

DIVISION OF CHILDREN AND FAMILY SERVICES

CASE PLAN

This case plan is to help ensure that a child(ren) has a safe, healthy, and permanent home. It sets out needs, strengths, responsibilities, services, and dates for actions to be addressed and completed.

Creation Date 10-20-2017	Revision Date 07-29-2018
Case Type Child Protective Services	Case Number 22408523
County Jefferson (Pine Bluff)	Case Name BOYERS - E

CASE PLAN PARTICIPANTS

Parent(s)/Caregiver(s)

<u>Name</u>	<u>Gender</u>	<u>DOB</u>	<u>Relationship</u>	<u>To</u>	<u>Involved In Case Plan Development</u>
Ernest Boyers	M	03-20-1978			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Esther Boyers	F	04-02-1981	Mother (Biological)	Tamela Boyers	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Children

<u>Name</u>	<u>Gender</u>	<u>DOB</u>	<u>Age</u>	<u>Involved In Case Plan Development (if age appropriate)</u>
Tamela Boyers	F	06/29/2001	16 y	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

CASE PLAN GOAL

<u>Name</u>	<u>Goal</u>	<u>Concurrent Goal</u>
Tamela Boyers	Reunify with parent or principle caretaker	Placement with relatives or fictive kin

REASON FOR AGENCY INVOLVEMENT:

Harm Statement: It was reported that Ernest molested both his daughter, Tamela, and his stepdaughter, Angelina. The sexual abuse included vaginal and anal penetration. Tamela was removed from their parents and placed in an emergency resource home. She was later placed in a provisional kinship home with her maternal grandmother.

AGENCY EFFORTS TO PREVENT THE REMOVAL OF THE CHILD(REN) FROM THE HOME:

The agency attempted to implement an immediate safety plan that would have allowed Tamela to remain safely in the home. The plan was not implemented because the mother, Esther Boyers, would not agree with creating the immediate safety plan. Mrs. Boyers stated that she didn't believe the allegations against her husband; therefore, she didn't feel the need for an immediate safety plan.

LIST COMPELLING REASONS(S) WHY TERMINATION OF PARENTAL RIGHTS IS NOT IN THE CHILD(REN)'S BEST INTEREST:

N/A

OTHER RELEVANT INFORMATION:

The family has no prior history with the division.

FAMILY TIME PLAN

CHILD(REN) - PARENT(S)/GUARDIAN(S) FAMILY TIME:

Mrs. Boyers started with weekly supervised family time at the county office. Within two weeks, the site for family time was changed to her mother's home (Shirley Owens, Tamela's provisional kinship home), and weekly family time at Mrs. Owens's home continued through April. In May, Mrs. Boyers started having family time with Tamela several times weekly at Ms. Owen's home. The grandmother, Mrs. Owens, has agreed to be present during family time. The Division will continue to observe at least one family time session per week. A no-contact order is in effect between Mr. Boyers and Tamela.

CHILD(REN) - SIBLING(S) Family Time:

Tamela's half-sister, Angelina, lives with her father, Anthony Franklin. Mr. Franklin allows Angelina to have contact with Tamela as often as she would like. Family time consists of interactions at Mrs. Owens's home several times weekly. It includes sleepovers, phone calls, texts, social media, and shopping trips.

ERNEST BOYERS

A. CANS/FAST IDENTIFIED NEED OR STRENGTH

3 Legal

3 Marital/Partner Violence

HISTORY:

Harm and/ or Worry Statement: DCFS and Tamela are worried that Ernest will violate the no-contact order and make contact with Tamela. If Ernest does not abide by the no-contact order and comes around Tamela, she and Esther could become severely physically hurt when he and Esther engage in physical violence towards each other.

IN ORDER TO ADDRESS THIS IDENTIFIED NEED/STRENGTH:

Goal Statement: Tamela will live in a home where she is not a target of sexual abuse and will not be contacted by Ernest Boyers. Tamela will always be looked after by adults who solve their disagreements nonviolently.

