



Resource Materials (Spring 2010)

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Exit

Chapter One

Ground Rules and Housekeeping

Introductions:

- Pair up with a partner. Take 5 minutes to get acquainted. Tell whole group their name, how they heard of CASA, and something we would not know by looking at them.

Show Video

History and Mission

Understanding Child Abuse & Neglect

- Did You Know That Section:
- **Activity 1C: The Whole Child: Flip Chart**
 - Let's talk about the things needed in each section to create a "whole" child
 - Fill in the blanks
 - Think about a child who you know that is "well adjusted"
- Your ideas of what is acceptable may begin to change over time.
- All of these qualities require safe, permanent home.
 - Let's talk sense of time. Child sense of time is completely different. We try to gain permanency as quickly as possible.
- **Activity 1D: The Continuum of Abuse: Flip Chart**
 - **Physical/ Sexual/Emotional or Verbal/Neglect**
 - Bottom End is bad parenting
 - Top end is death (Indirectly)
- Behaviors can be abusive without fitting the legal definition. Let's go over the state statute and talk a little bit about which of these behaviors listed would constitute abuse and which would not.
- Give handout on state statute
- Gray area, some behaviors are abuse and some are bad parenting
- Remaining objective is very difficult in this process. We each have morals and values that are different, but remembering differences will keep you objective.
- We will spend more time on abuse laws in chapter two.
- **Activity 1E: Indicators of Abuse**
 - **It is not our decision whether certain behaviors are abusive, the court will decide.** Leave that to the judge.
 - **Our job is to recognize behaviors and report to the court in able to advocate.**
 - Let's go over indicator chart in your manuals.
 - Keep in mind, our job is pay attention to these issues and report them, not to try and solve them. We make recommendations, the court make decisions.
- Best Interest
 - Read principle and ask for key words

Chapter One:

What Not To Do As A CASA?!?! – Presentation given @ State Conference. I think that would really help with the role.

Alphabet Soup – Helps work on Acronyms within the system. This can be very difficult. I think doing this would help. I know they get a sheet with a list, but I think it needs to be discussed in more detail and what they mean.

Introductions – depending on the number of people you could do this multiple ways

Videos – good resource

History of Vigo CASA – I think this helps people understand the program when given statistics to think about. For example, how many volunteers and how many kids in a year

The Whole Child Split – Using the flip chart and labeling it “Whole Child” then break into four parts of spiritual, emotional, intellectual, and physical. Ask everyone what would be needed in each of those splits for a child. This is a good exercise to show that a safe and permanent home is needed to meet all those needs.

Abuse Continuum – Four different sheets and each sheet has a line drawn on it. Each one lists physical abuse, emotional abuse, sexual abuse, and neglect on one end. On the other end you list “bad parenting”. Let the participants give examples of each and where they would place them on the continuum for severity. Also show that the top end is always death. This lets participants see the wide range of behaviors and that not all of them would fit the legal definition of abuse. This is a good time to go over abuse laws.

Go to www.childwelfare.gov/systemwide/laws_policies/search/index.cfm to get your states guidelines to pass out.

Dilemma Cards – Placing dilemmas on index cards and passing them out. Brainstorming as a group for options to fix the dilemma.

Harris Price Case – good overview of a case with all perspectives.

Evaluation

State Statutes on Child abuse and neglect

Sign in Sheet

Volunteer Job Description

Volunteer Child Relationship Dilemmas

Index Cards

Flip Charts

4 Abuse Continuums

Expectations

Ground Rules

Parking Lot

Whole Child

Equipment

Projector

Laptop

Flipchart

Writing Implements (pencils, dry erase markers, markers)

Binders

Handout folders

Snacks

CASA Volunteer Job Description

Mission Statement

The mission of the Vigo County CASA is to provide specially selected and trained community volunteers to advocate and represent the abused and neglected child within the juvenile court system in the pursuit of safe and permanent homes through the collaboration with key agencies, legal counsel, and community resources.

The Vigo County Court Appointed Special Advocate shall be expected to:

1. Abide by the Indiana GAL/CASA Code of Ethics.
2. Understand a CASA Volunteer is a full party in the case in which they are appointed by the court. Pursuant to Indiana Code **31-34-9-7(4)** guardian ad litem or **court appointed special advocate** are parties to the proceedings described in the juvenile law and have all rights of parties under the Indiana Rules of Trial Procedure.
3. Maintain high standards of confidentiality of all information pertaining to the case.
4. Participate in a 30 hour pre-service training requirement.
5. Maintain complete written records on each assigned case including contact log, notes, and all other records obtained during the CASA's involvement. All files should be returned to the CASA office within 10 days of the case dismissal.
6. Contact the DCS case manager upon being appointed to the case and maintain regular contact throughout until case closure.
7. Submit a written report to the court outlining findings and recommendations as to the child's needs, safety, permanency plan, services etc. at least two weeks prior to the hearing.
8. Follow the transportation policy which states a CASA volunteer should NOT transport a child under any circumstances.
9. Complete a thorough investigation of all facts in order to arrive at an objective and impartial opinion of what is in the child's immediate and long-term best interests. The investigation will include:
 - a. Interviewing relevant individuals such as the child, parents, caseworkers, attorneys, relatives, foster parents, and teachers.
 - b. Researching, examining, advocating, facilitating, and monitoring the child's situation.
10. Appear at all hearings, administrative reviews, case conferences, etc. as the advocate for the child.
11. Visit with the child at least one time per month.
12. Maintain monthly contact with staff at the CASA office.
13. Advocate for the child's best interest by researching and making recommendations regarding the child's permanency, visitation, protection, psychological, emotional, and health needs to promote and protect the best interest of the child.
14. Monitor the case as long as the child is under court jurisdiction, to determine if a permanent plan has been created for the child and appropriate services, including reasonable efforts, are being provided for the child and the family.
15. Confer with the CASA Director as to any changes that may be needed, requested, or recommended concerning the child's status.
16. Notify the CASA office immediately upon learning of a conflict of interest for the volunteer, child, or child's family.
17. Participate in on-going in-service training to improve advocacy skills. Twelve (12) hours are required annually, to be completed by the volunteer's date of service.
18. Notify the CASA office immediately of any criminal charges against you.

CASA/GAL Volunteer-Child Relationship Dilemmas (1 of 2)

Make copies of each of the following dilemma cards and cut apart on the dashed lines.

CASA/GAL Volunteer-Child Relationship DILEMMA #1

Situation

Harvey Stone is the CASA/GAL volunteer for 15-year-old Larry, who currently lives in a group home. Larry has asked Harvey to take him to the Division of Motor Vehicles next Wednesday to get Larry's driver's license on his 16th birthday. Harvey has agreed.

Dilemma

Harvey is providing services; it is beyond his role as an advocate.

CASA/GAL Volunteer-Child Relationship
DILEMMA #2

Situation

CASA/GAL volunteer Martha Spivey has four years of experience with the program. Recently she was assigned to the case of a 6-year-old boy who is alleged to be neglected. The disposition hearing for this case is scheduled for tomorrow. Martha has had four similar cases during her tenure as a CASA/GAL volunteer. She has not seen the child in this case because she has been busy. She feels she can judge the situation based on her past experience with other children.

Dilemma

Martha has had no direct contact with the child.

CASA/GAL Volunteer-Child Relationship Dilemmas (2 of 2)

Make copies of each of the following dilemma cards and cut apart on the dashed lines.

CASA/GAL Volunteer-Child Relationship DILEMMA #3

Situation

After reading the caseworker's notes in the CPS case file, CASA/GAL volunteer Fran Blankenship agrees that 14-year-old Darius has a severe addiction to crack cocaine. Fran includes drug treatment for Darius among her recommendations to the court.

Dilemma

Fran has made no independent investigation of Darius's drug use.

CASA/GAL Volunteer-Child Relationship
DILEMMA #4

Situation

Rosita Lopez has been the CASA/GAL volunteer for the four Suarez children (ages 6, 4, 3, and 2) for the last nine months. CPS has been providing services to the family since the birth of the 2-year-old. The children were placed in foster care after their mother, Maria Suarez, became angry with them and locked them out of the house for a night last February. As a CASA/GAL volunteer, Rosita has had weekly contact with Maria, has been taking Maria to her church, and has had at least monthly contact with the children. During this time she has become quite close to Maria and has come to feel that CPS should give Maria the benefit of the doubt. Even though Maria's past and present compliance with the CPS service plan has been minimal at best, Rosita believes that the children will be safe at home with their mother. Rosita has found her to be basically a nice person who has financial worries and has understandably lost her temper with the kids a few times.

Dilemma

Rosita is advocating for the mother.

Indiana

Child Abuse and Neglect

Definitions of Child Abuse and Neglect

To better understand this issue and to view it across States, see the *Definitions of Child Abuse and Neglect: Summary of State Laws* (PDF - 442 KB) publication.

Physical Abuse

Citation: Ann. Code § 31-34-1-2

A child is a *child in need of services* if, before the child becomes age 18, the child's physical or mental health is seriously endangered due to injury by the act or omission of the child's parent, guardian, or custodian.

Evidence that the illegal manufacture of a drug or controlled substance is occurring on property where a child resides creates a rebuttable presumption that the child's physical or mental health is seriously endangered.

Neglect

Citation: Ann. Code §§ 31-34-1-1; 31-34-1-9; 31-34-1-10 ; 31-34-1-11

A child is a *child in need of services* if, before the child becomes age 18:

- ⌘ The child's physical or mental condition is seriously impaired or seriously endangered as a result of the inability, refusal, or neglect of the child's parent, guardian, or custodian to supply the child with necessary food, clothing, shelter, medical care, education, or supervision.
- ⌘ The child is born with fetal alcohol syndrome, or any amount, including a trace amount, of a controlled substance or a legend drug in the child's body.
- ⌘ The child has an injury, abnormal physical or psychological development, or is at a substantial risk of a life threatening condition that arises or is substantially aggravated because the child's mother used alcohol, a controlled substance, or a legend drug during pregnancy.

A *child in need of services* includes a child with a disability who is deprived of nutrition that is necessary to sustain life or is deprived of medical or surgical intervention that is necessary to remedy or ameliorate a life threatening medical condition, if the nutrition, medical, or surgical intervention is generally provided to similarly situated children with or without disabilities.

Sexual Abuse

Citation: Ann. Code §§ 31-34-1-3; 31-34-1-4; 31-34-1-5

A child is a *child in need of services* if, before the child becomes age 18, the child is the victim, lives in the same household as another child who was the victim, or lives in the same household as the adult who was convicted of a sex offense as defined in the criminal statutes pertaining to:

- ⌘ Rape
- ⌘ Criminal deviate conduct
- ⌘ Child molesting
- ⌘ Child exploitation or possession of child pornography
- ⌘ Child seduction
- ⌘ Sexual misconduct with a minor
- ⌘ Indecent exposure
- ⌘ Prostitution
- ⌘ Incest

A child is a *child in need of services* if, before the child becomes age 18, the child's parent, guardian, or custodian allows the child:

- ⌘ To participate in an obscene performance
- ⌘ To commit a sex offense prohibited by criminal statute

Emotional Abuse

Citation: Ann. Code § 31-34-1-2

A child is a *child in need of services* if the child's mental health is seriously endangered by the act or omission of the child's parent, guardian, or custodian.

Citation: Ann. Code § 31-32-11-1

The following privileges are not permitted, and shall not be grounds for failing to report:

- ⌘ Husband-wife privilege
- ⌘ Health care provider-patient privilege
- ⌘ Therapist-client privilege between a certified social worker, certified clinical social worker, or certified marriage and family therapist and a client of any of these professionals
- ⌘ Any privilege between a school counselor or psychologist and a student

Inclusion of Reporter's Name in Report

Citation: Ann. Code § 31-33-7-4

The written report must include the name and contact information for the person making the report.

Disclosure of Reporter Identity

Citation: Ann. Code § 31-33-18-2

The report shall be made available to the person about whom a report has been made, with protection for the identity of:

- ⌘ Any person reporting known or suspected child abuse or neglect
- ⌘ Any other person if the person or agency making the information available finds that disclosure of the information would be likely to endanger the life or safety of the person

The report may also be made available to each parent, guardian, custodian, or other person responsible for the welfare of a child named in a report, with protection for the identity of reporters and other appropriate individuals.

MSL (*Min. Suff. Level of Care*)

- It maintains the child's right to safety and permanence while not ignoring the parents' right to their children.
- It is required by law as a practical way to interpret the "reasonable efforts" provision of the Adoption Assistance and Child Welfare Act.
- It is possible for parents to reach.
- It provides a reference point for decision makers.
- It protects (to some degree) from individual biases and value judgments.
- It discourages unnecessary removal from the family home.
- It discourages unnecessarily long placements in foster care.
- It keeps decision makers focused on what is the least detrimental alternative for the child.
- It is sensitive across cultures.
- The standard relates to a particular child.
- It is a set of minimum conditions, not an ideal situation.
- It is a relative standard, depending on the child's needs, social standards, and community standards. It will not be the same for every child in a particular family.
- It remains the same when considering removal and when considering reunification.

FREQUENTLY USED ACRONYMS IN CHILD WELFARE

310 – Report of Child Abuse or Neglect
311 – Investigation of Child Abuse or Neglect
AD – Adoption
CASA – Court Appointed Special Advocate
CHINS – Child in Need of Services
COMET – CASA Outcome/Measurement Evaluation Tool
CPS – Child Protective Services
(Also called DCS – Department of Child Services)
(Also called DFC – Division of Family and Children)
(Also called DCFS – Division of Child & Family Services)
CPT – Child Protection Team
EDH – Emergency Detention Hearing
EDO – Emergency Detention Order
FCM – Family Case Manager (with DCS)
FTM – Family Team Meeting
FTT – Failure to Thrive
GAL – Guardian Ad Litem
GU – Guardianship
ICES – Indiana Client Eligibility System (Public Assistance)
ICWIS – Indiana Child Welfare Information System
IEP – Individual Education Plan
IH – Initial Hearing
JC – Juvenile Chins
JD – Juvenile Delinquent
JP – Juvenile Paternity
JS – Juvenile Status
JT – Juvenile Termination
LEA – Law Enforcement Agency
MI – Miscellaneous
NCCAN – National Center on Child Abuse and Neglect
PA – Public Assistance
PD – Public Defender
SIDS – Sudden Infant Death Syndrome
SNAP – Special Needs Adoption Program
STD – Sexually Transmitted Disease
TANF – Temporary Assistance to Needy Families
TPR – Termination of Parental Rights

Other:

Name _____

1. Explain “best interest”.

2. Explain “minimum sufficient level” of care – MSL.

3. Why do you think this standard might be difficult for you as a CASA volunteer to embrace?

4. Take a minute to think back to your own childhood. How would you have felt if a stranger came one day to take you away to live with a “better” family?

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- ⌘ The child is born with fetal alcohol syndrome, or any amount, including a trace amount, of a controlled substance or a legend drug in the child's body.
- ⌘ The child has an injury, abnormal physical or psychological development, or is at a substantial risk of a life threatening condition that arises or is substantially aggravated because the child's mother used alcohol, a controlled substance, or a legend drug during pregnancy.

A *child in need of services* includes a child with a disability who is deprived of nutrition that is necessary to sustain life or is deprived of medical or surgical intervention that is necessary to remedy or ameliorate a life threatening medical condition, if the nutrition, medical, or surgical intervention is generally provided to similarly situated children with or without disabilities.

Sexual Abuse

Citation: Ann. Code §§ 31-34-1-3; 31-34-1-4; 31-34-1-5

A child is a *child in need of services* if, before the child becomes age 18, the child is the victim, lives in the same household as another child who was the victim, or lives in the same household as the adult who was convicted of a sex offense as defined in the criminal statutes pertaining to:

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- ⌘ Criminal deviate conduct
- ⌘ Child molesting
- ⌘ Child exploitation or possession of child pornography
- ⌘ Child seduction
- ⌘ Sexual misconduct with a minor
- ⌘ Indecent exposure
- ⌘ Prostitution
- ⌘ Incest

A child is a child in need of services if, before the child becomes age 18, the child's parent, guardian, or custodian allows the child:

- ⌘ To participate in an obscene performance
- ⌘ To commit a sex offense prohibited by criminal statute

Emotional Abuse

Citation: Ann. Code § 31-34-1-2

A child is a *child in need of services* if the child's mental health is seriously endangered by the act or omission of the child's parent, guardian, or custodian.

Abandonment

Citation: Ann. Code § 31-9-2-0.5

Abandoned infant means:

- ⌘ A child who is less than 12 months old and whose parent, guardian, or custodian has knowingly or intentionally left the child in an environment that endangers the child's life or health or in a hospital or medical facility and has no reasonable plan to assume the care, custody, and control of the child
- ⌘ A child who is, or appears to be, not more than 45 days old and whose parent has knowingly and intentionally left the child with an emergency medical services provider and did not express an intent to return for the child

Standards for Reporting

Citation: Ann. Code §§ 31-34-1-1; 31-34-1-2

A report is required when the parent's:

- ⌘ Inability or refusal to provide care for the child results in harm
- ⌘ Act or omission results in harm

Persons Responsible for the Child

Citation: Ann. Code §§ 31-9-2-0.5;

Responsible persons include the child's parent, guardian, or custodian.

Exceptions

Citation: Ann. Code §§ 31-34-1-12; 31-34-1-14; 31-34-1-15

A child is not a child in need of services if:

- ⌘ The presence of a controlled substance was from a valid medical prescription.
- ⌘ A parent fails to provide specific medical treatment for a child because of legitimate and genuine religious beliefs. This presumption does not do any of the following:
 - ❑ Prevent a court from ordering medical services when the health of the child requires it
 - ❑ Apply to situations in which the child's life or health is in serious danger

This chapter does not limit:

- ⌘ The right of the parent to use reasonable corporal punishment to discipline the child
- ⌘ The lawful practice or teaching of religious beliefs

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Mandatory Reporters of Child Abuse and Neglect

To better understand this issue and to view it across States, see the *Mandatory Reporters of Child Abuse and Neglect: Summary of State Laws* ([PDF](#) - 633 KB) publication.

Professionals Required to Report

Citation: Ann. Code § 31-33-5-2

Mandatory reporters include any staff member of a medical or other public or private institution, school, facility, or agency.

Reporting by Other Persons

Citation: Ann. Code § 31-33-5-1

Any person who has reason to believe that a child is a victim of abuse or neglect must report.

Standards for Making a Report

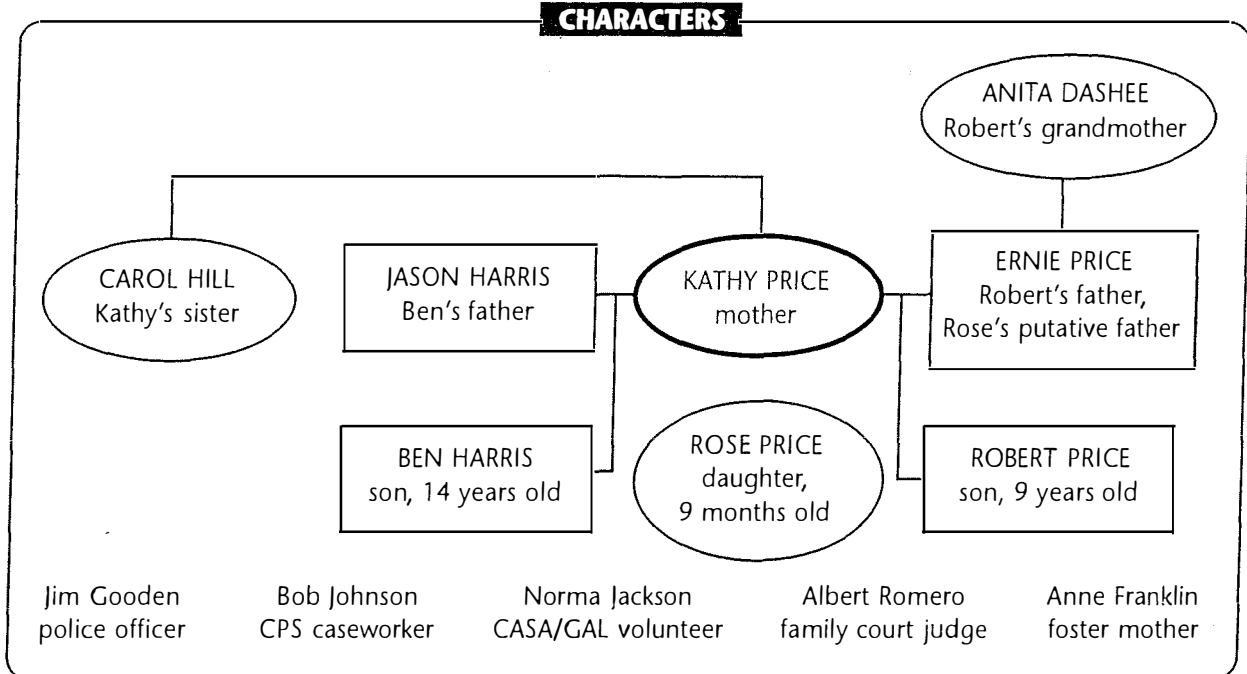
Citation: Ann. Code §§ 31-33-5-1; 31-33-5-2

A report is required when any person has reason to believe that a child is a victim of abuse or neglect.

Privileged Communications

The Harris-Price Case

CHAPTER



KATHY PRICE'S STORY

Every day I wake up at 5 a.m. so I can get Rose, my baby, dressed and fed and get Ben and Robert up and ready for school. I take Rose to daycare and make sure the boys leave for school. Ben's a big help—sometimes he has dinner ready when I get home. I work long days. I clean at a motel and I also wash dishes at the restaurant around the corner. I get minimum wage. My jobs aren't so great, but I need every penny and can't miss a day. Sometimes after the kids go to sleep I have a drink or two. It helps me sleep and is the only thing that helps my aching back—cleaning is hard work. My sister nags me about it, but it's not like alcohol is illegal or anything.

The day Child Protective Services (CPS) took my kids was awful. The night before, I had run out of formula for Rose, so after I put her to bed I went to get some. The boys were watching TV and Ben was in charge. That formula is really expensive. I was out of vodka, too, and so I stopped to buy some. After that, I didn't have enough money for the formula. So I took a can—no big deal. But the lady saw me and they called the cops. They arrested me—for a can of formula! Worst of all, I was already on probation, so I'm really afraid they're going to throw the book at me.

BEN'S STORY

That night, Mom left to go to the store and didn't come home. I didn't know why. I went to bed, but when I woke up she still wasn't there. I knew I would be in big trouble if I missed school, and Mom would be in trouble too. But I couldn't leave Rose at home alone! I called the school and pretended to be my dad and said I was sick. It was true—I

KATHY PRICE
mother

According to the 2000 US Census, more than 6.5 million families (9.2%) live below the poverty line. More than 2.5 million children (17%) under 5 years old live in poverty.

BEN HARRIS
son, 14 years old

have asthma and I was having trouble breathing. I know I'm supposed to take some stuff for it, but Mom can't pay for it. I don't think my dad helps her out at all.

Anyway, that morning Rose was crying and crying. I tried to change her diaper, but I don't think I did it right and we didn't have any formula for her. I tried giving her some of my cereal, and she ate a little. I was really scared. I didn't know where Mom was.

ROBERT'S STORY

ROBERT PRICE
son, 9 years old

I was scared that day, too. Ben was mad about missing school, but not me. The other kids tease me a lot—probably because I'm "mixed." My mom is white and my dad is black. My dad is a soldier and just got back from Iraq. I think he's living with my grandmother.

OFFICER GOODEN'S STORY

Jim Gooden
police officer

We got a call from a neighbor who said there was a lot of noise in the downstairs apartment. When I got there, it was pretty sad. Both the boys were crying and scared and the baby was hollering like crazy. She stank—her diaper was dirty. I felt sorry for those kids. I know their mom, and she just disappears sometimes. She always comes back though. There was nothing I could do for them, so I called CPS.

BOB JOHNSON'S STORY

Bob Johnson
CPS caseworker

I've been a CPS caseworker for five years. Officer Gooden called CPS because three kids were in an apartment without an adult. He told me their names, so before I left the office I checked our records. We had a file on them. Earlier in the year Kathy Price had signed an agreement that she wouldn't leave the baby without an adult present. While I was at the apartment, Carol Hill arrived. I knew from the file that she was Kathy's sister. Kathy had called her from jail and asked her to come over to get the kids. She said Kathy was still in jail because they'd also charged her with violating probation by having the vodka. Carol had a home study the last time we took the kids, so she took Ben with her.

