



CASA

Court Appointed Special Advocates
FOR CHILDREN

**THE NATIONAL COURT APPOINTED
SPECIAL ADVOCATE ASSOCIATION**

National CASA Pre-Service Volunteer Training Curriculum

CHAPTER 2

**Local/Program Pre-Work
Handouts**

State Definition of Abuse and Mandatory Reporting Laws

PENNSYLVANIA STATUTE CHILD ABUSE DEFINITIONS PA ST 23 PA.C.S.A. § 6303

(b.1) Child abuse—The term “**child abuse**” shall mean intentionally, knowingly or recklessly doing any of the following:

(1) Causing bodily injury to a child through a recent act or failure to act.

(2) Fabricating, feigning or intentionally exaggerating or inducing a medical symptom or disease which results in a potentially harmful medical evaluation or treatment to the child through any recent act.

(3) Causing or substantially contributing to serious mental injury to a child through any act or failure to act or a series of such acts or failures to act.

(4) Causing sexual abuse or exploitation of a child through any act or failure to act.

(5) Creating a reasonable likelihood of bodily injury to a child through any recent act or failure to act.

(6) Creating a likelihood of sexual abuse or exploitation of a child through any recent act or failure to act.

(7) Causing serious physical neglect of a child.

(8) Engaging in any of the following recent acts:

(i) Kicking, biting, throwing, burning, stabbing or cutting a child in a manner that endangers the child.

(ii) Unreasonably restraining or confining a child, based on consideration of the method, location or duration of the restraint or confinement.

(iii) Forcefully shaking a child under one year of age.

(iv) Forcefully slapping or otherwise striking a child under one year of age.

(v) Interfering with the breathing of a child.

(vi) Causing a child to be present at a location while a violation of 18 Pa.C.S. §7508.2 (relating to operation of methamphetamine laboratory) is occurring, provided that the violation is being investigated by law enforcement.

(vii) Leaving a child unsupervised with an individual, other than the child’s parent, who the actor knows or reasonably should have known: (A) Is required to register as a Tier II or Tier III sexual offender under 42 Pa.C.S. Ch 97 Subch. H (relating to registration of sexual offenders, where the victim of the sexual offense was under 18 years of age when the crime was committed.

(B) Has been determined to be a sexually violent predator under 42 Pa.C.S. § 9799.24 (relating to assessments) or any of its predecessors.

(C) Has been determined to be a sexually violent delinquent child as defined in 42 Pa.C.S. § 9799.12 (relating to definitions).

(9) Causing the death of the child through any act or failure to act.

(c) Restatement of culpability – Conduct that causes injury or harm to a child or creates a risk of injury or harm to a child shall not be considered child abuse if there is no evidence that the

person acted intentionally, knowingly or recklessly when causing the injury or harm to the child or creating a risk of injury to the child.

(d) Restatement of culpability. – Conduct that causes injury or harm to a child or creates a risk of injury or harm to a child shall not be considered child abuse if there is no evidence that the person acted intentionally, knowingly or recklessly when causing the injury or harm to the child or creating a risk of injury or harm to the child.

(d) Child abuse exclusions. – The term “child abuse” does not include any conduct for which an exclusion is provided in section 6304 (relating to exclusions from child abuse).

“Serious Bodily Injury.” Bodily injury which creates a substantial risk of death or which causes serious permanent disfigurement or protracted loss or impairment of function of any bodily member or organ.

“**Serious mental injury.**” A psychological condition, as diagnosed by a physician or licensed psychologist, including the refusal of appropriate treatment, that:

- (1) Renders a child chronically and severely anxious, agitated, depressed, socially withdrawn, psychotic or in reasonable fear that the child’s life or safety is threatened; or
- (2) (2) Seriously interferes with a child’s ability to accomplish age-appropriate developmental and social tasks.

“**Serious physical neglect.**” Any of the following when committed by perpetrator that endangers a child’s life or health, threatens a child’s well-being, causes bodily injury or impairs a child’s health, development or functioning:

- (1) A repeated, prolonged or egregious failure to supervise a child in a manner that is appropriate considering the child’s developmental age and abilities.
- (2) (2) The failure to provide a child with adequate essentials of life, including food, shelter or medical care.

