

INTERSTATE COMPACT TRANSMITTAL
(State ICPC office use only)

CHILDREN'S ADMINISTRATION
DIVISION OF CHILDREN AND
FAMILY SERVICES

Date: [REDACTED]

TO: Florida	FROM: Interstate Compact Manager Department of Social and Health Services Division of Children and Family Services MS: 45711 1115 Washington St. SE P O Box 45711 Olympia, WA 98504-5711
(360) 902-7984 OR (360) 902-7987	

SECTION I - IN REFERENCE TO:

PLACEMENT NAME	CHILDREN	BIRTHDATE(S)
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]

SECTION II - ICPC PLACEMENT INFORMATION/ACTION REQUIRED

ENCLOSED	REQUESTING	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	ICPC - 100A (DSHS 15-092) <input type="checkbox"/> For Action <input type="checkbox"/> Approval <input checked="" type="checkbox"/> Approval Not Granted Approved 100A (DSHS 15-092) Expires _____ DATE <i>ICPC Case file will be closed on the above date. If placement does not occur before this expiration date, a new 100A (DSHS 15-092) and home study update will be required.</i>
<input type="checkbox"/>	<input type="checkbox"/>	ICPC - 100B (DSHS 15-093) <input type="checkbox"/> Confirms Placement Date <input type="checkbox"/> Placement/Request Cancelled <input type="checkbox"/> Case Closure
<input type="checkbox"/>	<input type="checkbox"/>	Completed Home Evaluation and Recommendations
<input type="checkbox"/>	<input type="checkbox"/>	Progress Report
<input type="checkbox"/>	<input type="checkbox"/>	Child Summary, Family History (<i>Social, Physical, Medical, Education</i>)
<input type="checkbox"/>	<input type="checkbox"/>	Court Order/Documents
<input type="checkbox"/>	<input type="checkbox"/>	Foster Care License/Certification
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Self-explanatory Correspondence
<input type="checkbox"/>	<input type="checkbox"/>	Other (<i>specify</i>):

SECTION III - INSTRUCTIONS

ICPC - 100A will be held in this office pending your report/recommendation.

Please provide/continue supervision and progress reports.

Retain jurisdiction until the other Interstate Office concurs with termination.

ICPC approves termination of jurisdiction.

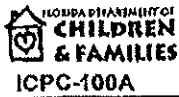
We are closing our case.

SECTION IV - COMMENTS/RESPONSE

Placement is denied.
Thank you,
[REDACTED]

Compliance with Interstate Compact Procedures (Washington RCW 26.34) will be expected. Legal custody and jurisdiction must be retained by the sending state for six months and until the receiving state interstate office concurs with dismissal.

Please submit all correspondence: Duplicate Triplicate Other: _____



PRIORITY

INTERSTATE COMPACT PLACEMENT REQUEST

(One form per child; please type)



TO: (Name of State) [REDACTED] FROM: **FLORIDA**

SECTION I - IDENTIFYING DATA

Notice is given of intent to place - Name of Child
[REDACTED]

Ethnicity: Hispanic Origin: Yes No
 Unable to determine/unknown

Race:
 American Indian or Alaskan Native Native Hawaiian/Other Pacific Islander
 Asian Black or African American White

Social Security Number [REDACTED] ICWA Eligible Yes No

Sex: Male Date of Birth: [REDACTED] Title IV-E Determination: Yes No Pending

Name of Mother: [REDACTED] Name of Father: Ryan Vaine

Name of Agency or Person Responsible for Planning for Child: [REDACTED] Telephone Number: [REDACTED]

Address: [REDACTED] Children's Administration

Name of Agency or Person Financially Responsible for Child: [REDACTED] Telephone Number: Same as above

Address: Same as above

SECTION II - PLACEMENT INFORMATION

Name of Person(s) or Facility Child is To Be Placed With: [REDACTED] SSN (optional): [REDACTED]

Address: [REDACTED] Telephone Number: [REDACTED]

Type of Care Requested:
 Foster Family Home Residential Treatment Center Parent Relative (Not Parent)
 Group Home Care Institutional Care-Article VI, Adjudicated Delinquent Relationship: _____
 Child Caring Institution Other: _____

ADoption: ADOPTION IV-E Subsidy Non IV-E Subsidy
 To Be Finalized In: Sending State Receiving State

