

**State of Georgia Case Plan Report
Family and Agency Data Face Sheet
BUTTS County**

Date prepared: 11/21/2002
Case review method: Panel Review
Comments: Test plan

1. comment one
2. comment two
3. comment three

Child Information - Scott Tracy

This case plan is in effect from 11/21/2002 to 11/22/2002.

Last name	First name	DOB	Sex	Ethnicity	Hispanic	SSN	Plan type	DFCS case #	Initial or Review
Tracy	Scott	01/01/1999	M	White	N	222-22-2222	Reunification	10019	Initial

Assigned judge	Date initial Case Plan (CP) filed
Michelle Barclay2	01/01/2003

Caretaker type	Caretaker last name	Caretaker first name
Mother	Tracy	Grandma

Caseworker last name	Caseworker first name
LI	GEORGE

Caretaker Information

Last name	First name	Address	Phone	DOB	SSN
Tracy	Grandma	111 St. Atlanta, GA 30303	404-111-3333		

Comments:

DFCS Caseworker Information

Last name	First name	Address	Phone	E-mail
LI	GEORGE	GA	404-966-9999	g_1@g.com
Supervisor's name			Supervisor's phone	
0-Select Supervisor				

Relative Information

No Relative Information entered.

**State of Georgia Case Plan Report
Case Tracking and Legal**

Child Name: Scott Tracy

Date of 30-day case plan: 01/01/2003

Dates case plan is in effect: 11/21/2002 to 11/22/2002
Date next case plan is due: 01/01/2003
Date child entered care: 01/01/2003
Date of initial authorization for placement: 01/01/2003
Date of emergency shelter care order: 01/01/2003
Custody expiration date: 01/01/2003
Date of detention order (72 hour): 01/01/2003
Date of adjudicatory order: 01/01/2003
Date of dispositional order: 01/01/2003
Date of extension order: 01/01/2003
Date of permanency order: 01/01/2003
Date of non-reunification order: 01/01/2003
Date of TPR: 01/01/2003
Anticipated date of achieving permanency: 01/01/2003
Permanency plan: 01 - Reunification
Describe the compelling reasons for selecting a permanency plan other than (01), (02), (03), or (06): scott

State of Georgia Case Plan Report Removal and Separation

Child Name: Scott Tracy

Initial reason child(ren) placed in foster care.

Physical Abuse

Services offered and provided to prevent removal
a

Factual description of incident precipitating removal
aa

Reasons child(ren) cannot be adequately and safely protected at home (cur. summary)
aaa

Harm which may occur if child(ren) remains in home (future projection)
aaaa

Do any of the following conditions exist?

Child has been in foster care for 15 of the most recent 22 months.	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
Child is an abandoned infant as set forth in O.C.G.A Section 15-11-81(b).	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
Parent has committed murder or voluntary manslaughter of another child of the parent.	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
Parent has aided or abetted, attempted, conspired, or solicited the murder or voluntary manslaughter of another child of the parent.	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No

If any of the above were answered YES, Georgia law requires that DFCS file a petition to terminate parental rights unless:

- A relative is caring for the child.
- A compelling reason is documented why termination of parental rights is not in the child's best interest.
- DFCS has not provided services necessary for the child's safe return home within the time frames specified in the case plan, in those cases where reasonable efforts must be made.

Details or comments: aaaa

State of Georgia Case Plan Report Reunification Goals

Child Name: Scott Tracy

This case plan is in effect from 11/21/2002 to 11/22/2002.