Action steps Ernest agrees to:

Follow the no-contact order (including no face-to-face contact through phone, text, email, or social media).

To notify the agency of his trial date and the criminal trial results.

Service	Responsibility	Due Date-Timeframe	Status	Status Date
Anger Management	Parent/Caregiver	11-01-2017		
Legal Services	Parent/Caregiver	11-01-2017		

B. CANS/FAST IDENTIFIED NEED OR STRENGTH

3 Parenting Skills

3 Knowledge of Child

3 Boundaries

HISTORY:

Harm and/or Worry statement: If Ernest continues to abuse Tamela sexually, should could become pregnant and suffer further emotional trauma.

IN ORDER TO ADDRESS THIS IDENTIFIED NEED/STRENGTH:

Goal statement: Ernest will respect Tamela's physical boundaries by adhering to the no-contact order. Ernest will attend counseling sessions to help him not to abuse Tamela or any other children.

Action Steps:

DCFS will make the referral for Individual Counseling

Ernest will attend counseling sessions and proud updates from his primary Therapist

DCFS will request progress reports from the Therapist.

Ernest will participate and show progress in the Domestic Violence Education program.

Ernest will successfully complete the Domestic Violence Education Program.

Service	Responsibility	Due Date-Timeframe	Status	Status Date
Counseling (Individual)	Parent/Caregiver	11-01-2017		
Domestic Violence Education	Parent/Caregiver	11-01-2017		

ESTHER BOYERS

A. CANS/FAST IDENTIFIED NEED OR STRENGTH

3 Supervision

3 Parenting Skills

3 Knowledge of Child

3 Safety

HISTORY:

Harm and/or Worry Statement: DCFS and Tamela are worried that if Mrs. Boyers continues not to believe that her husband molested Tamela, she will not be able to protect Tamela from being molested again. DCFS is worried that if in-partner violence between Ernest and Esther continues, it could cause Tamela to suffer from anxiety and depression.

IN ORDER TO ADDRESS THIS IDENTIFIED NEED/STRENGTH:

Goal Statement: Tamela will be cared for by a caregiver who believes her when she tells them she has been hurt and is capable of protecting her. Tamela will be cared for by caregivers who solve their disagreements and problems in a loving and caring way and treat each other respectfully.

Action steps Esther agrees to:

Attend and participate in the Parents of teens experiencing sexual assault group counseling sessions.

Meeting with a domestic violence advocate

Participate in supervised family time with Tamela

Service	Responsibility	Due Date-Timeframe	Status	Status Date
Family Time	Parent/Caregiver	11-01-2017		
Parenting Education (Group)	Parent/Caregiver	11-01-2017		

B. CANS/FAST IDENTIFIED NEED OR STRENGTH

N Sexual Abuse

Y Emotional Abuse

Y Witness to Family Violence

HISTORY:

Harm and/or Worry Statement: DCFS, Tamela, and Aneolina are worried that if Esther continues to accuse Tamela of seducing Ernest, she will experience further emotional abuse and trauma. Angelina is worried that if Tamela remains in the care of their mother, Esther, Tamela could become pregnant. Ernest continues to abuse her sexually.

IN ORDER TO ADDRESS THIS IDENTIFIED NEED/STRENGTH:

Goal Statement: Tamela will live in an emotionally safe environment. Esther and Tamela will participate in counseling sessions to build a better mother-daughter relationship.

