

FOSLER HOWE

ASSIGNED TO

CERTIFICATION STATUS: ACTIVE HOME PENDING HOME
 NAME: HUSBAND MURRAY, Ed RACE _____ RELIGION _____
 NAME: WIFE 1707 BIRTHDATE 4-22-09 RACE _____ RELIGION _____
 ADDRESS 2186 NW Glisan #23, Portland ~~97202~~ PHONE Hm #223-5289
 Wk # 225-9100

DATE OF APPLICATION	DATE CERTIFIED	OTHER DISPOSITION	RELATIONSHIP	BIRTHDATE	OTHER INFORMATION
<u>1-17-83</u>	<u>1-17-83</u>	<u>16-83</u>	<u>SIMPSON, Jeff</u>	<u>10/19/67</u>	
<u>1-17-84</u>	<u>1-17-84</u>	<u>16-84</u>			

DATE CLOSED _____ REASON _____

STATE OF OREGON CHILDREN'S SERVICES DIVISION DEPARTMENT OF HUMAN RESOURCES		CASE RECORD OUT		BRANCH RESOURCE
CASE NAME MURRAY, Edward				CASE NUMBER A47082
CASE RECORD OUT TO:				DATE OUT
				DATE IN
COMMENTS:				

W

IPDS R47982

11/17/82 PAGE: 881

PROVIDER: MURRAY, EDWARD B

PROV STATUS: OPEN

DATELO: 11/17/82

BASIC PROVIDER RECORD DISPLAY

DATE OPENED: 11/04/82

DATE CLOSED: 3-16-84

✓

PROVIDER TYPE WKID CERT STATUS

1) (FR) FOSTER CARE REG 4720 CURRENT

2)

3)

PROV NAME DESIGNATION: (P) PERSONAL

OPERATOR DESIGNATION:

PROVIDER BRANCH LOCATION (42) NORTH MULTNOMAH

FED ID#:

PROVIDER NAME DOB SSN CASE #/PL

1. MURRAY, EDWARD B

05/02/55

[REDACTED]

2:

SEX ETH MAR STAT RELIG EMPLOYMENT STATUS INCOME

PROV NAME 1: M W NEV CA (F) FULL 28-240

PROV NAME 2:

1031-NO MORE DATA TO BE DISPLAYED

CV 4/4/84
3/16/84

IPDD A47882, FR. 2

11/17/82 PAGE: 081

PROVIDER: MURRAY, EDWARD B

PROV STATUS: OPEN

DATELC: 11/17/82

CERTIFICATION/APPROVAL INFORMATION DISPLAY

SPEC COND SEQ # OTHER SPECIAL CONDITIONS(S) DESCRIPTION

CERTIFICATION/APPROVAL ACTIVITY

CERT HIST SEQ #	CERT ACTION/DATE	CERT FINDINGS/DATE	CERT RESULTS/DATE
<C01>	NEW CERT. ISSUED		
	II	11/04/82	

I034-NO MORE DATA TO BE DISPLAYED

DB A47082,2

PROVIDER: MURRAY, EDWARD B

PROV STATUS: OPEN

01/21/83 PAGE: 002
DATE LC: 01/20/83

BASIC PROVIDER RECORD DISPLAY

PROVIDER ADDRESS

MAILING ADDRESS

BLD/APT:
STREET: 1707 NW GLISAN
CITY: PORTLAND STATE: OR
ZIP: 97209 CNTY: (MULT) MULTNOMAH
PHONE: 225-9100

BLD/APT:
STREET:
CITY: STATE:
ZIP:

RECTOR NAME:

R/C:

PHONE:

IECK DESIGNATION:

IVEE DESIGNATION:

CORD X-REFERENCE

DISPOSITION

DATE

DISPOSITION

DATE

34--NO MORE DATA TO BE DISPLAYED

IFDD 947082 FR EXP

PROVIDER: MURRAY, EDWARD B

PROV STATUS: ~~OPEN~~ ^{Closed} DATELO: 01/28/83

CERTIFICATION/APPROVAL INFORMATION DISPLAY

4/4/84
3/16/84

CERT STATUS: CUR CURRENT

PROV TYPE: FR FOSTER CARE REG

WKID: 4720

CERT DATES: BEGIN: 04/17/83 END 04/16/84 ORIG END DATE: 02/03/83

CERT TERMS: 9 ANNUAL CAPACITY: 001 SEX CERTIFIED: M MALES ONLY

CERT AGE MIN 01YR MAX 18YR PREF AGE: MIN MAX

SEX	# OF CHILDREN	CERT AGE-MIN	CERT AGE-MAX	PREF AGE-MIN	PREF AGE-MAX
M	1	01YR	18YR		

CONTRACT PRESENT: Y

SCHOOLS: LINCOLN HS

DAYS OF OPERATION:

HOURS OF OPERATION:

TYPE OF OPERATION:

TYPE OF CERTIFICATE:

SPECIAL CONDITIONS

CHILD(REN) IN CARE ONLY:

CASE#: UCN1830

P/L: A

CASE#:

P/L:

CASE#: P/L:

CASE#:

P/L:

NON-CSD CLIENT(S)

CV # 4/4/84
3/16/84 ✓
C05

*Closed
Provider files*

IPME A47082 05/10/84 PAGE: 001
PROVIDER: A47082 MURRAY, EDWARD B PROV STATUS: CLOSE DATELO: 05/10/84
BASIC PROVIDER RECORD UPDATE DATE OPENED: 110482
DATE CLOSED: 031684

PROV TYPE	WKID	PROV TYPE	WKID	PROV TYPE	WKID
1)		2)		3)	

OPERATOR DESIGNATION: PROV BRANCH LOCATION: 42 FED ID:

PROVIDER NAME	DOB	SSN	CASE	PL
1: MURRAY, EDWARD B	050255	[REDACTED]		
2:				

PROV NAME 1:	SEX	ETH	MAR STAT	RELIG	EMPL	INCOME
PROV NAME 2:	M	W	NEV	CR	F	4

PROVIDER ADDRESS	MAILING ADDRESS
BLD/APT:	BLD/APT:
STREET: 1707 NW GLISAN	STREET:
CITY: PORTLAND	CITY:
STATE: OR ZIP: 97209 CNTY: MULT	STATE: ZIP:
A/C: PHONE: 2259100	CHECK DESIG: PAYEE DESIG:
DIR NAME:	A/C: PHONE:

1045-UPDATE COMPLETE

IPDD A47082, FR, 2

05/10/84 PAGE: 001

PROVIDER: MURRAY, EDWARD B

PROV STATUS: OPEN

DATELC: 05/10/84

CERTIFICATION/APPROVAL INFORMATION DISPLAY

SPEC COND SEQ # OTHER SPECIAL CONDITIONS(S) DESCRIPTION

CERTIFICATION/APPROVAL ACTIVITY

CERT HIST SEQ #	CERT ACTION/DATE	CERT FINDINGS/DATE	CERT RESULTS/DATE
<005>	CLOSE VOLUNTARILY CV		03/16/84
<004>	RENEWAL CERT. ISSUED RI		04/17/83
<003>	REOPEN A CERTIFICATE RE		04/17/83

I035-MORE PAGES AVAILABLE - DEPRESS PA2 KEY

IPDR R47022

06/28/84 PAGE: 001

PROVIDER: MURRAY, EDWARD B

PROV STATUS: CLOSED

DATELC: 06/28/84

BASIC PROVIDER RECORD DISPLAY

DATE OPENED: 03/17/84

DATE CLOSED: 03/18/84

PROVIDER TYPE	WKID	CERT STATUS
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1)
2)
3)

PROV NAME DESIGNATION: (P) PERSONAL

OPERATOR DESIGNATION:

PROVIDER BRANCH LOCATION (43) INTAKE/HIGH IMPACT FED ID#:

PROVIDER NAME	DOB	SSN	CASE #/PL
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1: MURRAY, EDWARD B

05/02/55



2:

SEX	ETH	MAR	STAT	RELIG	EMPLOYMENT STATU	INCOME
-----	-----	-----	------	-------	------------------	--------

PROV NAME 1:

M

M

NEV

CA

(F) FULL

20-210

PROV NAME 2:

1034-NO MORE DATA TO BE DISPLAYED

IPMO A17002, FR, EXP 06/28/84 PAGE: 001
 PROVIDER: MURRAY, EDWARD B PROV STATUS: OPEN DATELO: 06/28/84
 CERTIFICATION/APPROVAL INFORMATION UPDATE

CERT STAT: CL0
 PROV TYPE: FR WKID: 4770 CERT DATES: BEGIN: 031784 END: 031884 CERT TERMS: P
 CAPACITY: 091 SEX CERT: M CERT AGE-MIN: 01YR MAX: 18YR PEF AGE-MIN: MAX

SEX	# OF CHLDN	CERT AGE-MIN	CERT AGE-MAX	PEF AGE-MIN	PEF AGE-MAX
M	1	01YR	18YR		

CONTRACT PRESENT: Y SMTWTFSS
 DAYS OF OPERATION:

SCHOOLS: LINCOLN HS
 HOURS OF OPERATION: TYPE OF OPERATION: TYPE OF CERT:
 SPECIAL CONDITIONS

CHILD(REN) IN CARE ONLY: CASE#: U2N1830 P/L: A CASE#: P/L:
 CASE#: P/L: CASE#: P/L: NON-CSD CLIENT(S):

OTHER SPECIAL CONDITION:

CERTIFICATION/APPROVAL ACTIVITY					
CERT HIST	CERT	DATE	CERT	DATE	CERT
SEQ #	ACTION		FINDING		RESULTS
007	CF	031884	CP	031884	

1045-UPDATE COMPLETE

IPMO A47983, FR, REQ

06/28/84 PAGE: 001

PROVIDER: MURRAY, EDWARD B

PROV STATUS: OPEN DATELC: 06/28/84

CERTIFICATION/APPROVAL INFORMATION UPDATE

CERT STAT: CUR

PROV TYPE: FR WKID: 4720 CERT DATES: BEGIN: 031784 END: 031884 CERT TERMS: P

CAPACITY: 001 SEX CERT: M CERT AGE-MIN 01YR MAX 18YR PREF AGE-MIN MAX

SEX	# OF CHLDREN	CERT AGE-MIN	CERT AGE-MAX	PREF AGE-MIN	PREF AGE-MAX
M	1	01YR	18YR		

SMTWTF

CONTRACT PRESENT: Y

DAYS OF OPERATION:

SCHOOLS: LINCOLN HS

HOURS OF OPERATION:

TYPE OF OPERATION:

TYPE OF CERT:

SPECIAL CONDITIONS

CHILD(REN) IN CARE ONLY:

CASE#: U2M4830

P/L: A

CASE#:

P/L:

CASE#: P/L:

CASE#:

P/L:

NON-CSD CLIENT(S):

OTHER SPECIAL CONDITION

CERTIFICATION/APPROVAL ACTIVITY

CERT HIST	CERT	DATE	CERT	DATE	CERT	DATE
SEQ #	ACTION		FINDING		RESULTS	
086	RE	031784				

1045-UPDATE COMPLETE

**CERTIFICATION/APPROVAL
 INFORMATION**

NEW CSD CERTIFICATION
 RECERTIFICATION
 UPDATE
 HARD COPY NEEDED
 PROVIDER NUMBER: 147082
 PROV. TYPE: FR
 WK ID: 20
 DATE: MO 6 DY 26 YR 84

CERTIFICATE INFORMATION

PROVIDER NAME: Murray, Edward
 Begin CERT. DATES: MO 3 DY 17 YR 84
 End CERT. DATES: MO 3 DY 18 YR 84
 CERT. TERMS: (A) Annual
 (P) Provisional
 (T) Temporary
 (B) Biennial

CERT/LIC CAP	SEX CERTIFIED <input type="radio"/> (M) Male <input type="radio"/> (E) Male or Female <input type="radio"/> (F) Female <input type="radio"/> (B) Male and Female	CERTIFIED AGE RANGE Min: _____ O Yr. <input type="radio"/> Wk. <input type="radio"/> Mo. Max: _____ O Yr. <input type="radio"/> Wk. <input type="radio"/> Mo.	PREFERRED AGE RANGE Min: _____ O Yr. <input type="radio"/> Wk. <input type="radio"/> Mo. Max: _____ O Yr. <input type="radio"/> Wk. <input type="radio"/> Mo.
SEX CERTIFIED <input type="radio"/> (M) Male <input type="radio"/> (E) Male or Female <input type="radio"/> (F) Female	NUMBER OF CHILDREN	CERTIFIED AGE RANGE Min: _____ O Yr. <input type="radio"/> Wk. <input type="radio"/> Mo. Max: _____ O Yr. <input type="radio"/> Wk. <input type="radio"/> Mo.	PREFERRED AGE RANGE Min: _____ O Yr. <input type="radio"/> Wk. <input type="radio"/> Mo. Max: _____ O Yr. <input type="radio"/> Wk. <input type="radio"/> Mo.
SEX CERTIFIED <input type="radio"/> (M) Male <input type="radio"/> (E) Male or Female <input type="radio"/> (F) Female		CERTIFIED AGE RANGE Min: _____ O Yr. <input type="radio"/> Wk. <input type="radio"/> Mo. Max: _____ O Yr. <input type="radio"/> Wk. <input type="radio"/> Mo.	PREFERRED AGE RANGE Min: _____ O Yr. <input type="radio"/> Wk. <input type="radio"/> Mo. Max: _____ O Yr. <input type="radio"/> Wk. <input type="radio"/> Mo.

SCHOOLS	CONTRACT	DAYS OF OPERATION	HOURS OF OPERATION
1. _____	<input type="radio"/> Yes	<input type="radio"/> Monday <input type="radio"/> Thursday <input type="radio"/> Sunday	FROM _____ TO _____
2. _____	<input type="radio"/> No	<input type="radio"/> Tuesday <input type="radio"/> Friday	AM _____ PM _____
3. _____		<input type="radio"/> Wednesday <input type="radio"/> Saturday	AM _____ PM _____

TYPE OF OPERATION: (A) PROPRIETARY (C) OPERATED BY GOV'T. AGENCY
 (B) NON-PROFIT (D) OPERATED BY SCHOOL DISTRICT

TYPE OF CERTIFICATION — DAY CARE ONLY:
 A) STATE ONLY
 B) FEDERAL ONLY
 C) STATE & FEDERAL

SPECIAL CONDITIONS

CHILD(REN) IN CARE ONLY

Case No.	P/L	Case No.	P/L	Case No.	P/L	Case No.	P/L

OTHER CONDITIONS

SEQ No.	
S	
S	
S	
S	
S	

CERTIFICATION/APPROVAL ACTIVITY

Certification/Approval Action	MO	DATE DY	YR	Certification Action Findings	MO	DATE DY	YR	Certification Action Results	MO	DATE DY	YR
<u>C07 CE</u>	<u>3</u>	<u>18</u>	<u>84</u>	<u>CA</u>	<u>3</u>	<u>18</u>	<u>84</u>	<input checked="" type="checkbox"/>			
<u>C06 RE</u>	<u>03</u>	<u>17</u>	<u>84</u>	<input checked="" type="checkbox"/>							
<u>C</u>											

CODES

CERTIFICATION/APPROVAL ACTIONS	CERT. ACTION FINDINGS
II Initial Certificate Issued RR Renewal Application Received RI Renewal Certificate Issued RC Certificate Revised RS Certificate reinstated following suspension IC Investigation of complaint SV Supervisory consultation visit MV Monitoring visit HR Administrative appeal hearing requested PF Petition filed with court of appeals RW Renewal application withdrawn RD Renewal application denied CR Close by revocation CV Close voluntarily CE Close expired CA Close — new address CO Close — new operator	IC In compliance with rules and/or standards MV Out of compliance — minor violations PC Out of compliance — perilous conditions MO Out of compliance — mistreatment of child (minor offense) CA Out of compliance — mistreatment of child (child abuse)
ADOPTIONS ONLY CP Child placed AC Adoption completed CX Child removed	CERT. ACTION RESULTS WI Warning issued CS Certificate/license suspended AU CSD action upheld AO CSD action overruled CR Certificate revoked RW Request for hearing withdrawn

NAME OF FACILITY _____

PERSON INTERVIEWED _____

ADDRESS _____

PHONE _____

OBSERVATIONS OF CERTIFIER

DATE OF VISIT . . . TOTAL NUMBER OF CHILDREN IN CARE _____ TOTAL # OF STAFF _____

FOLLOW-UP ACTION REQUIRED: YES NO CSD 6 ISSUED

FINAL DATE FOR ACTION _____

DAY CARE CERTIFIER _____

DATE _____

IPDD R47092, FR
PROVIDER: MURPHY, EDWARD B

CERTIFICATION/APPROVAL INFORMATION DISPLAY

01/20/83 PAGE: 001
OPEN DATELC: 01/20/83

4-17-83 / 4-16-84

4-28-83

CERT STATUS: CUR
PROV TYPE: FR
CERT DATES: BEGIN: 01/17/83
CERT TERMS: ~~PROVISIONAL~~

SEX # OF CHILDREN CERT AGE-MIN CERT AGE-MAX
M 1 04YR 18YR

CONTRACT PRESENT: Y
SCHOOLS: LINCOLN HS
DAYS OF OPERATION:
TYPE OF OPERATION:
TYPE OF CERTIFICATE:

HOURS OF OPERATION:

SPECIAL CONDITIONS

CHILD(REN) IN CARE ONLY:
CASE#: P/L:

CASE#: UZM300 P/L: A CASE#: MON-CSD CLIENT(S): P/L:

RI

~~*4-15-83*~~

~~*4-17-83*~~

JAH

4-28-83

IPDD R47082, FR EDWARD B
PROV STATUS: OPEN DATELC: 01/20/83
PROV STAT: OPEN DATELC: 01/20/83

4-17-83 / 4-16-84

CERT STATUS: CUR
PROV TYPE: FR POSTER CARE REG
CERT DATES: BEGIN: 04/17/83 END: 04/16/83
CERT TERMS: PERMANENTIAL
CER: AGE: MIN 04 MRX 18YR PREF AGE: MIN MRX

SEX # OF CHILDREN CERT AGE-MIN CERT AGE-MAX PREF AGE-MIN PREF AGE-MAX
M 1 04YR 18YR

CONTRACT PRESENT: Y
SCHOOLS: LINCOLN HS
DAYS OF OPERATION:
TYPE OF OPERATION:
TYPE OF CERTIFICATE:

CHILD(REN) IN CARE ONLY: P/L:
CRSE#: UZNA30 P/L: 9 CRSE#: P/L:
CRSE#: P/L: NON-CSD CLIENT(S):

SPECIAL CONDITIONS

PI

~~4-15-83~~

~~4-17-83~~

Just

ICDI UZN4838, R. 017
CASE: UZN4838 SIMPSON, JEFF CASE STATUS: OPEN 4/18/83 PAGE: 001
DATELC: 02/24/83
SERVICE INFORMATION
P/L: A NAME: SIMPSON, JEFF SEX: M DOB: 10/19/67 P/T: CH

SERVICE: 017 REGULAR FAMILY FOSTER CARE DATES
REASON: CHILDS BEHAVIOR BEGIN: 11/04/82
PROVIDER: A17082 MURRAY, EDWARD B METHOD: PURCHASED PROJ END: 05/04/83
DISP: DISP:

PLAN	CHANGE	SUB	CSD TOTAL	U N I T S	DAY CARE PAYMENT ONLY		
NO	WKID	DAY	PAYMENT	TYPE	MAX	PARENT	CSD-TRANS
001	42-TL	11/04/82	\$545.00	MO	1		

Joyce Larson 283-5790

needs to close child's services
cannot close home
till this is done

I034-NO MORE DATA TO BE DISPLAYED

IPNO R47082, FR, EXP 04/18/93 PAGE: 001

PROVIDER: MURRAY, EDWARD B PROV STATUS: EN DATELC: 04/18/93

CERTIFICATION/APPROVAL INFORMATION UPDATE

CERT START: EXP

PROV TYPE: FR WKID: 4720 CERT DATES: BEGIN: 04/18/93 END: 04/18/93 CERT TERMS: P

CAPACITY: 001 SEX CERT: M CERT AGE: MIN 01YR MAX 01YR PREF AGE: MIN MAX

SEX # OF CHILDREN CERT AGE-MIN CERT AGE-MAX PREF AGE-MIN PREF AGE-MAX

M 1 01YR 01YR

CONTRACT PRESENT: Y DAYS OF OPERATION: SMTWTFSS

SCHOOLS: LINCOLN HS

HOURS OF OPERATION:

CHILD(REN) IN CARE ONLY: TYPE OF OPERATION: TYPE OF CERT:

CASE#: P/L: SPECIAL CONDITIONS

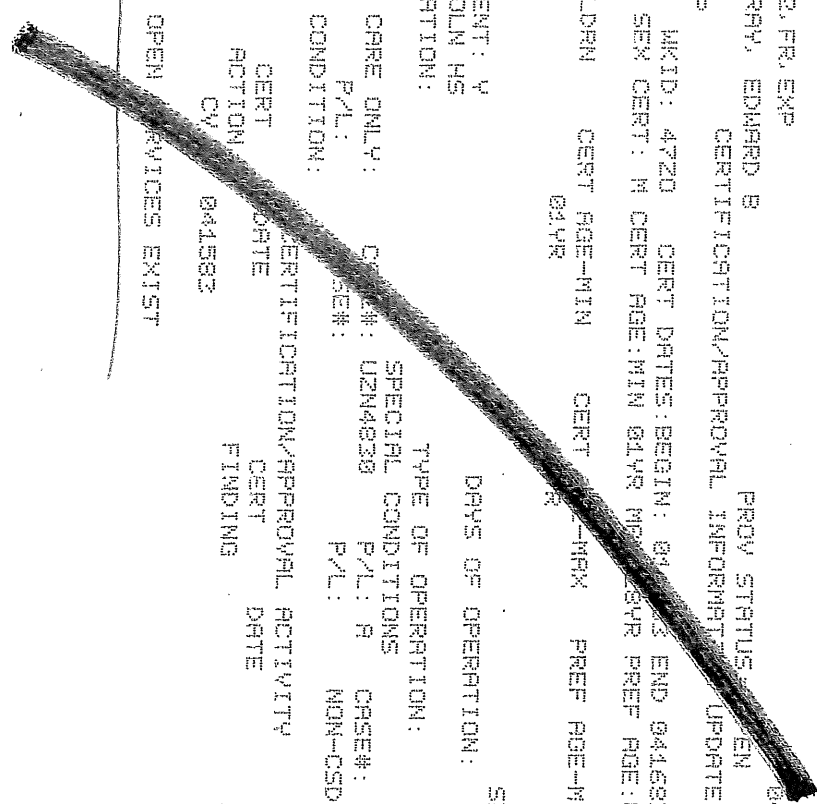
OTHER SPECIAL CONDITION: P/L: CASE#: P/L: NON-CSD CLIENT(S):

CERT HIST CERT DATE CERTIFICATION/APPROVAL ACTIVITY

SER # ACTION DATE FINDING CERT DATE RESULTS

CV 041583

CANNOT CLOSE, OPEN SERVICES EXIST



IPMD R470922, FRQ, EXP 04/18/83 PAGE: 001
PROVIDER: MURRAY, EDWARD B PROV STATUS: OPEN DATELOC: 04/18/83
CERTIFICATION/ APPROVAL INFORMATION UPDATE

CERT START: EXP
PROV TYPE: FR WKID: 4720 CERT DATES: BEGIN: 04/18/83 END: 04/18/83 CERT TERMS: P
CAPACITY: 001 SEX CERT: M CERT AGE: MIN 04YR MAX 04YR PREF AGE: MIN MAX

