

Court Report- Out Of Home Placement

Date:

Case Information:

Case Name:

Hearing Date:

Social Worker:

County Attorney:

Type of Hearing:

Court File No.:

Permanency Progress Review 6 months due by:

Permanency Progress Review 12 months due by:

Mother's Information:

Name:

DOB:

Legal Custodian: yes no

Address:

Current Last Known

Phone number:

Father's Information:

Name:

DOB:

Legal Custodian: yes no

Address:

Current Last Known

Phone Number:

Father of:

Paternity Status:

Child(ren's) Information:

Child's Name:

DOB:

ICWA: Yes No Pending

Current Placement:

Release of the child's address would endanger the child or seriously risk disruption of the current placement.

Date of Placement:

Non-Relative

Relative

Licensed: Yes No Pending Date Issued:

Has this Placement Changed since the last hearing? Yes No

Initial Placement Date:

Trial Home Visit Date:

Cumulative Time in OHP in past 5 years:

Number of Foster Care Re-Entries:

Number of Out of Home Placements:

Case Plan Status Since Last Hearing:

Name of Parent:

Mother Father Non-Parent Legal Custodian

Chemical Dependency:

Parent Compliance:

Agency Efforts:

Mental Health:

(Therapy, Parent Works, DBT, In-Home Therapy, ARMHS services)

Parent Compliance:

Agency Efforts:

Domestic Violence:

(Domestic Violence Support Group/Anger Management)

Parent Compliance:

Agency Efforts:

Housing/Employment:

Parent Compliance:

Agency Efforts:

Parenting Education:

Parent Compliance:

Agency Efforts:

Psychiatric/Medication Management:

Parent Compliance:

Agency Efforts:

Other Services:

Parent Compliance:

Agency Efforts:

Case Plan Status Since Last Hearing

Name of Parent:

Mother Father Non-Parent Legal Custodian

Chemical Dependency:

Parent Compliance:

Agency Efforts:

Mental Health:

(Therapy, Parent Works, DBT, In-Home Therapy, ARMHS services)

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Parenting Education:

Parent Compliance:

Agency Efforts:

Psychiatric/Medication Management:

Parent Compliance:

Agency Efforts:

Other Services:

Parent Compliance:

Agency Efforts:

Family Group Decision Making Offered? Yes No

Date Completed:

Parent/Child Visitation:

Sibling Placement and Visitation:

Relatives Maintaining Connections:

Status of the Child and Services:

Name of Child:

Last Seen by Worker and Location of visit:

School Attended:

Release of the child's address would endanger the child or seriously risk disruption of the current placement.

Grade: IEP: Yes No

MAPSY Completed:

Child Update:

If Child is over 16, Independent Living Plan Yes No

Relative Search Efforts:

The Court found that Crow Wing County Social Services made diligent search for both the maternal and paternal relative of the child and recorded search efforts on

The child's mother has been given an opportunity to disclose the names and contact information for the child's relatives. DATE:

- The child's father has been given an opportunity to disclose the names and contact information for the child's relatives. DATE:
- The child's legal custodian has been given an opportunity to disclose the names and contact information for the child's relatives. DATE:
- The identified relative have been given an opportunity to disclose the names and has been given an opportunity to disclose the names and contact information for the child's relatives.
- The Department provided appropriate notice to relatives identified by the child's parents otherwise indented through its search.
- The Department was relieved of the requirement to provide notice to the following relative's _____ after a hearing on

List of Relative Search Results:

Relative Maintaining Contact with the child:

Concurrent Planning Efforts:

- The child is placed with a relative who has committed to being the permanent placement for the child if reunification cannot occur.
- The child is placed with a non-relative foster parent who is committed to being the permanent placement for the child if reunification cannot occur.
- There are no relatives who are currently available or appropriate for placement of the child.
- An ICPC has been submitted on_____.
- The second Permanency letter was sent on_____.