Current Legal Status of Child:
 ~~Sending Agency Custody/Guardianship~~ Protective Supervision *via FCPC*
 Parent Relative Custody/Guardianship Parental Rights Terminated - Right to Place for Adoption
 Court Jurisdiction Only Unaccompanied Refugee Minor
 Other: _____

SECTION III - SERVICES REQUESTED

Initial Report Requested (if applicable):
 Parent Home Study Relative Home Study Adoptive Home Study Foster Home Study

Supervisory Services Requested:
 Request Receiving State to Arrange Supervision Another Agency Agreed to Supervise Sending Agency to Supervise

Supervisory Reports Requested:
 Quarterly Semi-Annually Upon Request *monthly on FCPC*
 Other: *cover letter*

Name and Address of Supervising Agency in Receiving State: [REDACTED]

Enclosed: Child's Social History Court Order Financial/Medical Plan Other Enclosures
 Home Study of Placement Resources ICWA Enclosure IV-E Eligibility Documentation

Signature of Sending Agency or Person: [REDACTED] Date Signed: [REDACTED]

Signature of Sending State Compact Administrator, Deputy or Alternate: [REDACTED] Date Signed: [REDACTED]

SECTION IV - ACTION BY RECEIVING STATE PURSUANT TO ARTICLE III(d) OF ICPC

Placement May Be Made Placement Shall Not Be Made

REMARKS:
 Signature of Receiving State Compact Administrator, Deputy or Alternate: [REDACTED] Date Signed: [REDACTED]

DISTRIBUTION:

- Sending Agency retains one (1) copy and forwards completed and signed original plus four (4) copies to:
- Sending Compact Administrator, DCA, or alternate retains one (1) copy and forwards original and three (3) copies to:
- Receiving Agency Compact Administrator, DCA, or alternate who indicates action (Section IV), and then retains one (1) copy and forwards one (1) copy to receiving agency, and forwards the completed original and one (1) copy to Sending Compact Administrator, DCA, or alternate within 30 days.
- Sending Compact Administrator, DCA, or alternate retains one (1) completed copy and forwards the completed original to the sending agency.

PRIORITY
INTERSTATE COMPACT ON PLACEMENT REQUEST
(One form per child; please type)



TO: (Name of State) [REDACTED] FROM: **FLORIDA**

SECTION I - IDENTIFYING DATA

Notice is given of intent to place - Name of Child: [REDACTED]

Ethnicity: Hispanic Origin: Yes No
 Unable to determine/unknown

Race:
 American Indian or Alaskan Native
 Native Hawaiian/Other Pacific Islander
 Black or African American
 White

Social Security Number: [REDACTED] ICWA Eligible: Yes No

Sex: Male Date of Birth: [REDACTED] Title IV-E Determination: Yes No Pending

Name of Mother: [REDACTED] Name of Father: Ryan Vains

Name of Agency or Person Responsible for Planning for Child: [REDACTED] Telephone Number: [REDACTED]

Address: [REDACTED] **Children's Administration**

Name of Agency or Person Financially Responsible for Child: [REDACTED] Telephone Number: Same as above

Address: Same as above

SECTION II - PLACEMENT INFORMATION

Name of Person(s) or Facility Child Is To Be Placed With: [REDACTED] SSN (optional): [REDACTED]

Address: [REDACTED] Telephone Number: [REDACTED]

Type of Care Requested:
 Foster Family Home
 Residential Treatment Center
 Group Home Care
 Institutional Care-Article VI, Adjudicated Delinquent
 Child Caring Institution
 Other: _____

Parent
 Relative (Not Parent)
Relationship: _____

ADOPTION
 IV-E Subsidy
 Non IV-E Subsidy
To Be Finalized In:
 Sending State
 Receiving State

Current Legal Status of Child:
 Sending Agency Custody/Guardianship
 Parent Relative Custody/Guardianship
 Court Jurisdiction Only

Protective Supervisor *wh flick*
 Parental Rights Terminated - Right to Place for Adoption
 Unaccompanied Refugee Minor
 Other: _____

SECTION III - SERVICES REQUESTED

Initial Report Requested (if applicable):
 Parent Home Study
 Relative Home Study
 Adoptive Home Study
 Foster Home Study