CAROL HILL'S STORY

CAROL HILL
Kathy's sister

I was happy to be able to take Ben—he's a good kid. I couldn't take the others, though. I've got two kids of my own and we live in a small place.

Kathy's trouble. She drinks too much. I only hear from her when there's another crisis.

KATHY'S STORY

KATHY PRICE
mother

I got out of jail and found out that CPS had taken my kids. I went to the motel to report for work, but that jerk of a manager fired me for being late again. Then, the next day, I had to go to court. That judge wouldn't let my kids come home with me! I couldn't believe it. He said I could visit them. My own kids!

JASON HARRIS'S STORY

Ben is my son. He's a good kid and all, but I have a new family now—my wife and I have a new baby. I can't get involved in Ben's life and support my wife and baby. They have to come first. I know it's not Ben's fault that his mother is so messed up, but I want to steer clear of anything having to do with Kathy.

JASON HARRIS
Ben's father

ERNIE PRICE'S STORY

I just got back from being overseas. I sent money to Kathy while I was gone—to help her out with Robert. She moves so much, though, that it came back to me. I didn't know where else to send it. I've been looking for work since I got back, but it's hard to find a job. I'm living with my mother.

ERNIE PRICE
Robert's father,
Rose's putative father

I don't even know if Rose is mine. She has my name, but this is the first I've even heard about her. Kathy and I divorced a year and a half ago—about the time I left to go overseas.

I love Robert, though. He's my boy. I want him to come live with me and my mom. If Rose is mine, I'll take care of her, too.

NORMA JACKSON'S STORY

My supervisor at the CASA/GAL program called to tell me about the Harris-Price children and to ask if I could take the case. She said a hearing was coming up right away. I agreed to do it and was appointed as the CASA/GAL volunteer at the first hearing. At that same hearing Judge Romero found that reasonable efforts had been made to prevent the need to remove the children from their home and that, given Kathy Price's current circumstances and past history, there was sufficient reason to remove the children. The judge ordered a home study for Anita Dashee's home—Ms. Dashee is Ernie Price's mom, and he's currently living with her. The judge also ordered a paternity test for Rose. He left Ben in Carol Hill's home for the time being. Judge Romero also ordered that all the parents fill out forms containing their financial information and return them to the court in ten days.

Norma Jackson
CASA/GAL volunteer

After court I introduced myself to CPS caseworker Bob Johnson and the various attorneys. I got permission to meet with the children's parents, and set up a time to meet with Mr. Johnson to talk about the case.

When I approached Ben's father, Jason Harris, in the hallway after court, he didn't even want to talk to me—he said he wanted a new life. He told me he had gotten clean and didn't want anything to do with Kathy or her kids.

I set up separate times to meet with Kathy Price, Carol Hill, and Ernie Price. I also need to get in touch with Anne Franklin, the foster mother, to set up a time to talk and to meet with Robert and Rose.

When I met with Bob Johnson a few days later, he said that his first priority was trying to get Kathy Price sober. I brought up the fact that she'd been working pretty steadily and always had an appropriate apartment. Still, Bob said, her drinking was causing problems. He'd gotten police reports where she'd been arrested for public drunkenness,

The National Center for Educational Statistics reports that 21% of adults in the United States read at literacy level 1. Literacy level 1 is defined as the ability for an adult to sign his/her name, identify the name of a country in a short article, locate one piece of information in a sports article, locate the expiration date on a driver's license, and total the amounts on a bank deposit. Adults who have reading skills at level 1 usually cannot locate eligibility information on a table of employee benefits, locate an intersection on a street map, identify and enter background information on a social security card application, and calculate the total cost of purchase on an order form.

and this wasn't the first time she'd left the kids alone. The night she was arrested, she hadn't told the police the kids were at home alone—it was abandonment, he said. And he pointed out that she'd failed to get medical care for Ben's asthma. He also said that she hadn't filled out the forms to get the kids on Medicaid and to get child support from the fathers. I asked whether she was literate, and he said, "Barely."

When I met Kathy, I asked her what had happened the day CPS took her kids. I also asked her about Ben's medication. She told me that she had taken him to the clinic, but after she'd taken a whole day off work and taken two buses to get there, the people at the clinic told them they needed to change the appointment. Kathy doesn't have a phone, so the clinic couldn't reach her ahead of time. She and Ben couldn't get in to see the doctor that day or get the medicine. She said she couldn't afford to lose work time like that.

When I met Ernie, he reported that he had just received a job offer as a car mechanic. His mother said she'd help Ernie with Robert and with Rose, if she's his daughter. He expressed his excitement at getting to reconnect with Robert. The home study on Ernie Price and Anita Dashee turned out fine.

I met Robert and Rose at the home of their foster mother, Anne Franklin. When I got there, Robert was coloring at the kitchen table. He seemed nervous and wouldn't talk to me at first. I explained who I was and why I was there, and I asked him if he liked seeing his father. His face lit up and he immediately said yes. He said he missed Ben a lot. When I asked him about his visit with his mom, he said it was okay and wouldn't say anything more.

When I asked Anne Franklin how the kids were doing, she said they were doing okay. She reported that Rose had terrible diaper rash when she arrived at her home, but it's clearing up now. But Ms. Franklin is worried about Rose—she is 9 months old, but she isn't sitting up or crawling, and she never makes a sound, except when she's crying.

Next I went to see Ben at the home of his aunt, Carol Hill. I explained my role to him, and he wanted to know if I was going to make him move back with his mom. I asked him if that was what he wanted. He said he loved his mom and wanted to see her, but it was hard for her to take care of them and he liked living in the country with his aunt. Ben was afraid he wouldn't get to see Robert and Rose, so I explained that the judge said he was allowed to visit his brother and sister. Ben also said he worried about not being able to stand up for Robert when other kids picked on him at school. Then Ben said he was tired and wanted to go to his room.

I asked Ms. Hill how she thought Ben was adjusting to the new arrangement. She said he seemed to like the open space where she lived and he got along well with his cousins. She said she'd taken him to her family physician and he had started to take the medication that had been prescribed a while back. So far, it had helped his breathing but made him feel jittery. She related that Ben was going to start at a new school next week. When I asked her about Kathy, she said Kathy never contacted her unless she was in trouble.

After meeting with all these people, I called my supervisor to discuss the case, ask her a few questions, and talk about my recommendations.

My recommendations for the next hearing are as follows:

- Robert should be placed with his father and grandmother.
- Rose should be placed with her father and grandmother, if the paternity test shows that Ernie Price is the father. Otherwise, Rose should stay in her current foster placement, and CPS should attempt to identify her father.
- Ben should stay with his aunt.
- Kathy Price should undergo a substance abuse assessment and follow the recommendations made.
- Kathy Price should attend parenting classes.
- Ernie Price should attend parenting classes.
- Sibling visits should occur, at least weekly.
- CPS should arrange a developmental assessment for Rose.
- Kathy Price should have access to the children's educational records and be apprised of events, but Carol Hill should be the educational decision maker for Ben and Ernie Price should be the educational decision maker for Robert.
- Jason Harris should pay child support for Ben.

I called Bob Johnson at CPS to discuss the case again. The CPS case plan goal for Rose and Ben is reunification with Kathy Price. The concurrent plan for Ben is adoption or guardianship with his aunt. The concurrent plan for Rose is placement with Ernie Price, placement with biological paternal family member (if Ernie Price is not the father), or termination of parental rights and adoption. The case plan for Robert is placement with his father.

After the next hearing, and in preparation for the future hearings, I will continue to monitor a bunch of things in the case. I plan to call my CASA/GAL program supervisor and ask for her help in creating a list of people to talk to in order to keep track of what's happening in the case.

My current list of things to monitor in this case includes the following:

- Sibling visitation/separation issues
- Robert's placement with his father and grandmother
- Both Kathy Price's and Ernie Price's compliance with the case plan and court orders
- Results of Rose's developmental assessment
- Results of paternity test for Rose
- Ben's and Robert's educational progress

According to various studies, it has been estimated that up to 60% of children in foster care experience some type of developmental delay. Children who enter care with a developmental delay are more likely to remain in care for a longer time period than children entering care without a developmental delay.

Name: _____

Chapter One Quiz

Introducing the CASA Volunteer Role

Please answer the following questions:

1. You have been the CASA for a child for the last 5 months. The parents have visits once a week. The DCS caseworker usually picks the child up from daycare and brings him/her to the visit. However, she is running behind today and asks if you would please transport the child to the visit.

Please circle the correct response:

- a. Sure, I'll be there with "Bobby" at 2pm.
- b. "Are you nuts?" I can't do that! You are trying to get me in trouble, aren't you?
- c. I apologize, but the Vigo County CASA program has a policy that its volunteers cannot transport any children that they are appointed to. Perhaps the foster mom can bring him to the visit.

2. You have been working a case for several months. You visit the family frequently to keep close contacts and gain information. You have become very close with the mother of the child and she asks you for help looking at apartments?

Please circle the most appropriate response:

- a. Yes, if it will benefit the child.
- b. No, you should never help a parent who has mistreated their child.
- c. Yes, you should bend over backwards to give parents whatever they need.

3. Name 3 indicators of neglect.

4. Name 2 reasons for using "Minimum Sufficient Level of Care"?

5. Name the 4 components of the volunteer role.

Name: _____

- 6. Your CASA child has an upcoming birthday party that you were invited to. You have accepted the invitation. Is it appropriate for a CASA volunteer to purchase gifts for that child?**

Please circle the most appropriate answer:

- a. Yes, it is ok to give a child a gift within reasonable means and if it is ok with the foster parent/relative, or parent with whom the child lives.
- b. No, you should never give a child gifts.
- c. Lavishing expensive gifts on a child will ensure their trust in you as a CASA.

- 7. You have been the CASA of a 14 year old child for a total of one year. Currently the mother is living in a rehab facility for drug use problems. The rehab has approved an overnight visit for the mother and child. The child confesses to you that he/she does not want to visit mom. He or She asks if you will let them just stay the night at your house.**

Please circle the most appropriate response:

- a. OK, just don't tell anyone, it will be fun; we can make cookies and watch movies.
- b. If your mom says it is OK, then it is fine with me.
- c. I'm sorry, but that I am not allowed to do that as a CASA, I could visit with you at the rehab center for a little while.

- 8. You have just been assigned your very first case. It is now time to schedule appointments with all of the necessary people who are involved in the case. You set up an appointment to see the child. He is 10 years old. The alleged accusations against his parents involve drug use and physical abuse.**

- a. You should gently ask his version of why he does not live with his parents right now.
- b. You should interrogate the child to find out more information that could help the investigation.
- c. You should not ask any questions because he probably doesn't want to talk about it.

- 9. How many years has CASA existed in Vigo County? Please circle the correct answer:**

- a. 50
- b. 20
- c. 1
- d. There is a CASA in Vigo County now?
- e. What is CASA?

Chapter 1 Volunteer Training Evaluation

Please circle the number of the descriptor that best matches your views and write any comments in the space provided. If you would like to write additional comments, please use the back of this sheet. Thank you.

1. Please rate the chapter overall.	Poor Excellent 1 2 3 4 5
Comments:	
2. The facilitator was well prepared and engaging.	Not at All Very 1 2 3 4 5
Comments:	
3. The content of this session will be useful to me in my work.	Not at All Very 1 2 3 4 5
Comments:	
4. I understand and can define "best interest."	Not at All Easily 1 2 3 4 5
Comments:	
5. I understand and can describe "minimum sufficient level of care."	Not at All Easily 1 2 3 4 5
Comments:	
6. I understand my role as a CASA/GAL volunteer.	Not at All Absolutely 1 2 3 4 5
Comments:	

Chapter 1 Volunteer Training Evaluation (2 of 2)

7. What I liked least about this chapter was . . .

8. What I liked most about this chapter was . . .

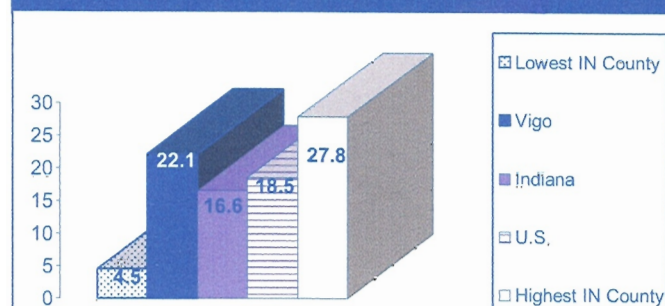
9. In order to utilize the information I've learned, I will need . . .

Vigo County

Economics

	Base Year		Current Year	
Per Capita Income (CY)	2000	\$22,362	2006	\$27,649
Unemployment Rate (CY)	2000	3.9	2007	5.3
Monthly Average of Persons Issued Food Stamps (SFY)	2000	7,952	2007	13,266
Monthly Average of Families Receiving TANF (SFY)	2000	701	2007	911
% of Children in Poverty, Age 0-17 (CY)	2000	17.3	2005	22.1
% of Students Receiving Free Lunches/ Text Books (SY)	2000	28.8	2007	37.3
% of Students Receiving Reduced Priced Lunches (SY)	2000	8.9	2007	9.7
# of Children Enrolled in Hoosier Healthwise (SFY)	2000	6,925	2007	11,735

Percent of Children In Poverty: 2005



Safety

	Base Year		Current Year	
# of Child Neglect Cases Substantiated by CPS (SFY)	2000	268	2007	203
# of Child Sexual Abuse Cases Substantiated by CPS (SFY)	2000	85	2007	54
# of Child Physical Abuse Cases Substantiated by CPS (SFY)	2000	58	2007	25
Child Abuse and Neglect Rate per 1,000 Children Under Age 18 (SFY)	2000	17.2	2007	12.2
# of Children in Domestic Violence Emergency Care Shelters (SFY)	2000	84	2007	56
# of Termination of Parental Rights Case Filings (CY)	2000	50	2007	72
Total # of Infant Deaths (CY)	2000	10	2006	7
Total # of Child Deaths, Age 1-14 (CY)	2000	4	2006	6
# of Teen Deaths by Accident, Homicide, and Suicide (CY)	2000	1	2006	2
# of Juvenile Delinquency Case Filings (CY)	2000	344	2007	291
# of Juvenile Status Case Filings (CY)	2000	103	2007	116
# of Juveniles Committed to the Department of Correction (CY)	2000	19	2007	11

Vigo County

2006 Population: 0 to 17 Years of Age

	Total	Females	Males
White	20,675	10,038	10,637
Black	1,797	840	957
Am Ind*	64	32	32
Asian	307	136	171
Hispanic	334	155	179
Total	23,177	11,201	11,976

*American Indian

Health

	Base Year	Current Year
# of Live Births (CY)	2000 1,384	2006 1,375
% of Low Birthweight Babies (CY)	2000 7.0	2006 9.1
% of Mothers who Reported Smoking During Pregnancy (CY)	2000 25.9	2006 26.1
% of Mothers who Received 1st Trimester Prenatal Care (CY)	2000 85.0	2006 85.2
Non-Marital Births as a % of All Births (CY)	2000 36.6	2006 49.2
# of Babies Born to Single Mothers Under the Age 20 without High School Diploma (CY)	2000 108	2006 90
Teen Birth Rate per 1,000 Females Age 15-17 (CY)	2000 31.9	2006 21.3

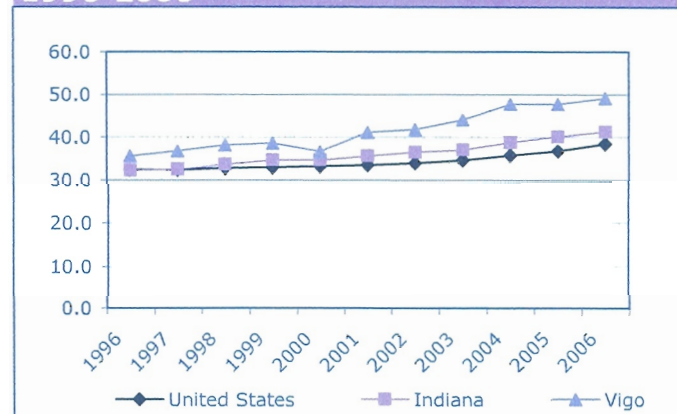
Early Childhood Education

	Base Year	Current Year
# of Licensed Child Care Centers (SFY)	2000 9	2007 8
# of Licensed Child Care Homes (SFY)	2000 166	2007 156
# of Registered Child Care Ministries (SFY)	2000 4	2007 9
# of Licensed Child Care Spaces per 100 Children, Ages 0-4 (SFY)	2000 37.5	2007 40.3
Annual Number of Children Receiving Child Care Vouchers (FFY)	2000 2,478	2007 1,772
Monthly Average of Children on Waiting List for Child Care Vouchers (FFY)	2000 78	2007 129

Education, Grades K-12

	Base Year	Current Year
Public School Enrollment (SY)	2000 16,652	2007 16,258
# of Alternative Education Enrollment (SY)	2000 533	2007 600
# of Non-public School Enrollment (SY)	2000 733	2007 597
# of Home Schooled Children (SY)	2000 212	2008 762
Total Per Pupil Expenditure (SY)	2000 \$7,040	2007 \$8,950
% of Graduates Passing the GQE (SY)	2000 99.0	2007 94.5
% of 10th Graders Passing the GQE Math Standard (SY)	2000 66.1	2007 61.0
% of 10th Graders Passing the GQE Language Standard (SY)	2000 76.0	2007 62.7
# of Expulsions (SY)	2000 187	2007 119
# of Suspensions (total) (SY)	2000 3,336	2007 3,148
# of Expulsions and Suspensions (SY)	2000 3,523	2007 3,267
# of Public School Student Dropouts (SY)	2000 245	2007 87
# of Public High School Graduates (SY)	2000 864	2007 886
% of Grads Intending Vocational/Tech School (SY)	2000 9.4	2007 2.9
% of Grads Intending 4-year College (SY)	2000 57.1	2007 61.7

Percent of Non-Marital Births: 1996-2006



Graduation Rates Per School District: SY 2006-2007

	2007
Vigo County School Corporation	73.4
State Rate	76.5

Note: Due to calculation methods, the graduation rate is only available at the school district level.

Child Abuse and Neglect Rate per 1,000 Children Under Age 18 (Rate per 1,000)				
2004	2005	2006	2007	2008
14.6	15.2	17.5	12.2	9.8
# of Child Neglect Cases Substantiated by CPS (Number)				
2003	2004	2005	2006	2007
211	201	246	268	203
% of Child Neglect Cases Substantiated by CPS (Percent)				
2003	2004	2005	2006	2007
34.2%	23.5%	28.5%	22.4%	20.1%
# of Child Sexual Abuse Cases Substantiated by CPS (Number)				
2003	2004	2005	2006	2007
78	93	85	99	54
# of Child Physical Abuse Cases Substantiated by CPS (Number)				
2003	2004	2005	2006	2007
44	60	33	46	25
% of Child Abuse Cases Substantiated by CPS (Percent)				
2003	2004	2005	2006	2007
32.8%	36.4%	29.2%	29.4%	19.8%
# of Child Abuse and Neglect Deaths (Number)				
2003	2004	2005	2006	2007
0	1	0	1	2

# of Children in Domestic Violence Emergency Care Shelters (Number)					
2004	2005	2006	2007	2008	
71	82	84	56	61	
# of Juvenile CHINS Case Filings (Number)					
2003	2004	2005	2006	2007	
164	187	176	140	79	
# of Juvenile Delinquency Case Filings (Number)					
2004	2005	2006	2007	2008	
321	310	355	291	373	
# of Juvenile Status Case Filings (Number)					
2004	2005	2006	2007	2008	
62	93	106	116	130	
# of Juvenile Miscellaneous Cases (Number)					
2007		2008			
164		331			
# of Juveniles Committed to the Department of Correction (Number)					
Gender	2004	2005	2006	2007	2008
Female	2	3	1	3	0
Male	19	11	11	8	5
Total	21	14	12	11	5
# of Children Adopted (Number)					
2008					
37.0					

# of Children in Domestic Violence Emergency Care Shelters (Number)					
2004	2005	2006	2007	2008	
4,706	3,804	4,472	3,755	4,231	
# of Juvenile CHINS Case Filings (Number)					
2003	2004	2005	2006	2007	
8,659	9,574	9,878	8,861	10,142	
# of Juvenile Delinquency Case Filings (Number)					
2004	2005	2006	2007	2008	
25,024	26,926	27,835	24,706	23,939	
# of Juvenile Status Case Filings (Number)					
2004	2005	2006	2007	2008	
7,376	6,661	7,448	6,091	5,307	
# of Juvenile Miscellaneous Cases (Number)					
2007		2008			
10,281		13,568			
# of Juveniles Committed to the Department of Correction (Number)					
Gender	2004	2005	2006	2007	2008
Female	238	191	174	269	134
Male	1,031	842	876	1,028	929
Total	1,269	1,033	1,050	1,312	1,063

Profile for Indiana (State) Data Provided by: National KIDS COUNT Program or Indiana Youth Institute

Child Abuse and Neglect Rate per 1,000 Children Under Age 18 (Rate per 1,000)				
2004	2005	2006	2007	2008
13.5	12.7	13.0	11.9	11.1
# of Child Neglect Cases Substantiated by CPS (Number)				
2003	2004	2005	2006	2007
12,269	13,128	12,820	13,504	12,628
% of Child Neglect Cases Substantiated by CPS (Percent)				
2003	2004	2005	2006	2007
33.3%	29.7%	26.1%	23.7%	21.2%
# of Child Sexual Abuse Cases Substantiated by CPS (Number)				
2003	2004	2005	2006	2007
4,290	4,539	4,381	4,471	3,837
# of Child Physical Abuse Cases Substantiated by CPS (Number)				
2003	2004	2005	2006	2007
3,584	3,583	2,862	2,882	2,351
% of Child Abuse Cases Substantiated by CPS (Percent)				
2003	2004	2005	2006	2007
34.6%	32.5%	27.9%	26.6%	23.3%
# of Child Abuse and Neglect Deaths (Number)				
2003	2004	2005	2006	2007
51	57	54	53	36

Persons residing in juvenile detention and correctional facilities by age group					
Age Group	1997	1999	2001	2003	2006
10 to 15	N.A.	N.A.	N.A.	N.A.	978
All youth	2,484	2,649	3,234	3,045	2,616
Age Group	1997	1999	2001	2003	2006
10 to 15	N.A.	N.A.	N.A.	N.A.	183
All youth	356	376	450	415	364
# of Children Adopted (Number)					
2008					
1,494.0					
Children under age 18 in foster care at any time in the year (Number)					
2004			2006		
14,383			17,124		
Children under age 18 in foster care at any time in the year (Rate per 1,000)					
2004			2006		
9			11		
Children above age 11 in foster care at any time in the year (Number)					
2004			2006		
5,549			6,555		
Children who aged out of foster care without having a permanent family					

Chapter 2

Participants in a Case

THE CHILD

Parents/Legal Guardians

CASA Volunteer

Parents Attorney

DCS Attorney

DCS Caseworker (1) (Assessment Unit)

DCS Caseworker (2) (Continuing Unit)

Magistrate

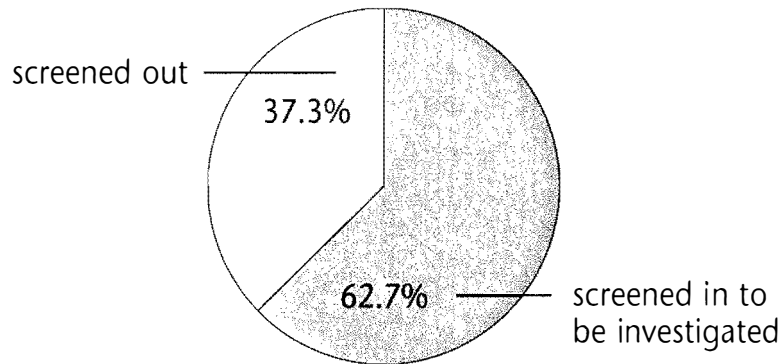
CASA Program Attorney — As needed

How does a case enter the welfare system?