Goal type: Reunification
Reason: Physical abuse
Change: Child/ren must be safe from physical harm.
Permanency plan comment: scott

Step	Specific action	Responsible person	Priority	To be completed	Status	Comment
1	DFCS must schedule appointments for psychological evaluation, psychiatric evaluation, and counseling with licensed provider, if indicated.	a	1	11/11/1999	New	

Goal type: Reunification
Reason: Sexual abuse
Change: Child/ren must be safe from sexual contact.
Permanency plan comment: scott

Goal type: Reunification
Reason: Other - 111
Change: Other change.
Permanency plan comment: scott

Goal type: Reunification
Reason: Mental/Physical impairment of parent
Change: Parent must demonstrate capacity and ability to care for and supervise child/ren.
Permanency plan comment: scott

Step	Specific action	Responsible person	Priority	To be completed	Status	Comment
1	Parent must consistently follow treatment recommendations of physical and/or mental health care provider (ie medication, therapy).	fff	1	11/09/2005	New	

State of Georgia Case Plan Report DFCS Standard Goals

Child Name: Scott Tracy

This case plan is in effect from 11/21/2002 to 11/22/2002.

Goal type: DFCSStandard

Step	Specific action	Responsible person	Priority	To be completed	Status	Comment
1	At a minimum, DFCS will visit with the child on a (indicate frequency) basis to monitor the safety, well-being, and other needs of the child. Visits will be meaningful and in the least restrictive environment.	rrr	1	11/11/2004	New	

Steps for All Parents

Number	Step
1	Parent must sign a release of information.
2	Parent must attend all hearings, appointments with DFCS, Case Plan reviews, and scheduled visits with children.
3	Parent must notify DFCS of all changes in: (1) address; (2) phone numbers, including pagers; and (3) jobs within 48 hours.
4	Parent must provide DFCS with the name and location (if known) of relatives and other resources.
5	Targeted case management services will be received to assist individuals in gaining access to an managing needed services.
6	Parent must contact DFCS to schedule an appointment to review/discuss/assess with case manager the parent's progress of lack of progress on case goals. (Frequency to be jointly decided by all parties involved.)

State of Georgia Case Plan Report Secondary Goals

Child Name: Scott Tracy

Description	Status
aaaa	New
bbbb	Ongoing

State of Georgia Case Plan Report Current Placement

Child Name: Scott Tracy

County of current placement: BUTTS
State of current placement: GA
Living arrangement: Family Foster Home/Emergency Shelter

Relative name:
If relative placement, relationship to child: Other relation type
If relative placement, DFCS home eval. compl. & approved: Yes No
If No, explain below:

Removal date: 11/11/2002
Has an exhaustive search for relatives been undertaken: ___ Yes No
Checklist:
 Is placement is a safe setting? ___ Yes No
 Is placement least restrictive available? ___ Yes No
 Is placement most family-like available? ___ Yes No
 Is placement appropriate? ___ Yes No
 Is placement in close proximity to parents? ___ Yes No
 Is placement consistent with child's best interest and meets special needs as ident. in Health/Educ./Psych. sections of case plan?
 ___ Yes No
 If No to any of above, explain below:
 a
Is child age 14 or older: Yes ___ No - If Yes, a Written Transitional Living Plan must be completed for case plan.
Is child adjusting in care: Yes ___ No
Is child able to stay together w/ siblings: Yes ___ No
Are First Placement/Best Placement forms compl. & submitted: Yes ___ No

State of Georgia Case Plan Report Written Transitional Life Case Plan

Child Name: Scott Tracy

Eligibility: IV-E ___ Non IV-E
Living arrangement: Family Foster Care
Type of WTLP: 30-Day Case Plan ___ Case Review
Custody status: DFCS
Marital status: Single
Parental status: No Children
Authority for placement: Temporary
Types of goals:
 ___ Education ___ Vocational/Employment Preparation
 ___ Basic Daily Living (tangible) ___ Personal Developmental/Counseling
 ___ Health Education/Maintenance Temporary
WTLP date:
Duration: From: To:

State of Georgia Case Plan Report WTLP Goals

Child Name: Scott Tracy

Description	Status
XXXXX	New

State of Georgia Case Plan Report

Placement History

Child Name: Scott Tracy

County of placement: BANKS
State of placement: GA
Date child entered THIS placement: 11/11/2002
Exit date:
Placement type: Group Home
If relative placement, relationship to child: Other relation type
Removal reason: aaaa

