



ARIZONA BOARD OF FINGERPRINTING

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Final Minutes for Public Meeting

Held July 20, 2012, at 10:00 a.m.

4205 North 7th Avenue, Second Floor Conference Room
Phoenix, Arizona

Board Members

Charles Easaw, Department of Education, Chairperson
Matthew A. Scheller, Department of Juvenile Corrections, Vice Chairperson
Chad Campbell, Administrative Office of the Courts
Dale Doucet, Department of Economic Security
Kim Pipersburgh, Department of Health Services

Executive Director

Dennis Seavers

CALL TO ORDER AND ROLL CALL

Mr. Easaw called the meeting to order at 10:00 a.m. The following Board members were present: Charles Easaw, Matthew A. Scheller, Chad Campbell, Dale Doucet, and Kim Pipersburgh. No Board members were absent.

Also in attendance were representatives from the Department of Economic Security, Andrew Marioni, Emilio Gonzalez, Roy Farkash, Dave Graham, and Esther Kappas; a representative from the Department of Health Services, Wayne Tolbert, and Board staff members—Regina Ashe, Joseph Munley, Anthony Leonard, and Blair Driggs. Yolanda Cordova, the alternate Board member for the Department of Health Services, also attended.

CALL TO THE PUBLIC

Mr. Easaw made a call to the public. There were no members of the public who wished to speak.

TRAINING RELATED TO CENTRAL-REGISTRY EXCEPTIONS

Representatives from the Department of Economic Security conducted training for the Board members. The training gave an overview of Child Protective Services and the process for substantiating allegations of child abuse or neglect. The training materials appear in Attachment 1.

ADJOURNMENT

Mr. Campbell made a motion to adjourn, and Mr. Doucet seconded. The motion passed, 4–0. Mr. Easaw adjourned the meeting at 12:07 p.m.

Minutes approved on August 3, 2012

Dennis Seavers, Executive Director

An Overview of
Child Protective Services in Arizona
Arizona Board of Fingerprinting,
July 20, 2012
Andrew Marioni
Emilio Gonzalez
Roy Farkash



DES Organizational Structure

The Department of Economic Security (DES) is an integrated human services agency that provides critical protective and assistance services to Arizona's children, adults and families



Children Need Safe Strong Families
to Succeed in Life

Guiding Principles

- Safety, permanency & well-being
- Family
- Prevention
- Community



Role of CPS

- Receive reports of child maltreatment
- Investigate reports of abuse or neglect
- Take emergency custody of children when their safety cannot be maintained in the home
- Preserve families while protecting children

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Role of CPS continued

- POLICE-Determine if a crime has been committed. Work through criminal court with the County Attorney
- CPS-Ensure the safety and well-being of every child in the home. Determine if abuse or neglect occurred. Work through Juvenile Court with the Attorney General

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Basic Information About Child Abuse & Neglect

- There are several types of abuse and neglect including:
 - Physical abuse includes non-accidental physical injuries such as broken bones, bruises, burns, cut or other injuries.
 - Sexual abuse occurs when there is sexual conduct or contact with children. Using children in pornography, prostitution or other types of sexual activity is also sexual abuse.
 - Neglect exists when parents, guardians or custodians place children at unreasonable risk of harm.
 - Emotional Abuse when a parent causes severe emotional damage to a child

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**Situations Not Within CPS Scope
(R6-5-5503)**

- Delinquencies
- Mental Health needs of a child
- Life style choices
- Custody Disputes
- Educational neglect

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Definition of a Report

- a person presently under the age of 18
- is the subject of physical, sexual or emotional abuse, neglect, abandonment or exploitation
- which a parent, guardian, or custodian
 - has inflicted,
 - may inflict (potential risk)
 - permitted another person to inflict, or
 - had reason to know another person may inflict, AND
- contains sufficient information to locate the child.

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Prioritization of Incoming Communications

- **RESPONSE TIME #1**
 - 2 hours
- **RESPONSE TIME #2**
 - 48 hours
- **RESPONSE TIME #3**
 - 72 hours
- **RESPONSE TIME #4**
 - 7 consecutive days

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Disposition of Reports

- Review of Prior Reports before assignment.
- Determine jurisdiction (e.g. tribal jurisdiction, military base, another state, etc.).
- Assign a tracking characteristic

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Gathering Information

- Obtaining and Reviewing Criminal History Information
- Obtaining and Reviewing Court Orders
- Collection and review of additional information and documents

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Interviews with Child, Family & Collateral Contacts

- Joint Investigation Protocol – Criminal Conduct Allegations.
- During investigation, CPS must interview:
 - the reporting source;
 - alleged victim of child abuse or neglect;
 - siblings and other children in the home where the child victim resides;
 - siblings and other children in the home where the alleged abuse or neglect occurred, if different from the child's primary residence;

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Interviews with Child, Family & Collateral Contacts continued

- During investigation, CPS must interview:
 - custodial parent;
 - the spouse or partner or significant other (boyfriend, girlfriend, etc.) of the custodial parent;
 - all other adults living in the home where the alleged abuse or neglect occurred;
 - non-custodial parent of the child;
 - other persons known to have knowledge of the abuse or neglect, or who could confirm or rule-out a safety threat to the child victim, or any other child in the home where the abuse or neglect occurred.

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Medical Exams

- Medical Exams – Required for injuries such as:
 - Skull fractures;
 - Severe facial bruises;
 - Immersion burns;
 - Fractures;
 - Etc.

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Timeframes for Investigations

- All cases that are closed at investigation should be closed within 60 days of receipt of the report
- The investigation finding must be entered within 45 days of the date the department received the initial report information
- A child safety assessment should be completed within 21 days or before case closure (whichever occurs first)

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Assessing Safety and Risk

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Assessing Safety & Risk

A child safety assessment protocol is used within the larger protocols of child protection and child welfare practice. It is a "Life of the Case" protocol designed to provide CPS Specialists with a mechanism for assessing:

- present and impending danger of serious or severe harm to children, and
- for taking quick action to protect children

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Assessing Safety & Risk

- All families have risk; it is CPS' role to determine if the risk rises to the level of a safety threat to the child's safety.
- The CPS Specialist has explored the risk and safety factors in the family, considered the family's strengths and protective capacities.
- Whether responding to threats of danger that are present (present danger) or likely to become active at anytime (impending danger) or whether resources are focused on families with a high probability that the child will be maltreated sometime in the future (risk), it all comes down to keeping children safe.

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Assessing Safety & Risk

- **Present Danger** refers to an immediate, significant and clearly observable family condition occurring in the present which will likely result in serious or severe harm to a child requiring a prompt CPS response.
- **Impending Danger** refers to a family situation or a behavior, emotion, motive, perception or capacity of a household member that may not be occurring in the present, but is likely to occur in the immediate to near future and will likely result in serious or severe harm to a child

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Child Safety Planning

- It is the responsibility of the CPS Specialist to engage the child's family to the greatest extent possible in discussions about the child's safety and planning for voluntary interventions that minimize intrusion in the life of the family. Alternatives that should be considered include:
 - **In-Home Solutions (Safety Monitor)**
 - **Leaving Home And Going To A Safe Place**
 - **Kinship Care Options (Short-term care by relatives, friends, etc.)**
 - **Community Placement**
 - **Voluntary Foster Care Placement**
 - **Temporary Custody (Based on the assessment, if it necessary to remove the child immediately and no other available option is appropriate and/or acceptable)**

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Case Planning

- The family centered case plan shall be a discrete document that includes the following components:
 - *the child's safety plan,*
 - *permanency goal for the child, and expected date of achievement,*
 - *family intervention plan,*
 - *out-of-home care plan,*
 - *health care plan, specifying for each child*
 - *contact and visitation plan*

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Case Management

- Case manager is responsible for implementing family intervention plan
 - Assessment
 - Behavioral changes
 - Track progress
 - Reassessment
- Monitoring the child and parents
- Report to the court and Foster Care Review Board (FCRB)
- Ensures child safety

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CPS Services

In Home Services

- Family Preservation
- Substance abuse treatment
- Child care
- Substance Exposed Newborns Safe Environment (SENSE)
- Referrals to Community Resources, AZEP
- Case Management
- Past Program - Family Builders

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CPS Services

Out-of-home Services

- Visitation
- Parent Aide
- Psychological Evaluations
- Counseling
- Substance Abuse Treatment
 - Out-patient vs. In-patient
- Transportation, Housing, Employment Supports, etc.
- Reunification Services

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Findings

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Determination Findings

- Unsubstantiated
- Proposed Substantiated-Perpetrator Unknown
- Unable to locate
- Proposed Substantiated Pending Dependency Adjudication
- Substantiation

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Substantiation

- CPS can only propose a substantiated finding. Parent may have right to appeal and have the finding reviewed by an administrative law judge (ALJ).
- In order to substantiate, the CPS Specialist must identify facts which demonstrates probable cause to believe that abuse/neglect occurred.
 - Needs to have credible evidence to support the finding.
 - Reference medical records, police report, court docket numbers, etc
- Parents can have a finding of Substantiation - Adjudicated Dependent

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Information needed for a finding

- **Who** committed the abuse or neglect (parent, guardian, or custodian)?
- The child **victim** (child or children)
- **How** was the child abused or neglected?
- **When** did the abuse or neglect occur ?
- **What** evidence supports the findings?

Your Partner for 4 Strategic Areas

Neglect

- Parents inability or unwillingness to provide a child with supervisions, food, shelter, clothing, or medical care if that cases unreasonable risk of harm.
 - Minimal level of care
- Permitting a child to enter or remain in any structure or vehicle where production of dangerous drugs is occurring
- Prenatal Substance Exposure to Newborn or Infant
- Fetal Alcohol Syndrome & Fetal Alcohol Effects
- Deliberate Exposure to sexual contact, conduct, intercourse, or sexual material

Your Partner for 4 Strategic Areas

Physical Abuse

- **Physical injury** is the impairment of a physical condition and includes:
 - skin bruising including bruising to the corners of the mouth which may indicated that the child was gagged.
 - pressure sores,
 - bleeding,
 - failure to thrive or pediatric undernourishment (requires medical diagnosis),
 - malnutrition (requires medical diagnosis),
 - dehydration (requires medical diagnosis),
 - burns, which may include water burns, rope burns, rug burns and other abrasions,
 - subdural hematomas (requires medical diagnosis),
 - soft tissue swelling, which may include bald patches where hair has been pulled out, bite demarcation, and welts such as from cords or other objects,
 - injury to any internal organ (requires medical diagnosis), or
 - any physical condition which impairs a child's health or welfare
- In order to substantiate, must describe the specific injury in terms of size, color, shape and location on the child's body

Your Partner for 4 Strategic Areas

Sexual Abuse

- Sexual Abuse
- Sexual Conduct with a Minor
- Sexual Assault
- Molestation of a Child
- Commercial Sexual Exploitation of a Minor
- Sexual exploitation of a Minor
- Incest
- Child Prostitution

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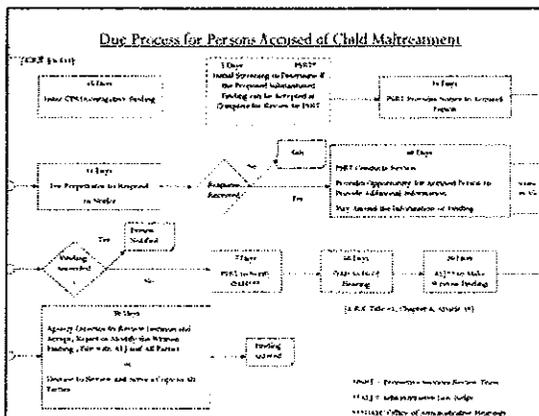


Emotional Abuse

- In order for the CPS Specialist to substantiate a finding of emotional abuse, there must be a diagnosis by a physician, psychiatrist or psychologist of one of the following in the child:
 - severe anxiety,
 - Depression/withdrawal, OR
 - untoward aggressive behavior, AND
 - that this condition was caused by the acts or omissions of the parent, legal guardian or custodian.
- This finding must be accompanied by a diagnosis by a medical doctor (includes a psychiatrist) or psychologist

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Records Retention

• Hard Copy

- Documents generated outside the Division of Children, Youth and Families (DCYF):
 - CFT summaries
 - Court Minute Entries & FCRB Reports
 - Provider Reports
- Documents that require signatures from individuals outside DCYF
 - Case Plan staffing
 - TDM summaries
- Hard copy forms not maintained electronically



Records Retention

- Unsubstantiated reports - 5 years from date of report
- Substantiated reports
 - Before 9-1-1999 - 18 years from the child victim's date of birth
 - On or after 9-1-1999 - 25 years after date of report
- Dependency Files
 - Before 9-1-1999 - 18 years from the child victim's date of birth
 - After 9-1-1999 - 25 years after date of report
- Adoption records 99 years



Thank You!
Questions & Answers



Additional Resources

- Children's Bureau
 - <http://www.acf.hhs.gov/programs/cb/>
- Child Welfare Information Gateway
 - <http://www.childwelfare.gov>
- Andrew Marioni, CPS Policy Specialist
 - AMarioni@azdes.gov 602-542-2296



Attachment A



CHILD PROTECTIVE SERVICES (CPS) REPORT SUMMARY

POLICE VERSION

REPORT

PRIOR REPORTS IN CHILDS INDICATOR: N CHILDS CASE ID: [REDACTED]
 REPORT NUMBER [REDACTED] REPORT NAME: [REDACTED]
 CIU RECEIVED DATE: 04/03/2012 CIU RECEIVED TIME: 05:19:00 PM
 INVESTIGATION REQUIRED: Y ON-CALL INDICATOR: N WORKER SAFETY CONCERNS: N POTENTIAL ICWA CASE: N
 REPORT DISPOSITION: FIELD INVESTIGATION
 CPS INVESTIGATOR [REDACTED] SITE CODE: 140A
 ASSIGNED DATE: 04/04/2012 ASSIGNED TIME: 09:00:54 AM

ALLEGATION SUMMARY-THIS REPORT

COMMUNICATION NARRATIVE: DATE RECEIVED: 04/03/2012 TIME RECEIVE 06:18:29 PM

CHILD PROTECTIVE SERVICES (CPS) REPORT SUMMARY

PRIOR CPS HISTORY: CPSCR/No Priors CHILDS/No Priors (x-ref. [redacted]), Open [redacted] & [redacted] report [redacted], Open [redacted]

FAMILY COMPOSITION: [redacted] (age was given as 7, but AZTEC indicates that she is really 8) resides with Mother [redacted]. Also living in the home is Maternal Grandmother [redacted] and adult Maternal Uncles [redacted] and [redacted]. AZTEC indicates that [redacted] father is [redacted] (whereabouts not known). Parental marital status is not known. Custody and visitation information are not available.

School information is not known.

WHAT IS THE EXTENT OF CURRENT MALTREATMENT? On October 4, 2011 the Arizona Child Abuse Hotline received a report that Maternal Uncle [redacted] sexually abused a nephew [redacted] that was living in the home with the family at the time (see report [redacted]). The nephew's father [redacted] is [redacted] Maternal Uncle. On March 14, 2012, the nephew's mother [redacted] told CPS case manager [redacted] that Maternal Uncle Carlos was sexually abused as a child (further specifics not known). Nephew's mother also stated that Maternal Uncle [redacted] has touched her inappropriately, as well as Maternal Aunt [redacted] (last name not known) and a niece (name not known) that is now deceased. It is believed that these women were all young adults when Maternal Uncle [redacted] fondled them. There is no information that Maternal Uncle [redacted] has ever been inappropriate towards [redacted]

The home has not been observed. Law enforcement has not been notified. [redacted] has not been seen by a doctor regarding this concern.

WHAT ARE THE CIRCUMSTANCES SURROUNDING THE MALTREATMENT? Mother, Maternal Grandmother and Father may not be aware of these concerns. No further information is available.

WHAT IS THE LEVEL OF CHILD FUNCTIONING FOR EVERY CHILD LIVING IN THE HOUSEHOLD? [redacted] has not been observed. No information is available.

WHAT IS THE LEVEL OF ADULT FUNCTIONING FOR ALL CARETAKING MEMBERS OF THE FAMILY? Mother, Father, Grandmother and Maternal Uncles have not been observed. There is no information regarding special needs, mental health issues, substance abuse or domestic violence. No information is available.

WHAT ARE THE GENERAL PARENTING PRACTICES IN THE FAMILY? No information is available.

WHAT ARE THE DISCIPLINARY PRACTICES IN THE FAMILY? No information is available.

SAFEGUARDS: There are no known worker safety issues. 41-1010: Reporting source did not indicate fear of harm to self because they filed a report.

CURRENT INVESTIGATION AND ASSESSMENT-CASE STATUS

INVESTIGATION CLOSED: N CASE OPEN FOR SERVICES: Y

CPS INVESTIGATOR [redacted]

SUPERVISOR NAME: [redacted]

INVESTIGATION CLOSURE DATE:

ALLEGATIONS

REPORT PRIORITY/RISK: 4 CATEGORY: SEXUAL ABUSE CHARACTERISTIC: 404

ALLEGATION DESCRIPTION: SEXUAL ABUSE, RESPONSE TIME #4



CHILD PROTECTIVE SERVICES (CPS) REPORT SUMMARY

RESPONSE TYPE: STANDARD

RESPONSE DATE:

RESPONSE TIME:

DATE MODIFIED: 04/03/2012

TIME MODIFIED: 06:19:11 PM

AGGRAVATED/MITIGATED BY:

AGGRAVATING/MITIGATING CHANGE REASON(S): NONE

TRACKING CHARACTERISTIC(S)

CHARACTERISTIC LONG DESCRIPTION(S)

FINDINGS

NONE

NONE

ALLEGED PERPETRATOR

ALLEGED VICTIM

ALLEGATION
PRIORITY/RISK

ALLEGATION
CATEGORY
SEXUAL ABUSE

AFTER
INVEST

ALLEGED PERPETRATOR IDENTIFIER

ALLEGED VICTIM IDENTIFIER

4

ALLEGATION DESCRIPTION

SEXUAL ABUSE, RESPONSE TIME #4
FINDINGS

ALLEGATION CHARACTERISTIC: 404

CASE COMPOSITION/ ADDRESS

PRIMARY CARETAKER NAME

DOB

SSN

SEX

POTENTIAL/CASE ROLE

RACE: WHITE

HOME ADDRESS

SURPRISE

AZ

TELEPHONE:

TELEPHONE:

TELEPHONE:

F

MOTHER PART

EXT:

EXT:

EXT:

TYPE: CELLULAR TELEPHONE NUMBER

TYPE:

TYPE:

DIRECTIONS:

CHILD PROTECTIVE SERVICES (CPS) REPORT SUMMARY

NAME	DOB	SSN	SEX	POTENTIAL/CASE ROLE
[REDACTED]	[REDACTED]	--	M	MATERNAL UNCLE PART

RACE: WHITE-HISPANIC/LATINO ORIGIN

ADDRESS:	[REDACTED]	TELEPHONE	EXT:	TYPE:	
		TELEPHONE	EXT:	TYPE:	
	SURPRISE	AZ	TELEPHONE	EXT:	TYPE:

ADDRESS TYPE: HOME

NAME	DOB	SSN	SEX	POTENTIAL/CASE ROLE
[REDACTED]	[REDACTED]	--	M	MATERNAL UNCLE PART

RACE: WHITE-HISPANIC/LATINO ORIGIN

ADDRESS:	[REDACTED]	TELEPHONE	EXT:	TYPE:	
		TELEPHONE	EXT:	TYPE:	
	SURPRISE	AZ	TELEPHONE	EXT:	TYPE:

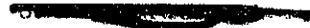
ADDRESS TYPE: HOME

NAME	DOB	SSN	SEX	POTENTIAL/CASE ROLE
[REDACTED]	[REDACTED]	[REDACTED]	F	MATERNAL GRANDMOTHER P

RACE: WHITE-HISPANIC/LATINO ORIGIN

ADDRESS:	[REDACTED]	TELEPHONE	EXT:	TYPE:	
		TELEPHONE	EXT:	TYPE:	
	SURPRISE	AZ	TELEPHONE	EXT:	TYPE:

ADDRESS TYPE: HOME



CHILD PROTECTIVE SERVICES (CPS) REPORT SUMMARY

NAME	DOB	SSN	SEX	POTENTIAL/CASE ROLE
[REDACTED]	[REDACTED]	[REDACTED]	F	CHILD PART

RACE: WHITE

ADDRESS: [REDACTED]	TELEPHONE	EXT:	TYPE:
	TELEPHONE	EXT:	TYPE:
SURPRISE	TELEPHONE	EXT:	TYPE:

[REDACTED] AZ

ADDRESS TYPE: HOME

PREVIOUS HISTORY OF REPORTS/INVESTIGATIONS

(The following reports/investigations are recorded in CHILDS, priors may also exist in CPSCR)

Attachment B

[Home](#) > [Exhibits](#) > Exhibit 3 CPS Response System and Mitigating Factors

Exhibit 3 CPS RESPONSE SYSTEM AND MITIGATING FACTORS

CPS RESPONSE SYSTEM

RESPONSE TIME 1 (Standard Response Time 2 Hours; Mitigated Response Time 24 Hours)

For the purpose of determining the initial response to a report at the Child Abuse Hotline, present danger refers to an immediate, significant and clearly observable family condition present now which has resulted in or is likely to result in serious or severe harm requiring an immediate initial response.

The following conditions suggest that a child may be in present danger:

EXTENT OF MALTREATMENT

1. Death of a child due to physical abuse, neglect or suspicious death
2. Serious injuries including but not limited to:
 - fractures
 - immersion burns, second or third degree burns
 - shaken baby syndrome
 - multiple plane injuries
3. Serious injuries to face or head including but not limited to:
 - bruises
 - cuts
 - abrasions
 - swelling
4. Injuries to a non-ambulatory child
5. Injuries to a child up to one (1) year of age
6. Unknown injuries, but child under the age of six (6) observed or reported to be forcefully struck in the face, head, neck, genitalia or abdomen which could likely cause an injury.
7. Child injured during an incident of domestic violence.
8. The restriction of movement or confinement of a child to an enclosed area and/or uses a threat of harm or intimidation to force a child to remain in a location or position which may include:
 - tying a child's arms or legs together
 - tying a child to an object
 - locking a child in a cage
9. Physical injury resulting from permitting a child to enter or remain in a structure or vehicle that is used for the purposes of manufacturing dangerous drugs.
10. Living environment is an immediate threat to child's safety. This would include the most serious health circumstances, such as buildings capable of falling in, exposure to elements in extreme weather, fire hazards, electrical wiring exposed, weapons accessible and available, access to dangerous objects or harmful substances, manufacturing of drugs (i.e. meth lab), etc.
11. Child presents with clear physical indicators of malnourishment, as dehydrated or failure to thrive (a.k.a. poor weight gain or pediatric undernourishment).
12. Child requires emergency medical care and caregiver is unwilling or unable to seek treatment.
13. A substance exposed newborn who is scheduled for discharge within 24 hours or is at home. Substance exposed newborn is defined as an infant (birth to one (1) year of age) exposed

- prenatally to alcohol or drugs including an infant who is exhibiting symptoms consistent with fetal alcohol syndrome or fetal alcohol effects.
14. Caregiver provides the child prescribed/non-prescribed or adult medications, or illegal drugs or alcohol and the child requires emergency medical care.
 15. Child left alone and is not capable of caring for self or other children.
 16. Evidence or disclosure of current sexual abuse (sexual contact only) **and** the perpetrator currently has or will have access within the next 48 hours to the identified victim. This does not include historical allegations of sexual abuse, unless there is a clear threat of reoccurrence.

CHILD FUNCTIONING

17. Child is extremely fearful because of their home situation, present circumstance or because of a threat of additional abuse or neglect. This does not refer to fear of legal disciplinary practices or generalized fear.
18. Child is a danger to self or others now and caregiver cannot or will not control the child's behavior.

ADULT FUNCTIONING

19. Child was in close proximity to an incident of domestic violence and could have been injured. This includes being held by one of the adults during the incident.
20. Caregiver is described as physically or verbally imposing and threatening, brandishing weapons, or currently behaving in attacking or aggressive ways.
21. The caregiver describes or acts toward the child in predominantly negative terms or has a distorted view of the child or has extremely unrealistic expectations given the child's age or level of development.
22. Caregiver is **incapacitated** due to substance use/abuse, behavioral/mental illness including depression and situational stress, physical impairment, and/or cognitive functioning **and** is unable to perform parental responsibilities consistent with basic needs or child safety, leaving the child in a threatened state.
23. Caregiver is actively placing child in dangerous situations or fails to protect the child from imminent threats from other persons.
24. Caregiver permits a child to enter or remain in a structure or vehicle that is used for the purposes of manufacturing dangerous drugs.
25. Evidence of abuse or neglect and the caregiver denies access to or will flee with child to avoid CPS contact.

