

# Parker Child Permanency Plan

## CHILD'S PERMANENCY 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:* Parker

*County:* Evergreen

*Case Number:* 0942-01

*Date Child Entered Placement:* 01/03/05

*Date of Initial/Revised Plan:* 01/03/05

*Date of Next Plan Review:* 06/03/05

*Initial Child's Permanency Plan*  *Revised Plan*

### CHILD'S NAME:

*First:* Kathryn

*Middle Initial:* E

*Last:* Parker

*Gender:* M  F

*DOB:* 01/13/2000

### EFFORTS MADE/SERVICES PROVIDED TO PREVENT PLACEMENT:

Police responded to an anonymous call reporting that a child is home alone. Upon arrival at the home, the police found 5 year-old Katie Parker in the house alone. Attempts to locate mother were unsuccessful; interviews of neighbors did not yield the whereabouts of any family members.

### CIRCUMSTANCES THAT MAKE PLACEMENT NECESSARY:

Sunday night, at 9:45 p.m., police responded to an anonymous call reporting that a child is home alone. Upon arrival at the home, the police found Katie Parker in the house alone. She told the police that she lives in the house with her mother, but didn't know where her mother was or when she would be home. The house was unkempt —dishes in the sink, clothes and clutter all over the floor, and the trash overflowing. Katie was unable to give the police officers the names of any friends, neighbors, or relatives to call.

Ms. Parker reports that she has had difficulty holding a steady job and she has no one to help provide supervision for Katie when she is unavailable. She also reports "money problems" and cannot afford a babysitter.

Katie reported that she was sometimes hungry. Her clothing was soiled, she had not bathed for at least 2 days, and she did not have clean bedding.

Parker Child Permanency Plan (continued)

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**PROGRESS MADE DURING REVIEW PERIOD:**

N/A

**CIRCUMSTANCES AND CONCERNS DURING REVIEW PERIOD:**

N/A

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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.

**MOTHER:**

<i>First Name:</i> Jennifer	<i>Middle Initial:</i> L	<i>Last Name:</i> Parker	<i>DOB:</i> 07/23/1980
<i>Address 1:</i> 17 South Truman Street	<i>Address 2:</i>		<i>Phone:</i>  ( 703 ) 321-9087
<i>City:</i> Coal City	<i>State:</i> PA	<i>Zip:</i> 13457	

**FATHER(S):**

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

**OTHER CAREGIVER(S)/PRINCIPAL CAREGIVER:**  N/A

<i>First Name:</i> Gloria	<i>Middle Initial:</i> S	<i>Last Name:</i> Parker	<i>DOB:</i> 07-19-1949	<i>Phone:</i> ( 703 ) 321-9032
<i>Relationship to Child:</i> Maternal Grandmother				
<i>Address 1:</i> 513 Hardy Drive	<i>Address 2:</i>			
<i>City:</i> Coal City	<i>State:</i> PA		<i>Zip:</i> 13547	
<i>First Name:</i>	<i>Middle Initial:</i>	<i>Last Name:</i>	<i>DOB:</i>	<i>Phone:</i> (    )
<i>Relationship to Child:</i>				
<i>Address 1:</i>	<i>Address 2:</i>			
<i>City:</i>	<i>State:</i>		<i>Zip:</i>	

Parker Child Permanency Plan (continued)

