



CASA

Court Appointed Special Advocates

FOR CHILDREN

**THE NATIONAL COURT APPOINTED
SPECIAL ADVOCATE ASSOCIATION**

CASA Pre-Service Volunteer Training Curriculum

Pre-Work Handouts

CHAPTER ONE

HEARST *foundations*



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CHAPTER 1:

Pre-Work Handouts

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Pre-Work Instructions

This section details the pre-work that you need to complete before the classroom session. Completing this work prior to the session will allow you to fully participate during the training session and build the knowledge and skills you need to be an effective and successful CASA volunteer.

Prior to attending the first session of the volunteer training, please complete the following assignments:

- Read the CASA volunteer job description provided by the facilitator.
- Read the Developing Competencies for CASA Volunteer Work below. Mark the areas on the checklist that are your current strengths, as well as the areas you want to work on during the training.
- Read the Child Welfare History below, and write down any questions you have about the material.
- Read the “Alphabet Soup” given below, which provides a list of acronyms used by your local CASA program and the local court system.
- Read the Bleux Case File. In your own words, write a case history in one or two paragraphs. What additional information would you like to know about the family in the case? Write down a few questions that you have.

Developing Competencies for CASA Volunteers

Volunteer Work Handout

Please review the following competency checklist. As you review each area, note whether it is a current strength or if it is an area that needs further development.

Volunteer Name:

Date:

Competency Category	Knowledge, Skills and Attributes	Current Strength	Competency to Develop
CASA Role	Knows how to define the CASA role		
	Understands the function of a CASA report to the court		
	Understands the competencies necessary to succeed as a CASA volunteer		
	Knows how to act within the CASA volunteer role and can differentiate his/her role from that of others involved in the case		
	Knows how to find support and resources to assist his/her advocacy		
	Understands how to obtain relevant confidential information		
	Understands the importance of partnering with his/her supervisor to develop goals and to discuss issues and assess progress		
	Understands the importance of participating in ongoing professional development to strengthen advocacy skills		

Competency Category	Knowledge, Skills and Attributes	Current Strength	Competency to Develop
Communication	Knows how to effectively articulate a point of view while advocating for the needs of the child		
	Understands the importance of establishing trust and rapport with all parties		
	Understands the importance of speaking and writing clearly and concisely		
	Knows how to work collaboratively and manage conflict effectively		
	Recognizes the importance of treating others with dignity and respect		
	Knows how to be an active listener		
	Understands and respects the perspectives, values and input from others		
	Knows the importance of being forthright, thorough and detail oriented		
	Knows how to utilize basic communication and interviewing skills		
	Knows strategies for interviewing children		
	Understands the elements of a court report		

Competency Category	Knowledge, Skills and Attributes	Current Strength	Competency to Develop
Cultural Competence	Understands the extent to which cultural institutions and values may oppress, marginalize or alienate some individuals or groups and create or enhance privilege and power of others		
	Understands and demonstrates self-awareness to eliminate the influence of personal biases and values when working with diverse groups		
	Knows strategies and steps to take to increase cultural competency skills and demonstrate culturally competent child advocacy		
	Understands how to recognize and challenge own biases		
	Understands the root causes of disproportionate representation of children of color in the child welfare system and the disparate outcomes children of color experience		
	Knows how to be sensitive and responsive to different cultural differences		

Competency Category	Knowledge, Skills and Attributes	Current Strength	Competency to Develop
Sound Judgment	Knows how to set healthy boundaries and respects the boundaries of others		
	Knows how to adhere to all policies, ethical guidelines and procedures		
	Recognizes the importance of flexibility in handling case-related changes		
	Understands managing challenges by collaborating based on the best interest of the child		
	Knows how to maintain objectivity and avoid making assumptions		
	Understands the importance of anticipating and recognizing potential problems		
	Understands making appropriate fact based recommendations to the court		
	Understands basing decisions on thorough review of the information		
	Understands evaluating alternative decisions		
	Understands the confidentiality requirements of being a CASA volunteer		
	Understands that your personal values and biases about mental illness, domestic violence and substance abuse can affect your objectivity		
	Knows how to evaluate what is in a child's best interest		