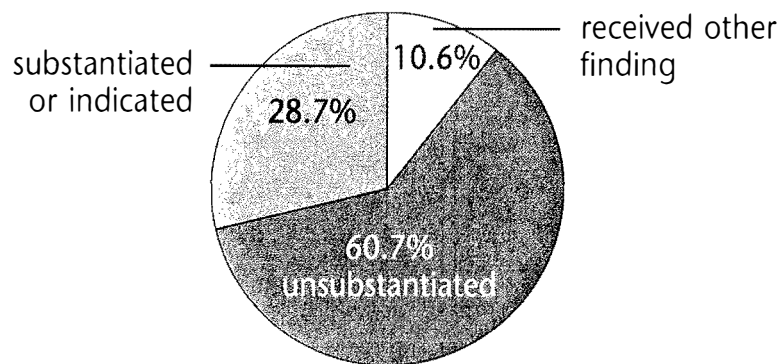
A call is made to the DCS office and they investigate. If they substantiate then they phone the Magistrate for a verbal detention order.

Cases in the System

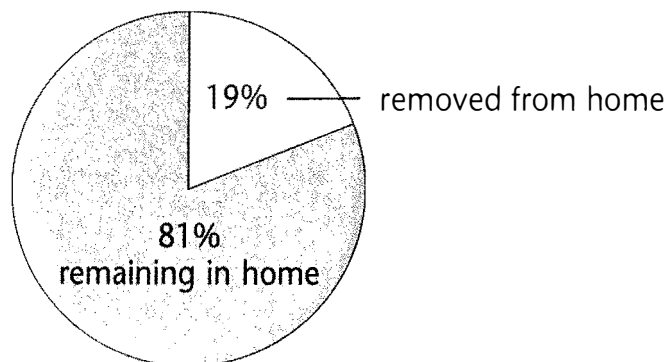
In 2004, an estimated total of 3 million referrals, involving approximately 5.5 million children, were made to CPS agencies across the country.



Of the cases that were investigated, more than one-quarter were substantiated.



An estimated 268,000 children were removed from their homes as a result of child maltreatment investigations.



Indiana: Child Abuse and Neglect Mandatory Reporters of Child Abuse and Neglect

Professionals Required to Report - Citation: Ann. Code § 31-33-5-2

Mandatory reporters include any staff member of a medical or other public or private institution, school, facility, or agency.

Reporting by Other Persons - Citation: Ann. Code § 31-33-5-1

Any person who has reason to believe that a child is a victim of abuse or neglect must report.

Standards for Making a Report - Citation: Ann. Code §§ 31-33-5-1; 31-33-5-2

A report is required when any person has reason to believe that a child is a victim of abuse or neglect.

Privileged Communications - Citation: Ann. Code § 31-32-11-1

The following privileges are not permitted, and shall not be grounds for failing to report:

- Husband-wife privilege
- Health care provider-patient privilege
- Therapist-client privilege between a certified social worker, certified clinical social worker, or certified marriage and family therapist and a client of any of these professionals
- Any privilege between a school counselor or psychologist and a student

Inclusion of Reporter's Name in Report - Citation: Ann. Code § 31-33-7-4

The written report must include the name and contact information for the person making the report.

Disclosure of Reporter Identity - Citation: Ann. Code § 31-33-18-2

The report shall be made available to the person about whom a report has been made, with protection for the identity of:

- Any person reporting known or suspected child abuse or neglect
- Any other person if the person or agency making the information available finds that disclosure of the information would be likely to endanger the life or safety of the person

The report may also be made available to each parent, guardian, custodian, or other person responsible for the welfare of a child named in a report, with protection for the identity of reporters and other appropriate individuals.

Penalties for Failure to Report and False Reporting of Child Abuse and Neglect

Failure to Report - Ann. Code § 31-33-22-1

A person who knowingly fails to make a report required by law commits a Class B misdemeanor.

A person who, in his capacity as a staff member of a medical or other institution, school, facility, or agency, is required to make a report to the individual in charge of the institution, school, facility, or agency, or his designated agent, and who knowingly fails to make a report commits a Class B misdemeanor. This penalty is imposed in addition to the penalty imposed above.

False Reporting - Ann. Code § 31-33-22-3(a)-(b)

A person who intentionally communicates to a law enforcement agency or the department a report of child abuse or neglect knowing the report to be false commits a Class A misdemeanor. The offense is a Class D felony if the person has a previous unrelated conviction for making a report of child abuse or neglect knowing the report to be false.

A person who intentionally communicates to a law enforcement agency or the department a report of child abuse or neglect knowing the report to be false is liable to the person accused of child abuse or neglect for actual damages. The finder of fact may award punitive damages and attorney's fees in an amount determined by the finder of fact against the person.

Timeline Of Major Child Welfare Legislation

- 1935** - Enactment of the Social Security Act includes limited funds for child welfare services under Title V.
- 1958** - Amendments to Title V require states to match federal child welfare funds if they choose to draw down funding.
- 1961** - Title IV-A, the Aid to Families with Dependent Children (AFDC) entitlement, is amended to allow use of funds for foster care expenses if the child comes from an AFDC eligible family and a court determines it is in the child's best interest to be removed. State participation in the Title IV-A AFDC foster care program is made mandatory in 1969.
- 1967** - Child welfare funding under Title V becomes Title IV-B, Child Welfare Services.
- 1974** - Child Abuse and Treatment Act is enacted. It is the only federal legislation exclusively dedicated to the prevention, assessment, identification, and treatment of child abuse and neglect.
- 1978** - Indian Child Welfare Act is adopted, establishing requirements for child welfare agencies when serving Native children and families.
- 1980** - Enactment of the Adoption Assistance and Child Welfare Amendments of 1980 establishes a new Title IV-E Foster Care and Adoption Assistance entitlement program.
- 1981** - Congress ultimately rejects Senate legislation to create a child welfare block grant that eliminates the Title IV-E entitlement.

1985 - Title IV-E is amended to include a new Independent Living program to assist youth that age-out of the foster care system.

1993 - Title IV-B is amended to create a new Family Preservation and Family Support program.

1994 - Legislation is enacted that directs the U.S. Department of Health and Human Services to create a new review of state child welfare systems. This directive ultimately creates the Child and Family Service Reviews. The legislation also authorizes child welfare waiver demonstrations.

1994 - Multiethnic Placement Act (MEPA) is enacted to prevent discrimination in the services under Title V.

1935 - Enactment of the Social Security Act includes limited funds for child welfare placement of children based on race, color, or national origin and to facilitate the identification and recruitment of foster and adoptive parents.

1995 - Congress ultimately rejects House-approved legislation to eliminate the Title IV-E Foster Care and Adoption Assistance entitlements and combine over 20 children's programs into a capped child welfare block grant.

1996 - Temporary Assistance for Needy Families (TANF) block grant is created, thus eliminating AFDC as an individual entitlement. While TANF replaces AFDC, the law requires states to continue to base Title IV-E Foster Care and Adoption Assistance eligibility on AFDC standards in place on July 16, 1996.

1996 - MEPA is amended by the Interethnic Adoption Provisions to delete language specifically permitting the consideration of race in placement decisions.

1997 - Adoption and Safe Families Act is enacted. It creates timelines for moving

children to permanency, provides adoption bonuses for states, and continues the child welfare waiver demonstrations. The law also renames the Family Preservation and Family Support program to Promoting Safe and Stable Families and expands the use of funds to two additional categories of service: time-limited reunification services and adoption promotion and support services.

1999 - The Independent Living program is expanded and renamed in honor of Senator John H. Chafee (R-RI).

2001 - Promoting Safe and Stable Families is reauthorized. The law also amends the

John H. Chafee Independent Living program to provide funding for education and training vouchers for foster youth and create new funding for mentoring of children of incarcerated parents.

**Vigo County Office
Of
Family and Children**

Child Protective Services

812-232-4116

Or

1-800-800-5556

**Both lines are available
24 hours**

Vigo County Info.

Who we Serve.

Families with children under the age of 18.

We investigate alleged neglect and physical abuse of children under the age of 18 by parent, caretaker or a daycare provider with an educational component.

We investigate allegations of neglect and physical abuse by institutions (group homes, foster homes and residential treatment facilities.

We investigate all allegations of sexual molest etc. of a child under the age of 18 regardless of who is alleged to be the perp.

Risks for Population

Poverty

Vigo Co. ranks 2 or 3 for % of children living in poverty.

Drugs & Alcohol

Roughly 70 to 80% of our cases involve drugs or alcohol.

Domestic Violence

Single Parents

Absent parents not paying support

Changes in access to benefits

Public Assistance and Unemployment

Birth defects and disabilities of children and parents

Drugs and alcohol

Dangerous jobs/long hours



Information Maintained by the Office of Code Revision Indiana Legislative Services Agency

11/24/2008 02:53:04 PM EST

IC 31-34**ARTICLE 34. JUVENILE LAW: CHILDREN IN NEED OF SERVICES****IC 31-34-1**

Chapter 1. Circumstances Under Which a Child Is a Child in Need of Services

IC 31-34-1-1**Inability, refusal, or neglect of parent, guardian, or custodian to supply child with necessary food, clothing, shelter, medical care, education, or supervision**

Sec. 1. A child is a child in need of services if before the child becomes eighteen (18) years of age:

(1) the child's physical or mental condition is seriously impaired or seriously endangered as a result of the inability, refusal, or neglect of the child's parent, guardian, or custodian to supply the child with necessary food, clothing, shelter, medical care, education, or supervision; and

(2) the child needs care, treatment, or rehabilitation that:

(A) the child is not receiving; and

(B) is unlikely to be provided or accepted without the coercive intervention of the court.

As added by P.L.1-1997, SEC.17. Amended by P.L.2-2005, SEC.76.

IC 31-34-1-2**Act or omission of parent, guardian, or custodian seriously endangering child's physical or mental health**

Sec. 2. (a) A child is a child in need of services if before the child becomes eighteen (18) years of age:

(1) the child's physical or mental health is seriously endangered due to injury by the act or omission of the child's parent, guardian, or custodian; and

(2) the child needs care, treatment, or rehabilitation that:

(A) the child is not receiving; and

(B) is unlikely to be provided or accepted without the coercive intervention of the court.

(b) Evidence that the illegal manufacture of a drug or controlled substance is occurring on property where a child resides creates a rebuttable presumption that the child's physical or mental health is seriously endangered.

As added by P.L.1-1997, SEC.17. Amended by P.L.17-2001, SEC.8; P.L.2-2005, SEC.77.

IC 31-34-1-3**Victim of sex offense; living in household with victim of sex offense**

Sec. 3. (a) A child is a child in need of services if, before the child becomes eighteen (18) years of age:

(1) the child is the victim of a sex offense under:

(A) IC 35-42-4-1;

(B) IC 35-42-4-2;

- (C) IC 35-42-4-3;
 - (D) IC 35-42-4-4;
 - (E) IC 35-42-4-7;
 - (F) IC 35-42-4-9;
 - (G) IC 35-45-4-1;
 - (H) IC 35-45-4-2;
 - (I) IC 35-46-1-3; or
 - (J) the law of another jurisdiction, including a military court, that is substantially equivalent to any of the offenses listed in clauses (A) through (I); and
 - (2) the child needs care, treatment, or rehabilitation that:
 - (A) the child is not receiving; and
 - (B) is unlikely to be provided or accepted without the coercive intervention of the court.
 - (b) A child is a child in need of services if, before the child becomes eighteen (18) years of age:
 - (1) the child lives in the same household as another child who is the victim of a sex offense under:
 - (A) IC 35-42-4-1;
 - (B) IC 35-42-4-2;
 - (C) IC 35-42-4-3;
 - (D) IC 35-42-4-4;
 - (E) IC 35-42-4-7;
 - (F) IC 35-42-4-9;
 - (G) IC 35-45-4-1;
 - (H) IC 35-45-4-2;
 - (I) IC 35-46-1-3; or
 - (J) the law of another jurisdiction, including a military court, that is substantially equivalent to any of the offenses listed in clauses (A) through (I);
 - (2) the child lives in the same household as the adult who committed the sex offense under subdivision (1) and the sex offense resulted in a conviction or a judgment under IC 31-34-11-2;
 - (3) the child needs care, treatment, or rehabilitation that:
 - (A) the child is not receiving; and
 - (B) is unlikely to be provided or accepted without the coercive intervention of the court; and
 - (4) a caseworker assigned to provide services to the child:
 - (A) places the child in a program of informal adjustment or other family or rehabilitative services based upon the existence of the circumstances described in subdivisions (1) and (2) and the assigned caseworker subsequently determines further intervention is necessary; or
 - (B) determines that a program of informal adjustment or other family or rehabilitative services is inappropriate.
- As added by P.L.1-1997, SEC.17. Amended by P.L.18-2004, SEC.1.*

IC 31-34-1-4

Parent, guardian, or custodian allowing child's participation in obscene performance

Sec. 4. A child is a child in need of services if before the child becomes eighteen (18) years of age:

- (1) the child's parent, guardian, or custodian allows the child to participate in an obscene performance (as defined by IC 35-49-2-2 or IC 35-49-3-2); and
- (2) the child needs care, treatment, or rehabilitation that:
 - (A) the child is not receiving; and
 - (B) is unlikely to be provided or accepted without the coercive intervention of the court.

As added by P.L.1-1997, SEC.17. Amended by P.L.2-2005, SEC.78.

IC 31-34-1-5**Parent, guardian, or custodian allowing child to commit sex offense**

Sec. 5. A child is a child in need of services if before the child becomes eighteen (18) years of age:

- (1) the child's parent, guardian, or custodian allows the child to commit a sex offense prohibited by IC 35-45-4; and
- (2) the child needs care, treatment, or rehabilitation that:
 - (A) the child is not receiving; and
 - (B) is unlikely to be provided or accepted without the coercive intervention of the court.

As added by P.L.1-1997, SEC.17. Amended by P.L.2-2005, SEC.79.

IC 31-34-1-6**Child substantially endangering own or another's health**

Sec. 6. A child is a child in need of services if before the child becomes eighteen (18) years of age:

- (1) the child substantially endangers the child's own health or the health of another individual; and
- (2) the child needs care, treatment, or rehabilitation that:
 - (A) the child is not receiving; and
 - (B) is unlikely to be provided or accepted without the coercive intervention of the court.

As added by P.L.1-1997, SEC.17. Amended by P.L.2-2005, SEC.80.

IC 31-34-1-7**Parent, guardian, or custodian failing to participate in school disciplinary proceeding**

Sec. 7. A child is a child in need of services if before the child becomes eighteen (18) years of age:

- (1) the child's parent, guardian, or custodian fails to participate in a disciplinary proceeding in connection with the student's improper behavior, as provided for by IC 20-33-8-26, if the behavior of the student has been repeatedly disruptive in the school; and
- (2) the child needs care, treatment, or rehabilitation that:
 - (A) the child is not receiving; and
 - (B) is unlikely to be provided or accepted without the

coercive intervention of the court.

As added by P.L.1-1997, SEC.17. Amended by P.L.1-2005, SEC.203.

IC 31-34-1-8**Missing child**

Sec. 8. A child is a child in need of services if before the child becomes eighteen (18) years of age:

- (1) the child is a missing child (as defined in IC 10-13-5-4); and
- (2) the child needs care, treatment, or rehabilitation that:
 - (A) the child is not receiving; and
 - (B) is unlikely to be provided or accepted without the coercive intervention of the court.

As added by P.L.1-1997, SEC.17. Amended by P.L.2-2003, SEC.73.

IC 31-34-1-9**Disabled child deprived of necessary nutrition or medical or surgical intervention**

Sec. 9. A child in need of services under section 1, 2, 3, 4, 5, 6, 7, or 8 of this chapter includes a child with a disability who:

- (1) is deprived of nutrition that is necessary to sustain life; or
- (2) is deprived of medical or surgical intervention that is necessary to remedy or ameliorate a life threatening medical condition;

if the nutrition or medical or surgical intervention is generally provided to similarly situated children with or without disabilities.

As added by P.L.1-1997, SEC.17.

IC 31-34-1-10

Child born with fetal alcohol syndrome or with controlled substance or legend drug in child's body

Sec. 10. Except as provided in sections 12 and 13 of this chapter, a child is a child in need of services if:

- (1) the child is born with:
 - (A) fetal alcohol syndrome; or
 - (B) any amount, including a trace amount, of a controlled substance or a legend drug in the child's body; and
- (2) the child needs care, treatment, or rehabilitation that:
 - (A) the child is not receiving; or
 - (B) is unlikely to be provided or accepted without the coercive intervention of the court.

As added by P.L.1-1997, SEC.17.

IC 31-34-1-11

Risks or injuries arising from use of alcohol, controlled substance, or legend drug by child's mother during pregnancy

Sec. 11. Except as provided in sections 12 and 13 of this chapter, a child is a child in need of services if:

- (1) the child:
 - (A) has an injury;
 - (B) has abnormal physical or psychological development; or
-
- (C) is at a substantial risk of a life threatening condition; that arises or is substantially aggravated because the child's mother used alcohol, a controlled substance, or a legend drug during pregnancy; and
 - (2) the child needs care, treatment, or rehabilitation that:
 - (A) the child is not receiving; or
 - (B) is unlikely to be provided or accepted without the coercive intervention of the court.

As added by P.L.1-1997, SEC.17. Amended by P.L.2-2005, SEC.81.

IC 31-34-1-12

Exception for mother's good faith use of legend drug according to prescription

Sec. 12. A child is not a child in need of services under section 10 or 11 of this chapter if:

- (1) a drug detected in the body of the child under section 10(1) of this chapter or the condition described in section 11(1) of this chapter was caused by a legend drug; and
- (2) during pregnancy the child's mother:
 - (A) possessed a valid prescription for the legend drug;
 - (B) was not in violation of IC 16-42-19 (the Indiana legend drug act); and
 - (C) made a good faith attempt to use the legend drug according to the prescription instructions.

As added by P.L.1-1997, SEC.17.

IC 31-34-1-13

Exception for mother's good faith use of controlled substance according to prescription

Sec. 13. A child is not a child in need of services under section 10 or 11 of this chapter if:

- (1) a drug detected in the body of the child under section 10(1) of this chapter or the condition described in section 11(1) of this chapter was caused by a controlled substance; and
- (2) during pregnancy the child's mother:
 - (A) possessed a valid prescription for the controlled substance; and
 - (B) made a good faith attempt to use the controlled substance according to the prescription instructions.

As added by P.L.1-1997, SEC.17.

IC 31-34-1-14

Exception for failure of parent, guardian, or custodian to provide medical treatment because of religious beliefs; rebuttable presumption; effect of presumption

Sec. 14. If a parent, guardian, or custodian fails to provide specific medical treatment for a child because of the legitimate and genuine practice of the religious beliefs of the parent, guardian, or custodian, a rebuttable presumption arises that the child is not a child in need of services because of the failure. However, this presumption does not

do any of the following:

- (1) Prevent a juvenile court from ordering, when the health of a child requires, medical services from a physician licensed to practice medicine in Indiana.
- (2) Apply to situations in which the life or health of a child is in serious danger.

As added by P.L.1-1997, SEC.17.

IC 31-34-1-15

Effect of chapter on use of corporal punishment or religious practices

Sec. 15. This chapter does not do any of the following:

- (1) Limit the right of a parent, guardian, or custodian of a child to use reasonable corporal punishment when disciplining the child.
- (2) Limit the lawful practice or teaching of religious beliefs.

As added by P.L.1-1997, SEC.17.

IC 31-34-1-16

Termination of parental rights or transfer of custody may not be required; voluntary placement agreements

Sec. 16. (a) The department may not:

- (1) initiate a court proceeding to:
 - (A) terminate the parental rights concerning; or
 - (B) transfer legal custody of; or
- (2) require a parent, guardian, or custodian to consent to:
 - (A) the termination of parental rights; or
 - (B) transfer of legal custody of;

a child with an emotional, a behavioral, or a mental disorder or a developmental or physical disability who is voluntarily placed out of the home for the purpose of obtaining special treatment or care, solely because the parent, guardian, or custodian is unable to provide the treatment or care. Relinquishment of custody of a child described in this subsection may not be made a condition for receipt of services or care delivered or funded by the department or the county office of family and children.

(b) When a child described in subsection (a) is voluntarily placed out of the home to receive special treatment or care, the department and the parent, guardian, or custodian of the child may execute a

voluntary placement agreement that includes the following:

(1) A statement that, by entering into a voluntary placement agreement, the parent, guardian, or custodian of the child is not transferring legal custody of the child to the department.

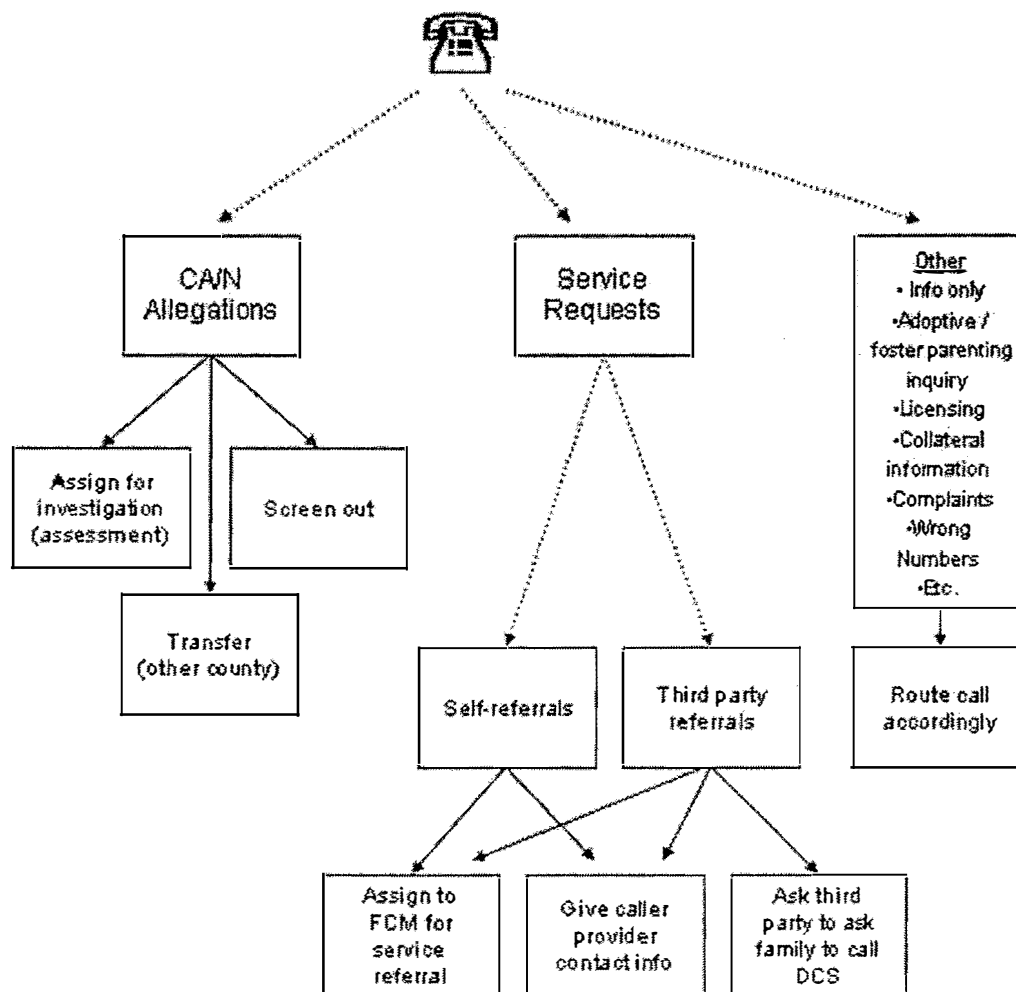
(2) A statement specifying the legal status of the child.

(3) A statement specifying the rights and obligations of the parent, guardian, or custodian.

As added by P.L.282-2001, SEC.3. Amended by P.L.145-2006, SEC.289.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Tool Name: Intake Overview Flowchart	Effective Date: November 1, 2005
	Reference: Chapter 3 Section 1 (Receiving Calls – Overview)	Version: 1

The flowchart below illustrates an overview of intake:



Indiana Department of Child Services
Intake Guidance Tool



Reporter's Basis for Making the Report

- ☐ Told by Third Party ☐ Suspicion ☐ Witnessed Alleged Incident ☐ Told by Child
☐ Observed by Physical Evidence ☐ Other

Referring From

- ☐ Hospital/Clinic ☐ Community Mental Health ☐ Referring Physician ☐ School
☐ Dentist ☐ Licensed Psychologist ☐ Managed Care Provider ☐ All Others (Non-Professional Reporters)

Child Information

- What are the name, age, DOB and gender of this child(ren)?
- Where is the child's current location (specific address)?
- Does the alleged perpetrator have access to this child? From your perception, is the child in danger (if so, why)?
- Does the child have any physical injuries? If so, describe:
- What is the mental/emotional condition of the child, including level of functioning and known disabilities?