Service	Responsibility	Due Date-Timeframe	Status	Status Date
Counseling (Family)	Agency	11-01-2017		

TAMELA BOYERS

A. CANS/FAST IDENTIFIED NEED OR STRENGTH

N Sexual Abuse

Y Emotional Abuse

Y Witness to Family Violence

Y DISRUPTION IN CAREGIVER

Y GRIEF AND LOSS

HISTORY:

Harm and/ or Worry Statements: DCFS and Tamela are worried about Tamela being sexually abused by her father, Ernest, if she remains in her parent's care. DCFS and Tamela are also worried that Mrs. Boyers is unable to provide a safe living environment for Tamela because she doesn't believe Tamela's allegations of sexual abuse towards Mr. Boyers. Tamela also revealed a history of domestic violence between her parents.

IN ORDER TO ADDRESS THIS IDENTIFIED NEED/STRENGTH:

Goal Statement: Tamela will live in a home where she is safe and not a target of sexual abuse. Tamela will also be cared for by caregivers who solve their disagreements and problems in a loving and caring way and treat each other respectfully.

Action Steps Tamela agrees to:

Participate in individual counseling sessions
Attend sessions for teen survivors of sexual abuse
Participate in family time

Service	Responsibility	Due Date-Timeframe	Status	Status Date
Counseling (Individual)	Agency	11-07-2017		
Therapy (Group)	Agency	11-01-2017		
Transportation	Agency	11-07-2017		

B. CANS/FAST IDENTIFIED NEED OR STRENGTH

2 School Achievement

2 School Attendance

HISTORY:

Harm and /or Worry Statement: Tamela may continue to fall behind in school if she does not attend school regularly. DCFS is worried that if Tamela continues to miss school her grades will also continue to decline.

IN ORDER TO ADDRESS THIS IDENTIFIED NEED/STRENGTH:

Goal statement: Tamela will attend school regularly, and when she feels triggered at school or bullied by her classmates, she will reach out to her art teacher, Melissa Rogers. Tamela will attend tutoring several times weekly as needed until she gets caught up.

Service	Responsibility	Due Date-Timeframe	Status	Status Date
Tutoring	Youth	11-01-2017		

CONCURRENT PLAN

IF PRIMARY GOAL CANNOT BE ACHIEVED:

Harm and or Worry Statements: Tamela, Esther, and Shirley are worried if Tamela is unable to return to Esther's home, she will grow up in foster care without a permanent family.

Goal statement: Tamela will be cared for by someone in her kinship network if she cannot return to Esther's home.

Service	Responsibility	Due Date-Timeframe	Status	Status Date
Home Studies	Agency	11-01-2017		

YOUTH EDUCATIONAL STABILITY

CHILD'S PLACEMENT APPROPRIATENESS TO CURRENT EDUCATION SETTING AND PROXIMITY TO SCHOOL IN WHICH CHILD IS ENROLLED AT TIME OF PLACEMENT:

Tamela experienced no disruption in educational services or location.

STATE AGENCY COORDINATION WITH APPROPRIATE LEGAL EDUCATIONAL AGENCIES (LEA) TO ENSURE CHILD REMAINS IN THE SCHOOL IN WHICH THE CHILD IS ENROLLED AT TIME OF PLACEMENT:

The Division will coordinate with the school's LEA to ensure that all of Tamela's educational needs are met. The CFS-384: KEA Notice of Traumatic Experience was provided to the school counselor. The Division will also notify the school of the removal and provide the names of the persons allowed to check out/pick up Tamela from school. The Division will arrange for Esther Boyers to attend parent/teacher conferences as needed.

IF REMAINING IN THE SCHOOL IS NOT IN THE CHILD'S BEST INTERESTS, ASSURANCES BY STATE AGENCY AND LOCAL EDUCATIONAL AGENCIES (LEA) TO PROVIDE IMMEDIATE AND APPROPRIATE ENROLLMENT IN A NEW SCHOOL, WITH ALL CHILD'S EDUCATIONAL RECORDS PROVIDED TO THE SCHOOL:

N/A

STATEMENT OF PARENT'S UNDERSTANDING

☐ Yes ☐ No

In accordance with the Americans with Disabilities Act of 1990, reasonable accommodations have been made to the above-listed parents/guardians to assure access to reunification and family preservation services.