Competency Category	Knowledge, Skills and Attributes	Current Strength	Competency to Develop
Initiative	Knows how to be self-motivated and work independently		
	Understands the importance of being resourceful and identifying needs as well as services to meet the needs		
	Recognizes the importance of ensuring all parties are moving expeditiously toward permanency		
	Knows the importance of persistence in pursuit of information		
	Understands the need to advocate for access to quality, individualized services		
	Understands the need to respectfully challenge the status quo		
	Recognizes the importance of creating innovative strategies to resolve issues		
Foundations of Knowledge			
	Understands the importance of using a strength-based approach		
	Understands concurrent planning		
	Understands advocacy differs dependent on the age of the child		
	Understands the options for permanence for a child		
	Understands how to identify a child's basic needs		
	Understands the cycle of attachment		

Competency Category	Knowledge, Skills and Attributes	Current Strength	Competency to Develop
Foundations of Knowledge (cont'd)	Understands possible reactions to separation & loss		
	Understands age appropriate behavior and development for children of all ages		
	Understands how mental illness impacts families		
	Understands the factors that contribute to a child's resilience		
	Understands how poverty can impact families and children		
	Understands strategies to advocate for children and adolescents with mental health disorders		
	Understands the ways that substance abuse can affect children & families		
	Knows the importance of being aware of resources in the community that assist with substance abuse		
	Understands how domestic violence affects children & families		
	Understands the nature and scope of trauma and how it affects children		
	Understands the importance of resilience in overcoming trauma in children		
	Knows strategies to address educational challenges		
	Understands the issues faced by LGBTQ youth in the child welfare system		
	Understands the risk factors for child abuse and neglect		

Competency Category	Knowledge, Skills and Attributes	Current Strength	Competency to Develop
Foundations of Knowledge (cont'd)	Understands the factors that contribute to child resilience		
	Recognizes the importance of understanding a child's journey through the child welfare system		
	Understands MSL and its importance when advocating for a child's best interest		
	Understands the nature and scope of the roles of others (e.g., caseworkers, attorneys, therapists, etc.)		
	Knows the importance of the federal laws that impact his/her advocacy		
	Understands what constitutes abuse and neglect		
Self Care			
	Understands the importance of healthy coping strategies to prevent burn out		
	Understands the importance of being aware of personal limitations		
	Understands the importance of setting clear, healthy boundaries and can identify indicators of stress		
	Understands the importance of maintaining a healthy life style		
	Understands the importance of knowing when to ask for and accept help		
	Understands the importance of maintaining a sense of hope and optimism		

Child Welfare History

Mary Ellens' Story

Mary Ellen's case took place in 1874. Her spirit remains with us because her case is generally regarded as the beginning of public concern for the plight of abused and neglected children.

Mary Ellen was a child whose father was dead and whose mother could not care for her because she was destitute and had to work full time. The New York Commission of Charities and Correction placed Mary Ellen with Mary McCormack Connolly and her husband, who were to care for her and report each year on her progress.

Instead, Mrs. Connolly abused her. She beat Mary Ellen, locked her in a room, rarely allowed her outside and did not provide adequate food or clothing.

Upset by the child's screaming, a neighbor told a mission worker about Mary Ellen. The mission worker could find no one to intervene; the police had no grounds because no crime was being committed, and the agencies wouldn't get involved because they did not have legal custody.

The mission worker finally appealed to Henry Bergh, the founder and president of the ASPCA, the American Society for the Prevention of Cruelty to Animals. He took up her cause and was able to persuade a judge to hear her case.

Mary Ellen was carried into the courtroom wrapped in a horse blanket. This is what the newspaper reported that she told the judge:

My father and mother are dead. I don't know how old I am. I call Mrs. Connolly mama. I have never had but one pair of shoes, but I cannot recollect when that was . . . My bed at night has been only a piece of carpet stretched on the floor underneath a window. Mama has been in the habit of whipping and beating me almost every day. She used to whip me with a twisted whip—a raw hide. [Mama] struck me with the scissors and cut me . . . I have no recollection of ever having been kissed by anyone—have never been kissed by Mama. Whenever Mama went out I was locked up in the bedroom. I do not want to go back to live with Mama because she beats me so.

Child Welfare History, Cont'd.

Mary Ellen was removed from the people who had mistreated her. Her case stirred public attention, and complaints began to pour in to Henry Bergh. So many cases of child beating and cruelty to children came to light that citizens called a community meeting and formed an association “for the defense of outraged childhood.” That association gave rise to the Society for the Prevention of Cruelty to Children, which was formally incorporated the year after Mary Ellen’s situation came to light.