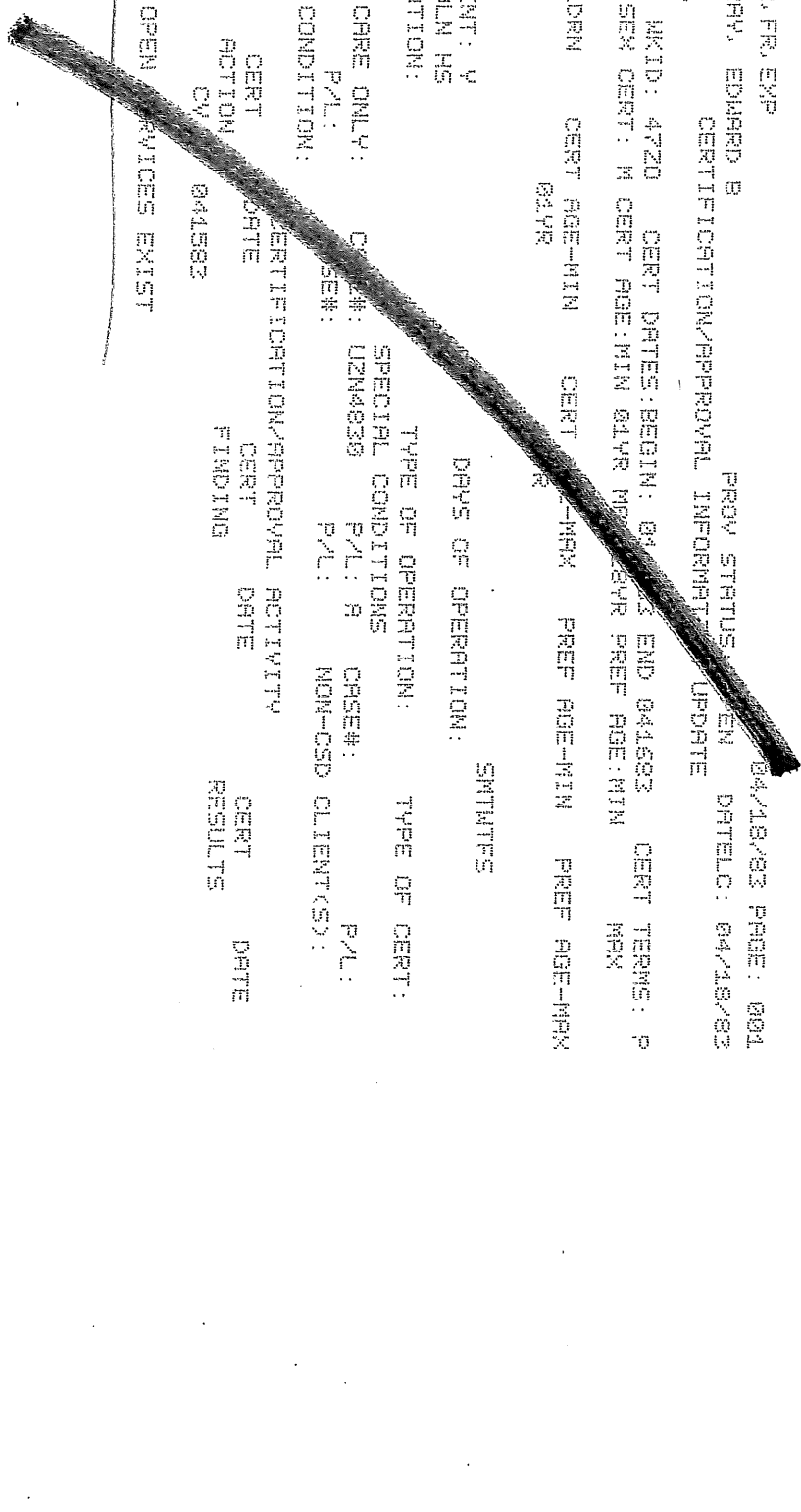
SEX # OF CHILDREN CERT AGE-MIN CERT AGE-MAX PREF AGE-MIN PREF AGE-MAX
M 1 04YR 04YR

CONTRACT PRESENT: Y DAYS OF OPERATION: SMTATPS
SCHOOLS: LINCOLN HS
HOURS OF OPERATION:

CHILD(REN) IN CARE ONLY: SPECIAL CONDITIONS TYPE OF CERT:
ORSE#: P/L: UZNA830 P/L: R ORSE#: P/L:
OTHER SPECIAL CONDITION: P/L: NON-CSD CLIENT(S):

CERT HIST CERT DATE CERT DATE CERT DATE
SEQ # ACTION CW 041883 FINDING RESULTS DATE

CANNOT CLOSE, OPEN SERVICES EXIST



FAMILY FOSTER HOME/SHELTER CARE
CONTRACT

BETWEEN THE CHILDREN'S SERVICES DIVISION (CSD) AND FOSTER PARENTS

EDWARD MURRAY AND _____

(FOSTER FATHER)

(FOSTER MOTHER)

1. THE FOSTER PARENTS MEET APPLICABLE STATE AND FEDERAL STANDARDS FOR FOSTER FAMILY HOME/SHELTER CARE. CSD AND THE FOSTER PARENTS ENTER INTO THIS CONTRACT TO ESTABLISH THE TERMS AND CONDITIONS UNDER WHICH CHILDREN MAY BE PLACED BY CSD WITH THE FOSTER PARENTS FOR CARE DURING THE PERIOD STARTING 4-16, 1984 AND ENDING 4-17, 1983. IT IS UNDERSTOOD THAT CSD CANNOT GUARANTEE PLACEMENT OF CHILDREN IN THIS HOME. SHELTER CARE SERVICES TO ANY CHILD SHALL NOT EXCEED 60 DAYS.

2. CSD SHALL:

- a. WHENEVER POSSIBLE, PRIOR TO PLACEMENT, PROVIDE THE FOSTER PARENTS WITH AVAILABLE APPROPRIATE INFORMATION ON THE BACKGROUND AND NEEDS OF THE CHILD NECESSARY FOR EFFECTIVE CARE.
- b. INFORM FOSTER PARENTS OF THE RESPONSIBILITIES OF THE DIVISION IN REGARD TO THE CHILD PLACED.
- c. SHARE CSD'S PLAN FOR THE CHILD WITH THE FOSTER PARENTS.
- d. AT THE TIME OF PLACEMENT, GIVE ANY SPECIAL INSTRUCTIONS IN WRITING.
- e. INVOLVE THE FOSTER PARENTS IN FUTURE PLANNING FOR THE CHILD.
- f. REVIEW THE PLACEMENT EVERY 14 DAYS FOR SHELTER CARE AND EVERY 90 DAYS FOR ONGOING CARE.
- g. CONTACT THE CHILD AND FOSTER PARENTS AT LEAST TWICE A MONTH IN SHELTER CARE AND MONTHLY OR AS MUTUALLY AGREED UPON FOR ONGOING CARE.
- h. IN COOPERATION WITH THE FOSTER PARENTS, ARRANGE FOR VISITS BY PARENTS OR RELATIVES.
- i. MEDICAL IDENTIFICATION CARD WILL BE PROVIDED BY ADULT AND FAMILY SERVICES DIVISION.

PROVIDE RECORD OF IMMUNIZATIONS IF AVAILABLE AND ARRANGE WITH FOSTER PARENTS FOR MEDICAL EXAMINATION WITHIN 30 DAYS UNLESS THE CHILD HAS HAD AN EXAMINATION WITHIN THE LAST SIX MONTHS AND THE INFORMATION IS AVAILABLE TO THE FOSTER PARENTS.

j. PROVIDE CLOTHING TO MEET INITIAL CLOTHING NEEDS WITHIN RESOURCES AVAILABLE AND IN ACCORDANCE WITH CSD POLICY.

k. WHEN THERE IS A CHANGE OF WORKER, NOTIFY THE FOSTER PARENTS IMMEDIATELY OF THE NAME OF THE NEW WORKER OR THE TEMPORARY CASE MANAGER. THE NEW WORKER WILL CONTACT THE FOSTER PARENTS WITHIN 30 DAYS OF RECEIPT OF THE CASE.

l. PROVIDE A PROCEDURE FOR DEALING WITH FOSTER PARENT GRIEVANCES.

m. REIMBURSE THE FOSTER PARENTS BY CHECK MONTHLY, OR MORE OFTEN IN ACCORDANCE WITH ESTABLISHED CSD PROCEDURES, FOR FOSTER FAMILY CARE PROVIDED TO NAMED CHILD(REN) AT THE APPROVED RATES. BILLINGS ARE NOT REQUIRED.

n. NOTIFY THE FOSTER PARENTS AT LEAST 10 WORKING DAYS PRIOR TO REMOVING A PLACED CHILD, WHENEVER POSSIBLE.

3. FOSTER PARENTS SHALL:

- a. MAINTAIN AND OPERATE A FOSTER HOME FOR THE NURTURE AND TRAINING OF CHILDREN AS AGREED UPON WITH CHILD'S WORKER.
- b. PROVIDE THE USUAL UPKEEP FOR CHILDREN INCLUDING CLOTHING AND NORMAL TRANSPORTATION.
- c. BE AVAILABLE FOR CHILD PLACEMENT AND SERVICES AS AGREED UPON WITH CSD.

- f. NOT USE HARMFUL PHYSICAL FORCE OR ANY TYPE OF DEGRADING OR HUMILIATING PUNISHMENT, AND USE CONSTRUCTIVE ALTERNATIVE METHODS OF DISCIPLINE IN ACCORDANCE WITH CSD POLICY.
- g. NOT REVEAL INFORMATION ABOUT THE CHILD OR THE CHILD'S FAMILY EXCEPT AS REQUIRED IN PERFORMING THIS CONTRACT OR WHEN AUTHORIZED BY CSD, THE COURT, OR THE CHILD'S PARENTS.
- h. NOTIFY CSD AT LEAST TEN WORKING DAYS PRIOR TO THE DATE DESIRED FOR PLACED CHILD'S REMOVAL FROM THE FOSTER HOME WHENEVER POSSIBLE.
- i. IMMEDIATELY NOTIFY CSD OF SIGNIFICANT CHANGES IN THE CHILD'S HEALTH, BEHAVIOR, OR LOCATION AND OBTAIN APPROVAL FOR ANY NON-EMERGENCY MAJOR MEDICAL TREATMENT.
- j. CONSIDER THE CHILD'S SPECIAL PROBLEMS IN PROVIDING CARE.
- k. HELP PREPARE THE CHILD FOR TERMINATION OF PLACEMENT.
- l. OBTAIN PRIOR APPROVAL FROM CSD BEFORE TAKING THE CHILD OUT OF STATE.
- m. NOTIFY CSD OF ANY CHANGE IN COMPOSITION OF THE FAMILY.
- n. NOTIFY CSD OF ANY SIGNIFICANT CHANGE IN HEALTH OF FAMILY MEMBERS.
- o. NOTIFY CSD OF ANY CHANGE OF ADDRESS OF THE FOSTER FAMILY.
- p. NOTIFY CSD IN ADVANCE OF ANY PLANNED ABSENCE OF THE FOSTER PARENTS FROM THE HOME FOR MORE THAN 72 HOURS.
- q. NOTIFY CSD WITHIN 12 HOURS OF ANY UNAUTHORIZED ABSENCE OF THE FOSTER CHILD.
- r. ACCEPT NO CHILD FOR FOSTER CARE PLACEMENT EXCEPT AS AGREED UPON WITH THE CSD BRANCH OFFICE WHICH HAS CERTIFIED THE HOME.
- s. NOT SUBCONTRACT WITH OTHERS TO BECOME FOSTER PARENTS FOR CHILDREN PLACED BY CSD. FOSTER PARENTS MAY USE SUBSTITUTE CARE OR RELIEF HELP UP TO 72 HOURS OR LONGER AS APPROVED BY CSD. FOSTER PARENT'S USE OF SUBSTITUTE AND RELIEF HELP FOR MORE THAN 72 HOURS MUST BE APPROVED BY CSD.
- t. COMPLY WITH:
 1. THE REQUIREMENTS OF THE CIVIL RIGHTS ACT OF 1964, INCLUDING THE FOLLOWING:

NO PERSON IN THE UNITED STATES SHALL, ON THE GROUND OF RACE, COLOR OR NATIONAL ORIGIN, BE EXCLUDED FROM PARTICIPATION IN, BE DENIED THE BENEFITS OF, OR BE SUBJECTED TO DISCRIMINATION UNDER ANY PROGRAM OR ACTIVITY RECEIVING FEDERAL FINANCIAL ASSISTANCE.

IT SHALL BE AN UNLAWFUL EMPLOYMENT PRACTICE FOR AN EMPLOYER - (1) TO FAIL OR REFUSE TO HIRE OR TO DISCHARGE ANY INDIVIDUAL OR OTHERWISE TO DISCRIMINATE AGAINST ANY INDIVIDUAL WITH RESPECT TO HIS COMPENSATION, TERMS, CONDITIONS OR PRIVILEGES OF EMPLOYMENT, BECAUSE OF SUCH INDIVIDUAL'S RACE, COLOR, RELIGION, SEX, OR NATIONAL ORIGIN; OR (2) TO LIMIT, SEGREGATE, OR CLASSIFY HIS EMPLOYEES IN ANY WAY WHICH WOULD DEPRIVE OR TEND TO DEPRIVE ANY INDIVIDUAL OF EMPLOYMENT OPPORTUNITIES OR OTHERWISE ADVERSELY AFFECT HIS STATUS AS AN EMPLOYEE, BECAUSE OF SUCH INDIVIDUAL'S RACE, COLOR, RELIGION, SEX, OR NATIONAL ORIGIN.
 2. THE REQUIREMENTS OF THE REHABILITATION ACT OF 1973, WHICH PROVIDE THAT:

NO QUALIFIED HANDICAPPED PERSON SHALL, ON THE BASIS OF HANDICAP, BE EXCLUDED FROM PARTICIPATION IN, BE DENIED THE BENEFITS OF, OR OTHERWISE BE SUBJECTED TO DISCRIMINATION UNDER ANY PROGRAM OR ACTIVITY WHICH RECEIVES, OR BENEFITS FROM, FEDERAL FINANCIAL ASSISTANCE.
- u. KEEP THE FOLLOWING LISTED DOCUMENTS AND RECORDS FOR THREE YEARS AFTER THE END OF THE FISCAL YEAR DURING WHICH THEY WERE CREATED, AND ANY LONGER PERIOD REQUIRED TO COMPLETE ANY AUDIT AND/OR RESOLVE ANY PENDING AUDIT FINDINGS, AND TO MAKE THEM AVAILABLE TO FEDERAL AND OTHER PERSONS AUTHORIZED BY THE CSD ADMINISTRATOR OR HIS REPRESENTATIVES:
 - (a) THEIR CERTIFICATE AND THIS CONTRACT.
 - (b) ANY DOCUMENTS RELATED TO PLACEMENT AND REMOVAL OF CHILDREN.
 - (c) RECORDS OF COSTS RESULTING FROM THIS CONTRACT.
 - (d) FORM CSD172, SPECIAL FOSTER CARE RATE CONTRACT, IF APPLICABLE.

4. CSD AND FOSTER PARENTS MUTUALLY AGREE.

a. THAT CHILDREN WILL BE PLACED IN THE HOME ONLY WHEN FOSTER PARENTS AND THE DIRECTOR AGREE IT IS IN THE BEST INTERESTS OF THE CHILD.

b. THAT THE FOSTER PARENTS ARE AGENTS OF CSD FOR THE SOLE PURPOSE OF PROVIDING CARE AND SERVICES UNDER THIS AGREEMENT TO CHILDREN PLACED BY CSD, AND ARE SUBJECT TO ORS. 30.285 (OREGON LAW) WHICH PROVIDES IN PART:

"(1) THAT THE GOVERNING BODY OF ANY PUBLIC BODY SHALL DEFEND, SAVE HARMLESS AND INDEMNIFY ANY OF ITS OFFICERS, EMPLOYEES AND AGENTS, WHETHER ELECTIVE OR APPOINTIVE, AGAINST ANY TORT CLAIM OR DEMAND, WHETHER GROUNDLESS OR OTHERWISE, ARISING OUT OF AN ALLEGED ACT OR OMISSION OCCURRING IN THE PERFORMANCE OF DUTY."

c. REIMBURSEMENT SHALL BE THE SOLE MONETARY OBLIGATION OF CSD. THIS CONTRACT SHALL NOT RESULT IN FOSTER PARENTS BEING EMPLOYEES OF CSD OR BEING ELIGIBLE FOR ANY STATE EMPLOYEE BENEFITS. THE FOSTER PARENTS SHALL IMPOSE NO FEES FOR SERVICES UNDER THIS CONTRACT OTHER THAN THOSE SET BY CSD IN ACCORDANCE WITH FEDERAL RULES (45 CFR 220) AND INCLUDED IN THE SERVICES PLAN.

d. THE PARTIES HAVE READ AND AGREE TO COMPLY WITH THE CSD RULES GOVERNING CERTIFICATION OF FOSTER HOMES FOR CHILDREN, AND AGREE TO FAMILIARIZE THEMSELVES WITH THE GUIDELINES FOR FOSTER PARENTS.

e. THIS CONTRACT MAY BE TERMINATED BY MUTUAL CONSENT OF BOTH PARTIES; OR BY EITHER PARTY AT ANY TIME, UPON 30 DAYS NOTICE IN WRITING. EITHER PARTY MAY TERMINATE THE CONTRACT IMMEDIATELY UPON RELOCATING THE CHILD IF CIRCUMSTANCES BEYOND THEIR CONTROL MAKE CONTINUATION OF THE CONTRACT IMPRACTICABLE. NOTICE SHALL BE DELIVERED BY CERTIFIED MAIL OR IN PERSON. IF THE FOSTER PARENTS FAIL TO PROVIDE THE CARE AND SERVICES IN ACCORDANCE WITH THIS CONTRACT, CSD RESERVES THE RIGHT TO TERMINATE THE CONTRACT AND STOP PAYMENT IMMEDIATELY. TERMINATION OF THE CONTRACTOR'S CERTIFICATE FOR ANY REASON SHALL TERMINATE THIS CONTRACT.

DATED THIS 16 DAY OF April, 1983.

APPROVED:

FOSTER PARENT'S SIGNATURES

CSD SIGNATURES

FOSTER MOTHER _____ DATE _____ WORKER *Ma Henry* DATE *4-16-83*

FOSTER FATHER *Edward W. Murray* DATE *4-16-83* SUPERVISOR *Samuel Brown* DATE *5-2-83*

ADDRESS *102 N.W. Clava*

Portland OR 97205

LOCATION OF HOME IF ADDRESS IS P. O. BOX

FAMILY FOSTER HOME/SHELTER CARE
CONTRACT

BETWEEN THE CHILDREN'S SERVICES DIVISION (CSD) AND FOSTER PARENTS

Ed Murray
(FOSTER FATHER)

AND

(FOSTER MOTHER)

1. THE FOSTER PARENTS MEET APPLICABLE STATE AND FEDERAL STANDARDS FOR FOSTER FAMILY HOME/SHELTER CARE. CSD AND THE FOSTER PARENTS ENTER INTO THIS CONTRACT TO ESTABLISH THE TERMS AND CONDITIONS UNDER WHICH CHILDREN MAY BE PLACED BY CSD WITH THE FOSTER PARENTS FOR CARE DURING THE PERIOD STARTING 1-16, 1983 AND ENDING 1-17, 1983. IT IS UNDERSTOOD THAT CSD CANNOT GUARANTEE PLACEMENT OF CHILDREN IN THIS HOME. SHELTER CARE SERVICES TO ANY CHILD SHALL NOT EXCEED 60 DAYS.

2. CSD SHALL:

- a. WHENEVER POSSIBLE, PRIOR TO PLACEMENT, PROVIDE THE FOSTER PARENTS WITH AVAILABLE APPROPRIATE INFORMATION ON THE BACKGROUND AND NEEDS OF THE CHILD NECESSARY FOR EFFECTIVE CARE.
- b. INFORM FOSTER PARENTS OF THE RESPONSIBILITIES OF THE DIVISION IN REGARD TO THE CHILD PLACED.
- c. SHARE CSD'S PLAN FOR THE CHILD WITH THE FOSTER PARENTS.
- d. AT THE TIME OF PLACEMENT, GIVE ANY SPECIAL INSTRUCTIONS IN WRITING.
- e. INVOLVE THE FOSTER PARENTS IN FUTURE PLANNING FOR THE CHILD.
- f. REVIEW THE PLACEMENT EVERY 14 DAYS FOR SHELTER CARE AND EVERY 90 DAYS FOR ONGOING CARE.
- g. CONTACT THE CHILD AND FOSTER PARENTS AT LEAST TWICE A MONTH IN SHELTER CARE AND MONTHLY OR AS MUTUALLY AGREED UPON FOR ONGOING CARE.
- h. IN COOPERATION WITH THE FOSTER PARENTS, ARRANGE FOR VISITS BY PARENTS OR RELATIVES.
- i. MEDICAL IDENTIFICATION CARD WILL BE PROVIDED BY ADULT AND FAMILY SERVICES DIVISION.

PROVIDE RECORD OF IMMUNIZATIONS IF AVAILABLE AND ARRANGE WITH FOSTER PARENTS FOR MEDICAL EXAMINATION WITHIN 30 DAYS UNLESS THE CHILD HAS HAD AN EXAMINATION WITHIN THE LAST SIX MONTHS AND THE INFORMATION IS AVAILABLE TO THE FOSTER PARENTS.

- j. PROVIDE CLOTHING TO MEET INITIAL CLOTHING NEEDS WITHIN RESOURCES AVAILABLE AND IN ACCORDANCE WITH CSD POLICY.

k. WHEN THERE IS A CHANGE OF WORKER, NOTIFY THE FOSTER PARENTS IMMEDIATELY OF THE NAME OF THE NEW WORKER OR THE TEMPORARY CASE MANAGER. THE NEW WORKER WILL CONTACT THE FOSTER PARENTS WITHIN 30 DAYS OF RECEIPT OF THE CASE.

1. PROVIDE A PROCEDURE FOR DEALING WITH FOSTER PARENT GRIEVANCES.

m. REIMBURSE THE FOSTER PARENTS BY CHECK MONTHLY, OR MORE OFTEN IN ACCORDANCE WITH ESTABLISHED CSD PROCEDURES, FOR FOSTER FAMILY CARE PROVIDED TO NAMED CHILD(REN) AT THE APPROVED RATES. BILLINGS ARE NOT REQUIRED.

- n. NOTIFY THE FOSTER PARENTS AT LEAST 10 WORKING DAYS PRIOR TO REMOVING A PLACED CHILD, WHENEVER POSSIBLE.

3. FOSTER PARENTS SHALL:

- a. MAINTAIN AND OPERATE A FOSTER HOME FOR THE NURTURE AND TRAINING OF CHILDREN AS AGREED UPON WITH CHILD'S WORKER.
- b. PROVIDE THE USUAL UPKEEP FOR CHILDREN INCLUDING CLOTHING AND NORMAL TRANSPORTATION.
- c. BE AVAILABLE FOR CHILD PLACEMENT AND SERVICES AS AGREED UPON WITH CSD.