Abuse Allegations:

- Please describe what happened?
- Where and when did the alleged abuse occur (type, extent, severity, duration and frequency)?
- Have there been other incidents of child abuse?

Neglect Allegations:

- Please describe the circumstances that concern you?
- Are there any specific conditions of the home that make the home unsafe for the child?
- Are the children being left alone, without adult supervision? What are the circumstances? For what period of time?

Additional Information:

- Are there other children in the home? What are their names, age, DOB and present location?
- Are there any other people that have first hand information about the alleged incident(s)?
- Has any action already been taken (medical attention, removed from home, other professionals involved)?

Indiana Department of Child Services
Intake Guidance Tool



Alleged Perpetrator Information

- What can you tell me about the perpetrator?
 - Name, address, telephone number, aliases
 - Relationship to the child
 - Behavioral issues (substance abuse, violence, mental health issues, criminal history)
 - General level of functioning
 - Current stressors

Parent/Guardian/Custodian Information

- Who are the child's parents/guardians/custodians?
 - Name, Address, telephone number, aliases
 - Do they know about this call?
 - Are there behavioral issues we should know about (substance abuse, violence, mental health issues, and criminal history)?
 - General level of functioning
 - Any family members, friends, or neighbors who may be helpful or have additional information?
 - Current stressors
 - Is English the family's first language? If not, what is?

Indiana Department of Child Services
Intake Guidance Tool



Safety Issues

- Are there any weapons in the home?
- Are there any animals in the home that may pose a danger to a worker?
- Does anyone in the home use drugs/alcohol? If yes, what type? Is a meth lab suspected?
- Does anyone in the home have a communicable disease?
- Have any family members been involved in domestic violence?
- Are any family members involved in any criminal activity?
- Is the home in a remote area?

Reporter Information (if willing – anonymous reports are acceptable: callers should be treated the same as identified reporters)

- What is your name, address, relationship to the child?
- How did you find out about the allegation?
- Can we call you again if we need additional information (if yes, contact information)?

Additional Information

- Is there anything else you want to tell me about this child and family?

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Tool Name: Sexual Offense CA/N Matrix	Effective Date: November 1, 2005
	Reference: Chapter 3 Section 8 (Statutory Definition of Child Abuse/Neglect)	Version: 1

The following chart summarizes sexual offenses that meet the statutory definition of child abuse/neglect (CA/N):

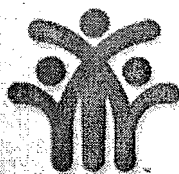
Code	Crime	Age of Perp	Age of Victim
<u>IC 35-42-4-1</u>	Rape	Any	Any
<u>IC 35-42-4-2</u>	Criminal Deviate Conduct	Any	Any
<u>IC 35-42-4-3</u>	Child Molesting ¹	Any	Less than 14
<u>IC 35-42-4-4</u>	Child Exploitation	Any	Less than 18
<u>IC 35-42-4-4</u>	Child Pornography	Any	Less than 18
<u>IC 35-42-4-7</u>	Child Seduction	18 or older	16 or 17
<u>IC 35-42-4-9</u>	Sexual Misconduct with a Minor	18 or older	14 or 15
<u>IC 35-45-4-1</u>	Public Indecency	Any	Any
<u>IC 35-45-4-2</u>	Prostitution	Any	Any
<u>IC 35-46-1-3</u>	Incest	18 or older	Any

The following chart summarizes sexual offenses that do not meet the statutory definition of CA/N. However, these sexual offenses are of a criminal nature and will therefore be investigated by law enforcement. When DCS receives reports that contain only criminal allegations (no CA/N allegations), the reports are "screened out" and transferred to law enforcement for investigation.

Code	Crime	Age of Perp	Age of Victim
<u>IC 35-42-4-5</u>	Vicarious Sexual Gratification	18 or older	Less than 16
<u>IC 35-42-4-6</u>	Child Solicitation	18 or older	Less than 14
<u>IC 35-42-4-8</u>	Sexual Battery	Any	Any
<u>IC 35-42-4-3</u>	Child Molesting ²	Any	Less than 14

¹ The term does not include a child who is alleged to be a "child in need of services" if the child is alleged to be a victim of a sexual offense under IC 35-42-4-3 unless the alleged offense under IC 35-42-4-3 involves the fondling or touching of the buttocks, genitals, or female breasts. (IC 31-9-2-14)

² Cases that do not involve the fondling or touching of the buttocks, genitals or female breasts should be referred to law enforcement.



Prevent Child Abuse Indiana

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Recognizing Child Abuse and Neglect

Physical Abuse:

Infliction of physical injury or allowing another to do so.

Physical Indicators:

Unexplained bruises
Unexplained welts
Unexplained burns
Unexplained lumps
Unexplained bumps
Unexplained fractures
Unexplained lacerations or abrasions
Hemorrhages
Burns by cigarettes
Burns by immersion
Dental/oral injuries

Behavioral Indicators:

Verbally reports abuse
Too eager to please
Depression
Low self-esteem
Behavioral extremes
Role reversal
Developmental lags
Appears frightened of caretaker
Apprehensive children cry
Exaggerated startle response
School absenteeism

Behavioral Indicators of Caretaker:

Harsh disciplinarian, describes child in a consistently negative manner, defensive, conceals or misleads about child's injuries, substance abuser.

If you suspect a child is suffering from physical abuse, report it to [Child Protective Services](#).

Neglect:

Chronic failure to meet basic needs of a child for food, clothing, shelter, medical care, education or supervision.

Physical Indicators:

Flat, bald spots on infant's head
Dirty, smelly, torn, dirty or inappropriate clothing for the weather
Developmental lags
Underweight

Behavioral Indicators:

Listless
Begging/stealing food
Constant fatigue
Alcohol or drug use
Reports being left alone

Behavioral Indicators of Caretaker:

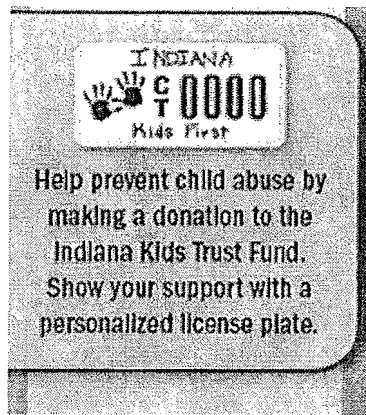
Substance abuser, chaotic life style, apathetic, expects too much of child.

For information on a specific form of medical neglect, [click here](#).

If you suspect a child is suffering from emotional maltreatment, report it to [Child Protective Services](#).

Sexual Abuse:

Utilization of a child for sexual gratification by an adult or older child in a



position of power, or permitting another person to do so. If you suspect a child is suffering from sexual abuse, report it to [Child Protective Services](#).

Physical Indicators:

Any venereal disease
Bruised/dilated genitals or rectum
Pregnancy under 16 years of age
Difficulty/pain in walking or sitting
Foreign matter in bladder, rectum or urethra
Pelvic inflammatory disease
Torn, stained or bloody underclothing
Recurrent urinary tract infections

Behavioral Indicators:

Aggressive, overt sexual behavior
Drawing pictures of people with genitals or vagina
Cruelty to animals without physiological basis
Pre-mature knowledge of explicit sexual acts
Sleep disorders
Taking frequent baths
Starting fires
Self-inflicted injuries
Expresses fear of a particular person or place
Reports sexual abuse

Behavioral Indicators of Caretaker:

Extremely protective of family privacy, does not allow child to be involved in extra-curricular activities, does not want child to engage in developmentally appropriate activities i.e. dating, encourages child into prostitution, substance abuser.

For information on sexual abuse, [click here](#).

If you suspect a child is suffering from sexual abuse, report it to [Child Protective Services](#).

Emotional Maltreatment:

Emotional Neglect - Chronic failure by the caretaker to provide support and affection necessary to develop a sound and healthy personality.

Emotional Abuse - Chronic attitude or acts of a caretaker which are detrimental to the child's development of a sound and healthy personality.

Behavioral Indicators:

Behavioral Indicators
Low self esteem
Difficulty forming positive relationships
Eating disorders
Elimination problems
Speech disorders
Inability to trust
Sleep problems
Sadistic, masochistic
Apathetic
Suicidal
Withdrawal
Anxiety, fear
Developmental lags
Reports emotional maltreatment

Behavioral Indicators of Caretaker:

Rejecting, ignoring, terrorizing, isolating, corrupting.

For information on a specific form of emotional maltreatment, [click here](#).

If you suspect a child is suffering from sexual abuse, report it to [Child Protective Services](#).

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Sexual Abuse

What is child sexual abuse?

Child sexual abuse is defined as "utilizing a child for sexual gratification by an adult or older child in a position of power, or permitting another person to do so."

Non-touching sexual offenses:

- Indecent exposure/exhibitionism
- Exposing children to pornographic material
- Deliberately exposing a child to the act of sexual intercourse
- Masturbation in front of a child

Touching sexual offenses include:

- Fondling
- Making a child touch an individual's sexual organs
- Any penetration of a child's vagina or anus - no matter how slight by a penis or any object that does not have a valid medical purpose

Sexual exploitation of a child is also an offense and can include:

- engaging or soliciting a child for the purposes of prostitution
- using a child to film, photograph or model pornography

What are the signs of sexual abuse?

The first indicators that a child has been sexually abused may be behavioral changes. Behavioral indicators in young children may include:

- Premature knowledge of sex acts
- Aggressive, overt sexual behavior
- Sleep disorders
- Drawing pictures of people with genitals
- Taking frequent baths
- Starting fires
- Cruelty to animals
- Self-inflicted injuries
- Fear of a particular person or place
- Reporting that abuse has taken place

What are long-term effects of child sexual abuse?

Child sexual abuse may have lifelong effects on children resulting in serious emotional problems including depression, anti-social behavior and identity confusion. Children may lose trust in adults in their lives, suffer feelings of guilt or develop self-abusive behaviors. The memories of abuse may even be suppressed until later in their adult lives.

What can we do to protect children?

- Parents can help to protect their children by teaching them that they can say "no" to a person who touches them in a way that makes them uncomfortable. Parents can make sure that their children know that they can report inappropriate behavior to them or another trusted adult and that they will be believed. Promptly reporting suspected abuse of any child is important.
- Professionals should be aware of the physical and behavioral indicators of abuse. Many professionals have the opportunity to be positive role models for parents and caregivers. In addition, professionals can encourage victims of abuse to seek support groups and therapy.

Emotional Maltreatment

Emotional Neglect:

Emotional neglect is a chronic failure by the caretaker to provide the child with the support and affection necessary to develop a sound and healthy personality. When a child is emotionally neglected, he or she is being hurt by what is not there.

Emotional neglect may include:

- Habitual lack of attention, affection, emotional support or supervision
- Refusal of treatment or services recommended by school or medical personnel
- Punishing indiscriminately without teaching right from wrong
- No "family time" for shared social experiences such as meals, discussions about feelings or family outings
- Showing no interest in a child's schoolwork, grades, hobbies or friends
- Lack of supervision with no established expectations for behavior

Emotional Abuse:

Emotional abuse is a chronic attitude or act of a caretaker that is detrimental to the child's development of a sound and healthy personality. Emotional abuse is often expressed in verbal abuse, making a child feel that he or she is worthless and unworthy of attention and love.

Emotional abuse may include:

- Verbal threats of bodily harm
- Mis-socialization of a child into harmful behaviors such as lying or stealing
- Demeaning a child with comments such as "you're stupid," "you're no good," "you're ugly," or "I hate you"

Effects of Emotional Maltreatment

- Low self esteem
- Difficulty in forming positive relationships
- Defiant behavior
- Inability to trust
- Poorly developed ability to empathize with others
- Apathy
- Elimination disorders
- Speech disorders
- Eating disorders
- Derives pleasure from hurting others
- Suicide attempts

What Can We Do To Prevent Emotional Maltreatment?

- Teach parents and caregivers to set limits, communicate directions and provide structure for children and youth with loving, rather than hurting, words.
- Tell children and youth that they are special, important, lovable, likeable and talented
- Provide support and education to parents and caregivers who are adult supervisors of maltreatment to help break the cycle of abuse.

The National Children's Advocacy Center

to model and promote excellence in child
abuse response and prevention

Home > For Children and Families > For people who work with children > Indicators of Abuse

Physical and Behavioral Indicators of Abuse

Type of Abuse	Physical Indicators	Behavioral Indicators
Physical Abuse	• Unexplained bruises (in various stages of healing) • Unexplained burns, especially cigarette burns or immersion burns • Unexplained fractures, lacerations or abrasions • Swollen areas • Evidence of delayed or inappropriate treatment for injuries	• Self destructive • Withdrawn and/or aggressive - behavioral extremes • Arrives at school early or stays late as if afraid to be at home • Chronic runaway (adolescents) • Complaints of soreness or moves uncomfortably • Wears clothing inappropriate to weather, to cover body • Bizarre explanation of injuries • Wary of adult contact
Physical Neglect	• Abandonment • Unattended medical needs • Consistent lack of supervision • Consistent hunger, inappropriate dress, poor hygiene • Lice, distended stomach, emaciated • Inadequate nutrition	• Regularly displays fatigue or listlessness, falls asleep in class • Steals food, begs from classmates • Reports that no caretaker is at home • Frequently absent or tardy • Self destructive • School dropout (adolescents) • Extreme loneliness and need for affection
Sexual Abuse	Sexual abuse may be non-touching: obscene language, pornography, exposure - or touching: fondling, molesting, oral sex, intercourse • Torn, stained or bloody underclothing • Pain, swelling or itching in genital area • Difficulty walking or sitting • Bruises or bleeding in genital area • Venereal disease • Frequent urinary or yeast infections	• Excessive seductiveness • Role reversal, overly concerned for siblings • Massive weight change • Suicide attempts (especially adolescents) • Inappropriate sex play or premature understanding of sex • Threatened by physical contact, closeness

Emotional Abuse	Emotional abuse may be name-calling, insults, put-downs, etc., or it may be terrorization, isolation, humiliation, rejection, corruption, ignoring • Speech disorders • Delayed physical development • Substance abuse • Ulcers, asthma, severe allergies	• Habit disorder (sucking, rocking, biting) • Antisocial, destructive • Neurotic traits (sleep disorders, inhibition of play) • Passive and aggressive - behavioral extremes • Delinquent behavior (especially adolescents) • Developmentally delayed
-----------------	--	---

Remember:

DISCIPLINE helps a child learn a lesson that will carry over and positively affect future behavior. ABUSE affects the future in a negative way, leading to anger, hatred and more deviant behavior.

DISCIPLINE enhances the child's sense of self worth, helping the child learn self-control and thus becoming comfortable within the family and in society. ABUSE robs the child of self worth and causes him/her to feel outcast and resentful.

DISCIPLINE is not shame or guilt. ABUSE is shame or guilt which satisfies the needs of the parents at the moment and destroys the self image of the child in a hostile manner.

DISCIPLINE is taught by example. But so is abuse!

Adapted from Child Discipline: Guidelines for Parents by Gary May.



Child Welfare Information Gateway

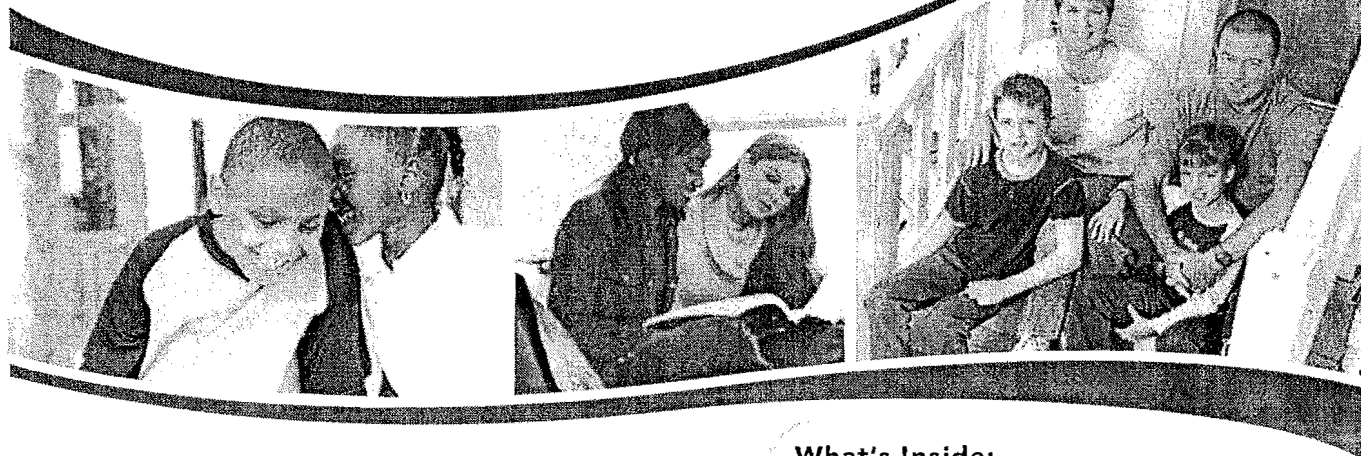
PROTECTING CHILDREN ■ STRENGTHENING FAMILIES

FACTSHEET

April 2008

Disponible en español
www.childwelfare.gov/pubs/factsheets/spcpswork.cfm

How the Child Welfare System Works



The child welfare system is a group of services designed to promote the well-being of children by ensuring safety, achieving permanency, and strengthening families to successfully care for their children. While the primary responsibility for child welfare services rests with the States, the Federal Government plays a major role in supporting States in the delivery of services through funding of programs and legislative initiatives.

What's Inside:

- What happens when possible abuse or neglect is reported?
- What happens after a report is "screened in"?
- What happens in substantiated (founded) cases?
- What happens to people who abuse children?
- What happens to children who enter foster care?
- Resources

U.S. Department of Health and Human Services
Administration for Children and Families
Administration on Children, Youth and Families
Children's Bureau



Child Welfare Information Gateway
Children's Bureau/ACYF
1250 Maryland Avenue, SW
Eighth Floor
Washington, DC 20024
703.385.7565 or 800.394.3366
Email: info@childwelfare.gov
www.childwelfare.gov

The primary responsibility for implementing Federal child and family legislative mandates rests with the Children's Bureau within the Administration on Children, Youth and Families, Administration for Children and Families, U.S. Department of Health and Human Services. The Children's Bureau works with State and local agencies to develop programs that focus on preventing the abuse of children in troubled families, protecting children from abuse, and finding permanent families for those who cannot safely return to their parents.

THE CHILD ABUSE PREVENTION AND TREATMENT ACT

The Child Abuse Prevention and Treatment Act (CAPTA), originally passed in 1974, brought national attention to the need to protect vulnerable children in the United States. CAPTA provides Federal funding to States in support of prevention, assessment, investigation, prosecution, and treatment activities as well as grants to public agencies and nonprofit organizations for demonstration programs and projects. Additionally, CAPTA identifies the Federal role in supporting research, evaluation, technical assistance, and data collection activities. CAPTA also sets forth a minimum definition of child abuse and neglect. Since it was signed into law, CAPTA has been amended several times. It was most recently amended and reauthorized on June 25, 2003, by the Keeping Children and Families Safe Act of 2003 (P.L. 108-36). To see the 2003 amendment to CAPTA, visit: www.acf.hhs.gov/programs/cb/laws_policies/cblaws/capta03/index.htm

Most families first become involved with their local child welfare system due to a report of suspected child abuse or neglect (sometimes called "child maltreatment"). Child maltreatment is defined by CAPTA as serious harm (neglect, physical abuse, sexual abuse, and emotional abuse or neglect) caused to children by parents or primary caregivers, such as extended family members or babysitters.¹ Child maltreatment also can include harm that a caregiver allows to happen or does not prevent from happening to a child. In general, child welfare agencies do not intervene in cases of harm to children caused by acquaintances or strangers. These cases are the responsibility of law enforcement.²

The child welfare system is not a single entity. Many organizations in each community work together to strengthen families and keep children safe. Public agencies, such as departments of social services or child and family services, often contract and collaborate with private child welfare agencies and community-based organizations to provide services to families, such as in-home family preservation services, foster care, residential treatment, mental health care, substance abuse treatment, parenting skills classes, employment assistance, and financial or housing assistance.

¹ Each State has its own laws that define child abuse and neglect for purposes of stating the reporting obligations of individuals and describing required State/local child protective services agency interventions. For State-by-State information about civil laws related to child abuse and neglect, visit the Child Welfare Information Gateway website at www.childwelfare.gov/systemwide/laws_policies/state

² While some States authorize child protective services agencies to respond to all reports of alleged child maltreatment, other States authorize law enforcement to respond to certain types of maltreatment, such as sexual or physical abuse.

Child welfare systems are complex, and their specific procedures vary widely by State. The purpose of this factsheet is to give a brief overview of the purposes and functions of child welfare from a national perspective. Child welfare systems typically:

- Receive and investigate reports of possible child abuse and neglect
- Provide services to families who need assistance in the protection and care of their children
- Arrange for children to live with foster families when they are not safe at home
- Arrange for adoption or other permanent family connections for children leaving foster care

Appendix A provides a graphic overview of the process described in the following sections.

What happens when possible abuse or neglect is reported?

Any concerned person can report suspicions of child abuse or neglect. Most reports are made by people who are required by State law to report suspicions of child abuse and neglect—mandatory reporters.³ As of January 2008, statutes in approximately 18 States and Puerto Rico require any person who suspects child abuse or neglect to

³ See *Mandatory Reporters of Child Abuse and Neglect* (www.childwelfare.gov/systemwide/laws_policies/statutes/rnanda.cfm) and *Making and Screening Reports of Child Abuse and Neglect* (www.childwelfare.gov/systemwide/laws_policies/statutes/repproc.cfm), available from Child Welfare Information Gateway.

report it.⁴ Reports of possible child abuse and neglect are generally received by child protective services (CPS) workers and either “screened in” or “screened out.” A report is screened in if there is sufficient information to suggest an investigation is warranted. A report may be screened out if there is not enough information on which to follow up or if the situation reported does not meet the State’s legal definition of abuse or neglect.⁵ In these instances, the worker may refer the person reporting the incident to other community services or law enforcement for additional help.

In 2006, an estimated total of 3.3 million referrals involving 6 million children were made to CPS agencies. Approximately 61.7 percent were screened in, and 38.3 percent were screened out (U.S. Department of Health and Human Services [HHS], 2008).

What happens after a report is “screened in”?

CPS workers, often called investigators, respond within a particular time period, which may be anywhere from a few hours to a few days, depending on the type of maltreatment alleged, the potential severity of the situation, and requirements

⁴ The word *approximately* is used to stress the fact that States frequently amend their laws.

⁵ See *Definitions of Child Abuse and Neglect* (www.childwelfare.gov/systemwide/laws_policies/statutes/define.cfm), available from Child Welfare Information Gateway.

under State law. They may speak with the parents and other people in contact with the child, such as doctors, teachers, or childcare providers. They also may speak with the child, alone or in the presence of caregivers, depending on the child's age and level of risk. Children who are believed to be in immediate danger may be moved to a shelter, foster care placement, or a relative's home during the investigation and while court proceedings are pending. An investigator's primary purpose is to determine if the child is safe, if abuse or neglect has occurred, and if there is a risk of it occurring again.

Some jurisdictions now employ an alternative response system. In these jurisdictions, when risk to the children involved is considered to be low, the CPS caseworker may focus on assessing family strengths, resources, and difficulties and identifying supports and services needed, rather than on gathering evidence to confirm the occurrence of abuse or neglect.

At the end of an investigation, CPS workers typically make one of two findings—"unsubstantiated" ("unfounded") or "substantiated" ("founded"). These terms vary from State to State. Typically, a finding of "unsubstantiated" means there is insufficient evidence for the worker to conclude that a child was abused or neglected, or what happened does not meet the legal definition of child abuse or neglect. A finding of "substantiated" typically means an incident of child abuse or neglect, as defined by State law, is believed to have occurred. Some States have additional categories, such as "unable to determine," that suggest there was not enough evidence

to either confirm or refute that abuse or neglect occurred.