Child-focused policies are relatively new:

- 1899: First juvenile court (Chicago) placed dependent and delinquent children in homes for wayward youth or reform schools.
- 1910: X-ray technology was developed, eventually allowing doctors to detect subdural (under the skin) injuries and untreated fractures.
- 1938: First legal rights of children: Fair Labor Standards Act imposed restrictions on working hours and conditions.
- 1962: Dr. C. Henry Kempe created the diagnosis for battered child syndrome.
- 1965: Mandatory reporting laws were in place in all states.

Beginning in the 1970s, the United States Congress became aware (along with the rest of the nation) that the child welfare system was not adequately protecting children. From a historical perspective, it can be said that we are still relatively new to the concepts of protecting abused and neglected children and developing appropriate systems, methods and programs to cope with the problems these children face.

The chart on the following pages outlines information about federal child abuse and neglect laws. You do not need to memorize these laws; just become familiar with them.

Federal Child Abuse & Neglect Laws

1974: Child Abuse Prevention & Treatment Act (CAPTA), P.L. 93-247, amended 1996

Created the National Center on Child Abuse and Neglect and earmarked federal funds for states to establish special programs for child victims of abuse or neglect.

This law requires that states:

- Have child abuse and neglect reporting laws
- Investigate reports of abuse and neglect
- Educate the public about abuse and neglect
- Provide a guardian ad litem to every abused or neglected child whose case results in a judicial proceeding
- Maintain the confidentiality of child protective services records

This law requires that states:

- Learn whether you, as a CASA volunteer, are a mandated reporter
- Learn whether the guardian ad litem has to be an attorney in your state

1978: Indian Child Welfare Act (ICWA), Public Law 95-608

This law requires that states:

- Recognize that Indian children have special rights as members of sovereign nations within the United States
- Responded to congressional hearings in the 1970s that revealed a pattern of public and private removal of Indian children from their homes, undermining their families and threatening tribal survival and Native American cultures

For CASA volunteers:

- Ask whether every child has Native heritage
- Investigate tribal resources and services that can benefit the child
- Be aware that jurisdiction can be transferred to the tribal court
- Pay attention to the heritage and identity needs of the child
- Remember that ASFA timelines do not apply to Indian children

Federal Child Abuse & Neglect Laws, Cont'd.

- Was designed to implement the federal government's trust responsibility to the nations by protecting and preserving the bond between Indian children and their tribe and culture
- Sets up placement preference schemes for foster care placements and adoptions of children who have been determined to be Indian children
- Establishes the right of certain entities, including the tribe and the Indian custodian, if one exists, to appear as parties to child welfare cases
- Determines when and if a case should be transferred to tribal court
- Describes rights of the Indian child and the child's tribe
- Keep in mind that ICWA takes precedence over other federal and state laws
- The National Indian Child Welfare Association has several excellent packets of ICWA information available for a small charge

1978: Indian Child Welfare Act (ICWA), Public Law 95-608

This law requires that states:

- Recruit culturally diverse foster and adoptive families
- Comply with the Indian Child Welfare Act
- Establish standards for foster family homes and review the standards periodically
- Set goals and plan for the number of children who will be in foster care for more than 24 months

For CASA volunteers:

- Consider possible placements that respect child's cultural heritage but do not limit his/her options
- Learn the name of the data collection system used in your state

Federal Child Abuse & Neglect Laws, Cont'd.

- Provide “reasonable efforts” to prevent or eliminate the need for removal of the child from his/her home or to make it possible for the child to return to his/her home
- Have a data collection and reporting system about the children in care

1990: Indian Child Protection and Family Violence Prevention Act

- Establishes federal requirements for the reporting and investigation of child abuse and neglect on tribal lands
- Requires background checks on individuals who have contact with Indian children (including foster and adoptive families)
- Authorizes funding for tribal child abuse prevention and treatment programs

1993: Court Improvement Legislation

Encourages reform in the court system

1994: Multi-Ethnic Placement Act (MEPA)

The goals of this law are to:

- Decrease the time children wait to be adopted
- Prevent discrimination on the basis of race, color or national origin in the placement of children and in the selection of foster and adoptive placements
- Facilitate the development of a diverse pool of foster and adoptive families

1996: Child Abuse Prevention and Treatment Act (CAPTA) Amended

Amended to include Court Appointed Special Advocates as guardian ad litem

Federal Child Abuse & Neglect Laws, Cont'd.