- f. NOT USE HARMFUL PHYSICAL FORCE OR ANY TYPE OF DEGRADING OR HUMILIATING PUNISHMENT, AND USE CONSTRUCTIVE ALTERNATIVE METHODS OF DISCIPLINE IN ACCORDANCE WITH CSD POLICY.
- g. NOT REVEAL INFORMATION ABOUT THE CHILD OR THE CHILD'S FAMILY EXCEPT AS REQUIRED IN PERFORMING THIS CONTRACT OR WHEN AUTHORIZED BY CSD, THE COURT, OR THE CHILD'S PARENTS.
- h. NOTIFY CSD AT LEAST TEN WORKING DAYS PRIOR TO THE DATE DESIRED FOR PLACED CHILD'S REMOVAL FROM THE FOSTER HOME WHENEVER POSSIBLE.
- i. IMMEDIATELY NOTIFY CSD OF SIGNIFICANT CHANGES IN THE CHILD'S HEALTH, BEHAVIOR, OR LOCATION AND OBTAIN APPROVAL FOR ANY NON-EMERGENCY MAJOR MEDICAL TREATMENT.
- j. CONSIDER THE CHILD'S SPECIAL PROBLEMS IN PROVIDING CARE.
- k. HELP PREPARE THE CHILD FOR TERMINATION OF PLACEMENT.
- l. OBTAIN PRIOR APPROVAL FROM CSD BEFORE TAKING THE CHILD OUT OF STATE.
- m. NOTIFY CSD OF ANY CHANGE IN COMPOSITION OF THE FAMILY.
- n. NOTIFY CSD OF ANY SIGNIFICANT CHANGE IN HEALTH OF FAMILY MEMBERS.
- o. NOTIFY CSD OF ANY CHANGE OF ADDRESS OF THE FOSTER FAMILY.
- p. NOTIFY CSD IN ADVANCE OF ANY PLANNED ABSENCE OF THE FOSTER PARENTS FROM THE HOME FOR MORE THAN 72 HOURS.
- q. NOTIFY CSD WITHIN 12 HOURS OF ANY UNAUTHORIZED ABSENCE OF THE FOSTER CHILD.
- r. ACCEPT NO CHILD FOR FOSTER CARE PLACEMENT EXCEPT AS AGREED UPON WITH THE CSD BRANCH OFFICE WHICH HAS CERTIFIED THE HOME.
- s. NOT SUBCONTRACT WITH OTHERS TO BECOME FOSTER PARENTS FOR CHILDREN PLACED BY CSD. FOSTER PARENTS MAY USE SUBSTITUTE CARE OR RELIEF HELP UP TO 72 HOURS OR LONGER AS APPROVED BY CSD. FOSTER PARENT'S USE OF SUBSTITUTE AND RELIEF HELP FOR MORE THAN 72 HOURS MUST BE APPROVED BY CSD.
- t. COMPLY WITH:
 - 1. THE REQUIREMENTS OF THE CIVIL RIGHTS ACT OF 1964, INCLUDING THE FOLLOWING:

NO PERSON IN THE UNITED STATES SHALL, ON THE GROUND OF RACE, COLOR OR NATIONAL ORIGIN, BE EXCLUDED FROM PARTICIPATION IN, BE DENIED THE BENEFITS OF, OR BE SUBJECTED TO DISCRIMINATION UNDER ANY PROGRAM OR ACTIVITY RECEIVING FEDERAL FINANCIAL ASSISTANCE.

IT SHALL BE AN UNLAWFUL EMPLOYMENT PRACTICE FOR AN EMPLOYER - (1) TO FAIL OR REFUSE TO HIRE OR TO DISCHARGE ANY INDIVIDUAL OR OTHERWISE TO DISCRIMINATE AGAINST ANY INDIVIDUAL WITH RESPECT TO HIS COMPENSATION, TERMS, CONDITIONS OR PRIVILEGES OF EMPLOYMENT, BECAUSE OF SUCH INDIVIDUAL'S RACE, COLOR, RELIGION, SEX, OR NATIONAL ORIGIN; OR (2) TO LIMIT, SEGREGATE, OR CLASSIFY HIS EMPLOYEES IN ANY WAY WHICH WOULD DEPRIVE OR TEND TO DEPRIVE ANY INDIVIDUAL OF EMPLOYMENT OPPORTUNITIES OR OTHERWISE ADVERSELY AFFECT HIS STATUS AS AN EMPLOYEE, BECAUSE OF SUCH INDIVIDUAL'S RACE, COLOR, RELIGION, SEX, OR NATIONAL ORIGIN.
 - 2. THE REQUIREMENTS OF THE REHABILITATION ACT OF 1973, WHICH PROVIDE THAT:

NO QUALIFIED HANDICAPPED PERSON SHALL, ON THE BASIS OF HANDICAP, BE EXCLUDED FROM PARTICIPATION IN, BE DENIED THE BENEFITS OF, OR OTHERWISE BE SUBJECTED TO DISCRIMINATION UNDER ANY PROGRAM OR ACTIVITY WHICH RECEIVES, OR BENEFITS FROM, FEDERAL FINANCIAL ASSISTANCE.
- u. KEEP THE FOLLOWING LISTED DOCUMENTS AND RECORDS FOR THREE YEARS AFTER THE END OF THE FISCAL YEAR DURING WHICH THEY WERE CREATED, AND ANY LONGER PERIOD REQUIRED TO COMPLETE ANY AUDIT AND/OR RESOLVE ANY PENDING AUDIT FINDINGS, AND TO MAKE THEM AVAILABLE TO FEDERAL AND OTHER PERSONS AUTHORIZED BY THE CSD ADMINISTRATOR OR HIS REPRESENTATIVES:
 - (a) THEIR CERTIFICATE AND THIS CONTRACT.
 - (b) ANY DOCUMENTS RELATED TO PLACEMENT AND REMOVAL OF CHILDREN.
 - (c) RECORDS OF COSTS RESULTING FROM THIS CONTRACT.
 - (d) FORM CSD172, SPECIAL FOSTER CARE RATE CONTRACT, IF APPLICABLE.

... THAT UNLAWFUL WILL BE PLACED IN ... HOME ONLY WHEN FOSTER PARENTS AND THE ... SIGN AGREE IT IS IN THE BEST INTERESTS ... OF THE CHILD.

b. THAT THE FOSTER PARENTS ARE AGENTS OF CSD FOR THE SOLE PURPOSE OF PROVIDING CARE AND SERVICES UNDER THIS AGREEMENT TO CHILDREN PLACED BY CSD, AND ARE SUBJECT TO ORS. 30.285 (OREGON LAW) WHICH PROVIDES IN PART:

"(1) THAT THE GOVERNING BODY OF ANY PUBLIC BODY SHALL DEFEND, SAVE HARMLESS AND INDEMNIFY ANY OF ITS OFFICERS, EMPLOYEES AND AGENTS, WHETHER ELECTIVE OR APPOINTIVE, AGAINST ANY TORT CLAIM OR DEMAND, WHETHER GROUNDED OR OTHERWISE, ARISING OUT OF AN ALLEGED ACT OR OMISSION OCCURRING IN THE PERFORMANCE OF DUTY."

c. REIMBURSEMENT SHALL BE THE SOLE MONETARY OBLIGATION OF CSD. THIS CONTRACT SHALL NOT RESULT IN FOSTER PARENTS BEING EMPLOYEES OF CSD OR BEING ELIGIBLE FOR ANY STATE EMPLOYEE BENEFITS. THE FOSTER PARENTS SHALL IMPOSE NO FEES FOR SERVICES UNDER THIS CONTRACT OTHER THAN THOSE SET BY CSD IN ACCORDANCE WITH FEDERAL RULES (45 CFR 220) AND INCLUDED IN THE SERVICES PLAN."

d. THE PARTIES HAVE READ AND AGREE TO COMPLY WITH THE CSD RULES GOVERNING CERTIFICATION OF FOSTER HOMES FOR CHILDREN, AND AGREE TO FAMILIARIZE THEMSELVES WITH THE GUIDELINES FOR FOSTER PARENTS.

e. THIS CONTRACT MAY BE TERMINATED BY MUTUAL CONSENT OF BOTH PARTIES; OR BY EITHER PARTY AT ANY TIME, UPON 30 DAYS NOTICE IN WRITING. EITHER PARTY MAY TERMINATE THE CONTRACT IMMEDIATELY UPON RELOCATING THE CHILD IF CIRCUMSTANCES BEYOND THEIR CONTROL MAKE CONTINUATION OF THE CONTRACT IMPRACTICABLE. NOTICE SHALL BE DELIVERED BY CERTIFIED MAIL OR IN PERSON. IF THE FOSTER PARENTS FAIL TO PROVIDE THE CARE AND SERVICES IN ACCORDANCE WITH THIS CONTRACT, CSD RESERVES THE RIGHT TO TERMINATE THE CONTRACT AND STOP PAYMENT IMMEDIATELY. TERMINATION OF THE CONTRACTOR'S CERTIFICATE FOR ANY REASON SHALL TERMINATE THIS CONTRACT.

DATED THIS 17th DAY OF January, 1983

APPROVED:

APPROVED:

FOSTER PARENT'S SIGNATURES

CSD SIGNATURES

FOSTER MOTHER

DATE 1-17-83

WORKER [Signature]

DATE 1-17-83

FOSTER FATHER

DATE 1-17-83

SUPERVISOR [Signature]

DATE 1-17-83

ADDRESS

1707 NW Clewain
Plym 97209

LOCATION OF HOME IF ADDRESS IS P. O. BOX

1. Provide a procedure for dealing with foster parent grievances.
 - m. Reimburse the foster parents by check monthly, or more often in accordance with established CSD procedures, for family foster care at the approved rates. Billings are not required.
 - n. Notify the foster parents at least 10 working days prior to removing a placed child, whenever possible.
3. Foster Parents shall:
- a. Maintain and operate a foster home for the nurture and training of children as agreed upon with child's worker.
 - b. Provide the usual upkeep for children including clothing and normal transportation.
 - c. Be available for child placement and services as agreed upon with CSD.
 - d. Recognize CSD's responsibility for planning for the child as provided in Oregon law, and cooperate with CSD in carrying out the plan. This shall include the caseworker's visitation in the foster home with both the foster parents and the placed children at reasonable hours.
 - e. Cooperate in visiting arrangements between the child and parents when such visits are included in the plan.
 - f. Not use harmful physical force or any type of degrading or humiliating punishment, and use constructive alternative methods of discipline in accordance with CSD policy.
 - g. Not reveal information about the child or the child's family except as required in performing this contract or when authorized by CSD, the court, or the child's parents.
 - h. Notify CSD at least ten working days prior to the date desired for placed child's removal from the foster home whenever possible.
 - i. Immediately notify CSD of significant changes in the child's health, behavior, or location and obtain approval for any non-emergency major medical treatment.
 - j. Consider the child's special problems in providing care.
 - k. Help prepare the child for termination of placement.
 - l. Obtain prior approval from CSD before taking the child out of state.
 - m. Notify CSD of any change in the composition, health or address of the foster family.
 - n. Notify CSD in advance of any planned absence of the foster parents from the home for more than 72 hours.
 - o. Notify CSD within 12 hours of any unauthorized absence of the foster child.

- p. Accept no child for Foster Care placement except as agreed upon with the CSD Branch Office which has certified the home.
 - q. Not subcontract with others to become foster parents for children placed by CSD. Foster Parents may be substitute care or relief help approved by CSD up to 72 consecutive hours or longer. Foster parent's use of substitute and relief help for more than 72 consecutive hours must be approved by CSD.
 - r. Collect no fees for care of children under this contract and remit to CSD any funds received from any other source on behalf of such children.
 - s. Comply with:
 - (1) The requirements of the Civil Rights Act of 1964, including the following: No person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.

It shall be an unlawful employment practice for an employer - (1) to fail to refuse to hire or discharge any individual or otherwise to discriminate against any individual with respect to his compensation, terms, conditions or privileges or employe, because of such individual's race, color, religion, sex, or national origin; or (2) to limit, segregate, or classify his employes in any way which would deprive or tend to deprive any individual or employment opportunities or otherwise adversely affect his status as an employe, because of such individual's race, color, religion, sex, or national origin.
 - (2) The requirements of the Rehabilitation Act of 1973, which provide that: No qualified handicapped person shall, on the basis of handicap, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity which receives, or benefits from, Federal Financial Assistance.
 - (3) Keep the following listed documents and records for three years after final payment is made under the contract and all pending matters are closed. If an audit, litigation, or other action involving the records is started before the end of the three-year period, the records shall be retained until all issues arising out of the action are resolved or until the end of the three-year period, whichever is later. These documents and records shall be made available upon request to Department of Health and Human Services, the Comptroller General of the United States, the office of the Secretary of State, CSD and their authorized representatives for the purpose of making audit examinations, excerpts, and transcriptions.
 - (a) Their certificate and this contract.
 - (b) Any documents related to placement and removal of children.
 - (c) Records of costs resulting from this contract.
 - (d) Form CSD 172, Special Foster Care Rate Contract, if applicable.
4. CSD and Foster Parents Mutually Agree:
- a. That children will be placed in this home only when Foster Parents and the Division agree it is in the best interests of the child.

b. That the foster parents are agents of CSD for the sole purpose of providing care and services under this agreement to children placed by CSD. When such care and services are being provided, the foster parents are subject to ORS. 30.285 (Oregon Law) which provides in part:

"(1) That the governing body of any public body shall defend, save harmless and indemnify any of its officers, employees and agents, whether elective or appointive, against any tort claim or demand, whether groundless or otherwise, arising out of an alleged act or omission occurring in the performance of duty."

c. Reimbursement shall be the sole monetary obligation of CSD. This contract shall not result in foster parents being employees of CSD or being eligible for any state employe benefits. Foster parent(s) will not under this contract, be eligible for any benefits for federal Social Security, State Workers' Compensation, unemployment insurance nor the Public Employees' Retirement System.

d. The parties have read and agree to comply with the CSD rules governing certification of foster homes for children, and agree to familiarize themselves with the guidelines for Foster Parents.

e. This contract may be terminated by mutual consent of both parties; or by either party at any time, upon 30 days notice in writing. Either party may terminate the contract immediately upon relocating the child if circumstances beyond their control make continuation of the contract impracticable. Notice shall be delivered by certified mail or in person. If the foster parents fail to provide care in accordance with this contract, CSD reserves the right to remove the child(ren), stop payment and terminate the contract immediately. Termination of the contractor's certificate for any reason shall terminate this contract.

PLEASE NOTE: At the time the child(ren) is (are) placed in this home, under no circumstances shall adoption of that (those) child(ren) by the foster parents be implied nor expected.

Dated this 4th day of November, 1982

Approved: _____
Foster Parent's Signatures CSD Signatures

Foster Mother _____ Date 11-11-82
Worker M Henry Date 11-11-82

Foster Father _____ Date 11-11-82
Supervisor Janette Gray Date 11-12-82

Address 2186 NW Gleason #3
2704 97210

Location of home if address is P.O. Box _____

Cv. _____

Date received _____

APPLICATION FOR FOSTER HOME CERTIFICATE

Children's Services Division has the legal responsibility to assure, to the extent possible, the physical, mental, and emotional well-being of children who must be removed from their own home and placed in substitute care. We (I) are (am) aware that to operate a foster home requires a valid Certificate of Approval to Maintain a Foster Home for Children. ORS 418.635 requires that an investigation be made of foster home applicants. We (I) agree to cooperate in the investigation, and to comply with CSD Rules, including Policy on Discipline, and are (am) aware that not to do so may be cause for denial, or revocation of certification. We (I) have read and understand the Rules governing certification of foster homes.

We (I) EDWARD MURRAY and _____
Name Name

1707 N.W. GLISAN, PORTLAND 97210
Street or Rural Route Address City Zip Code

MULTNOMAH HOME 223-5289
Mailing Address County Phone Number
WORK 225-9100

hereby apply for a certificate to maintain a foster home for children.

We (I) understand that acceptance of this application does not obligate CSD to certify our (my) home, nor if certified, to place children in our (my) home. If certified, visits will be made to my home by CSD to assure certification standards are maintained, which is according to law.

We (I) understand that in order to comply with the law and to protect the best interests of children in foster homes, CSD needs the following information. We (I) hereby authorize CSD to obtain information about us (me) and all adults in the household from the Oregon State Police and other law enforcement agencies or courts.

Please list any adult arrests/convictions (excluding traffic violations) as follows:

Charge	Approximate Date	City	Sentence
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Answer the following two items only if you are applying for a foster home certificate for the first time.



1. Please list four personal references who are well known to you, have knowledge of your family life, parenting behavior, and personal character.

Name		Phone Number
Street Address	City, State	Zip Code
Name		Phone Number
Street Address	City, State	Zip Code
Name		Phone Number
Street Address	City, State	Zip Code
Name		Phone Number
Street Address	City, State	Zip Code

2. Please describe training experience, skills or aptitudes which you feel qualify you to apply to be a foster parent.

This portion must be signed by all applicants.

The statements on this application are true to the best of our (my) knowledge.

		4/16/03
Signature of Applicant	Social Security Number*	Date
Signature of Applicant	Social Security Number*	Date

*Social Security is used in checking State Police records, but it is not required to be given.

Please return to _____ CSD Branch Office

FOSTER PARENT CHECKLIST

- 1) Bedroom to be occupied by foster child is at least 70 square feet.
- 2) Bedroom for two or more children contains reasonable space for each child's bed and dresser, not including closets or entryway.
- 3) Bedroom door opens to allow fire exit. There are no locks or hasps which would prevent entrance and exit to bedroom or closets.
- 4) Foster child's room is within call of a responsible adult.
- 5) Foster child's room is not on a third floor or basement or I have obtained written authorization from the appropriate fire inspector or State Deputy Fire Marshall.
- 6) Foster child's room is not used for another purpose at the same time.
- 7) Foster child's room is not a closet, hall, stairway, unfinished basement, unfinished attic, garage, detached building or shed.
- 8) There is adequate drawer space and closet space for the foster child's possessions.
- 9) Foster child will not share a room with a child of opposite sex 5 years of age or over.
- 10) Foster child over age 12 months will not share a bedroom with an adult.
- 11) No child of foster parents own is required to sleep in a room also used for another purpose in order to accommodate a foster child.
- 12) Foster child has his own bed, equipped with a clean, comfortable mattress, clean sheets, blankets, pillow, and pillow case.
- 13) Foster child will not occupy a third tier bunk.
- 14) My smoke detectors have a device warning of a low battery; they are mounted so as to comply with fire regulations. (P. 10)
- 15) There is a smoke detector on each bedroom level.

- 16) Solid fuel burning appliances have been inspected and approved by local building code inspector or appropriate fire inspector. Fireplaces are screened.
- 17) Kerosene space heaters are not used.
- 18) I have a Class 2A10BC fire extinguisher.
- 19) I have an emergency plan of action in case of fire. Emergency telephone numbers are posted by the telephone (s).
- 20) House or mailbox numbers are clearly visible and easy to read for easy identification by emergency vehicles.
- 21) Guns are kept in locked storage;ammunition is stored and locked separatedly. Explosives and projectiles are stored out of reach of young children.
- 22) Medications are locked or inaccessible to young children. Medication will be refrigerated when required.
- 23) Toxic and dangerous items including cleaning supplies are stored unaccessible to young children.
- 24) If unpasturized (raw) milk is used, I have obtained verification in writing that the T.B. and Brucellosis tests administered during the last year were negative or that the milk is from a licensed raw milk dairy.
- 25) Pets have had required rabies shots and proof is available.
- 26) Stairways have handrails.
- 27) If I care for foster children three or under, I will protect stairways with a gate or door.
- 28) Bathroom door lock is designed to permit opening from the outside.
- 29) Adequate safeguards are taken to protect young children from electrical outlets, extension cords, and heat producing devices.
- 30) I have a telephone.

✓

✓

✓

✓

✓

N/A

✓

✓

N/A

N/A

✓

✓

✓

✓

✓

E. Louis G. Meyer
SIGNATURE

1-17-83
DATE

Cv. _____

Date received _____

APPLICATION FOR FOSTER HOME CERTIFICATE

Children's Services Division has the legal responsibility to assure, to the extent possible, the physical, mental, and emotional well-being of children who must be removed from their own home and placed in substitute care. We (I) are (am) aware that to operate a foster home requires a valid Certificate of Approval to Maintain a Foster Home for Children. ORS 418.635 requires that an investigation be made of foster home applicants. We (I) agree to cooperate in the investigation, and to comply with CSD Rules, including Policy on Discipline, and are (am) aware that not to do so may be cause for denial, or revocation of certification. We (I) have read and understand the Rules governing certification of foster homes.

We (I) Edward Murray and _____
Name Name

1707 N. GLISAN, PORTLAND 97209
Street or Rural Route Address Zip Code

MULTNOMAH 225-9100
Mailing Address County Phone Number

hereby apply for a certificate to maintain a foster home for children.

We (I) understand that acceptance of this application does not obligate CSD to certify our (my) home, nor if certified, to place children in our (my) home. If certified, visits will be made to my home by CSD to assure certification standards are maintained, which is according to law.

We (I) understand that in order to comply with the law and to protect the best interests of children in foster homes, CSD needs the following information. We (I) hereby authorize CSD to obtain information about us (me) and all adults in the household from the Oregon State Police and other law enforcement agencies or courts.

Please list any adult arrests/convictions (excluding traffic violations) as follows:

Charge	Approximate Date	City	Sentence
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Answer the following two items only if you are applying for a foster home certificate for the first time.

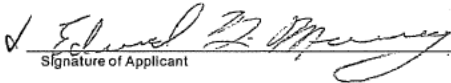

1. Please list four personal references who are well known to you, have knowledge of your family life, parenting behavior, and personal character.

Name		Phone Number
Street Address	City, State	Zip Code
Name		Phone Number
Street Address	City, State	Zip Code
Name		Phone Number
Street Address	City, State	Zip Code
Name		Phone Number
Street Address	City, State	Zip Code

2. Please describe training experience, skills or aptitudes which you feel qualify you to apply to be a foster parent.

This portion must be signed by all applicants.

The statements on this application are true to the best of our (my) knowledge.

		1-17-83
Signature of Applicant	Social Security Number*	Date
Signature of Applicant	Social Security Number*	Date

*Social Security is used in checking State Police records, but it is not required to be given.

Please return to _____ CSD Branch Office

Cwid _____

Date received _____

APPLICATION FOR FOSTER HOME CERTIFICATE

Children's Services Division has the legal responsibility to assure, to the extent possible, the physical, mental, and emotional well-being of children who must be removed from their own home and placed in substitute care. We (I) are (am) aware that to operate a foster home requires a valid Certificate of Approval to Maintain a Foster Home for Children. ORS 418.635 requires that an investigation be made of foster home applicants. We (I) agree to cooperate in the investigation, and to comply with CSD Rules, including Policy on Discipline, and are (am) aware that not to do so may be cause for denial, or revocation of certification. We (I) have read and understand the Rules governing certification of foster homes.

We (I) EDWARD MURRAY and _____
Name Name

2186 N.W. GLISAN #23, PORTLAND 97210
Street or Rural Route Address City Zip Code

MULTNOMAH work 225-9100
Mailing Address County Phone Number

home 223-5289

hereby apply for a certificate to maintain a foster home for children.

We (I) understand that acceptance of this application does not obligate CSD to certify our (my) home, nor if certified, to place children in our (my) home. If certified, visits will be made to my home by CSD to assure certification standards are maintained, which is according to law.

We (I) understand that in order to comply with the law and to protect the best interests of children in foster homes, CSD needs the following information. We (I) hereby authorize CSD to obtain information about us (me) and all adults in the household from the Oregon State Police and other law enforcement agencies or courts.

Please list any adult arrests/convictions (excluding traffic violations) as follows:

Charge	Approximate Date	City	Sentence
--------	------------------	------	----------

PROVIDER INFORMATION

* CSD USE ONLY *		APPLICATION DATE MO DY YR 11 .04.82	DATE MO DY YR 01.17.83
<input type="radio"/> NEW CSD PROVIDER	<input type="radio"/> REOPEN	PROV. NO. A47082	PROV. TYPE FR
<input checked="" type="radio"/> UPDATE	<input type="radio"/> HARD COPY NEEDED	WK ID 47-20	OPER. DES. PROV. BR. LOC.