RESPONSE TIME 2 (Standard Response Time 48 Hours; Mitigated Response Time 72 Hours)

Impending danger refers to a family condition (behavior, emotion, motive, perception, or situation) that may not be occurring in the present but is likely to occur in the immediate to near future and will likely result in serious or severe harm to a child.

All information gathered is analyzed to the following five factors – if all safety threshold criteria are met, the report meets Response Time #2 criteria.

SAFETY THRESHOLD CRITERIA – HOTLINE VERSION

- Specific & Observable – The family's condition can be described in specific behavioral terms.

- Out of Control – Beyond the control of any adult in the household to prevent the impending danger or unknown whether any adult is present or able to control the situation
- Vulnerable Child – Reliant or dependent on others for protection
- Severity – Likely to cause serious or severe harm to a child
- Imminence (Specific Time Frame) – Likely to occur within the next 72 hours

RESPONSE TIME 3 (Standard Response Time 72 Hours; Mitigated Response Time 96 Hours)

Reports that do not rise to the level of present or impending danger, but there is an incident of abuse or neglect that has happened in the past 30 days. This includes a current minor injury to the child.

RESPONSE TIME 4 – (Standard Response Time 7 Consecutive Days; Standard Response Time Can Not Be Mitigated)

Reports that do not rise to the level of present or impending danger, but:

- there is an incident of abuse or neglect that happened more than 30 days ago, or
- the date of last occurrence is unknown and there is no current physical indicator of maltreatment, or
- there is UNREASONABLE risk of harm to the child's health or welfare.

MITIGATING FACTORS

- Child is hospitalized and will remain hospitalized until the initial response is made during the mitigated response time.
- Child is under continuous supervision of a responsible adult as confirmed by a professional mandated reporting source and will remain there until the initial response is made during the mitigated response time.
- Child death and confirmation that there is no other child in the home or the alleged perpetrator has no access to another child.

Revision History:
DES (02-2011)

Attachment C

Exhibit 2

TRACKING CHARACTERISTICS

Tracking Characteristics

Does not require an investigation, but may require an action.

- TB** - Notice that a family or alleged abusive person known to another state CPS is residing in or believed to be relocating to Arizona.
- TD** - Request for courtesy assessment from another state CPS to ensure safety of a child.
- TE** - Runaways from other states or shelter due to out-of-state request or courtesy ICPC shelter.
- TF** - Court ordered pick up (domestic relations)
- TG** - Mental health treat needed, but cannot be obtained without CPS intervention
- PI** - Physical Injury Between Children
- SX** - Sexual Conduct Between Children
- SPGA** - Successor Permanent Guardianship Action

Tracking Characteristics

Requires an investigation and must include at least one report allegation

- AB** - Abandonment
- DV** - Domestic Violence
- CC** - Criminal Conduct
- FR** - False Report Indicated
- NF** - Near Fatality - an act certified by a physician, placed the child in serious or critical condition
- SEN** - Substance Exposed Newborn
- TH** - Child in care, custody and control of DES via court order or Voluntary Foster Placement Agreement
- TJ** - Administrative ordered investigation
- TK** - Court ordered investigation
- TL** - Private dependency petition
- TM** - Substance abuse contributes to the maltreatment
- TN** - DES certified child care home
- TO** - Family resides on Indian Reservation or Military Base
- TP** - Family Assistance Administration (AFDC teenage parent recipient) report.
- TSH** - Safe Haven Newborn
- TPI** - Physical Injury Between Children
- TSX** - Sexual Conduct Between Children
- SPG** - Successor Permanent Guardianship

Revision History:
DES (09-2009)

Attachment D

Section I. Background Preparation

Case Name: SMITH, KATHERINE

Case ID: 5493

Allegation Summary

Summary of Current Report Allegations

Communication: 6871 Received: 5/14/2008

CPSCR/No Priors CHILDS/Prior (also x-ref Joan Johnson for Camden Johnson)

Tom Jones (11) and Andy Jones (17) live with their mother, Katherine Smith and stepfather, Curtis Smith. According to history Camden Johnson (12) and Madeline Smith (3) also reside in the home. An adult sibling Sarah Jones is said to live in the home. According to history the father to Tom, Camden, and Andy is unknown. The father to Madeline is believed to be Curtis Smith.

The concern is on 5/14/08 Andy was suspended from school for lighting off a smoke bomb in the school parking lot. Andy was also found to have ecstasy on him. Andy was said to be pacing while waiting for step father to arrive. It was said when step father arrived Andy could be seen to be trembling, shaking, and could not sit still. It was said step father is physically and verbally abusive. Andy has told friends he gets into fist fights with step father. It is unknown if Andy has received any marks, bruises, or injuries. Andy is said to be afraid of step father. On 5/14/08 Andy sent a text message to a friend stating he wanted to die. It is unknown if parents are aware, or if Andy has any suicide plan. It is unknown what mother does about the physical abuse. No further information.

Local police responded to the smoke bomb at school. Andy attends Heritage High School, but is suspended for 9 days. Tom attends Flint Elementary. It is unknown if there is any substance abuse or domestic violence. Step father is employed by the local Sheriff department. It is unknown if there is any agency working with the family. It is unknown if there are any special needs. Step father possibly has guns in the home due to his work. 41-1010: No substantial harm reported.

CPS Response

Report: 5915 - SMITH, KATHERINE

Date Date:	1/13/2009	Time:	11:42 AM	Priority Risk:	4
Received Date:	5/14/2008	Time:	2:15 PM	Joint Investigation Required:	
Initial Response Date:	5/21/2008	Time:	12:15 PM		

Field Response:

Response Name:					
CPS Response Date:	5/21/2008	Time:	12:15 PM	Response Time Met:	(Yes)
CPS Response Name:				Worker Safety:	(No)

Category	Priority Risk	Characteristic	Allegation
PHYSICAL ABUSE	4	204	PHYSICAL ABUSE, POTENTIAL RISK

Code	Inv Req	Description
NONE	Y	NONE

Narrative:

Author: BALLARD, CURTIS

Date Entered: 2/10/2009 10:03:03 AM

Report was assigned on 5-19-08. The family was contacted on 5-21-08.

Initial Response

Initial Response by Law Enforcement or other Emergency Personnel

Joint Investigation

Report: 5915 - SMITH, KATHERINE

Section I. Background Preparation

Case Name: SMITH, KATHERINE

Case ID: 5493

Joint Investigation

Contact Date:	Law Enforcement Agency:
Joint Investigation Conducted:	Reason: (NONE)
Joint Investigation Initiated By:	Video Taped Interview Conducted:
Police Report Number:	Lead Officer:
Badge Number:	Phone: () -

Locate Family

Contact Type: IN PERSON **Contact On:** 5/21/2008 **Contact At:** 12:15 PM
With: JONES, SARAH; BALLARD, CURTIS
About: SMITH, MADELINE; SMITH, KATHERINE; SMITH, CURTIS; JONES, TOM; JONES, SEYMOUR; JONES, SARAH; JONES, ANDY; JOHNSON, CAMDEN
Explain: Efforts to locate family
Author: BALLARD, CURTIS **Date Entered:** 1/27/2009 10:08:49 AM
Family was located at the home on 5/21/08. See contact notes for full details.

Review History**Review Previous History:**

Author: SUPERVISOR J, STUDENT, A. **Date Entered:** 2/10/2009 12:24:37 PM
This worker reviewed the 10-26-99 report under Camden's biological mother's name. The source was anonymous. The allegation was alleging physical abuse of Camden when he was still living with his biological mother (child had a lump on the side of his head which was black/blue in color). Child denied mother or any caregiver caused the lump/bruise. This report was unsubstantiated. Case notes indicate counseling services from a community provider were recommended for the family.

Review Previous History:

Author: SUPERVISOR YYY, STUDENT, D. **Date Entered:** 1/22/2009 11:32:52 AM
On 2-15-08, a P4 physical abuse report regarding Camden and Tom was received by the hotline. The alleged perpetrator was Curtis Smith. The allegations were that the stepfather, Curtis, hit Tom on the face causing bruises and that Camden was also being hit by both the mother, Katherine and the stepfather. There were indications that both Camden and Tom were afraid to go home after school. Additionally, the report indicated that Andy hit his stepfather. The report was unsubstantiated. The entire family was interviewed at the Children's Advocacy Center. After the interviews, it was found that Tom made up the story to get more attention from the family and to go live with his biological father. The children were assessed as safe.

The prior report and the current report both allege that the stepfather physically abused the children. In addition, the source for both reports was the same category.

Review Prior Services and Outcome:

Author: SUPERVISOR YYY, STUDENT, D. **Date Entered:** 1/22/2009 11:33:15 AM
For the 2-15-08 report a community resource list was provided to the family. Services were offered and declined. The previous notes do not identify what specific services were offered.

Browse Intake Communication History:

<u>Communication ID</u>	<u>Disposition</u>	<u>Taken</u>	<u>Text</u>
6871		BALLARD, CURTIS	CPSCR/No Priors CHILDS/Prior (also x-ref Joan Johnson for Camden Johnson) Tom Jones (11) and Andy Jones (17) live with their mother, Katherine Smith and stepfather, Curtis Smith. According to history Camden Johnson (12) and Madeline Smith (3) also reside in the home. An adult sibling Sarah Jones is said to live in the home. According to history the father to Tom, Camden, and Andy is unknown. The father to Madeline is believed to be Curtis Smith.

The concern is on 5/14/08 Andy was suspended from

Section I. Background Preparation

Case Name: SMITH, KATHERINE

Case ID: 5493

Browse Intake Communication History:

Communication ID **Disposition** **Taken**

Text

school for lighting off a smoke bomb in the school parking lot. Andy was also found to have ecstasy on him. Andy was said to be pacing while waiting for step father to arrive. It was said when step father arrived Andy could be seen to be trembling, shaking, and could not sit still. It was said step father is physically and verbally abusive. Andy has told friends he gets into fist fights with step father. It is unknown if Andy has received any marks, bruises, or injuries. Andy is said to be afraid of step father. On 5/14/08 Andy sent a text message to a friend stating he wanted to die. It is unknown if parents are aware, or if Andy has any suicide plan. It is unknown what mother does about the physical abuse. No further information.

Local police responded to the smoke bomb at school. Andy attends Heritage High School, but is suspended for 9 days. Tom attends Flint Elementary. It is unknown if there is any substance abuse or domestic violence. Step father is employed by the local Sheriff department. It is unknown if there is any agency working with the family. It is unknown if there are any special needs. Step father possibly has guns in the home due to his work.
41-1010: No substantial harm reported.

Section II. Initial or Emergency Contact Decision

Case Name: SMITH, KATHERINE

Case ID: 5493

Protective Action

Report: 5915 - SMITH, KATHERINE

Received Date: 5/14/2008

Children: SMITH, MADELINE (PID:11566); JONES, TOM (PID:11562); JONES, ANDY (PID:11563); JOHNSON, CAMDEN (PID:11565)

Based on your observation during the initial contact, is the child(ren) unsafe due to PRESENT DANGER? No

Explain:

Author: BALLARD, CURTIS

Date Entered: 1/27/2009 10:13:22 AM

There were no immediate, significant, or clearly observable family conditions likely to result in harm occurring at first contact with the children. William was assessed on 5-21-08 at school. Tom, Camden, and Madeline were assessed in their home on 5-26-08. There were no unsafe circumstances or activities occurring at that time.

Section III. Contacts, Interviews and Observations

Case Name: SMITH, KATHERINE

Case ID: 5493

Contacts

Note Type: COLLATERAL **Contact Type:** TELEPHONE CONTACT **Contact On:** 5/20/2008 **Contact At:** 1:40 PM
With: BALLARD, CURTIS
About: JONES, TOM

Author: BALLARD, CURTIS **Date Entered:** 1/27/2009 10:31:49 AM
Telephone call to (TCT) Flint Elementary School 555-3300. School is out for the summer. Summer school is in session. Teacher this past year for Tom Jones was Mary Espinoza, but she is off until July. Msg left for Ms. Harington, front office secretary, to find out if Tom is scheduled for summer school this summer.

Note Type: CHILD **Contact Type:** IN PERSON **Contact On:** 5/21/2008 **Contact At:** 12:15 PM
With: JONES, SARAH; BALLARD, CURTIS
About: SMITH, MADELINE; SMITH, KATHERINE; SMITH, CURTIS; JONES, TOM; JONES, SEYMOUR; JONES, SARAH; JONES, ANDY; JOHNSON, CAMDEN

Author: BALLARD, CURTIS **Date Entered:** 1/27/2009 10:34:09 AM
This CPSS conducted an unannounced home visit. Sarah answered the door. CPSS spoke with Sarah alone on the front porch. Sarah is 18 years old. She lives here in the home with her mom, step dad, brothers and sister. Andy is a summer school at Heritage High School now. All other children are home with her right now. Step dad and M are at work.

Sarah, Tom and Andy all have the same father, Seymour Jones. Sarah reports they visit him typically on the weekends. Madeline is mom and step dad's biological daughter. Curtis came into the family when Sarah was in the 5th grade. Sarah reports she has no concerns about the younger children in the home.

Sarah helps to baby-sit the children and likes to help with the kids in this way, not every day. She typically baby sits for up to four hours at a time while mom and step dad are at work. Sarah reports that when her parents are home, they have primary responsibility for the care of the children. When she is babysitting the children, she uses timeout for Madeline, which is effective. Sarah denies having to use any type of discipline with the other children. Sarah reports there is always enough food for the family. For fun the family goes swimming. Curtis is working all the time. "I don't do anything fun with Curtis."

Chores- Help clean the house, do chores, do homework. Sarah reports stepfather is very strict. She states this means that you have to be home on time and always do your homework.
Consequences- "There is no hitting." We get talked to. If they get bad grades they have to do extra chores and stay after school for tutoring
Employment- M works irregular shifts cleaning houses. Curtis is a police officer. She reports she is not sure which agency.
Substance use- Sarah denies that there is any alcohol/drug use in the home or that alcohol/drug use is a problem for anyone in the home. M and step dad will drink alcohol on special occasions, but it is not a problem for the family. Sarah denies drug or alcohol use for herself.
Medical- Sarah denies any of the children have any medical issues. Sarah has a false leg, but reports this is not a problem for her.
Domestic violence- Sarah reports that her mom and step dad talk out problems, denies hitting or big arguments. Sarah denies that she has had any physical altercations with anyone in the family.
Violence- Sarah denies she has ever been arrested or had contact with police besides a traffic issue in the past. Sarah does not know if any of the children in the home are on probation.

Sarah reports that she gets along well with her biological father. They visit him on the weekends when he is in town. He is currently out of state training for the military. She states that he is scheduled to be back in about two months. Sarah reports that biological father does not drink alcohol to excess or use drugs. Her father uses taking away privileges as a consequence for the children. Sarah denies having any knowledge that her father has had any trouble with physical violence with anyone including her mother in the past.

After care planning- Sarah reports there are no changes she would make regarding the family if she could and denies there are any services the family needs at this time.

This worker asked to talk with the other children, on the porch. Sarah stated that she is uncomfortable allowing this without her mom and step dad's permission. "I'm not even sure how they would feel about me talking to you." Left PAC518 and this worker's card with Sarah and asked her to provide to her parents.

Note Type: CHILD **Contact Type:** IN PERSON **Contact On:** 5/21/2008 **Contact At:** 12:50 PM
With: BALLARD, CURTIS; JONES, ANDY
About: SMITH, MADELINE; SMITH, KATHERINE; JONES, ANDY; SMITH, CURTIS; JONES, TOM; JONES, SEYMOUR; JONES, SARAH

Author: BALLARD, CURTIS **Date Entered:** 1/27/2009 10:35:45 AM
Interview with Andy Jones at Heritage High School, alone in a vacant classroom. Introduced myself to Andy and he stated, "Oh, not this again." Asked what he meant by that. He stated that a few years ago his little brother fell off a bike and got a bruise and CPS came and talked to them all and made a big deal out of it. Informed him CPS received a report about him having a smoke bomb at school, texting that he wanted to die and having drugs at school.

Rules and discipline at home- Andy reports his stepfather is a police officer and "he has to follow the law." Andy reports that he is held to a higher standard than his friends because of his stepfather's employment. Discipline is the same for all the children, except for the youngest child who does

Section III. Contacts, Interviews and Observations**Case Name:** SMITH, KATHERINE**Case ID:** 5493**Contacts**

not get into trouble - grounded and doing extra chores. Andy describes Madeline as "very smart, the smartest of us all." No one is disciplined different or more severely than the others. Andy denied he has had fist fights with his stepfather.

Andy denied that he has used ecstasy, reports that he has used marijuana in the past, but denies that drugs are a problem for him. He had a hearing at the school and they decided to let him back into the school. He has not heard if he will be having a court hearing through juvenile probation. This is his first arrest.

Andy reports being in counseling. Has been twice, cannot remember counselor's name. M has been going with him. "I wanted it." He likes having someone to talk to and is going because he wants to learn how to get to know a girl at school better. This counseling has started since the smoke bomb incident. M has stated that she might want family counseling as well.

After care planning/change about family. "Not to get grounded." Andy reports that he is punished more than his friends are. M likes to talk about things he has done wrong for "a long time" and then he gets his punishment. Step dad goes straight to the punishment without the talking. Reports that step dad is more strict than mom. Andy denies that he is afraid of his stepfather.

Domestic violence- Asked Andy how mom and step dad handle disagreements between themselves- They talk and sometime argue until one of them agrees with the other one. He denies that they physically fight or hit each other.

Substance use- Andy denies that drugs are a problem for his family. Denies mom or step dad use drugs. They will drink alcohol on special occasions or with friends, but denies it is a problem for the family.

Asked what Andy does for fun with his step dad- we went camping a few weeks ago. Sometimes we go quad riding. Fun things with mom- go to the store and just hang out.

Asked Andy about the text message he sent stating he wanted to die. Andy reports he did not really want to die, he was just using this as an expression at the time. Denies having thoughts of hurting himself now. Reports that he spoke about this with his counselor already as well.

Encouraged him to continue to talk with her about this topic if necessary. Andy denies that he has any concerns about his younger siblings.

Sexual abuse- Andy denies having unwanted sexual contact with anyone currently or in the past.

Bio dad- He is in Washington state at military school. When he is here locally and not at school they visit him on the weekends. Andy reports he is able to talk to him on the phone some while he is out of state, but does not have his number with him. "He is my idol." Reports having a good relationship with his bio dad. Andy reports that his bio father will drink socially, but he has never seen him intoxicated. Andy reports his bio father does not use drugs and has not been in jail or had past arrests. Andy reports that his father will ground the younger ch when they are visiting if they misbehave. Andy denies getting into trouble while visiting his father.

Note Type: PARENT CARETAKER **Contact Type:** TELEPHONE CONTA **Contact On:** 5/21/2008 **Contact At:** 2:45 PM
With: BALLARD, CURTIS
About: SMITH, KATHERINE
Author: BALLARD, CURTIS **Date Entered:** 1/27/2009 10:38:21 AM
TCT Katherine Smith Returned her two calls. 555-0555 Voicemail left.

Note Type: PARENT CARETAKER **Contact Type:** IN PERSON **Contact On:** 5/21/2008 **Contact At:** 2:50 PM
With: SMITH, KATHERINE; BALLARD, CURTIS
About: JONES, TOM; SMITH, MADELINE; SMITH, KATHERINE; JONES, SARAH; JONES, ANDY; JOHNSON, CAMDEN
Author: BALLARD, CURTIS **Date Entered:** 1/27/2009 10:40:29 AM
TCF Katherine Smith Informed her of the allegations. Informed her Andy and Sarah were interviewed today. Asked for a time to meet with her. Andy is in counseling because he is facing class four felonies. Andy has violent outbursts and ADHD. M asked Andy what this was all about (CPS involvement today) and he screamed "I don't have to tell you" and hit the wall. Andy and stepfather do have somewhat of a strained relationship because stepfather has an "I don't tolerate disrespect" attitude and Andy has a "I will disrespect you anyways" attitude. Curtis has not handled any of Andy's consequences regarding the smoke bomb/ecstasy incident, mom has. Home Visit setup for Monday, May 26 at 3:30pm.

Note Type: PARENT CARETAKER **Contact Type:** TELEPHONE CONTA **Contact On:** 5/21/2008 **Contact At:** 3:38 PM
With: SMITH, KATHERINE; BALLARD, CURTIS
About: JOHNSON, CAMDEN; JONES, ANDY; JONES, SARAH; JONES, SEYMOUR; JONES, TOM; SMITH, CURTIS; SMITH, KATHERINE; SMITH, MADELINE
Author: BALLARD, CURTIS **Date Entered:** 1/27/2009 10:42:25 AM
TCF Katherine She asked if this worker could meet with the family earlier than 3:30 pm on Monday. Offered her earlier in the day Monday. She asked if today was available. Informed her it was not. She stated that her husband would just like to get this done and over with. Confirmed for Monday at 3:30pm.

Note Type: FAMILY **Contact Type:** IN PERSON **Contact On:** 5/26/2008 **Contact At:** 3:30 PM
With: SMITH, KATHERINE; BALLARD, CURTIS; JONES, TOM; JOHNSON, CAMDEN; SMITH, MADELINE; SMITH, CURTIS

Section III. Contacts, Interviews and Observations

Case Name: SMITH, KATHERINE

Case ID: 5493

Contacts

About: JOHNSON, CAMDEN; JONES, ANDY; JONES, SARAH; JONES, SEYMOUR; JONES, TOM; SMITH, CURTIS;
SMITH, KATHERINE; SMITH, MADELINE

Author: BALLARD, CURTIS

Date Entered: 1/27/2009 10:46:39 AM

Scheduled HV with Katherine and Curtis. All of the children were home (Madeline, Tom, Andy and Camden), in their rooms after introductions and saying hi. Madeline was observed to hug her dad as she walked past him to her room. Sarah was also present in the home, in her room with Madeline. Reviewed and signed PS045 with the parents. Confirmed parents received the PAC518 that was left with Sarah at last HV.

Spoke about Andy's involvement with the smoke bomb at school. M (Mom) went to the school that day and then Curtis came to the school later. Ch (child) had ecstasy on him as well. He was paper arrested. This was his first arrest. This arrest has resulted in 3 class 4 felonies. M reports she heard today that Andy will be charged as an adult, not a child. Since this incident, he has been "home bound." His "MySpace" account has been taken away and he is grounded. He can have friends over at the house, but he cannot go out with friends or go to friends' houses. "This is all that works for him" to take away social things. M and Curtis report that they have tried all types of discipline, such as taking away privileges, with Andy. Last Friday Andy punched the wall because he was upset and did not want to talk to mom anymore. He did not cause a hole in the wall. Andy has ADHD. He has outbursts and yells. He struggles in school with paying attention. In the past he was on medication for the ADHD, but he refuses to take it now. Asked about the ecstasy found in Andy's backpack. Parents are not sure if he is using or not. They know that he has used marijuana in the past. M reports she has seen a change in Andy the past few days. He has had less of a bad attitude and he is willing to help around the house without giving verbal attitude. M reports that Andy is not a "bad" child, he is just making some poor choices lately.

M and step dad were asked to tell this CPSS a little bit about each of their children. They talked about the likes and dislikes of each child and had positive things to say about each child individually (i.e. Madeline likes to help cook the family's food and Camden is good at remembering to feed the family cat).

Bio father of Sarah, Andy and Tom is Seymour Jones. He is in the Air Force. He is out of state training right now. When he is in town (lives locally) the children visit him on the weekends. He is not scheduled to be back for three months. He pays child support. M would like him to provide more emotional support and parenting to the children as well, but he does not. He is more of a buddy than a father to them in terms of setting limits and helping mom with the troubles Andy is having. M denies Seymour has had any incidents of violence. She denies that there was domestic violence while they were together. M denies that he struggles with alcohol or drug use. M states she has never had any complaints from the children about discipline after they visited with their father.

es - The children are to do homework as soon as they are home from school, then do chores and then they can play. Discipline for Andy is to take away his friend time, this is what is important to him. For the other children- extra chores. Children have received spankings in the past for lying, but physical discipline is not the typical discipline technique used. The parents report these techniques are effective in changing the children's behaviors.