Date of Initial/Revised Plan: 01/23/05		Case Number: 0942-01		Family Name: Parker	
<b>CHILD'S LOCATION:</b> <input type="checkbox"/> The juvenile court has ordered information in this plan to be withheld.					
Address 1: 2062 W. 14 <sup>th</sup> Lane		Address 2:		Phone:	
City: Coal City		State: PA	Zip: 13457	( 703 ) 321-6732	
<b>Name of Resource Parent(s)/Caregiver Or Facility:</b> Rita & John Fitzgerald					
<b>PLACEMENT AGENCY:</b>					
Name: Evergreen Co. CYS		Agency Caseworker: Vernon Carson		Phone: ( 703 ) 541-6700	
Address 1: 324 Darling Road		Address 2:			
City: Covington		State: PA		Zip: 13469 3420	
<b>PLACEMENT TYPE:</b>					
<input checked="" type="checkbox"/> Resource Family Home		<input type="checkbox"/> Residential Facility		<input type="checkbox"/> Psychiatric Hospital	
<input type="checkbox"/> Kinship Foster Care		<input type="checkbox"/> Detention		<input type="checkbox"/> Medical Hospital	
<input checked="" type="checkbox"/> Foster Care		<input type="checkbox"/> Residential Treatment Facility (RTF)		<input type="checkbox"/> Drug and Alcohol Treatment Facility	
<input type="checkbox"/> Pre-Adoptive		<input type="checkbox"/> Diagnostic Treatment Facility		<input type="checkbox"/> Community Residential Rehabilitation	
<input type="checkbox"/> Adoptive					
<input type="checkbox"/> Group Home					
<input type="checkbox"/> Supervised Independent Living (SIL)		<input type="checkbox"/> Other (Explain):			
<input checked="" type="checkbox"/> Placement continues to be necessary. Expected length of placement is 6 months.					
<b>THE PLACEMENT SETTING is the least restrictive, most family-like and age-appropriate setting available to the child, which is consistent with the child's safety, best interest, and well-being as indicated below (check all that apply):</b>					
<input checked="" type="checkbox"/> Provides for Child's Special Treatment Needs		<input type="checkbox"/> Placement Resource Able to Provide Permanency		<input type="checkbox"/> Other (Explain):	
<input type="checkbox"/> Independent Living Placement Setting		<input type="checkbox"/> Placement With Sibling(s)		<input type="checkbox"/> Other (Explain):	
<input checked="" type="checkbox"/> Placement is Within Child's Own Community		<input type="checkbox"/> Child/Family Has Relationship With Caregiver(s)		<input type="checkbox"/> Other (Explain):	

Parker Child Permanency Plan (continued)

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**PLACEMENT PROXIMITY**

*The location of the placement is in proximity to the child's community; which will serve to encourage visitation between the child, parents, guardian or custodian and siblings, consistent with the safety, best interest and special needs of the child.*  Yes  No  
 If No, provide explanation:

*The child is in placement in another state or more than 150 miles from the child's community; which is necessary and consistent with the safety, best interest, well-being and special needs of the child.*  Yes  No  
 If Yes, provide explanation:

**HEARINGS**

Court reviewed the case on 01/07/05 and made the following determinations in accordance with the Juvenile Act.  
 The results were:  
 Katie was adjudicated dependent and approved continued placement at the Fitzgerald foster home.

The next hearing will be a(n):  Adjudication  Disposition  Permanency on \_\_\_\_\_.

**PERMANENCY GOAL**

<i>Primary Permanency Goal</i>	<i>Date Court Approved</i>	<i>Concurrent Permanency Goal</i>	<i>Date Court Approved</i>
<input checked="" type="checkbox"/> Return to parent, guardian or other custodian.		<input type="checkbox"/> Return to parent, guardian or other custodian.	
<input type="checkbox"/> Place for adoption.		<input type="checkbox"/> Place for adoption.	
<input type="checkbox"/> Placement with a permanent legal custodian.		<input type="checkbox"/> Placement with a permanent legal custodian.	
<input type="checkbox"/> Place permanently with a fit and willing relative.		<input checked="" type="checkbox"/> Place permanently with a fit and willing relative.	
<input type="checkbox"/> Placement in another planned living arrangement intended to be permanent.		<input type="checkbox"/> Placement in another planned living arrangement intended to be permanent.	

**Parker Child Permanency Plan (continued)**

<i>Date of Initial/Revised Plan:</i> 01/23/05	<i>Case Number:</i> 0942-01	<i>Family Name:</i> Parker
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**HEALTH INFORMATION**

**PRIMARY CARE PROVIDER:**

<i>Practice:</i> Coal City Pediatric	<i>Physician:</i> Carol Saunders	<i>Phone:</i> ( 307 ) 231-5900
<i>Address 1:</i> 903 Windy Hill Road	<i>Address 2:</i> Suite 301	
<i>City:</i> Coal City	<i>State:</i> PA	<i>Zip:</i> 13457
<i>Last Known Physician:</i> None		

**DENTAL CARE PROVIDER:**

<i>Practice:</i> Happy Family Dentistry	<i>Dentist:</i> Jeffrey Katz	<i>Phone:</i> ( 307 ) 231-8255
<i>Address 1:</i> 8760 Everheart Way	<i>Address 2:</i>	
<i>City:</i> Coal City	<i>State:</i> PA	<i>Zip:</i> 13457
<i>Last Known Dentist:</i> None		

**VISION CARE PROVIDER:**

<i>Practice:</i> None	<i>Doctor:</i>	<i>Phone:</i> (    )
<i>Address 1:</i>	<i>Address 2:</i>	
<i>City:</i>	<i>State:</i>	<i>Zip:</i>
<i>Last Known Doctor:</i>		