INSTRUCTIONS
(PLEASE PRINT)

- FOSTER CARE APPLICANTS: Please fill in box numbers 1, 2, 3, 5, 6, 8, 9, 10
- FAMILY DAY CARE APPLICANTS: Please fill in box numbers 1, 2, 6, 8, 9
- DAY CARE CENTER AND DAY CARE GROUP HOME APPLICANTS: Please fill in box numbers 1, 4, 6, 7, 9

1	APPLICATION TYPE	I am interested in making application for (Check one of the following): <input type="checkbox"/> New Certificate <input checked="" type="checkbox"/> Change of Address <input type="checkbox"/> Reopening <input type="checkbox"/> New Operator <input type="checkbox"/> Renewal of Certificate I AM INTERESTED IN (CHECK ONE ONLY): 1) Family Foster Care (F) <input checked="" type="checkbox"/> 2) Family Day Care (DF) <input type="checkbox"/> 3) Day Care Center (DC) <input type="checkbox"/> 4) Day Care Group Home (DG) <input type="checkbox"/>	DATE MO DY YR 1-17-83
----------	-------------------------	---	-----------------------------

2	APPLICANT INFORMATION <small>(Fill in only if applying for Family Day Care & Family Foster Care)</small>	P <u>MURRAY</u> <u>EDWARD</u> <u>B</u> DATE OF BIRTH <u>5.2.55</u> SOCIAL SECURITY NO. [REDACTED] <small>LAST NAME FIRST NAME MI MO DY YR</small> Do you presently provide services to the Children's Services Division (CSD) or its clients? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Have you ever previously applied to the Children's Services Division (CSD) for certification? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes is checked, please specify approximate year of application, type of application and county. Year 19 ____, Type ____, County ____	INCOME CODE <u>2</u> * CSD USE ONLY * CASE NO. P/L
----------	--	---	--

3	CO-APPLICANT INFORMATION <small>(Fill in only if applying for Family Foster Care)</small>	P _____ _____ _____ DATE OF BIRTH _____ SOCIAL SECURITY NO. _____ <small>LAST NAME FIRST NAME MI MO DY YR</small> Do you presently provide services to the Children's Services Division (CSD) or its clients? Yes <input type="checkbox"/> No <input type="checkbox"/> Have you ever previously applied to the Children's Services Division (CSD) for certification? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes is checked, please specify approximate year of application, type of application and county. Year 19 ____, Type ____, County ____	INCOME CODE _____ * CSD USE ONLY * CASE NO. P/L
----------	---	---	---

4	BUSINESS NAME <small>(Fill in only if applying for Day Care Center or Group Home)</small>	B _____ BUSINESS NAME Has the owner or operator for this facility previously applied to or been certified by the Children's Services Division (CSD)? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes is checked, please specify approximate year of application or certification and county. Year 19 ____, County ____
----------	---	---

5	FOSTER PARENT INFORMATION <small>(Fill in only if applying for Family Foster Care)</small>	APPLICANT SEX: Male (M) <input checked="" type="checkbox"/> Female (F) _____ ETHNIC BACKGROUND: Asian (A) _____ Black (B) _____ Hispanic (H) _____ Indian (I) _____ White (W) <input checked="" type="checkbox"/> Unknown (U) _____ CURRENT MARITAL STATUS: Married (MAR) _____ Divorced (DIV) _____ Separated (SEP) _____ Widow(er) (WID) _____ Never Married (NEV) <input checked="" type="checkbox"/> RELIGION: Catholic (CA) <input checked="" type="checkbox"/> No Preference (NP) _____ Jewish (JE) _____ Other (OT) _____ Protestant (PR) _____ EMPLOYMENT STATUS: Employed Employed Full Time (F) <input checked="" type="checkbox"/> Part Time (P) _____ Not Employed (U) _____ Never Employed (N) _____ YEARLY INCOME: \$ <u>14,400</u>	CO-APPLICANT SEX: Male (M) _____ Female (F) _____ ETHNIC BACKGROUND: Asian (A) _____ Black (B) _____ Hispanic (H) _____ Indian (I) _____ White (W) _____ Unknown (U) _____ CURRENT MARITAL STATUS: Married (MAR) _____ Divorced (DIV) _____ Separated (SEP) _____ Widow(er) (WID) _____ Never Married (NEV) _____ RELIGION: Catholic (CA) _____ No Preference (NP) _____ Jewish (JE) _____ Other (OT) _____ Protestant (PR) _____ EMPLOYMENT STATUS: Employed Employed Full Time (F) _____ Part Time (P) _____ Not Employed (U) _____ Never Employed (N) _____ YEARLY INCOME: \$ _____
----------	--	--	---

6	ADDRESS & PHONE NUMBER (All Applicants)	HOME/FACILITY ADDRESS		MAILING ADDRESS (If different from Home/Facility address)		
		BUILDING/APARTMENT NUMBER		BUILDING/APARTMENT NUMBER		
		1707 NW Gleason STREET ADDRESS		STREET ADDRESS		
		Rt, Or CITY	97210 STATE	CITY	STATE	ZIP CODE
		Mult COUNTY	225-9100 AREA CODE	PHONE NUMBER		223-5289 home

7	FACILITY INFORMATION (Fill in only if applying for Day Care Center or Group Home)	OPERATOR NAME (If different from business name)				
		OPERATOR NAME				
		DIRECTOR NAME & PHONE NUMBER (If different from business name & phone number)				
		Last	First	MI	AREA CODE	Phone Number

8	FAMILY INFORMATION (Fill in only if applying for Family Day Care & Family Foster Care)	OWN CHILDREN AT HOME				
		NAME	BIRTHDATE	SEX	SCHOOL GRADE OR OCCUPATION	
ALL OTHERS IN HOUSEHOLD						
NAME	BIRTHDATE	SEX	SCHOOL GRADE OR OCCUPATION	RELATIONSHIP		

9	DIRECTIONS TO HOME OR FACILITY (All Applicants)	

10	FOSTER PARENT AND FOSTER HOME INFORMATION (Fill in only if applying for Family Foster Care)	APPLICANT		CO-APPLICANT			
		Occupation: <i>Trial Asst (Paralegal)</i>		Occupation:			
		Nearest Elementary School:		Distance:			
		Nearest High School: <i>Lincoln H.S.</i>		Distance:			
		HOUSING					
		Water Supply <input checked="" type="radio"/> Public <input type="radio"/> Private	Sewerage System <input checked="" type="radio"/> Public <input type="radio"/> Private	Milk <input checked="" type="radio"/> Pasteurized <input type="radio"/> Raw — Source			
		SLEEPING ARRANGEMENTS					
			NUMBER OF OCCUPANTS		NUMBER OF BEDS		PLEASE SPECIFY INDIVIDUALS
			ADULTS	CHILDREN	SINGLE	DOUBLE	
		BEDROOM 1	1			1	F.P.
BEDROOM 2		1	1		F.C.		
BEDROOM 3							
BEDROOM 4							

PROVIDER INFORMATION

11-4-82

<input checked="" type="checkbox"/> NEW CSD PROVIDER <input type="checkbox"/> UPDATE		<input type="checkbox"/> REOPEN <input checked="" type="checkbox"/> HARD COPY NEEDED		* CSD USE ONLY *		APPLICATION DATE MO DY YR 11 . 04 . 82		DATE MO DY YR 11 . 04 . 82	
				PROV. NO. <i>A47082</i>	PROV. TYPE <i>FR</i>	WKTD <i>47-20</i>	OPER. DES.	PROV. BR. LOC. <i>42</i>	

INSTRUCTIONS (PLEASE PRINT)

- FOSTER CARE APPLICANTS: Please fill in box numbers 1, 2, 3, 5, 6, 8, 9, 10
- FAMILY DAY CARE APPLICANTS: Please fill in box numbers 1, 2, 6, 8, 9
- DAY CARE CENTER AND DAY CARE GROUP HOME APPLICANTS: Please fill in box numbers 1, 4, 6, 7, 9.

1	APPLICATION TYPE	I am interested in making application for (Check one of the following): <input checked="" type="checkbox"/> New Certificate <input type="checkbox"/> Change of Address <input type="checkbox"/> Reopening <input type="checkbox"/> New Operator <input type="checkbox"/> Renewal of Certificate	
		I AM INTERESTED IN (CHECK ONE ONLY): 1) Family Foster Care (F) <input checked="" type="checkbox"/> 2) Family Day Care (DF) <input type="checkbox"/> 3) Day Care Center (DC) <input type="checkbox"/> 4) Day Care Group Home (DG) <input type="checkbox"/>	
		DATE MO DY YR <i>11-4-82</i>	

2	APPLICANT INFORMATION <small>(Fill in only if applying for Family Day Care & Family Foster Care)</small>	P <u>Murray, Edward B</u> DATE OF BIRTH <u>5.2.55</u> SOCIAL SECURITY NO. [REDACTED]	
		Do you presently provide services to the Children's Services Division (CSD) or its clients? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Have you ever previously applied to the Children's Services Division (CSD) for certification? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes is checked, please specify approximate year of application, type of application and county. Year 19 ____, Type ____, County ____	
		INCOME CODE <i>2</i>	* CSD USE ONLY * CASE NO. P/L

3	CO-APPLICANT INFORMATION <small>(Fill in only if applying for Family Foster Care)</small>	P _____ DATE OF BIRTH _____ SOCIAL SECURITY NO. _____	
		Do you presently provide services to the Children's Services Division (CSD) or its clients? Yes <input type="checkbox"/> No <input type="checkbox"/> Have you ever previously applied to the Children's Services Division (CSD) for certification? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes is checked, please specify approximate year of application, type of application and county. Year 19 ____, Type ____, County ____	
		INCOME CODE	* CSD USE ONLY * CASE NO. P/L

4	BUSINESS NAME <small>(Fill in only if applying for Day Care Center or Group Home)</small>	B _____ BUSINESS NAME _____	
		Has the owner or operator for this facility previously applied to or been certified by the Children's Services Division (CSD)? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes is checked, please specify approximate year of application or certification and county. Year 19 ____, County ____	

5	FOSTER PARENT INFORMATION <small>(Fill in only if applying for Family Foster Care)</small>	APPLICANT		CO-APPLICANT	
		SEX: Male (M) <input checked="" type="checkbox"/> Female (F) _____ ETHNIC BACKGROUND: Asian (A) _____ Black (B) _____ Hispanic (H) _____ Indian (I) _____ White (W) <input checked="" type="checkbox"/> Unknown (U) _____ CURRENT MARITAL STATUS: Married (MAR) _____ Divorced (DIV) _____ Separated (SEP) _____ Widow(er) (WID) _____ Never Married (NEV) <input checked="" type="checkbox"/> RELIGION: Catholic (CA) <input checked="" type="checkbox"/> No Preference (NP) _____ Jewish (JE) _____ Other (OT) _____ Protestant (PR) _____ EMPLOYMENT STATUS: Employed Full Time (F) <input checked="" type="checkbox"/> Employed Part Time (P) _____ Not Employed (U) _____ Never Employed (N) _____ YEARLY INCOME: \$ <u>14,400</u>	SEX: Male (M) _____ Female (F) _____ ETHNIC BACKGROUND: Asian (A) _____ Black (B) _____ Hispanic (H) _____ Indian (I) _____ White (W) _____ Unknown (U) _____ CURRENT MARITAL STATUS: Married (MAR) _____ Divorced (DIV) _____ Separated (SEP) _____ Widow(er) (WID) _____ Never Married (NEV) _____ RELIGION: Catholic (CA) _____ No Preference (NP) _____ Jewish (JE) _____ Other (OT) _____ Protestant (PR) _____ EMPLOYMENT STATUS: Employed Full Time (F) _____ Employed Part Time (P) _____ Not Employed (U) _____ Never Employed (N) _____ YEARLY INCOME: \$ _____		

6	ADDRESS & PHONE NUMBER (All Applicants)	HOME/FACILITY ADDRESS		MAILING ADDRESS (If different from Home/Facility address)			
		# 23 BUILDING/APARTMENT NUMBER		BUILDING/APARTMENT NUMBER			
		2186 NW Glenon STREET ADDRESS		STREET ADDRESS			
		Pt	01	97210	CITY	STATE	ZIP CODE
		Mult Home 223-5289 COUNTY AREA CODE PHONE NUMBER		work 225-9100			

7	FACILITY INFORMATION (Fill in only if applying for Day Care Center or Group Home)	OPERATOR NAME (If different from business name)			
		OPERATOR NAME			
		DIRECTOR NAME & PHONE NUMBER (If different from business name & phone number)			
		Last	First	MI	AREA CODE Phone Number

8	FAMILY INFORMATION (Fill in only if applying for Family Day Care & Family Foster Care)	OWN CHILDREN AT HOME			
		NAME	BIRTHDATE	SEX	SCHOOL GRADE OR OCCUPATION
		N/A			
ALL OTHERS IN HOUSEHOLD					
NAME	BIRTHDATE	SEX	SCHOOL GRADE OR OCCUPATION	RELATIONSHIP	
N/A					

9	DIRECTIONS TO HOME OR FACILITY (All Applicants)		

10	FOSTER PARENT AND FOSTER HOME INFORMATION (Fill in only if applying for Family Foster Care)	APPLICANT		CO-APPLICANT			
		Occupation: <i>Trial Asst (Para Legal)</i>		Occupation:			
		Nearest Elementary School:		Distance:			
		Nearest High School: <i>Lincoln H.S.</i>		Distance:			
		HOUSING					
		Water Supply	Sewerage System	Milk			
		<input checked="" type="radio"/> Public <input type="radio"/> Private	<input checked="" type="radio"/> Public <input type="radio"/> Private	<input checked="" type="radio"/> Pasteurized <input type="radio"/> Raw — Source			
		SLEEPING ARRANGEMENTS					
			NUMBER OF OCCUPANTS		NUMBER OF BEDS		PLEASE SPECIFY INDIVIDUALS
			ADULTS	CHILDREN	SINGLE	DOUBLE	
DINING BEDROOM 1	1	1	1	1	<i>Jeff</i>		
BEDROOM 2	1	<i>Living room will be used</i>			<i>F.P.</i>		
BEDROOM 3							
BEDROOM 4							

CERTIFICATION/ APPROVAL
INFORMATION

NEW CSD CERTIFICATION
 RECERTIFICATION
 UPDATE
 HARD COPY NEEDED
 PROVIDER NUMBER: 417017
 PROV. TYPE: FR
 WK ID: 47-30
 DATE MO: 11 DY: 04 YR: 82

CERTIFICATE INFORMATION

PROVIDER NAME: MURRAY, EDWARD
 Begin CERT. DATES: 11.04.82 02.03.83 End
 CERT. TERMS: (A) Annual (P) Provisional (T) Temporary (B) Biennial

CERT/LIC CAP: <u>1</u>	SEX CERTIFIED: <input checked="" type="radio"/> (M) Male <input type="radio"/> (E) Male or Female <input type="radio"/> (F) Female <input type="radio"/> (B) Male and Female	CERTIFIED AGE RANGE: Min: <u>1</u> Yr. <input type="radio"/> Wk. <input type="radio"/> Mo. Max: <u>17</u> Yr. <input type="radio"/> Wk. <input type="radio"/> Mo.	PREFERRED AGE RANGE: Min: _____ Yr. <input type="radio"/> Wk. <input type="radio"/> Mo. Max: _____ Yr. <input type="radio"/> Wk. <input type="radio"/> Mo.
SEX CERTIFIED: <input type="radio"/> (M) Male <input type="radio"/> (E) Male or Female <input type="radio"/> (F) Female	NUMBER OF CHILDREN: _____	CERTIFIED AGE RANGE: Min: _____ Yr. <input type="radio"/> Wk. <input type="radio"/> Mo. Max: _____ Yr. <input type="radio"/> Wk. <input type="radio"/> Mo.	PREFERRED AGE RANGE: Min: _____ Yr. <input type="radio"/> Wk. <input type="radio"/> Mo. Max: _____ Yr. <input type="radio"/> Wk. <input type="radio"/> Mo.
SEX CERTIFIED: <input type="radio"/> (M) Male <input type="radio"/> (E) Male or Female <input type="radio"/> (F) Female		CERTIFIED AGE RANGE: _____ Yr. <input type="radio"/> Wk. <input type="radio"/> Mo. _____ Yr. <input type="radio"/> Wk. <input type="radio"/> Mo.	PREFERRED AGE RANGE: _____ Yr. <input type="radio"/> Wk. <input type="radio"/> Mo. _____ Yr. <input type="radio"/> Wk. <input type="radio"/> Mo.

SCHOOLS	CONTRACT	DAYS OF OPERATION	HOURS OF OPERATION
1. <u>Lincoln H.S.</u>	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Monday <input type="radio"/> Thursday <input type="radio"/> Sunday <input type="radio"/> Tuesday <input type="radio"/> Friday <input type="radio"/> Wednesday <input type="radio"/> Saturday	FROM _____ TO _____ AM _____ PM _____
TYPE OF OPERATION		TYPE OF CERTIFICATION — DAY CARE ONLY	
<input type="radio"/> A) PROPRIETARY <input type="radio"/> C) OPERATED BY GOV'T. AGENCY <input type="radio"/> B) NON-PROFIT <input type="radio"/> D) OPERATED BY SCHOOL DISTRICT		A) STATE ONLY B) FEDERAL ONLY C) STATE & FEDERAL	

SPECIAL CONDITIONS

CHILDREN IN CARE ONLY

Case No.	P/L	Case No.	P/L	Case No.	P/L	Case No.	P/L
<u>U2N 4830A</u>							

OTHER CONDITIONS

SEQ No.	
<u>S</u>	
<u>S</u>	<u>JEFF SIMPSON - only (A.F.S.#. 1123760)</u>
<u>S</u>	<u>(D.O.B. 10-19-67)</u>
<u>S</u>	
<u>S</u>	<u>no parents listed - perm. custody</u>

CERTIFICATION/APPROVAL ACTIVITY

	Certification/Approval Action	DATE			Certification Action Findings	DATE			Certification Action Results	DATE		
		MO	DY	YR		MO	DY	YR		MO	DY	YR
<u>C</u>	<u>11</u>	<u>11</u>	<u>04</u>	<u>82</u>		.	.		.	.
<u>C</u>		.	.			.	.		.	.
<u>C</u>		.	.			.	.		.	.

CODES

CERTIFICATION/APPROVAL ACTIONS

CERT. ACTION FINDINGS

- II Initial Certificate Issued
- RR Renewal Application Received
- RI Renewal Certificate Issued
- RC Certificate Revised
- RS Certificate reinstated following suspension
- IC Investigation of complaint
- SV Supervisory consultation visit
- MV Monitoring visit
- HR Administrative appeal hearing requested
- PF Petition filed with court of appeals
- RW Renewal application withdrawn
- RD Renewal application denied
- CR Close by revocation
- CV Close voluntarily
- CE Close expired
- CA Close — new address
- CO Close — new operator

ADOPTIONS ONLY

- CP Child placed
- AC Adoption completed
- CX Child removed

- IC In compliance with rules and/or standards
- MV Out of compliance — minor violations
- PC Out of compliance — perilous conditions
- MO Out of compliance — mistreatment of child (minor offense)
- CA Out of compliance — mistreatment of child (child abuse)

CERT. ACTION RESULTS

- WI Warning issued
- CS Certificate/license suspended
- AU CSD action upheld
- AO CSD action overruled
- CR Certificate revoked
- RW Request for hearing withdrawn

NAME OF FACILITY _____

PERSON INTERVIEWED _____

ADDRESS _____

PHONE _____

OBSERVATIONS OF CERTIFIER

DATE OF VISIT _____

TOTAL NUMBER OF CHILDREN IN CARE _____

TOTAL # OF STAFF _____

FOLLOW-UP ACTION REQUIRED: YES NO CSD 6 ISSUED

FINAL DATE FOR ACTION _____

DAY CARE CERTIFIER _____

DATE _____



TO: Joyce Larson
North CSD

DATE: November 19, 1982

FROM: Marcia Henry
Resource CSD

SUBJECT:

PROVISIONAL CERTIFICATION OF FOSTER FAMILY

The following home has been certified on a provisional basis for:

Foster Child	<u>Jeff Simpson</u>
Foster Family	<u>Edward Murray</u>
Home Address	<u>2186 N.W. Glisan #23</u>
	<u>Portland, OR 97210</u>
Telephone	<u>work 225-9100</u>
	<u>home 223-5289</u>
Certificate Number	<u>A47082</u>
Date of Issue	<u>November 4, 1982</u>

Please use this number and date for payment.

EVALUATION: Date of home visit 11/16/82.

Ed Murray has, in the past, worked with foster child at Parry Center. He is well aware of the many behavior problems Jeff has. He and Jeff are working closely to establish home and acceptable behavior rules. Weakness of the home: 1) limited space although Mr. Murray will be moving to a larger apartment 12-1-82. 2) Single man working full time plus coping with a most difficult child.

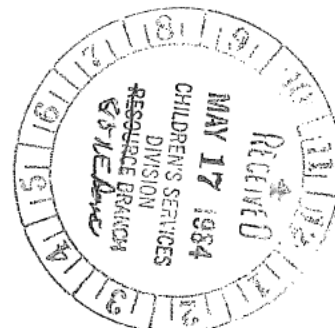
cc: James Patterson

Avis Sinyard



MICHAEL D. SCHRUNK, District Attorney for Multnomah County
600 County Court House, Portland, Oregon 97204, Telephone (503) 248-3162

May 15, 1984



Ms. Judy Butler
Children's Protective Services
815 N.E. Davis
Portland, Oregon 97212

Re: Sexual Abuse of Jeffrey Simpson - DOB: 10-19-67

Dear Judy:

This letter will clarify the reasons for my decision to withdraw from the Grand Jury the cases involving allegations of repeated sexual abuse of Jeff Simpson by two foster fathers.

As you know, [redacted] Jeff said had sodomized him are [redacted] Edward Murray (DOB: 4-2-55). I understand [redacted] have a history of working with young male juveniles.

It was Jeff's emotional instability, history of manipulative behavior and the fact that he has again run away and made himself unavailable that forced my decision. We could not be sure of meeting the high burden of proof in a criminal case - of proof beyond a reasonable doubt and to a moral certainty.

However, this in no way means that the District Attorney's Office has decided that Jeff's allegations are not true.

Many thanks for all of your efforts.

Sincerely,

MICHAEL D. SCHRUNK,
District Attorney

By Mary
Mary Burns Tomlinson,
Deputy District Attorney

MBT/kn
Enclosures



PROVISIONAL FOSTER HOME CERTIFICATION

11-16-82

Date of Home Visit

Murray, Edward
Foster Home Name

Jeff Simpson
Child's Name

10-19-67
Birthdate

CHILD'S CIRCUMSTANCES:

Expected Length of Placement unknown

Goal(s) awaiting institutional placement

Relationship Between Child and Foster Parents F. F. worked with him on staff at Perry Center - He was his resource person.

Motivation to assist Jeff

Natural Parents' Attitude relinquished at birth; failed adoption at age 5y - No family involved.

ASSESSMENT OF FAMILY:

Foster Parents' Background & Education Completed:

BA in sociology - U. of P. - Neighborhood Social work 3 yrs, both U.S. & Ireland (worked for the Arch Diocese in Brooklyn - Bedford Stuyvesant area, plus Northern Ireland, also for the Diocese.)

Foster Parents' Marital History & Relationship:

N/A

Family's Own Children:

N/A

Financial and Employment Situation:

14,400 per year employed: Metro Public Defenders. 2 1/2 yrs as a para legal.

Is Child Care Involved? No

Recreation:

Cross country ski, backpack - Workout once or twice week - movies - political involvement - Seated on: Community Correction Advisory, was on Mental Health Ad. Board

Health: Good - no meds needed - physician's report requested.

Evaluation:

Cl Murray has, in the past, worked with Foster Child at Perry Center. He is well aware of the many behavior problems Jeff has. He and Jeff are working closely to establish home and acceptable behavior rules. Weakness of the home: limited space although Mr. Murray will be moving to a larger apartment 12-1-82. (2) Single man working full time plus coping with a most difficult child.

ASSESSMENT OF HOME:

Does home meet minimum agency standards? yes

Briefly describe Studio apartment living room with "Murphy bed in wall, kitchen, bath, and dining room now used as bedroom for foster child.

Certifier walked through entire house? yes Any hazards noted: no

smoke alarms throughout building plus fire extinguish

Safety Equipment: Are any guns kept on the premises? no

If yes, how stored? _____

HOUSEKEEPING STANDARDS:

Furnishings: comfortable, clean, many books

Foster child's room: heat light ventilation

Describe small; orig. dining room, storage, study table

Adequate access? yes Within call of an adult? yes

Individual bed? yes; futon was his choice.