1997: Adoption and Safe Families Act (ASFA), Public Law 105-89

This act embodies three key principles:

- The safety of children is the paramount concern
- Foster care is a temporary setting and not a place for children to grow up
- Permanency planning should begin as soon as the child enters foster care

This act directs timelines within which the child welfare system operates:

- Requires permanency plan within 12 months
- Requires dispositional hearing within 12 months of placement
- Requires court reviews every six months

1997: Volunteer Protection Act

Limits liability of volunteers

1999: Foster Care Independence Act

Addresses needs of older youth in foster care, particularly those aging out of the system

This act does the following:

- Allows states to serve youth up to age 21 regardless of whether or not they are eligible for the Title IV-E Foster Care Program
- Increases federal funding to assist and serve young people transitioning from foster care

Independence Program does the following:

- States explicitly that “enrollment in Independent Living Programs can occur concurrently with continued efforts to locate and achieve placement in adoptive families for older children in foster care,” thereby clarifying that independent-living services should not be seen as an alternative to adoption for teens

Federal Child Abuse & Neglect Laws, Cont'd.

- Establishes the John H. Chafee Foster Care Independence Program, which strongly supports the dependency system's capacity to help youth make a healthy transition into adulthood (see information at right)
- Allows states to provide Medicaid to young people between the ages of 18 and 21 who were in foster care on their 18th birthday
- Increases the youth-assets limit from \$1,000 to \$10,000 without jeopardizing the youth's eligibility for Title IV-E-funded foster care
- Ensures that foster parents have adequate preparation to care for the children placed in their home. This provision can be used to strengthen the preparation of foster parents to care for adolescents.
- Provides additional funding for adoption incentive payments
- Mandates that states use a portion (up to 30%) of their independent-living program funds to provide room and board for youth 18 to 21 who have left foster care
- Requires states to train both foster and adoptive parents (as well as group-care workers and case managers) about the issues confronting adolescents preparing for independent living
- Reinforces the importance of providing personal and emotional support for children aging out of foster care, through the promotion of interactions with mentors and other dedicated adults
- Specifies that independent-living services may be provided to young people at "various ages" and various stages of achieving independence, "including children waiting for adoption or other permanent options"

Other Laws That Affect CASA Volunteer Work

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires, among other things, permission or a court order to access “protected health information” for any individual. Your program will have information on how to access health records.

Special Immigrant Juvenile Status (SIJS) assists some children, including those in foster care, in obtaining legal permanent residency.

Title VI of the 1964 Civil Rights Act says that any entity that receives federal funds must provide a professional interpreter in court.

Titles IV-B and IV-E of the Social Security Act: IV-E is the primary federal funding stream that partially reimburses states for foster care for qualified children. IV-B allots funding for targeted case management services. The state must pay all expenses for a child, who is not IV-E eligible, out of state general revenues. These expenses include foster care, therapy, etc.

The Victims of Child Abuse Act of 1990 (VOCAA) protects the privacy rights of child victims or witnesses during the investigation or prosecution of a federal crime.

Alphabet Soup

Commonly Used Acronyms	
A/N	Abuse/Neglect
APPLA	Another Planned Permanent Living Arrangement (sometimes simply PPLA)
CAC	Child Advocacy Center
CAP	Child Abuse Program
CASA	Court Appointed Special Advocate
CHINS	Child in Need of Services and/or Supervision
CINA	Children in Need of Assistance
CPS	Child Protective Services
CSU	Court Services Unit
DCJS	Department of Criminal Justice Services
DCSE	Division of Child Support Enforcement
FASD	Fetal Alcohol Spectrum Disorder
FC	Foster Care
FDTC	Family Drug Treatment Court (may be called DTC: Drug Treatment Court)
GAL	Guardian ad Litem (In some states this is an attorney, in others the volunteer advocate.)
HIPAA	Health Insurance Portability & Accountability Act
ICPC	Interstate Compact on the Placement for Children
IEP	Individual Education Plan
IL	Independent Living

Commonly Used Acronyms, Cont'd.