**OTHER CARE PROVIDER: (LIST SPECIALITY:    ).**

<i>Practice:</i>	<i>Practitioner:</i>	<i>Phone:</i> (    )
<i>Address 1:</i>	<i>Address 2:</i>	
<i>City:</i>	<i>State:</i>	<i>Zip:</i>

**OTHER CARE PROVIDER: (LIST SPECIALITY:    ).**

<i>Practice:</i>	<i>Practitioner:</i>	<i>Phone:</i> (    )
<i>Address 1:</i>	<i>Address 2:</i>	
<i>City:</i>	<i>State:</i>	<i>Zip:</i>

**IMMUNIZATIONS:**       *Date Current Records Obtained (Attach):* .       *Date Records Requested:*

Parker Child Permanency Plan (continued)

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**KNOWN MEDICAL CONDITIONS/DISABILITIES**

N/A. The child has no known medical conditions or disabilities.

<i>Physical Condition/Disability</i>	<i>Medication(s)</i>	<i>Other Treatment</i>	<i>Date of Diagnosis</i>
<i>Emotional Condition/Disability</i>	<i>Medication(s)</i>	<i>Other Treatment</i>	<i>Date of Diagnosis</i>
<i>Mental Condition/Disability</i>	<i>Medication(s)</i>	<i>Other Treatment</i>	<i>Date of Diagnosis</i>
<i>Other Condition/Disability</i>	<i>Medication(s)</i>	<i>Other Treatment</i>	<i>Date of Diagnosis</i>

**Other relevant health information (please identify):**

**Parker Child Permanency Plan (continued)**

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<b>EDUCATIONAL INFORMATION</b> <input type="checkbox"/> <i>Not Enrolled</i> <input type="checkbox"/> <i>Not School Age</i>					
<i>Name of School:</i> Brookfield Elementary			<i>School District:</i> Dawson		
<i>Contact Person:</i> Ms. Gladys Kravitz			<i>Title:</i> Teacher		<i>Phone:</i> (703) 345-1213
<i>Address 1:</i>			<i>Address 2:</i>		
<i>City:</i> Coal City			<i>State:</i> PA		<i>Zip:</i> 13457
<i>Child's Grade:</i> Kindergarten					
<i>Child has disability or need requiring services:</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
<input type="checkbox"/> <i>Early Intervention Services (EI) and the child has an Individualized Service Plan (ISP)</i>					
<input type="checkbox"/> <i>Special Education Services and the child has an Individualized Education Program (IEP)</i>					
<input type="checkbox"/> <i>Child has a 504 Plan (Plan for Accommodations)</i>					
<input type="checkbox"/> <i>Other (explain):</i> _____					
<input type="checkbox"/> <i>Child is eligible for Educational Parent Surrogate</i>					
<i>Name of Educational Parent Surrogate:</i>					<i>Phone:</i> (    )
<i>Address 1:</i>			<i>Address 2:</i>		
<i>City:</i>			<i>State:</i>		<i>Zip:</i>
<b>STATEMENT OF PLACEMENT IN SAME SCHOOL:</b>					
<i>Child's placement will allow child to remain in same school:</i> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
<i>Change in school was necessary</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If Yes, provide explanation:</i>					

Parker Child Permanency Plan (continued)

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**VISITATION PLAN**

**Visitation is limited to those participants listed below. Prior approval by the caseworker is required for other persons to be included in visits.**

<b>Participant(s)</b>	<b>Refused/Limited</b>	<b>Frequency/Duration</b>	<b>Level of Supervision</b>	<b>Location</b>	<b>Transportation Responsibility</b>	<b>Accommodations/Barriers</b>
	<input type="checkbox"/> <i>Freely refused in writing.</i> <input type="checkbox"/> <i>Limited by court order</i> Date: Hon.				<i>Transportation is the responsibility of</i>	
	<input type="checkbox"/> <i>Freely refused in writing.</i> <input type="checkbox"/> <i>Limited by court order</i> Date: Hon.				<i>Transportation is the responsibility of</i>	
	<input type="checkbox"/> <i>Freely refused in writing.</i> <input type="checkbox"/> <i>Limited by court order</i> Date: Hon.				<i>Transportation is the responsibility of</i>	
	<input type="checkbox"/> <i>Freely refused in writing.</i> <input type="checkbox"/> <i>Limited by court order</i> Date: Hon.				<i>Transportation is the responsibility of</i>	
	<input type="checkbox"/> <i>Freely refused in writing.</i> <input type="checkbox"/> <i>Limited by court order</i> Date: Hon.				<i>Transportation is the responsibility of</i>	
	<input type="checkbox"/> <i>Freely refused in writing.</i> <input type="checkbox"/> <i>Limited by court order</i> Date: Hon.				<i>Transportation is the responsibility of</i>	
	<input type="checkbox"/> <i>Freely refused in writing.</i> <input type="checkbox"/> <i>Limited by court order</i> Date: Hon.				<i>Transportation is the responsibility of</i>	