The agency will initiate a court action if it determines that the authority of the juvenile court (through a child protection or dependency proceeding) is necessary to keep the child safe. To protect the child, the court can issue temporary orders placing the child in shelter care during the investigation, ordering services, or ordering certain individuals to have no contact with the child. At an adjudicatory hearing, the court hears evidence and decides whether maltreatment occurred and whether the child should be under the continuing jurisdiction of the court. The court then enters a disposition, either at that hearing or at a separate hearing, which may result in the court ordering a parent to comply with services necessary to ameliorate the abuse or neglect. Orders can also contain provisions regarding visitation between the parent and the child, agency obligations to provide the parent with services, and services needed by the child.

In 2006, approximately 905,000 children were found to be victims of child abuse or neglect (HHS, 2008).

What happens in substantiated (founded) cases?

If a child has been abused or neglected, the course of action depends on State policy, the

severity of the maltreatment, an assessment of the child's immediate safety, the risk of continued or future maltreatment, the services available to address the family's needs, and whether the child was removed from the home and a court action to protect the child was initiated. The following general options are available:

- **No or low risk**—The family's case may be closed with no services if the maltreatment was a one-time incident, the child is considered to be safe, there is no or low risk of future incidents, and any services the family needs will not be provided through the child welfare agency but through other community-based resources and service systems.
- **Low to moderate risk**—Referrals may be made to community-based or voluntary in-home CPS services if the CPS worker believes the family would benefit from these services and the child's present and future safety would be enhanced. This may happen even when no abuse or neglect is found, if the family needs and is willing to participate in services.
- **Moderate to high risk**—The family may again be offered voluntary in-home CPS services to address safety concerns and help ameliorate the risks. If these are refused, the agency may seek intervention by the juvenile dependency court. Once there is a judicial determination that abuse or neglect occurred, juvenile dependency court may require the family to cooperate with in-home CPS services if it is believed that the child can remain safely at home while the family addresses the issues contributing to the risk of future maltreatment. If the child has been seriously harmed, is considered to be at

high risk of serious harm, or the child's safety is threatened, the court may order the child's removal from the home or affirm the agency's prior removal of the child. The child may be placed with a relative or in foster care.

In 2006, an estimated 312,000 children were removed from their homes as a result of a child abuse investigation or assessment. Nearly two-thirds (63.6 percent) of the victims who were removed from their homes suffered from neglect; 8.6 percent from physical abuse; 3.2 percent from sexual abuse; and 16.8 percent from multiple types of maltreatment (HHS, 2008).

What happens to people who abuse children?

People who are found to have abused or neglected a child are generally offered support and treatment services or are required by a juvenile dependency court to participate in services that will help keep their children safe. In more severe cases or fatalities, police are called upon to investigate and may file charges in criminal court against the perpetrators of child maltreatment. In many States certain types of abuse, such as sexual abuse and serious physical abuse, are routinely referred to law enforcement.

Whether or not criminal charges are filed, the perpetrator's name may be placed on a State child maltreatment registry if abuse

or neglect is confirmed. A registry is a central database that collects information about maltreated children and individuals who are found to have abused or neglected those children.⁶ These registries are usually confidential and used for internal child protective purposes only. However, they may be used in background checks for certain professions, such as those working with children, so children will be protected from contact with individuals who may mistreat them.

What happens to children who enter foster care?

Most children in foster care are placed with relatives or foster families, but some may be placed in group homes. While a child is in foster care, he or she attends school and should receive medical care and other services as needed. The child's family also receives services to support their efforts to reduce the risk of future maltreatment and to help them, in most cases, be reunited with their child. Parents may visit their children on a predetermined basis. Visits also are arranged between siblings, if they cannot be placed together.

Every child in foster care should have a permanency plan that describes where the child will live after he or she leaves foster care. Families typically participate in developing a permanency plan for the

child and a service plan for the family. These plans guide the agency's work. Except in unusual and extreme circumstances, every child's plan is first focused on reunification with parents. If the efforts toward reunification are not successful, the plan may be changed to another permanent arrangement, such as adoption or transfer of custody to a relative.⁷ Whether or not they are adopted, older youth in foster care should receive support in developing some form of permanent family connection, in addition to transitional or independent living services to assist them in being self-sufficient when they leave foster care between the ages of 18 and 21.

Federal law requires the court to hold a permanency hearing, which determines the permanent plan for the child, within 12 months after the child enters foster care and every 12 months thereafter. Many courts review each case more frequently to ensure that the agency is actively pursuing permanency for the child.

In fiscal year 2003, 55 percent of children leaving foster care were returned to their parents. The median length of stay in foster care was 12 months. The average age of a child exiting foster care was 10 years old (HHS, 2006).

⁶ For more information about these databases, see *Establishment and Maintenance of Central Registries for Child Abuse Reports* (www.childwelfare.gov/systemwide/laws_policies/statutes/centreg.cfm), available from Child Welfare Information Gateway.

⁷ Under the Adoption and Safe Families Act (ASFA), while reasonable efforts to preserve and reunify families are still required, State agencies are required to seek termination of the parent-child relationship when a child has been in foster care for 15 of the most recent 22 months. This requirement does not apply (at the State's option) if a child is cared for by a relative, if the termination is not in the best interest of the child, or if the State has not provided adequate services for the family.

Summary

The goal of the child welfare system is to promote the safety, permanency, and well-being of children and families. Even among children who enter foster care, most children will leave the child welfare system

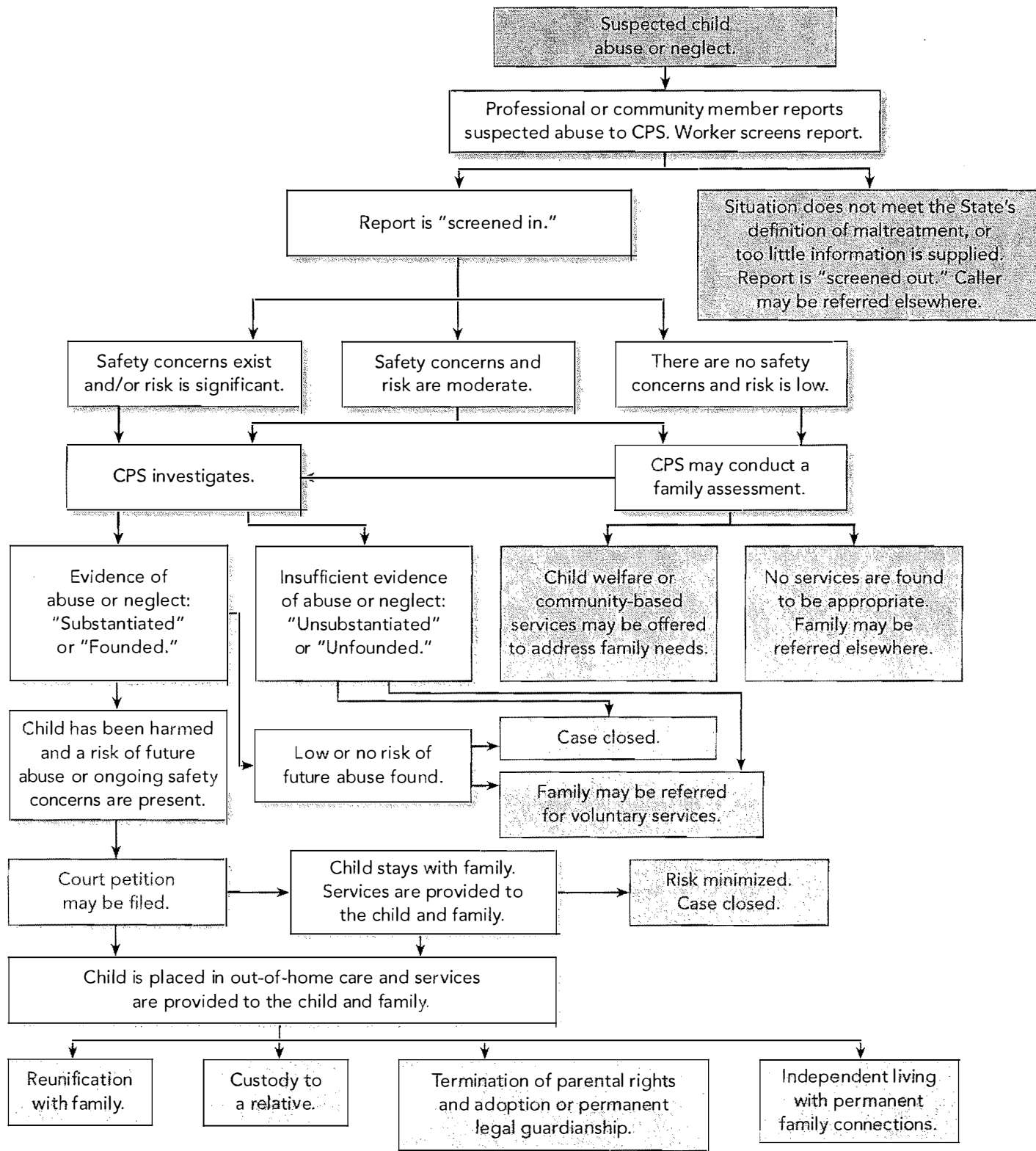
safely to the care of their birth family, a relative, or an adoptive home.

For more detailed information about the child welfare system, please refer to the resources listed below. For more information about the child welfare system in your State or local jurisdiction, contact your local public child welfare agency.

References

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Appendix A: The Child Welfare System





Chapter 2 Volunteer Training Evaluation (1 of 2)

Please circle the number of the descriptor that best matches your views and write any comments in the space provided. If you would like to write additional comments, please use the back of this sheet. Thank you.

1. Please rate the chapter overall.	Poor 1	2	3	4	Excellent 5
Comments:					
2. The facilitator was well prepared and engaging.	Not at All 1	2	3	4	Very 5
Comments:					
3. The content of this session will be useful to me in my work.	Not at All 1	2	3	4	Very 5
Comments:					
4. I can explain how a case enters the child welfare system.	Not at All 1	2	3	4	Easily 5
Comments:					
5. I am familiar with the laws governing child welfare cases.	Not at All 1	2	3	4	Very 5
Comments:					
6. I can name the people involved in a juvenile court case and briefly describe their roles.	Not at All 1	2	3	4	Easily 5
Comments:					

Chapter 2 Volunteer Training Evaluation (2 of 2)

7. What I liked least about this chapter was . . .

8. What I liked most about this chapter was . . .

9. In order to utilize the information I've learned, I will need . . .

Cultural Pursuit

3
CHAPTER

Has had her/ his name mispronounced	Knows what <i>Nisei</i> means	Is from a mixed-heritage background	Is bilingual/ multilingual	Has been misunderstood by a person from a different culture
Has a parent or grandparent who was not born in the United States	Has had to overcome physical barriers in life	Has experienced being stereotyped	Knows what Rosa Parks did	Has an <i>abuela</i>
Can name the West Coast equivalent to Ellis Island	Knows what an upside-down pink triangle symbolizes	Listens to salsa music	Has traced his/her family lineage or heritage	Knows who Harvey Milk was
Knows how many federally recognized Native American tribes are in the US	Knows what Kwanzaa is	Knows the significance of eagle feathers	Knows why the Irish immigrated to the United States in the 1840s	Knows the color of a parking zone for disabled people
Can name the lawyer who argued for the petitioner in <i>Brown v. Board of Education</i>	Knows the meaning of "mensch"	Knows what "comparable worth" means	Has seen a step show	Knows what <i>lumpia</i> is

UNIT
1

UNIT
2

UNIT
3

UNIT
4

UNIT
5

Activity 3B: The Value of Diversity

Read the excerpt, "Our Vision," from National CASA's philosophy statement. Then read the signs posted around the room that list the principles that guide National CASA's efforts and goals related to achieving diversity within the CASA/GAL network.

In the large group, the facilitator will ask a few of you to share briefly which principle you think is most important and why, and will then address your questions or observations about the vision statement or any of the principles.

Activity 3H: Disproportionality in Child Advocacy

Disproportionality is the experience of overrepresentation or underrepresentation of various groups in different social, political, or economic institutions. For example, women in the United States are overrepresented as single heads of household, and African Americans and Latinos are overrepresented in the US prison population.

Listen as the facilitator highlights some facts about racial imbalances that exist nationally in the juvenile court and foster care systems. The facilitator will also share with you state or local statistics that demonstrate whether/how disproportionality is an issue in your area.

In the large group, answer the following questions:

- What do you think causes disproportionality in the child welfare system?
- How might stereotyping or bias result in disproportionality?
- How can culturally competent child advocacy help eliminate disproportionality in the system?

- There is no difference between races in the likelihood that a parent will abuse or neglect a child, but there is a great difference between races in the likelihood that a child will be removed from home and placed in foster care. Compared to white children, African American children are four times more likely to be placed in care, American Indian and Native Alaskan children are three times more likely, and Hispanic children are twice as likely.

Casey Family Programs, www.casey.org.

- Children of color make up almost two-thirds of the 540,000 children in the foster care system, although they constitute just over one-third of the child population in the US.

W.K. Kellogg Foundation, Families for Kids Project, www.wkkf.org.

- The number of white children entering foster care in a given year is greater than the number of African American children. Yet, African American children make up a disproportionate, and increasing, share of those who remain.

Adoption and Foster Care Analysis and Reporting System (AFCARS) data.

- The percentage of Hispanic children in foster care more than doubled from 7% in 1982 to 17% in 2002.

Families for Kids Project and AFCARS data.

- Children of color experience a higher number of placements than white children, and they are less likely to be reunified with their birth families.

Casey Family Programs, www.casey.org.



LEARN MORE!

For more information about children in foster care in your state, check out the Child Welfare League of America's National Data Analysis System at <http://ndas.cwla.org>.



Values Statement Exercise

1. I believe there should be a 10 p.m. curfew for all children 16 years of age and under.

strongly disagree disagree agree strongly agree

2. I believe every child should be able to sleep in his/her own bed.

strongly disagree disagree agree strongly agree

3. I believe a safe home is a happy home.

strongly disagree disagree agree strongly agree

4. I believe the judicial system is unfair to people of color.

strongly disagree disagree agree strongly agree

5. I believe a gay or lesbian couple should be able to adopt children.

strongly disagree disagree agree strongly agree

6. I believe that interracial adoption is wrong.

strongly disagree disagree agree strongly agree

7. I believe a family that prays together stays together.

strongly disagree disagree agree strongly agree

8. I believe a parent's use of corporal punishment reflects his/her inability to communicate with children.

strongly disagree disagree agree strongly agree

9. I believe that mothers who stay in abusive relationships are guilty of child abuse.

strongly disagree disagree agree strongly agree

10. I believe people who use or abuse drugs should be incarcerated.

strongly disagree disagree agree strongly agree

11. I believe that people on welfare are generally lazy.

strongly disagree disagree agree strongly agree

12. I believe teen parents cannot do an adequate job.

strongly disagree disagree agree strongly agree

13. I believe drinking alcohol during pregnancy is child abuse.

strongly disagree disagree agree strongly agree

14. I believe that all children deserve safe and permanent homes.

strongly disagree disagree agree strongly agree

Community Resources Worksheet

In preparation for learning about community resources later in training, pick one agency to research from the list the facilitator provides. We suggest that you first ask CASA/GAL program staff if they have a contact person, and then call the agency for further information. You may collect the required information by phone or personal interview, or by asking for literature from the agency. Below, you will find some topics to guide you in your research. Bring back the information you gather and share it with the rest of the training class. Have fun and good luck!

Resource Name:	Date:
Address:	Phone:
Email Address:	Fax:
Contact Person:	
Days/Hours of Operation:	
Type of Services Available:	
Who Is Eligible for Services:	
Costs of Services:	
Notes:	

Chapter 3 Volunteer Training Evaluation (1 of 2)

Please circle the number of the descriptor that best matches your views and write any comments in the space provided. If you would like to write additional comments, please use the back of this sheet. Thank you.

1. Please rate the chapter overall.	Poor 1	2	3	4	Excellent 5
Comments:					
2. The facilitator was well prepared and engaging.	Not at All 1	2	3	4	Very 5
Comments:					
3. The content of this session will be useful to me in my work.	Not at All 1	2	3	4	Very 5
Comments:					
4. I can explain the importance of cultural competence to CASA/GAL volunteer work.	Not at All 1	2	3	4	Easily 5
Comments:					
5. I can articulate how my culture influences my attitudes and beliefs.	Not at All 1	2	3	4	Easily 5
Comments:					
6. I am more knowledgeable about resources than I was before.	Not at All 1	2	3	4	Yes 5
Comments:					

Chapter 3 Volunteer Training Evaluation (2 of 2)

7. What I liked least about this chapter was . . .

8. What I liked most about this chapter was . . .

9. In order to utilize the information I've learned, I will need . . .

Resource Lens vs Deficit Lens

The resource lens focuses on a family strengths and a deficit lens focuses on a family's weaknesses.

If you look through a Resource Lens

You will likely ...

**Look for the good
Empower families
Create options
Listen
Focus on Strengths
Put the responsibility on the family
Acknowledge progress
See the family as expert
Help identify resources
Avoid labeling
Inspire with hope**

If you look through a Deficit Lens

You will likely....

**Look for the deficits
Take control or rescue
Give ultimatums/advice
Tell
Focus on Problems
See the family as incapable
Wait for finished product
See service providers as experts
Expect inaction or failure
Label
Deflate family's hope**

Stress Level Assessment

For each event that has occurred in your life within the past 12 months, record the corresponding score in the box in front. If an event occurred more than once, multiply the score for that event by the number of times the event occurred, and record that score. Total all the scores and compare to the range of scores to determine whether your susceptibility to illness and mental health problems in the near future is low, mild, moderate, or high.

LIFE EVENT	YOU	KATHY	VALUE
1. Death of spouse or partner			100
2. Divorce			73
3. Marital or relationship separation			65
4. Jail term			63
5. Death of close family member			63
6. Personal injury or illness			53
7. Marriage			50
8. Fired at work			47
9. Marital or relationship reconciliation			45
10. Retirement			45
11. Change in health of family member			44
12. Pregnancy			40
13. Sex difficulties			39
14. Gain new family member			39
15. Business readjustment			39
16. Change in financial status			38
17. Death of a close friend			37
18. Change to different line of work			36
19. Change in number of arguments with spouse or partner			35
20. Mortgage or loan for major purchase (home, etc.)			31
21. Foreclosure of mortgage or loan			30
22. Change in responsibilities at work			29
23. Son or daughter leaving home			29
24. Trouble with in-laws			29

LIFE EVENT	YOU	KATHY	VALUE
25. Outstanding personal achievement			28
26. Spouse or partner begins or stops work			26
27. Begin or end school			26
28. Change in living conditions			25
29. Revision of personal habits			24
30. Trouble with boss			23
31. Change in working hours or conditions			20
32. Change in residence			20
33. Change in schools			20
34. Change in recreation			19
35. Change in religious activities			19
36. Change in social activities			18
37. Mortgage or loan for lesser purchase (car, TV, etc.)			17
38. Change in sleeping habits			16
39. Change in number of family get-togethers			15
40. Change in eating habits			15
41. Vacation			13
42. Major holiday celebration			12
43. Minor violation(s) of the law			11

Your Susceptibility to Illness and Mental Health Problems:

LOW = less than 149

MILD = 150 to 200

MODERATE = 200 to 299

HIGH = more than 300

Adapted from the Social Readjustment Rating Scale, *Journal of Psychosomatic Research*, T. H. Holmes and R. H. Rahe, 1967.

Vigo

Home > Data By State > Indiana > Vigo > Profile

Profile for Vigo (County)

Data Provided by: Indiana Youth Institute

TOOLBOX: [Print](#) | [Email](#) | [Share](#) |

Featured Indicators

Child Population Under 18 (Number) Showing most recent 5 years: Show All Years					
Age Group	2003	2004	2005	2006	2007
Ages 0-4	6,495	6,379	6,364	6,406	6,306
Ages 5-9	6,552	6,497	6,444	6,249	6,319
Ages 10-14	7,005	6,873	6,740	6,517	6,466
Ages 15-17	3,992	3,945	4,035	4,005	4,051
Total Under 18	24,044	23,694	23,583	23,177	23,142

% of Children in Poverty, Age 0-17 (Percent) Showing most recent 5 years: Show All Years				
2003	2004	2005	2006	2007
18.9%	21.3%	22.1%	27.7%	22.9%

% of Students Receiving Free Lunches (Percent) Showing most recent 5 years: Show All Years				
2004	2005	2006	2007	2008
34.4%	37.0%	37.7%	37.3%	37.9%

% of Low Birthweight Babies (Percent) Showing most recent 5 years: Show All Years				
2002	2003	2004	2005	2006
7.0%	6.4%	8.6%	7.4%	9.1%

Teen Birth Rate per 1,000 Females Age 15-19 (Number) Showing most recent 5 years: Show All Years				
2002	2003	2004	2005	2006
41.3	41.8	47.9	42.0	42.4

% of Graduates Passing the GQE (Percent) Showing most recent 5 years: Show All Years				
2003	2004	2005	2006	2007
100.0%	100.0%	100.0%	99.7%	94.5%

Child Abuse and Neglect Rate per 1,000 Children Under Age 18 (Number) Showing most recent 5 years: Show All Years				
2003	2004	2005	2006	2007
13.8	14.6	15.2	17.5	12.2

# of Juveniles Committed to the Department of Correction (Number) Showing most recent 5 years: Show All Years					
Gender	2004	2005	2006	2007	2008
Female	2	3	1	3	0
Male	19	11	11	8	5
Total	21	14	12	11	5

RELATED KIDS COUNT DATA

Data Center

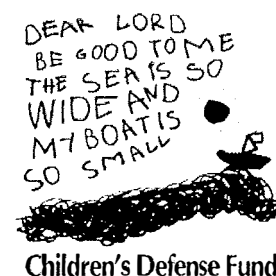
[View Indiana's main page.](#)

KIDS COUNT Census Data Online

[View 2000 KIDS COUNT Census data, covering hundreds of indicators for thousands of geographic areas.](#)A A A A C C C D F G H I J K K L M M M M M M N N N N N N N O O C P R S S T T U V V W W W W D P P V
L K Z P A O T E L A I D L N A S Y A E D A I N S O T E V H J M Y C D H K R A I O D N K T T A A V I V O R I I

Children's Defense Fund

Children in Indiana



November 2008

1,586,518 children live in Indiana:
 3,437 are American Indian/Alaska Native, non-Hispanic
 21,146 are Asian/Pacific Islander, non-Hispanic
 34,949 are two or more races, non-Hispanic
 116,663 are Hispanic
 175,535 are Black, non-Hispanic
 1,234,788 are White, non-Hispanic

In Indiana:

A child is born into poverty every 29 minutes.
 A child is abused or neglected every 25 minutes.
 A child dies before his or her first birthday every 13 hours.
 A child or teen is killed by gunfire every 6 days.

Indiana Ranks:*

20th among states in per pupil expenditures.
 Best state is New Jersey; worst state is Utah
 27th among states in percent of babies born at low birthweight.
 Best states are Alaska, Oregon, and Washington; worst state is Mississippi
 39th among states in its infant mortality rate.
 Best state is Utah; worst is the District of Columbia

[*1st represents the best state for children and 51st represents the worst state for children in the country]

Child Poverty in Indiana

Number of poor children (and percent poor)	267,610 (17.3%)
Number of children living in extreme poverty (and percent in extreme poverty)	129,755 (8.4%)
Number of adults and children receiving cash assistance from Temporary Assistance for Needy Families (TANF)	117,361
Maximum monthly TANF cash assistance for a family of three	\$288

Child Health in Indiana

Number of children without health insurance (and percent uninsured)	132,000 (7.9%)
Number of children enrolled in the Children's Health Insurance Program (CHIP)	130,368
CHIP eligibility: 250 percent of federal poverty (\$55,125 for a family of four)	
Number of children enrolled in Medicaid	541,984
Children as a percent of total Medicaid enrollment	56.6%
Medicaid expenditures on children as a percent of total Medicaid expenditures	21.0%
Percent of two-year-olds not fully immunized	26.0%

Child Hunger in Indiana

Number of children who receive food stamps	279,973
Percent of eligible persons who receive food stamps	71%
Number of children in the School Lunch Program	734,476
Number of children in the Summer Food Service Program	33,306
Number of women and children receiving WIC (Supplemental Nutrition Program for Women, Infants, and Children)	140,891

Early Childhood Development in Indiana

Percent of children under age 6 with all parents in the labor force	64.7%
Number of children served by Head Start	14,213
Number of children served by the Child Care Development Fund/CCDBG	32,800
Average annual cost of child care for a four-year-old in a center	\$7,001
Percent of 3-year-olds enrolled in state pre-k, Head Start, or special education programs	9.7%
Percent of 4-year-olds enrolled in state pre-k, Head Start, or special education programs	16.5%

Education in Indiana

Amount spent per pupil in the public schools	\$8,919
Percent of public school fourth graders reading below grade level	67%
Percent of public school fourth graders below grade level in math	54%

Child Welfare in Indiana

Number of children who are victims of abuse and neglect	20,925
Number of children in foster care	11,401
Number of children adopted from foster care	1,183
Number of grandparents raising grandchildren	49,044

Youth at Risk in Indiana

Percent of 16- to 19-year-olds not enrolled in school and not high school graduates	6.6%
Averaged freshman high school graduation rate	73.4%
Percent of 16- to 19-year-olds unemployed	15.1%
Number of juvenile arrests	27,770
Number of children and teens in juvenile residential facilities	2,616
Ratio of cost per prisoner to cost per public school pupil	3.2:1
Number of children and teens killed by firearms: 41 homicides; 18 suicides; 1 accident; and 2 undetermined	62

Compiled from the most up-to-date data available as of November 2008.