With whom is room shared? no one

Adequate drawer space? yes Space for study yes

Area for recreation appropriate to age? yes

Note any inspections needed and explain plan to correct any deficiencies:

N/A

discussed: removal of prior cause & effect / constant talking through situations -

DISCUSSION OF AGENCY POLICIES:

Certifier has stated that corporal punishment is not acceptable? yes
Applicants' response accepted policy in full-
Certifier has explained need to report any suspected child abuse? yes
Certifier has explained current insurance coverage? yes
Certifier has explained need for medical report? yes

DISCUSSION OF FOSTER HOME PROGRAM:

Certifier has explained procedures for:

payment clothing contacting child's worker-why/how/when
 medical school contacting certification worker-why/how/when
 emergencies visiting other tapes

Foster Parents' Experience With Children: Staff member at Paris

Center Eyes, Diocese of Brooklyn 2y, No. Ireland 1y

Expectations: Hoping to help F.C. modify behavior

pending opening child care center. Protect.

Acceptance of Roles in Working With Agency; Natural Parents: no problem;

Mr. Murray has six years of dealing with agencies.

No family of F.C. involved.

Attitudes on Child Rearing: good, sound - much

training in child dev., psych., interpersonal relationships, community resources available.

DISCUSSION OF LIFE-STYLE

Applicant's response to inquiry about drinking habits: once or twice a week, 2 or so drinks - glass of wine with dinner

social only -
Applicant's response to inquiry about sexual preference: heterosexual
dates occasionally but not much right now.

RECOMMENDATION:

90 day provisional certificate for Jeff Simpson - only from 11-4-82 to 2-3-83

FOSTER HOME: MURRAY, Edward B.
CHANGE OF ADDRESS
CERTIFIER: Marcia Henry
HOME VISIT: January 17, 1983

A47082

Foster parent Ed Murray has moved to 1707 N.W. Glisan, Portland, 97209. The new apartment is two bedrooms, large airy livingroom, dining area, compact open-floor plan kitchen plus one bath. It is located in an older area of homes, apartments, and businesses, on a busy main street. The apartment is carpeted, has a smoke alarm and the required fire extinguisher. It is located on the second floor of the old, renovated building which does have back stairs, allowing good fire exits from all apartments.

The foster child, Jeff Simpson, has his own room, complete with bed, futon, dresser, bookshelves, desk for studying, and closet. Ventilation and light is good.

The placement continues to go well. Jeff is very active in school basketball, is choosing his peer group well, attends classes regularly, and begins attending a drug treatment program at Mainstream this month. Medical and dental needs are being met.

Recommendation: 90 day provisional certificate for Jeff Simpson - only from January 17, 1983 to April 16, 1983, pending return of physician's report and questionnaire.

MH:gs

(1/24/83)

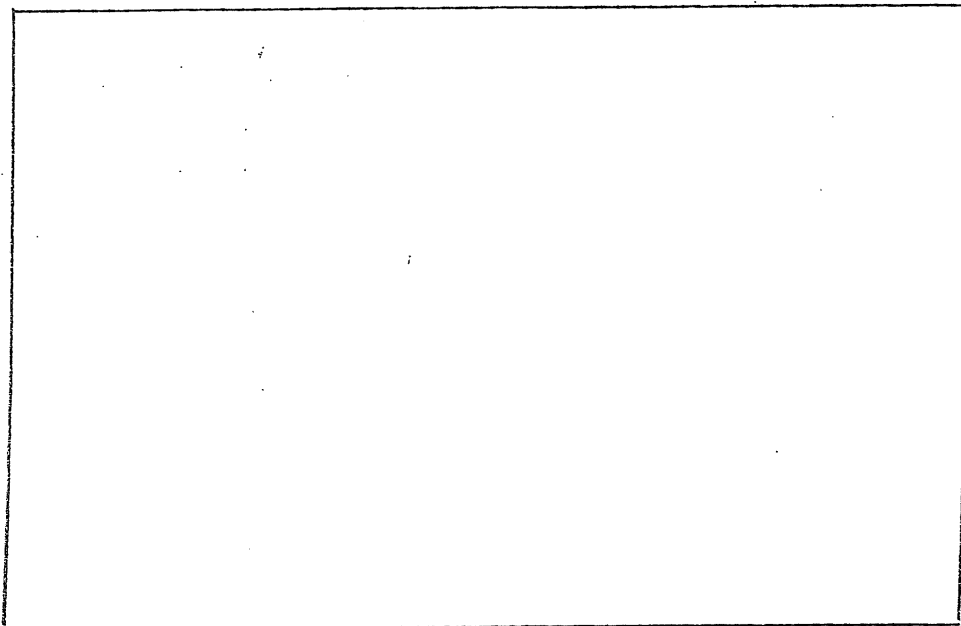
FOSTER HOME CERTIFICATION
CHILDREN'S SERVICES DIVISION

INSTRUCTIONS

Please complete the following information as best you can. Questions that do not pertain to you can be simply indicated by the answer, "Not Applicable" or "N/A".

If available, please place in the space provided below a current family picture. (A snapshot is acceptable.)

If you have any problems in understanding any of the questions, please do not hesitate to call the Foster Home Worker with whom you have had contact.



Preliminary Foster Home Information

Date 4/21/83

Husband Murray Edmond Bernard
 Last Name First Name Middle Name

Wife _____
 Last Name Maiden Name First Name Middle Name

Address 1707 N.W. Gilson Portland, OR 97209
 Street and Number City ZIP Code

Home Phone 223-5289 Work Phone 225-9100

Marriage _____
 Date N/A Place

Your children

<u>Name</u>	<u>Sex</u>	<u>Birthdate</u>	<u>Where living</u>
		<u>N/A</u>	

Others in your household

<u>Name</u>	<u>Sex</u>	<u>Birthdate</u>	<u>Relationship</u>
		<u>N/A</u>	

Individual Information

Husband

Birthdate 5-2-55 Birthplace Washington State Ethnic background Irish

Number of siblings 0

Last grade in school completed 10th

Military service: Dates _____ Branch _____ Type of Discharge _____

Present employment Metco. Public Defenders

How long employed 3 yrs.

Previous employment Parry Center for Children

What is your work schedule? Mon - Friday, regular office hours.

List any health problems you have _____

List any medications you take _____

Have you ever received any counseling or psychiatric treatment? No

If yes, what type _____
with whom _____
and when _____

Have you ever been charged with or arrested for any offense? No

If yes, give details (date, place, and nature of offense) _____

Previous marriage(s)

<u>Name of former spouse</u>	<u>Marriage Date and place</u>	<u>Divorce Date and place</u>	<u>Death Date and place</u>
------------------------------	--------------------------------	-------------------------------	-----------------------------

	<u>N/A</u>		
--	------------	--	--

Children of previous marriage(s)

<u>Name</u>	<u>Sex</u>	<u>Birthdate</u>	<u>Present whereabouts</u>	<u>Custody</u>	<u>Source of Support</u>
-------------	------------	------------------	----------------------------	----------------	--------------------------

		<u>N/A</u>			
--	--	------------	--	--	--

Individual Information

Wife

Birthdate _____ Birthplace _____ Ethnic background _____

Number of siblings _____

Last grade in school completed _____

Military service: Dates _____ Branch _____ Type of Discharge _____

Present employment _____

How long employed _____

Previous employment _____

What is your work schedule? _____

List any health problems you have _____

List any medications you take _____

Have you ever received any counseling or psychiatric treatment? _____

If yes, what type _____

with whom _____

and when _____

Have you ever been charged with or arrested for any offense? _____

If yes, give details (date, place, and nature of offense) _____

Previous marriage(s)

Name of former spouse

Marriage

Date and place

Divorce

Date and place

Death

Date and place

<u>Name of former spouse</u>	<u>Marriage</u> <u>Date and place</u>	<u>Divorce</u> <u>Date and place</u>	<u>Death</u> <u>Date and place</u>

Children of previous marriage(s)

Name Sex Birthdate Present whereabouts Custody Source of Support

<u>Name</u>	<u>Sex</u>	<u>Birthdate</u>	<u>Present whereabouts</u>	<u>Custody</u>	<u>Source of Support</u>

Financial Information

- 1. Husband's ^{monthly} yearly income (gross) 1285.00
- 2. Wife's yearly income (gross) _____
- 3. Husband's monthly income (net) _____
- 4. Wife's monthly income (net) _____
- 5. Other Income (net) _____
(average to a monthly figure if necessary)
- 6. Monthly total family net income \$ 1,034.00
- 7. Number of members in family _____

Monthly Payments

- 8. Mortgage/Rent 400.00
- 9. Transportation _____
- 10. Contracts _____
- 11. Credit Cards 30.00 per month
- 12. Utilities 40.00
- 13. Insurances 30.00
- 14. Other (specify) _____
- 15. Medications/doctor/hospital 50.00
- 16. Savings _____
- 17. Food 200.00
- 18. Clothing _____
- 19. Entertainment 120.00
- 20. Total (lines 8 - 20) 870.00
- 21. Monthly total family net income 1034.00
- 22. Minus monthly total family payments 870
- 23. Monthly disposable income 164.00

Have you ever filed bankruptcy? NO
If yes, when _____
where _____

General Information

Have you previously inquired about foster home certification? No

If yes, what agency _____
and when _____

Have you ever inquired about or applied for adoption of a child? No

If yes, what agency _____
and when _____

Describe the type of children for whom you wish to provide foster care. In this
Situation only Jeff.

Describe experiences you have had that you feel would be helpful in providing foster care.

Worked with children in Northern Ireland, New York City, these
were basikly inner-city experiences, as well as in Portland.

Have you or any of your children received services from Children's Services Division?

If yes, give details No

Have any of your children received services from the Juvenile Court? No

If yes, give details _____

Have any of your children received counseling or psychiatric treatment? No

If yes, what type _____
with whom _____
and when _____

References

Please list five individuals or couples chosen from among your friends, neighbors or professional persons (two relatives may be included) who know you well as a family.

Your references should be notified in advance that you are giving their names to us. They will not be contacted prior to the first interview.

1. Name of reference _____ Home Phone _____
Work Phone _____
Address _____ ZIP Code _____
Why did you select this party? _____
Where and when can they be reached? _____

2. Name of reference _____ Home Phone _____
Work Phone _____
Address _____ ZIP Code _____
Why did you select this party? _____
Where and when can they be reached? _____

3. Name of reference _____ Home Phone _____
Work Phone _____
Address _____ ZIP Code _____
Why did you select this party? _____
Where and when can they be reached? _____

4. Name of reference _____ Home Phone _____
Work Phone _____
Address _____ ZIP Code _____
Why did you select this party? _____
Where and when can they be reached? _____

5. Name of reference _____ Home Phone _____
Work Phone _____
Address _____ ZIP Code _____
Why did you select this party? _____
Where and when can they be reached? _____

MURRAY, Edward
CONVERSION CERTIFICATION
MARCIA HENRY, CERTIFIER
HOME VISIT: 2-17-83

I. FAMILY

FOSTER FATHER:

Edward Murray, d.o.b. 5-2-55, was born in Seattle, Washington, raised by both parents along with five sisters and one brother. Ed relates that he was the middle child, first boy. He relates his five sisters pampered him terribly while he was a preschooler and later became five bosses. His brother, who was 11 months younger than he and he paired up and established an excellent relationship which has lasted through the years. He remembers his father working for the State of Washington in the Department of Forestry. His employment consisted of buying and selling state land. He and Ed had a good relationship although a bit distant. His father, who died when Ed was 19 years of age, interacted with all the children, initiated special excursions and trips for both the girls and the boys. Ed remembers his mother was a full time homemaker, interested in the children, easygoing, very matriarchal, in charge of the household. He said that she was very talkative and intellectual with strong interests in the arts and Ed stated that when he was in school, he was an excellent student, very solid academically. He was senior body president in high school, was actively involved in cross-country racing, was on the baseball team for one year, very busy with school activities and actively involved in the outdoor education program. Graduated high school and felt that he thoroughly enjoyed those years. After graduating high school in 1974, Ed became involved with work for the Catholic Diocese of Brooklyn, New York, Catholic Services. He went to Ireland for one year working on the reconciliation program sponsored by American and Dutch Catholic groups. This program was youth oriented, attempts to get Catholic and Protestant together and Ed relates that, unhappily the program was very unsuccessful. The only success that he saw during his stay in Ireland was the two weeks stay with 30 children in Wales. He stated that after a short while, they began to interact and acknowledge each other. He said the problem was that after a two week period of time when children returned home, they all appeared to be back in the same old mold. In 1975, at the death of his mother, Ed returned home. After the funeral he went to work again for the Catholic Diocese of Brooklyn and was certified by New York State as a children's counselor. Part of his work was Parry Center-type counseling, working with some street kids, minority children, both Black and Puerto Rican. He said he enjoyed it but he burned out and he felt that after a year in Ireland and two years with the New York kids, he needed a change of pace. He returned to Portland, entered the University of Portland in 1977, majoring in philosophy and social service. He graduated in 1980 with a Bachelor of Arts Degree. He is planning to work towards his master's degree. He described himself as very politically active, has headed many political organization groups in Portland and has worked part time and eventually full time at Parry Center. When employed at Parry Center after graduation, Ed was a child care worker whose duties were responsibilities for up to 8 children on shift, supervision of staff, plus a one on one relationship with one of the children in the group. In 1980 he accepted employment with the Metropolitan

Public Defenders Office as a trial assistant and para-legal. He states that this organization is private, non profit, contracted with Multnomah County, Clackamas and Washington Counties. At this point, he enjoys his employment and within the next year or two will be investigating a similar position in private sector or perhaps return to school to complete his master's degree. He states that he is socially active, dating occasionally, attending many social athletic functions. Ed lists his hobbies as movies, reads extensively, writes, political organization, cross-country skiing, backpacking, weight lifting, attendance at the spa or YMCA. He states he also squeezes in interaction with such organizations as People for Prison Alternatives, Democratic Party, Democratic Socialist Organization Society, St. Andrews Parish, National Lawyer's Guild, which is a watchdog of the police force. He stated that while he has become a foster parent, he has stopped most of his interaction with these organizations due to lack of time. When asked about his alcohol usage, Ed Murray stated that he had one or two drinks occasionally once or twice a week after work. He will also have a glass of wine with dinner when he is out socially.

II. HOME AND COMMUNITY:

Foster parent resides in an apartment in Northwest area of Portland consisting of two bedrooms, large area living room, dining area, compact open floor plan kitchen, plus one bathroom. It is located in an older area of homes, apartments, and businesses on busy main street of Northwest Glisan. The apartment is carpeted, has smoke alarms and the required fire extinguisher. It is located on the second floor of the old, newly renovated apartment building which does have emergency exit backstairs, allowing good fire exits from all apartments. A walk-through the foster home showed no apparent health, safety or fire hazards. A completed foster parent provider check list has been submitted. Lincoln High School services the District.

III. PLACEMENT:

Jeff Simpson, d.o.b. 10-19-67 was placed with foster parent Edward Murray on 11-04-82. Ed Murray was in the past, Parry Center staff member who worked closely with Jeff when Jeff was placed at Parry Center. He and Jeff have worked consistently to establish a comfortable home and acceptable behavior rules. Realizing the major behavior problems that Jeff has shown in the past, Ed Murray has carefully created strong house rules and modes of behavior acceptable in the community. His initial ground rules are: Jeff is to attend school regularly and participate as needed, he is to obey the laws of the city (Jeff is on suspended commitment to McLaren). Jeff is aware that if he breaks house or society rules, that he will have to leave the Murray foster home. Jeff is responsible for half of the cleaning of the apartment and is responsible for his own laundry. The last rule of the household is there is no acceptable drug or alcohol usage. Jeff, in the past, has had major problems choosing good peer groups. He has been considered a heavy street kid, chronically truant from school. Since the placement, his choices within his peer group have improved, he is playing basketball regularly and associating with kids who are on the basketball team in high school, and he visits two weekends a month with his basketball coach who is also a psychologist and seems to enjoy the visits with the coach and his family very much. Jeff, when he first arrived at the foster home, had no concept of people's personal ownership or comprehension of privacy. Ed Murray has explained that Jeff is now developing respect for his own area and possessions and is beginning to understand that respect

MURRAY, Edward
Page 3

must be applied to his foster father's area. He is apparently spending good quality time with his foster parent, can now discuss feelings, concerns, and problems. Ed Murray stipulated that he has been in contact with school personnel and found that at first during the placement, the foster child had been cutting some classes. He is now on a special program at Lincoln where his attendance is being monitored regularly and his participation in class being watched as well. This seems to be quite successful. There have been many CONFRONTATIONS between the foster parent and foster child during this placement, primarily much anger being SHOWN BY the foster child, then his feeling it appropriate to share deep, complex feelings regarding himself, his community, his situation in life and his personal self image. Ed feels that these explosions have been very beneficial for the foster child although a bit difficult to cope with at times.

DISCIPLINE:

The discipline method of no physical discipline and no removal of food as a discipline method has been discussed in full. The foster parent agreed to it completely. Methods of discipline used in the household is primarily discussion, explanation, occasionally losing an allowance or privilege.

RECREATION:

The foster parent and foster child enjoy sports, outdoor activities, dinners out occasionally, television and music, plus planning many outdoor activities for the summertime which include backpacking, camping, and perhaps field trips.

FINANCES:

Ed Murray earns \$14,400 per year working as a para-legal with the Metropolitan Public Defenders office. He budgets carefully and feels that he is well able to care for his financial responsibilities.

HEALTH:

Ed Murray stipulates he is in excellent physical condition, sees his doctor once a year and has no disability. He has not as yet submitted a positive physician's report.

RELIGION:

Foster parent is Catholic but is not attending church on a regular basis. Foster child is not attending at this time either but if he chooses to do so, Mr. Murray states that he would be more than happy to transport him to the church of his choice.

EVALUATION:

Ed Murray has, in the past, worked with foster child Jeff Simpson at Parry Center. He is well aware of the many behavior problems that Jeff has and is more than willing to work with him to adjust some of the problem areas. He has conscientiously been in contact with Jeff's school, basketball coach, is actively involved with the Mainstream Drug Program, to assist Jeff with drug and alcohol abuses. He and

MURRAY, Edward
Page 4

Jeff together have initiated solid house regulations and rules pertaining to Jeff's behavior in public. There have been many altercations but even these confrontations have shown some positive aspects, whereby Jeff is able to vent some of his deep feelings and mistrust, problems and concerns. Although this is a very difficult placement for Ed Murray, it appears that this single parent has provided good quality foster care for one of the agency's most difficult children.

V. RECOMMENDATION:

Second provisional certificate for Jeff Simpson, only, pending return of physician's report and questionnaire.

MARCIA HENRY
MH:dn (trans. 4-11-83)

4-28-83 Physician's report and questionnaire submitted -M.H.

Recommendation: one year annual certificate for Jeff Simpson, only from 4-17-83 to 4-16-84.

MH:gs
(typed 5/4/83)

CLOSING MEMO

FOSTER HOME NAME: Edward Murray

FOSTER HOME NUMBER: A47082

CHILD'S NAME: Jeff Simpson

SUPERVISOR

ACTION: CLOSE: 4-15-83
(Date Child Left Home)

Close & Transfer to other County: _____

Close & Transfer to General Foster Care Unit: _____

002? yes _____ no Y

COMMENTS:

Physician's report and questionnaires
not submitted.

CERTIFIER: P. Wood for Marcia Henry

DATE: 4-15-83

FOSTER HOME: MURRARY, Edward
CLOSURE
CERTIFIER: Marcia Henry
April 15, 1983

A47092

Due to Mr. Murrays failure to submit a positive physician's report and completed questionnaire, necessary to close his second provisional certificate. Caseworker Joyce Larson was advised of this situation as was Mr. Murrary. Mr. Murray is aware that payment will be stopped until he submits the required documents. Mr. Murray stated that he would try to obtain the necessary papers. He was aware that he would lose some days of payment until he accomplished this.

On 4-20-83, Mr. Murray submitted his positive physician's report and questionnaire. Certification will be reopened as of 4-17-83. Certificate will be an annual one, dated from 4-17-83 to 4-16-84.

MH:gs
(typed 5/4/83)

uly 24, 1984

Date

MURRAY, Edward D. A47082
Foster Home Name and Number

Dorinda Lee
Certifier

FOSTER HOME CLOSURE

Edward Murray's home was certified for the care of Jeff Simpson in November 1982. Mr. Murray had requested the certification, as he had known Jeff for several years, meeting him initially when he was employed as a child care worker at Parry Center. The placement continued until March 1984, when Jeff left the home because of his need for a drug treatment program. After the move, a report was received by CSD that Jeff had reported being sexually abused by Mr. Murray the entire time he lived in this home and for several years prior to that time. Please refer to the Foster Parent Abuse Report summary filed in the case record.

As Jeff Simpson left this home on 03-18-84 and the certification lapsed on 04-16-84, the home is no longer open for foster care. It is important that this home never be reopened for foster care and that if Mr. Murray reapplies to be certified as a foster parent his application be denied because of his reported sexual abuse of Jeff Simpson.

CASE CLOSED.

D.LEE:fs

D Lee

CLOSING MEMO

Foster Home Name: Edward Murray

Foster Home Number: A47092

Child's Name: Jeff Simpson

Supervisor

ACTION: Close: 3/14/84
(Date child left home)

Close & Transfer to other County:

Close & Transfer to General Foster Care Unit:

002? yes no

Comments: Jeff Simpson left the home because of his need of treatment for drug and alcohol abuse. After he left the home he reported that he had been sexually abused by Mrs Murray the entire time he lived in the home and for 2 or 3 years before entering the home. Please refer to the Foster Parent Abuse Report Summary filed in this record. ~~This~~ Mrs Murray's home should never be certified under any circumstances.

Certifier: D Lee

Date: 2/24/84 *DM*

EVALUATION OF FOSTER HOME

20

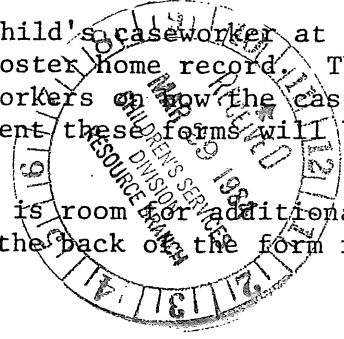
3-27-84

Date

****Fill in all blanks and spaces.**

Murray, Ed	Jeff	10-19-67	11-4-82	3-16-84
Foster Home Name	Child's First Name Only	Birthdate	Date Placed	Date Removed
A47082		283-5736		
Foster Home Number	James Patterson	North		
	Caseworker	Branch		

INSTRUCTIONS: One copy of this form must be completed by the child's caseworker at the time the child is removed from a foster home and filed in the foster home record. This form will provide information for the certifier and other caseworkers on how the caseworker perceived the placement. When requested by the foster parent these forms will be shared with the foster family.



In each area you need to check the appropriate box. There is room for additional comments in each section if you choose. You may also use the back of the form if necessary.

1. CARE AND TRAINING OF CHILDREN

Were the emotional needs of the child met? YES NO

Jeff's emotional needs were met better by Ed than most other placements he had. Jeff still had numerous emotional needs but I would be better met anywhere.

Were the physical needs of the child met, i.e., food, clothing, comfortable environment? YES NO

Were medical, dental, and immunization needs attended to and records kept? YES NO

Was the handling of behavior problems satisfactory? YES NO

Were there any special problems that had to be dealt with? YES NO

Jeff has numerous special problems. Ed seemed to work well with these problems and eventually was willing to accept help and advise from.

2. RELATIONSHIP WITH NATURAL PARENTS

Satisfactory Unsatisfactory Not Applicable

No Natural Parents

3. RELATIONSHIP WITH AGENCY

Satisfactory Unsatisfactory

There were problem between Ed and the previous worker. I inherited those problem and it took a month or two to straighten them out. After that

4. EVALUATION OF FAMILY AND ABILITY TO CARE FOR FOSTER CHILDREN.

How would you evaluate this family's overall ability to care for foster children?