Medical & Mental Health - Parents report Sarah has a false leg. None of the other children have any medical issues. All children are healthy, have health insurance and up to date on immunizations. M and step dad have no medical problems. Tom may have ADHD. He is not on any medication. The mother reports Tom is having trouble with his focus on schoolwork, but it not having any behavior problems at school or home. The parents report they have no mental health issues. The mother denies that Seymour has any known struggles with medical or mental health. Andy and mom go to counseling through stepfather's insurance. They see Susan Brinoms. They have had two sessions. M hopes this counseling will help Andy to get focus on school, make better decisions about his friends, and help him to become an asset to the community instead of getting into trouble. Step dad hopes the counseling will be preventative. M reports that Andy "does not care about himself." She reports that he cares more about his friends and that he will make decisions based on what his friends think and that he is a follower. Asked about the text message that Andy wanted to die. M does not think that he really wants to hurt himself. They have not seen any signs of this. Have spoken with therapist about this issue. The family has not received any other counseling. Katherine and Curtis report that Madeline, Tom, and Camden behave typically for their ages.

Education - Andy is in summer school due to being behind in school. The parents had made a decision in Fall 2007 to place Andy at Northside High School. They thought that this would be good for him to be in a charter school. The parents report this was a bad mistake. Andy started hanging around with friends who were a bad influence and got into marijuana. Andy even stated to his mom that he did not feel safe at Northside High School. They then placed him back at Heritage High School and he is doing better. Sarah is attending Community College, has graduated HS. Madeline, Tom and Camden are attending Flint School. Parents report they all receive passing grades and have no behavior or educational problems at school. None of the children are in any special classes.

Support System - The parents report their supports include Curtis' father who helps to baby sit the children at times. Sarah also helps to baby-sit. M states she is very proud of Sarah and her continued relationship with her siblings, with a smile on her face. M reports she baby-sits approximately three times per week for up to five hours while M is at work. M denies ever having any trouble or concerns regarding the younger children while Sarah was babysitting. Mom's family is in California and not able to help beyond emotional support via phone calls. M reports that she plays volleyball as a stress reliever. She has practice this evening. Stepfather's father is a emotional support for the family. Stepfather enjoys outdoor activities to relax.

Substance use - M and step dad report they drink alcohol on special occasions. M will have wine with dinner at times. Both deny drug use and state that drugs are not a problem for their family except for Andy's experimentation.

Employment and Finances - Step dad is a detective with Central Police Department. M works part time for a house sitting company. Her schedule is flexible. Parents report they are not having any financial struggles at this time. They have enough money to provide for the basic needs of the children.

Custody and visitation orders - M has custody and Seymour has visitation rights with his children, no restrictions. Step dad reports that Camden is not their biological child. Step dad has guardianship of Camden. Step dad stated that Camden has difficulty (emotionally) with this issue and asked that

Section III. Contacts, Interviews and Observations

Case Name: SMITH, KATHERINE

Case ID: 5493

Contacts

this worker not speak to him about it today. Both of these custody orders originated in Lincoln County.

Domestic violence - Mom and step dad report that they talk out their problems. They will yell and raise their voices at times. If arguments are in front of the children, M will walk away from the children when they begin to argue and step dad will follow her. They have been together for 8 years and only had two large arguments. Parents deny they have ever been physical with each other. Step dad reports being to counseling in the past due to his two sisters who are "on the opposite side of the law."

M reports that Andy treats her like his biological father used to treat her. Believes he learned this disrespect from his father. M and step dad report growing up in a loving home with no abuse or neglect. M and step dad report they learned to be parents from their own childhood and by talking with relatives about how to handle their own children as problems came up. Parents report the hardest thing about parenting right now is Andy being disrespectful. At times the boys will disagree with each other. At other times the boys will play wrestle for fun.

Mom and stepfather were asked what help their family needs- they already have counseling for Andy setup. They do not need any other services/assistance. M reports Andy wants to go into the Marine Corps. Provided community resource list and parent assistance hotline pamphlet.

Viewed the living room, kitchen, children's rooms and children's bathroom. No hazards. The girls share a room and the boys share a room.

This worker met with Madeline in the living room alone for the entire interview. Ch reports she is 6 years old, attending Flint Elementary School, was in Kindergarten last year.

Rules - not to squirt water in the house, do chores "property," do good in school. "Camden gets F's and D's and lies and gets grounded." When she breaks the rules - sent to room, placed in the corner for 3 minutes, grounded (can't go any where). Madeline reports that when Sarah is babysitting her, she has to go to her room when she does not listen.

Substance use - Ch reports her knowledge about drugs and alcohol are that children are not supposed to drink wine, beer or smoke. Ch reports that mom and dad drink sometimes. Ch denies Sarah drinks. Ch denies that mom and dad act different when they drink.

Domestic violence - Ch reports that when mom and dad disagree about something they talk about it and sometimes yell. Ch denies they use their hands or feet when they are upset at each other.

Sexual abuse - Ch denies that anyone has touched her on areas of her body her underwear covers.

Ch reports being afraid at home sometimes when her brothers start play fighting/wrestling. She denies being home alone and reports the family always has food. Ch reports going to the water slide with the family, including mom and dad, for fun.

Ch would like to change about the family - not having to bring home your report card from school, being able to squirt water in the house, and never get grounded.

This worker met with Camden in the living room alone for the entire interview. Ch reports being 12 years old and will be in the 7th grade at Flint Middle School in the fall.

Rules - Do homework, chores and then play. "We have to do our chores right." Asked what this means. He stated that if he is to sweep that day, he has to sweep under the rug and couch, not just in the open spaces. When he breaks the rules he gets grounded or has to do extra chores. Madeline will sometimes get spankings. Ch denies getting into trouble when Sarah is babysitting him. ""She just tells us to stop"" doing whatever they are doing that is against the rules.

Domestic violence - Ch reports that when mom and dad disagree about something they talk and raise their voices a little. Denies they fight with their hands. Ch denies the police have been to the home.

Substance abuse - Ch reports dad will drink beer sometimes and mom will drink wine sometimes. Ch denies anyone in the family uses drugs.

Medical - Ch reports having no medical issues. He is taken to the doctor when he needs to. He was to the dentist last year.

Sexual abuse - Ch denies that anyone has touched him on areas of his body his underwear covers.

Emotional abuse - Ch reports that Tom and Andy will call each other a "jerk" but there is no other name calling in the family.

Ch denies being afraid at home. Ch has no concerns about any of his siblings.

Camden reports that sometimes he stays home by himself. He reports that he is able to call his parents' cell phone if there is a problem while home alone. For fun the family will go out to eat, have a picnic or go to the pool.

After care planning - Ch would like to change about the family: no more arguments between Tom, Andy and Madeline. Denies these arguments are physical. Ch reports they are just brother/sister arguments. Ch reports there are no services/help the family needs.

This worker met with Tom in the living room alone for the entire interview. Reports he is 11 years old and will be in 6th grade at Flint Elementary School.

Rules - Do homework and chores, then play. Have to ask to go outside. Be back at a certain time.

Consequences - Grounded to the room for a day or a week. Sometimes gets hit when really bad. Last time "was when I was hanging out at the park with a guy I was told not to. I was with Andy and I had to stay with him and Andy was with the guy so I was too." Tom reports being hit on the shoulder by Curtis, with his hand. He reports it was not hard and did not leave a mark. Tom reports that his step dad does not hit hard. Tom reports that at times mom will grab him by the arm to get his attention. Tom reports that sometimes he is afraid when he does something wrong. "I don't like when he yells." Tom reports his stomach will feel funny. He states that he is afraid of the consequences he will get for his bad behavior.

Substance use - Tom reports that Andy used to use drugs, but he got into trouble and will have to go to court. Andy was not spanked or hit when he got into trouble. He was not yelled at "too much." No one else uses drugs in the family. M will drink wine but not a lot. Curtis will drink at a party, "but not over drink." Tom denies that his father drinks to the point of getting drunk and denies he uses any drugs. Tom reports his dad had never been to jail.

Relationship with parents - Tom likes that his mom does not get too upset about small stuff and that she takes them places. Tom likes that his step dad goes outdoors with us with the quads and motorcycles. Tom does not like that mom and step dad are cranky in the morning before they have their coffee. Also sometimes when step dad gets home from work he is cranky. Tom reports enjoying visiting his father on the weekends. They do fun things together like ""outdoor stuff.""

Section III. Contacts, Interviews and Observations**Case Name:** SMITH, KATHERINE**Case ID:** 5493**Contacts**

Medical - Tom denies that he has any medical issues except for having a "weak" stomach. He gets nauseous when he is nervous sometimes.
 Sexual abuse - Ch denies that anyone has touched him on areas of his body his underwear covers.
 After care planning - Tom denies the family needs any help/supports/services. Tom reports that if he could change something about his family is would be that everyone liked to be outdoors, work less and have more family time.

Spoke with mom and stepfather in the living room. M and step dad deny ICWA applies. They consider themselves and all of the children to be caucasian. Informed them of the next steps and that the allegations would probably be unsubstantiated, but that supervisor would be consulted for final decision. Step dad asked if his boss could contact this worker if he needed to. Informed him yes, but that this worker could not provide any information unless Step dad said this was ok. He stated that it would be okay.

Note Type: PARENT CARETAKER **Contact Type:** TELEPHONE CONTA **Contact On:** 6/4/2008 **Contact At:** 3:40 AM
With: BALLARD, CURTIS

About: SMITH, KATHERINE**Author:** BALLARD, CURTIS**Date Entered:** 1/27/2009 10:47:43 AM

TCT Smith home 663-1464 No answer. Cell phone 360-0555 Voice Mail left on Katherine's cell phone asking for name and phone number for bio father and phone number for therapist currently working with the family.

Note Type: PARENT CARETAKER **Contact Type:** TELEPHONE CONTA **Contact On:** 6/4/2008 **Contact At:** 4:25 PM
With: SMITH, KATHERINE; BALLARD, CURTIS

About: SMITH, KATHERINE; JONES, SEYMOUR**Author:** BALLARD, CURTIS**Date Entered:** 1/27/2009 10:49:27 AM

TCT Katherine Smith M states that Seymour, bio father, is in the field at training and cannot be reached at this time. Asked her if she has concerns about the children's safety when they are with him and she stated no. She reports that there are some things she wishes he would not do with the children, such as taking them to the gun range and practice shoot, but he is responsible about it and is not abusive to the children. M would prefer that CPS not contact the therapist because Andy is finally opening up to someone and she is concerned that it would jeopardize this connection he is developing with the therapist.

Note Type: KEY ISSUES **Contact Type:** OTHER **Contact On:** 6/25/2008 **Contact At:** 9:00 AM
With: SMITH, KATHERINE; SMITH, CURTIS; BALLARD, CURTIS

About: SMITH, CURTIS; SMITH, KATHERINE**Author:** BALLARD, CURTIS**Date Entered:** 1/27/2009 10:51:09 AM

Case closure/unsubstantiation letter sent this date to Katherine and Curtis Smith. Letter recommends continued counseling services for Andy and if suggested by the therapist, family counseling.

Source Contacts

Contact Type: TELEPHONE CONTACT **Contact On:** 5/20/2008 **Contact At:** 1:40 AM
With: BALLARD, CURTIS

About: SMITH, KATHERINE; SMITH, CURTIS; JONES, ANDY**Author:** BALLARD, CURTIS**Date Entered:** 1/27/2009 10:53:55 AM

TCT Marisela Bain. Source Heritage High School 555-5108
 Msg left requesting a call back. School may be out for the summer.

Contact Type: TELEPHONE CONTACT **Contact On:** 5/29/2008 **Contact At:** 11:30 AM
With: BALLARD, CURTIS; BAIN, MARISELA

About: SMITH, CURTIS; SMITH, KATHERINE; JONES, ANDY**Author:** BALLARD, CURTIS**Date Entered:** 1/27/2009 10:55:21 AM

TCT Marisela Bain, Heritage High School Monitor
 Home number 555-5084 (acquired from the police report)
 Msg left requesting a call back with a male who answered the phone.

Contact Type: TELEPHONE CONTACT **Contact On:** 6/20/2008 **Contact At:** 1:00 PM
With: BALLARD, CURTIS; BAIN, MARISELA

About: JONES, ANDY; SMITH, CURTIS; SMITH, KATHERINE**Author:** BALLARD, CURTIS**Date Entered:** 1/27/2009 10:56:18 AM

6/20/08 1:00 PM

TCT Marisela Bain, Heritage High School Monitor, Source 555-5084 Marisela reports she was present when Andy was waiting for his mother and

Section III. Contacts, Interviews and Observations**Case Name:** SMITH, KATHERINE**Case ID:** 5493

stepfather to arrive at the school the day he and some friends set off the smoke bomb. He was walking back and forth in the hallway and appeared to be nervous- his hands were shaking. Andy stated that he was going to be in trouble at home, but did not elaborate. Marisela states that she had to leave prior to the parents arriving. Marisela reports the information she has about Andy getting into fist fights and being afraid of his step father came from another school monitor who heard Andy telling a peer about this in the past. This other school monitor no longer works for the school and Marisela has no contact information for this person. Marisela has never met either the mother or stepfather and has no additional information regarding their interactions with Andy. This worker asked source information about Andy's school performance. She has no information regarding his attendance or grades. She reports that she does not know of any other school behavior problems regarding Andy. She sees him in the hallway sometimes and he is usually talking and walking with his friends between classes. Marisela has no information regarding the parent's involvement in Andy's education, such as attending school functions or meetings.

AG Contacts**Contact On:****Contact At:****Documents Review****Document Reviewed:** 5/30/2008**Date Entered:** 1/27/2009 10:58:24 AM**Author:** BALLARD, CURTIS

Obtained and reviewed Police Department Report #123456789 pertaining to Andy's involvement with a smoke bomb at the school. Placed in file. According to police report dated May 14, 2008, Andy and several classmates set off a smoke bomb in the school parking lot. He was found to have three green pills which were determined to be Ecstasy as well as having a homemade igniter. The report indicates the Andy brought the smoke bomb to campus after obtaining it from a friend that morning. He admitted to setting off the smoke bomb.

Searched websites for criminal records and custody orders regarding the family. Nothing found for Curtis, Sarah or Katherine. Guardianship order dated 6-25-02 was located and placed into paper file regarding Camden Johnson. This order appoints Curtis Smith as the sole guardian of Camden. Seymour had a few records which were printed and placed in file. There was one non-criminal (5-07), two traffic (6-01 & 9-00), and two criminal (1-06 & 6-95) records found. The two criminal charges were court dismissed. A contact check was requested through local Police Department regarding Seymour and no records were found. The Arizona DPS check for all four adults in the family showed no arrests.

Divorce order dated 2-21-01 located and placed in paper file regarding Seymour and Katherine. States Katherine is awarded sole custody of the minor children with reasonable rights to visitation for Seymour.

Document Reviewed: 6/13/2008**Date Entered:** 1/27/2009 10:59:13 AM**Author:** BALLARD, CURTIS

No medical or school records were reviewed as there were no concerns regarding medical or school issues/neglect regarding any of the children and there was no indication that medical or school records contained any information regarding abuse or neglect of the children.

Document Reviewed: 6/13/2008**Date Entered:** 1/27/2009 11:00:02 AM**Author:** BALLARD, CURTIS

Efforts were made to speak with the counselor currently working with Andy and the mother, but mother refused contact between CPS and the counselor.

Management Contacts**Contact On:** 6/3/2008 **Contact At:** 9:30 AM**Date Entered:** 1/27/2009 11:00:59 AM**Author:** BALLARD, CURTIS

Staffed case with supervisor. Decision to unsubstantiate the allegations and close as no safety factors or high risk factors were present. There are low risk factors. Discussion that Sarah is a babysitter for the younger children, but not a primary caregiver. Therefore, she is to be assessed regarding safety issues on the CSA, but not assessed for risk factors on the SRA. Agree to pursue obtaining custody orders from website, biological father contact and therapist contact. If no concerns found, case is ready for closure.

Contact On: 6/5/2008 **Contact At:** 10:00 AM**Date Entered:** 1/27/2009 11:01:38 AM**Author:** BALLARD, CURTIS

Staff with supervisor regarding the mother's wishes for CPS to not contact mental health provider and bio father not being contacted. Approval to continue with case closure due to information being gathered from several sources that there are no safety factors associated with the children's contact with the bio father. The information gathered was enough to assess the biological father in relation to the 17 safety factors of the CSA and some information was gathered for the SRA assessment. Mental health contact is the mother's decision since it is family counseling and release of information would need to be obtained.

Section IV-VI. Child Safety Assessment

Case Name: SMITH, KATHERINE

Case ID: 5493

Information Collected and Assessment to identify and understand possible Safety Threats**1. What is the extent of current maltreatment?**

Author: BALLARD, CURTIS

Date Entered: 1/27/2009 10:18:37 AM

Multiple sources of information support the decision that there is no maltreatment in the family at this time. This report concerned potential physical and verbal abuse of Andy, and that Andy has made statements of getting into fist fights with his stepfather. All of the children denied being physically abused by any adults in the home and denied sexual abuse and neglect. None of the children had injuries or observable signs of abuse or neglect. The parents and adult sibling also report no abuse or neglect of the children. Andy denied getting into fist fights with his stepfather and denied that he is afraid of stepfather. The children stated that the stepfather yells and is strict, but did not describe any name-calling, humiliation, physical punishment, or extremely unrealistic expectations. The mother reported that the stepfather has not been involved in disciplining Andy for the recent incident at school, and a sibling confirmed that Andy was not hit or yelled at "too much" for the incident.

2. What are the circumstances surrounding the maltreatment?

Author: BALLARD, CURTIS

Date Entered: 1/27/2009 10:18:58 AM

There was no maltreatment found during the assessment of the family.

3. Discuss the child functioning for every child living in the household.

Author: BALLARD, CURTIS

Date Entered: 1/27/2009 10:19:25 AM

Andy is 17 years old. He is displaying some behaviors that could contribute to him being abused or neglected if he were in a family with a low tolerance for these behaviors (drug experimentation and setting off a smoke bomb at school); however, his mother and step-father appear to be addressing these behaviors without using abusive techniques. Andy and his mother are attending counseling services, and mother reports improvements in Andy's attitude lately. The mother and stepfather did not describe Andy's behaviors as dangerous or as out of control. Andy has had some difficulty in peer relationships and may be making poor choices to try to fit in with his friends. Andy is struggling in school, and is enrolled in summer school to try to catch up. Andy has been diagnosed with ADHD, which contributes to his struggles focusing in school. Andy perceives his stepfather as stricter than other fathers and appears to have difficulty with their relationship; however, there is no evidence that the relationship is abusive.

Madeline, Camden and Tom do not have behaviors or special needs that are likely to trigger abuse or neglect, that are out of control, or that require extraordinary parenting skills. Madeline is six years old and is therefore vulnerable due to her young age, but has no special needs or difficult behaviors. Her behavior at home and school is typical for a six year old. Camden is 12 years old. He has some emotional difficulty with the fact that he is not Katherine and Curtis' biological child, but the parents describe Camden's behavior at home and school as typical for a 12 year old. Tom is 11 years old. He has normal behavior for an 11 year old, at home and school, although he is in the process of being tested for ADHD through his school. Madeline, Camden and Tom have no special educational needs. They attend regular classes in school and receive passing grades.

All four of the children are healthy and have no chronic medical problems.

4. Discuss the adult Functioning for all caretaking members of the family.

Author: BALLARD, CURTIS

Date Entered: 1/27/2009 10:19:57 AM

The children have an adult sister, Sarah (age 18), in the home, as well as their mother and father/stepfather. There is a grandfather nearby to assist with babysitting and support as well. All of these adults contribute to the safety and well being of the children. None of the adults have adult functioning factors that are causing the children to be unsafe. The interviews and background check revealed no evidence of current or historical criminal behavior, domestic violence, violence outside the home, or substance abuse by the mother, stepfather, or father that would place the children in danger. There is no indication of mental health problems for the mother, stepfather, or father. The adults denied issues in any of these areas, and the children provided information that was consistent with the parents' denial of substance abuse, domestic violence, other violence, or mental health problems.

The mother, Katherine Smith, is employed part-time, and cares for the children when they are not in school. There were no indicators that she is unable to care for the children safely. The mother is meeting the children's basic needs (food, shelter, supervision). She appears to be able to deal with the stress caused by Andy's poor choice in behaviors (she stated that she plays volleyball as a stress reliever). The mother and stepfather appear to have a healthy relationship with each other, and the children report they enjoy fun activities with their mother and are not afraid in the home.

The stepfather, Curtis Smith, is employed full time. There are no indicators that he is unable to care for the children safely. The stepfather and mother are obtaining and managing their resources to consistently meet the children's basic needs for food, clothing and supervision. The difficult relationship between the stepfather and Andy may be a risk, but it does not rise to the level of a safety issue. The children describe him as strict, but also report he participates in fun activities with them.

The father, Seymour Jones, was not interviewed because he is out of town for three months for military training. He is employed. There is no indication that he is unable to care for his children safely. The father and children visit on weekends when he is in town, and the mother says she has no concerns about the children's safety when they visit their father. The mother reports that the father does not assist with parenting or setting limits regarding Andy's poor behavior choices.

What are the general parenting practices in the family?

Author: BALLARD, CURTIS

Date Entered: 1/27/2009 10:20:17 AM

The assessment revealed no safety factors associated with general parenting practices in regards to the mother, step-father, or father. The

Section IV-VI. Child Safety Assessment

Case Name: SMITH, KATHERINE

Case ID: 5493

Information Collected and Assessment to identify and understand possible Safety Threats

children have age appropriate rules and chores within the home. They have an appropriate after school routine and are supervised adequately (the younger child is not left home alone and Sarah baby-sits when needed). The fact that Sarah continues to live in the home past her 18th birthday may be an indicator of positive supportive relationships between the parents and children.

The mother and stepfather appear to be a dedicated family people who strive to follow society's rules, encourage the children to do the same, and want their children to positive community members. They maintain structure within their home. The children were briefly seen with the mother and stepfather and they followed the parents' directions with no noted concerns. The mother demonstrated appropriate concern about Andy's behavior choices by initiating counseling services for him prior to CPS involvement. The children spoke positively about their mother and described family friendly activities with mother, such as swimming and picnics. The stepfather is strict with his rules; but the children's description of his expectations did not show them to be unreasonable. The stepfather is concerned about Andy's behavior choices and is allowing his health insurance to be used for counseling services.

The father (Seymour) was not interviewed. The father maintains a relationship with the children, visiting them on the weekends when he is in town and making child support payments. Mother describes the father as more of a buddy and she wishes he would provide more emotional support and parenting. The children enjoy their time with their father and talked about the fun things they do together. The children appear to value this relationship. Andy stated that his father is his "idol."

6. What are the disciplinary practices in the family?

Author: BALLARD, CURTIS

Date Entered: 1/27/2009 10:20:39 AM

There is no evidence that the parents' disciplinary practices make the children unsafe. Typical discipline in the mother and stepfather's home is being grounded and privileges being taken away. There does appear to be some spanking in the family; however, not to the level of abuse (no bruises or injuries reported). The parents demonstrate the ability to adjust the discipline approach to each child, based on age and effectiveness. The parents report the discipline techniques are effective in curbing the behavior of the children, except for some of Andy's behaviors. The parents are now trying counseling services for Andy and he will also have legal consequences which may help to support the parents' efforts.

The children report non-abusive disciplinary practices when visiting the father on the weekends.

