  - **Tasks:**
    - Child Preparation -- The agency will refer the child to the Statewide Adoption and Permanency Network (SWAN). Ed and Jennifer Crow will make and keep appointments with the Child Preparation worker;
    - Child Profile -- The agency will refer the child to SWAN. Ed and Jennifer Crow will make and keep appointments with Child Preparation Worker and arrange to gather the information needed; and
    - Family Profile (on Ed and Jennifer Crow) -- The agency will refer the child to SWAN. Ed and Jennifer Crow will make and keep appointments. They will actively participate with the home study process.
- **Objective:** *The child's mental health needs will be met.*
  - **Tasks:**
    - Individual counseling -- The agency will refer the child to Child Guidance. Ed and Jennifer Crow will make and keep scheduled appointments for the child and participate in counseling as needed at Child Guidance.
- **Objective:** *The child will recognize her mother as a parental figure.*
  - **Tasks:**
    - Family counseling between Carley and Crystal -- The agency will refer the child to Child Guidance once Crystal can maintain a clean and sober status for eight (8) weeks and based on counselor recommendations. Crystal, Ed and Jennifer Crow will make and keep schedule appointments for child and participate in counseling as needed.

#### *Christian*

- **Objective:** *Michael Johnson will provide a permanent home that is free of safety threats for his son.*
- **Tasks:**
  - Participate in safety and risk assessments -- Agency will make appointments with Michael. Michael will keep appointments with the agency;
  - Diligent search for father -- The agency will conduct the search;
  - Explore relatives as permanent resources or supports -- The agency will conduct the search; and
  - Establish paternity -- Michael will contact the local Domestic Relations Section and request genetic testing to determine paternity. He will follow through with all appointments.

- **Objective:** *The child will be prepared legally and emotionally for adoption so that he is willing to accept a new family as his own.*
- **Tasks:**
  - Child Preparation -- the agency will refer to the Statewide Adoption and Permanency Network (SWAN). Gale Johnson will make and keep appointments with the Child Preparation worker;
  - Child Profile -- The agency will refer the child to SWAN. Gale Johnson will make and keep appointments with the SWAN worker and arrange to gather the information needed; and
  - Family Profile (on Gale Johnson) -- The agency will refer the child to SWAN. Gale Johnson will make and keep appointments. She will complete the home study process.
  
- **Objective:** *The child's educational, developmental and mental health needs will be assessed and met.*
- **Tasks:**
  - Individual reading instruction is provided through the school three times per week per his Individualized Education Plan (IEP).

*Cameron*

- **Objective:** *Colin Levitt will provide a permanent home that is free of safety threats for his son.*
- **Tasks:**
  - Participate in safety and risk assessments -- Agency will conduct. Colin will make and keep appointments;
  - Drug and alcohol assessment and any recommended treatment -- Agency will refer. Colin will make and keep appointments and consistently follow through with any recommended treatment;
  - Reconnect with Father Support Group and attend weekly meetings -- Colin will initiate;
  - Domestic Violence assessment -- agency will make referral. Colin will schedule and keep appointments;
  - Conditions of parole -- Agency will maintain regular phone contact with parole officer and receive written reports. Colin will comply with conditions of parole; and
  - Explore paternal relatives as permanent resources or supports -- Agency will initiate.
  
- **Objective:** *The child will be legally and emotionally prepared for adoption, so as to attach to his new caregivers.*
- **Tasks:**
  - Explore relatives -- Agency will initiate a relative search using Family Finding;
  
  - Child Preparation: Life book only -- Agency will refer to the Statewide

- Adoption and Permanency Network (SWAN). Henry and Sue Kelly will cooperate with the worker to complete the life book;
- Child Profile -- Agency will refer to SWAN. Henry and Sue Kelly will make and keep appointments with the SWAN worker and help to gather needed information; and
  - Family Profile (Henry and Sue Kelly) -- The agency will refer the child to SWAN. Henry and Sue will make and keep appointments. They will complete the home study process.
- **Objective:** *The child's developmental needs will be assessed and met.*
  - **Tasks:**
    - Early Intervention Evaluation -- The agency will arrange for a follow-up assessment at nine (9) months. Henry and Sue Kelly will make and keep appointments to complete evaluation.