Supervisory Services Requested:
 Request Receiving State to Arrange Supervision
 Another Agency Agreed to Supervise
 Sending Agency to Supervise

Supervisory Reports Requested:
 Quarterly
 Semi-Annually
 Upon Request
 Other: *cover letter*

Name and Address of Supervising Agency in Receiving State: [REDACTED]

Enclosed: Child's Social History Court Order Financial/Medical Plan Other Enclosures
 Home Study of Placement Resources ICWA Enclosure IV-E Eligibility Documentation

Signature of Sending Agency or Person: [REDACTED] Date Signed: [REDACTED]

Signature of Sending State Compact Administrator, Deputy or Alternate: [REDACTED] Date Signed: [REDACTED]

SECTION IV - ACTION BY RECEIVING STATE PURSUANT TO ARTICLE III(d) OF ICPC

Placement May Be Made Placement Shall Not Be Made

REMARKS:

Signature of Receiving State Compact Administrator, Deputy or Alternate: [REDACTED] Date Signed: [REDACTED]

DISTRIBUTION: • Sending Agency retains one (1) copy and forwards completed and signed original plus four (4) copies to:
• Sending Compact Administrator, DCA, or alternate retains one (1) copy and forwards original and three (3) copies to:
• Receiving Agency Compact Administrator, DCA, or alternate who indicates action (Section IV), and then retains one (1) copy and forwards one (1) copy to receiving agency, and forwards the completed original and one (1) copy to Sending Compact Administrator, DCA, or alternate within 30 days.
• Sending Compact Administrator, DCA, or alternate retains one (1) completed copy and forwards the completed original to the sending agency.



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES

Children's Administration

Washington State Interstate Compact
P.O. Box 45711
Olympia, WA 98504-5711

To Whom It May Concern:

This is to inform you that we are closing the following ICPC home study request.

Family Name: [REDACTED]
Sending State: Florida
Children's Name: [REDACTED]

The file is being closed for the following reason:

- Placement resource has disqualifying crimes and/or CPS history
- Sending state request has been withdrawn
- Family states they are no longer interested
- Family did not respond after the following attempts to contact them:
- Other: **Concern for safety of the children.**

The request for a home study on the father, [REDACTED] is denied at this time.

Dr. [REDACTED] writes in her [REDACTED] psychosocial assessment of Mr. [REDACTED] "With regard to Mr. [REDACTED] . . . it does not appear to be the case that he ever questioned his own behavior, took responsibility for his part in the marital difficulties or the children's failure to thrive, or took the children to the pediatrician regularly." She goes on to write, "It appears to be the case that he was obsessive, controlling, and rigid about a number of things that likely had quite a negative impact on the children, including their feeding schedules and vaccinations."

Based on written documentation provided to this home study writer on [REDACTED] by [REDACTED], and this writer's in-person interview at [REDACTED] home on [REDACTED], Mr. [REDACTED] still has no insight into his own behaviors and how the consequences of those behaviors have had a negative impact on his children. Indeed, Mr. [REDACTED] writes in his [REDACTED] communication with this home study writer, "Mother of children abducted

them to FL and made false allegations to usurp [REDACTED] jurisdiction." This is consistent with what Mr. [REDACTED] reported to this home study writer during the in-person interview on [REDACTED]

It is the assessment of this home study writer that until Mr. [REDACTED] gains maturity, insight into his own behaviors, and learns to understand the consequences of his behavior, Mr. [REDACTED] will not be able to parent his children in a safe manner; therefore, this home study is denied at this time.

RECOMMENDATION

Dr. [REDACTED] has made several recommendations in her [REDACTED] psychosocial evaluation of Mr. [REDACTED] which this writer will not endeavor to reiterate as that evaluation is readily available to all parties in this case; however, it is this home study writer's recommendation that Mr. [REDACTED] follow those recommendations and once completed, participate in a psychological evaluation with Dr. [REDACTED] so that she can evaluate Mr. [REDACTED]'s progress.

Should you require any additional information questions, I can be reached by telephone at (206) 914-3153 or by e-mail at robinga@dshs.wa.gov.

Sincerely,

[REDACTED]

[REDACTED]
Social Worker—ICPC Home Study Specialist
Division of Children and Family Services