Section IV-VI. Child Safety Assessment

Case Name: SMITH, KATHERINE

Case ID: 5493

Safety Factor Identification and Analysis

Children: SMITH, MADELINE ID 11566; JONES, TOM ID 11562; JONES, ANDY ID 11563; JOHNSON, CAMDEN ID 11565	
1. Caregiver leaves child alone and child is not competent to care for self, or caregiver leaves child with persons unwilling or unable to provide adequate care, placing the child at substantial risk of harm.	No
Children: SMITH, MADELINE ID 11566; JONES, TOM ID 11562; JONES, ANDY ID 11563; JOHNSON, CAMDEN ID 11565	
2. Child is fearful of caregiver, other family members or other people living in or having access to the home.	No
Children: SMITH, MADELINE ID 11566; JONES, TOM ID 11562; JONES, ANDY ID 11563; JOHNSON, CAMDEN ID 11565	
3. The behavior of a child living in the home threatens immediate harm to himself or to others and the caregiver can not control the behavior.	No
Children: SMITH, MADELINE ID 11566; JONES, TOM ID 11562; JONES, ANDY ID 11563; JOHNSON, CAMDEN ID 11565	
4. Caregiver is verbally hostile when talking to or about the child and/or the caregiver has extremely unrealistic expectations for the child's behavior.	No
Children: SMITH, MADELINE ID 11566; JONES, TOM ID 11562; JONES, ANDY ID 11563; JOHNSON, CAMDEN ID 11565	
5. Caregiver's behavior is violent or out-of-control.	No
Children: SMITH, MADELINE ID 11566; JONES, TOM ID 11562; JONES, ANDY ID 11563; JOHNSON, CAMDEN ID 11565	
6. Violence among adults living in or having access to the home seriously impairs the necessary supervision or care and/or the physical safety of the child.	No
Children: SMITH, MADELINE ID 11566; JONES, TOM ID 11562; JONES, ANDY ID 11563; JOHNSON, CAMDEN ID 11565	
7. Caregiver has caused serious harm to the child or has made a believable threat to cause serious harm to the child.	No
Children: SMITH, MADELINE ID 11566; JONES, TOM ID 11562; JONES, ANDY ID 11563; JOHNSON, CAMDEN ID 11565	
8. Caregiver's explanation for the child's injury or physical condition is inconsistent with the observed or diagnosed injury or condition.	No
Children: SMITH, MADELINE ID 11566; JONES, TOM ID 11562; JONES, ANDY ID 11563; JOHNSON, CAMDEN ID 11565	
9. Caregiver refuses access to the child, or there is reason to believe that the family is about to flee, or the child's whereabouts can not be ascertained.	No
Children: SMITH, MADELINE ID 11566; JONES, TOM ID 11562; JONES, ANDY ID 11563; JOHNSON, CAMDEN ID 11565	
10. Caregiver has not, can not or will not protect the child from serious harm, including harm from other persons living in or having access to the home.	No
Children: SMITH, MADELINE ID 11566; JONES, TOM ID 11562; JONES, ANDY ID 11563; JOHNSON, CAMDEN ID 11565	
11. Caregiver is unwilling or unable to meet the child's immediate needs for food, clothing, shelter, and/or medical or mental health care placing the child at substantial risk of harm.	No
Children: SMITH, MADELINE ID 11566; JONES, TOM ID 11562; JONES, ANDY ID 11563; JOHNSON, CAMDEN ID 11565	
12. Caregiver, paramour or other person living in or having access to the home previously harmed or endangered a child and circumstances indicate the person is a present danger to the child.	No

Section IV-VI. Child Safety Assessment

Case Name: SMITH, KATHERINE

Case ID: 5493

Safety Factor Identification and Analysis

Children: SMITH, MADELINE ID 11566; JONES, TOM ID 11562; JONES, ANDY ID 11563; JOHNSON, CAMDEN ID 11565

13. Child sexual abuse is suspected and circumstances suggest that continued sexual abuse is an immediate concern. No

Children: SMITH, MADELINE ID 11566; JONES, TOM ID 11562; JONES, ANDY ID 11563; JOHNSON, CAMDEN ID 11565

14. Physical conditions in the home are hazardous and immediately threaten the child's safety. No

Children: SMITH, MADELINE ID 11566; JONES, TOM ID 11562; JONES, ANDY ID 11563; JOHNSON, CAMDEN ID 11565

15. Drug and/or alcohol use by caregiver or others living in or having access to the home places the child in immediate danger. No

Children: SMITH, MADELINE ID 11566; JONES, TOM ID 11562; JONES, ANDY ID 11563; JOHNSON, CAMDEN ID 11565

16. The caregiver's involvement in criminal activity or the criminal activity of any other person living in or having access to the home endangers the child. No

Children: SMITH, MADELINE ID 11566; JONES, TOM ID 11562; JONES, ANDY ID 11563; JOHNSON, CAMDEN ID 11565

17. The physical or mental health or mental limitations of caregiver or other person living in or having access to the home places the child in immediate danger. No

Section IV-VI. Child Safety Assessment

Case Name: SMITH, KATHERINE

Case ID: 5493

Safety Decision

JOHNSON, CAMDEN ID 11565

Safe No child is in present or impending danger at this time. Proceed to SRA.

Author: BALLARD, CURTIS

Date Entered: 1/27/2009 11:04:38

Based on the safety assessment there is no indication that the children are unsafe at this time or when they are having weekend visits with their biological father. The five safety threshold criteria were not all present in relation to any of the 17 safety factors.

JONES, ANDY ID 11563

Safe No child is in present or impending danger at this time. Proceed to SRA.

Author: BALLARD, CURTIS

Date Entered: 1/27/2009 11:04:48

Based on the safety assessment there is no indication that the children are unsafe at this time or when they are having weekend visits with their biological father. The five safety threshold criteria were not all present in relation to any of the 17 safety factors.

Even though Andy has some behavior problems. the parents are able to control his behaviors in a way that does not rise to the level of a safety threat.

JONES, TOM ID 11562

Safe No child is in present or impending danger at this time. Proceed to SRA.

Author: BALLARD, CURTIS

Date Entered: 1/27/2009 11:05:02

Based on the safety assessment there is no indication that the children are unsafe at this time or when they are having weekend visits with their biological father. The five safety threshold criteria were not all present in relation to any of the 17 safety factors.

SMITH, MADELINE ID 11566

Safe No child is in present or impending danger at this time. Proceed to SRA.

Author: BALLARD, CURTIS

Date Entered: 1/27/2009 11:05:11

Based on the safety assessment there is no indication that the children are unsafe at this time or when they are having weekend visits with their biological father. The five safety threshold criteria were not all present in relation to any of the 17 safety factors.

Section X. Family Strengths and Risk Assessment**Case Name:** SMITH, KATHERINE**Case ID:** 5493**Child Characteristics**

Child Name: JONES, TOM Child ID: 11562 Age: 11
 Alcohol Abuse: (No)
 Drug Abuse: (No)
 Behavior Problems/Issues: (No)
 Child Disability: (No)

Child Characteristics

Child Name: JONES, ANDY Child ID: 11563 Age: 17
 Alcohol Abuse: (No)
 Drug Abuse: (Yes)
 Behavior Problems/Issues: (Yes)
 Child Disability: (No)

Child Child Special Needs/Behavior Problems

Is intervention needed in this area?

Author: BALLARD, CURTIS

Date Entered: 1/27/2009 12:26:52 PM

Counseling has already started for Andy and his mom. It is recommended that this continue due to Andy's aggressive behaviors (punching the wall), his strained relationship with his step-father and his history of marijuana use and possession of ecstasy.

Child Characteristics

Child Name: JOHNSON, CAMDEN Child ID: 11565 Age: 13
 Alcohol Abuse: (No)
 Drug Abuse: (No)
 Behavior Problems/Issues: (No)
 Child Disability: (No)

Child Characteristics

Child Name: SMITH, MADELINE Child ID: 11566 Age: 6
 Alcohol Abuse: (No)
 Drug Abuse: (No)
 Behavior Problems/Issues: (No)
 Child Disability: (No)

Caregiver Characteristics

Adult Name: SMITH, KATHERINE ID: 11561 Age: 39
 Alcohol Abuse: (No)
 Drug Abuse: (No)
 Physical/Emotional Illness: (No)

Caregiver Characteristics

Adult Name: SMITH, CURTIS ID: 11564 Age: 31
 Alcohol Abuse: (No)
 Drug Abuse: (No)
 Physical/Emotional Illness: (No)

Section X. Family Strengths and Risk Assessment

Case Name: SMITH, KATHERINE

Case ID: 5493

Caregiver Characteristics

Caregiver Characteristics

Adult Name: JONES, SEYMOUR

ID: 11568

Age: 40

Alcohol Abuse: (No)

Drug Abuse: (No)

Physical/Emotional Illness: (No)

Familial, Social and Economic Factors

Inadequate Housing: (No)

Based on the Safety Threats, Risks, Protective Behavior and Strength Assessment identified, the following will occur:

AFTER CARE PLAN

Section XVI. After Care Planning

Case Name: SMITH, KATHERINE

Case ID: 5493

Participants involved in After Care Planning Process:

- JOHNSON, CAMDEN
- JONES, ANDY
- JONES, TOM
- SMITH, CURTIS
- SMITH, KATHERINE
- SMITH, MADELINE

Identified risks which are to be addressed in the family's aftercare plan:

CHILD SPECIAL NEEDS/BEHAVIOR PROBLEMS

Date of 2/4/2009

Discussion:

The discussion with the family regarding their aftercare needs and possible future risks:

Author: SUPERVISOR A, STUDENT T Date Entered: 2/4/2009 10:23:00 AM
 Children had no recommendations regarding services for the family. The mother and stepfather said they did not need anything besides the counseling which was already setup prior to CPS contact. The parents report they may consider family counseling in the future as well.

The discussion regarding the family's perspective:

Author: SUPERVISOR A, STUDENT T Date Entered: 2/4/2009 10:24:16 AM
 It is in the family perspective that they are not in need of any further services at this time but will consider further counseling if needed in the future.

Recommended Services:

Author: SUPERVISOR A, STUDENT T Date Entered: 2/4/2009 10:21:35 AM
 Continued counseling for Andy and the parents.

Description of the information given to the family about recommended community resources:

Author: SUPERVISOR A, STUDENT T Date Entered: 2/4/2009 10:21:56 AM
 Family was provided with community resource list.

Follow Up:

Author: SUPERVISOR A, STUDENT T Date Entered: 2/4/2009 10:22:11 AM
 None needed.

Attachment E

Comprehensive Child Safety and Risk Assessment

Section I: Background Information

- A. **Prior History in Arizona or other states or jurisdictions** (Provide a summary statement for each report, service outcomes, and findings for each report. Document if there is a pattern of maltreatment, chronicity, increasing severity of the allegations, or a change in household composition):
- B. **Department of Public Safety (DPS) Results for all parents/caregivers** (List any arrests, charges, and dispositions for all parents of the child victim(s) and each adult in the home where the maltreatment occurred, and identify their relationship to the child):
- C. **Court Orders Limiting or Restricting Contact** (List Court orders from any Court that restrict or deny custody, visitation or contact between either parent or other person in the home(s) and the child victim(s):
- D. **Joint Investigation and/or Police Involvement** (Outline information on law enforcement agency, names, contact information, DR#'s, and status of involvement):
- E. **Documents Reviewed (if applicable):**

Section II: Interviews with all required parties

**** Document each interview in narrative form with the date, type, location and who was present, information collected, or the concerted efforts to locate, contact, interview all required parties**

- A. **Reporting Source:**
- B. **Each alleged child victim:**
- C. **All other child(ren) in the home(s):**
- D. **Custodial / Non-Custodial parents of the child victim(s):**

E. Spouse/Partner/Significant Other of the custodial parent / Other adults living in the home where the alleged maltreatment occurred (if applicable):

F. Alleged perpetrator:

G. Collateral contacts:

Section III: Analysis/Conclusions

A. Assessment of Present Danger (Describe any Protective Action Taken):

B. Impending Danger Analysis:

C. Risk(s) identified and the need for further intervention:

Case recommended for Closure <input type="checkbox"/>	Transfer to Ongoing <input type="checkbox"/>
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Section IV: Clinical Supervision Decision

****If there are 3 or more priors, discuss with the CPS Specialist if there are unresolved risk factors or a pattern of maltreatment that would warrant further intervention. If no further intervention is warranted, explain why?**

Discuss the information gathered from interviews and documents and whether maltreatment occurred. Analyze the information gathered to determine if there is present danger, impending danger, or risk factors requiring CPS intervention. If no intervention is required, explain why. In addition, explain the level and type of aftercare planning required.

Date of Clinical Supervision Discussion:

Clinical Supervision Decision:

Attachment F

Section XI-XV. Case Plan

Plan Effective Date :3/23/2006

Case Name: NEWMAN, MARY

Case ID: 5373

Document ID: 1288

Individuals involved in the assessment and planning process:

EASTMAN, CLINT, M.; NEWMAN, STEVE; NEWMAN, MARY; CAVETT, BETTY JO; CHAMPION, SUZIE;
GOLIGHTLY, HOLLI; MATTHEWS, JOHN; OSBORN, GOLDIE; SOCORRO, ORTEGA MSW; WOODSON, NATALIE

What do you believe are your family's strengths and abilities that will support this plan's success?

Author: SUPERVISOR DDD, STUDENT, D.

Date Entered: 11/2/2011 3:27:28 PM

Mary loves her children.

Steve demonstrates love and affection for Jennifer.

Steve and Mary do a very good job of providing for the children's shelter and nutritional needs.

Steve has maintained stable employment.

Mary is an excellent homemaker.

Steve and Mary keep their home clean, and the home residence itself is in no way dangerous to the children.

Permanency Goals

Child Name: NEWMAN, JENNIFER

Age: 9

Docket #:

Goal: FAM REUNIFICATN

Review Date: 9/23/2006

Concurrent Goal:

Review Date: 2/2/2011

Adoption Placement Identified: No

Child Name: NEWMAN, MARK

Age: 11

Docket #:

Goal: FAM REUNIFICATN

Review Date: 9/23/2006

Concurrent Goal:

Review Date:

Adoption Placement Identified: No

Risk Areas

Risks: CHILD VULNERABILITY/SELF PROTECTION / NEWMAN, JENNIFER; CHILD VULNERABILITY/SELF PROTECTION / NEWMAN, MARK; DOMESTIC VIOLENCE IN THE FAMILY / NEWMAN, MARY; PROTECTION OF CHILD BY NON-ABUSIVE CAREGIVER / NEWMAN, MARY; RECOGNITION OF PROBLEM/MOTIVATION TO CHANGE/LEVEL OF COOPERATION / NEWMAN, MARY

Behavior Change Required:

Author: SUPERVISOR DDD, STUDENT, D.

Date Entered: 11/2/2011 3:48:07 PM

Mary will learn about the cycles of Domestic Violence (DV) (including physical violence, verbal and emotional abuse, and controlling behaviors) and apply her knowledge in protecting herself, and her children, in her relationship with Steve or in any other DV relationship.

Mary agrees to and will understand that victims of DV are in no way responsible, or to blame, for domestic violence, including: physical violence, verbal or emotional abuse, or controlling behaviors. Mary agrees to and will not support Steve's arguments, or excuses, for his DV behaviors and triggers. Mary agrees to and will not defend Steve's DV behaviors to others.

Mary agrees to and will take steps to protect herself, and her children, when she detects the signs of DV including doing such things as: calling the police, calling a DV advocate, calling her mother, etc.

Mary agrees to and will develop and utilize a safety plan when she detects the signs of DV or when DV occurs. The safety plan may include: taking herself and her children to her mother's house, a DV shelter, etc.

Mary agrees to and will always seek appropriate help if she finds herself, or her children, in a dangerous situation.

Mary agrees to and will demonstrate the knowledge she has gained and utilize this knowledge during visitations with her children and when interacting with her children and Steve together.

Services Needed:

Mary agrees to and will attend, participate, complete, and benefit from a DV support group.

Section XI-XV. Case Plan

Case Name: NEWMAN, MARY

Case ID: 5373

Document ID: 1288

Person(s):

Mary Newman

CPS Specialist will request service.

Review Date:

Pending Review: 1/31/2012

Services Needed:

Mary agrees to and will attend, participate, complete, and benefit from individual counseling.

Person(s):

Mary Newman agrees to refer herself for counseling and sign a release for the CPS Specialist to obtain her records.

CPS Specialist will request this service if Mary's private insurance denies the request.

Review Date:

Pending Review: 1/31/2012

Services Needed:

Mary agrees to and will attend, participate, complete, and benefit from a parenting class designed specifically for parents in DV situations.

Person(s):

Mary Newman

CPS Specialist will request service

Review Date:

Pending Review: 1/31/2012

Services Needed:

When, and if, deemed appropriate by Steve's individual therapist, Mary's individual therapist, Steve's DV Offender service provider, and Mary's DV support group provider, Mary will engage in Couple's Counseling with Steve.

Person(s):

Mary Newman

CPS Specialist will request service

Review Date:

Pending Review: 1/31/2012

Services Needed:

Mary agrees to and will participate in a psychological evaluation. Mary agrees to and will participate in any services that are recommended as a result of the evaluation

Person(s):

Mary Newman

CPS Specialist will request service and refer for any additional recommended services as a result of the evaluation.

Review Date:

Pending Review: 1/31/2012

Risks: DOMESTIC VIOLENCE IN THE FAMILY / NEWMAN, STEVE; RECOGNITION OF PROBLEM/MOTIVATION TO CHANGE/LEVEL OF COOPERATION / NEWMAN, STEVE

Behavior Change Required:

Author: SUPERVISOR DDD, STUDENT, D.

Date Entered: 11/2/2011 4:01:02 PM

Steve will learn to recognize the signs of Domestic Violence (DV) including: physical violence, verbal and emotional abuse, and controlling behaviors.

Steve will not yell and swear at his wife, physically assault his wife, and will refrain from calling them names.

Steve will communicate with his wife in ways which maintain the entire family's physical, emotional, and mental well-being. Steve will not degrade or demean his wife.

Section XI-XV. Case Plan

Case Name: NEWMAN, MARY

Case ID: 5373

Document ID: 1288

Steve will understand that victims of DV are in no way responsible, or to blame, for the DV including: physical violence, verbal or emotional abuse, or controlling behaviors.

Steve will learn to recognize his triggers and take sole accountability for his role as the offender of the DV in his family.

Steve will not create arguments, or excuses, that justify his DV actions or triggers.

Services Needed:

Steve will attend, participate, complete, and benefit from a DV offender's program or batterer intervention program.

Person(s):

Steve Newman

CPS Specialist will request service.

Review Date:

Pending Review: 1/31/2012

Services Needed:

Steve will attend, participate, complete, and benefit from individual counseling.

Person(s):

Steve Newman will refer himself for counseling and sign a release for the CPS Specialist to obtain his records.

CPS Specialist will request service if Steve's private insurance denies the referral.

Review Date:

Pending Review: 1/31/2012

Services Needed:

Steve will attend, participate, complete, and benefit from a parenting class designed specifically for parents in DV situations.

Person(s):

Steve Newman

CPS Specialist will make referral

Parent Aide will provide monthly reports to CPS Specialist

Review Date:

Pending Review: 1/31/2012

Services Needed:

When, and if, deemed appropriate by Steve's individual therapist, Mary's individual therapist, Steve's DV Offender service provider, and Mary's DV support group provider, Steve will engage in couple's counseling with Mary.

Person(s):

Steve Newman

CPS Specialist will request service.

Review Date:

Pending Review: 1/31/2012

Risks: PARENT SUBSTANCE ABUSE / NEWMAN, STEVE

Behavior Change Required:

Author: SUPERVISOR DDD, STUDENT, D.

Date Entered: 11/2/2011 4:07:50 PM

Steve agrees and will explore the extent and the affect of substance abuse on his, and his family's life. Steve will recognize the affect substance use (drinking alcohol and/or any other drug use) has on himself, and his relationship with his wife and children.

Section XI-XV. Case Plan

Case Name: NEWMAN, MARY

Case ID: 5373

Document ID: 1288

Steve will understand how his alcohol or drug usage may coincide with other difficulties in his life or problems at home with his family.

Services Needed:

Steve agrees to and will attend a Families FIRST substance abuse assessment and participate in all recommended services.

Person(s):

Steve Newman

CPS Specialist will request service

Review Date:

Pending Review: 1/31/2012

Services Needed:

Steve will participate in random urinalysis test and saliva tests. Steve understand that to participate in this service he must call PSI at 1-800-TEST-DAY Monday through Friday between 8am and 3pm. Steve will provide his own, non-diluted and unaltered urine sample and/or saliva sample on all days requested by the PSI test system.

Person(s):

Steve Newman

CPS Specialist to make referral

PSI to provide regular written reports to CPS Specialist

Review Date:

Pending Review: 1/31/2012

Risks: PARENTING SKILLS/EXPECTATIONS OF CHILD / NEWMAN, STEVE; EMPATHY, NURTURANCE, BONDING / NEWMAN, STEVE; PARENTS HISTORY OF CA/N AS A CHILD / NEWMAN, STEVE

Behavior Change Required:

Author: SUPERVISOR DDD, STUDENT, D.

Date Entered: 11/8/2011 4:27:15 PM

Steve will develop a deeper father-son relationship with Mark. Steve will recognize that Mark needs him (Steve) to be a caring father-figure in his life. Steve will recognize that treating Mark differently and less caringly than Jennifer is very detrimental to Mark's development. Steve will come to treat Mark as a full member of the Newman family.

Steve agrees to and will not yell and swear at his children, physically assault his children, and will refrain from calling them names. Steve agrees to and will communicate with his children in ways which maintain their emotional and mental well-being. Steve agrees to and will not degrade or demean his children.

Steve agrees to and will learn effective disciplinary techniques that are not physically, emotionally, or psychologically harmful to his children such as but not limited to: timeouts, loss of privileges, etc.

Steve agrees to and will learn positive parenting skills such as but not limited to: reading them stories, helping Mark with his homework, etc.

Steve agrees to and will learn about child development, and how children can be affected by substance use, DV, and physical and emotional abuse.

Steve also agrees to and will explore issues related to the abuse and neglect he suffered as a child and how it may affect his family-life and parenting style he now employs.

Services Needed:

Steve agrees to and will participate in a psychological evaluation. Steve also agrees to participate in any additional services that are recommended as a result of the evaluation.

Person(s):

Steve Newman

Section XI-XV. Case Plan

Case Name: NEWMAN, MARY **Case ID:** 5373 **Document ID:** 1288

CPS will refer for this service and any additional services that are recommended as a result of the evaluation.

Review Date:

Pending Review: 1/31/2012

Services Needed:

Steve agrees to and will attend, participate, complete, and benefit from individual counseling.

Person(s):

Steve Newman agrees to and will refer himself for counseling and sign a release for the CPS Specialist to obtain his records.

CPS Specialist will refer Steve if his private insurance denies the request.

Review Date:

Pending Review: 1/31/2012

Services Needed:

Steve agrees to and will attend, participate, complete, and benefit from a parenting class designed specifically for parents DV situations.

Person(s):

Steve Newman

CPS Specialist will make referral

Parent Aide will provide monthly reports to CPS Specialist

Review Date:

Pending Review: 1/31/2012

Services Needed:

When deemed appropriate by Steve's individual therapist and Mark's therapist, Steve will engage in family therapy with Mark to develop their father-son relationship.

Person(s):

Steve Newman

CPS Specialist will request service

Review Date:

Pending Review: 1/31/2012

Safety Threats

Safety Threats as identified in the CSA:

Author: SUPERVISOR DDD, STUDENT, D. Date Entered: 11/2/2011 4:36:09 PM

THREAT: CHILD IS FEARFUL OF CAREGIVER-- (NEWMAN, JENNIFER; NEWMAN, MARK); THREAT: CAREGIVER

IS VERBALLY HOSTILE WHEN TALKING TO OR ABOUT THE CHILD-- (NEWMAN, MARK); THREAT: VIOLENCE

AMONG ADULTS IMPAIRS PHYSICAL SAFETY OF THE CHILD-- (NEWMAN, JENNIFER; NEWMAN, MARK)

Does the plan provide services/supports that address all of the above safety threats, which if

successfully utilized would assist the parent/caregiver in keeping their child(ren) safe and protected?

Yes

Author: SUPERVISOR DDD, STUDENT, D.

Date Entered: 11/2/2011 4:36:09 PM

Steve is being provided with parenting classes and individual counseling which will address the children's fearfulness and Steve's hostility towards Mark. Steve and Mary are being provided with domestic violence services to address the violence among adults impairing physical safety of the children.

Children's Needs

Child Name: NEWMAN, MARK ID 11113

Child's Health/Behavioral Status

Section XI-XV. Case Plan

Case Name: NEWMAN, MARY

Case ID: 5373

Document ID: 1288

Date Entered: 11/3/2011 11:00:02 AM

Actions necessary to assure child's health needs are met:

Author: SUPERVISOR DDD, STUDENT, D.

Mark's current medical, dental, developmental, and emotional/behavioral status needs to be evaluated. Additionally, Mark's mental and behavioral health needs to be evaluated due to the recent removal, and potential effects of abuse and/or neglect, especially Mark's experiences with being treated differently and harshly by Steve. Mark needs assistance in processing, and dealing with, Steve's lack of affection and apparent lack of attachment and bonding with Mark.

Services Needed:

The assigned CPS Specialist will arrange an initial behavioral health assessment for Mark utilizing the 24-hour Rapid Response Team. The assigned CPS Specialist will provide information regarding Mark's case, especially therapeutically relevant details of his relationship with Steve to the Rapid Response Team. The assigned CPS Specialist, and the out-of-home care provider, agree to assist in meeting Mark's behavioral health needs by following recommendations from the assessment.

Person(s):

The assigned CPS Specialist Mark's out-of-home care provider

Review Date:

Pending Review: 5/1/2012

The assigned CPS Specialist will arrange an EPSDT for Mark. The assigned CPS Specialist, and the out-of-home care provider, will ensure that all of Mark's medical needs are met and that all recommendations from his EPSDT are followed, including any recommended services. The assigned CPS Specialist will ensure that during Mark's EPSDT any identified significant health issues are addressed.

The assigned CPS Specialist Mark's out-of-home provider

The assigned CPS Specialist will arrange an initial dental exam for Mark. The assigned CPS Specialist and the out-of-home care provider will ensure that all of Mark's dental needs are being met, and that all recommendations from his initial dental exam are followed.

