

# 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.

<b>Creation Date</b> 10-04-2017	<b>Revision Date</b> 09-12-2024
<b>Case Type</b> Child Protective Services	<b>Case Number</b> 22408726
<b>County</b> Jefferson (Pine Bluff)	<b>Case Name</b> ANDREWS-TRAINING

### 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>
Melissa Andrews-Training	F	04-17-1987	Mother (Biological)	Greg Andrews-Training	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
			Mother (Biological)	Sarah Andrews-Training	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Mike Andrews-Training	M	05-25-1985	Father (Biological)	Greg Andrews-Training	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
			Father (Biological)	Sarah Andrews-Training	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>
Greg Andrews-Training	M	06/20/2005	12 y	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Sarah Andrews-Training	F	01/29/2011	6 y	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

### CASE PLAN GOAL

<u>Name</u>	<u>Goal</u>	<u>Concurrent Goal</u>
Greg Andrews-Training	Maintain Children In Own Home	
Sarah Andrews-Training	Maintain Children In Own Home	

#### REASON FOR AGENCY INVOLVEMENT:

Harm and/or Worry Statement: It was reported that Melissa works nights and leaves her 12-year-old son, Greg, at home to babysit his 6-year-old sister, Sarah. On Septemeber 13, 2017, Sarah was home alone, and she accidentally cut her finger. Sarah went to the neighbor's house. The neighbor's house. The neighbor called 911, and Sarah was transported to the hospital for emergency treatment.

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

The agency was able to keep the children in the home by implementing an immediate safety/ protection plan.

# MELISSA ANDREWS-TRAINING

## A. CANS/FAST IDENTIFIED NEED OR STRENGTH

### 1 Involvement

### 2 Supervision

#### HISTORY:

Harm and/or Worry Statements: It was reported that Melissa works nights and leaves her 12-year-old son, Greg, at home to babysit his 6-year-old sister, Sarah. On September 13, 2017, Sarah was home alone, and she accidentally cut her finger. Sarah went to the neighbor's house. The neighbor called 911, and Sarah was transported to the hospital for emergency treatment. Mike, Marsha, and Ms. Jenkins are worried that Sarah may cut her finger again or burn herself while trying to cook.

#### IN ORDER TO ADDRESS THIS IDENTIFIED NEED/STRENGTH:

Goal Statement: Melissa will be able to acknowledge and identify caregivers who can meet the needs of the children, such as cooking a meal when she is unavailable.

#### Action Steps:

1. Melissa agrees to obtain a weekly babysitter to supervise the children in her home while she is at work.
2. Share her weekly work schedule with her mother-in-law, Marsha, and her neighbor, Ms. Jenkins, every Monday so they can work out a weekly babysitting schedule.
3. Melissa will complete the in home Parenting Classes and will provide a certificate of completion.

Service	Responsibility	Due Date-Timeframe	Status	Status Date
Parenting Education (In-Home)	Parent/Caregiver	01-14-2018		

## B. CANS/FAST IDENTIFIED NEED OR STRENGTH

### 2 Alcohol and/or Abuse Drug

#### HISTORY:

Harm and/or Worry Statement: Greg and Mike are worried that Melissa is not following the prescription dosage as prescribed.

#### IN ORDER TO ADDRESS THIS IDENTIFIED NEED/STRENGTH:

Goal Statement: Melissa will take her medication as prescribed.

Action Steps: DCFS agrees to schedule drug and Alcohol Assessments. Melissa agrees to attend scheduled drug and alcohol assessments.

Service	Responsibility	Due Date-Timeframe	Status	Status Date
Drug Assessments	Parent/Caregiver	01-14-2018	In Progress	10-04-2017

**C. CANS/FAST IDENTIFIED NEED OR STRENGTH**

**2 Family Conflict**

**2 Family Role Appropriateness**

**HISTORY:**

Worry Statements: Greg, Sarah, and Mike are worried about the yelling and arguing between Melissa and Mike. They are concerned that if Mike and Melissa continue to argue, Melissa will not let them see their father, Mike, which will make them sad.

**IN ORDER TO ADDRESS THIS IDENTIFIED NEED/STRENGTH:**

Goal Statement: Melissa will talk with Mike without yelling and cursing at him.

Action Steps: Melissa agrees to Attend a therapeutic assessment to determine if meeting with a therapeutic professional will help Melissa not yell and argue with Mike.

Service	Responsibility	Due Date-Timeframe	Status	Status Date
Counseling (Family)	Parent/Caregiver	01-14-2018		

# MIKE ANDREWS-TRAINING

## A. CANS/FAST IDENTIFIED NEED OR STRENGTH

2 Alcohol and/or Abuse Drug

2 Legal

### HISTORY:

Worry Statement: Melissa is worried because Mike drinks and drives. Mike's drinking caused him to have a serious accident while driving the company vehicle, which resulted in criminal charges and a DWI. Melissa is concerned that Mike will drink too much and drive drunk with the children in the car, which could cause a severe accident or injury to Greg and Sarah.

### IN ORDER TO ADDRESS THIS IDENTIFIED NEED/STRENGTH:

Goal Statement: Mike will be sober when he is driving and taking care of Greg and Sarah.