Parker Child Permanency Plan (continued)

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**PREPARATION FOR INDEPENDENCE**

This section of the service plan is required for any child in substitute care age 16 and older, however may be completed for any child in substitute care.

Specific actions related to services identified in this section are to be included in the service plan.

<i>Independent Living Services</i>	<i>Results of Formal Independent Living Needs Assessment</i>	<i>Services Provided for During Plan Period</i>	<i>Explanation of Why Services Will Not Be Provided For During Plan Period</i>
<i>Life Skills</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>Prevention</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>Education/ Training</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>Employment</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>Support</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>Housing</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Parker Child Permanency Plan (continued)

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**SERVICE PLAN**

**This section describes objectives and actions otherwise not identified in the Family Service Plan dated 01/23/05; or which otherwise must occur in order to achieve the child's permanency goal.**

**OBJECTIVE:** Katie has a safe, permanent home with a fit and willing relative.

**Related Concerns:** Vulnerability

<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	Do dilligent search for birht father.	05/31/05	Legal notification in newspapers. Casenote documentatio		
Caseworker	Do dilligent search for other fit and willing relatives.	05/31/05	Legal notification in newspapers. Casenote documentation		
Jennifer Parker	Provide a list of known family members.	02/25/05	Written list given to Caseworker		
Gloria Parker	Provide a list of known family members.	02/25/05	Written list given to Caseworker		

*Comments:*

Parker Child Permanency Plan (continued)

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**NOTICE OF RIGHT TO APPEAL**

As a parent of a child receiving services from the Evergreen County Children & Youth Services

You have the right to appeal:

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

B) You have the right to appeal Children & Youth Services’ determination to the State’s Department of Public Welfare (DPW), Bureau of Hearing and Appeals, 2330 Vartan Way, 2<sup>nd</sup> Floor, P.O. Box 2675, Harrisburg, Pennsylvania 17110.

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:

Evergreen County Legal Services  
 109 Westchester Street  
 Coal City, PA 13456  
 (703) 523-1212

A written appeal requesting a hearing must be made within fifteen (15) calendar days from the date this notice was given or mailed to you. The written appeal should be sent to your Children & Youth caseworker and should include a statement concerning the portions of the plan with which you disagree and the reason for your disagreement.

**During the appeal process, the service plan, as 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.**

**ADDITIONAL NOTICE TO PARENTS OF CHILDREN IN PLACEMENT**

As the parent(s) of a child(ren) in substitute 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 Judicial 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.

**Parker Child Permanency Plan (continued)**

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**SERVICE PLAN PARTICIPANTS**

<i>Name</i>	<i>Relationship</i>	<i>Phone</i>		<i>Date and Method of Invitation to Participate</i>		<i>Date and Method of Actual Participation</i>	
		<i>Regular</i>	<i>Emergency</i>				
Jennifer Parker	Mother	(703)321-9087	(703)321-9032	01/07/05	letter	01/23/05	in person
Gloria Parker	Grandmother	(703)321-9032	( )	01/07/05	letter	01/23/05	in person
John Fitzgerald	Foster Parent	(703)321-3892	(703)321-5457	01/07/05	letter	01/23/05	in person
Rita Fitzgerald	Foster Parent	(703)321-3892	( )	01/07/05	letter	01/23/05	in person
		( )	( )				
		( )	( )				

**SERVICE PLAN SIGNATURES**

**SIGNATURE CONSTITUTES AGREEMENT WITH SERVICE PLAN**

**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</i>	<i>Signature</i>	<i>Date</i>	<i>Refused to Sign</i>	<i>Plan &amp; Rights Distribution Date</i>	
				<i>Given</i>	<i>Mailed</i>
			<input type="checkbox"/>		
			<input type="checkbox"/>		
			<input type="checkbox"/>		
			<input type="checkbox"/>		
			<input type="checkbox"/>		
			<input type="checkbox"/>		

**Comments:**

**Caseworker:**

**Date:**

*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.*

**Supervisor:**

**Date:**