### **Family of Origin Functioning:**

Colin was picked up on a parole violation on January 7th and held for three days. On January 21st, he was arrested for assault and drug possession. The caseworker wrote a letter informing him that should he want to visit with Cameron, to contact him. When Cameron was moved to his resource home, the caseworker sent him a letter informing him of the move. No response was ever received. On March 30th, he was convicted and sentenced to 14 months. Colin was transferred to a medium security prison about two hours away. The caseworker met with him in prison on April 26th. Case planning was discussed. Colin is aware that he is unable to be considered as a resource for his son, Cameron due to the length he will be unavailable. He believes that if Crystal has successfully received treatment the children should be placed in her care.

Crystal entered Mountainside Detoxification Center on December 24th, began treatment on December 29th and experienced a short relapse in early January. Since then Crystal took full responsibility for the relapse, turned herself in the next day, and asked to be allowed back in treatment. Mountainside allowed her back in immediately without making her go back on the waiting list.

However, Crystal experienced some conflict with some of the staff and other patients in the treatment facility. She signed herself out of treatment on January 5th. She has not reentered treatment. She claims she has not used since then. However, she has had two dirty UAs since her unsuccessful discharge for which she claims the facility is not keeping their records straight.

She states she is willing to enter out-patient treatment at another facility. She is not willing to enter in-patient treatment claiming the setting is too restrictive. However, her drug and alcohol therapist reports that she needs the highest level of care if she is to be successful at a clean and sober lifestyle.

She has not attended parenting classes because parenting was part of her aftercare

plan. Drug treatment was identified as the highest priority and the service that was going to have the biggest impact on her ability to protect her children. The agency was going to refer her after she completes her inpatient treatment.

Caregiver has a significant substance abuse problem which is not currently being managed and is not directly affecting her parenting, her lack of protectiveness, her perceptions about child safety and her judgment. Her impulsivity is demonstrated when her drug use results in her missing visits with her children.

Family counseling has not been implemented. Carley is not surprised her mother has relapsed again because she has relapsed in the past. She still expresses fear of living with her mother. It is expected that this process of building trust will be slow and over time, even with a clean and sober parent who parents her consistently. Carley's therapist feels that until her mother is clean and sober, family therapy will do little to help improve their relationship.

Colin Levitt broke up with Crystal when she entered drug treatment. Crystal saw the breakup as a major set-back in her life, especially as it occurred within weeks of losing custody of her children. She does not have specific plans to get back with Colin. However, the couple is in contact with one another by mail.

She did not show up for her domestic violence consult scheduled for March 12th at Safehouse. She said she could not find the address of the facility.

Crystal obtained a part time retail job in February. However, as of March, she reported that she is no longer working there as she did not like the work. She continues to look for employment.

### **Family visits with Crystal**

Prior to Crystal entering detox and treatment (November 28<sup>th</sup>-December 24<sup>th</sup>), the three children had scheduled visits with Crystal twice per week in the home of Brandi and Brian. C&Y supervised the visits. Crystal missed five of eight scheduled visits. Children and Youth supervised the visits. While Crystal was in detox, visits could not take place. During the two weeks she was in inpatient treatment, visits were moved to the drug treatment facility. They took place Mondays and Thursdays from 3:00-4:30. Relatives transported the children to the facility where they are able to spend time in the visiting rooms. As long as Crystal remained clean and sober, there was no longer a reason for supervised visits. The caseworker planned activities with Crystal ahead of time so that all children's needs are met during the visit. For example, she sometimes chose to bring children's books from the treatment center's library for Carley to read to Christian while she was feeding Cameron. When Cameron would fall asleep she enjoyed coloring with the older children.