TPR	Termination of Parental Rights
	[Name of governmental agency responsible for children who come before the court (e.g., DHS, DDS, DHSS, etc.)]
	[Name used to describe the worker assigned to the case by the social services department (e.g., FCSW, social worker, caseworker, etc.)]
	[Name of multidisciplinary team that meets to develop and monitor the case plan (e.g., FAPT, FPM, TDM, etc.)]
	[Commonly used name of the local abuse/neglect court (e.g., JDRC)]
	[Names of commonly used court documents (e.g., PPO, PRO, RFD, etc.)]
	[Name of commonly used assessment tool]
	[Name of local children's hospital]
	[Name of local police department]
	[Name of local public schools]
	Name of local mental/behavioral health center(s)]

Bleux Case File

DCP&P Case File					
Last Name of Case:			Bleux		
Legal Number(s):			12-0-97542-4		
Child(ren)'s Name	DOB	Age	Ethnicity	Sex	Current Location
Deshawn Bleux	March 12	2 months	AA	Male	Foster Care

Current Caretaker(s)	Address	Phone
Emily Padron and Lawrence Cary	8904 Cleveland Ave NW	555-2272

Attorneys for:		
Mother	Samuel Bluestein	555-7622
Father	Jacob Bell	555-6704
DCP&P	Meghan Fowler	555-9300 ext. 38

Case History

10 days ago: DCP&P received a referral from the hospital regarding a 2-month-old child who appeared to show symptoms of shaken baby syndrome. Child, Deshawn Bleux, was admitted to the hospital by father, Miles Bleux. In speaking with this caseworker (CW), father said he took child to hospital when he could not be woken up for his regular 10 p.m. feeding. CW spoke with Dr. Maronian, who said child suffered a concussion and will be kept overnight for observation.

8 days ago: Child remains in the hospital with an injury more severe than previously thought; due to the child's young age, doctors have said they would like a few additional days of tests and observations before releasing him. Child will be placed in foster home pending DCP&P investigation. Criminal charges are also pending against the parents, but because various people have various versions of the story, police have not determined who, if anyone, should be

charged. CW attempted to speak with each parent (mother, Toni Bleux; father, Miles Bleux during today's Family Team Planning Conference (see attached MOU but they refused to be interviewed on the advice of counsel.

6 days ago: Dr. Maronian has cleared Deshawn to be released from hospital. Child placed in foster care. CW spoke with father, Miles Bleux, who denies shaking the child, but would not comment further on the case. Father told CW that he works as a dishwasher in a local restaurant. He said that he worked as a chef in his father's restaurant "back home" (in Baton Rouge, LA, but has not been able to find employment as a chef since moving here. When asked if he felt his employment situation is a stressor on his family, he replied, "Of course it is, but I have to do what I have to do."

5 days ago: CW spoke with mother. She has refused to say anything other than she was not home at the time of the incident. Mother attends the nursing program at the community college; she works during the day and attends classes at night.

CASA			
History: Case Initially Assigned to:	You and your team	Date assigned: Date terminated:	Today N/A
Current CASA Volunteer	You and your team	Date assigned:	Today
Initial DCP&P Caseworker:	Jane Morgan		
Current DCP&P Caseworker	Jane Morgan		

Court Ordered Services

For the Child:

- No court orders at present

For the Father:

- No court orders at present

For the Mother:

- No court orders at present

Memorandum of Understanding

File No. XX-J-172

Allegation(s): A/N

In the matter of:

Deshawn Lee Bleux

Age: 2 months

MEMORANDUM OF UNDERSTANDING

The PURPOSE of the Family Team Planning Conference and the Memorandum of Understanding is to expedite the court process for children by sharing information and making recommendations regarding the following issues: placement, visitation, services, paternity and child support.

- I. **ATTENDANCE:** Present at this conference were the following parties: Kerry Rowan, Family Court Case Coordinator; Jane Morgan, DCP&P Investigator; Kim Rytter, DCP&P Supervisor; Antoinette Bleux, mother of the child; Samuel Bluestein, Attorney for the mother; Miles Bleux, father of the child; Jacob Bell, Attorney for the father; Sandi Freeman, County Health Clinic Coordinator; Ramona Haskins, CASA Supervisor; Sabine Lee, Maternal Aunt; Adrienne Nikos, DCP&P Intern
- II. **RIGHTS:** For purposes of this Memorandum of Understanding, all defenses that could be made by all parties are preserved. In order to protect the rights of all parties, this Memorandum of Understanding does NOT serve to waive any standard objection by law.
- III. **ATTORNEYS:** Have been temporarily appointed to represent the parents in this matter. At the first court hearing, the court will determine whether the parents qualify for court-appointed lawyers. If they do not qualify, the temporarily appointed attorneys will be released.
- IV. **PARENTS:** Inquiries have been made as to the identity and location of any missing parent.
 - The mother (age: 18) did attend the child planning conference.
 - The mother has been served the juvenile petition at the child planning conference. The mother stated that the address on the petition is the correct address.
 - The mother can be reached at 555-1790, cell number.