For more information on the state of America's children contact:

**Children's Defense Fund
25 E Street, NW
Washington, DC 20001
(202) 628-8787
1 (800) 233-1200
www.childrensdefense.org**

VIGO

By Barbara Seitz de Martinez, PhD, MLS, CPP

Sources:

- (1) AGS 2006 Estimate Core Demographics (2007)
- (2) American Church List - infoUSA (2008); IPRC (2008)
- (3) Indiana Department of Education (2008)
- (4) FaithWorks database (2008)
- (5) Indiana State Library (2008)
- (6) IN State Excise Police, ATC Project (ATC, 2008)
- (7) IN State Excise Police, TRIP (2008)
- (8) Indiana State Police Forensics Lab (2008)
- (9) AGS 2006 Consumer Spending (2007)
- (10) MRI Consumer Behavior Lifestyle (2007)
- (11) 2006 Crime Risk (2007)
- (12) STATS Indiana, U.S. Census Bureau (2008)
- (13) Fatality Analysis Reporting System, USDOT (2007)
- (14) Bureau of Labor Statistics, Local Area Statistics (2007)
- (15) FSSA, FRB (2007), USDA, FNS (2007)
- (16) Claritas™ 2006 Demographics (2007)
- (17) U.S. Census 2000, SF3 (2007)

You can obtain copies of Indiana's 92 County Profile volumes in the following ways:

- 1) View and print entire files or selected pages from the IPRC web site. Select "Resources," then "PREV-STAT™"
- 2) Download the entire file from the above web page
- 3) Request a copy be sent to you on CD ROM by calling or e-mailing the IPRC
- 4) Obtain select data from our online searchable database

To obtain a custom report:

Call or e-mail the IPRC to discuss your request and expect your report to be completed in about 3-6 weeks. You may only request one report at a time, and demand may limit the number of custom reports per person per year.

Points of access to the PREV-STAT™ Service:

www.drugs.indiana.edu

1.812.855.1237, or in Indiana, 1.800.346.3077
seitzb@indiana.edu

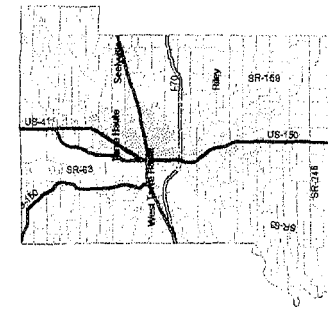
The IPRC is continuously working to obtain more data and to use it to produce maps, tables, slides, publications and presentations to meet your prevention needs.

STAFF:

Kyoungsun Heo, PhD Candidate in Public Affairs;
Ritika Bhawal, MPH; Ryan Chopra, MPH

GIS in Prevention, County Profiles, Series 5 (2008)

PREV-STAT™ enables the user to understand the characteristics of a place, to locate a group of people with particular attributes, or to study a subset of the population of a given locale. Analysis can be done at any level from state to county, block group, zip code, neighborhood, or based on any arbitrary selected boundaries. Alternately, a radius can be drawn around a site (e.g., a school, place of worship or prevention program) to be studied. The greatest power of PREV-STAT™ is its ability to zoom in on the very small geographic area! PREV-STAT™ enhances many areas of prevention, including needs assessment, program planning, marketing and evaluation. Call the IPRC to learn more about this valuable service.



Indiana Prevention Resource Center

501 N. Morton St. Suite 110

Bloomington, IN 47404

Phone: 812.855.1237

Toll Free in Indiana: 1.800.346.3077

Fax: 812.855.4940

E-Mail: drugprc@indiana.edu

WWW: <http://www.drugs.indiana.edu/>

The Indiana Prevention Resource Center at Indiana University is funded, in part, by a contract with the Indiana Family and Social Services Administration, Division of Mental Health and Addiction. The IPRC is operated by the Department of Applied Health Science and the School of Health, Physical Education and Recreation. Opinions expressed herein are those of the authors, and not necessarily those of the Trustees of Indiana University or the Division of Mental Health and Addiction. Indiana University accepts full responsibility for the content of this publication. ©2006 The Trustees of Indiana University. Permission is extended to reproduce this *Fact Sheet* for non-profit educational purposes. All other rights reserved.



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County Profiles Series, No. 5

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Toll Free in Indi-

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Vigo County Profile



INDIANA UNIVERSITY
SCHOOL OF HEALTH, PHYSICAL EDUCATION
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Bloomington

Population (2006, est.) (17): 102,059

Community Protective Factors: Institutional Assets		Vigo	
Youth Serving Agencies, 2008 (2)		26	
Schools, 2008 (3)		30	
Places of Worship, 2008 (4)		158	
Libraries, 2008 (5)		5	
Community Risk Factor: Availability of Drugs		Indiana	
Alcohol Sales Outlets Rate per 1,000 Persons, 2006 (6)	2.3	1.7	
Rank for Alcohol Sales Outlets Rate per 1,000 Persons, 2006 (6)	15		
Tobacco Sales Outlets Rate per 1,000 Persons, 2007 (7)	0.8	0.7	
Rank for Tobacco Sales Outlets Rate per 1,000 Persons, 2007 (7)	48		
Total Clan Meth Lab Busts by Any Agency, 2007 (8)	83	1,303	
Annual Consumer Spending on Alcohol and Tobacco, 2006 est. (9)		U.S.	
Alcohol Spending per Household (\$)	422	501	545
Above as % of Median Household Income	0.012	0.011	0.012
Tobacco Spending per Household (\$)	316	353	365
Above as % of Median Household Income	0.009	0.008	0.008
Youth Access to Tobacco Non-Compliance Inspection Results (%)			
TRIP Non-Compliance Rate 2006 (7)	0.0	10.5	
Adult Gambling Behaviors, 2006 est. (% of adults 18+) (10)			
Percent Any Casino Gambling, 2006	35	36.7	37.2
2006 Crime Risk (rate compared to US overall set at 100) (11)			
Total Crime Index	113	90	100
Personal Crime Index	71	72	100
Property Crimes	144	93	100
Rank for Total Crime Index	5	31st of 51	
Rank for Personal Crime Index	9	29th of 51	
Rank for Property Crimes	3	31st of 51	
Net Migration (Change 2005 to 2006) (12)			
Net Domestic Migration (NDM)	-98	5,940	
Net International Migration (NIM)	126	9,174	1,090,000
Natural Increase (Births Minus Deaths)	225	32,535	1,769,000
Additional Indicators			
Median Household Income (\$), 2006	37,189	47,851	48,277
Estimated % of Alcohol-Related Fatalities BAC > .08, 2006 (13)	32	31	37
Unemployment Rate (Percent), 2006 (14)	6.3	5.0	4.6
Free Lunch / Textbooks (percent of students), 2006 (2)	46.1	32.6	
Foodstamps Rate per 1,000 Total Pop, 2006 (15)	123.5	90.4	
Rate of TANF per 1000 Persons, 2006 (16)	25.2	22.3	
Less Than a HS Diploma (Percent), 2006 (16)	19	17.9	19.6
No medical insurance, 2006 (16)	28.6	26.9	35.6
Family Poverty, 2006 (16)			
Percent of Married Couple with Own Children below Poverty	6	3.9	6.6
Percent of Female HH w Own Children below Poverty	39.1	30.4	34.3
Percent of Single Parents w Children under 18 below Poverty	35.7	26.4	30.5
Child Poverty in 2005 as % of all children in age group, 2008 (16)			
0-17 year olds	22.1	16.6	18.5
5-17 year olds	20.6	14.7	17
Rank for Child Poverty: 0-17 year olds	10	28th of 51	
Family Demographics, 2006 (1)			
Families w Own Children under 18	12,557	833,017	>39million
Married Couple Families w Children	64.8	68.4	65.6
Rank for Married Couple Families w Children	88	19th of 51	
Single Parent Families	33.7	29.9	33
Rank for Single Parent Families	5	35th of 51	
Divorce Rate	11.4	10.7	9.7
Median Family Income (\$)	47,919	58,575	63,629



Division of Mental Health and Addiction



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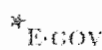
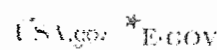
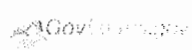
Indiana Benefit Programs

INDIANA

State: [View Benefit Details](#)[Determine Eligibility](#)

Select All	Program Name	Program Description
☐	Indiana Food Stamp Program	The Food Stamp Program is a 100 percent Federally funded program, which is administered through each State. The U.S. Department of Agriculture, Food and Nutrition Services develop Federal regulations that govern implementation of the program. In Indi... view more
☐	Indiana Head Start	The Head Start program (for children ages 3-5) and Early Head Start program (for pregnant women, infants, and toddlers) promote school readiness for children in low-income families by providing comprehensive educational, health, nutritional, and soci... view more
☐	Indiana Hoosier Healthwise	Hoosier Healthwise is a health insurance program for Indiana children, pregnant women, and low income families. Health care is provided at little or no cost to Indiana families enrolled in the program. The enrolled member chooses a doctor to get regu... view more
☐	Indiana Low Income Home Energy Assistance Program	Indiana's Energy Assistance Program provides financial assistance to low-income households to maintain utility services during the winter heating season. During cold winter months, this program helps prevent utility companies from shutting off home h... view more
☐	Indiana Medicaid Program	The Medicaid Program provides medical benefits to low income individuals without medical insurance or adequate medical insurance. The Federal government establishes general guidelines for the administra... view more
☐	Indiana School Breakfast and Lunch Program	National School Lunch Program (NSLP) is a Federal entitlement program open to public and nonprofit private schools and residential child care institutions. Lunch is available to all children at participating schools, and the meals must meet specific ... view more
☐	Indiana Special Milk Program	The Indiana Special Milk Program provides milk to children in schools, childcare institutions, and eligible camps that do not participate in other Federal child nutrition meal service programs. Schools that participate in the National School Lunch or... view more
☐	Indiana Special Supplemental Nutrition Program for Women, Infants,	The WIC Program provides supplemental foods, nutrition education and referrals to health care, at no cost, to low-income pregnant, breastfeeding and postpartum women, infants, and children up to age 5 who are

	and Children (WIC)	determined to be at nutritional risk. To ... view more
☐	Indiana Summer Food Service Program for Children (SFSPC)	The Summer Food Service Program for Children (SFSPC) was created to serve nutritious meals to children when National School Lunch and School Breakfast Program meals are not available. To ensure all Indiana children receive proper nutrition throughout... view more
☐	Indiana Temporary Assistance for Needy Families (TANF)	Temporary Assistance for Needy Families (TANF) is designed to help welfare recipients obtain and maintain jobs. This program provides assistance to families with children and requires adults to work or prepare for work. Recipients will be provid... view more
☐	Indiana Unemployment Insurance	Unemployment insurance benefits provide temporary financial assistance to workers unemployed through no fault of their own that meet Indiana's eligibility requirements.... view more
☐	Indiana Weatherization Assistance Program	Indiana's Weatherization Assistance Program (WAP) provides residential energy conservation services to the low income citizens of Indiana. Funding comes from Federal sources and is allocated to Community Action Agencies (CAA) to provide services i... view more

[View Benefit Details](#)[Determine Eligibility](#)**More Indiana programs of interest:****Program Name**[Golden Hoosier Passport](#)[High School Diploma Program for World War I and World War II Veterans](#)[Property Tax Deductions](#)[Remission of Fees \(Free Tuition\) for the Child\(ren\) of a Disabled Veteran](#)[Resident Veteran Hunting and Fishing License](#)[The Indiana Soldiers and Sailors Children's Home](#)[The Veterans Home](#)[Privacy & Terms of Use](#) | [Contact Us](#)

Strengths in Families Worksheet

PARENT-CHILD RELATIONSHIP

UNIT
1

These items focus on the parent's relationship with the child. To accurately assess the parent-child bond, it is important to know the attachment behaviors of the parent's culture. How does this culture display empathy? What are appropriate verbal and nonverbal cues? For example, language is highly valued in some groups, and not in others. Eye contact between parent and child is expected by some but considered disrespectful by others.

Yes No Unknown

UNIT
2

- ☐ ☐ ☐ 1. The parent shows empathy for the child.
- ☐ ☐ ☐ 2. The parent responds appropriately to the child's verbal and nonverbal signals.
- ☐ ☐ ☐ 3. The parent is able to put the child's needs ahead of his/her own.

UNIT
3

- ☐ ☐ ☐ 4. When they are together, the child shows comfort in the parent.
- ☐ ☐ ☐ 5. The parent has raised the child for a significant period of time.
- ☐ ☐ ☐ 6. In the past, the parent has met the child's basic physical and emotional needs.
- ☐ ☐ ☐ 7. The parent accepts some responsibility for the problems that brought the child into care or to the attention of the authorities.

UNIT
4

- ☐ ☐ ☐ 8. The parent uses positive, nonviolent discipline.

PARENTAL SUPPORT SYSTEM

UNIT
5

These items reflect the quality of the parent's relationships with his/her current support system. The ways in which support systems function vary depending on culture. Because of the value European American culture places on self-sufficiency and independence, parents are expected to make their own decisions, live independently, and use the family for emotional support. Other cultures, most notably Native American cultures, expect the total group, biologically related or not, to function collectively to resolve problems. Resolution of problems may lie in the hands of the elders in other ethnic groups.

UNIT
6

Yes No Unknown

- ☐ ☐ ☐ 9. The parent has positive, significant relationships with other healthy adults (e.g., spouse, parents, friends, relatives).
- ☐ ☐ ☐ 10. The parent has a meaningful support system that can help him/her (e.g., church, job, counselor).
- ☐ ☐ ☐ 11. Extended family is nearby and capable of providing support.

PAST SUPPORT SYSTEM

The next five items look at extended family and friendships that have been helpful in the past and can be tapped again. If the family system has demonstrated healthy coping abilities in the past consistent with their cultural norms, this may be a resource for the family in the present as well.

Yes No Unknown

- ☐ ☐ ☐ 12. Extended family history shows family members able to help appropriately when one member is not functioning well.
- ☐ ☐ ☐ 13. Relatives came forward to offer help when the child needed placement.
- ☐ ☐ ☐ 14. Relatives have followed through on commitments in the past.
- ☐ ☐ ☐ 15. There are significant other adults, not blood relatives, who have helped in the past.
- ☐ ☐ ☐ 16. Significant other adults (who are not blood relatives) have followed through on commitments in the past.

Strengths in Families Worksheet

CHAPTER
1

FAMILY HISTORY

These items look at the parent's history and cultural heritage. To answer the first item in this section, it is important to know to what extent the family has identified with and participated in its ethnic community.

Yes No Unknown

- ☐ ☐ ☐ 17. The family's ethnic, cultural, or religious heritage includes an emphasis on mutual caretaking and shared parenting in times of crisis.
- ☐ ☐ ☐ 18. The parent's childhood history shows consistency of parental caretaker.
- ☐ ☐ ☐ 19. The parent's history shows evidence of his/her childhood needs being met adequately.

UNIT
1

UNIT
2

PARENT'S SELF-CARE

The items in this category highlight the parent's ability to function in an adult mode, according to the expectations of his/her culture. Values regarding health, hygiene, housing, education, and employment differ from culture to culture, so knowledge about the parent's culture is vital to identifying strengths.

Yes No Unknown

- ☐ ☐ ☐ 20. The parent's general health is good.
- ☐ ☐ ☐ 21. The parent uses medical care for self appropriately.
- ☐ ☐ ☐ 22. The parent's hygiene and grooming are consistently adequate.
- ☐ ☐ ☐ 23. The parent has a history of stability in housing.
- ☐ ☐ ☐ 24. The parent has a solid employment history.
- ☐ ☐ ☐ 25. The parent has graduated from high school or possesses a GED.
- ☐ ☐ ☐ 26. The parent has skills that contribute to employability.

UNIT
3

UNIT
4

UNIT
5

UNIT
6

CHILD'S DEVELOPMENT

Finally, these last five items focus on the functioning of the child. Again, appropriate behavior and social skills vary between cultures, so cultural knowledge is necessary.

Yes No Unknown

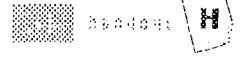
- ☐ ☐ ☐ 27. The child shows age-appropriate cognitive abilities.
- ☐ ☐ ☐ 28. The child demonstrates an age-appropriate attention span.
- ☐ ☐ ☐ 29. The child shows evidence of conscience development.
- ☐ ☐ ☐ 30. The child has appropriate social skills.
- ☐ ☐ ☐ 31. Major behavioral problems are absent.

Adapted from *Concurrent Planning: From Permanency Planning to Permanency Action*,
Linda Katz, Norma Spoonemore, and Chris Robinson,
Seattle: Lutheran Social Services of Washington and Idaho, 1994.

Chapter 4 Volunteer Training Evaluation (1 of 2)

Please circle the number of the descriptor that best matches your views and write any comments in the space provided. If you would like to write additional comments, please use the back of this sheet. Thank you.

1. Please rate the chapter overall.	Poor				Excellent
	1	2	3	4	5
Comments:					
2. The facilitator was well prepared and engaging.	Not at All				Very
	1	2	3	4	5
Comments:					
3. The content of this session will be useful to me in my work.	Not at All				Very
	1	2	3	4	5
Comments:					
4. I can describe the differences between using a resource lens and a deficit lens.	Not at All				Easily
	1	2	3	4	5
Comments:					
5. I can explain risk factors for child abuse and neglect.	Not at All				Easily
	1	2	3	4	5
Comments:					
6. I can describe the impact of mental illness and domestic violence on children.	Not at All				Easily
	1	2	3	4	5
Comments:					



Chapter 4 Volunteer Training Evaluation (2 of 2)

7. What I liked least about this chapter was . . .

8. What I liked most about this chapter was . . .

9. In order to utilize the information I've learned, I will need . . .





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Drug Prevention
 For Young Adults
 Additional Resources

Diversion Control &
 Prescription Drugs
 Registration
 Cases Against Doctors

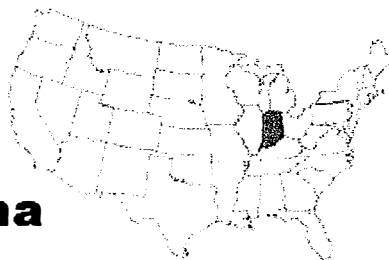
Drug Policy
 Controlled Substances Act
 Federal Trafficking Penalties
 Drug Scheduling

Legislative Resources

Publications

Acquisitions & Contracts

Indiana 2009



State Facts

Population: 6,271,973
State Prison Population: 24,008
Probation Population: 116,431
Violent Crime Rate
National Ranking: 29

2008 Federal Drug Seizures

Cocaine: 43.7 kgs.
Heroin: 11.4 kgs.
Methamphetamine: 9.7 kgs.
Marijuana: 846.8 kgs.
Hashish: 0.0 kgs.
MDMA: 0.0 kgs./185 du
Meth Lab Incidents: 724 (DEA, state, and local)

Sources

Drug Situation: Indiana is an active drug transportation and distribution area. The northern part of Indiana lies on Lake Michigan, which is a major waterway within the St. Lawrence Seaway system providing international shipping for all sections of the Midwest. Seven interstate highway systems and 20 U.S. highways provide interstate and intrastate links for drug trafficking, especially with the southwest border and California. Highway (automobile and trucking) and airline trafficking are the primary means of drug importation, with busing systems as a secondary means. Mexican criminal groups are the primary wholesale distributors of marijuana, powdered cocaine, and methamphetamine within Indiana.



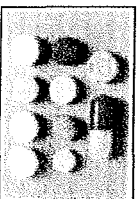
Cocaine: Powdered cocaine is readily available throughout the state, and crack cocaine is primarily available within the urban areas. Cocaine prices have increased throughout the state and purities have decreased. Mexican trafficking organizations distribute cocaine to Caucasian, African American, and Hispanic groups.



Heroin: Heroin is available in central Indiana but usually in smaller quantities. In northern Indiana, heroin from a variety of sources—South America, Southwest Asia, and Mexico—is available. Hispanic trafficking organizations transport, distribute and control Mexican heroin sales.



Methamphetamine: The trafficking and abuse of methamphetamine in Indiana has increased sharply over the past decade. Mexican trafficking organizations are transporting from 15 to 25 pounds at a time with a purity level ranging from 25 to 85 percent. These organizations commonly cut the product with MSM (Methylsulfone) two or three times before distribution. The local methamphetamine distributors operating small, toxic laboratories, usually constructed in barns or residential homes, distribute methamphetamine with purities between 30 to 80 percent. They commonly produce enough methamphetamine for personal use and sell small amounts.



Club Drugs: The abuse of club drugs such as Ecstasy (MDMA), GHB, Ketamine, and LSD is not a significant problem, and for the most part, has remained stable



Marijuana: Marijuana abuse remains a significant problem within Indiana. Marijuana produced in Mexico is transported and distributed by Mexican organizations. Transportation is usually by tractor-trailers in multi-hundred pound quantities. Locally produced marijuana is cultivated throughout Indiana at indoor and


REVIEWED

By CASA.Info at 9:30 am, Jan 27, 2010

outdoor grow sites. The outdoor sites are usually located in farm fields, wooded areas, National Forests, public lands, or near riverbanks. Indoor grows are located in private residences or large barn-type building on private land. As a result of DEA's Domestic Cannabis Eradication/Suppression Program, the Indiana State Police eradicated over 27, 000 plants growing wild in Indiana during 2008.

Other Drugs: The diversion of over-the-counter pseudoephedrine products is a major contributor to clandestine methamphetamine manufacturing. Retail stores, a source of pseudoephedrine for clandestine manufacturers, monitor inappropriate retail level purchases by individuals. OxyContin continues to be a threat. In addition, hydrocodone and benzodiazepines remain the primary pharmaceutical drugs abused throughout the state of Indiana. The state of Indiana expanded the prescription-monitoring program to include Schedule II to Schedule V pharmaceutical controlled substances.

Pharmaceutical Diversion: Current investigations indicate that diversion of hydrocodone products continues to be a problem in Indiana. Primary methods of diversion being reported are the illegal sale and distribution by health care professionals and workers, "doctor shopping" (going to a number of doctors to obtain prescriptions for a controlled pharmaceutical), and forged prescriptions. Xanax®, Valium®, and methadone were also identified as being among the most commonly abused and diverted pharmaceuticals in Indiana.

DEA Mobile Enforcement Teams: This cooperative program with state and local law enforcement counterparts was conceived in 1995 in response to the overwhelming problem of drug-related violent crime in towns and cities across the nation. Since the inception of the MET Program, 473 deployments have been completed nationwide, resulting in 19,643 arrests. There have been six MET deployments in the State of Indiana since the inception of the program: Ft. Wayne, Indianapolis, Michigan City, Hammond, Terre Haute, and La Porte.

DEA Regional Enforcement Teams: This program was designed to augment existing DEA division resources by targeting drug organizations operating in the United States where there is a lack of sufficient local drug law enforcement. This program was conceived in 1999 in response to the threat posed by drug trafficking organizations that have established networks of cells to conduct drug trafficking operations in smaller, non-traditional trafficking locations in the United States. As of January 31, 2005, there have been 27 deployments nationwide, and one deployment in the U.S. Virgin Islands, resulting in 671 arrests. There have been no RET deployments in the State of Indiana.

Special Topics: During October 1997, the Office of National Drug Control Policy (ONDCP) designated a single county in northwest Indiana as the Lake County High Intensity Drug Trafficking Area (Lake County HIDTA). The Lake County HIDTA consists of several state, county, local, and federal agencies.

More information about the Chicago Division Office.