The assigned CPS Specialist Mark's out-of-home care provider

Child's Education Status

Date Entered: 11/3/2011
11:02:30 AM

Actions necessary to assure child's education needs are met:

Author: SUPERVISOR DDD, STUDENT, D.

There must be follow-up on the status of, and continuations of, Mark's educational needs. Communication with Mark's school and teachers must be maintained, and supported, to address Mark's educational concerns.

Services Needed:

The assigned CPS Specialist and Mark's out-of-home care provider will arrange, and attend, a meeting with Mark's teacher to ensure that all of Mark's school needs are being met.

Person(s):

The assigned CPS Specialist Mark's out-of-home care provider

Review Date:

Pending Review: 5/1/2012

Section XI-XV. Case Plan

Case Name: NEWMAN, MARY

Case ID: 5373

Document ID: 1288

Child's Out-of-Home Support

Actions necessary to assure child's Out-of-Home Caregiving needs are met:

Author: SUPERVISOR DDD, STUDENT, D.

Date Entered: 11/3/2011 11:07:07 AM

There must be ongoing communication with Mark's out-of-home care provider to make sure his physical, social, and emotional needs are being met.

Services Needed:

CPS Specialist will visit Mark and caregiver face to face at least one time per month to ensure all needs of the child are being met and the caregiver has all services and supports necessary to provide care for Mark. CPS Specialist will meet with the caregiver and mark in the caregiver's home at least every month.

Person(s):

CPS Specialist Mark's out-of-home care provider

Review Date:

Pending Review: 5/1/2012

CPS Specialist will provide any available information regarding Mark's health, education, and social history to the caregiver.

Person(s):

CPS Specialist

Review Date:

Pending Review: 5/1/2012

CPS Specialist will arrange transportation for Mark to all family visits Caregiver will be responsible for transporting Mark to all other appointments including, but not limited to, school, therapy, medical appointments, and social activities.

Person(s):

CPS Specialist Mark's out-of-home caregiver

Review Date:

Pending Review: 5/1/2012

Child Name: NEWMAN, JENNIFER ID 11116

Child's Health/Behavioral Status

Date Entered: 11/3/2011 10:45:50 AM

Actions necessary to assure child's health needs are met:

Author: SUPERVISOR DDD, STUDENT, D.

Jennifer's current medical, dental, developmental, and emotional/behavioral status needs to be evaluated. A behavioral and mental health assessment needs to be completed to assess Jennifer's current level of development in this area. There is concern due to Jennifer's displays of regressive and fearful behaviors. Jennifer also recently experienced a removal from her family and may be emotionally affected by this, as well as by previous physical abuse and emotional upheaval at home with her family.

Services Needed:

The assigned CPS Specialist will arrange an initial behavioral health assessment for Jennifer utilizing the 24-hour Rapid Response Team. The assigned CPS Specialist will provide the behavioral health assessor with information pertaining to Jennifer's case, and her background. Additionally, the assigned CPS Specialist and out-of-home care provider will ensure these specific issues are addressed as needed. The assigned CPS Specialist and the out-of-home care provider will agree to meet Jennifer's emotional, and behavioral and mental health needs by following all recommendations of the assessment.

Person(s):

The assigned CPS Specialist Jennifer's out-of-home care provider

Section XI-XV. Case Plan

Case Name: NEWMAN, MARY

Case ID: 5373

Document ID: 1288

Review Date:

Pending Review: 5/1/2012

The assigned CPS Specialist will arrange an EPSDT for Jennifer. The assigned CPS Specialist, and the out-of-home care provider, will ensure that all of Jennifer's medical needs are met and that EPSDT are followed, including any recommended services.

The assigned CPS Specialist Jennifer's out-of-home care provider

The assigned CPS Specialist will arrange an initial dental exam for Jennifer. The assigned CPS Specialist and the out-of-home care provider will ensure that all of Jennifer's dental needs are being met, and that all recommendations from her initial dental exam are followed.

The assigned CPS Specialist Jennifer's out-of-home care provider

Child's Out-of-Home Support

Actions necessary to assure child's Out-of-Home Caregiving needs are met:

Author: SUPERVISOR DDD, STUDENT, D.

Date Entered: 11/3/2011 10:53:16 AM

There must be ongoing communication with Jennifer's out-of-home care provider to make sure her physical, social, and emotional needs are being met.

Services Needed:

CPS Specialist will visit Jennifer and caregiver face to face at least one time per month to ensure all needs of the child are being met and the caregiver has all services and supports necessary to provide care for Jennifer. CPS Specialist will meet with the caregiver and Jennifer in the caregiver's home at least every month.

Person(s):

CPS Specialist Jennifer's out-of-home caregiver

Review Date:

Pending Review: 5/1/2012

CPS Specialist will provide any available information regarding Jennifer's health, education, and social history to the caregiver.

Person(s):

CPS Specialist

Review Date:

Pending Review: 5/1/2012

CPS Specialist will arrange transportation for Jennifer to all family visits. Caregiver will be responsible for transporting Jennifer to all other appointments including, but not limited to, school, therapy, medical appointments, and social activities.

Person(s):

CPS Specialist Jennifer's out-of-home caregiver

Review Date:

Pending Review: 5/1/2012

Section XI-XV. Case Plan

Case Name: NEWMAN, MARY **Case ID:** 5373 **Document ID:** 1288

Out-of-Home Characteristics

Child Name: NEWMAN, MARK

Close proximity to parents home? Yes

Least restrictive environment? No

Author: SUPERVISOR DDD, STUDENT, D.

Date Entered: 11/3/2011 11:10:59 AM

Shelter care was the only placement available at the time of removal

Child is placed with siblings? Yes

Caretaker speaks same language? Yes

Effort to identify relative placement? Yes

Child attending home school? Yes

Child Name: NEWMAN, JENNIFER

Close proximity to parents home? Yes

Least restrictive environment? No

Author: SUPERVISOR DDD, STUDENT, D.

Date Entered: 11/3/2011 11:10:59 AM

Shelter care was the only placement available at the time of removal

Child is placed with siblings? Yes

Caretaker speaks same language? Yes

Effort to identify relative placement? Yes

Child attending home school? No

Author: SUPERVISOR DDD, STUDENT, D.

Date Entered: 11/3/2011 11:10:59 AM

Jennifer is not school-aged.

Visitation Plan

Children: NEWMAN, MARK ID 11113; NEWMAN, JENNIFER ID 11116

Visit With: NEWMAN, MARY ID 11110; NEWMAN, STEVE ID 11111

Description of Visitation:

Author: SUPERVISOR DDD, STUDENT, D.

Date Entered: 11/3/2011 11:14:08 AM

Steve and Mark Newman have two-hour visits, twice a week, with both Mark and Jennifer at either the CPS office or Himmel Park, at the discretion of CPS and the visit supervisor. These visits are supervised by a parent aide/visit supervisor. Transportation for the children to these visits is provided by the parent aide/visit supervisor. All visit attendance, and activities and discussions, at the visits will be documented in written visit reports.

Section XI-XV. Case Plan

Case Name: NEWMAN, MARY

Case ID: 5373

Document ID: 1288

Plan Effective Date 3/23/2006

Case Plan Agreement and Signatures

Agreement Meeting Date 3/23/2006

Name: EASTMAN, CLINT, M. **Role:** **Agree:** Yes Unable to Attend **Sig.Date** 3/23/2006

Signature: _____

Name: CAVETT, BETTY JO **Role:** **Agree:** Yes Unable to Attend **Sig.Date** 3/23/2006

Signature: _____

Name: NEWMAN, STEVE **Role:** FATH **Agree:** Yes In Person **Sig.Date** 3/23/2006

Signature: _____

Name: NEWMAN, MARY **Role:** MOTH **Agree:** Yes In Person **Sig.Date** 3/23/2006

Signature: _____

Name: CHAMPION, SUZIE **Role:** **Agree:** Yes In Person **Sig.Date** 3/23/2006

Signature: _____

Name: GOLIGHTLY, HOLLI **Role:** **Agree:** Yes In Person **Sig.Date** 3/23/2006

Signature: _____

Name: MATTHEWS, JOHN **Role:** **Agree:** Yes In Person **Sig.Date** 3/23/2006

Signature: _____

Name: OSBORN, GOLDIE **Role:** **Agree:** Yes In Person **Sig.Date** 3/23/2006

Signature: _____

Name: SOCORRO, ORTEGA MSW **Role:** **Agree:** Yes In Person **Sig.Date** 3/23/2006

Signature: _____

Name: WOODSON, NATALIE **Role:** **Agree:** Yes In Person **Sig.Date** 3/23/2006

Signature: _____

Attachment G

PROGRESS REPORT TO THE JUVENILE COURT

Court Case Number: JD # Date of Report:

Case Name: ID:

A. Name and Date of Birth for Each Child Subject to This Court Case Number:

-Name and DOB of each child under the assigned JD#

B. Child or Children Subject to This Report if Different From Above.

-You will only need to fill this section out if a new child is born and now subject to JD matter. You may also have siblings on a different judicial track.

-If this section does not apply to your case simply write "Not applicable".

I. REASON FOR CPS INVOLVEMENT

A. Brief statement of grounds for petition

-This area will consist of the allegations and finding of the investigation.

-Include any past involvement and results of those past investigations and/or removals.

-Include the findings from those investigations and/or removals.

B. Additional safety threats or risk factors that prevent family reunification, if applicable.

-Describe aggravating factors to the current safety issues.

-Explain any new safety factors that have risen since the initial investigation.

II. SERVICES AND SUPPORTS

A. If applicable, describe efforts made to locate missing parent.

-List the services and/or methods used to locate the missing parent(s) (i.e. parent locator, speaking with family members, asking the children).

-Include dates and results of your attempts.

B. Describe the behavioral changes the parent or guardian must demonstrate in order to eliminate the safety threats and risk factors identified in the case plan.

-You will list the same behavior changes that you have established in your case plan.

-Make sure the behavioral change clearly illustrates what the "picture of success" is.

-What behaviors need to change in order for reunification to be possible?

C. Services and supports provided to eliminate the need for continued out-of-home placement and the outcome and participation in those services and supports.

-List the services offered.

-Include the parent(s) current status in each service.

*i.e. Psychological Evaluation-completed with Dr. Pepper
Parent Aide Services-Ongoing through JFCS*

D. Describe coordination with RBHA Behavioral Health Services.

-Describe any behavioral health services that the child(ren) and/or parent(s) are or should be participating in.

-Include the name of the providing agency and how effective the services are.

III. CASE PLAN

- A. **Case plan goal and target date (attach case plan).**
*-Write the proposed or current case plan goal.
-Include the target date of potential completion.*
- B. **Describe efforts (including services and supports) necessary to accomplish case plan goal.**
*-For each service previously listed in section IIC, go into full detail of the results of the services for each parent.
-Things to include:
*Starting date of the services
*Results from tests such as UA's
*Recommendations from professionals such as psychologists, counselors or therapists
*New issues that require services
*Progress of the parent(s) in their services
*Names of providers and/or agencies
*Objectives that are being worked on
Frequency and duration of services
- C. **Concurrent plan and target date** (describe what activities have been initiated to implement the concurrent plan).
-Request or state the current concurrent case plan and what efforts are being done to facilitate this case plan should it become the permanent plan.
- D. **Recommended permanent case plan goal and target date, if different than stated in subsection A above.**
-Should the Department wish to change the case plan, explain what the new goal is and the prospective target date of completion.
- E. **Reason for change in case plan goal, if applicable.**
-If the Department desires to change the case plan, explain the circumstances that lead to the decision.

IV. CHILD'S PLACEMENT

- A. **Identify and describe type of current placement and whether this placement is consistent with the Department's placement preferences. (State whether this placement is temporary or permanent).**
*-State whether the child is placed with parents, kinship, foster home, group home, shelter, medical or psychiatric facility.
-State whether this placement is considered to be their permanent or temporary placement.*
- B. **Describe efforts to identify and assess placement with a grandparent or extended family, including a person who has a significant relationship with the child. If the child is not placed with a grandparent or extended family, including a person who has a significant relationship with the child, explain why such placement is not in the child's best interests.**
*-State your efforts to place child(ren) with family members or individuals who have a significant relationship with the child(ren) (i.e. DPS checks, home study, and extended visitation)
-Have potential family or friends been identified and/or located?
-Give reasons why child(ren) are not with relatives or people who have a significant relationship with them.
-Explain reasons why placement with family and/or friends is not in the child(ren)'s best interest.*

**Do not disclose confidential criminal or CPS information if this is the reason!*

- C. **Explain how the current placement ensures the safety of the child; that the child's needs are met and is the least restrictive placement.**
-State how this placement is able to keep the child(ren) safe.
-Explain if this is the least restrictive placement for the child(ren). If not, explain why this type of placement is necessary.
- D. **Describe child's overall functioning (include medical, social and educational status).**
-Write the overall functioning for every child.
-Address the child(ren)'s medical, social/developmental and educational needs.
- Medical*
**Include results of medical and dental check-ups.*
**Any medical conditions the child may have.*
**Procedures the child has or may have to undergo.*
**Is the placement meeting the medical needs?*
- Social/Developmental:*
**Is the child on track developmentally?*
**Does the child have age appropriate behaviors? If not, are services being provided to address these issues?*
**Outcome of any services the child may have in regards to their development or behavior problems.*
- Educational (for school aged children):*
**What grade is the child in?*
**How are their grades?*
**Does the child have an IEP, 504 plan, special education services, PT, OT, speech therapy or gifted services?*
**How is the child's attendance?*
- E. **If the child has a sibling in out-of-home placement, describe what efforts have been made to place siblings together and, if not placed together, state the specific reasons why this did not occur or reasons why this would be contrary to the child's or a sibling's safety or well-being.**
-State whether siblings are placed together. If not, why can't they be placed together?
-Could the children be placed together in the future?
- F. **Describe results of visits with the parents/guardians/custodians which have occurred since removal (include the proposed visitation in the case plan).**
-Frequency and duration of visits
-Any restrictions made to visits and why.
-How are the interactions with the parent(s) and the child(ren)?
-How consistent are visits happening? If not consistent, why?
- G. **If placement with sibling(s) is not possible, describe efforts to facilitate frequent visitation or contact with siblings. If frequent visitation or contact with siblings is not recommended, state reasons why this would be contrary to the child's or a sibling's safety or well-being.**
- H. **Describe contact and any reason for restricted contact between the child and the child's parents, family members, relatives, friends, and any former foster parents. State whether contact is in the child's best interest**

- I. **History of placements (including the length of time the child has been in our-home care, the number of placements, and the length of each placement).**
-List all the placements each child has been in and include the dates they were at each placement.
- J. **Services and supports provided to address the child's placement/special needs and to support the out-of-home caregiver (include in the case plan).**
*-List supports and services offered to the caregiver caring for the child(ren).
i.e. Monthly allowances, monthly home visits, child care, CMDP*
- K. **If applicable, state why the out-of-state placement continues to be appropriate and in the best interest of the child (include ICPC and/or out-of-state visitation status).**
-Only list if child is on ICPC status and living in another state with the approved placement.
- L. **If the child is 16 or older with a case plan goal of Independent Living, describe services and supports provided to prepare the child for Independent Living.**
-Services and supports to help the teen's transition.
- M. **If the child is an Indian Child, describe active efforts to provide culturally appropriate remedial services and rehabilitative programs, and efforts to place the child within the placement preferences.**
*-Only applicable for child(ren) who are ICWA.
-If they are in need of services, are they receiving the services culturally appropriate?
-Where is the child placed? Is it within the tribal preference? If not, why?*

V. **CASE MANAGER/CPS SPECIALIST'S CONCLUSIONS**

- This is the area where case managers can summarize how the case is going.
-Use professional evidence to back up your conclusions.
-DO NOT include personal opinions.
-Summarize what positive things are happening, in addition to, what needs improvement.*

VI. **RECOMMENDATIONS**

A. **Agency**

It is respectfully recommended that _____ remain a ward(s) of the court, committed to the care, custody and control of the Arizona Department of Economic Security.

It is further respectfully recommended that _____ be placed in the physical custody of _____ with appropriate medical, social, and educational authorizations.

If the child is in out-of-home placement, it is further respectfully recommended that the court find that the out-of-state placement continues to be appropriate and in the best interest of the child.

B. **Financial**

It is respectfully recommended that beginning () the parents listed below be assessed the following amounts on a monthly basis per child as the contribution towards the cost of foster care:

_____ be assessed \$ _____ monthly for each of the following children:
_____.

_____ be assessed \$ _____ monthly for each of the following children:
_____.

C. Reasonable Efforts Findings

It is respectfully recommended that the court find that the Arizona Department of Economic Security has made reasonable efforts to eliminate the need for continued out-of-home placement and to make it possible for the child to safely return home.

It is further respectfully recommended that the court find that the Arizona Department of Economic Security has made reasonable efforts to place the child in a timely manner in accordance with the permanency plan and to finalize the permanent placement of the child.

It is further respectfully recommended that the court approve the permanent case plan.

Respectfully submitted:

Name/Title:
**ADMINISTRATION FOR CHILDREN
YOUTH AND FAMILIES**

Telephone number:
Date:

Approved by:

Name/Title:
**ADMINISTRATION FOR CHILDREN
YOUTH AND FAMILIES**
Date:

Attachment H1

**Second Chances Outpatient Drug Treatment Center
Tucson, Arizona**

**Client Progress
4-25-06 - 7-26-06**

Client: Steve Newman

Client ID # MR89731

Reason for Referral: Mr. Newman was referred by Child Protective Services because his family reported that he becomes violent when he abuses alcohol. A substance abuse assessment completed 4/3/06 concluded that Mr. Newman met the A.S.A.M. criteria for outpatient substance abuse treatment. Mr. Newman was also involved in a domestic altercation with his spouse. It was reported that Mr. Newman had been drinking at the time of the incident.

Client Response to Treatment: Mr. Newman was scheduled for a 1 ½ hour session once a week. Mr. Newman's attendance was sporadic and he only attended 4 out of 15 sessions. Mr. Newman presented as angry and defensive during sessions, and he denied that his use of alcohol has caused any problems for him or his family. Mr. Newman stated, "I know what an alcoholic is, just look at my father. I don't have a problem." Mr. Newman demonstrated little respect for authority or his family. He commented that no one was going to tell him, apparently meaning CPS or the Judge, that he couldn't have a drink after work. Mr. Newman also called his children "whiny" and his wife "useless." He believed his wife was the cause of his having to go through treatment. Mr. Newman was not interested in information about alcohol abuse nor was he interested in participating in services. However, he stated he would not miss any more sessions because he did not want to be thrown in jail.

Reason for Continued Services: Mr. Newman appears to be in denial of his alcohol abuse and will likely not make any progress until he recognizes the relationship between his drinking and problems in his family life.

Susie Novak, LISAC
Clinician

Sterling Frontera, LCSW
Clinical Director

PSISite.com

TESTDAY

Client Confirmation

03/21/2006 9:32 AM

CASE MANAGER: Suzie Champion

The following client has been added or modified as requested.

If these changes were made incorrectly, or you did not request these changes please contact us immediately at 602.241.9000 or 800.876.9355, or email us at info@psisite.com so we can correct it.

PATIENT : Steve Newman
SS# : 850-01-0723

Start Date : 03/22/2006
End Date : 09/22/2006

Frequency : 5 times per week

City : Tucson
State : AZ

Amity Health Care

CONFIDENTIAL EVALUATION

NAME: STEVE NEWMAN

REFERRED BY: Susie Champion

DOB: 4/4/75

DATE OF REFERRAL: 3-21-06

DATE OF EVALUATION: 4-3-06

DATE OF REPORT: 4-7-06

Steve Newman was referred for a substance abuse evaluation regarding the extent of his substance use and treatment recommendations. Allegations have been made that Mr. Newman becomes physically and verbally abusive when he drinks alcohol. Collateral material reviewed included the Request for Services dated 3-21-06 and the Report to the Juvenile Court dated 3-23-06.

Mr. Newman arrived on time for his appointment and completed his paperwork in a timely manner. He was dressed in shorts and a sleeveless white t-shirt with the logo "no can hear got beer in the ear." Speech rate, volume, and content were within normal limits. He was alert and sat in a relaxed posture and responded without hesitation. Motor activity was unremarkable. Mr. Newman verbalized an understanding of the purpose of the interview and denied having any physical or mental condition that would impair his ability to complete the assessment.

INSTRUMENTS UTILIZED:

ALCOHOL USE PROFILE measures the degree to which the subject's drinking behavior reflects one of five characteristics. Mr. Newman's results indicate a very high elevation of the scales measuring attitudes and behavior patterns similar to those of a typical alcoholic. The overall response profile suggests chronic alcoholism, denied.

MAST measures early indicators of alcohol use problems. Mr. Newman's results indicate no apparent problem.

SASSI measures alcohol and other drug use along with defensiveness, attitudes and symptoms. Mr. Newman's results indicate he has a low probability of having a Substance Abuse Dependency Disorder. Questions must be raised as to the validity of this instrument. In his response to questions on the Alcohol Use Profile, Mr. Newman indicated that he gets drunk between ten and twenty times a year, and he has had two drinking spells that lasted more than one day.

In the interview, Mr. Newman reported that his family has had a history of some substance abuse. He said he had been told his father was an alcoholic, but felt his father was more of a social drinker. Mr. Newman reported his father used to beat up on him and his mother. He reported graduating from high school. He said he is currently married to Mary Newman, and they have two children together. He denied any involvement in the past with any social service agency or counseling agency. This was not consistent with the known history provided in the collateral material. Mr. Newman later reversed his answer and acknowledged that he was ordered by the court into treatment when he was a juvenile. He stated he began using drugs/alcohol when he was 13 years old and has continued to the present. He denied any blackouts. He described himself as a social drinker.

DIAGNOSTIC IMPRESSIONS:

Alcohol Abuse, R/O Dependence

IMPRESSIONS AND RECOMMENDATIONS:

Mr. Newman presented many inconsistencies between the collateral material, his responses to the assessment instruments, and his responses in the interview. The pattern developed as the he began to realize he no longer believed his minimizing and denial. Mr. Newman meets A.S.A.M. criteria for outpatient treatment which is recommended.

Additionally, a service plan meeting should be scheduled as soon as possible to discuss any other additional services for Mr. Newman.

Thank you for this referral. Should you have any questions feel free to contact me at 568-5855.

Zachary Goode Sr. M.S.W. C.S.A.C

Attachment H2

850-01-0723 Newman, Steve

850-01-0723 Newman, Steve

Case Manager: Suzie Champion

This client will expire from the TestDay System on: 09/22/2006

DATE	CALL TIME	TEST REQUIRED	TEST RESULT
04/03/2006	NO CALL	TEST REQUIRED	UKN
04/04/2006	NO CALL	TEST REQUIRED	UKN
04/05/2006			
04/06/2006			

NEG = Negative Drug Test Result
POS = Positive Drug Test Result
BAD = Lab unable to test specimen
UKN = Result is unknown as of 04/05/04

Attachment H3

GOOD FEELING COUNSELING
25 South Happy Ave, Tucson, AZ 85746
PROGRESS REPORT

Month: July 2006

Client's Name: Jennifer Newman DOB: 11-21-01

Referral Source(s): Pima County DES Phone: 555-1212

Date(s) of sessions attended: 7/7/06, 7/14/06, 7/21/06, 7/28/06.

Date(s) of sessions missed: None

Date of Intake: 3/30/06 Projected Termination Date: 3/30/07

- 1) **Treatment issues addressed over month:**
 - A. **Testing limits with her new therapist in order to develop a trusting therapeutic relationship.**
 - B. **Resolving her trauma from abuse and family violence in play and drawings.**
 - B. **Using words to express her feelings appropriately in her foster home.**
- 2) **Attitude/cooperation of client in treatment:**

Client was cooperative, but tested the safety limits with this therapist, a way to measure the strength of the therapeutic relationship. She continued to use words in metaphorical play with this therapist as she reenacted her sense of loss, trauma, and abuse.
- 3) **Major incidents addressed:**

Jennifer tested the safety rule of the therapy room by throwing a toy at this therapist while acting out the role of a "mad kid." This therapist encouraged the "mad kid" to express her anger, but explained that people were not for throwing things at. Jennifer said her dad threw things at people when he got mad, and she added he got mad during a recent visit and scared her. Jennifer recreated similar themes of angry people and tried using different endings during this month's sessions.
- 4) **Family participation:**

Jennifer's foster mother reported Jennifer has had fewer behavior problems and is beginning to let her comfort her when she is upset
- 5) **What should court/probation/parole officer emphasize with client in order to support treatment goals:**

Continue to support participation in treatment.