“**Sexual abuse or exploitation.**” Any of the following:

- (1) The employment, use, persuasion, inducement, enticement or coercion of a child to engage in or assist another individual to engage in sexually explicit conduct, which includes, but is not limited to, the following:
 - (i) Looking at the sexual or other intimate parts of a child or another individual for the purpose of arousing or gratifying sexual desire in any individual.
 - (ii) Participating in sexually explicit conversation either in person, by telephone, by computer or by a computer-aided device for the purpose of sexual stimulation or gratification of any individual.
 - (iii) Actual or simulated sexual activity or nudity for the purpose of sexual stimulation or gratification of any individual.
 - (iv) Actual or simulated sexual activity for the purpose of producing visual depreciation, including photographing, videotaping, computer depicting or filming.

This paragraph does not include consensual activities between a child who is 14 years of age or older and another person who is 14 years of age or older and whose age is within four years of the child’s age.

- (2) Any of the following offenses committed against a child:

- (i) Rape as defined in 18 Pa.C.S § 3121 (relating to rape).
- (ii) Statutory sexual assault as defined in 18 Pa.C.S. § 3122.1 (relating to statutory sexual assault).
- (iii) Involuntary deviate sexual intercourse as defined in 18 Pa.C.S. § 3123 (relating to involuntary deviate sexual intercourse).
- (iv) Sexual assault as defined in 18 Pa.C.S. § 3124.1 (relating to sexual assault)
- (v) Institutional sexual assault as defined in 18 Pa.C.S. § 3124.2 (relating to institutional sexual assault).
- (vi) Aggravated indecent assault as defined in 18 Pa.C.S. § 3125 (relating to aggravated indecent assault).
- (vii) Indecent assault as defined in 18Pa.C.S. § 3126 (relating to indecent assault).
- (viii) Indecent exposure as defined in 18 Pa.C.S. § 3127 (relating to indecent exposure).
- (ix) Incest as defined in 18 Pa.C.S. § 4302 (relating to incest).
- (x) Prostitution as defined in 18 Pa.C.S § (relating to prostitution and related offenses).
- (xi) Sexual abuse as defined in 18 Pa.C.S. § 6312 (relating to sexual abuse of children).
- (xii) Unlawful contact with a minor as defined in 18 Pa.C.S. §6318 (relating to unlawful contact with minor).
- (xiii) Sexual exploitation as defined in 18 Pa.C.S § 6320 (relating to sexual exploitation of children).

MANDATED REPORTING FOR CHILD ABUSE (taken from the FSA

– Pennsylvania Family Support Alliance website) [What is a mandated reporter? Who is mandated to report abuse in PA?](#)

Anyone may report suspected abuse; mandated reporters are those people who are required by law to report suspected child abuse. Mandated reporters are held to a higher standard of responsibility and may receive serious consequences for not reporting suspected abuse. Pennsylvania’s Child Protective Services Law (CPSL) was amended in 2014, including substantial changes to the list of people who are mandated reporters. **Effective December 31, 2014, people in these positions are mandated to report child abuse:**

- A person licensed or certified to practice in any health-related field under the jurisdiction of the Department of State;
- A medical examiner, coroner or funeral director;
- An employee of a health care facility or provider licensed by the Department of Health, who is engaged in the admission, examination, care or treatment of individuals;
- A school employee;
- An employee of a child care service, who has direct contact with children in the course of employment;
- Clergyman, priest, rabbi, minister, Christian Science practitioner, religious healer or spiritual leader of any regularly established church or other religious organization;