Sources

Factsheet last updated: 3/2009

[Click here for last year's factsheet >>](#)

Methamphetamine: What Child Welfare Workers Should Know

To protect and support families, child welfare workers need to know what methamphetamine is and how it affects users.

WHAT IS METH?

Meth is methamphetamine, a powerful central nervous system stimulant. A highly addictive drug, meth comes in different forms; most often it is a powder that dissolves easily in water, though it can also come in clear, chunky crystals called “ice.” Meth can be swallowed, snorted, injected, or smoked. It is known by many names, including speed, meth, crystal, crank, biker’s coffee, and chalk (ONDGP, 2003; Shaw, 2004).

Although known primarily as an illegal drug, methamphetamine does have legitimate medical uses. It is sometimes prescribed for the treatment of narcolepsy, attention deficit disorders, and obesity (NIDA, 2002). Medical methamphetamine is sold in the U.S. under the trade name Desoxyn (Narconon, 1998).

Yet the legal use of meth is almost entirely eclipsed by growing tide of illegal production and abuse. Nationally, four times as many people sought treatment for meth addiction in 1998 [as] in 1992 (NCPC, 2002). Meth is also showing up in the workplace. Between 1999 and 2003, the percentage of positive workplace drug tests containing amphetamines doubled, from 4.5% to 9.3% (CESAR, 2004). During 2000, 4% of the U.S. population reported trying meth at least once in their lifetime (NIDA, 2002).

Child welfare agencies may see a much higher incidence of meth use, just as they see more domestic violence and mental illness than are present in the general population. One western North Carolina county we spoke with said that the majority of CPS reports it has received so far in 2005 have involved meth.

EFFECTS ON USERS

Users are drawn to meth because when they first take the drug they get an intense rush of pleasure followed by a sense of euphoria, energy, and elevated self-esteem lasting up to 8 hours (Swetlow, 2003).

Asked by a child welfare worker what taking meth was like, a user responded: “Imagine the most pleasurable experience you have ever had. Now multiply that times ten.”

Users also like meth because it helps with weight loss and acts as a sexual stimulant (Shaw, 2004). Another draw is meth’s relative affordability. Whereas \$100 will hardly buy enough crack cocaine to get a user through the night, for the same amount a meth user can stay high for days (Shaw, 2004).

Because of severe depression and other negative effects that begin when the drug starts to wear off, users try to avoid sobering up. They may binge to stay high—and awake—for many days at a time and then use other drugs, such as alcohol or depressants, to help them sleep. Meth users who binge commonly crash and sleep for days afterwards. When chronic users stop taking meth they experience depression, anxiety, fatigue, paranoia, aggression, and an intense craving for the drug (NIDA, 2002).

According to the US Drug Enforcement Agency (2005), “methamphetamine has a phenomenal rate of addiction, with some experts saying users can get hooked after just one use.” Once a person becomes addicted, explains Agent Van Shaw of the North Carolina State Bureau of Investigations (SBI), “home maintenance, personal health and hygiene, and parenting all suffer” as the drug becomes the person’s only focus (Shaw, 2004).

Using meth can have many immediate physical side effects. Signs of meth use include the following:



- Euphoria
- Grinding of teeth
- Light sensitivity due to pupil dilation
- Dry mouth
- Rapid heartbeat and breathing
- Sweating and increased temperature
- Hyperactivity
- Tremor
- Rapid/pressured speech
- Depression (when drug wears off)
- Irritability, paranoia, suspiciousness
- Hallucinations
- Presence of drug paraphernalia

(Mason, 2004; Crowell and Webber, 2001)

Long-term negative physical effects of chronic use include lung and nerve damage, heart attack, kidney failure, extreme weight loss, tooth loss and cavities, stroke, seizures, and death (Mason, 2004; McFadden, 2003). Because they may engage in risky behaviors, there is also a higher rate of hepatitis, HIV, and STDs among meth users (NIDA, 2002).

The psychological side effects of meth use include hostility, impulsivity, irritability, insomnia, paranoia, and behaviors such as skin picking, pacing, chattering, and repetitive movements. Long-term psychological effects of chronic meth abuse can include delusions, hallucinations, homicide, suicide, psychosis, and bizarre and violent behaviors (Mason, 2004).

In addition to the physical and psychological effects, meth users are at risk for negative outcomes such as unemployment and criminal activity. Meth use and meth labs are linked to increases in crime, especially car thefts, forgeries, identity theft (NCDOJ, 2004), and domestic violence (Shaw, 2004).

USER PROFILE

In North Carolina, most meth users are “young, white, small-town residents with limited education and a blue collar-career” (Lacour & Gregory, 2004). As with most drugs, the majority of users are men (McWhirter & Miller, 2004). Yet many women find the drug attractive. Today women account for 47%

of all treatment admissions for meth—a much higher percentage than for most other drugs (Vaughn, 2003).

Anecdotal reports suggest that a significant percentage of the friends and family of parents arrested for cooking meth also use the drug. Though these reports do not have the weight of empirical evidence, they underscore the importance of thorough assessments before placing children.

CHILD MALTREATMENT

Compared to other children, children whose parents use drugs or alcohol are three times more likely to be abused and four times more likely to be neglected (Wells & Wright, 2004). This increased risk certainly seems to apply in the case of meth.

Pregnancy

Meth use during pregnancy can result in prenatal complications, low birth weight, birth defects, increased rates of premature delivery, and abnormal infant behavior (NIDA, 2002; Wells & Wright, 2004). Children born to meth-addicted mothers go through painful withdrawal for weeks or months (Lacour & Gregory, 2004). Long-term, most children prenatally exposed to meth function normally as they get older, though some may have “subtle impairments” that negatively affect regulation of emotions and ability to concentrate, which could put them at risk for behavioral and learning difficulties (Matthias, 2001).

Neglect

When parents use or make meth, their children often do not have necessities such as food, water, and shelter, and they frequently lack adequate supervision and medical care, including proper immunizations and dental care (NDIC, 2002). In addition, the cycle of meth abuse has a built-in phase when parents usually “crash” and are unable to look after their children (Wells & Wright, 2004). Children in meth-using families may also face hazards such as used hypodermic needles and razor blades (Swetlow, 2003).

Abuse

Exposure to parents intoxicated by meth may compromise child safety: when high, users often exhibit poor judgment, confusion, irritability, paranoia, and increased violence. Given the effects it has on libido, children of meth-using parents may be at greater risk for sexual abuse (Swetlow, 2003; Riverside DEC, 2005), either by parents themselves



or by other adults coming in and out of the home (NCDOJ, 2004).

Brain changes brought on by chronic meth use can impair cognitive function long after a person stops using the drug. Experiments indicate that for up to six months after they stop using, addicts recovering from sustained, heavy meth use may have trouble processing information and may experience anhedonia (inability to experience even the simplest pleasures), depression, and anxiety.

On the bright side, research finds that meth users' brains show signs of recovery after 12 to 14 months of abstinence (Wells & Wright, 2004).

TREATMENT FOR METH

Although many people are pessimistic about the future of those addicted to meth, experts say that treatment for meth is just as effective as for other drugs, with 50% to 60% of patients recovering (Worth, 2005).

Predictions of low recovery rates, experts say, often arise in communities with little or no experience with crack, cocaine, or heroin abuse, where substance abuse professionals are unprepared for the challenges of meth addiction (Sommerfield, 2004). Thus, the problem is not that treatment doesn't work with meth, but that the most effective treatment models can be hard to find (Szalavitz, 2005).

One approach that has been proven to work with meth is the Matrix model, which combines elements from relapse prevention, motivational interviewing, and other programs (Larimer County, 2004). One key difference between this model and others is its duration: whereas many programs last 30 or fewer days, Matrix lasts up to six months. This fits better with what we know about how long it takes the brain to shake off the effects of meth.

CHILD WELFARE POLICY

In North Carolina, child welfare policy dictates that allegations of children exposed to meth labs must be investigated by DSS in cooperation with law enforcement. In Multiple Response System (MRS) counties, if the allegation concerns meth use (but no lab), the individual county DSS may respond to the report using either the family assessment or the investigative assessment approach.

WORKING SAFELY WITH METH USERS

Possible Danger Signs

- Signs of methamphetamine use (see above)
- Client is extremely irritable or argumentative, or there is an escalation of irritability
- Regular client does not appear to know who you are
- Evidence of paranoid thinking, delusions
- Client verbalizes implicit or explicit threat against you
- Presence of knife, firearm, or other weapon in the immediate vicinity

Safety Tips

- Inform supervisor/co-workers you will be visiting a client with a history of making or using methamphetamine
- Follow agency safety protocols
- Ask permission if you want to go to another area of the client's dwelling or look in cabinets (e.g., to ensure food is in the house)
- Watch for:
 - Symptoms of stimulant use
 - Paraphernalia for using meth such as glass smoking pipes, syringes, straws and razor blades on mirrors or other surfaces
 - Signs that client is becoming upset, angry, or suspicious
 - Scratch marks or scabs, particularly on hands and arms, could be evidence of tactile hallucinations and indicate a prior episode of stimulant psychosis
 - Evidence of hallucinations
 - Strong chemical odor (may indicate manufacturing of meth)

(Adapted from Crowell and Webber, 2001)

References in this article can be found at www.practicenotes.org/vol10_n2/ref_v10n2.htm.
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The Treatment Perspective in Permanency Decisions for Substance Abusing Parents

By Vostina DiNovo

How do you make fair permanency decisions for families in the child welfare system when parental substance abuse is involved? This is arguably one of the most controversial subjects the legal system faces, and often engenders contention among all parties involved.

Making these decisions demands a practical understanding of the recovery process, and the multiple obstacles this population often faces. This understanding is vital to ensure parents have a fair opportunity to preserve their families, and protect the interests of their children. As a clinician working with mothers who are substance abusers, I have witnessed firsthand the miracles that can and do happen when people fully commit themselves to recovery. I have had the pleasure of observing the metamorphosis of women who overcame turbulent histories and lifelong dysfunction to become nurturing parents, and self-sufficient, self-respecting adults.

On the other hand, I am a firm advocate for children; on a daily basis, my work reinforces my awareness of the devastating impact of addiction upon families. Many of the mothers I treat were themselves children of alcoholics and addicts; children who experienced chaos as a normal way of life; children who were passed from one caretaker to another while they waited for their parents to come back; children who grew up to become their parents. It is a sad and chilling recapitulation of pathology. Given a stable home earlier in their childhoods, these women could likely have been spared the neglect and abuse that destroyed their self-esteem, and impaired them as adults.

These issues have plagued families as long as alcohol and other mood altering drugs have existed. With passage in 1997 of the Adoption and Safe Families Act (ASFA), however, the crucible now comes to a boil with unprecedented quickness. This federal law mandates permanency hearings in child protection cases at one year. The strict timelines imposed by ASFA have exacerbated preexisting conflicts of interest among the child welfare, treatment, and legal systems. Lucid and compelling arguments for and

against termination emerge from all fronts, and must be fully considered in rendering a fair decision.

So how do you decide? When have parents had sufficient opportunity to demonstrate improvement, and by their conduct merit preservation of their parental rights? Conversely, when is termination of those rights warranted? To answer this question, and to effectively address other issues in permanency decisions, it is essential that you clearly understand the critical factors that determine success or failure of a parent in recovery. Although personal investment in recovery and reunification is key, the parent's motivation is an issue to consider. Individual accountability must be measured within the context of systems, and a conversance with these systems is as fundamental to working with this population as a basic grasp of addiction and the recovery process.

To make effective decisions in these cases, lawyers, judges, social workers, and other child welfare advocates must have a well-informed and realistic sense of how treatment works, and more broadly the myriad forces beyond the individual that significantly influence success or failure in recovery. When it comes to the weighty decision of preserving or dissolving a family, the endeavor to serve the best interests of the children demands a comprehensive and balanced perspective.

This article will:

- illuminate the forces and factors involved in recovery for parents, particularly for women;
- provide a framework for better understanding and evaluating the recovering individual in the context of systems; and
- propose guidelines for effectively dealing with these cases.

Examining these complex issues will enhance your ability to work effectively with these perplexing, infuriating, and occasionally inspiring people.



THE WIDE-ANGLE LENS: THE INDIVIDUAL WITHIN THE SYSTEM

Although substance-abusing parents are responsible for their behavior and decisions, they have little to no control over the operation of the systems involved in their lives, and the interplay between these systems. The efficiency and comprehensiveness of the child welfare, treatment, and legal systems varies considerably from state to state and jurisdiction to jurisdiction. How these agencies and the individuals within them perform directly and profoundly impacts the parent's success or failure in recovery. When the machine is well oiled, the parent's accountability becomes much clearer. Sound infrastructure within systems, and effective collaboration between them, can significantly enhance parents' likelihood of success in reunifying with their families. On the other hand, for a population notorious for externalizing responsibility for their lives, efficient functioning within and between systems ensures that parents are afforded sufficient opportunity to remedy their issues, and limits parents from shifting the blame for failure. Reasonable efforts to support reunification can be thwarted by conflicts of interests between agents involved in these cases, and by service gaps resulting in treatment failures.

From the time parents are first identified as having substance abuse issues that jeopardize the stability of their families, thorough and accurate assessment helps to establish appropriate intervention strategies. Child welfare caseworkers must know about treatment resources, and effectively address issues other than substance abuse, such as domestic violence and homelessness. It is a tall order, as these cases are often already unwieldy by the time the workers become involved. Moreover, some parents may be very invested in their children, but unprepared to address their substance abuse issues. Recovery involves stages of acceptance and moving towards change, and substance abuse treatment may not be the most effective initial approach for parents who remain ambivalent about their addiction. The more appropriate goal in these cases may be to utilize the parents' investment in their children to motivate readiness to change their substance-abusing behaviors. For example, a parenting psycho-educational intervention targeting substance abusers may achieve the dual purpose of improving parenting skills, while helping the parent recognize the destructive impact of her substance abuse on the family.

Within the treatment arena, availability of services is critical, particularly for women. The timeliness and appropriateness of placement depend upon the efficiency of the assessment and referral process, as well as the comprehensiveness and accessibility of treatment options. Waiting lists are frequently unavoidable. While parents in need of services are awaiting placement, caseworkers, lawyers, judges and others involved can reinforce the parents' accountability for their recovery by requiring attendance at local 12-step programs such as Alcoholics Anonymous and Narcotics Anonymous. Parents' compliance with this expectation can provide an early indicator of their motivation level. One way to gauge compliance is to require the parent to obtain and produce a "Where and When" booklet that lists times and locations of meetings. However, recall that investment in family is related to but not dependent upon investment in sobriety, and some parents who are motivated to keep their children may not be ready initially to embrace twelve-step programs.

COLLABORATION

A good working relationship between the treatment provider and other agents involved in the case depends upon regular communication about the parent's progress in treatment. This can be achieved by monthly progress reports submitted by the treatment provider to other parties involved, such as caseworkers, probation officers, lawyers, and judges in cases where the parent is court-ordered into treatment. These monthly reports serve several key purposes: they provide ongoing documentation of the parent's progress in treatment; they reinforce the parent's awareness of the direct potential consequences for noncompliance; and they facilitate timely intervention, such as case conferences attended by outside agents, when a parent falters in treatment.

Treatment efficacy is significantly enhanced when other parties are directly involved; a unified front that is supportive, yet unflinching in holding the parent accountable, increases the leverage of the treatment provider when working with the parent. Addiction impairs the parents' capacity to make connections between actions and consequences, so any measures taken to elucidate the role of cause and effect for the parent can positively impact the recovery process. Denial is a powerful thing, and frequent reality checks help parents accept that their addiction is the root of the unmanageability in their lives.



WORKING TOWARDS REUNIFICATION

Since the initial permanency goal in these cases is generally family reunification, effective collaboration between the treatment provider and the child welfare caseworker in matters involving the children is critical. This becomes especially important in cases where children from one family are in different placements, or in multiple jurisdictions. In such cases, basic logistics like transportation for visitation can become obstacles to progress. A strong alliance between the treatment provider and the caseworker can circumvent these obstacles, and bolster parents' confidence that their service providers support them in the goal of reunification.

Forging this alliance begins by establishing a clear agreement between the service providers about goals and expectations for parents at the outset of treatment. Differing agendas between the service providers can undermine parents' ability to achieve reunification, and create loopholes for parents to attribute blame for noncompliance. The best outcomes in treatment are attained when parents have opportunities to regularly visit with and gradually increase reinvolvement in their children's lives. Parents' level of investment in reunifying with their families can be evaluated by their consistency in following through responsibly with visitation, and other matters involving their children such as court appearances, school-based services for their children, and participation in concurrent permanency planning. However, these parents require emotional support, practical guidance, and often assistance with planning and transportation to fulfill these obligations.

THE STARTING POINT

In reviewing a case, consider when the first point of intervention actually took place. How long has the parent had to come to terms with the addiction, and to follow through with appropriate measures to keep the family intact? For most substance abusing parents, the first point of child welfare intervention occurs well before removal takes place, meaning these parents have had some opportunity before the permanency timeline begins to struggle through denial, and realize the need to invest in recovery. However, in cases where the removal of custody is the first point of systems intervention, the parent experiences a much more tumultuous entry into facing their addiction. For these parents, the clock starts ticking much sooner; this

rapid-fire chain of events may jump-start motivation, but also calls for more intensive intervention and support services. For example, if a pregnant woman with no treatment history delivers an infant who tests positive for drugs, in one fell swoop she has provided irrefutable evidence of her addiction that may result in removal of custody. The more catastrophic nature of this entry into the system demands intensive support.

Mothers in these circumstances are more likely to encounter the powerful stigma attributed to addicts. They are often perceived and treated as deplorable, an experience that makes it hard for them to trust their service providers. For these mothers, this is an overwhelming combination of stressors: sudden family disintegration; entanglement with the child welfare system; strident confrontation of the addiction; punitive measures such as criminal charges, and demoralizing value judgments. In cases in which the mother loses custody at birth, first-time mothers and mothers with little to no previous exposure to treatment may reasonably require more time to stabilize after removal than those who have had longer histories of involvement in services.

Most parents are more gradually introduced to the child welfare system. Many parents enter service because their children's behavior signals dysfunction in the family. Children of substance-abusing parents begin to display warning signs that are recognized by their teachers, such as absenteeism; indicators of neglect such as poor health and hygiene; and evidence of emotional, physical, or sexual abuse, and behavior problems in school. Evaluating parents' motivation for reunification includes noting their response to these initial interventions, which generally begin well before removal of custody. At the first point of intervention, it is essential for the parent to be made fully aware of the potential consequences of noncompliance, and to have clear goals and expectations.

FOR WOMEN ONLY

Since these cases most commonly involve the mother as the primary caregiver, it is extremely important to know about issues that uniquely affect women who are substance abusers and parents. For women, alcoholism generally follows a more insidious progression, as women are more likely to be solitary drinkers who drink at home, and go to great lengths to conceal their alcoholism. They tend to progress



further in their alcoholism before they begin to exhibit overt manifestations of their impairment, such as driving violations, which more commonly result in earlier interventions for men. For this reason, women are often initially identified with alcohol-related problems at later stages of their alcoholism than men, and may require more intensive interventions.

Involvement in abusive and dysfunctional relationships with men who are also substance abusers is a core issue for women, further complicated by the fact that these men are often the fathers of their children. The course of treatment and recovery heavily centers upon the development of healthier boundaries in relationships. For women in early recovery, difficulty disengaging from partners who do not support their recovery poses a serious risk factor for relapse. When these men are also the fathers of their children, the relationship becomes a tie that binds. Even if the mother reaches the point of making a healthy decision to end the relationship as a couple, she faces the difficult task of maintaining a functional relationship as parents only, without simultaneously jeopardizing her recovery. This area represents a tremendous pitfall for substance-abusing mothers.

Women commonly have serious clinical issues other than substance abuse that more fully emerge after they achieve sobriety, such as histories of sexual abuse, dual diagnosis with mental illnesses such as depression, and extremely low self-esteem. Additionally, the responsibility of being a single parent is daunting even for women who are not impaired, and overwhelming for women in early recovery who are in the beginning stages of establishing self-sufficiency. Economic hardships and the shortage of affordable housing further hinder these women in their journey towards stability as working single parents; for those with limited educations and poor employment histories, the challenge of supporting a family on a minimum wage job is burdensome.

Child care is a prominent issue for most parents, and even more so for substance-abusing moms whose families of origin are dysfunctional, and therefore inappropriate as care providers. Their cases are compounded by the fact that their children generally have significant needs such as health, behavioral, and emotional problems, further taxing their already limited resources as parents. The realization that the problems experienced by their children frequently result from their addiction deepens the shame and guilt experienced by these women. These potent stress

factors culminate in rendering these women more vulnerable to relapse.

For a new mother, postpartum depression is a real and potentially devastating condition that further compromises the woman's ability to manage the stress of struggling through early recovery. Additionally, pregnant women who are dually diagnosed with mental illness have fewer options for psychoactive medications due to the risks of birth defects, and may decompensate as a result of necessary changes in their psychiatric medication regimen. These women require more intensive support in attaining emotional stability.

In residential treatment, women tend to have poorer outcomes than men in coed settings. Women often require a more nurturing approach than is usually provided in traditional programs designed for men. Additionally, there are few residential treatment programs that admit mothers with a child, or retain a pregnant woman after she delivers her infant. This becomes a serious obstacle to treatment for women who lack appropriate kinship care options for their children while they participate in residential treatment, and refuse to consider placing their children in foster care for fear of losing custody. The "fear factor" also inhibits some women from seeking services in the first place due to the viable concern that disclosing their substance abuse will result in losing their children. These women may be aware of their need for services, but persist in attempting to manage on their own until they are in crisis, or become so conspicuously impaired that they demand intervention.

Mothers in early recovery face multiple issues that can hinder their progress and undermine their recovery. They require a comprehensive assessment of their needs, and a well-integrated approach that adequately addresses these issues. To be effective for these women, treatment interventions must incorporate stress management, relapse prevention, parenting education, and intensive work on developing healthy relationships, as these elements are fundamental for success.

MANAGING RELAPSE AND NONCOMPLIANCE

The dilemma for professionals working with these cases is that they are rarely clear-cut. Cases in which the parent shows little to no motivation or



possesses no redeeming qualities spark relatively little controversy in deciding whether to terminate parental rights, and are also relatively uncommon. Most cases are not black and white, and almost always involve shades of gray. Despite efforts to intervene effectively and appropriately, few cases are free from regression and relapse. The natural progression of recovery is two steps forward, and inevitably one step back. This population is maddeningly inconsistent, characterized by sporadic compliance and emotionality, and fraught with complicating factors. It is vitally important to recognize, however, that alcoholics and addicts are often capable of overcoming relapse and successfully achieving sobriety. Maintaining long-term sobriety depends upon the parent's ability to recognize relapse warning signs, and develop effective strategies for protecting their recovery. Regressions and episodes of relapse that occur in treatment should not necessarily be viewed as a total disaster; to the contrary, encountering these setbacks in a supportive environment can be an invaluable learning experience for the parent.

The progression towards relapse is usually behaviorally apparent to the treatment provider before the actual physical relapse, and requires swift and decisive intervention. Blunt restatement of the potential consequences for noncompliance, particularly when provided directly by the agents responsible for enforcing them, such as caseworkers and probation officers, may restore the parent's investment in their recovery. When all else fails, and resistant parents relapse repeatedly, the most appropriate treatment goal may become helping them come to terms with the reality that adoption may, indeed, be in the best interest of their children.

CONCLUSION

The challenge of making permanency decisions when the parent is a substance abuser can be surmounted by attaining a balanced and well-informed perspective of the multiple factors that determine success. A comprehensive and objective understanding of the individual, in the context of systems, can maximize the likelihood of rendering a fair and impartial decision.

Vostina DiNovo, PhD, is an assistant director and clinical supervisor at New Generations, Fairfax County Alcohol and Drug Services, Vienna, Virginia. This article appeared in *Child Law Practice*, May 2003, Vol. 22, No. 3, pp. 33–52. © 2006, American Bar Association. All rights reserved. Reprinted with permission from the ABA Center on Children and the Law, Washington, D.C. For information about this publication, visit www.childlawpractice.org.



Chapter 5 Volunteer Training Evaluation (1 of 2)

Please circle the number of the descriptor that best matches your views and write any comments in the space provided. If you would like to write additional comments, please use the back of this sheet. Thank you.