After Crystal left treatment, visits continued to be scheduled twice per week at the C&Y agency supervised by staff. Although Crystal's attendance at visits was not regular,

Crystal continued to plan appropriate visits and they ran very well. Crystal and her children would read and play games. Most times she would bring healthy snacks. At a Family Team Meeting on March 1st, Gale agreed to allow Crystal and the Smith siblings into her home for family visits. Crystal agreed that the children would benefit from visiting her in a natural setting. The agency thought it to be a good idea because the agency could better monitor Crystal's caretaking skills in a natural environment. It was decided that the days and times of the visits would not change. Since March, Crystal has scheduled supervised visits with her children twice per week in Gale's home. Agency staff supervise the visits.

To date, Crystal has showed for 27 out of 44 scheduled visits. Since her attendance at visits is not regular, Crystal is required to show up an hour early at the C&Y office. If Crystal arrives in time, agency staff allows her to drive with them to the visit.

Crystal's visitation plan includes that she plan a dinner for herself and her children at Gale's home. Due to financial constraints, dinners are kept relatively simple, and have included such items as grilled cheese, ham and cheese sandwiches, macaroni and cheese, or spaghetti. She always ensures there is a serving of fruit and/or vegetable and milk.

Crystal is primarily responsible for the discipline of the children during the visits. Crystal does not use physical discipline on the children. Crystal reports that both Carley and Christian are very well behaved and almost never require any type of punishment or restrictions. However, Crystal is seen using appropriate redirection when Christian or Carley get off task.

Crystal gives the older children responsibilities that are far beyond what would be expected of them for their age. During visits Carley regularly feeds Cameron and puts him down for a nap, Christian is allowed to use the oven and fry chicken in a pan during the visits. Both Carley and Christian make the majority of the meals and do most of the clean up while Crystal talks on the phone or reads. Crystal believes that she has raised her children to be independent and she wants to nurture those qualities in her children. Crystal allows Cameron to cry for long periods of time before feeding, changing or putting him to sleep. Crystal believes that infants need to learn to be patient before their needs are met so that they don't become spoiled.

### ***Safety Assessment***

An In-Home Safety Assessment was completed two weeks ago. There are four current safety threats in operation in Crystal's household:

- Caregivers cannot or will not control their behavior;
- Caregivers in the home are not performing duties and responsibilities that assure child safety;
  
- Caregiver's lack of parenting knowledge, skills, and/or motivation presents an immediate threat of harm; and
- Carley is still fearful of living in the home.

Crystal's absent or diminished protective capacities are as follows:

- The caregiver demonstrates impulse control;
- The caregiver has a history of protecting;
- The caregivers expresses love, empathy, and sensitivity toward the child; experiences specific empathy with the child's perspective and feelings; and
- The caregiver has an accurate perception of the child.

These protective capacities are not improving; nor are they demonstrated consistently by Crystal.

There is no indication that Colin's previously identified safety threats have changed. Colin's previously absent or diminished protective capacities were as follows:

- The caregiver demonstrates impulse control; and
- The caregiver understands his protective role.

### ***Family Team Meeting***

Family Team Meeting took place on May 6th where the above progress was reviewed. In attendance were Crystal, Sheila, Brandi, Gale Johnson, James, Ed and Jennifer Crow, Sue Kelly (Cameron's foster parents), and the caseworker. Crystal presented plans for the children's return home such as child care, transportation, and instituting a children's chore schedule. Crystal is also looking into field hockey in her own community so that Carley can continue participating in it when she returns. Finances are going to be a challenge now that Colin is not around to bring in his extra income. Crystal's public assistance, Section 8, utility assistance, food stamps, and the limited child support payments from James are just enough to cover the family's expenses. Michael Johnson has been referred for child support. Paternal and maternal relatives have agreed to "recycle" the older cousins' clothes.