Crow Wing County Community Services makes the following Recommendations:

1. Crow Wing County shall maintain protective supervision of
2. will remain in the temporary care and custody of Crow Wing County Community Services for purposes of continued placement in out of home care.
3. will abstain from the use of all mood altering chemicals/drugs including alcohol unless prescribed by a medical doctor.
4. will submit to random alcohol and drug testing as requested by social services or law enforcement, this shall include, but not limited to, PBT, urinalysis, hair follicle test. Failure or refusal to submit to any drug test will be considered a positive test result.
5. will complete a Rule 25 chemical use assessment and follow all recommendations of that assessment.
6. will complete a diagnostic assessment, psychological assessment or parenting/psychological evaluation if/when deemed appropriate and approved by social services and follow any and all recommendations of that assessment/evaluation. Prior to

such evaluation the parent is ordered to apply for medical insurance if they are not insured.

7. will participate in an anger assessment/domestic violence inventory and follow all recommendations of that assessment.
8. will participate in individual therapy on an ongoing and consistent basis and demonstrate ongoing progress in therapy.
9. will participate in and successfully complete an approved parenting education program.
10. will participate in and successfully complete the Parent Works Program.
11. will participate in DBT and demonstrate on going progress in the program.
12. will participate in the domestic violence support group on a regular basis and provide proof of attendance to the assigned social worker.
13. will participate in in-home therapy on a regular basis and follow all recommendations.
14. will attend psychiatric/medication management appointments on a regular basis and follow all recommendations.
15. will provide a safe, stable nurturing home environment free from domestic violence, criminal activity and chemical use. Social Services will need to approve any visitors at least 24 hours prior.
16. will be able to demonstrate an ongoing ability to meet their children's ongoing daily living needs.
17. will cooperate with any announced/unannounced home visits by social services or the Guardian Ad Litem.
18. will be able to identify and respond to their child's cues appropriately during the visits.
19. will have all of his/her medical needs met on an ongoing basis and will follow through with all of the doctor's orders and recommendations.
20. will gain and retain a knowledge base regarding normal child well-being and development stages and be able to build on this knowledge base consistently.
21. will be assessed by the Paul Bunyan Co-op and participate in services if deemed necessary and the parent will sign all necessary paperwork for that assessment to be completed.

22. will learn about and be able to demonstrate an ongoing knowledge of basic infant/toddler care (burping, bathing, diapering, soothing techniques, etc). will be able to attend to these needs by recognizing cues and responding to those cues appropriately.
23. will learn about developmental milestones for appropriate infant/toddler development will be able to verbalize and demonstrate an understanding of developmental milestones appropriate for the child's specific age.
24. will demonstrate the ability to generalize all related information to caring for their child and demonstrate the ability to transfer the information to any given situation as it relates to that child.
25. That reasonable and active efforts have been made to prevent the placement of this child/ren in out-of-home care. That this level of placement is the least restrictive alternative at this time and is in the best interests of the child/ren.
26. That the family will be financially responsible to the best of their ability for placement costs as determined by the Crow Wing County Children Support Unit, and the family will complete applications as required to determine eligibility.
27. The parent will sign all requested authorizations for release of information or provision of services for the minor child/ren, including educational, medical, dental, or mental health records or services. If the parent(s) are unwilling or unable to sign appropriate consent forms, as requested by the agency Crow Wing County Community Services (CWCCS) is hereby authorized to sign necessary authorizations in the parent's absence.
28. CWCCS may obtain the child's educational, medical, psychological, psychiatric and dental records, including mental health and chemical dependency records, if any, for purpose of meeting the child's health needs.
29. Providers of services to the child, including education, medical, and mental health are authorized to release information regarding the child to CWCCS.
30. Providers of services to the parent of the minor child/ren herein, including medical, and mental health are authorized to release information regarding the child to CWCCS.
31. This order shall be shared with providers of service under the case plan and such providers are authorized to share information with each other, as necessary, to carry out the intent and purpose of the case plan ordered herein.
32. The agency has made reasonable and active efforts to finalize a permanency plan for the minor child/children.

33. That CWCCS child protection assessment and on-going departments are hereby authorized to provide information to and obtain information from CWCCS Child Support Division, Probation and Law Enforcement herein as necessary to carry out the intents and purpose of the case plan ordered herein.

34. That case plan as developed by the parties and filed with the court shall be incorporated herein.

Social Worker

Date

Supervisor

Date

The above-named contributors hereby certify that the contents of this report are true based upon personal observation, first-hand knowledge, or upon information and belief. Certification of the contents of reports submitted by services providers is based upon information and belief.

**The information in this report is only accurate to the date of the report.
Verbal updates will be presented at the hearing.**