Action Steps:

1. Mike agrees that if he is responsible for picking up Greg and Sarah or supervising them, he should call a "designated network member" to pick up Greg and Sarah and/or supervise them if he decides to drink.
2. Mike agrees to participate in alcohol assessments and attend court for his criminal-related charges related to his DWI.

Service	Responsibility	Due Date-Timeframe	Status	Status Date
Alcohol Testing	Parent/Caregiver	01-14-2018		

**B. CANS/FAST IDENTIFIED NEED OR STRENGTH**

**2 Family Conflict**

**2 Family Role Appropriateness**

**HISTORY:**

Harm and/or Worry Statement: Greg, Sarah, and Mike are worried about the yelling and arguing between Melissa and Mike. They are concerned that if Mike and Melissa continue to argue, Melissa will not let them see their father, Mike, which will make them very sad. After the conversations with Mike, Greg and Sarah yell at each other and throw things.

**IN ORDER TO ADDRESS THIS IDENTIFIED NEED/STRENGTH:**

Goal Statement: Mike will talk with Melissa without yelling and cursing at her.

**Action Steps:**

1. Mike agrees to attend a therapeutic assessment to determine if meeting with a therapeutic professional will help Mike not yell and argue with Melissa.

2.DCFS will receive progress reports from the the assigned therapist bi-weekly.

Service	Responsibility	Due Date-Timeframe	Status	Status Date
Counseling (Family)	Parent/Caregiver	01-14-2018		

# GREG ANDREWS-TRAINING

## A. CANS/FAST IDENTIFIED NEED OR STRENGTH

### 1 Relationship with Biological Mother

### 1 Relationship with Primary Caregiver

#### HISTORY:

Harm and/or Worry Statements: Greg is worried that his mother (Melissa) is not supportive of his relationship with his father and thinks that his mother is the cause of the divorce. He is also angry with his mother because he did not tell him that his father was in the hospital.

#### IN ORDER TO ADDRESS THIS IDENTIFIED NEED/STRENGTH:

Goal statement: Greg will learn about how supportive his mother is of his relationship with his father, the reason for the divorce, and why Melissa did not tell him that his father was in the hospital.

Action steps:

1. Greg, Melissa, and Mike will have bi-weekly family meetings and log what they discussed.
2. Greg, Melissa, and Mike agreed to meet with a professional to determine if the therapeutic services would be helpful to Greg in exploring his relationship with his mother and father.
3. Greg will be involved in family counseling.
4. The family (mom, dad, and Sarah) will spend time together at least once weekly doing family activities.
5. Greg will participate in family counseling and show positive interactions with family members.
6. DCFS will receive progress reports from the assigned therapist bi-weekly.

Service	Responsibility	Due Date-Timeframe	Status	Status Date
Counseling (Family)	Parent/Caregiver	01-14-2018	In Progress	10-04-2017

## B. CANS/FAST IDENTIFIED NEED OR STRENGTH

### 2 Family Conflict

### 2 Family Role Appropriateness

#### HISTORY:

Harm and/or Worry Statement: The agency is worried that Melissa, Greg, and Sarah's mother had Greg acting as the caregiver for himself and Sarah while she was working overnight.

#### IN ORDER TO ADDRESS THIS IDENTIFIED NEED/STRENGTH:

Goal Statements: If or when Greg and Sarah are left alone, they will reach out to Ms. Jenkins.

# SARAH ANDREWS-TRAINING

## A. CANS/FAST IDENTIFIED NEED OR STRENGTH

### 2 Family Conflict

### 2 Family Role Appropriateness

#### HISTORY:

Harm and/or Worry Statements: Sarah has a strong bond with her mom, dad, and brother. Sarah is worried that she will be unable to spend much time with her family if Melissa continues to sleep excessively.

#### IN ORDER TO ADDRESS THIS IDENTIFIED NEED/STRENGTH:

Goal statement: Sarah will have more opportunities for family time.

#### Action Steps :

1. Sarah will be involved in family counseling. Sarah will reach out to Ms. Jenkins when she feels lonely.
2. The family (mom, dad, and Greg) will spend time together at least once weekly doing family activities.
3. Sarah will participate in family counseling and show positive interactions with family members.
4. DCFS will receive progress reports from the assigned therapist bi-weekly.

Service	Responsibility	Due Date-Timeframe	Status	Status Date
Counseling (Family)	Parent/Caregiver	01-14-2018		

## B. CANS/FAST IDENTIFIED NEED OR STRENGTH

### 1 Relationship with Biological Mother

### 1 Relationship with Primary Caregiver

#### HISTORY:

Harm and/or Worry Statements: Sarah has a strong bond with her mom, dad, and brother. Sarah is worried that she will be unable to spend much time with her family if Melissa continues to sleep excessively.

#### IN ORDER TO ADDRESS THIS IDENTIFIED NEED/STRENGTH:

Goal Statement: Sarah will maintain a strong relationship with Melissa

#### Action Steps:

1. Sarah will participate in individual counseling to discuss any issues that she may have with mother/daughter relationships.
2. DCFS will collect bi-weekly progress reports from assigned therapist.

Service	Responsibility	Due Date-Timeframe	Status	Status Date
Counseling (Individual)	Parent/Caregiver	01-14-2018		

## 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: **Melissa Andrews-Training**

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
- ☐ 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: Mike Andrews-Training

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: \_\_\_\_\_