Memorandum of Understanding, Cont'd.

- The father (age: 20) did attend the child planning conference.
- The father was served the juvenile petition at his home.
- The father stated that the address on the petition is the correct address. The father can be reached at 555-3865, cell number.
- According to the father, his name is on the child's birth certificate. According to the parents, they are married.

V. HISTORY: DCP&P said that the agency received a report. The report alleged that the child had been physically abused. The child was admitted to County Hospital and was diagnosed with a subdural hematoma, bleeding on the brain and retinal hemorrhaging. A child medical exam was completed and indicated that the child had been injured by means other than accidental. Detective John Hollowell of the City Police Department is in charge of a criminal investigation.

- DCP&P stated that both parents had access to the child during the time when the injuries occurred, and that in order to ensure the safety of the child the agency has filed a petition for custody of the child.
- DCP&P reported that the child is still in the hospital with a proposed release date within the week.
- CASA volunteer for the child will be [Your Name]; he/she can be reached at XXX-XXXX.
- According to the caseworker, the county medical examiner stated that the injuries could have occurred anytime on last Thursday.

VI. PLACEMENT: Inquiries have been made as to whether a relative of the child is willing and able to provide proper care and supervision of the child in a safe home and whether placement with such a relative could be in the child's best interest:

- The child is currently placed in County Hospital.
- DCP&P stated that the child is doing well.
- The agency is considering other family members for placement of the child

Memorandum of Understanding, Cont'd.

VII. SERVICES FOR THE PARENTS

Services for the mother of the child:

- DCP&P recommends that the mother attend parenting education and anger management, and that she have a mental health assessment and follow all recommendations, attend medical education concerning shaken baby syndrome and attend visitation.
- The mother stated that she is willing to comply with services, but that she does not see herself as being in need of all of them.

Services for the father of the child:

- DCP&P recommends that the father attend parenting education and anger management and that he have a mental health assessment and follow all recommendations, attend medical education concerning shaken baby syndrome and attend visitation.
- The father stated that he is willing to comply with services.

VIII. SERVICES FOR THE CHILD

Medical Background

- The child was born at County Hospital.
- The child's doctor is Early Years Peds in the city.
- The child has no diagnosed medical conditions.
- According to the parents, the child has no known affiliation with a recognized Native American group.

Recommendations

- DCP&P recommends that the child participate in the Children's Health and Development Program and continue to receive all medical and developmental services. The mother requested that if needed she would like the physical therapist to come to the home. The mother requested that the child be maintained on the formula he is accustomed to.

Memorandum of Understanding, Cont'd.

IX. VISITATION

- All visits are to be supervised at this time.
- Visitation would be twice weekly, at the agency at a minimum of 45 minutes. The parents may visit together if they choose. Any family placement will be informed of the agency's policies for visitation. The aunt may also visit with the child.

X. AUTHORITY

The parties agree that County Child Protective Services shall be granted authority to arrange, provide and/or consent to any medical treatment, psychiatric treatment, psychological service, educational needs or any other remedial evaluations required by the child, including a physical examination to be conducted as mandatory by licensure requirements; and County Child Protective Services has the authority to request and be provided with any medical, mental health and educational records pertaining to the child.

XI. FUTURE COURT DATES

- The next court hearing in this case will be at 2:00 p.m. next Tuesday in Courtroom B of the County Courthouse. The purpose of that hearing will be to determine the need for continued nonsecure custody.
- The matter will be adjudicated at 2:00 p.m. on three weeks from Tuesday in Courtroom B of the County Courthouse. If allegations are founded, disposition hearing will immediately follow.

FAMILY TEAM PLANNING CONFERENCE SIGN-IN & CONFIDENTIALITY AGREEMENT

I understand that juveniles will be discussed in the Family Team Planning Conference. Through their signatures, the undersigned acknowledge and agree that the privacy of children and their families should be strictly maintained.