- 6) **Recommendations:**
Continue to support participation in treatment. Continue to maintain a safe, therapeutic relationship and work to resolve Jennifer's trauma and feelings of grief, while encouraging her to use words to express needs and feelings.

Counselor: Laurie Deon, LCSW, Registered Play Therapist

Date: 8/1/06

**Agency: Good Feeling Counseling, 25 South Happy Ave. Tucson, AZ
85746. (520) 789-5869**

GOOD FEELING COUNSELING
25 South Happy Ave, Tucson, AZ 85746
PROGRESS REPORT

Month: July 2006

Client's Name: Mark Newman DOB: 07-10-00

Referral Source(s): Pima County DES Phone: 555-1212

Date(s) of sessions attended: 7/7/06, 7/14/06, 7/21/06, 7/28/06.

Date(s) of sessions missed: None

Date of Intake: 3/30/06 Projected Termination Date: 3/30/07

- 1) **Treatment issues addressed over month:**
 - A. **Testing limits with this therapist in order to develop a trusting therapeutic relationship.**
 - B. **Resolving his trauma from abuse and family violence in play and drawings.**
 - B. **Using words to express his feelings appropriately in his foster home.**
- 2) **Attitude/cooperation of client in treatment:**

Mark tested the limits with this therapist as a way to measure the strength of the therapeutic relationship. He continued to use words in metaphorical play with this therapist as he continued to reenact his trauma and abuse.
- 3) **Major incidents addressed:**

Mark tested the safety rule of the therapy room by throwing sand at this therapist. He admitted that he wanted to see if this therapist would reject him for acting mad and throwing "dirt." The therapist said she was "not for throwing sand at," and encouraged Mark to use words to tell her he felt mad (at himself & others) and wanted her to know how awful it felt. The sand tray was then used to create a "better place" where people did not get hurt. During this month Mark recreated multiple themes of angry characters. He tried using different roles and endings while acting out these metaphorical stories, including rescuers that helped, bad guys learning their lessons, and victims finding new strength. He became empowered through finding potential resolution.
- 4) **Family participation:**

Mark's foster mother reported that Mark's angry behavior in the foster home was less intense and less frequent. She has let him know she understands he has feelings and has

encouraged him to use words to express himself. She recalled how much Mark enjoyed the fireworks on July 4th.

- 5) What should court/probation/parole officer emphasize with client in order to support treatment goals:
Continue to support participation in treatment.
- 6) Recommendations:
Continue to support participation in treatment. Continue to work toward treatment goals for resolving trauma and grief and develop prosocial, nonviolent behaviors in all Mark's environments.

Counselor: Laurie Deon, LCSW, Registered Play Therapist

Date: 8/1/06

**Agency: Good Feeling Counseling, 25 South Happy Ave. Tucson, AZ
85746. (520) 789-5869**

Attachment H4

Oh Heavenly Day Counseling Services
Tucson, Arizona

Monthly Review

Client: Mary Newman

Client ID: #MN7377

Reason for Referral: Mrs. Newman was referred to Oh Heavenly Day domestic violence support group, due to an altercation that occurred with her husband and two children. Mrs. Newman and the children were injured during the altercation.

Client Response to Treatment: Mrs. Newman's domestic violence support group met once a week for 1 hour and a half. Mrs. Newman attended the first on group 4-26-06. After that she attended semi-regularly until 7-31-06. Mrs. Newman stated that she would come more regularly because Mr. Newman had told her, that if he had to go to classes, she had to go too. Mrs. Newman attended 8 of the 14 scheduled sessions. Mrs. Newman was quiet and did not participate much in sessions. Mrs. Newman appeared to be defensive and in denial about the domestic violence in her family. She verbally defended Mr. Newman when she was pushed to share what happened in her family or how Mr. Newman behaved.

Reason for Continued Services: Mrs. Newman appears to have made little, if any progress in understanding the dynamics of domestic violence. She continues to defend and justify Mr. Newman's actions.

Carrie Johnson, MAPC Date
Clinician

Byron Scott, LICSW Date
Assistant Director

**Oh Heavenly Day Counseling Service
Tucson, Arizona
Client Progress**

Client: Mary Newman
Date of Admission: 4/24/06
Referral Worker: Susie Champion
Date of Report: 7/5/06

Reason for Referral:

Mrs. Newman was referred by Child Protective Services for Individual Counseling due to a domestic violence altercation.

DIAGNOSIS:

As given by Dr. Colson, consulting psychiatrist, on 6/24/06.

AXIS I 995.81 Physical Abuse of Adult by Partner (focus on victim)
V61.1 Partner relational problems

AXIS II 799.9 Deferred - Dependent and Narcissistic features.

AXIS III N one reported.

AXIS IV Domestic violence, children currently removed from home

AXIS V GAF Current 62

Client Response to Treatment:

Mrs. Newman began individual counseling 4-24-06, and attended 4 out of 5 sessions. In the early sessions Mrs. Newman spent a lot of time expressing sadness, depression, grief and unhappiness at her children being out of her home. Mrs. Newman did not want to discuss her relationship with Mr. Newman or any family domestic violence. Mrs. Newman appeared to blame herself for the family situation, stating "it was all my own fault." Mrs. Newman stopped attending sessions after her fifth session. However, after weeks of not attending she came back on 6-24-06 and appeared very stressed and worried about Mr. Newman's upcoming court hearing. Mrs. Newman also appeared to be reinvigorated to do what she needed to do get her children back.

Mrs. Newman still appeared to have a difficult time holding Mr. Newman responsible for anything, but she began holding her self responsible for allowing her children to be placed in a domestic violence situation. Mrs. Newman has begun to blame herself less for past domestic violence that occurred against her, and begun to acknowledge the

Monthly Update
Mary Newman
Page 2

stress and abuse the children have suffered, instead of minimizing it.

Family Response to Treatment:

Mrs. Newman has been attending a domestic violence group for victims and not made much progress per the treatment team. Mr. Newman has been attending a domestic violence group for offenders without making any progress per the treatment team. Until Mr. and Mrs. Newman have made progress in their respective domestic violence groups, no family therapy is recommended.

Reason for Continued Services:

Mrs. Newman has made minimal progress and appears to remain in denial about the effects of Mr. Newman's violent behavior. Mrs. Newman would benefit from continued services to address issues of codependency and domestic violence in the home.

DISCHARGE PLAN:

Following discharge from counseling services, Mrs. Newman will continue to receive support from her family, church, and community.

Aftercare Recommendations:

To insure safety, it is not recommended that Mr. and Mrs. Newman participate in marriage and family counseling until such time as they have made significant progress in their domestic violence counseling. Mrs. Newman may continue individual therapy for support as needed.

It is further recommended that Mrs. Newman maintain her support network outside of the home and participate in social activities that promote increased self confidence and self esteem. Mrs. Newman may also benefit from enrollment in a career development program or rejoining the workforce.

Carrie Johnson, MAPC Date
Clinician

Byron Scott, LICSW Date
Assistant Director

Attachment H5

Betty Colson, Ph.D.
3848 Whisper Pines Rd.
Tucson, AZ 85733

PSYCHOLOGICAL EVALUATION

Name: Mary Newman
Ethnicity: Caucasian
Primary Language: English
DOB: 2-17-79
Age: 28
Sex: Female
Date of Referral: 4-27-06
Date of Evaluation: 5-11-05 (no show), 5-15-06 (cancelled)
6-12-06
Date of Report: 6-24-06
Evaluator: Betty Colson, Ph.D.
Referred by: Suzie Champion

EVALUATION PROCEDURES:

Clinical interview
Mental Status Examination
Review of Available Records
MMPI-2
Shipley Institute of Living Scale
Rotter Incomplete Sentence Blank
Child Abuse Potential Inventory
Basic Personality Inventory

REASON FOR REFERRAL:

Mrs. Newman was referred for a psychological evaluation to assist in the provision of additional diagnostic information as it concerns several referral questions. These referral questions include:

1. Does the parent suffer from a mental illness/disorder, substance use disorder, or mental deficiency/retardation per the DSM IV?
2. What personality factors does the parent possess that may have impact on or interfere with her ability to parent?
3. Based upon the assessment of the parent, can the parent adequately care for the child at this time?
4. What specific parental functions is the parent unable to perform because of any disorder?

5. Is a child in the care of this parent likely to be at risk in any way? If so, in what way?
6. What are the individual's parenting strengths?
7. Are there any services that could be provided to improve the condition?
8. What is the prognosis that this parent will be able to demonstrate adequate parenting skills in the foreseeable future?

CHIEF COMPLAINT

CPS records indicated that on March 12th, 2006, Mary Newman and her husband, Steve Newman, were involved in a domestic violence altercation at their home which resulted in the injury of their younger child, Jennifer Newman, who had several shards of glass in her cheek. Additionally, it was alleged that Mr. Newman punched Mark in the stomach knocking him to the floor where he hit his head, although no injury was reported. The parents appeared to be in denial that the injuries to Jennifer were the result of the parents' domestic violence incident. It was believed that the Newmans have an extensive domestic violence history.

Documents made available to this evaluation included a Biographical Information Sheet, a report to the Juvenile Court for a Preliminary Protective Hearing, and available test data.

MENTAL STATUS EXAMINATION / BEHAVIORAL OBSERVATIONS

This client was a 27-year-old female who appeared to be her stated age. She was of average height, slightly over-weight and presented with no overt physical abnormalities.

Mrs. Newman was brought to the office by her husband, Steve Newman. Steve waited in the office lobby during the evaluation. Mrs. Newman was appropriately dressed for the evaluation, was alert and oriented to the time, place, and person. Mrs. Newman was hesitant and sometimes defensive during the interview. The purpose of the evaluation was explained to her, and she signed a release of information.

BACKGROUND INFORMATION

Mrs. Newman stated she is 27-years-old, a female, with one sister, named Shelley. She said her father is deceased, and her mother, Betty Jo Cavett, lives locally. Mrs. Newman reported that she suffered a tremendous loss at age 13 when her father died. The more troubling developmental events in her life occurred after his death. She stated that she attended some college, but dropped out when she met and married Steve because she was pregnant with their older child, Mark. Her mother and sister do not like her husband, and this is a major cause of stress in her life. Specifically, they have told her that Mr. Newman is abusive. She admitted to making efforts to hide several bruises that she received from her husband so that her family would not "hound" her about him. Mrs. Newman reported that although she has struggled with the fact that her mother and sister do not approve of her marriage, she still seeks and receives support from them as well as from several women friends at her church.

MEDICAL HISTORY

None reported.

LEGAL HISTORY

None noted.

MENTAL HEALTH HISTORY

Mrs. Newman reported no inpatient or outpatient counseling for any mental health reasons.

SUBSTANCE USE/ABUSE/DEPENDENCY HISTORY

Mrs. Newman used marijuana daily beginning when she was a teenager, which lasted until her early twenties. She also reported experimenting with cocaine and methamphetamines during this time of her life. Mrs. Newman sought outpatient treatment for her substance abuse problem. She reported being sober for the past ten years.

PARENTING

Mrs. Newman appeared to be quite conflicted over the recent events that led to the removal of her children by CPS. She stated that the children's injuries were accidental. She added that if they had listened to her and remained in their rooms, neither the police nor CPS would have become involved.

Mrs. Newman explained that Jennifer is a shy child, while Mark is much more outgoing and assertive. She further explained these are the natural differences one finds within the children of every family. She noted that Mr. Newman favors Jennifer, probably because "fathers are always more doting on their daughters than on their sons." She admitted that it had been hard to juggle the children's needs with the demands placed on her as a wife. Mr. Newman, she said, has sometimes made her send the children to bed immediately after dinner so that the parents can have time for themselves.

Mrs. Newman reported that she does not use physical punishment when the children misbehave. She explained that her husband does not agree with her parenting theories in this regard. She added that he regularly disciplines the children by spanking them, and sometimes hits them with a paddle. She characterized him as very strict, while she tends to be much more easygoing. She added that she believes the loss of her own father, the primary disciplinarian in her birth family, allowed her to do things she would not have been able to do

had he been alive. For this reason, she stated, it is important for her husband to maintain his role.

Mrs. Newman denied that she has neglected her children in terms of the domestic violence and Mr. Newman's disciplinary methods. Normally, she said, Jennifer gets under the covers of her bed when she and her husband are arguing. She has had a tougher time with Mark who "wants to be a man, my protector." Mark often yells at both parents to stop fighting.

TEST RESULTS

The Shipley Institute of Living Scale revealed intellectual abilities within the average range for Mrs. Newman. She expressed herself clearly and completely though when discussing sensitive topics, she needed to be given time and gentle encouragement to express her thoughts and feelings.

Mrs. Newman's profile on the Minnesota Multiphasic Personality Inventory – 2 yielded a significant elevation on the L scale and F scale. This validity configuration indicated she likely approached the test with some defensiveness and denial, and tried to portray herself in a positive light. She also may have limited awareness of the impact of her behavior on others, and she may have limited self-understanding. She likely has poor tolerance for stress. She may also have some deviant political, social, or religious beliefs.

In spite of the indication of some defensiveness in her approach to the test, Mrs. Newman did produce significant elevation on the Clinical Profile (Code Type 4-6). This profile pattern suggested an immature, self-centered woman who is very dependent on males. She may make excessive demands for attention upon others, but may resent the same expectations of her. She may also resent authority and harbor underlying feelings of anger and hostility. She likely blames others for difficulties and is disinclined to acknowledge her own responsibility. Consequently, she is not very receptive to therapeutic intervention. She self-reported feeling anxious, insecure, indecisive, and having physical complaints.

On the Rotter Incomplete Sentence Blank, Mrs. Newman's responses were not very revealing as she tended to respond in a defensive and guarded fashion. She reported conflicting information about her husband, Steve. She reported that her marriage was fine, but then indicated feelings of insecurity and some doubts about her ability to protect her children.

On the Child Abuse Potential Inventory, Mrs. Newman had an elevated Faking Good Index, so it was not appropriate to interpret her Abuse Scale index.

The Basic Personality Inventory is a 240 item self-report instrument, which yielded factor scores for twelve different personality traits. Mrs. Newman's high score for Self-Deprecation indicated that she degrades herself as being worthless, unpleasant, and undeserving and generally expresses a low opinion of herself. She scored high also on the dependency scale.

Overall, Mrs. Newman appeared to be a somewhat depressed, stressed out person with pronounced insecurity and some dependency needs. In the family unit, Mrs. Newman has adopted the role of the submissive wife and mother who defers to her husband in matters of child rearing and discipline.

Mrs. Newman said she wants to stay in the relationship with her husband. But, in order to assure safety for her and the children, she will need significant assistance in the areas of communication, conflict resolution, and assertiveness. She also needs to develop greater self esteem and a sense of self-worth.

Mrs. Newman had good knowledge about appropriate parenting skills, but has been unable at this time to communicate her knowledge to Steve or assert her more positive views against his rigid, somewhat unrealistic approach to child rearing.

CONCLUSIONS

1. *Does the parent suffer from a mental illness/disorder, substance use disorder, or mental deficiency/retardation per the DSM IV?*

No

2. *What personality factors does the parent possess that may have impact on or interfere with her ability to parent?*

Dependency, low self-esteem, self-centeredness.

3. *Based upon the assessment of the parent, can the parent adequately care for the child at this time?*

No, this parent cannot adequately care for her children at this time. She will need domestic violence victim treatment and if her husband completes his domestic violence offender treatment successfully, they both need intensive marital therapy.

4. *What specific parental functions is the parent unable to perform because of any disorder?*

Protect herself and her children from abuse and domestic violence.

5. *Is a child in the care of this parent likely to be at risk in any way? If so, in what way?*

Yes, due to ongoing domestic violence.

6. *What are the individual's parenting strengths?*

The mother has good parenting skills and is nurturing.

7. *Are there any services that could be provided to improve the condition?*

Domestic violence victim group treatment, assertiveness training, marital therapy, and family therapy.

8. *What is the prognosis that this parent will be able to demonstrate adequate parenting skills in the foreseeable future?*

Good, if she follows through with services.

RECOMMENDATIONS

Individual psychotherapy, preferably with a female therapist. The focus of this individual counseling should be on dynamics of domestic violence as a victim and assertiveness training, and the dynamics of her husband's substance abuse within the family. The therapist must have expertise in these specific areas.

Domestic violence victim treatment group. Alanon group providing support and education for families of substance abusers.

When deemed appropriate by Mrs. Newman's individual therapist and the children's therapists, Mrs. Newman should engage in family therapy with the children to address the effects of domestic violence on her family.

When deemed appropriate by the counselors for both the domestic violence offenders treatment group and the domestic violence victim treatment group, Mrs. Newman should engage in marital therapy with her husband, focusing on his accountability for his behavior, power and control issues, conflict resolution skills, overall communication, and making Mrs. Newman a more equal parent.

DSM-IV DIAGNOSTIC IMPRESSIONS

AXIS I	995.81 V61.1	Physical Abuse of Adult by Partner (focus on victim) Partner relational problems
AXIS II	799.9	Deferred – Dependent and Narcissistic features
AXIS III		None reported
AXIS IV		Domestic violence, children currently removed from home
AXIS V	GAF	Current 62



Please do not hesitate to contact me further should you need additional information concerning this client.

Respectfully submitted,

Betty Colson, Ph.D
Psychologist

Attachment H6

Betty Colson, Ph.D.
3848 Whisper Pines Rd.
Tucson, AZ 85733

PSYCHOLOGICAL EVALUATION

Name: Steve Newman
Ethnicity: Caucasian
Primary Language: English
DOB: 4-4-75
Age: 31
Sex: Male
Date of Referral: 4-27-06
Date of Evaluation: 5-12-06
Date of Report: 6-1-06
Evaluator: Betty Colson, Ph.D.
Referred by: Suzie Champion

EVALUATION PROCEDURES:

Clinical Interview
Mental Status Examination
Review of Available Records
MMPI-2
Shipley Institute of Living Scale
Rotter Incomplete Sentence Blank
Child Abuse Potential Inventory
The SASSI

REASON FOR REFERRAL:

Mr. Newman was referred for a psychological evaluation to assist in the provision of additional diagnostic information as it concerns several referral questions. These referral questions include:

1. Based on the assessment of the parent, can the parent adequately care for the children at this time?
2. What stress factors are evident in the parent-child relationship that would make parenting particularly difficult for this parent?
3. What personality factors does the parent possess that may be related to him sexually, physically and/or emotionally abusing a child?
4. What are the individual's parenting strengths and weaknesses?
5. What psychological factors does the parent possess that may be related to alcoholism, substance abuse and/or other addictive behavior?
6. What is his potential for alcohol/substance abuse and/or addictive behavior?
7. Is the parent showing any symptoms of psychosis and/or a thought disorder?
Is hospitalization, medication and/or a psychiatric consultation recommended?
8. Is a child in the care of this parent likely to be at risk in any way? If so, in what way?

-
9. What is the prognosis that this parent will be able to demonstrate adequate parenting skills in the foreseeable future?
 10. Even with the proposed interventions, do you feel that he will be able to discharge parental responsibilities in the foreseeable future?
-

CHIEF COMPLAINT

CPS records indicated that on March 12th, 2006, Steve Newman was involved in a domestic violence altercation at his home which resulted in the injury of his younger child, Jennifer Newman, who had several shards of glass in her cheek. Additionally, it was alleged that Mr. Newman punched his son, Mark, in the stomach knocking him to the floor where he hit his head, although no injury was reported. The parents appeared to be in denial that the injuries to Jennifer were the result of the parents' domestic violence incident. It was believed that the Newmans have an extensive domestic violence history.

There was also a concern about Mr. Newman's drinking and its effects on the children.

Documents made available to this evaluation included a Biographical Information Sheet, a report to the Juvenile Court for a Preliminary Protective Hearing, and available test data.

MENTAL STATUS EXAMINATION/BEHAVIORAL OBSERVATIONS

This client was a well-developed 30-year-old male who appeared to be his stated age. He was a little under average height, average in weight and presented with no overt physical abnormalities.

He was appropriately dressed for the evaluation, was alert and oriented to the time, place and person. He was very compliant and pleasant and appeared motivated for a valid interview. It was explained to him the purpose of the evaluation and he signed a release of information.

BACKGROUND INFORMATION

Steve Newman stated he is a 30-year-old male and the only child of his parents who live out of state in New Mexico. He reported that he wished he had siblings so he would have had someone to confide in during the chaos at his house when he was growing up. He reported that both his parents drank and beat each other up. His father worked in construction and his mother stayed home or sometimes held a part-time job at one of the local restaurants. He reported that when in public, his family was portrayed as "God Fearing People" but in private, his parents were both alcoholics who sometimes beat him.

Mr. Newman reported that the abuse was kept "in the family". If he had really bad bruises, his mother kept him at home. He reported when he was about 8 years old, his mother left his father and took him to live with an aunt, but eventually they went back because the church minister convinced his mother that it was her duty to go back to her husband. So they went back to his father. He reported that even though they became more involved in the church, the drinking and physical abuse continued.

Mr. Newman reported that when he and Mary first began dating, Mary got pregnant with Mark. Mr. Newman was happy to be a father. He reported that once they got married, he felt things changing. He said that Mary's mother interfered a lot in their family life, and it was Mary's fault if she got hit. Mr. Newman stated that he has two children, Mark and Jennifer, and that he works in construction.

MEDICAL HISTORY

None reported

LEGAL HISTORY

None noted.

MENTAL HEALTH HISTORY

Mr. Newman reported no inpatient and/or outpatient counseling. He denied being depressed but did report, "I do feel a little bit down now and then."

SUBSTANCE USE/ABUSE/DEPENDENCY HISTORY

Mr. Newman reported that he began drinking when he was about 13 years old, just to "escape the madness." He also reported some marijuana use. He did not feel that his drinking was a problem. He denied getting mean when he drinks, but said he can get upset because Mary usually does something to get him upset. He reported that the most he has ever had to drink at one time was six to eight beers, and he has never drunk beer alone. When Mr. Newman was asked if he ever considered himself an alcoholic, he said, "Definitely not." Whether this statement is accurate is not clear since it is based on self-report. He did not report symptoms similar to someone with an alcohol dependency problem. It did sound as if his personality changes when he is drinking, as described by the children in CPS documentation, and in that way, he may definitely be abusing alcohol. See Test Results for further information regarding this.

PARENTING

For most of the interview Mr. Newman spoke affectionately about his wife and their children, saying he was "committed to being a good father." But when this writer asked Mr. Newman about the collateral material concerning his violent behavior, he said the information was exaggerated.

Mr. Newman admitted that he has hit his children with a paddle, accidentally thrown things at them when he has been arguing with their mother, and been very stern and strict about their homework and chores. He further reported that he has made them stand in a corner with their arms out until the time was up, and if they let their arms drop, he started the time all over again.

When asked about the most recent incident that led to his children being removed from his care, Mr. Newman denied shoving his son, Mark, and reported that he brushed up against Mark who must have tripped over his own feet causing him to fall. Mr. Newman reported that Jennifer should have stayed in her room, and she would not have gotten hurt. Mr. Newman reported that he was throwing something at Mary and Jennifer got

caught by the glass shattering. He reported that his wife, Mary, "slacks off" when it comes to parenting the children, and she has let the house turn into a "dump." He said it is necessary to use strict discipline with the children "so they don't run wild."

Mr. Newman emphasized that he "cherishes" Jennifer and finds her "precious." He remarked that he enjoys spending time with Jennifer and tries to spend more time with her. Then he added, he has to work so hard to pay the bills, that he doesn't have much time left. When asked if he felt the same way towards Mark, Mr. Newman did not respond with the same sense of emotion. Instead, Mr. Newman said he does his duty as a father for Mark by providing for his food, clothes, and shelter. Then he added, "Mark is lucky I (Mr. Newman) treat him as well as I do...considering..." When asked what Mr. Newman meant by "considering," he responded, "After all, he's almost for sure not my kid, and I still let him live with us. What more do you all want from me for a kid that's not my mine? He doesn't starve, he's got a place to sleep, and he's got his mother." When asked why Mr. Newman does not consider Mark his son, Mr. Newman responded that he was certain "someone else knocked up Mary, no matter what that lying wife of mine says." Mr. Newman also stated, "You are only a father to a child if they are your blood...period!"

Overall, Mr. Newman minimized the abuse his children and wife have received from him. His comments showed a need for power and control over his family and a lack of accountability for his violent behavior. He blamed Mary for any family problems and for inciting his violence. When asked why his kids and wife would say things that were not true, he said, "I really don't know. You'd have to ask them."

Mr. Newman was not able to tell this writer his children's favorite toys or food. He blamed not knowing a lot about his children's interests on his work schedule and stated that it's Mary's job to know that information. However, he did express that he felt very "hurt and sad" that his children had been removed and placed in foster care. He said he understood the reasons why his children had been removed even though it wasn't his fault.