If yes, please describe:

☐ Yes ☐ No Do you speak English?

I understand:

- ☐ The Case Plan. I have read it or had it read to me
- ☐ I do not read (understand) English. This plan was read (interpreted) to me.
- ☐ I am to be given a copy of any change in the Case Plan.
- ☐ If my children have been removed from me, I have the right to an attorney. If I cannot pay for an attorney, the court may appoint one for me.

If this Case Plan resulted from court-ordered services, I understand I may ask the court:

- ☐ To settle any disagreement I have with the Case Plan.
- ☐ For a hearing on any change to the Case Plan I disagree with.

If this Case Plan resulted from a court-ordered placement, I understand:

- ☐ My rights and duties and the rights and duties of the Department of Human Services while my child is in Foster Care.
- ☐ I may lose my rights as a parent if I do not substantially comply with the case plan. Material failure to substantially comply with the case plan may result in a filing of a petition for termination of parental rights sooner than the compliance periods set forth in the case plan itself.

I affirm that:

- ☐ I agree with the Case Plan.
- ☐ I disagree with part(s) of the Case Plan: (specify):
- ☐ I disagree with all of the Case Plan.; or
- ☐ I make no comment.
- ☐ I understand that my participation in the development or the acceptance of a Case Plan shall not constitute an admission of dependency-neglect
- ☐ I understand that this Case Plan is subject to court approval upon review by the court

Caregiver Name: Ernest Boyers

Caregiver Signature:

Date:

STATEMENT OF PARENT'S UNDERSTANDING

☐ Yes ☐ No

In accordance with the Americans with Disabilities Act of 1990, reasonable accommodations have been made to the above-listed parents/guardians to assure access to reunification and family preservation services.

If yes, please describe:

☐ Yes ☐ No Do you speak English?

I understand:

- ☐ The Case Plan. I have read it or had it read to me
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- ☐ I make no comment.
- ☐ I understand that my participation in the development or the acceptance of a Case Plan shall not constitute an admission of dependency-neglect
- ☐ I understand that this Case Plan is subject to court approval upon review by the court

Caregiver Name: Esther Boyers

Caregiver Signature:

Date:

ATTACHMENTS:

- ☐ Placement Plan
- ☐ School records (grades, attendance, other records)
- ☐ Family Time Schedule
- ☐ Health Records
- ☐ Independent Living Skills/Ansell-Casey Life Skills Assessment (if appropriate)
- ☐ Chafee Foster Care Independence Program Participation Agreement (if appropriate)
- ☐ Other (specify): _____

DISTRIBUTION:

- | | | |
|--|-------|--------|
| <input type="checkbox"/> Mother | _____ | Date : |
| <input type="checkbox"/> Father | _____ | Date : |
| <input type="checkbox"/> Custodian | _____ | Date : |
| <input type="checkbox"/> Children | _____ | Date : |
| <input type="checkbox"/> Caregiver | _____ | Date : |
| <input type="checkbox"/> Attorney ad litem | _____ | Date : |
| <input type="checkbox"/> OCC | _____ | Date : |
| <input type="checkbox"/> Court | _____ | Date : |
| <input type="checkbox"/> Foster Parent | _____ | Date : |

I acknowledge that per A.C.A. 9-28-407, the information in this case plan is confidential and shall not be redisclosed Initial: _____ Date: _____

- | | | |
|---|-------|--------|
| <input type="checkbox"/> CASA | _____ | Date : |
| <input type="checkbox"/> Parent Counsel | _____ | Date : |
| <input type="checkbox"/> Other (specify): | _____ | Date : |

DCFS STAFF SIGNATURES**FAMILY SERVICE WORKER MAKING DISTRIBUTION**

Name: _____

Signature: _____ Date: _____

SUPERVISOR REVIEWING CASE PLAN

Name: _____

Signature: _____ Date: _____