GOOD FAIR POOR

CONFIDENTIAL

Positive/Negative aspects: *Ed is a single individual with no children of his own. He was more or less hand picked to deal with Jeff. Although our relationship started off somewhat shaky that was soon cleared up with no additional problems between Ed and myself. I feel that Ed did a good job with an extremely difficult child. If Ed is used in the future he should be used for specific (hand picked) children and not for general purpose use. Ed works full time and has no back up for these reason he should be considered for older (teens) children.*

FOSTER HOME CERTIFICATION
CHILDREN'S SERVICES DIVISION

Reference Information

Applicant Edward Murray

How long have you known the applicant? 2 1/2 yrs.

What is your relationship to them? friend

How often do you see them? daily

What is your impression of ~~them~~ ^{him} in terms of their compatability and stability as a couple? No couple. EO is very stable both in employment setting & social setting.

In observing them with their children or other children, what is your opinion of their parenting skills? I have observed EO with Jeff and believe he has very strong parenting skills. He displays both patience & control in every social situation that both attend.

What has been your experience in leaving your own children in their care? If you have not left your children with them, why not? I have no children

How do they compare with other parents of your acquaintance? Very favorably

Do you have any hesitancy in recommending them to care for foster children? Please consider personality characteristics and personal habits in your answer. No hesitancy at all. EO is very conscientious, concerned & involved and would make the best possible effort to take care of a foster child.

Please add any comments you feel might help us in evaluating them? EO is very concerned about Jeff. I have had the opportunity to see EO at work as well as socially and feel that he would be an excellent foster parent.

Signature Janice S. Schwab

Marcia Henry
Resource Branch
305 State Office Bldg.
1400 S.W. 5th Avenue
Portland, OR 97201

Date 11/24/82

PLEASE RETURN TO _____, RESOURCE BRANCH, CSD.

FOSTER HOME CERTIFICATION
CHILDREN'S SERVICES DIVISION

Reference Information

Applicant Edward Murray

How long have you known the applicant? 4 to 5 years

What is your relationship to them? teacher at University and personal friend

How often do you see them? on a regular basis

What is your impression of them in terms of their compatability and stability as a couple? Ed is single, emotional stable, sensitive and understanding with a good set of values, courage and conviction and integrity.

In observing them with their children or other children, what is your opinion of their parenting skills? Ed has considerable experience with children, and has a good understanding of them along with the difficulties and joys of growing up.

What has been your experience in leaving your own children in their care? If you have not left your children with them, why not? Ed has been with our children often relates well with them in a relaxed manner. There has been no occasion to leave them with him for any length of time.

How do they compare with other parents of your acquaintance? He has not been a parent.

Do you have any hesitancy in recommending them to care for foster children? Please consider personality characteristics and personal habits in your answer. No.

Please add any comments you feel might help us in evaluating them?

There is no question that single parenting has its challenges, but given Ed's background, understanding and disposition, I believe that there are good reasons to assume such a placement would be successful.

Signature Marcia Henry

Date Nov 22, 1982

Marcia Henry
Resource Branch
305 State Office Bldg.
1400 S.W. 5th Avenue
Portland, OR 97201

PLEASE RETURN TO _____, RESOURCE BRANCH, CSD.

FOSTER HOME CERTIFICATION
CHILDREN'S SERVICES DIVISION

Reference Information

Applicant Edward Murray

How long have you known the applicant? five years

What is your relationship to them? Spiritual Counselor

How often do you see them? every few months

What is your impression of them in terms of their compatibility and stability as a couple? Edward would have a good influence as a model of stability

In observing them with their children or other children, what is your opinion of their parenting skills? applicant has had alot of experience working with the age group under consideration - Park East in New York City and at Perry Center in Portland

What has been your experience in leaving your own children in their care? If you have not left your children with them, why not?

How do they compare with other parents of your acquaintance? As a single parent, he would be caring and patient and understanding

Do you have any hesitancy in recommending them to care for foster children? Please consider personality characteristics and personal habits in your answer. My own real hesitancy is the financial burden he is undertaking and the threat to his plans to attend law school that it may constitute

Please add any comments you feel might help us in evaluating them? Has had a long experience in dealing with the child under consideration and the latter trusts him more than most others

Signature Bernard McVeigh

Marcia Henry
Resource Branch
305 State Office Bldg.
1400 S.W. 5th Avenue
Portland, OR 97201

Date November 22, 1982

PLEASE RETURN TO _____, RESOURCE BRANCH, CSD.

FOSTER HOME CERTIFICATION
CHILDREN'S SERVICES DIVISION

Reference Information

Applicant Edward Murray

How long have you known the applicant? over 2 years

What is your relationship to them? Employer

How often do you see them? daily

What is your impression of them in terms of their compatability and stability as a couple? N/A Ed is very stable and level-headed, especially under stress situations

In observing them with their children or other children, what is your opinion of their parenting skills? no knowledge

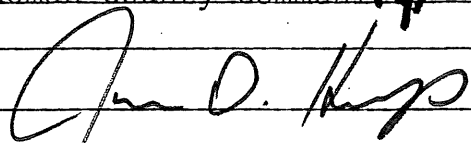
What has been your experience in leaving your own children in their care? If you have not left your children with them, why not? N/A

How do they compare with other parents of your acquaintance? N/A Ed has the patience intelligence, desire and inclination to be a good parent

Do you have any hesitancy in recommending them to care for foster children? Please consider personality characteristics and personal habits in your answer. NONE!

Please add any comments you feel might help us in evaluating them; I trust Ed and his judgment. He handles paralegal work for my office and also speaks in my place for the office on the Multnomah County Community Corrections Council

Signature



Date

11/19/82

Marcia Henry
Resource Branch
305 State Office Bldg.
1400 S.W. 5th Av. Bu.
Portland, OR 97201

PLEASE RETURN TO

, RESOURCE BRANCH, CSD.

20

REQUEST FOR
OUT-OF-HOME PLACEMENT

CASE NO:

Simpson Jeff
CHILD'S LAST FIRST

TO R6.11-5-82

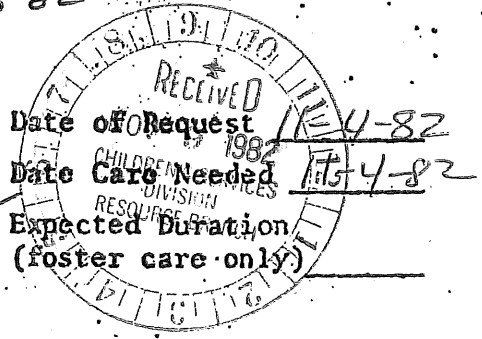
PLACEMENT REQUESTED:

First Choice Special cert
Second Choice _____

Temporary Placement Requested:
____ Shelter/Emergency Home
____ Special Needs Home

Special Certification:

Name Ed Murray
Address 2186 NW 11
Alexian # 2391 232
Phone 223-5289 H
225-9100 W



CHILD'S M 10-19-67 75 Mulatto Current caretaker Ed Murray
sex birthdate age race Relationship Caretaker - Ex Child Care Worker
Previous placements/dates Edoelud Chodge Address 2186 NW Alexian # 23
5-23-74 -> 9-18-74, Perry Center Portland, Oregon
on Child 9-18-74 -> 5-14-79, Lutha Parent's name none
Reason for current change _____ Address _____

School Attending _____ Grade 8

Change acceptable? Yes

Parent's current feelings toward child/placement
Jeff is PC to us Relinquished

Child's general description/strengths attractive, Verbal, Social

SPECIAL PROBLEMS

Explain all items checked

- 1 Peer relationships
- 2 _____ Isolated/withdrawn
- 3 _____ Sexually active
- 4 Law violator Burglary
- 5 Running (frequency)
- 6 _____ Beligerent
- 7 _____ Destructive
- 8 _____ Soiling
- 9 _____ Bedwetting
- 10 _____ Smoking
- 11 _____ Health problems (Specify)
- 12 _____ Drug/alcohol use (Type/frequency)
- 13 _____ Physically/mentally handicapped (I.Q.)
- 14 _____ Toleration of younger/older children
- 15 _____ Assaultive behavior/explosiveness
- 16 Fire setting (how current/frequency) 12-81
- 17 Other (Specify) Stealing
- 18 Other (Specify) lying

Jeff is charming & manipulative
He has serious behavior
& emotional problems.

TYPE OF FOSTER HOME DESIRED (Specific characteristics desired, location preferred, etc.)

Special Certification of Ed Murray's home

Worker Name Joyce Laison (12) Supervisor's Signature John Mullen
Branch North Multnomah Resource Coordinator James Patten

5-14-79 -> 3-14-80, Don Wiggins 5-19-80 -> 5-29-80, Keaton

CONFIDENTIAL

BRANCH SCREENING REPORT

Child's Name Jeff Simpson

Birthdate 10-15-67

Case Name Simpson, Jeff

Legal Status Voluntary
 T.C./Wardship

Reason for initial Out-of-Home Placement and/or Present Replacement request:

Jeff was placed at Ed Murray's on a
Temporary basis Awarty placement in
Unidentified Case (earliest date Jan 1983)

The committee (concur) (does not concur) that out of home care is necessary
(and) (or) appropriate for the following reason(s): _____

The recommended treatment of choice is:

FIRST CHOICE: _____

SECOND CHOICE (OPTIONAL): _____

Temporary Placement Recommended:

Shelter/emergency care.

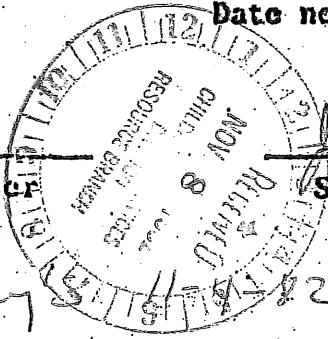
Special Needs Foster Care- This authorizes a minimum special rate of \$400/month. Amounts above this figure must be approved in a separate action.

Comments: _____

Date of this review: 11-5-82

Date next review due: _____

Joyce Larson
Signature of Service Worker



James Patterson
Signature of Chairperson

to 8-25-82: Ed Murray

FAMILY IDENTIFICATION

CASE NUMBER

DATE
MO DY YR

UZN4830

4.16.84

NEW CS/CASE REOPEN UPDATE REFERRAL ON OPEN CASE

INFORMATION TAKEN BY

Griswold

ASSIGNED WORKER

Butler

WK ID

REFERRAL INFORMATION

SEQ. NO.

TYPE

PROTECTIVE SERVICE (P) PREVENTIVE/RESTORATIVE (R) SUBSTITUTE CARE (S) OTHER (O)

DATE
MO DY YR
4.16.84

TIME

AM
PM

REFERRAL SOURCE
NAME
PRO

PHONE NUMBER

MEDIUM

PHONE OFFICE VISIT FIELD MAIL

ADDRESS

FAMILY ADDRESSES

HOME ADDRESS

MAILING ADDRESS (IF DIFFERENT FROM HOME ADDRESS)

BLD/APT: Genie Home
STREET: 2808 S.E Belmont
CITY: Portland STATE _____
PHONE: 238-0907 COUNTY: _____ ZIP: 97214

BLD/APT: _____
STREET: _____
CITY: _____ STATE: _____ ZIP: _____
FOR JCS CASES DATE OF MOVE JCS
MO DY YR P/L:

DIRECTIONS TO HOME: _____

CASE/FAMILY MEMBERS

FAMILY MEMBERS

P/L	NAME	PT	REL	X	DOB	SSN	W	H	MD	ELIG	DATE
A	SIMPSON, JEFF	CH	SEL	M	10/19/67	[REDACTED]	5	19			070882

case name

1.51 Murray Lawrence

AKA	P/L	P/L	MO	DY	YR	I
Murray, Edward	.	.	5	2	55	I
AKA	P/L	P/L	MO	DY	YR	
AKA	P/L	P/L	MO	DY	YR	
AKA	P/L	P/L	MO	DY	YR	
AKA	P/L	P/L	MO	DY	YR	
AKA	P/L	P/L	MO	DY	YR	

OTHER SIGNIFICANT PERSONS

1	NAME	ADDRESS	PHONE NUMBER	RELATIONSHIP
2				

SPECIAL PROJECTS

INDO-CHINESE

REFERRAL SOURCE CODE	PERSON TYPE (P/T)	RELATION TO CASE NAME (C-REL)	WHEREABOUTS (WHR)
AFS - AFS ANO - Anonymous CSD - CSD XSP - Ex-Spouse FOS - Foster Parent FRI - Friend JUV - Juvenile Court MED - Medical NBR - Neighbor	OTH - Other PRO - Other Professional PAR - Parent POL - Police REL - Relative SEL - Self SCH - School SOC - Soc. Serv. Agency	ANT - Aunt SEL - Case Name (Self) CHI - Child COU - Cousin XSP - Ex-Spouse GPA - Grandparent GCH - Grandchild INL - In-law LIV - Live in Companion NEP - Nephew	NIE - Niece NOR - No Relation PAR - Parent SIB - Sibling STC - Step Child STP - Step Parent SPO - Spouse UNC - Uncle UKN - Unknown
* For Protective Services use this code only for reports initiated by police.		ETHNIC (ETH) A - Asian B - Black H - Hispanic I - Indian W - White U - Unknown	I - In Home (Incl. Adoptive Home) A - Adopted D - Deceased H - Mental Hospital M - Military P - Penal Institution S - Substitute Care T - Juv. Training School Z - Out of State C - Out of Country O - Out of Home - Other U - Unknown X - Other Hospital

NATURE OF REFERRAL/REQUEST (Summary Only): Allegation of sexual abuse; [redacted]
reported to caseworker, James Patterson
Wed 9/11/84

Jeff Simpson said he had been sexually abused by his foster father, Ed Murray. Jeff gave this information in response to a question asking if he had ever been abused. Before answering

ASSESSMENT (Attach Narration) MO DATE YR ADMIN. MO DATE YR INITIAL CHECK IF OPEN CASE BRIEF CASE CLOSE MO DATE YR
 EXTENSION ASSESSMENT ONLY SERVICE

DISPOSITION (Summary Only): Child interw'd by Butler of CPS w/Patterson and Gena GH staff pres on 4-18. Gave clear statement of sexual abuse [redacted] Butler ret. on 4-19 and re-interviewed Jeff w/Foesch PPB sex crimes. Jeff remains consistent. SEE Dicta.

REFERRED TO: SERVICES:

PROTECTIVE SERVICES ONLY		DATE	TIME
<input type="checkbox"/> CHILD IN DANGER			
<input type="checkbox"/> PREVIOUS REPORT EXISTS			
<input checked="" type="checkbox"/> REPORT VALID Investigation has shown abuse/neglect occurred.		SUSPECTED ABUSE: 1980-1984	AM PM
<input type="checkbox"/> REPORT UNSUBSTANTIATED Investigation has shown abuse/neglect occurred; cause or circumstance remain unknown or unclear.		LEA NOTIFIED: (NAME) Murray	MO DATE YR AM PM
<input type="checkbox"/> REPORT INVALID Investigation has shown abuse/neglect did not occur.		REMOVAL INITIATED: already removed	MO DATE YR AM PM
PPB-4-16 PPB-Foesch		FIRST CHILD CONTACT: 4.18.84 930	AM PM
		FIRST PARENT CONTACT: NO PARENTS	AM PM
		INVESTIGATION: <input type="checkbox"/> LEA ONLY	MO DATE YR
		<input checked="" type="checkbox"/> CSD ONLY <input checked="" type="checkbox"/> JOINT CSD/LEA	4.19.84
		REPORTED BACK TO REFERRAL: 4.18.84 11/4/2:0	MO DATE YR

FAMILY STRESS INDICATORS (Maximum 5)

01 <input type="checkbox"/> Single parent	03 <input type="checkbox"/> New baby/pregnancy	06 <input type="checkbox"/> Parental involvement with LEA	09 <input type="checkbox"/> Recent relocation	12 <input type="checkbox"/> Other
02 <input type="checkbox"/> Head of family unemployed	04 <input type="checkbox"/> Heavy child care responsibility	07 <input type="checkbox"/> Physical abuse of spouse/fighting	10 <input type="checkbox"/> Inadequate housing	13 <input type="checkbox"/> None
05 <input type="checkbox"/> Parental drug/alcohol abuse	08 <input type="checkbox"/> Parental history of abuse as child	11 <input type="checkbox"/> Social isolation		

ABUSE DESCRIPTION (record P/Ls for each child for each symptom/diagnosis)

PHYSICAL ABUSE 20 Head Injuries 21 Breaks/Fractures/Dislocations 22 Sprains 23 Bruises/Welts/Abrasions 24 Internal Injuries/Shaking 25 Burns 26 Wounds/Cuts/Punctures 27 Other Physical Abuse	CENTRAL REGISTRY SEXUAL ABUSE 40 <input checked="" type="checkbox"/> Sexual intrusion (Penetration, rape, sodomy, etc.) 41 <input checked="" type="checkbox"/> Molestation (genital contact but no penetration) 42 Fondling. No genital contact. Touching breasts or buttocks, exposure, voyeurism. 43 <input checked="" type="checkbox"/> Sexual harassment/intimidation pressuring children for future sexual purposes. 44 <input checked="" type="checkbox"/> Exploitation (Uses of children for sexual purposes, pornography, photography, prostitution, etc.) 45 Other Sexual Abuse 50 DECEASED	NON-CENTRAL REGISTRY EMOTIONAL ABUSE/NEGLECT 60 Habitual verbal assault; scapegoating, threats, etc. 61 Close Confinement; binding, confine to closet, etc. 62 Refusing to provide care or shelter 63 Other/Unspecified emotional abuse NEGLECT (No physical harm currently apparent) 70 Inadequate Supervision (No physical harm) 71 Unsanitary/unsuitable living conditions. 72 Other Neglect, no physical harm 80 DESERTION/ABANDONMENT
--	--	---

ALLEGED PERPETRATOR DESCRIPTION CHILD (Victim) P/L Relation To Victim Age Sex Ethnic A Foster 29 M W		ALLEGED PERPETRATOR NAME Edward Murray ADDRESS 1707 NW Glisan NAME [redacted] ADDRESS [redacted] X Judy Butler 4-19-84 WORKER SIGNATURE AND DATE	
---	--	---	--

ALLEGED PERPETRATOR'S RELATIONSHIP TO VICTIM

MOT - Mother	SFA - Steppather	GRA - Grandfather	FFL - Father's Female Live-in	BAB - Baby Sitter	UNK - Unknown Perpetrator
FAT - Father	SMO - Stepmother	UNC - Uncle	MML - Mother's Male Live-in	XSP - Ex-Spouse	OTH - Other
BRO - Brother	STS - Step-sibling	FPA - Foster Parent	REL - Other Relative	NFR - Neighbor/Friend	
SIS - Sister					

Jeff asked if the information would be confidential and [REDACTED] said it would. Jeff also told [REDACTED]

[REDACTED] that recently when foster father visited him in psychiatric unit at Adventist hospital foster father told him they would stop doing it referring to the sexual activity.

James Patterson reports that Jeff Simpson is an extremely disturbed young man and has been suicidal in the past. He is a child who has been permanently committed to the agency for many years and had a failed adoption in 1975. Since that time he has been in Edgefield, Parry, Leamy Rd group home and many foster homes. About 1 1/2 year ago he was placed with Ed Murray and until last fall did fairly well there. Ed and Jeff originally met when Jeff was in Parry center and Ed was a childcare worker

there. Ed has been interested in Jeff since Jeff left Parry and 1 1/2 years ago went to court to have Jeff placed with him. Ed's home is the most successful placement Jeff has had and even though Jeff was removed from the home a few weeks ago Ed continues to be involved with Jeff and may be a resource for him later.

Jeff was removed from Ed's home because of Jeff's continuing problems with drug abuse. The caseworker, ~~and~~ Coda and other professionals feel that Jeff needs a secure setting and treatment for drug abuse and other emotional abuse.

Ed Murray works for legal aid. He is an assertive foster parent given to planning on his own.

I reported to Special Services & talked to Baumgart. He said CSD could handle and call if there were definite allegations. He also asked to find out if relationship was consensual.

This case has been followed in state office because of placement difficulties. Betty Burnette has recommended that Jeff be placed back with Ed & that High Impact do counseling. This plan was conceived before sex abuse allegations.

finding: Possible sex abuse of Jeff Simpson by foster father.

PROTECTIVE SERVICE ASSESSMENT

CONFIDENTIAL

MAY 20, 1984

JUDY BUTLER, CPS BRANCH

SIMPSON, JEFF (CHILD) UZN 4830

Dictation Date

Service Worker

Case Name and Number

"THIS ASSESSMENT INCLUDES FOSTER HOME INVESTIGATION REGARDING THE FOLLOWING PARENTS: EDWARD MURRAY, DOB 5-02-55, [REDACTED]

PROBLEM:

Please refer to the original 307 dated 4-16-84. [REDACTED]

[REDACTED] contacted Protective Services Hotline on 4-16-84. [REDACTED] reported [REDACTED] on Wednesday, 4-11-84, Jeff Simpson had revealed to [REDACTED] that he had been sexually abused while in foster care. By [REDACTED]'s report, [REDACTED] stated that she asked Jeff the following question: "Have you ever been sexually or physically abused?" Jeff's reply was that he had been sexually abused several years ago in a foster home. When she questioned him if there had been anything else or anything more recent, Jeff asked if the information would remain confidential. After being reassured by [REDACTED] that it would, Jeff acknowledged that his foster father in his most recent placement had also sexually abuse him. Following her intake interview with Jeff Simpson, [REDACTED] consulted with her supervisor and they then obtained the counsel of [REDACTED] legal adviser. It was determined that this should and could be reported and therefore Mr. Patterson was informed on 4-13-84 just shortly before 5 o'clock that Jeff Simpson had made the above allegations. Mr. Patterson requested a protective service assessment.

CONTACTS:

This case was assigned to me on 4-17-84. I made contact with Mr. Patterson and we agreed to meet on 4-18-84. I asked that Mr. Patterson give me some brief background information on Jeff at that time and thereafter we would proceed to the GENA Group Home at 2808 SE Belmont to interview Jeff. Jeff was currently in placement at the group home while awaiting further placement in either an alcohol and drug treatment program or a setting which could be more long term.

On 4-18-84, I met with James Patterson as planned at approximately 8:30 am. At this time I looked over Jeff Simpson's quite lengthy CSD record. Mr. Patterson also provided me with a recent 147 which outlined the placements which Jeff had had since May of 1974 when he had been placed at Edgefield. The list of placements read as follows: EDGEFIELD 5-23-74 to 9-18-74; PARRY CENTER 9-18-74 to 5-14-79; LUTHER FOSTER HOME 5-14-79 to 3-14-80; WIGGINS FOSTER HOME 3-14-80 to 5-29-80; LEAHY ROAD GROUP HOME 6-7-80 to 4-24-82; YOUTH FOR CHRIST GROUP HOME 6-23-82 to 7-21-82; and again from 8-18-82 to 9-2-82; and the MURRAY FOSTER HOME 11-4-82 to placement at the GENA GROUP HOME in March of 1984. Mr. Patterson reported that since September of 1983, Jeff's adjustment and behavior in the Ed Murray foster home had deteriorated. He reported that during the 82-83 school year Jeff had done fairly well at Lincoln High School. He had then had a CETA job and done fairly well working throughout the summer. In October of 83 he began to run, absencing himself from the Murray home overnight at various periods. Christmas was a particularly bad time for Jeff. Mr. Patterson attributed this in part to the fact that during one Christmas season, Jeff had set a Christmas tree on fire in a foster home burning the house. Approximately one and half months prior to Jeff's removal from the Murray home Mr. Patterson reports that Jeff began to stay out fairly regularly all night. His moods became "vile", he seemed to be always stoned and on two occasions reportedly "menaced Ed." Lincoln High School in fact finally withdrew him for non-attendance. In March, the decision was made to move Jeff. Mr. Patterson states that he in fact had made this decision when Mr. Murray also advised him that he was unable to cope with Jeff's behavior any longer. Jeff seemed to have picked up that this decision had been made and also stated he wanted to move

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from the home. Jeff was moved on a Friday to the GENA group home and Mr. Patterson advised Mr. Murray that he wished no contact with Jeff until cleared by Mr. Patterson due to the emotionalism surrounding the move. This was upsetting to Jeff as he was aware that Mr. Murray was leaving for a seminar that weekend and later for a two week vacation to the East Coast. On the Sunday following his placement, there were problems at the group home which necessitated a room search. Staff there later admitted that this was done in a hasty and somewhat degrading manner. Jeff reacted by slashing his wrists producing a 4 inch gash on the left arm. He was admitted to Portland Adventist Hospital. During this time period Mr. Patterson did okay a visit by Mr. Murray to the hospital before Mr. Murray's vacation. Jeff recovered and was replaced at the GENA group home. Mr. Murray left on vacation and was gone for approximately the first two weeks of April. Mr. Patterson did okay phone contact between Mr. Murray and Jeff Simpson and in fact Mr. Patterson told me he obtained approximately \$20 to \$25 of CSD money to provide the ex-foster parent for the purpose of making long distance calls. Mr. Patterson states that Jeff's emotional state was such that he felt the contact with Mr. Murray was critical to the child's recovery. However, Mr. Patterson noted that Mr. Murray made many calls probably using way over the dollar amount given him. Mr. Murray called Jeff from the Vancouver Airport and was reported to have said "Maybe you could come out and meet me when I come in at the airport". The GENA group home did take Jeff to meet Mr. Murray on 4-15-84, but Ed had someone else there to meet him and appeared surprised. On 4-16-84 Mr. Murray attended a meeting at GENA group home for the purpose of planning for Jeff's future placement. One possibility being explored by CSD was to replace Jeff in Ed's foster home with Intensive Family Services support and a community based drug program. However, given the allegations of sexual abuse made by Jeff to [REDACTED] and also [REDACTED] refusal to accept Jeff in a community based drug program, as well as the inability to find a drug program in the community for Jeff, return to Mr. Murray's home was seen as out of the question. Nonetheless, the meeting on 4-16-84 went as planned so as not to alert Mr. Murray to the information which had been revealed by Jeff the prior week. Mr. Murray continued to re-enforce that he would be a resource to Jeff after Jeff had completed a drug treatment program.