TEST RESULTS

On the Shipley, Mr. Newman received results indicating overall intelligence in the average range. His MMPI results yielded a profile of questionable validity due to an elevated Lie Scale. Individuals who manifest an elevation such as this tend to be attempting to "fake good."

On the CAP Inventory, Form VI, Mr. Newman obtained a valid profile with the results similar to those who share characteristics of individuals who manifest abusive behavior to children. When looking at his initial responses on this test, one is struck by how revealing they are and how honest and open he appears to be about how he is feeling. For example: "I am often angry inside. Sometimes I have bad thoughts. Everything in a home should always been in its proper place. Children should never disobey." His responses manifested anger and frustration as well as his need to control his environment.

On the Rotter Incomplete Sentence Blank, Mr. Newman's responses were not very revealing and he tended to respond in a defensive and guarded fashion. He reported conflicting information about his wife, Mary. He reported that his marriage was fine, but then he said he felt tired and needed a break.

The results of the SASSI essentially appeared to be invalid. Mr. Newman yielded a very defensive profile and answered the majority of the questions as "Never." However, his alcohol history and the observations made by his children and wife, indicated that he does abuse alcohol and may, in actuality, be alcohol dependent.

Overall, Mr. Newman appeared to be a frustrated, angry, stressed out person who believed in order and discipline. In the family unit, Mr. Newman adopted the role of leader in order to have things done his way, because no other way was acceptable.

Mr. Newman said he wanted to stay in the relationship with his wife but appeared to need significant assistance in the areas of communication and conflict resolution skills, so he could better communicate what he wants and needs. He was more open talking about his relationship with his wife than about his alcohol use.

Mr. Newman had limited knowledge about appropriate parenting skills and child development, and he had a rigid outlook on organization and cleanliness, all of which resulted in unrealistic expectations for his children.

Mr. Newman did not appear to be depressed or have any other emotional disorders. He did, however, appear to have obsessive/compulsive traits that are exacerbated when he drinks.

CONCLUSIONS

-
- 1. Based on the assessment of the parent, can the parent adequately care for the children at this time?*
-

No, this parent cannot adequately care for his children at this time. He will need intensive domestic violence offender treatment, intensive parenting education, and intensive marital therapy.

-
- 2. What stress factors are evident in the parent-child relationship that would make parenting particularly difficult for this parent?*
-

These stress factors include intense marital conflict; anger management and conflict resolution problems; lack of necessary parenting education and skill level; and alcohol abuse.

-
- 3. What personality factors does the parent possess that may be related to him sexually, physically and/or emotionally abusing a child?*
-

Mr. Newman does not appear to have an obsessive-compulsive personality disorder but does have several obsessive-compulsive traits that need to be addressed. These traits

appear to be exacerbated when he uses alcohol. He is going to need a lot of therapeutic work to address both his drinking and obsessive-compulsive traits.

4. What are the individual's parenting strengths and weaknesses?

Mr. Newman's parenting strengths are that he loves his wife and children. He appears to be very invested in not only staying in his marriage, but also resolving the problems they are having. His weaknesses include: lack of understanding of his children's capabilities and appropriate discipline for their developmental level, power and control obsessions, lack of accountability for his words and actions, conflict resolution problems.

5. What psychological factors does the parent possess that may be related to alcoholism, substance abuse and/or other addictive behavior?

Mr. Newman does not possess psychological factors related to alcohol dependency, but his negative personality traits appear to be exacerbated by his alcohol abuse. He does not appear to be at risk for developing other addictive behaviors but is at risk, if he continues drinking, to have his alcohol abuse become worse. The potential for continued alcohol problems is very high. However, if Mr. Newman stops drinking but does not implement AA and a relapse prevention plan, his sobriety will not be long lasting.

*6. Is the parent showing any symptoms or psychosis and/or a thought disorder?
Is hospitalization, medication and/or a psychiatric consultation recommended?*

No, this parent is showing no symptoms of a psychosis and/or thought disorder. Hospitalization, medication or psychiatric consultation are not recommended.

7. Is a child in the care of this parent likely to be at risk in any way? If so, in what way?

Yes, a child in the care of this parent is likely to be at risk for continued verbal and physical abuse, and be subjected to the behavior of an alcoholic and a domestic violence offender. It is this writer's opinion that Mr. Newman should not be involved in any unsupervised visitation with his children until he has been complying with his case plan, and his behaviors begin to change.

8. What is the prognosis that this parent will be able to demonstrate adequate parenting skills in the foreseeable future?

This is partially answered in Question No. 7. If Mr. Newman develops progress only in his parenting skills, but continues to have problems with power and control issues, and accountability for his behavior, then his parenting behaviors will, for the most part, be for naught. If he can follow through with his case plan and various recommendations that are made concerning his problems, then it is felt that the prognosis could be much better for him to demonstrate adequate parenting in the future.

9. Even with the proposed interventions, do you feel that he will be able to discharge parental responsibilities in the foreseeable future?

This writer believes that a period of at least three to six months of intensive, purposeful outpatient treatment would be necessary for Mr. Newman to demonstrate that he could change his abusive behavior or discharge appropriate parental responsibilities. Once Mr. Newman successfully completed his domestic violence offender treatment and substance abuse treatment, his children would need some therapy with their father in order to work out their emotional issues with him.

RECOMMENDATIONS

Mr. Newman should be assessed and enrolled in a domestic violence offender's program.

Mr. Newman should be referred for a substance abuse evaluation and follow all recommendations of the assessment for treatment, especially to provide him with insight regarding the effect his substance abuse has had on him and his family. To avoid recidivism it is recommended that Mr. Newman participate in an AA program or other substance abuse support group that would involve attending meetings, finding a sponsor, maintaining sobriety, and developing a relapse prevention plan.

This writer recommends individual psychotherapy for Mr. Newman preferably with a male therapist. The main focus of this counseling should be on Mr. Newman's accountability for his domestic violence offender issues of power and control and his substance abuse. A therapist well-versed in these areas is mandatory.

The therapist must also explore the subject of Mr. Newman's attitudes towards parenting and caring for Mark. This writer would recommend that Mr. Newman and Mark engage in paternity testing to determine the biological status of Mr. Newman and Mark, as it would influence the approach of the therapy. Whether or not Mr. Newman is the biological father of Mark and if Mr. Newman plans to remain in a parenting role with Mark, the therapist and Mr. Newman will have to develop a plan for Mr. Newman to parent Mark while attending to his emotional needs.

Mr. Newman should attend a parenting class or parenting group that specializes in the impact of domestic violence on children and the importance of nurturance and meeting emotional needs in children.

When deemed appropriate by the domestic violence offender's group counselor, Mr. Newman would then need to be involved in marital therapy with his wife. This marital therapy should focus on Mr. Newman being accountable for his violent behavior, changing his power and control issues, developing conflict resolution skills, and increasing his overall communication skills.

When deemed appropriate by Mr. Newman's individual therapist and domestic violence counselor, Mary's individual therapist and domestic violence counselor, and the children's therapists, Mr. Newman should engage in family therapy to address the effect

of domestic violence and substance abuse on his family, his parenting style, and how to meet both children's emotional needs fully.

At this time a bonding and attachment evaluation between Mr. Newman and either of his children is not recommended. However, if the individual and/or family therapists recommend such an evaluation, this writer would defer to them and support such an evaluation.

DSM-IV DIAGNOSTIC IMPRESSIONS

AXIS I	305.00	Alcohol Abuse	
	R/O 303.90	Alcohol Dependence	
	V61.21	Physical/emotional abuse of Child	
	V61.10	Partner relational problems	
	V61.12	Physical Abuse by Adult (focus on perpetrator)	
AXIS II	799.99	Deferred - obsessive/compulsive traits	
AXIS III		None reported.	
AXIS IV		Domestic violence, children currently removed from home, legal involvement	
AXIS V		GAF Current	54

Please do not hesitate to contact me further should you need additional information concerning this client.

Respectfully submitted,

Betty Colson, Ph.D
Psychologist

Attachment H7

AVIVA CHILDREN'S SERVICES

SUMMARY OF SUPERVISED VISITATION

For Child Protective Services, District II

This form must be completed by the person supervising the visitation within one (1) working day of when visit occurred and be submitted to the CPS specialist within five (5) days of when visit occurred.

Case Name: Newman, Mary

CPS Specialist's Name: David Helper Unit: West Ongoing Site Code: 203C

Visit Supervisor's Name: Tabitha Jones Aviva 327-6464

Date of Visitation: 5/1/06 Starting Time: 3:00pm Finishing Time: 5:00pm

Place of Visitation: CPS Office

Persons present at visitation (include all children): Mr. & Mrs. Newman, Mark and Jennifer Newman

Children transported to and from visitation by: Shelter Staff

Describe the positive and negative aspects of the visit (include quotes):

Mr. and Mrs. Newman arrived 3 minutes late. They reported they were stuck in traffic and after picking up some KFC for the visit. Mr. Newman asked to speak to the CPS specialist prior to the visits as he had some concerns about the changes to the case plan during the Disposition hearing. This visit supervisor informed the receptionist of the request, and Mr. Newman remained downstairs while Mrs. Newman and the children went upstairs to the visit room. Mark told Visit Supervisor that KFC was his favorite. Mark ate well but Jennifer seemed to pick at her food. She told Mrs. Newman that she was not very hungry. Mrs. Newman felt Jennifer's forehead to check for a temperature. The family waited for Mr. Newman to arrive before eating their meal, and everyone pitched in to clean up when they were through eating. Mrs. Newman showed the children she brought a game for them to play.

The family played CLUE. Jennifer and Mark fought over who would go first, but Mr. Newman came up with an acceptable solution. During game play, the family shared favorite stories of past vacations. Jennifer began to cry and reported she misses her mom and dad. Mark asked his parents when they could come home. He said he hates it at the group home. He reported that the staff is mean, and they have to go to bed at 8:30. Mrs. Newman addressed both children and asked them to listen to the staff.

Mr. Newman expressed his disgust with Visit Supervisor that the visit rooms are too small, and it is too hot to go out on the lawn. He said he would like visits to take place at his home or someplace else. Visit Supervisor explained she would check into it, but he needed to speak with his CPS specialist. Mr. Newman said, "I just talked to my CPS specialist. When are they going to help me? When is CPS going to let me have my kids back? We're doing everything we need to do!" Mrs. Newman reminded Mr. Newman that it was not the place for this discussion. She wanted them to enjoy the rest of their visit.

The family wrapped up the visit. The parents walked Mark and Jennifer to the car and kissed them good-bye. Jennifer asked for pizza for the next visit. Mr. Newman went back inside to speak with his CPS specialist once again.

What issues/problems arose and what was your intervention required?

Mr. Newman expressed his disgust with Visit Supervisor that the visit rooms are too small, and it is too hot to go out on the lawn. He said he would like visits to take place at his home or someplace else. Visit Supervisor

explained she would check into it but he needed to speak with his CPS specialist. Mr. Newman said, "I just talked to my CPS specialist. When are they going to help me? When is CPS going to let me have my kids back? We're doing everything we need to do!"

Report significant problems verbally to the CPS specialist as soon as possible. If applicable, document the date the CPS specialist was notified.

Unusual incidents must be verbally reported to the CPS specialist within one (1) day, followed by a written report to the CPS specialist within three (3) days, and a copy to the Aviva Executive Director (obtain Unusual Incident form).

Comments or questions regarding logistics of visitation site: _____

Signature of visitation supervisor TABITHA JONES Date 5/2/06

Attachment I

Exhibit 11**SUBSTANTIATION GUIDELINES****FINDING TYPES:**

An investigation always results in a FINDING. These findings are as follows:

- proposed substantiated,
- proposed substantiated pending dependency adjudication,
- proposed substantiated perpetrator deceased,
- proposed substantiated perpetrator unknown,
- unable to locate, and
- unsubstantiated.

These findings are described in detail in Chapter 2, Section 13 of the Children's Services Manual.

A "proposed substantiated pending dependency adjudication" finding means that a dependency petition has been filed alleging dependency based on an allegation of abuse or neglect. The PSRT will enter the substantiated finding when the court adjudicates the child dependent based on an allegation of abuse or neglect contained in the dependency petition. The CPS Specialist may need to fax, email or interoffice the order adjudicating the child a ward of the court, according to District Operating Procedures.

A "proposed substantiated" finding means that CPS has concluded that the evidence supports that an incident of abuse or neglect occurred based upon a probable cause standard.

PROBABLE CAUSE means that the **information gathered** during the investigation would lead a reasonable person to believe that an incident of abuse or neglect occurred, and that the abuse or neglect was committed by the parent, guardian or custodian. The CPS Specialist does not need to prove that abuse or neglect definitely occurred, but should have some credible evidence to support that finding.

INFORMATION NEEDED FOR A FINDING:

When the CPS Specialist completes an investigation and prepares a "proposed substantiated" finding, the **information** must include the following:

- **Who** committed the abuse or neglect (alleged perpetrator---parent, guardian or custodian).
- The child **victim** (child or children).
- **How** was the child abused or neglected? Provide details.
- **When** did the abuse or neglect occur.
- **What** evidence supports the finding.

1. DEFINE WHO:

In order for there to be a "proposed substantiated" finding of abuse or neglect, the event must be the result of behavior by a parent, guardian or custodian. A "custodian" is a person, other than the parent or guardian, with whom the child resides AND/OR who assumes responsibility for the child. A custodian includes friends, boyfriends, girlfriends, relatives, and foster parents, but does not include a babysitter. The exception is when the perpetrator is unknown.

2. DEFINE HOW (TYPE OF ACT):

A substantiated finding of abuse or neglect requires that the parent, guardian or custodian committed at least one of the following acts of child maltreatment:

NEGLECT as defined in A.R.S. § 8-201(22) means:

1. The ***inability or unwillingness*** of a parent, guardian or custodian of a child to provide that child with supervision, food, clothing, shelter or medical care if that inability or unwillingness causes unreasonable risk of harm to the child's health or welfare, except if the inability of a parent or guardian to provide services to meet the needs of a child with a disability or chronic illness is solely the result of the unavailability of reasonable services.

Unreasonable risk of harm: means taking into account the totality of the circumstances specific to the incident, the behavior and/or action or inaction of the parent, guardian or custodian placed the child at a level of risk of harm to which a reasonable (ordinarily cautious) parent, guardian or custodian would not have subjected the child.

The CPS Specialist should apply the definition to the allegation under investigation by applying a series of questions as follows:

1. What is the minimal level of supervision, food, clothing, shelter or medical care needed for this child based on the child's age, cultural expectations and developmental status?
2. Is this minimal level being met by the parent, legal guardian or custodian?
3. If this minimal level is not being met, how is it not being met?
4. If this minimal level is not being met, what is the unreasonable risk of harm that has resulted or could result if the need is not met?
5. Is the parent, guardian or custodian using substances known to create an unreasonable risk of harm to a child? These substances include but are not limited to cocaine (crack), methamphetamines, heroin, PCP, and alcohol.

Overall Use of Substance by Parent, Guardian or Custodian

In determining whether to propose to substantiate neglect, consideration must be given to the overall substance abuse by the parent, guardian or custodian. Propose to substantiate when a thorough assessment of safety and risk factors associated with the home environment and parental capacity indicates that the parent, guardian or custodian is unable or unwilling to meet the child's need and that this failure creates an unreasonable risk of harm to the child's health or welfare.

A thorough assessment of the safety and risk factors is key to determining whether the child is at an unreasonable risk of harm, and in determining the appropriate level of intervention and services needed to improve the parenting capacity. Current practice tools to assist in completing this assessment include:

- Child Safety Assessment, and
- Strengths and Risk Assessment

It is not an act of neglect if:

- the child suffers from a disability or chronic illness and services are unavailable to treat the child's disability or chronic illness, or
- the child, in good faith, is being furnished Christian Science treatment by a duly accredited practitioner for that reason alone, or
- the parent, guardian or custodian refuses to put the child on a psychiatric medication or questions the use of such medication for that reason alone.

2. ***Permitting a child to enter or remain in any structure or vehicle*** in which volatile, toxic or flammable chemicals are found or equipment is possessed by any person for the purposes of manufacturing a dangerous drug as defined in section 13-3401.

Documentation should include evidence that the parent, guardian or custodian knew or should have known that dangerous drugs were being manufactured in the structure or vehicle, and that he/she permitted the child to enter or remain in the structure or vehicle.

Circumstantial evidence of the parent, guardian or custodian's knowledge may include the presence of drugs, drug equipment or paraphernalia, or persistent noxious odor, or purchasing of a drug from the structure or vehicle, or observation of volatile, toxic or flammable chemicals used for manufacturing a dangerous drug.

NOTE: If a child suffers an injury from the exposure to dangerous drugs, also consider proposing to substantiate physical abuse.

3. ***Prenatal Substance Exposure to Newborn Infant (under 30 days of age) or Infant (from birth up to one year of age)***

A. Newborn Infant (under 30 days of age)

Determination by a health professional that a newborn infant (***under 30 days of age***) was exposed prenatally to a drug or substance listed in section 13-3401 and that this exposure was not the result of a medical treatment administered to the mother or the newborn infant by a health professional. The determination by the health professional shall be based on one or more of the following:

- clinical indicators in the prenatal period including maternal or the newborn presentation.
- history of substance use or abuse.
- medical history.
- results of a toxicology or other laboratory test on the mother or the newborn infant.

Health professionals include physicians and nurses.

The CPS Specialist must obtain all relevant medical documentation regarding the determination made by the health professional.

B. Infant (from birth up to one year of age)

A substance exposed infant, from birth up to one year of age, who is demonstrably adversely affected by the mother's use of a dangerous drug, a narcotic drug or alcohol during pregnancy. A dangerous drug or narcotic drug has the same meaning as defined in ARS § 13-3401.

You may propose to substantiate neglect based on prenatal exposure of an infant from birth up to one year of age to a dangerous drug, narcotic drug or alcohol when evidence confirms all of the following:

- The child is age one or younger.
- There is documentation that the mother used a dangerous drug, a narcotic drug or alcohol during pregnancy. Documentation may include but is not limited to:
 - positive toxicology screen on the mother or newborn;
 - admission of the use of the drug or alcohol by the mother including but not limited to the type, frequency and amount of drug used and the last time used;

- reliable written corroboration of the mother's use of the drug or alcohol during pregnancy by the physician, nurse, worker, law enforcement, emergency personnel and/or other persons that have knowledge of the mother's use of the drug or alcohol;
 - medical diagnosis of finding that the child was exposed to a dangerous drug, a narcotic drug or alcohol during pregnancy;
 - medical interpretation that the newborn's symptoms are the result of the mother's use of a dangerous drug, a narcotic drug or alcohol during pregnancy; and/or
 - other documentation including but not limited to law enforcement reports or records.
- There is medical documentation that the mother's use of a dangerous drug, a narcotic drug or alcohol during pregnancy created an unreasonable risk of harm to the child's health or welfare. Unreasonable risk of harm includes the child being demonstrably adversely affected by the mother's use of a dangerous drug, a narcotic drug or alcohol during pregnancy.

4. Diagnosis by a health professional of an infant under one year of age with clinical findings consistent with *fetal alcohol syndrome (FAS) or fetal alcohol effects (FAE)*.

Documentation must include a diagnosis by a health professional of an infant, less than one year of age, with clinical findings consistent with FAS or FAE. The diagnosis may be made at any time during the child's first year of life.

Health professionals include physicians and nurses.

5. **Deliberate exposure** of a child by a parent, guardian or custodian to:

- **Sexual Conduct**, as defined in section 13-3551, means actual or simulated:
 - sexual intercourse including genital-genital, oral-genital, anal-genital or oral-anal, whether between persons of the same sex or opposite sex;
 - penetration of the vagina or rectum by any object except as one does as part of a recognized medical procedure;
 - sexual bestiality;
 - masturbation for the purpose of the sexual stimulation of the viewer;
 - sadomasochistic abuse for the purpose of sexual stimulation of the viewer; or
 - defecation or urination for the purpose of sexual stimulation of the viewer.
- **Sexual Contact**, as defined in 13-1401, means any direct or indirect touching, fondling or manipulating of any part of the genitals, anus or female breast by any part of the body or by any object or causing a person to engage in such conduct.
- **Oral Sexual Contact**, as defined in § 13-1401, means oral contact with the penis, vulva or anus.
- **Sexual Intercourse**, as defined in § 13-1401, means penetration into the penis, vulva, or anus by any part of the body or by any object or masturbatory contact with the penis or vulva.
- **Bestiality**, as defined in section 13-1411, means engaging in or causing another person to engage in oral sexual contact, sexual contact or sexual intercourse with an animal.
- **Explicit Sexual Materials**, as defined in section 13-3507, means any drawing, photograph, film negative, motion picture, figure, object, novelty device, recording, transcription or any book, leaflet, pamphlet, magazine, booklet or other item, the cover or contents of which depicts human genitalia or depicts or verbally describes nudity, sexual activity, sexual conduct, sexual excitement or sadomasochistic abuse in a way which is harmful to minors.

Explicit sexual material (pornography) does not include any depiction or description which, taken in context, possesses serious educational value for minors or which possesses serious literary, artistic, political or scientific value.

Deliberate exposure means that the parent, guardian or custodian knowingly and willingly subjected the child to the above sexual activities, including having the child read or view explicit sexual materials (pornography), taking the child to a strip club, or having the child view others engaged in sexual activity. Note that exposure to sexual conduct and explicit sexual materials (pornography) applies to deliberate exposure only and not to reckless disregard.

Documentation should include statements from credible witnesses (including the child and parent) and corroborative evidence of the alleged behavior involved.

6. Any of the following acts committed by the child's parent, guardian or custodian with **reckless disregard** as to whether the child is physically present:
- **Sexual Contact** as defined in section 13-1401 (see definition in ¶ 5, above);
 - **Oral Sexual Contact** as defined in section 13-1401 (see definition in ¶ 5, above);
 - **Sexual Intercourse** as defined in section 13-1401 (see definition in ¶ 5, above); or
 - **Bestiality** as prescribed in section 13-1411 (see definition in ¶ 5, above).

Reckless disregard means that the parent, guardian or custodian knew or should have known that the child was present or would likely be present when engaging in sexual activity, and failed to take actions to prevent the child from observing the activity. Note that this would not include infants who sleep in the same room as their parent, guardian or custodian.

Documentation should include statements from credible witnesses (including the child and parent) and corroborative evidence of the alleged behavior involved.

ABUSE as defined in A.R.S. § 8-201(2) means the infliction or allowing of physical injury, impairment of bodily function or disfigurement or the infliction of or allowing another person to cause serious emotional damage as evidenced by severe anxiety, depression, withdrawal or untoward aggressive behavior and which emotional damage is diagnosed by a medical doctor or psychologist and is caused by the acts or omissions of an individual having care, custody and control of a child. Abuse also includes:

- a. Inflicting or allowing sexual abuse pursuant to section 13-1404, sexual conduct with a minor pursuant to section 13-1405, sexual assault pursuant to section 13-1406, molestation of a child pursuant to section 13-1410, commercial sexual exploitation of a minor pursuant to section 13-3552, sexual exploitation of a minor pursuant to section 13-3553, incest pursuant to section 13-3608 or child prostitution pursuant to section 13-3212.
- b. Physical injury that results from permitting a child to enter or remain in any structure or vehicle in which volatile, toxic or flammable chemicals are found or equipment is possessed by any person for the purpose of manufacturing a dangerous drug as defined in section 13-3401.
- c. Unreasonable confinement of a child.

Physical Abuse includes the infliction or allowing the infliction of a physical injury to a child.

Physical injury is the impairment of a physical condition and includes:

- skin bruising including bruising to the corners of the mouth which may indicated that the child was gagged,
- pressure sores,
- bleeding,
- failure to thrive or pediatric undernourishment (requires medical diagnosis),
- malnutrition (requires medical diagnosis),
- dehydration (requires medical diagnosis),
- burns, which may include water burns, rope burns, rug burns and other abrasions,
- subdural hematoma (requires medical diagnosis),
- soft tissue swelling, which may include bald patches where hair has been pulled out, bite demarcation, and welts such as from cords or other objects,
- injury to any internal organ (requires medical diagnosis), or
- any physical condition which imperils a child's health or welfare.

Physical abuse also includes inflicting or allowing the impairment of bodily function or disfigurement.

Do not use the term "mark" to describe a physical injury, instead describe the specific injury in terms of size, color, shape and location on the child's body.

It is not an act of abuse if, for that reason alone:

- the child, in good faith, is being furnished Christian Science treatment by a duly accredited practitioner, or
- the parent, guardian or custodian refuses to put the child on a psychiatric medication or questions the use of such medication.