State of Georgia Case Plan Report Healthcare Provider

Child Name: Scott Tracy

Provider name: ssss
Provider type: Other
Records obtained: Yes ___ No
City / State / ZIP: / GA /

State of Georgia Case Plan Report Health Status

Child Name: Scott Tracy

Immunization up to date: Yes ___ No
Immunization record on file: Yes ___ No
Ongoing medical or psychological problems: Yes ___ No If Yes, explain below:
aaaa
Medical records on file: Yes ___ No
Psychological records on file: Yes ___ No
Is child receiving ongoing medical or psychological treatment: Yes ___ No
If Yes, is it documented in record? Yes ___ No
Is the child on any medications: Yes ___ No If Yes, please list below:
sssss
Date of last medical exam: 11/11/2000
Date of last dental exam: 11/11/2000
Date of last psychological evaluation: 11/11/2000
If any of the dates above are missing, why:
Other relevant medical or psychological information: a

State of Georgia Case Plan Report Education

Child Name: Scott Tracy

Is child in school: Yes No
Developmental assessment: Yes No
If the child is below school age, has there been a Developmental Assessment? Yes No

If No, explain below:
Grade level: 3rd grade
School system: Atlanta City
School name: Morningside Elementary School
School address: 1053 East Rock Springs Road, NE
School city / State / ZIP: Atlanta, GA 30306
School phone: 404-853-4024
Classroom placement: Learning disorder

Attendance: Regularly Attends Truant Not Applicable
Performing at grade level: Yes No Not Applicable
Special ed needs: Yes No Not Applicable
School changed: Yes No Not Applicable
Has the child changed schools due to removal?
School records: Yes No Not Applicable
Are the school records in the child's file?

If No, explain below:

aa
Educational assessment: Has the child had a 6-month educational assessment?
 Yes No

If No, explain below:

aa
Comprehensive assessment: Is the child's Education Plan based on the most recent Comprehensive Assessment?
 Yes No

If No, explain below:

aa
Placement resource: Has the child's Education Plan been discussed with the Placement Resource?
 Yes No

If No, explain below:

aa
Records to boarding county: Have the Education Records been provided to the boarding county?
 Yes No No out of county placement

Supplemental supervision: Yes No
Comment: aa

State of Georgia Case Plan Report Participation and Disclosure

Child Name: Scott Tracy

1. Parent(s) participated in the development of this case plan? Yes No
If no, why not? aa
2. Child(ren) participated in the development of this case plan? Yes No
If no, why not? aaa

FOR PARENTS

Others in attendance during case plan development:
aaaa

Has DFCS referred the child(ren)'s parent(s) to Child Support Enforcement? Yes No

If no, why not? aaaaa

TO PARENTS:

PLEASE NOTE THAT DFCS EXPECTS YOU TO PAY CHILD SUPPORT WHILE YOUR CHILD IS IN STATE CUSTODY. FAILURE TO PAY CHILD SUPPORT IS A GROUND FOR TERMINATION OF YOUR PARENTAL RIGHTS.

I have received a copy of this case plan report, and the plan has been explained to me. I know that this case plan will become part of the court order unless I request a hearing within five (5) days after I receive it.

Parent Signature _____	Date _____
Parent Signature _____	Date _____
Parent Signature _____	Date _____
Parent Signature _____	Date _____
Signature _____	Date _____
Signature _____	Date _____

I agree to work toward the changes and steps listed in this case plan. I understand that if I fail to cooperate with DFCS, DFCS may decide that my child(ren)'s need for a permanent home requires a new plan, which could include terminating my parental rights.

Parent Signature _____	Date _____
Parent Signature _____	Date _____
Parent Signature _____	Date _____
Parent Signature _____	Date _____
Signature _____	Date _____
Signature _____	Date _____

Check here if parent was present during the development of this case plan, but refuses to assign the attached form: X

Hearing Request submitted: X

Caseworker Signature _____	Date _____
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GEORGE LI has reviewed the children in this caseplan.