

Case ID: Undetermined Screener: Sam Screener Aa

Contact: Oregon Child Abuse Hotline

1-855-503-7233

SCREENING REPORT 2334589

Report Type: CPS	Report Category: Familial			
Date/Time Report Received: 11/29/XXXX 2:04 PM				
Date/Time Initial Contact Required By: 11/30/XXXX 2:04 PM				
Screening Decision: Assign	Decision Reason: One or more allegations identified.			
Response Time: Within 24 Hours	Response Time Reason: Child of any age requires urgent medical or mental health evaluation or care for injury, pain, or illness.			

CONTACT INFORMATION

Case Name: Rich, Judith	Primary Language: English			
Case Address: 307 Sunnymeade Ct. Jefferson, OR 97352				
Phone: 503-555-5555				

The family has American Indian/Alaska Native Ancestry: Yes

American Indian/Alaska Native Ancestry Information:

Per the reporting party and OR-Kids review, the children's mother identified that all children have Native American ancestry and are enrolled members of a tribe.

ALLEGATIONS

Alleged Victim	Alleged Perpetrator	AP Relationship to Victim	Abuse Type		
Daniel Rich	Judith Rich	Mother	Neglect		
Daniel Rich	Ted Rich	Father	Neglect		
Date of Alleged Abuse: 11/29/XXXX					

Structured Decision Making Allegation Descriptors:

•	Neglect
	Medical Neglect



SCREENING REPORT PARTICIPANTS

Children

Name: Emily Rich	Relationship:	Child - Biological	Roles: HM		
Reported Aliases:					
DOB: 06/22/XXXX	Age: 1		Sex: Female		
Race: American Indian or Alaskan Native	Ethnicity:		Preferred Language:		
Address: 307 Sunnymeade Ct. Jeffersor	n, OR 97352				
Phone:		Email:			
School:		School Hours:			
Child Care:		Child Care Hours:			
Location During Next 24 Hours: In hom Child Resides With: Mother, father and Custody/Visitation:					
Name: Alberto Rich	Relationship:	Child - Biological	Roles: HM		
Reported Aliases:					
DOB : 06/08/XXXX	Age: 5		Sex: Male		
Race: American Indian or Alaskan Native	Ethnicity:		Preferred Language: English		
Address: 307 Sunnymeade Ct. Jefferso	n, OR 97352				
Phone:		Email:			
School:		School Hours:			
Child Care:		Child Care Hours:			
Name: Daniel Olivera Rich	Relationship:	Child - Biological	Roles: AV, HM		
Reported Aliases:					
DOB: 07/25/XXXX	Age : 11		Sex: Male		
Race: American Indian or Alaskan Native	Ethnicity:		Preferred Language: English		



Address: 307 Sunnymeade Ct. Jefferson, OR 97352

Phone: Email:
School: Jefferson Elementary School School Hours: 08:15-3:30

Child Care: Child Care Hours:

Location During Next 24 Hours: In home or at school

Child Resides With: Mother, father and siblings

Custody/Visitation: Per OVERS, Daniel's biological father, Jesse Olivera, is deceased. Daniel is legally adopted by Ted

Rich.

OVERS Information:

Ted Rich is the legal father of Alberto and Emily by birth certificate, and Daniel Olivera-Rich by adoption.

Parents/Caregivers

Name: Judith Rich	Relationship: Self		Roles: AP, CN, HM, PR		
Reported Aliases:					
DOB: 09/18/XXXX	Age : 27		Sex: Female		
Race: American Indian or Alaskan Native	Ethnicity:		Preferred Language: English		
Address: 307 Sunnymeade Ct. Jefferso	n, OR 97352				
Phone:		Email:			
Relationship to Other Participants: mo	other of Emily, Alberto	o, Da			
Name: Ted Rich	Relationship: Spouse Roles: AP, HM, PR		Roles: AP, HM, PR		
Reported Aliases:					
DOB : 04/12/XXXX	Age: 24		Sex: Male		
Race: White	Ethnicity:		Preferred Language: English		
Address: 307 Sunnymeade Ct. Jefferson, OR 97352					
Phone:		Email:			
Relationship to Other Participants: spouse to Judith, biological father to Emily and Alberto, adoptive father to Daniel					



KEY

Roles Description:				
AP = Alleged Perpetrator	HM = Household Member			
AV = Alleged Victim	NM = Non-Household Member			
CN = Case Name	PR = Parent / Caregiver			

SCREENING REPORT NARRATIVE

Extent of Alleged Abuse:

Daniel arrived at school today with severe pain from an abscessed tooth. Daniel reports that he is having a hard time eating and drinking without pain and appeared to avoid food at lunch. Per the caller, Daniel has been suffering from a toothache for a few months now.

The school had previously helped the parents set up an appointment for Daniel with the dental van. The appointment was yesterday, but Daniel was absent and did not make the appointment. The school has attempted to contact the parents however, they have not responded.

When Daniel arrived at school today, he said their electricity was turned off, so he did not have an alarm to wake him.

Circumstances of Alleged Abuse:

Caller reports Daniel has missed 10 days of school in the past 6 weeks. Daniel has told the caller he often has to stay home and watch his younger siblings because his parents have to go out a lot. Daniel is described as coming to school looking disheveled and wearing dirty clothes. The school counselor often gives Daniel clean clothes from their clothing closet and they let him take a shower at the school.

The parents have had past communication with the school to set up appointments for Daniel. Daniel reports his parents "go out a lot." No additional information was given by the caller besides parents seem defensive. When the school has spoken with mother she appears "stressed".

Daniel does not have many social interactions. The other schoolchildren tease him about his body odor. Daniel is reported to do fairly well academically and has always been well liked by his teachers, but lately has been getting in fights at school, which causes his teachers concern as it is out of character for him.

The caller did not have any information about the other children in the home.

The reporter states parents are not active in Daniel's education and often say they are too busy to attend conferences or other events at the school. They are difficult to reach and when they are contacted are reported as being dismissive of concerns about Daniel.

CHILD WELFARE HISTORY

Child Welfare History Summary:

The current information has not been reported or assessed.

Date	Report Type	Report ID	Screening Decision	Case Name	Case ID	Allegations	Disposition	Founded Perpetrators
------	-------------	-----------	-----------------------	-----------	---------	-------------	-------------	-------------------------

For Training Purposes Only



Case ID: Undetermined
Screener: Sam Screener Aa
Contact: Oregon Child Abuse
Hotline 1-855-503-7233

CONFIDENTIAL REPORTER INFORMATION

Oregon DHS Child Welfare will not disclose the identity of the reporter <u>unless</u> one or more of the following circumstances applies:

- disclosure is to a Law Enforcement Agency (LEA) for purposes of investigating the report,
 disclosure is required because the reporter may need to testify as a witness in court, and/or
- the court orders the Department to disclose the identity of the reporter.

Name: Todd Wilkinson	Reporter Type: School Employee	Mandatory Reporter: ⊠			
Report Method: Phone	Phone:	Email:			
Relationship to Family: Daniel's school counselor.					
Last Contact with Child: Reporter had contact with Daniel today					
Information Source & Motivation: Todd first learned of Daniel's tooth pain from Daniel's teacher. Todd has been working with Daniel's parents to schedule an appointment with the school's dental van. Todd learned that Daniel was absent yesterday, missing the appointment and attempted to follow up with the parents. Todd spoke to Daniel this morning.					
Reporter Notification: Notified reporter					