Emotional Abuse

Reminder: This finding must be accompanied by a diagnosis by a medical doctor (includes a psychiatrist) or psychologist. The diagnosis must also be able to determine that the condition is caused by acts or omissions of the parent, guardian or custodian.

In order for the CPS Specialist to substantiate a finding of emotional abuse there must be a diagnosis by a physician, psychiatrist or psychologist of one of the following in the child:

- severe anxiety,
- depression, withdrawal, OR
- untoward aggressive behavior, AND
- that this condition was caused by the acts or omissions of the parent, legal guardian or custodian.

Sex Related Forms of Abuse

When the CPS Specialist documents that the parent, guardian or custodian engaged in any of the following activities with the child, the CPS specialist can substantiate one or more of the following sex related forms of abuse:

1. ***Sexual Abuse*** means knowingly or intentionally engaging in
 - Sexual contact with a child 15 years of age or older without their consent.
 - NOTE: If a child over 15 years of age consents to the touching it does not meet the definition of sexual abuse. However, such activity may qualify as a form of neglect.
 - Sexual contact with the breast of any female child under 15 years of age regardless of consent

- NOTE: If a child is under 15 years of age, then sexual contact with any part of the child's body other than the female breast is "child molestation" which is listed below.
2. **Sexual Conduct with a Minor** means intentionally or knowingly engaging in sexual intercourse or oral sexual contact with any person who is under eighteen years of age. This includes both the case when a child consents to the activity and when the child does not consent. However, when the child does not consent it fits more appropriately under "sexual assault" listed below.
 3. **Sexual Assault** means intentionally or knowingly engaging in sexual intercourse or oral sexual contact with any person (including a child) without consent of such person.
 4. **Molestation of a Child** means intentionally or knowingly engaging in or causing a person to engage in sexual contact (except sexual contact with the female breast which is covered in sexual abuse above) with a child under fifteen years of age.
 5. **Commercial Sexual Exploitation of a Minor** means knowingly:
 - Using, employing, persuading, enticing, inducing or coercing a minor to engage in or assist others to engage in exploitative exhibition or other sexual conduct for the purpose of producing any visual or print medium or live act depicting such conduct.
 - Using, employing, persuading, enticing, inducing or coercing a minor to expose the genitals or anus or the areola or nipple of the female breast for financial or commercial gain.
 - Permitting a minor under such person's custody or control to engage in or assist others to engage in exploitative exhibition or other sexual conduct for the purpose of producing any visual or print medium or live act depicting such conduct.
 - Transporting or financing the transportation of any minor through or across the state with the intent that such minor engage in prostitution, exploitative exhibition or other sexual conduct for the purpose of producing a visual or print medium or live act depicting such conduct.
 6. **Sexual exploitation of a Minor** means knowingly:
 - Recording, filming, photographing, developing or duplicating any visual or print medium in which minors are engaged in exploitative exhibition or other sexual conduct.
 - Distributing, transporting, exhibiting, receiving, selling, purchasing, possessing or engaging in any visual or print medium in which minors are engaged in exploitative exhibition or other sexual conduct.
 7. **Incest** means to knowingly marry or commit fornication with a person (in this case a child) who is within the degree of consanguinity, within which marriages are declared by law to be incestuous and void.
 - Void marriages are those between:
 - Parents and their children.
 - Between siblings of ½ or whole blood relation.
 - Grandparents and their grandchildren.
 - Uncles and their nieces OR Aunts and their nephews.
 - Between first cousins.
 8. **Child Prostitution** A person commits child prostitution by knowingly:
 - Causing any minor to engage in prostitution or engaging in prostitution with a minor;
 - Using any minor for purposes of prostitution;
 - Permitting a minor under such person's custody or control to engage in prostitution;
 - Receiving any benefit for or on account of procuring or placing a minor in place or in charge or custody of any person for the purpose of prostitution;
 - Receiving any benefit pursuant to an agreement to participate in the proceeds of prostitution of a minor;
 - Financing, managing, supervising, controlling or owning either alone or in association with others prostitution activity involving a minor;
 - Transporting or financing the transportation of any minor through or across the state with the intent that such minor engage in prostitution;

DEFINITIONS FOR SEX RELATED FORMS OF ABUSE

For purposes of the above sex related forms of abuse, the following definitions apply:

Exploitative Exhibition means the actual or simulated exhibition of the genitals or pubic or rectal areas of any person for the purpose of sexual stimulation of the viewer.

Fondling means direct or indirect touching or manipulating, whether above or under clothing, of any part of the genitals, anus or female breast, by any part of a person's body or by any object.

Masturbation means an act of self-stimulation with any part of the body or object.

Oral Sexual Contact means oral contact with the penis, vulva anus.

Producing means financing, directing, manufacturing, issuing, publishing, or advertising for pecuniary gain.

Prostitution means engaging in or agreeing or offering to engage in sexual conduct with any person under a fee arrangement with that person or any other person;

Sadomasochistic Abuse means flagellation or torture by or upon a person who is nude or clad in undergarments or in revealing or bizarre costume or the condition of being fettered, bound or otherwise physically restrained on the part of one so clothed.

Sexual Conduct means actual or simulated

- sexual intercourse including genital-genital, oral-genital, anal-genital or oral-anal, whether between persons of the same sex or opposite sex;
- penetration of the vagina or rectum by any object except as one does as part of a recognized medical procedure;
- sexual bestiality;
- masturbation for the purpose of the sexual stimulation of the viewer;
- sadomasochistic abuse for the purpose of sexual stimulation of the viewer;
- defecation or urination for the purpose of sexual stimulation of the viewer.

Sexual Contact means any direct or indirect touching, fondling or manipulating of any part of the genitals, anus or female breast by any part of the body or by any object or causing a person to engage in such conduct.

Sexual Intercourse means penetration into the penis, vulva, or anus by any part of the body or by any object or masturbatory contact with the penis or vulva.

Simulated means any depicting of the genitals or rectal areas which give the appearance of sexual contact or incipient sexual conduct.

Spouse means any person who is legally married and cohabiting.

Visual or print medium means:

- Any film, photograph, video tape, negative, slide, compact or laser disk, computer diskette or computer tape; or
- Any book, magazine or other form of publication or photographic reproduction containing or incorporating in any manner any film, photograph, video tape, negative, slide or computer generated image of a minor.

Without Consent includes any of the following:

- The victim is coerced by the immediate use or threatened use of force against a person or property.
- The victim is incapable of consent by reason of mental disorder, drugs, alcohol, sleep, or any other similar impairment of cognition and such condition is known or should have reasonably been known to the defendant.
- The victim is intentionally deceived as to the nature of the act.
- The victim is intentionally deceived to erroneously believe that the person is the victim's spouse.

Physical Injury Resulting from Exposure to Manufacturing of Dangerous Drug

Documentation should include evidence that the parent, guardian or custodian knew or should have known that dangerous drugs were being manufactured in the structure or vehicle, and that he/she permitted the child to enter or remain in the structure or vehicle.

Documentation should include evidence that the child was physically injured as the result of the parent, guardian or custodian's action or inaction.

NOTE: If a child did not suffer an injury from the exposure to dangerous drugs, consider proposing to substantiate neglect.

Circumstantial evidence of the parent, guardian or custodian's knowledge may include the presence of drugs, drug equipment or paraphernalia, or persistent noxious odor, or purchasing of a drug from the structure or vehicle, or observation of volatile, toxic or flammable chemicals used for manufacturing a dangerous drug.

Documentation must include medical documentation that the child has suffered physical injury as a result of this exposure.

Unreasonable Confinement

Confinement means the restriction of movement or confining a child to an enclosed area and/or using a threat of harm or intimidation to force a child to remain in a location or position.

Confinement is unreasonable if, taking into account the **totality** of the circumstances, the confinement is such that a reasonable (ordinarily cautious) parent, guardian or custodian would not use that method of confinement. The totality of the circumstances includes consideration of the child's age, developmental and cognitive functioning and any special needs such as mental illness, behavioral health, physical limitations, and length of confinement.

Examples of unreasonable confinement may include but are not limited to:

- tying a child's arm's or legs together,
- or binding (tying) a child to a chair, bed, tree, or other object, or
- locking a child in a cage.

Locking a child in a bedroom, closet, or shed may be unreasonable confinement, taking into account the totality of the circumstances, such as the length of time, whether the child was deprived of food, water, access to a bathroom or had no means to leave in the event of an emergency.

Revision History:
DES (09-2009)

Attachment J

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Division of Children, Youth and Families

PROTECTIVE SERVICES REVIEW TEAM (PSRT)

Our Mission

To provide appeal rights to persons who may have abused or neglected a child and provide quality assurance to CPS investigation findings.

What is the Central Registry?

Arizona State law requires the Department of Economic Security (DES) to maintain a database or a list of all substantiated findings of child abuse and neglect. The Central Registry is a confidential database maintained by Arizona DES. Information in the Central Registry is not available to the public or on the Internet. Substantiated findings are kept in the Central Registry for 25 years from the date of the report. The Department of Economic Security (DES) has access to the information for the following reasons:

- To help assess the risk to a child when investigating a new report of child abuse or neglect.
- To complete background checks for certification of in-home day care providers and adoptive parents, as well as licensing of foster homes.
- To identify the nature and scope of child abuse and neglect in this state.
- The Central Registry will be used as a factor in a background screening to evaluate a person's qualifications for employment with the State of Arizona or its contracting agencies where the employment involves direct contact with children, and/or vulnerable adults.

DES wants people to know that an entry in the Central Registry does not mean that someone is a bad person. A finding in the Central Registry will state that on a certain day an incident of abuse or neglect occurred. DES uses the information in the Central Registry to track families, ensure children are safe and help determine a family's need for services.

What is the Protective Services Review Team?

The PSRT provides a parent, guardian or custodian who is alleged to have abused or neglected a child with an opportunity to disagree with the Child Protective Services (CPS) proposed finding. If a person does not agree with the findings of the CPS investigation, he or she may request a hearing to appeal the finding. The PSRT is a separate program from CPS and will provide an impartial review of the CPS investigation to see if the proposed finding is accurate.

The PSRT reviews reports that have *proposed substantiated findings* of abuse or neglect after CPS investigations have been completed. Before a finding is entered in the Central Registry, the PSRT will send a letter to the person CPS believes is responsible for abusing or neglecting the child. This letter informs the person of their right to an appeal hearing and will include a form titled, "Request for CPS Findings Appeal."

The term "proposed substantiated finding" means CPS believes a child was abused or neglected as defined by Arizona law. It will be referred to in this brochure as the "proposed finding" or "finding."

In order to substantiate a finding of abuse or neglect, CPS must identify facts that provide reasonable grounds to believe that the abuse or neglect occurred.

How does a person appeal a finding?

If a person disagrees with CPS that abuse or neglect occurred, he or she must complete and sign the Request for Findings Appeal form. This form must be returned within 14 days of receiving the letter. If a person does not request an appeal, the finding will be substantiated and entered in the Central Registry.

Is everyone eligible to appeal a finding?

If a person is a party in another legal proceeding that involves the same allegation of neglect or abuse, that person is not eligible for an appeal hearing. This can include dependency, criminal, domestic relations or other civil proceedings. If the legal proceeding is resolved in the person's favor, the person may then become eligible to appeal the finding if they contact the PSRT office.

The request for an appeal must be made timely. If a person requesting an appeal does not return the completed Request for Findings Appeal form within 14 days of receiving it, the request will be denied.

What happens when a finding is appealed?

The PSRT staff will review the CPS investigation and information provided by the person requesting the appeal to determine if there is sufficient evidence that a child was abused or neglected as defined by State law. If there *is not* enough evidence of abuse or neglect, the finding will not be substantiated or entered in the Central Registry. If there *is* enough evidence, the person will be notified by mail of this decision and a hearing with a judge will be scheduled.

A person can request an informal settlement conference prior to the hearing. A request to withdraw from the hearing can be made at any time. A substantiated finding will then be entered in the Central Registry.

What happens at a hearing?

The hearing is held in an informal, confidential setting before an Administrative Law Judge through the Office of Administrative Hearings (OAH) in Phoenix. The person is allowed to explain what happened and why he or she disagrees with the proposed finding of abuse or neglect. The person may bring their own attorney to the hearing.

After the hearing, the judge will send a legal recommendation to the Director of the DES for review. The person will be sent a copy of the OAH recommendation and the Director's final decision.

Definitions:

Probable Cause:

- The standard of evidence used in Administrative Court; would a reasonable person conclude something took place.
- The lowest standard of evidence and the level of proof that CPS, PSRT and the court need to substantiate a report.

Neglect:

- The inability or unwillingness of a parent, guardian or custodian of a child to provide that child with supervision, food, clothing, shelter or medical care if that inability or unwillingness causes unreasonable risk of harm to the child's health or welfare, except if the inability of a parent or guardian to provide services to meet the needs of a child with a disability or chronic illness is solely the result of the unavailability of reasonable services.
- Permitting a child to enter or remain in any structure or vehicle in which volatile, toxic or flammable chemicals are found or equipment is possessed by any person for the purposes of manufacturing a dangerous drug.
- Determination by a health professional that a newborn infant was exposed prenatally to an illegal drug or substance; OR a substance exposed infant under one year of age who is demonstrably adversely affected by the mother's use of a dangerous drug, narcotic drug or alcohol during pregnancy; OR diagnosis of fetal alcohol syndrome or fetal alcohol effects.
- Deliberate exposure of a child to sexual conduct or explicit sexual materials.
- An act of reckless disregard as to whether the child is present during sexual activity.

Abuse:

- Physical abuse is when a parent, guardian or custodian inflicts or allows the infliction of physical injury, impairment bodily function or disfigurement.
- Unreasonable confinement is the restriction of movement or confining a child to an enclosed area and/or using a threat of harm or intimidation to force a child to remain in a location or position.
- The child sustains an injury that results from permitting a child to enter or remain in any structure or vehicle in which volatile, toxic or flammable chemicals are found or equipment is possessed by any person for the purpose of manufacturing a dangerous drug.
- Emotional abuse is when a parent, guardian or custodian inflicts or allows another person to cause serious emotional damage as evidenced by severe anxiety, withdrawal or untoward aggressive behavior and which emotional damage is diagnosed by a medical doctor or psychologist and which is caused by the acts or omissions of an individual having care, custody and control of a child.
- Sexual abuse is when a parent, guardian or custodian inflicts or allows sexual conduct with a minor, sexual assault, molestation of a child, commercial sexual exploitation of a minor, incest or child prostitution.



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Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact your local office TTY/TDD Services: 7-1-1. • Free language assistance for DES services is available upon request. • Ayuda gratuita con traducciones relacionadas a los servicios del DES está disponible a solicitud del cliente. • Disponible en español en línea o en la oficina local.

Attachment K

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Division of Children, Youth and Families

PROTECTIVE SERVICES REVIEW TEAM (PSRT) DEPENDENCY CASES

Our Mission for Dependency Cases

To provide notification of appeal rights to persons who may have abused or neglected a child and a Dependency petition has been filed in Superior Court.

What is the Central Registry?

Arizona State law requires the Department of Economic Security (DES) to maintain a database or a list of all substantiated findings of child abuse and neglect. The Central Registry is a confidential database maintained by Arizona DES. Information in the Central Registry is not available to the public or on the Internet. Substantiated findings are kept in the Central Registry for 25 years from the date of the report. The DES has access to the information for the following reasons:

- To help assess the risk to a child when investigating a new report of child abuse or neglect.
- To complete background checks for certification of in-home day care providers and adoptive parents, as well as licensing of foster homes.
- To identify the nature and scope of child abuse and neglect in this state.
- The Central Registry will be used as a factor in a background screening to evaluate a person's qualifications for employment with the State of Arizona or its contracting agencies where the employment involves direct contact with children, and/or vulnerable adults.

DES wants people to know that an entry in the Central Registry does not mean that someone is a bad person. A finding in the Central Registry will state that on a certain day an incident of abuse or neglect occurred. DES uses the information in the Central Registry to track families, ensure children are safe and help determine a family's need for services.

What is the Protective Services Review Team?

The purpose of the PSRT is to inform a parent, guardian, or custodian, who is involved in a dependency proceeding at Superior Court that Child Protective Services (CPS) has proposed to substantiate an allegation of abuse or neglect documented within the dependency petition. If a person does not agree with the abuse or neglect allegation, he or she may argue the allegations at the Superior Court proceeding.

The PSRT is a separate program from CPS. The PSRT reviews reports that have proposed substantiated findings of abuse or neglect after a dependency petition has been filed. Before a finding is entered in the Central Registry, the PSRT will send a letter to the person CPS believes is responsible for abusing or neglecting the child. This letter informs the person of their right to a hearing at Superior Court.

The term "proposed substantiated finding" means CPS believes a child was abused or neglected as defined by Arizona law and the allegation is at issue in Superior Court. It will be referred to in this brochure as the "proposed finding" or "finding".

What if a person disagrees with being entered in the Central Registry?

If a person disagrees with the abuse or neglect allegation documented in the dependency petition and does not want their name in the Central Registry, he or she must tell this to the judge at their dependency/Superior Court hearing. If your child is adjudicated dependent based on an allegation of abuse or neglect a finding will be entered in the Central Registry.

What if the dependency is dismissed prior to adjudication?

If the Superior Court dismisses the dependency prior to adjudication, CPS may still propose to substantiate a finding of abuse or neglect to be entered in the Central Registry. The person will receive another letter from the PSRT informing them of their right to an appeal hearing before a finding is entered in the Central Registry.

What is a dependent child?

Dependent child means a child who is adjudicated to be:

- In need of proper and effective parental care and control and has no parent or guardian willing or capable of exercising such care and control.
- Destitute or who is not provided with the necessities of life, including adequate food, clothing, shelter or medical care.
- A child whose home is unfit by reason of abuse, neglect, cruelty or depravity by a parent, a guardian or any other person having custody or care of the child.

Definitions:

Neglect:

- The inability or unwillingness of a parent, guardian or custodian of a child to provide that child with supervision, food, clothing, shelter or medical care if that inability or unwillingness causes unreasonable risk of harm to the child's health or welfare, except if the inability of a parent or guardian to provide services to meet the needs of a child with a disability or chronic illness is solely the result of the unavailability of reasonable services.
- Permitting a child to enter or remain in any structure or vehicle in which volatile, toxic or flammable chemicals are found or equipment is possessed by any person for the purposes of manufacturing a dangerous drug.
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- Sexual abuse is when a parent, guardian or custodian inflicts or allows sexual conduct with a minor, sexual assault, molestation of a child, commercial sexual exploitation of a minor, incest or child prostitution.



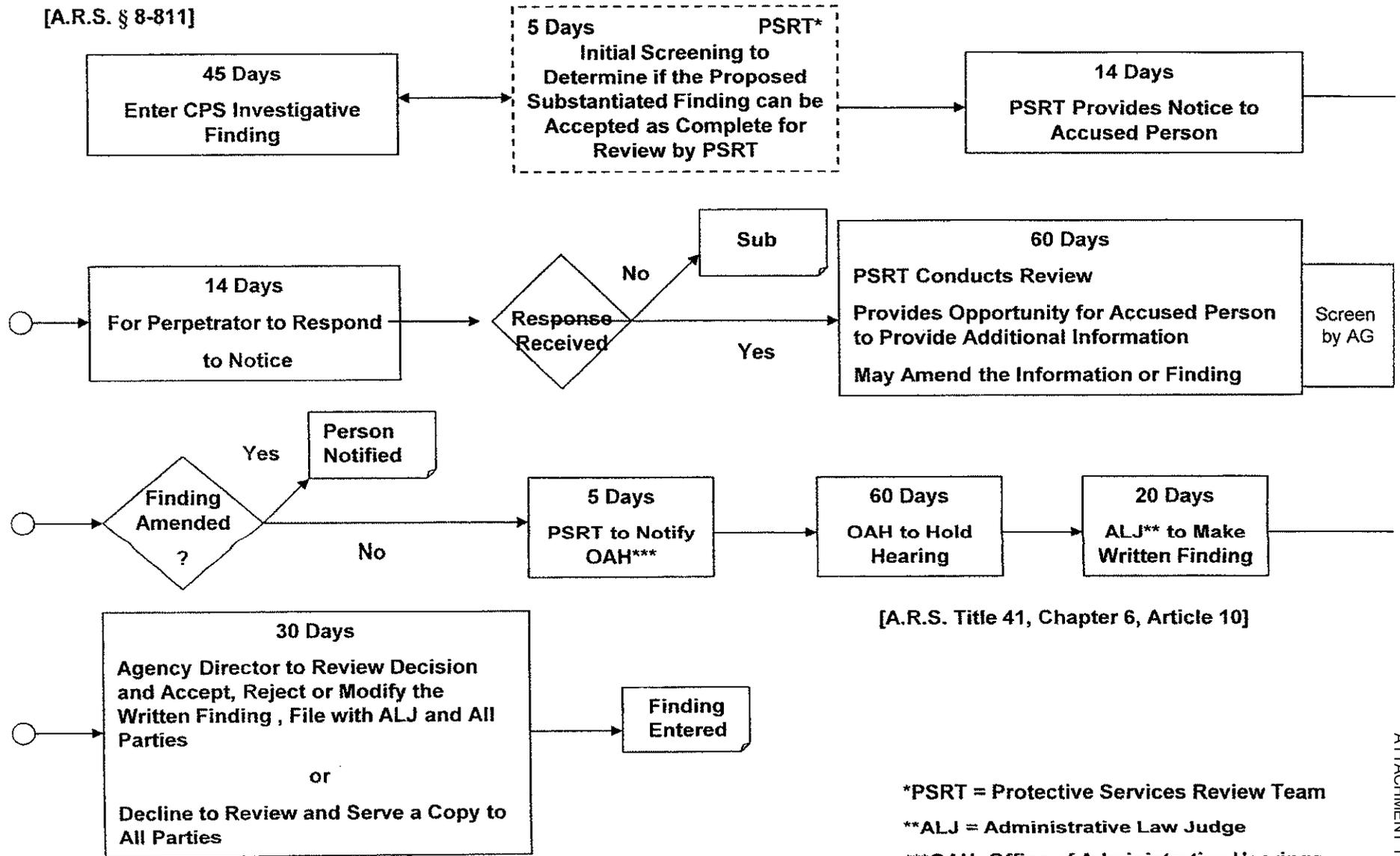
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Attachment L

Due Process for Persons Accused of Child Maltreatment

[A.R.S. § 8-811]



[A.R.S. Title 41, Chapter 6, Article 10]

*PSRT = Protective Services Review Team
 **ALJ = Administrative Law Judge
 ***OAH=Office of Administrative Hearings

Attachment M

DISQUALIFICATION ACTS

A person is disqualified from employment in a direct service position if he/she is identified as a subject of a substantiated report for any of the following. View Finding Statement if available.

Death of a Child Due to Abuse

- 24 Child death due to alleged abuse or suspicious death
- 111 Death of a child due to physical abuse or suspicious death

Death of a Child Due to Neglect

- 24 Child death due to alleged neglect or suspicious death
- 101 Death of a child due to neglect

Physical Abuse, High Risk

- 25 Injuries requiring emergency medical treatment
- 27 Child age 24 months is shaken (shaken baby syndrome)
- 201 Physical abuse high risk

Physical Abuse, Moderate Risk

- 45 Injuries may require medical treatment
- 202 Physical abuse moderate risk

Neglect, High Risk

- 33 Untreated life threatening condition, Infant Doe, Non-organic FTT
- 37 Imminent harm to child under the age of six (6) due to lack of supervision by parent/caretaker
- 38 Neglect results in injury/illness requiring emergency medical treatment
- 39 Imminent harm to child due to health or safety hazards in living environment/exposure to the elements
- 40 Child diagnosed as suicidal by mental health professions, parent refused to allow treatment
- 43 Abandoned, no parent willing to provide immediate care for a child and child is with a caregiver unable or unwilling to provide care now
- 301 Neglect, high risk

Neglect, Moderate Risk

- 50 Living environment presents health or safety hazards to a child under the age of six
- 51 Sexual conduct/physical injury between children due to inadequate supervision
- 55 Child diagnosed by mental health professional with behavior consistent with emotional abuse
- 56 Abandoned, no parent willing to care for a child, child with caretaker unable or unwilling to care for child less than one week
- 302 Neglect, moderate risk

Sexual Abuse, High Risk

- 41 Physical evidence of sexual abuse reported by a medical doctor or child reporting sexual abuse within the past seven days
- 42 Child reporting vaginal or anal penetration or oral sexual contact within past 72 hours and has not been examined
- 401 Sexual abuse, high risk

Sexual Abuse, Moderate Risk

- 54 Sexual behavior within the past 8-14 days
- 402 Sexual abuse, moderate risk

Emotional Abuse, Moderate Risk

- 502 Emotional abuse, moderate risk