Deshawn Lee Bleux

Juvenile(s) Name(s)

Date

	Name	Agency	Address	Phone #
1.	Kerry Rowan-	FC	3rd Flr CCH	555-4567
2.	Sandi Freeman	CHCC	200 Brookdale	555-6789
3.	[Your Name]	CASA	5th floor CCH	555-3770
4.	Ramona Haskins	CASA	5th floor CCH	555-3770
5.	Sabine Lee		330 Hawkins	555-9752
6.	Antoinette Bleux		330 Hawkins	555-1790
7.	Sam Bluestein		1260 Main St., ste 200	555-7622
8.	Jane Morgan	DCP&P	200 Brookdale	555-7262
9.	Miles Bleux		740 Center, apt. 204	555-3865
10.	Jacob Bell		7525 Broad	555-6704
11.	Adrienne Nikos	DCP&P	200 Brookdale	555-7579
12.	Kim Rytter	DCP&P	200 Brookdale	555-7260

Through their signatures, the undersigned acknowledge that this Memorandum of Understanding has been read to them, accurately reflects what occurred during the Family Team Planning Conference and they have received a copy of the Memorandum of Understanding.

XX-J-172

Date		File Number/Name
Mother	Mother's Attorney	Mother's GAL Attorney
<i>Antoinette Bleux</i>		
Father	Father's Attorney	Father's GAL Attorney
<i>Miles Bleux</i>	Jacob Bell	
CASA Volunteer	CASA Supervisor	Family Court Case Coordinator
[Your Name]	Ramona Haskins	Kerry Rowan
DCP&P Caseworker	DCP&P Supervisor	CHCC Coordinator
<i>Jane Morgan</i>	Kim Rytter	Sandi Freeman
WCPSS Representative	Friends & Relatives	County Attorney
	Sabine Lee (maternal aunt)	
Others		
<i>Adrienne Nikos</i> (DCP&P intern)		

Incident Report Supplement City Police

1. OFFENSE Child Battery	2. CLASSIFICATION Simple	3. DATE/TIME OF REPORT Thursday 01:10 hrs
4. VICTIM (LAST, FIRST, M) <i>Bleux, Deshawn Lee</i>	5. ADDRESS 740 Center St., Apt. 204	

Synopsis: The following report contains information concerning child battery. Hospital emergency room reported possible child battery due to shaken baby syndrome.

Victim Info: Deshawn Lee Bleux B/M/2 months 740 Center St., apt. 204

Suspect Info: Miles Bleux, father of victim (same address)

Investigation Notes: We were dispatched to the hospital on a child battery call. Emergency room physician Dr. Saul Maronian informed us that the victim was brought to the hospital by his parents. Victim was unconscious with shallow breathing. Upon examination, retinal hemorrhages were found, indicating possible shaken baby syndrome. Victim 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 has been started. Infant is expected to be hospitalized for 1 or 2 days. CPS called.

Dr. Maronian informed us that while victim was being scanned, mother became very 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 mother. Dr. Maronian observed that mother is physically smaller, and although father appeared angry, he merely tried to block her blows. Hospital security separated them.

Hospital will provide photographs and scans of victim’s injuries.

We next spoke with mother, Antoinette Lee Bleux, 18, same address as victim and suspect. It appeared that Mrs. Bleux had been crying. Mrs. Bleux informed us that she was out with friends and returned home at approx. 21:30 and went straight to bed. She reports baby was sleeping in crib at that time, and that husband later woke her in a panic because baby would not wake up. They brought the baby in and have since learned that he is stable and not in grave danger. She admitted to hitting her husband and screaming at him in the emergency room. “I just lost it. I’m sorry I acted like that.” Mother expressed strong need to see child. Nurse escorted mother to infant’s bedside for a short visit. Antoinette Bleux was released to her sister—they left the hospital together.

We next spoke with father (suspect), Miles Bleux, in hospital security holding room. He informed us that he did not hurt his child, but he could not explain the injuries. He then informed us that two days previously his wife fell down their front steps while holding the infant, releasing him before she hit the ground so that he experienced only a short fall. Mr. Bleux suggested that infant may have been injured in this fall, though infant showed no symptoms at the time.

He informed us that he was hosting a poker game earlier this evening, that the game broke up at 22:00 hrs and after his friends left, he attempted to wake child for a feeding. When child would not wake, he and wife rushed the child to hospital, which is only three blocks from home.

On further questioning, Miles Bleux informed us 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.” The suspect was not taken into custody at this time because there was no witness who could say what happened. Deshawn was released into the custody of DCP&P.