At approximately 9:30 am on 4-18-84 I arrived with Mr. Patterson at the GENA group home and was introduced to Jeff Simpson. I told Jeff that I was going to be very direct with him and tell him exactly why I was there. I then proceeded to explain to him that there had been a report to Protective Services that he had been sexually abused in a former placement and that I wished to discuss this with him. At first, Jeff appeared to be both surprised and upset that this information had come out. He shook his head from side to side many times stating, "I don't know where you heard this". At another time he stated "This could have only come from one person, but it was suppose to be confidential". I told Jeff that I was unable to reveal to him the name of the reporter, but told him that it was imperative for us to go over the allegations that had been made. He initially attempted to avoid by stating: "He's not taking care of kids any more, so I don't see what it matters". I then explained to him that it was extremely important that we document cases of sexual abuse whether the person had children in [REDACTED] currently or not. I explained to him that whether or not a person had children in their home, they could continue to access themselves to children through volunteer work, professional work, foster care in the future, etc. [REDACTED]

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[REDACTED]

It was only when I appeared to be preparing to leave that he stated "I guess it won't do any good if I don't tell you everything". He then acknowledged that he had also been sexually abused by Mr. Murray, his last foster placement.

Jeff stated that his relationship with Mr. Murray began when he was in placement at Parry Center and Mr. Murray worked there. At that time he saw Mr. Murray as a person who sincerely cared about him. As Jeff moved into future placements, he states he continued to see or talk with Mr. Murray. He states when he was at the Leahy Road group home, Mr. Murray was used as a visiting resource. At this time, from 1980 to 1982, Jeff ranged from 13 to approximately 15 years of age. He states that the first sexual contact with Mr. Murray was on a weekend home visit with Mr. Murray. On this occasion, Jeff states he was 13 years old and he and Ed were planning to go to Seattle for the weekend. On Friday evening however, they stayed at the Murray residence and Jeff stated: "It started all over, all the same things [REDACTED] Throughout this period of discussion, Jeff stared at the floor and appeared to be very depressed. At times his voice would shake as he described his disappointment when Ed Murray, whom he had trusted and seen as the only consistent adult figure in his life, began a process of sexual abuse. He stated that following this initial incident, Ed and Jeff did go to Seattle but Jeff stated that the trip was ruined. He stated thereafter that Ed frequently performed sexual acts on him and had Jeff perform sexual acts in return. Both anal and oral contacts were described. Jeff states that at some point fairly early on, Ed began to pay him for the sexual interactions. Later, when Jeff began to get into drugs and Ed was opposed to the drug involvement, Jeff states he suggested to Ed: "Look, let me have my drugs and you can have your sex". Thereafter, a barter system developed. Jeff states that over the last six months "The drugs just became too much, we lost control of it". I asked Jeff if any other minors were involved in the sexual activity and he stated that at various times Ed had picked up both kids and adults on downtown corners, in fact, stating that when he was on/^{the} from various placements, Ed would pick him downtown, take home to Ed's apartment where they would then smoke dope and frequently have sex. Jeff states that Ed is now involved sexually with "Adult male friends" and to Jeff's knowledge Ed is not currently involved sexually with any minors. Initially during this interview with Jeff Simpson were the caseworker, James Patterson, and a GENA staff member, Calvin. Approximately half way through the interview the director of the GENA group home, René, entered and remained until the conclusion of the interview. Jeff became increasingly depressed and increasingly concerned with who had reported this and why it was necessary to talk about it. I therefore chose to terminate the interview at this point, having met with Jeff for approximately one hour. I told him that I would very much like to have him agree to an interview by Portland Police Detective Unit. Again, he seemed very concerned with protecting Mr. Murray and reluctant, however, he did give his consent.

On 4-19-84, I returned to the GENA group home with Detective Dave Foesch. Detective Foesch met briefly with Jeff alone and then we proceeded to re-interview him resulting in the crime

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reports dated 4-19-84. Please refer to those reports for more details of the sexual abuse allegations made by Jeff Simpson regarding [REDACTED] Ed Murray. Late on 4-19-84, I learned that the Grand Jury had been set for 4-20-84. However, I arranged to meet with James Patterson and Dave Foesch at GENA group home at approximately noon on 4-20-84. Our plan was to inform Jeff just shortly before having to go to Grand Jury at 1:00 pm. This was our planned strategy as we knew that Jeff was exceedingly anxious and did not want to increase his anxiety level any higher. On the morning of 4-20-84, Jeff had a confrontation with a staff member at GENA and walked off the property, climbing on a Tri Met bus. GENA immediately reported Jeff as a runaway and he was picked up off the bus and brought to Protective Services at approximately 11:30 am. I talked with him at length at this time and was joined by James Patterson and Dave Foesch. We all proceeded to the Multnomah County Courthouse where we met with the DA Mary Tomlinson shortly before 1:00. Jeff Simpson, Dave Foesch and I all were called upon to testify at Grand Jury. However, we were notified by Mary Tomlinson that she would not be asking the Grand Jury to vote on an indictment until she had further background information on [REDACTED] Mr. Murray. Jeff was returned to the GENA group home following the Grand Jury and then spent the weekend in Vernonia with a GENA staff person. Mr. Murray had been calling the group home constantly all week attempting to have contact with Jeff. Often he had threatened the group home with law suits when he was denied contact. On 4-20-84 after such a phone call, Dave Foesch contacted Mr. Murray at his place of work, the Metropolitan Public Defender's Office. Mr. Murray was advised of the charges as noted in the followup police report dated 4-21-84. [REDACTED]

My next contact with Jeff Simpson was on 4-25-84 when I picked him up at the GENA group home and took him down to Portland Police to meet with Dave Foesch. This was basically a social call and had been pre-arranged between Foesch and Jeff. Jeff appeared to be in relatively good spirits at this time, however, he ran from the GENA group home on 4- -84. On 5-9-84, I met with the District Attorney Mary Tomlinson at her request. This meeting included Dave Foesch. At that time Ms Tomlinson advised us that she was withdrawing from the Grand Jury the cases involving allegations of sexual abuse of Jeff Simpson by [REDACTED] Edward Murray. Please refer to Tomlinson's letter dated 5-15-84. It should be noted that Mr. Murray had changed attorneys several times before settling on a Janet Hoffman. Reportedly Mr. Murray had taken a polygraph with Stan Abrams. This was an exparty polygraph and therefore we do not know the exact results, however, since the exact results were not released to the DA my assumption is that it was inconclusive, though Janet Hoffman described Mr. Murray as coming out "Real good". It should also be noted that the defense had contacted numerous people from Jeff Simpson's past, Lois Orner, social worker from Kaiser who happened to be a next door neighbor to Ed; Sueann Jackson, a Metro employee, a former Metropolitan Public Defender employee whose also a close friend of Ed's; Jasper Ormon, a psychologist who at one time seen Jeff; Mike McInster, Lincoln High School, pass program; and Brent Crook also a former Metropolitan Public Defender's employee. Please refer to investigation reports included that also indicate that former placement resources [REDACTED] were also contacted and very freely gave information to the defense. Also, please refer to Detective Foesch's report of 4-24-84 wherein he describes his interview with [REDACTED] clearly state that Jeff first told them of the sexual involvement between he and Mr. Murray in the late part of January or the early part of February of 84. On one occasion, in fact, Jeff called Mr. Murray from the [REDACTED] residence pleading with him to cease the sexual behavior. This phone conversation lasted "3 to 4 hours" [REDACTED].

FINDINGS:

In the professional judgement of this caseworker who has interviewed numerous

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children of all ages and of all levels of emotional disturbance regarding sexual abuse, Jeff Simpson has been sexually abused by [REDACTED] Edward Murray. [REDACTED]

[REDACTED]

In regard to Mr. Murray, Jeff throughout his discussion of the allegations described above continued to refer to Mr. Murray as "Dad". He showed a high degree of emotional involvement and concern for Mr. Murray, disappointment that his relationship with Mr. Murray had become a sexual one, and concerned that Mr. Murray not "Get in trouble or have his career ruined," both were consequences which Mr. Murray had continually told him would occur were he ever to tell someone. Jeff Simpson has obviously been through multiple placements and has come to the end of the line in terms of what CSD has to offer. He is the first to acknowledge this. He stated over and over his concern that bringing this up would mean that he would never be able to return to Mr. Murray's home, the one home that did work for him for at least a year and half. He had a commitment from Mr. Murray after completing drug and alcohol treatment. In the face of everything else, there certainly is no motive for a child to make something like this up knowing that they are blowing their last available family resource.

RECOMMENDATION:

[REDACTED]

Likewise, Mr. Murray who was specially certified for Jeff Simpson, should never again be utilized as a certified CSD resource for children. It is unfortunate that the criminal justice system chose not to act in this case simply because a conviction of [REDACTED] Mr. Murray would probably be the only way of mandating them in to treatment for their sexual deviancy. However, it is now the responsibility of the agency to continue to care for Jeff Simpson in the most appropriate setting available. Mr. Patterson is continuing to explore a residential alcohol and drug treatment program. Jeff has now turned himself in as of 5-17-84. It is recommended that the therapists involved with Jeff during the following weeks and months focus on not only the drug and alcohol programs which Jeff Simpson admittedly has but also help this child to resolve the trauma of ongoing sexual abuse.

JUDY BUTLER, CPS BRANCH
JB:dh
5-25-84

"due to the moving of all floors (Davis St. Building) and unpacking, this was not transcribed until this date 5-25-84-dh"

CONFIDENTIAL

INVESTIGATION REPORT

Date: 5/3/84
Time: 6:30 to 8:45 pm
Re: State v. Ed Murray
Witness: [REDACTED]

Investigator: Myrna Holt

The following is a report outlining my conversation with [REDACTED] about their knowledge of Jeff Simpson and the client Ed Murray.

Both individuals were present during this interview, and I will attempt to isolate segments, so I did it by individual wherever that seems necessary.

The information that I basically got from the Stockwells was the following:

Jeff is noted for telling partial truths. He has a tendency to expand the truth, and I was given a number of comparison stories throughout their parenting experiences with Jeff. [REDACTED] specifically stated that Jeff had a great deal of difficulty deciphering truth from reality. She stated that this pattern proved to be true over the years with Jeff. She stated that she believes that Jeff's life has been a series of downhill problems.

early [REDACTED] in general stated that they came in contact with Jeff when he was approximately 12 years old. He apparently was staying at a group home nearby their house. She stated that it became apparent to her after a few conversations and visits with Jeff that he did not have a family, or any particular group of people that he belonged to aside from those in the residential care home he was living at the time. She stated that it seemed that there was an interesting phenomena of thought among his own peer group at how he interacted with them as well as others.

[REDACTED] specifically stated that they began taking Jeff for one weekend a month, particularly around the holidays. She stated that Jeff was always filled with a lot of stories that really did not come together and make any sense.

[REDACTED] stated that Jeff's background and history was that she believes his mother, natural birth mother,

was in Hillcrest, that his father was unknown, and that Jeff was adopted at 18 months.

██████████ stated that it is her belief that Jeff was given back to the system at about age four. She stated that he was with the ██████████ family at the time that he was returned. She stated that she understood the ██████████ family was suffering from a number of marital problems, and other troubles. She stated that she has some knowledge about there being a fire set. She would not elaborate on that point.

██████████ stated that ██████████ could no longer handle Jeff, so he was returned to the State. She stated Jeff was then placed in Perry Center for five years. She stated that he went from the Perry Center to the Waverly Children's Home for two years. She stated that during Jeff's stay at the Perry Center was the time that he came in contact with Ed Murray who would have been acting in a counselling capacity.

██████████ stated that this was a typical pattern of Jeff's to run away and the suicide attempts. ██████████ stated that he felt very strongly that most of Jeff's acting out was to gain attention.

██████████ stated that Jeff seemed to really be resistant to rules and following structure and order. She stated that he seemed to internalize everything and feel that most everything was "against him." She stated that particularly if he was reprimanded or someone in his peer group was reprimanded.

██████████ stated that Jeff seemed to find the discipline of others disturbing to him. She stated that Jeff was very capable of building a wall, and that this was a particular part of his behaviour particularly if he was not happy about something.

██████████ agreed that Jeff could not handle his life very well when things are going smoothly for him, because this is not something he is used to.

██████████ cited an example of times in the past over the years when Jeff was still at the group home and his privilege to visit them at the weekend would be taken away. She stated that he would often later admit he had acted out at the group home for some reason or another so that he would not have to come. She stated that Jeff was very good also at telling a person what he felt they would want to hear. She stated that Jeff had very little consistency in his life. An example being very clear by the number of CSD workers who have been involved with his case over the years.

██████████ stated that Jeff had run away a number of times from the group home. She stated that on one occasion it was her understanding that he had taken off and gone to California hitch-hiking with someone else. She stated, however, that he always seems to come back.

██████████ stated that at one point the State had asked whether or not she and her husband would take Jeff. She stated that she made the decision independent of her family that it would be extremely difficult for Jeff to come to their home on a full-time basis because they had several other biological children, and felt that Jeff would require at least 75% of their personal time.

██████████ stated that it is very typical for Jeff to want to end relationships with people he has been in contact with first. She stated that he never seems to want to give people the opportunity to abandon him or reject him.

In reference to Ed Murray, ██████████ stated that he had the greatest respect and admiration for Ed. Both the ██████████ agreed that Jeff seemed more stable during his time living with Ed than any other time in his life that they had been acquainted with him. She stated that even before Jeff was living with Ed he always referred to Ed as his dad.

Both the ██████████ agreed that the holiday season seemed to be a particularly difficult time for Jeff.

Both the ██████████ seemed to agree that this probably had to do with his earlier history with the Simpson family.

Another thing that ██████████ mentioned was that Jeff in his early teens seemed to be very obsessed with the fear of being a homosexual. He apparently had expressed on several occasions to people at the group home, and apparently as well to their family, about how much this had disturbed him. She stated that at one point this had been "foremost in his mind."

Both the ██████████ felt very firmly that this allegation concerning Ed Murray was nothing more than Jeff acting up again and striking back at Ed for causing him hurt and some form of rejection as seen by Jeff. They felt very strongly that Ed has done a good job with Jeff and has made a number of sacrifices in order to provide a decent home, and care for Jeff.

INVESTIGATION REPORT

Date: 5/4/84
Time: 7:00 to 9:00 pm
Re: State v. Ed Murray
Witness: [REDACTED]
Employer: [REDACTED]
Investigator: Myrna Holt

On the above date I interviewed [REDACTED] at my home in Southwest Portland.

[REDACTED] stated that she and her husband had three biological children together; that they decided to adopt a minority child specifically.

[REDACTED] stated that in January, 1958, ⁶³Jeff was placed in their home at age 13 months. She stated that he was a normal child with no physical handicaps, that his mother had carried him for full term and that there were no difficulties in the delivery.

[REDACTED] stated that it was her understanding that Jeff's natural mother was a young woman in Salem, and she was in some form of incarceration. She is not sure whether it was Hillcrest or Oregon State Womens Correctional Facility. She stated that by the time they had gotten Jeff, his mother had had another child.

[REDACTED] stated that Jeff remained with his natural mother for a short period of time, and then he went to live with his natural mother's mother (grandmother) who worked. As I understand it through [REDACTED] Jeff was then placed by the grandmother with the babysitter. It is my understanding that at some point Welfare got a hold of Jeff, and that he was then placed in a foster family before coming to [REDACTED]. He had actually had four placements before the [REDACTED] received him.

[REDACTED] stated that Jeff came to their family and did not seem to experience much transitional trauma over his relocation. She stated that she felt that was unusual to some extent because it would not be unusual for a child of that age to experience some trauma after being moved around and relocated so much.

[REDACTED] stated that in October, 1969, they adopted another child [REDACTED]. She stated that he was the second adopted son who came into their home. She stated that unlike Jeff, [REDACTED] was very traumatized by his displacement and

relocation. She stated that over a period of time [REDACTED] became increasingly dependant on her.

[REDACTED] stated that as [REDACTED] became more dependent Jeff became more difficult. She stated that she had two daughters during that time. One who was five years old, and one who was eight years old.

[REDACTED] stated that there were more and more implications of Jeff's behaviour developing in a way that was not acceptable. She described one incident where he was very young after getting the second adopted child where she had told him not to do something and he had taken a very large what she referred to as "Tonka truck" out of the house and slammed it down on the hood of her car. She stated that when Jeff turned approximately three years old, those first few months, at least six months, every day she had to keep him from running out in the middle of the street. She stated that her husband at that time became increasingly concerned and wondered if there was something wrong with Jeff that she would have to repeatedly do this with him.

[REDACTED] stated that Jeff would urinate in inappropriate places throughout their house. She cited this as one of the examples of behavioral problems that she had begun to have with him.

[REDACTED] stated that often when Jeff needed to be disciplined or reprimanded for his behaviour when he would get out of control she would tell him to go to his room. She stated that the result of that would be that he would often take his blocks and punch holes in the wall of the room.

[REDACTED] stated that Jeff did not accept criticism well. She stated that he clearly resented a lot of the attention the other brother was getting. She stated that on one occasion she found Jeff trying to push [REDACTED] out of an upstairs window when [REDACTED] was about two years old. She stated that in order to protect the second son, she had to put up rather heavy chicken wire on the windows so that that could not happen again.

[REDACTED] stated that Jeff had a total refusal to obey. She stated as an example he would go out and pick all the flowers in the yard. He would as an example go to a neighbors house and spray water hoses on other neighboring houses. She stated that it was not unlike him on occasion to take one of the bicycles, whether it was his or not, and place it underneath their car which was usually parked on an incline on their driveway, and as you backed out of the driveway, of course, the bicycle would be ruined.

██████████ stated that she began to realize that Jeff needed help of some sort. She stated that she talked with a psychiatrist or psychologist at Kaiser Hospital. She stated that the professional person observed Jeff in a room in a controlled situation, and told her frankly at the time that he believed Jeff needed more discipline.

██████████ stated that Jeff attended a co-op preschool with one of her daughters and there were a number of problems there as well.

██████████ stated that it was not unlike Jeff to walk into a garage of a neighboring house, finding a can of spray paint and spray it on someone else's car. She stated that he even once sprayed ██████████ face with a paint can.

██████████ stated that by four or five years of age she had begun to watch Jeff 24 hours a day, and felt that it was require.

██████████ stated that Jeff started playing with matches. She stated that on one occasion she was in the shower when ██████████ came running to her and told her that Jeff had set a fire in some garbage that was in the kitchen. She stated that there was another occasion when he had set some papers on fire in a neighbors yard and also had attempted to set a rug on fire at one point.

██████████ stated that one Christmas, Jeff was probably four years old, she had left the house, and had left him there with the youngest child and a babysitter. She stated that this was probably the day after Christmas when Jeff was four years old. That when she returned home there were four fire trucks outside the house and the house was consumed in flame. She said the house was very badly damaged.

██████████ said she immediately panicked, fearful of what might have become of the children, only to realize that the babysitter had managed to get the children out of the house. Apparently, Jeff had lit the Christmas boughs on fire.

██████████ stated that Jeff did admit doing it to the fire inspector. She stated, however, that the fire inspector was appalled at Jeff's calmness over the whole ordeal. She stated that the inspector stated that it was clear Jeff did not care about this, and was not willing to take any responsibility for his actions.

██████████ stated that their family moved into rented quarters for approximately five months because the entire inside of the house had been gutted by the fire.

██████████ stated that immediately after this she went back to Kaiser to talk to the psychologist who recommended that she take Jeff to Edgefield Lodge for help. She stated that the program offered parent training courses on how to deal with problem children. She stated that it was basically a behaviour modification type program.

She stated that Jeff had seemingly overcome a lot of his hysterical defiances by screaming. She stated that he learned how to become more manipulative.

██████████ stated that she and husband and Jeff worked with Edgefield for about five months. She stated that the only changes that Jeff made were superficial. She stated that they were then referred to the psychological department for children at the University of Oregon Medical School.

██████████ stated that there was a psychologist who met with Jeff weekly for play. She stated that she and her husband ██████████ would also meet together with that person once a week.

██████████ stated that the problems in her marriage with ██████████ were apparant and that they seperated at the end of January of that year. She stated that this was approximately one year after the fire.

██████████ stated that the final incident that occurred with Jeff was when she was alone raising five children in late March when ██████████ was five and Jeff was six. She stated that ██████████ came running to her and told her that Jeff was in an upstairs bedroom trying to set a rug on fire. She stated that at that point she realized that she could no longer handle Jeff any longer, and contacted an attorney and spoke to him about the severing of her parental rights.

██████████ stated that she only saw Jeff once or twice after that. She believes once when Jeff apparantly had made some effort to try to contact her, though he was not supposed to. She stated that at some point there was some expression that Jeff might want to come home again. Apparently, she and the counsellor decided that it might be appropriate to meet with Jeff and have her tell him point of fact that he could not come home.

██████████ stated that it was extremely difficult for her, but she did manage to do it. She said as a matter of the type of manipulator Jeff is that during her conversation with him he asked her if she recalled the fire and asked her if she remembered some kind of bank that he kept money in. Apparently, he asked her for that money. She stated that her conversation basically ended with him at that point, and she has only heard

bits and pieces over the years about his progress. She has no knowledge of Ed Murray, and did not speak about any of that at all.