- An individual **paid or unpaid**; who, on the basis of the individual's role as an integral part of a regularly scheduled program, activity or service, accepts responsibility for a child;
 - An employee of a social services agency, who has direct contact with children in the course of employment;
 - A peace officer or law enforcement official defined as Attorney General, District Attorney, PA State Police and municipal police officer.
 - An emergency medical services provider certified by the Department of Health;
 - An employee of a public library, who has direct contact with children in the course of employment;
 - An individual supervised or managed by a person listed above who has direct contact with children in the course of their employment; and
 - An independent contractor who has direct contact with children.
 - An attorney affiliated with an agency, institution, organization or other entity that is responsible for the care, supervision, guidance or control of children.
 - A foster parent.
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- [How do I make a report of suspected abuse?](#)
 - When you suspect child abuse, the law requires you to immediately make an oral report of suspected child abuse via the Statewide toll-free telephone number ChildLine at **1-800-932-0313**. The recent amendments to CPSL allows mandated reporters to [make a written report online](#).
 - If you make an oral report to ChildLine you must follow-up with a written report, which may be submitted electronically, within 48 hours.

Can't I just tell my boss about the abuse and he can take it from there?

No, changes to CPSL now require that a mandated reporter must personally make the report. Your supervisor may assist you in making the report (for example, sit with you for support if you are uncomfortable in the process) as long as they do not interfere in any way with the making of the report. Afterward, you should inform your supervisor (or whoever is designated at your place of employment) about the report.

Must I report the abuse, even if I am not sure what happened?

Yes. You do not have to investigate or be certain of the abuse, or even know the name of the person who is suspected of abusing a child. Your responsibility is to make a report when you have reasonable cause to suspect child abuse.

What happens after I make the report?

ChildLine forwards the report to the appropriate county child welfare agency, who investigates the circumstances. They may contact you for additional information or if they have questions. They conduct

a safety and risk assessment and proceed with whatever action is needed to insure the safety of the children. They often offer services to families even if no abuse is present to help prevent future abuse. With the amendments to CPSL, mandated reporters will automatically receive the results of the investigation within three days of the investigation's conclusion. You will be told the final status of the case and any services provided to the child/family.

What about retaliation by the person accused of abuse?

The law requires the name of the mandated reporter to be kept confidential, and Children and Youth Services agents take that requirement VERY seriously. It is possible, however, that some parents will figure out where the report came from. Fears of retaliation can, unfortunately, be justified. Reporters should rely on the organizational policies that are in place to handle any potentially angry or violent client.

For instance, a parent can be equally angry if their son “the star quarterback” is not allowed to play football because of a failing grade. Professionals have resources for protecting their safety; children who are abused often do not. Reporters are encouraged to try to appreciate the parent's reactions and fears, and assure them you only have the best interest of their child in mind and will be glad to assist them in remedying the cause for concern however you can.

What if I am wrong in my suspicions? Can somebody sue me? Can I lose my job?

Mandated reporters are protected from liability for reporting, cooperating with investigations, and testifying in court as a result of the report, among other things. As long as you make the report without malice (with good intentions based on your suspicions), you cannot be sued or receive any adverse action from your employer. The good faith of a mandated reporter is assumed.

What happens if I don't make a report when I suspect abuse?

Willful failure to report suspected abuse is a serious crime. The first willful failure is considered a second-degree misdemeanor; if the child is found to be abused upon investigation, the willful failure to report is considered a first degree felony (or higher, depending on the situation). Penalties increase if willful failure to report continues. For more information on failure to report, click here.

Washington County CASA Court Report Template

**COURT APPOINTED SPECIAL ADVOCATE
REPORT AND RECOMMENDATIONS
PERMANENCY REVIEW HEARING ON DATE: _____**

HONORABLE TRACI MCDONALD
Or GINA ZIADY, HEARING MASTER

Submitted by: Your Name
CASA appointment: Date you were appointed to the case
CASA Supervisor: Name of your CASA supervisor

IDENTIFYING INFORMATION

Child(ren): **DOB:** **Age:** **Case DP #:**

Date of Dependency:

Current Placement: List name of foster parents and address where child is living (List as undisclosed, if applicable)

Months in Placement: xx months

Number of Placements since Child(ren) came into care: (Number of placements includes respite care, however please differentiate)

Mother of Child(ren): **DOB:** **Age:**

Father of Child(ren): **DOB:** **Age:**

Records and Reports Reviewed: Bullet list of all records reviewed such as

- CY5 CAPS notes
- Mental health reports
- School reports (IEP's)
- Juvenile court summary
- Court orders
- Parenting reports
- Psychological evaluations
- Etc.

Person's Contacted (name/relationship to child)	Date(s) contacted
Child(ren)	
Parents	
Foster Parents	
Teachers	
Therapists	
CYS Caseworker	

Etc.	
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With each hearing, take out your old contacts and dates and put in only the people you have contacted since the last hearing. You can include contacts from the date of the hearing.

CASE HISTORY: This is the over-all picture of the case. Should be one or two paragraphs which give a snapshot of the case. Should answer some of the following:

- What brought the family into the system
- Were there prior abuse allegations and assessments or investigations
- Services to the family to help solve the problems
- Placement history for children (only the number)
- Family composition: (who is involved, where they live and are there other siblings that are not court active?)

TIMELINE:

Date focused chronological order of case, with detail when necessary and important. Should be thorough and begin with earliest history possible including: General Protection Services (GPS) if pertinent; all Child line reports; placement history (where and who with, including respite care), psychiatric evaluation; hospitalization; school changes; arrest records of parents, even before children born; things of major concern.

YOUR VISITS ARE NOT TIMELINE EVENTS – DO NOT LIST OR DETAIL YOUR VISITS HERE.

Typically, after the first few hearings, we will remove the historic timeline and only include recent updates. Should we need the full timeline again, such as for a TPR hearing, we can go back and incorporate from the older reports.

Date	Event

CURRENT PLACEMENT AND STATUS

Child’s name: List each child separately

-Current Placement: (A verbal picture of what the foster home looks like: how many people in the home, rural or urban, does the child share a room & size of room. How does the child interact with other household members? Issue/compassion foster parents might have regarding child and child’s attitude and interaction with foster parents as well.

The level of cooperation & communication between birth parents and foster parents, if relative. Social activities child involved with and are foster parents supporting this? **Visits with CASA child(ren) in the foster home should be incorporated here.)**

- Placement History: (Where, with who, why was child removed and/or cause of disruption from placement.)

Please insert table if multiple placements.

Date Placed	Date Removed	Foster Parent Name(s)	Address

-Education: (All aspects of education including grades, attendance, IEP, Special services such as emotional support classroom and/or BSS therapist in-school. Any conversations and/or comments with teachers, school nurse, school counselors and/or school staff. Include any extra-curricular activities and educational success/struggles.)

-Physical Wellness: (Medical / Dental/ Vision: **Document last visit and provider.** Medical diagnosis's/issues –physical impairments, dental needs, medication taken. Immunization Records up to date /or not able to verify. Developmental milestone, is the child on track or behind?)

-Mental/Emotional Health: (Mental health diagnoses and recommendations: Psychological/psychiatric evaluations, current and past with dates and evaluators name. Frequency of therapy appointments recommended and actual attendance. Psychotropic medications, dosages and any recent changes in medications. Behavioral problems, which include risk to self-and/or to others, inappropriate sexual behaviors and any psychiatric hospitalizations both past and recent. Therapists/counselors comments.)

-Special Consideration: Any religious, cultural, or special interests concerns.

-Visitation/contact with biological family and/or other support individuals: (Visits, where are they, if supervised comments of supervisor, how do these visits go – including your own observations of visits, positives as well as negatives of how the family interacts. How do siblings interact with each other do they visit independently? If child is older, does he/her have a boyfriend or girlfriend, discuss any issues and other support people in the child's life.)

-Independent Living Services: (Who is providing services, what phase are they in, and how is it going; successes/steps/needs.) If not applicable due to age of child under 14, please delete section.

Adult Profiles

Mother, Name

-Family History: Family members – extended family / support system
Issues growing up /mental health diagnosis as child

Educational background / current employment / recent life changes
If you have a psychological evaluation on parent, it usually lists most of this information.

-Current Diagnosis/Parenting Challenges: Treatment for diagnosis, transportation issues, support system (family & friends). Update on status of court order services in regard to compliance with order.