Case Number 84-33450		Classification Sodomy/Molest		SPECIAL REPORT City of Portland, Bureau of Police		COMPUTER ENTRY PERSONS <input type="checkbox"/> VEHICLE <input type="checkbox"/> CRIME <input type="checkbox"/> PROPERTY <input type="checkbox"/> BOOKING <input type="checkbox"/>		REFER CASE #							
Original Report Date 04/19/84		2. Time 1330				Date _____ Opt. _____		DISTRIBUTION <input type="checkbox"/> Central <input type="checkbox"/> Det <input type="checkbox"/> East <input type="checkbox"/> Youth <input type="checkbox"/> Ident <input type="checkbox"/> North <input type="checkbox"/> SID <input type="checkbox"/> Prop Room <input type="checkbox"/> Traffic <input type="checkbox"/> SFO/SST <input type="checkbox"/> Crime Prev.		6. Computer Entry #					
Title of Complainant SIMPSON, JEFFREY DAVID		3. This Report Date 04/21/84		4. Time 1300		5. Location of Occurrence 2430 NE 9th Av, #14 and 1707 NW 61st St		9. Res. Phone 238-0907		10. Sex M		11. Race B		12. D.O.B. 101967	
Subject of This Report empt to interview suspect Mr. MURRAY.		8. Residence Address 2808 SE Belmont, Portland		14. Total Value of Recovered Prop. (Itemize Below)											

ADDITIONAL DISTRIBUTION

C: CPS
ATTN: Judy Butler

CONNECT INFORMATION

Suspect:

MURRAY, EDWARD
MW, 04/02/55
CRISS 573484
Employed By: Public Defender's Office

NONCONNECT INFORMATION

Attorney for the Defendant:

BAILEY, MIKE
Phone: 225-9100

NO SUMMARY

NARRATIVE

Sir: At approximately 1530 hours on

April 20, 1984 I made telephonic communication with Mr. ED MURRAY, the suspect in this case, at his place of employment.

I told Mr. MURRAY that I did not want him to try to have any more contact with the victim, JEFFREY SIMPSON, where he is being housed in a group home. Mr. MURRAY has been attempting to contact the victim in this case ever since JEFFREY has been at the home. Mr. MURRAY had threatened legal action against the group home if they did not allow him to speak to JEFFREY SIMPSON. Mr. MURRAY then asked me why I did not want him to contact JEFFREY and informed me that he was indeed going to start legal action in order to have contact with him. I informed Mr. MURRAY that JEFFREY SIMPSON had alleged that there was sexual misconduct on Mr. MURRAY's part when they were living together.

After having told Mr. MURRAY of the allegations he asked if he should consult an

Reporting Officer(s) D. B. Foesch		Off. I.D. Number 733		Prec/Div Detectives		Relief/Shift Morning		Asstn/Dist Special Services	
0421.5.1		S/M		Radio Call Times		Approved By			

84-33450

Sodomy/Molest

SIMPSON, JEFFREY DAVID
MB 10/19/67
2430 NE 9th Av, #14
and 1707 NW Glisan St

attorney. I told him that was his decision and that I would expect a call from either himself or his attorney in approximately 15 minutes whether he would be willing to come to the Detective Division for an interview.

At approximately 1545 hours I received a call from Mr. MIKE BAILY who informed me that he was going to represent Mr. MURRAY in this case and after several minutes of discussion Mr. BAILEY informed me that in his opinion Mr. MURRAY was too emotionally upset at this time to be interviewed.

Mr. BAILEY told me that he would notify me next week whether or not he would allow me to speak to Mr. MURRAY regarding these allegations.

A correction should be made in my original crime report and that would be regarding the occurred dates of the alleged sexual offences and the dates should be from 1980 up until 1984 when JEFFREY started staying in the group home he is now staying at. At this time I do not have the date that he originally arrived at the group home and this will be obtained in the future.

JEFFREY SIMPSON also informed me when I spoke to him on April 20, 1984 that the sexual abuse and sodomy also occurred at 1707 NW Glisan St the current address of Mr. ED MURRAY. JEFFREY informed me that Mr. MURRAY has lived there for approximately one year.

Respectfully,

CONFIDENTIAL

D. B. Foesch S/M 733 Detectives Morning Special Services
0421.5.2 Transcribed Verbatim 04/21/84 1505

Tawnee Oyster

Number 84-33450

Classification Sodomomy/Molest

1. Case Status
2. Referred
3. Suspended
4. Unfounded
5. Pending
6. Exceptional

Signal Report Date 041984 2. Time 1330

3. This Report Date 042484

4. Time 1405

5. Location of Occurrence 2430 NE 9th Avenue, Apt. #14/1707 NW

6. Computer Entry # 1151 San St.

Name of Complainant SIMPSON, JEFFREY DAVID

8. Residence Address 2808 SE Belmont, Portland

9. Res. Phone 238-0907

10. Sex M

11. Race B

12. D.O.B. 101967

14. Total Value of Recovered Prop. (Itemize Below)

SPECIAL REPORT

City of Portland, Bureau of Police

COMPUTER ENTRY
PERSONS
VEHICLE
CRIME
PROPERTY
BOOKING

PREFER CASE #
DISTRIBUTION
 Central Dist XOA
 East Youth Ident
 North SID Prod Room
 Traffic SFC/SST Crime Prev

ADDITIONAL DISTRIBUTION

cc: Children Protective Services
Attn: Judy Butler

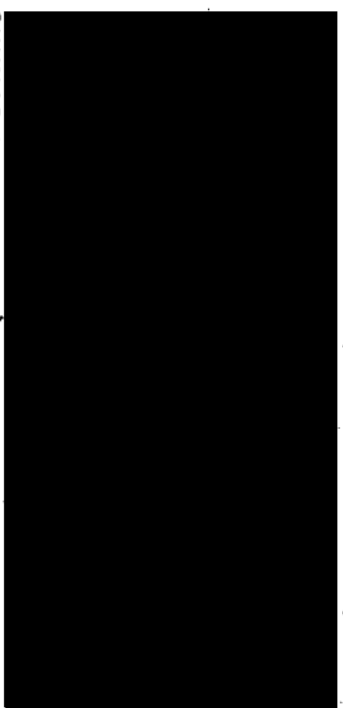
NONCONNECT INFORMATION

Persons mentioned in this report:

1. SAILEY, MIKE
Public Defender

2. Attorney HOFFMAN, JANET
Phone: 222-9830

4.



NO SUMMARY

NARRATIVE

SIR: On April 24, 1984 at approximately 0900 hours I was contacted by Deputy District Attorney MARY TOMLINSON and she informed me that Mr. MURRAY'S new attorney would be a Mr. GREG BENNETT.

On April 24, 1984 at 1030 hours I received a telephone call from Mr. MIKE BAILEY of the Public Defender's Office. Mr. BAILEY informed me that he would no longer be representing Mr. MURRAY and that he felt it would not be appropriate for his office to represent him. Mr. BAILEY informed me that he had only represented Mr. MURRAY over the weekend and that a Ms. JANET HOFFMAN would be representing Mr. MURRAY.

Deputy District Attorney TOMLINSON then requested that I contact [redacted] Ms. TOMLINSON informed me that JEFFREY SIMPSON had originally told [redacted] of his sexual involvement with Mr. MURRAY.

Printing Officer(s) D. B. Foesch S/M Off. I.D. Number 733 Prec/Div Detectives Radio Call Times ARR: Morning CLR: Special Service

0424.22.1

Approved By [Signature] Special Service

52-33450

Sodomy/Molest

SIMPSON, JEFFREY DAVID
MB, DOB 101967
2430 NE 9th Avenue, Apt. #14

I then made telephonic communication with [redacted] and she agreed that I could come by her residence at 1200 hours to talk to her regarding JEFFREY SIMPSON.

On April 24, 1984 at approximately 1200 hours I did make contact with [redacted] at her residence. [redacted] informed me that JEFFREY first told her about the sexual involvement between himself and Mr. MURRAY in the late part of January or first part of February of 1984. [redacted] said that JEFFREY had been good friends with her sons [redacted] because they went to Lincoln High School together. She informed me that on the date that JEFFREY talked to her that he knocked on her door and after she allowed him into the residence that he sat down and told her that he would like to talk to her about his problems.

[redacted] said JEFFREY then basically went through his entire life with her and told her that since he was living with Mr. MURRAY they were now having problems because ED was always trying to go after him for sex. JEFFREY told [redacted] that ED would offer him money for his sexual favors.

JEFFREY did tell [redacted] that he and ED were engaged in anal and oral sex. [redacted] told me that JEFFREY gave her no specifics as to the acts, only that they were engaging in anal and oral sex. JEFFREY also told her that he didn't want to be having sex with ED and it was really messing him up. [redacted] told me that she felt that JEFFREY was telling her the truth and was very sincere in his statements.

[redacted] son, [redacted] came down the steps as her and I were talking in the living room. [redacted] informed me that he has known for over a year that JEFFREY and ED were engaging in oral and anal sex. [redacted] told me he knew because JEFFREY had told him a long time ago.

[redacted] of the sexual activities between himself and Mr. MURRAY that he told [redacted]

D. B. Foesch
0424.22.2

S/M 733

Detectives

Morning

Special Service

CONFIDENTIAL

Sodomy/Molest

SIMPSON, JEFFREY DAVID
MB, DOB 101967
2430 NE 9th Avenue, Apt. #14

encouraged him to call ED from [redacted] telephone. JEFFREY did indeed call ED MURRAY from [redacted] telephone and as he talked to Mr. MURRAY he informed him he was calling from a pay phone. [redacted] could overhear JEFFREY talking to ED and she heard JEFFREY telling him that he couldn't cope with the sexual activity that was transpiring between the two of them and that he would be more than willing to stay with him if he, ED, would quit the sexual activities. [redacted]

[redacted] told me that JEFFREY talked to Mr. MURRAY on the telephone for 3-4 hours trying to get him to agree to not bother him in a sexual manner.

After JEFFREY hung the telephone up he told the [redacted] that ED would not give him a straight answer and that ED was very worried because if JEFFREY talked ED'S career would be ruined as a lawyer.

[redacted] also informed me that when JEFF was coming over to her residence that Mr. MURRAY would call her up and threaten legal action against her, or report her to Children Services Division if she allowed JEFFREY to continue to come to her residence.

I then asked [redacted] if she had ever engaged in any sexual relationship with JEFFREY SIMPSON and she stated emphatically no. I then asked her if she had ever provided for, or had inouged in any drug activities with JEFFREY SIMPSON and again she emphatically stated no.

[redacted] then informed [redacted] and her son [redacted] that they would probably be getting subpoenas for the Grand Jury. Both [redacted] and her son [redacted] agreed that they would be more than willing to testify before the Grand Jury.

Respectfully,

D. B. Foesch
0424.22.3

S/M
Transcribed Verbatim

733
042484 1520

Detectives

Diane Paul

Morning

Special Service

CONFIDENTIAL

Case Number: 84-32450
 Classification: Sodomy/Molest
 Type of Offense: _____
 Recording Reports: STUDY PROP/REC.
 Evidence: F. Type Cir.

CRIME REPORT

City of Portland, Bureau of Police

COMPUTER ENTRY

PERSONS
 VEHICLE
 CRIME
 PROPERTY
 BOOKING

Date: _____ Op: _____

DISTRIBUTION

Central DA
 East JUVS Ident
 North WPD Prod Room.
 Traffic Vice O.S.B.

Reported Date 041984	Time 1330	Occurred Date 1980-Dec. '83	Time 4. Time
17. Last Name STIMPSON,		5. Location of Occurrence 2430 NE 9th Avenue #14, Ptld.	
11. Race B		8. Res. Address 2808 SE Belmont Ptld. 97214	
12. D.O.B. 101967		15. Business Address 18. Address	
13. Occupation JEFFREY		14. Work Hours 97214	
19. Phone		6. Computer Entry N	
21. Res. Phone		9. Res. Phone 238-0907	
22. Bus. Phone		16. Bus. Phone	
23. Res. Phone		19. Phone	

24. Premises Where Crime Committed: Private dwelling

25. Location of Victim at Time of Crime: In suspect's bed

26. Usual Actions, Methods, Speech of Suspect: Foster parent, who is the suspects, through intimidation forces victim to engage in oral and rectal

27. Description of Property: _____

28. Method & Point of Entry: Resident

29. Victim's Activity at Time of Crime: n/a

30. Instrument & Force Used: adult intimidation

31. Location of Property when Stolen: n/a

32. Description of Property: _____

33. Brand: _____

34. Model/Style: _____

35. Serial #: _____

36. Pre-dom. Color: _____

37. Engraving/Inscription: _____

38. Size: _____

39. Peculiarities: _____

40. Value: _____

41. Reporting Officer: E. E. Foersch

42. Date: S/M 733

43. Precinct: Detectives

44. Relief/Shift: Morning

45. Approved By: _____

46. Special Service: _____

84-33450

Sodomy/Molest

SIMPSON, JEFFREY DAVID
MB, 101967
2430 NE 9th Ave. #14

ADDITIONAL DISTRIBUTION

c: CPS (Attn: JUDY BUTLER)

CONNECT INFORMATION

Suspect:

MURRAY, EDWARD
MW, 04-02-55
5'10", 145 lbs.
01155 #573484
2707 NW Gillisan Street
023-5289
Employment: Law Student at Lewis and
Clark College

NO SUMMARY

NARRATIVE

Sir: While discussing Portland Police Bureau case 84-33449 with the victim, he informed me that he also had been engaged in oral and rectal sodomy by a Mr. EDWARD MURRAY. He informed me that Mr. EDWARD MURRAY was appointed by the Juvenile Court to be his foster parent.
JEFFREY SIMPSON informed me that he first met EDWARD MURRAY while he was living at the Perry Center in 1974 through

1979. Mr. MURRAY was his supervisor at the Perry Center.

JEFFREY then informed Miss Butler and I that while he was staying at the Leahy (?) Rd. group home in 1980 through April of 1982, that he went with Mr. MURRAY to his residence in a black neighborhood in Portland. Checking a criss computer sheet I found that Mr. MURRAY did reside at 2430 NE 9th Avenue, Apartment #14, in April of 1981. JEFFREY informed us that he and Mr. MURRAY were supposed to go to Seattle the following day. JEFF said he was sitting in the livingroom when Mr. MURRAY said that he was going to bed and informed him that he could also accompany him to bed. JEFF said that he did not immediately respond and Mr. MURRAY kept telling him to come on in. JEFFREY said that he eventually went into the bedroom wearing his shorts. He said once he got into the bedroom he took his shorts off and got under the covers naked. JEFFREY then informed us that Mr. MURRAY was also under the covers in a naked state. JEFFREY then told us that Mr. MURRAY started playing with "my dick", and told him, JEFFREY, to suck his penis. JEFFREY then told us that he did in fact do that. JEFFREY then said that while orally sodomizing Mr. MURRAY that he, JEFFREY,

D. B. Foesch

S/M 733

Detectives

Morning

Special Service

0415 41



Sodomy/Molest

SIMPSON, JEFFREY DAVID
 MB, 101967
 2430 NE 9th Ave. #14

freaked out and they stopped the sexual activity. JEFFREY informed Miss Butler and I that they did, indeed, go to Seattle but the trip was ruined because, in JEFFREY's words, he did not perform to Mr. MURRAY's sexual satisfaction. JEFFREY informed us that Mr. MURRAY then took him to the residence he was staying at.

JEFF then informed us that after Mr. MURRAY went to Juvenile court and got legal custody of him as a foster-child, that Mr. MURRAY would give him money to buy marijuana with, and that he and Mr. MURRAY would get stoned and also that he would get drunk with Mr. MURRAY. JEFFREY then informed us that while staying with Mr. MURRAY in his residence that they would engage in oral and rectal sodomy on an average of once a week until approximately three or four months ago when the sexual activity slowed to once or twice a month. JEFFREY informed us that Mr. MURRAY would put his penis in JEFFREY's rectum and Mr. MURRAY would place his mouth on JEFFREY's penis. JEFFREY also told us that he would place his mouth on Mr. MURRAY's penis.

JEFFREY SIMPSON then told us that after a time he decided that he should start playing games with Mr. MURRAY. By that he explained that since the court had given him custody of him that he started charging him \$10.00 every time they engaged in sexual encounters. JEFFREY said that Mr. MURRAY did indeed give him the \$10.00 on these occasions.

JEFF also said that Mr. MURRAY would tell him that he was going to quit making him engage in these sexual encounters and then would seem to change his mind and Mr. MURRAY would tell JEFFREY, "You know what will happen to you if you have to leave my residence." JEFFREY knew that because of the difficulties he has had in maintaining a foster home that his next alternative was to go to some sort of an institution. Mr. MURRAY was aware of this fact as he has been in constant contact with the counselors handling JEFFREY SIMPSON. Mr. MURRAY also told him in the past that JEFFREY knew what would happen to him if JEFFREY would ever tell.

84-33450
Sodomy/Molest

SIMPSON, JEFFREY DAVID
MB, 101967
2430 NE 9th Ave., #14

Miss Judy Butler of Children's Protective Services confirmed the fact that indeed the last alternative for JEFFREY SIMPSON is, at this time, an institution of some sort.

I then asked JEFFREY if he would be willing to prosecute Mr. MURRAY regarding the sexual activities and JEFFREY initially stated, No, he is my father. It was then explained to JEFFREY that Mr. MURRAY is not his father and that a father would not do these things to his son. JEFFREY then thought about it for a while and agreed that he may possibly be able to save some other child from suffering the same indignations. JEFFREY then informed Miss Butler and myself that he would be willing to prosecute Mr. MURRAY for these charges.

Respectfully,

D. E. Foesch

S/M 733

Detectives

Morning

Special Service

0419745.4

Transcribed Verbatim

041984,

2310

Jeanne K. Lyson

Austin Robert, Program Manager
Certification/Specialties Program
Multnomah County CSD

June 21, 1984

Lynette Cross, Supervisor
Dorinda Lee, Foster Home Certifier
Certification/Specialties Program
Multnomah County CSD

FOSTER PARENT ABUSE REPORT SUMMARY

Edward B. Murray, Foster Parent

File Number: A47092

Problem Assessment

On April 13, 1984, a report was received by CSD that Jeff Simpson, a foster child who had formerly resided in the Murray foster home, had reported to [REDACTED] that he had been sexually abused by Mr. Murray. Judy Butler, CPS worker, was assigned to this case, and she interviewed Jeff on April 18, 1984. At that time, Jeff stated that Mr. Murray began sexually abusing him when Murray's home was used as a visiting resource for Jeff, when he was in a group home in 1980. The abuse continued from 1980 through the time that he was placed in Mr. Murray's home, in 1982 until this Spring, when Jeff left the home.

Speciality Services Action

As Mr. Murray's home was specially certified for Jeff Simpson, only, there was no need to take him off referral. In fact, his certification lapsed in April, and there are no other children in the home. The entire investigation has been done by Protective Services and the police. Therefore, I have had no contact with Mr. Murray.

Summary of Home

Mr. Murray first met Jeff when he was employed as a child care worker at Parry Center, in 1980. Jeff was placed at Parry Center at that time. As Jeff moved on to subsequent placements, Murray followed him and maintained their relationship. He was named as a weekend visiting resource for Jeff while Jeff was placed at the Leahy group home, in 1980. It was during these visits that Mr. Murray first started sexually abusing Jeff. This continued during Jeff's subsequent placements after the Leahy group home. In November 1982, Mr. Murray requested to be specially certified so that Jeff could be placed in his care. Jeff remained in his home until this Spring, when he was removed from the home because of his continuing problems with drug abuse. Until the abuse complaint was received, Mr. Murray's home was considered to be a good home for Jeff. The year and a half that he was in this placement was the longest that he had been able to maintain a placement in many years. It is obvious that Mr. Murray is a significant adult figure in Jeff's life and that his continued sexual abuse was extremely upsetting

CONFIDENTIAL

Austin Robert
June 21, 1984
page two

and depressing to Jeff and that he had a great deal of conflict in reporting this abuse, both because it would end this relationship and because of threats by Mr. Murray that it would both ruin Mr. Murray's career and mean that Jeff would be placed in an institution. While Mr. Murray apparently met some of Jeff's parental and emotional needs, he also was paying Jeff for sexual acts and, evidently, trading drugs for sex. Mr. Murray is a 29-year-old single man who currently is employed in the public defender's office and may be going to law school in the evenings. He has worked with and been involved with children since his graduation from high school. He is a very assertive foster parent in his dealings with the agency, frequently threatening court action when services were not provided to his satisfaction. Jeff is a very disturbed teen-age boy. This Spring, his drug usage finally became completely out of control and it was necessary to move him to the GENA group home, where plans were made for alcohol/drug treatment for him.

Evaluation and Recommendation

Protective Services found this abuse complaint to be valid for oral and anal sodomy, molestation, sexual harassment and intimidation and exploitation. Unfortunately, the district attorney's office decided to withdraw the case from the Grand Jury and not seek indictment for sexual abuse, because of Jeff's emotional instability. The district attorney's office felt that they could not be sure of meeting the high burden of proof in a criminal case. However, the DA's office did state that the decision to not proceed with this case in no means meant that they had decided that Jeff's allegations were not true.

According to Oregon Administrative Rules, Chapter 412, Division 22-020,

- (3) (b) Crimes which could affect the applicant's ability to provide good care for children include, but are not limited to, offenses against children (child abuse, child neglect), offenses against persons (homicide, assault, kidnapping), sexual offenses (rape, sodomy, sexual abuse), and offenses against public health and decency (prostitution and offenses involving narcotics and dangerous drugs). These crimes are considered substantially related to the qualifications, functions, and duties of a foster parent.

(5) Personal Requirements:

- (a) Foster parents shall be responsible, mature individuals of good moral character, who demonstrate sound judgment and the capacity to meet the mental, physical, and emotional needs of children.
- (b) Foster parents shall be persons who can provide a stable living situation, wholesome models, and a healthy environment conducive to rearing children.

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- (c) Foster parents shall have understanding of children's behaviors, along with knowledge of effective child-rearing practices which will enable children to grow and develop.

Mr. Murray allegedly sexually abused the foster child in his home over a long period of time. Although he was not indicted, the Protective Services department feels that the allegations are true, as does the district attorney's office. If this home were still open, I would recommend revocation of the certificate. Since the certificate has lapsed, it is not necessary at this time. Under no circumstances should Mr. Murray be certified in the future. If he does reapply for certification, his application should be denied on the basis of the Administrative Rules which I have quoted.

DL:fs

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STATE OF OREGON

INTEROFFICE MEMO

TO: Linda Sunday, Regional Manager
Region 1, CSD

DATE: 06-27-84

FROM: Austin Robert, Branch Manager
Special Services Branch

SUBJECT: CPS Investigation and Special Services Branch Recommendation of Edward B. Murray Foster Home

Attached you will find:

- (1) A copy of the CPS investigation.
- (2) A brief report submitted by Dorinda Lee, Certifier, and approved by me. The allegations are valid. The foster child is no longer in this home. I would emphasize that under no circumstances should Mr. Murray be certified in the future.

AR:jm

cc: Bart Wilson, Branch Manager, CPS
Lynette Cross, Supervisor (No CPS report)
Dorinda Lee, Certifier (No CPS report)

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STATE OF OREGON

INTEROFFICE MEMO

TO: John Million
Field Operations

FROM: Bart Wilson *BW*
Protective Services

SUBJECT: Jeff Simpson
Sensitive Issue
Foster Home Investigation

DATE: May 4, 1984

That is still in process and will take at least another month. Issues relating to that case are being coordinated through Paul Drews in the Regional Office.

BW:vw
cc: Paul Drews
JoAnn Doyle *JAD*

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STATE OF OREGON

INTEROFFICE MEMO

TO: ~~Burt Wilson, Mgr.~~
 CPS Region I

FROM: Karen Pierson, Assistant Manager *KMP*
 Field Operations

SUBJECT: Tracking of Foster Home Abuse Report

DATE:

Recently a report was received indicating a foster home in your county was involved in an abuse incident. Field Operations maintains a log of foster home abuse reports and their disposition. Both Field Operations and the Family Foster Care Manager are to receive a copy of the protective service investigation. If the report is valid, a follow-up report is required within 30 days to verify that the home has been closed, or to make recommendations of actions to be taken by Central Office on the foster home certificate.

Date of Report: 4-16-84 (sensitive issue reported by telephone)

Child's Name: Jeffrey Simpson

Alleged Perpetrator: Edward Murray

Type of Abuse: Sexual (alleged)

Please do not interpret this notice as an implication that your branch is delinquent in reporting. This is a routine reminder sent out on all reports received as part of the process of tracking the outcome of foster home abuse reports. It's purpose is to initiate the tracking process here in Central Office and to alert all the involved managers of the existance of the report.

Thanks for your follow-up on this matter.

KP:cs

cc: Monty McHaren
 Linda Sunday
 Vi Smith

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