Father, Name

-Family History: Family members – extended family / support system
Issues growing up /mental health diagnosis as child
Educational background / current employment / recent life changes
If you have a psychological evaluation on parent, it usually lists most of this information.

-Current Diagnosis/Parenting Challenges: Treatment for diagnosis, transportation, medical coverage, support system (family & friends). Update on status of court order services in regard to compliance with order.

Collaborative Efforts: Family Group Decision Making Conference: (If there has been an FGDM, talk briefly about the attendance and results. Make sure you include the date of the conference. Has this been successful to date?) Any other collaborative efforts, i.e., Team Meetings with service providers such as CPP, ISPT meeting, Behavior Health meetings, Permanency Roundtables, IEP meetings, and any other meetings in the interest of the child their and recommendations.

WISHES OF THE CHILD(REN)

If the children are old enough, ask them what they want the court or judge to know. Express their interests on where they want to live and any issues they might be having. If the children are younger, ask if they had three wishes, what would they be. (If child is young, state child is too young to express wishes.)

ISSUES FOR THE COURTS ATTENTION

Please list each issue in bullet point form.

- Reiterate any issues you feel are important for the court to consider. Be as brief as possible.
- If service recommended in last court order and they did not occur, detail the circumstances regarding why they did not occur and/or the compliance with the court order.
- Identify any special needs and/or special services or resources that might better serve the child.
- Make the court aware of any financial, material needs (health care, housing), safety and protection concern that impact both the parent and child.

RECOMMENDATIONS TO PROMOTE AND PROTECT THE BEST INTERESTS OF THE CHILDREN

Based on my observations, interviews, visitations, a review of all pertinent records and files and my court ordered legislative mandate to advocate in the best interest of the children, I respectfully recommend the court consider the following: (Number each recommendation that you make for the child. Follow the recommendations from the prior court order if they need to be continued into the new court order and make any new recommendations necessary.)

1. Child remains dependent (or not remain dependent)
2. Child's placement recommendation
3. Treatment recommendations for the child (Medical and/or Mental health)
4. Treatment recommendations for the adults
5. Visitation /contact
6. Other recommendations (for example ESY (extended school year), tutoring, social interaction (sport, clubs, big brothers/big sisters)
7. Recommendations for the parents
8. Recommendation of when case should be heard again (30 days, 45 days, 60 days, 90 days, 120 days)

(If there are multiple children in the case, and an individual child needs a specific recommendation, list it separately for that individual child.)

Respectfully Submitted:

Your Name – CASA Volunteer

Your Supervisor's Name- CASA Supervisor

Date of Report

Additional info:

1. *Please try to get your report to us about a week in advance of the hearing. This gives us time to edit, ask questions to help clarify things, research an issue you may have concerns about which you don't know the answers to, gives us time to talk to you about your report in case we have to testify in your place if you are not available ... and more...*
2. *If you have updates, we can submit that update just prior to the hearing.*
3. *If you have to testify in court, take your report with you for reference, if needed.*

Pages on the report should be numbered. We do try and do that in the office, if you have not done it already.

Sample Court Report for Bleux Case

COURT APPOINTED SPECIAL ADVOCATE REPORT AND RECOMMENDATIONS

PERMANENCY/ REVIEW HEARING ON DATE: _____

GINA ZIADY, HEARING MASTER

Submitted by: _____ *your name*
CASA appointment: May 25, 2017
CASA Supervisor: Ramona Haskins

IDENTIFYING INFORMATION:

Child **DOB:** **Age:** **Case # DP:**
Deshawn Bleux March 12, 2017 12-0-97542-4

Date of Dependency:

Current Placement: Deshawn: Foster Care with Emily Padron and Lawrence Cary
Months in Placement: 6 days
Number of Placements since Child came into care: 1

Mother of Child: Antoinette Bleux **DOB/Age:** 18
Father of Child: Miles Bleux **DOB/Age:** 20

Records and Reports Reviewed:

- CPS Case File
- Family Team Planning Conference Memorandum of Understanding
- Incident Report Supplement City Police

Persons Contacted:

Date contacted

Persons Contacted:	Date contacted
Kerry Rowan/Family Court Case Coordinator	5/17/17
Sandi Freeman/County Health Clinic Coordinator	5/17/17
Ramona Haskins/CASA Supervisor	5/17/17
Sabine Lee/Maternal Aunt	5/17/17
Antoinette Bleux/Mother	5/17/17
Sam Bluestein/Mother's Attorney	5/17/17
Jane Morgan/CPS Social Worker	5/17/17

Miles Bleux/Father	5/17/17
Jacob Bell/Father's Attorney	5/17/17
Adrienne Nikos/CPS Intern	5/17/17
Kim Rytter/CPS Supervisor	5/17/17

CASE HISTORY:

The family all lived together at 740 Center Street in apartment 204 and is composed of a mother and father, who are married, and one child. CPS received a referral from the hospital regarding the 2-monthold child who appeared to show symptoms of shaken baby syndrome. A Family Team Planning Conference was held, and a Memorandum of Understanding was completed. The County Hospital admitted and diagnosed a subdural hematoma, bleeding on the brain and retinal hemorrhaging for the child. The medical exam determined the injury was by means other than accidental.

The child was placed into foster care while Detective John Hollowell completes investigation and inquiries are being made into whether a relative of the child is willing and able and whether placement with such a relative could be in the best interest of the child. CPS has recommended the child participate in the Children's Health and Development Program and continue to receive all medical and developmental services. CPS recommends the mother and father attend parenting education and anger management, and that both have a mental health assessment and follow all recommendations, attend medical education concerning shaken baby syndrome and attend visitation.

TIMELINE:

Date	Event
5/15/17	CPS referral from County Hospital regarding symptoms of shaken baby syndrome. Miles Bleux, father, brought Deshawn Bleux to hospital when Deshawn did not wake up for 10 PM feeding. The child was unconscious with shallow breathing. Dr. Maronian diagnosed a concussion and will keep Deshawn overnight for observation. Child was taken for whole body CT scan and MRI which revealed minor swelling of the brain and a subdural hematoma, but no other injury and no signs of previous injury. Oxygen therapy was started.

5/15/17	<p>City Police were dispatched at 1:10 hrs. to County Hospital on possible child battery due to shaken baby syndrome of Deshawn Bleux. Dr. Maronian informed police that while victim was being scanned, mother became upset. When he gave parents the diagnosis, mother screamed, “You bastard, how could you!” and began punching father. Father repeated, “I didn’t do anything,” while fending off the mother. He merely blocked her blows. Hospital security separated them. Police spoke with Antoinette who appeared to be crying. She informed them she was out with friends and returned home at approx. 21:30 and went straight to bed. She reported Deshawn was sleeping in crib at the time. Her husband later woke her in a panic because baby would not wake up. They brought the baby to hospital, then learned that he was stable and not in grave danger. Antoinette admitted to hitting husband and expressed strong need to see Deshawn. Nurse escorted her to the bedside for a short visit and Antoinette was released to her sister, who she left the hospital with. In the interview with Miles, father, he said he did not hurt child, but could not explain injuries. He then informed us that two days prior his wife fell down their front steps while holding the infant, releasing him before she</p>
	<p>hit the ground so that he experienced only a short fall. Miles said he could have been injured but showed no signs at the time. He informed us that he was hosting a poker game earlier this evening, which ended at 22:00 hrs. and after his friends left, he attempted to wake Deshawn for feeding. When child would not wake, he and wife rushed to hospital, which is only three blocks from home.</p>
5/17/17	<p>Deshawn remained in hospital with an injury more severe than previously thought. Doctors recommended a few additional days of tests and observations due to child’s young age. Deshawn will be placed in foster home pending CPS investigation. Criminal charges are also pending against the parents. Parents refused to be interviewed during Family Planning Conference on the advice of counsel.</p>
5/19/17	<p>Dr. Maronian cleared Deshawn to be released from hospital and he was placed in foster care with Emily Padron and Lawrence Cary. They reside at 8904 Cleveland Ave NW and their phone number is 555-2272. In social worker conversation, Miles Bleux, father, denies shaking Deshawn. He does admit his employment situation is a stressor on his family in his reply to being asked, “Of course it is, but I have to do what I have to do.”</p>
5/20/17	<p>In conversation with social worker, Antoinette (mother of Deshawn), says she was not home at the time of the incident. Mother attends nursing program at the community college; she works during the day and attends classes at night.</p>

CURRENT PLACEMENT AND STATUS

Child's name: Deshawn Bleux

-Current Placement: Foster parents Emily Padron and Lawrence Cary at 8904 Cleveland Ave NW.

- Placement History: This is Deshawn's first placement.

-Education: None at this time.

-Physical Wellness: Deshawn was born at County Hospital and his doctor is Early Years Peds in the city. He had no diagnosed medical conditions prior to entering hospital with the subdural hematoma, bleeding on the brain and retinal hemorrhaging.

-Mental/Emotional Health: No known issues.

-Visitation/contact with family and/or other support individuals: CPS recommends all visits to be supervised at this time. Visitation would be twice weekly, at the agency at a minimum of one hour. The parents may visit together if they choose. Any family placement will be informed of the agency's policies for visitation. The maternal aunt, Sabine Lee, may also visit with the child.

Adult Profiles

Mother, Antoinette Bleux

-Family History: Antoinette attends nursing program at night at the community college and works during the day. She is currently living with her sister, Sabine, at 330 Hawkins.

Father, Miles Bleux

-Family History:

Miles works at a local restaurant as a dishwasher. He said that is was a chef in his father's restaurant in Baton Rouge, LA, but has not found employment as a chef since moving here. He lives in the family apartment at 740 Center Street in #204.

Collaborative Efforts: Family Team Planning Conference – A meeting was held on May 17, 2017 to share information and make recommendations regarding the following issues: placement, visitation, services, paternity and child support.

WISHES OF THE CHILD

Child is too young to express wishes.

ISSUES FOR THE COURTS ATTENTION

- Miles Bleux, father, denies shaking Deshawn. Antoinette, mother, stated she was out with friends, then returned home and went to sleep. CPS stated that both parents had

access to the child during the time when the injuries occurred. According to the caseworker, the county medical examiner stated that the injuries could have occurred anytime last Thursday.

- Miles Bleux informed the police that he and his wife have been “having problems” since the end of the pregnancy, that “she’s been kind of crazy with the hormones,” and that the couple sometimes fights, but he doesn’t lose control. “She does, as anyone in the emergency room can tell you.”

RECOMMENDATIONS TO PROMOTE AND PROTECT THE BEST INTERESTS OF THE CHILDREN

Based on my observations, interviews, visitations, a review of all pertinent records and files and my court ordered legislative mandate to advocate in the best interest of the children, I respectfully recommend the court consider the following:

1. Deshawn should remain dependent.
2. Deshawn should remain in foster care placement with Emily Padron and Lawrence Cary.
3. Deshawn shall participate in the Children’s Health and Development Program and continue to receive all medical and developmental services.
4. Recommend mother attend parenting education and follow through with any recommendations.
5. Recommend mother attend anger management and follow through with any recommendations.
6. Recommend mother have a mental health assessment and follow all recommendations.
7. Recommend mother attend medical education concerning shaken baby syndrome.
8. Recommend mother to attend supervised visitation. Visitation should be twice weekly, at the agency, at a minimum of one hour. The parents may visit together if they choose.
9. Recommend father attend parenting education and follow through with any recommendations.
10. Recommend father attend anger management and follow through with any recommendations.
11. Recommend father have a mental health assessment and follow all recommendations
12. Recommend father attend medical education concerning shaken baby syndrome.
13. Recommend father to attend supervised visitation. Visitation should be twice weekly, at the agency, at a minimum of one hour. The parents may visit together if they choose.
14. Any family placement will be informed of the agency’s policies for visitation. The maternal aunt, Sabine Lee, may also visit with Deshawn.
15. This case should be reviewed in 90 days.

Respectfully Submitted:

Your Name – CASA Volunteer

Ramona Haskins - CASA Supervisor

Date: 5/31/2017