1. Please rate the chapter overall.	Poor					Excellent
	1	2	3	4		5
Comments:						
2. The facilitator was well prepared and engaging.	Not at All					Very
	1	2	3	4		5
Comments:						
3. The content of this session will be useful to me in my work.	Not at All					Very
	1	2	3	4		5
Comments:						
4. I can explain how poverty can be a risk factor for abuse and neglect.	Not at All					Easily
	1	2	3	4		5
Comments:						
5. I can describe the impact of substance abuse by parents/guardians on children.	Not at All					Easily
	1	2	3	4		5
Comments:						



Chapter 5 Volunteer Training Evaluation (2 of 2)

6. What I liked least about this chapter was . . .

7. What I liked most about this chapter was . . .

8. In order to utilize the information I've learned, I will need . . .

Training Questions-Chapter 6 Tammy Carter Video

Question1:

Name three of the five categories of "Maslow's Hierarchy of Needs

1. _____

2. _____

3. _____

Question 2: True or False

Children's needs depend on their age, stage of development, attachment to caregivers, and reaction to what is happening around them.

Question 3:

Give 2 examples of what a CASA can do to help an older child plan for their future.

1. _____

2. _____

Question 4:

What is attachment?

Question 5: True or False

Healthy attachments are based on the nature of the relationship between the child and the caretaker.

Question 6:

What is meant by a concurrent plan for a CHINS child?

Question 7:

Name three of the ways in which a child may be impacted by separation from their parent.

1. _____

2. _____

3. _____

Question 8:

Name two of the four stages a parent experiences through the separation experience.

1. _____

2. _____

Question 9:

What are four areas that you might want to ask questions about to determine if children are doing well in placement?

1. _____

2. _____

3. _____

4. _____

Question 10:

When might you recommend that a child undergo a psychological or educational evaluation?

Siblings in Out-of-Home Care Fact Sheet

The literature on siblings in out-of-home care extends back to the early 1980s and tends to repeat a few major themes. This fact sheet presents a very brief summary of some of the information frequently discussed.

Reasons often given for separating siblings:

- one or more of the children have special needs
- sibling conflict/rivalry
- shared acts of disobedience
- siblings reinforce behavioral problems used as coping mechanisms in an abusive home
- can't find homes willing to take groups
- more expensive (e.g., subsidies)
- workers don't know children have siblings, or cannot locate them
- hard to coordinate when children have different workers
- assumption that it's easier to place individual children for adoption
- parentified child loses his/her own childhood
- when one child assumes parental responsibility, development of all the children suffers
- searching for a home to take the whole group delays permanency for each child

Reasons cited for keeping siblings together:

- attachment to and connectedness with family members
- placement together minimizes the trauma of parental separation
- preference of children
- siblings provide emotional support to each other, boost self-esteem
- being with a caring sibling protects against further loss during trauma

- children from dysfunctional homes may have stronger ties to their siblings than to their parents
- visits with birth parents are easier to arrange when the case plan is reunification
- child with special needs may benefit from being part of a family, rather than the sole focus of the caregiver's attention
- removing an abusive sibling does not stop the behavior, it only changes the identity of the victim; all siblings may benefit from therapy and staying together

Negative effects of separation:

- greater risk of emotional disturbance and school problems
- separation teaches children to walk away from problems rather than resolve them
- separation teaches children that family relationships are not important
- loss of caregiving by older sibling negatively affects both children
- removing a sibling from a placement for behavioral problems reduces trust and leads others to believe they may be removed, too

When siblings might/should be placed separately:

- safety
 - unresolved incest
 - sibling violence
 - sibling emotional abuse
- serious medical problems of one sibling
- it would entail removing one or more children from a placement in which they have formed attachments with adults
- already disrupted joint placement
- children request it



- large age difference
- children don't recognize the sibling link

Some of the literature implies that the issue of siblings is not important when placing infants, on the assumption that the infant has no relationship with or memory of the older sibling. However, the child's knowledge that a sibling exists who was never known can lead to a search for that sibling, similar to the search for birth parents who were never known. The individual still feels a need to be connected with the sibling.

Suggested casework practices:

- introduce children into a family in staggered placements
- use life books
- assess resource parents for large groups looking for: administrative skills, coping skills, access to community services, existence of support systems, experience with living in large family, willingness to value sibling ties
- present sibling groups together in photolistings, recruitment campaigns
- sibling communication and visitation when in separate placements
- place children in homes in the same neighborhoods and schools
- when placement is separate, have older children participate in planning for younger ones
- assign one worker to all siblings
- joint therapy sessions
- shared vacations, respite care

Much of the legal literature deals with cases in which siblings have been separated and are seeking to be either reunited in placement or granted visitation rights. The siblings' rights of association are weighed against the competing rights of biological, foster, or adoptive families, and their attachment to one another is only one of several issues considered in determining the "best interest" of the child.

Decision-making in sibling placement:

- consider every case on its own merits
- assess the strength of the siblings' ties
- consider the lifelong nature of the sibling bond
- give the child a say
- seek opinions from caregivers, therapists, teachers, medical professionals

From the National Leadership Symposium on Siblings in Out-of-Home Care. © 2003 Casey Family Programs. Reprinted with permission from Casey Family Programs.



INFANT CHECKLIST

Question One: What are the medical needs of this infant?

The Medical Checklist

- What health problems and risks are identified in the infant's birth and medical records (e.g. low birth weight, prematurity, prenatal exposure to toxic substances)?
- Does the infant have a medical home?
- Are the infant's immunizations complete and up-to-date?

Common Medical Diagnoses Seen in Infants in Foster Care

- Fetal Alcohol Syndrome
- Congenital infections-HIV, hepatitis and syphilis
- Growth failure, failure to thrive
- Shaken Baby Syndrome
- Lead poisoning
- Respiratory illness
- Hearing and vision problems

Question Two: What are the developmental needs of this infant?

The Developmental Checklist

- What are the infant's risks for developmental delay or disability?
- Has the infant had a developmental screening/assessment?
- Has the infant been referred to the Early Intervention Program?

Developmental Red Flags

- Premature birth
- Low-birth weight
- Abuse or neglect
- Prenatal exposure to substance abuse

Question Three: What are the attachment and emotional needs of this infant?

The Emotional Health Checklist

- Has the infant had a mental health assessment?
- Does the infant exhibit any red flags for emotional health problems?
- Has the infant demonstrated attachment to a caregiver?
- Has concurrent planning been initiated?

Emotional Health Red Flags

- Chronic sleeping or feeding disturbances
- Excessive fussiness
- Incessant crying with little ability to be consoled
- Multiple foster care placements
- Failure to thrive

Question Four: What challenges does this caregiver face that could impact his or her capacity to parent this infant?

The Caregiver Capacity Checklist

- What are the specific challenges faced by the caregiver in caring for this infant (e.g. addiction to drugs and/or alcohol, mental illness, cognitive limitations)?
- What are the learning requirements for caregivers to meet the infant's needs?
- What are specific illustrations of this caregiver's ability to meet the infant's needs?

Caregiver Capacity Red Flags

- Noncompliance with the infant's scheduled health appointments and medication or therapeutic regimens
- Caregiver substance abuse and noncompliance with psychiatric treatment and medications
- Confirmed instances of child abuse or neglect
- Incomplete immunizations and a child's poor growth or arrested development

Question Five: What resources are available to enhance this infant's healthy development and prospects for permanency?

The Resource Checklist

- Does the infant have Medicaid or other health insurance?
- Is the infant receiving services under the Early Intervention Program?
- Have the infant and caregiver been referred to Early Head Start or another quality early childhood program?



PERMANENT JUDICIAL COMMISSION ON
JUSTICE FOR CHILDREN

140 Grand Street, Suite 404
White Plains, NY 10601

Phone (914) 824-5665
Fax (914) 940-7604

Chapter 6 Volunteer Training Evaluation (1 of 2)

Please circle the number of the descriptor that best matches your views and write any comments in the space provided. If you would like to write additional comments, please use the back of this sheet. Thank you.

1. Please rate the chapter overall.	Poor 1	2	3	4	Excellent 5
Comments:					
2. The facilitator was well prepared and engaging.	Not at All 1	2	3	4	Very 5
Comments:					
3. The content of this session will be useful to me in my work.	Not at All 1	2	3	4	Very 5
Comments:					
4. I can describe the needs of children.	Not at All 1	2	3	4	Easily 5
Comments:					
5. I can explain various stages of child development.	Not at All 1	2	3	4	Easily 5
Comments:					
6. I can define attachment.	Not at All 1	2	3	4	Easily 5
Comments:					



Chapter 6 Volunteer Training Evaluation (2 of 2)

7. I can describe the importance of permanence to a child.	Not at All				Easily
	1	2	3	4	5
Comments:					
8. What I liked least about this chapter was . . .					
9. What I liked most about this chapter was . . .					
10. In order to utilize the information I've learned, I will need . . .					

Chapter 7 Outline:
Communicating as a Volunteer

Activity 7A: Ways People Communicate

Discuss the basics of communication:

- Verbal
- Non-verbal
- Feelings

Activity 7C: Role play on introducing yourself as “CASA”

- Groups of 3, Volunteer, role of family member, observer

Activity 7D: Observing Children

- Hand out photos and have them evaluate
- Discuss other options not mentioned, go over considerations for observations

Activity 7E: Establishing Rapport & Trust with Children

- Create flipchart and list ideas

Activity 7F: Jose’s Story

- Discuss his story and what CASA did wrong? What she could have done better?

Activity 7G: Conflict Management Styles

- Directing
- Avoiding
- Accommodating
- Compromising
- Collaborating

Activity 7H: Successful Collaboration

- Discuss what collaboration is important
- Go over key points in manual

Activity 7I: Conflict Management

- Go over scenarios in groups and discuss options
- Discuss alternatives

Activity 7J: Confidentiality

- Understanding confidentiality
- Discuss appropriate situations

- Go over confidentiality flow chart

Activity 7K: Confidentiality Dilemmas

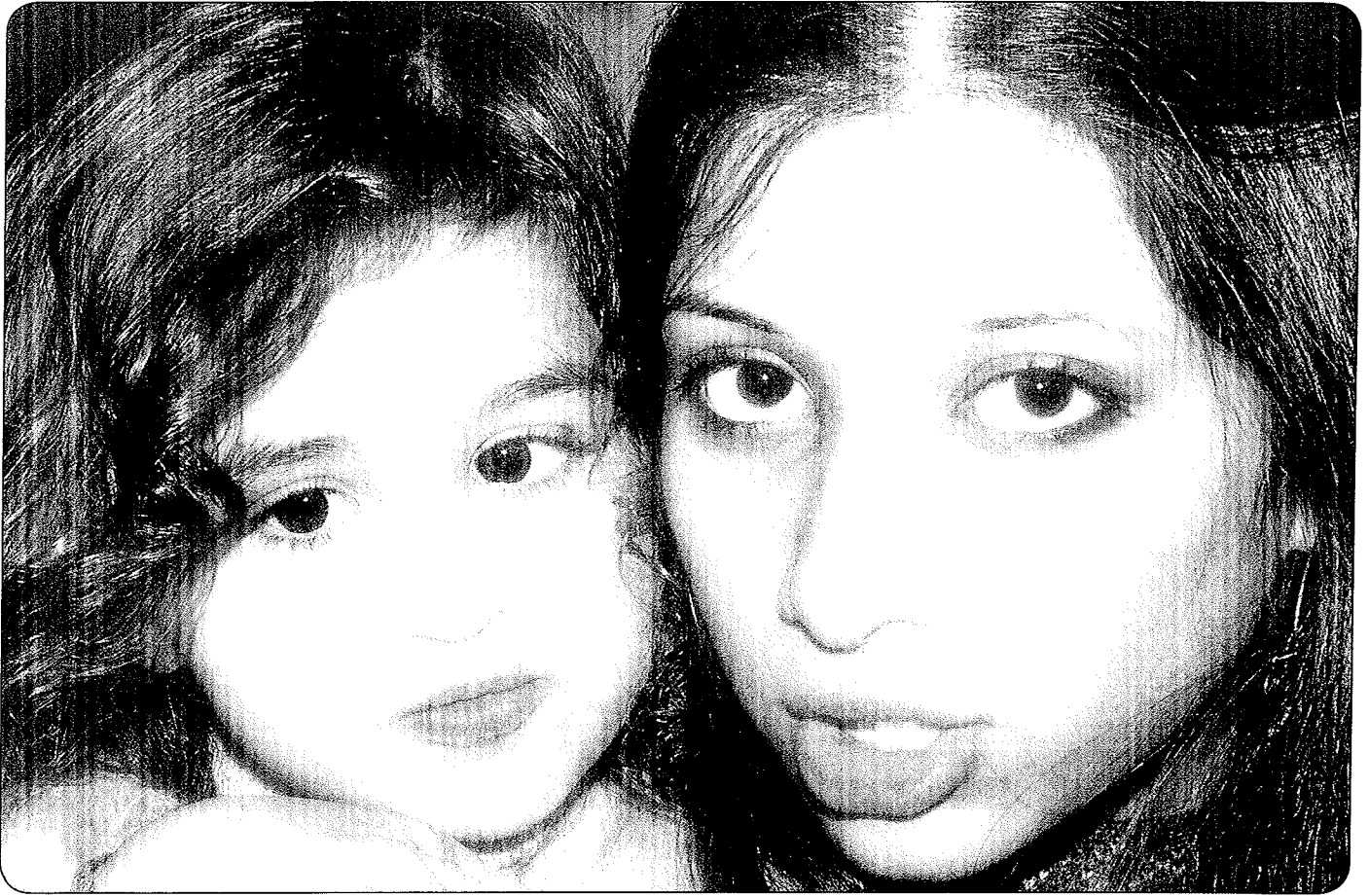
- In large group, read aloud dilemmas and discuss

HOMEWORK: Read Kaylee Moore Case

Observing Children (1 of 7)



Observing Children (2 of 7)



Observing Children (4 of 7)





Observing Children (5 of 7)



Observing Children (6 of 7)



The Nuts and Bolts of Confidentiality Laws for CASA/GAL Programs and Volunteers

**By Leslie Rogers Dunn
Indiana State Director of GAL/CASA
Indiana Supreme Court
Division of State Court Administration**

I. Overview of Privacy

Privacy is a fundamental right of all American citizens; it is also something we all cherish and should protect. As much as possible, the GAL/CASA volunteer should respect the privacy of children and families in the child welfare system. Confidentiality of information and records must be a priority for all of us. This means that we should not ask for information or records that are not relevant to the issues in the case, that we should request only the information or records we need that may impact the case, and that we must carefully guard any information or records that we do receive.

This area of the law can be very tricky; there are no simple, one-size fits all answers. There are very detailed federal and state laws that define what mental health and drug/alcohol records are, how they can be obtained, whether they can be re-released, etc. The goal of this training and these materials is not to provide you with an exact legal understanding of all the laws in this area; instead, the goal is to provide you with a broad overview of confidentiality so that you are better equipped to deal with the daily challenges of how to obtain certain records, what you can disclose and to whom. If you have more extensive confidentiality issues, you need to address these questions with me or with another attorney.

Protecting the confidentiality of information in child welfare cases is a critical component to the effective functioning of the system. First of all, you may violate the law if you breach confidentiality, which we will discuss below. However, it is also a matter of treating the families and children with the same respect that we would like to be treated with by others. No one wants their personal information about their problems to be broadcast in the community. This can be extremely harmful to families and to children and can result in job loss, humiliation at school and in the community, dropping out of school, running away, etc. If we truly care about the families and children we work with, we must protect their right to privacy.

If we do not carefully guard confidential information, we will lose the trust and cooperation of the families and children, and the professionals that we work with, whether that is OFC case managers, health care providers, counselors or school

personnel. Conversely, if we handle confidential information carefully, we will increase our professionalism and our effectiveness in advocating for children.

II. Indiana Code of Ethics

As you may know, the Indiana Office of GAL/CASA has a Code of Ethics, which provides Indiana GAL/CASA programs and volunteers with guidelines for professional behavior and ethical conduct. A copy of the Indiana Code of Ethics and the Indiana Program Standards are being provided to you with your materials. In order to meet Indiana program standards, programs and their volunteers must comply with the Code of Ethics. The Code of Ethics prohibits *ex parte* communications with the judge, discrimination, and conflicts of interest. It also contains confidentiality provisions that read as follows:

CONFIDENTIALITY

9. GAL/CASA programs and volunteers will respect the right to privacy of all individuals. GAL/CASA programs will maintain strict confidentiality of all information related to a case. GAL/CASA programs will take all reasonable steps to ensure that volunteers also maintain strict confidentiality. GAL/CASA programs will provide training to volunteers about confidentiality and will have volunteers sign a confidentiality statement and/or policy. Neither a GAL/CASA program nor volunteers will disclose confidential information relating to a case to any person who is not a party to the case except in reports to the court and as provided by law or court order.

10. Persons affiliated with GAL/CASA programs will not use confidential information obtained through their work with GAL/CASA for personal benefit.

The Code of Ethics should be provided to every volunteer and they should have to sign an acknowledgment that they have received the document and will abide by it. You may even want to have a separate confidentiality policy for your program that you provide to volunteers. Volunteers must also be trained on confidentiality and have an understanding of what information and documents they can obtain and what they can share and with whom they can share it.

III. How to Access Records in CHINS/TPR cases

A. Consents, Releases and Authorizations

The best and easiest way to obtain confidential records of the parents in a CHINS or TPR case is by obtaining a release or consent from the parent to access the records. With the passing of HIPAA, it may be more cumbersome to get records, even with a release or consent form. HIPAA regulations have specific guidelines about what must be contained in a release/consent. Most health care providers (hospitals, doctors, mental health care providers, etc.) have their own release/consent (sometimes

also called an authorization to release records form) that their legal department has created to comply with HIPAA. Providers often prefer their own forms because they know the forms have been approved by their attorneys and that they comply with HIPAA. Thus, you may get access to records more quickly using the provider's form rather than using a form developed by CASA that they may need to have their attorneys review to make sure it is sufficient. The downside of this practice is that if you do not have the consent/release forms with you at court, it may be difficult to locate the parent to have the person sign the form. It may be possible to obtain forms from providers ahead of time or to develop a form that the providers in your community will accept.

Some counties have a practice of having parents sign numerous blank consent forms at the beginning of the case. At a later point in time, outside of the presence of the parent whose records are being sought, the case worker or GAL/CASA then fills in the blank with the name of the provider they want to get the records from, and what records they seek to obtain. **I strongly caution you against this practice.** Such a practice negates the entire purpose of a knowing and willing consent to release one's records. If this practice were challenged, a court could very well find that the parent's right to privacy was violated and that the consent was unlawfully obtained. This is especially true now given the stricter privacy laws that were enacted in HIPAA. This could result in the exclusion of the information obtained in this manner, or worse yet, even possibly the reversal of a CHINS or TPR determination. Clearly, this is not a risk worth taking. A person must knowingly and willingly sign the consent to release records and must know what records are being released.

If you cannot obtain a consent/release from the parent, you will have to ask the court for an order requiring the release of the records or have an attorney subpoena the records. The court order may need to specifically state that the court is ordering the release of protected health information under HIPAA and which records are being requested. Again, if you have to go this route, I would recommend talking to the provider ahead of time to determine what language, if any, they require in a court order. Also, **it is very important to note that a court order alone is NOT sufficient to obtain the release of certain medical records without a person's authorization or consent.** Under Indiana and federal laws, a court cannot simply order the release of confidential mental health or drug and alcohol records. Instead, the court is required to hold a hearing and give the person whose records are sought a chance to be heard. The court then must determine that there is good cause to release the records without the person's consent. The court may also restrict the release of the records by only authorizing the release of certain portions of the records or by reviewing the records in camera first to determine if the records are relevant.

B. Records you are allowed to obtain under Indiana law

The following is a list of Indiana laws that provide GAL/CASA with access to certain information:

1. Juvenile court records: GAL/CASA are parties to CHINS/TPR proceedings under Indiana law. See I.C. 31-34-9-7. The records of the juvenile court are available without a court order to any party. See I.C. 31-39-2-3. However, you can only review records from the case in which you are a party and not from other cases. Indiana law also provides access to GAL/CASA to all reports relevant to the case and any reports of examinations of the child's parents or other persons responsible for the child's welfare **that are filed with the court.** See I.C. 31-33-15-2.

2. Office of Family and Children records: The GAL/CASA has access to the records of the Office of Family and Children under I.C. 31-33-18-2(7). These records include any OFC or CPS reports made or written, photographs taken concerning reports, and "any other information obtained" and in the possession of the division of family and children, the local county office of family and children or the local child protection service. See I.C. 31-33-18-1. This language is very broad and would appear to give the GAL/CASA access to the entire OFC file concerning the child or children they are advocating for in a case.

The GAL/CASA also has access to the Indiana child abuse registry. See I.C. 31-33-17-6(5). However, keep in mind that the only reports entered into the registry are **substantiated** reports that meet one of the following criteria: an arrest of the alleged perpetrator of the abuse or neglect is made, criminal charges are filed against the perpetrator, the court determines that the child is a CHINS, the court approves an informal adjustment, or a person does not substantially comply with a service referral agreement.

Indiana law requires the pre-dispositional report prepared by the office of family and children must be made available to the GAL/CASA "within a reasonable time before the dispositional hearing." See I.C. 31-34-18-6. Further, OFC reports for review of a dispositional decree, a periodic review hearing or the permanency hearing must be made available to the GAL/CASA "within a reasonable time after the report's presentation to the court or before the court hearing." See I.C. 31-34-22-2(a), (b) and (c).

3. Law Enforcement Records

As a party to the CHINS/TPR, a GAL/CASA has access to the records of a law enforcement agency, without permission from the head of the agency. See I.C. 31-39-4-4. However, once again, you may only review the records applicable to the case you are appointed on.

4. Photographs, X-Rays and Medical Reports

The GAL/CASA has access to photographs, x-rays or physical examination reports for use in any judicial proceeding relating to the subject matter of a report of abuse and/or neglect. See I.C. 31-33-2-5. Health care providers are required to take photographs of areas of visible trauma to a child who is the subject of a report and, if

medically indicated, to x-ray or complete a physical exam of the child. See I.C. 31-33-10-1.

5. Mental Health Records

It may be difficult for the GAL/CASA to obtain the mental health records of the parents in a CHINS/TPR case directly from the provider. If the mental health records of the parents are filed with the court, the GAL/CASA has access to them under I.C. 31-33-15-2. If not, as mentioned previously, the best and easiest way to get access to the parent's mental health records is to obtain the person's consent to release the records. If the parent is not available, cannot be found, or will not consent, the OFC or the GAL/CASA must file a formal request with the court to obtain access to the mental health records and the court must hold a hearing to determine if there is good cause to release the records without the parent's consent. See I.C. 16-39-3-3, I.C. 16-39-2-8. It is important to note that the court cannot simply order the release of a parent's confidential mental health records without holding a hearing, giving notice of the hearing to the person who the records are about, and a chance to be heard, and determining that there is good cause to release the records.

The easiest way to obtain the child's mental health records may be to get them from the office of family and children, or from the court's records, if available. However, if this is not possible, there is a provision in the mental health law that states that a guardian ad litem or court appointed special guardian who is involved in the planning, provision and monitoring of mental health service to the patient can make a written request for mental health records on the child; however, the child's treating physician must consent to the release of records. See I.C. 16-39-4-2. If the request for the records is granted, the following information will be provided: a summary of the patient's diagnosis, a summary of the information required to be provided to patients, the types of medication prescribed for the patient and a summary of the patient's prognosis. I.C. 16-39-4-3. NOTE: If the GAL/CASA makes a request as outlined above, the law does not entitle you to receive the notes of the mental health provider or any other information other than what is outlined above.

6. Drug and Alcohol records

The release of most drug and alcohol records is controlled by federal law. See 42 USC 290dd-2. If a drug and alcohol program receives any federal funding or has any connection to the federal government, the federal law controls the release of the records. Under federal law, a court order is required to obtain drug and alcohol records unless you have the patient's consent. Further, the consent form must comply with federal law. In order to obtain a court order to release drug and alcohol records without the patient's consent, there must be a hearing with notice to the patient and an opportunity for the patient to object to the disclosure, and good cause for the release of the records must be shown. Because the federal law has detailed requirements for the procedure for the hearing, notice, and other requirements, it would be advisable

for a GAL/CASA to consult with an attorney if they need to seek a court order to obtain drug and alcohol records.

Again, hopefully the OFC has obtained the drug and alcohol records of the parents and the GAL/CASA can get the records from the OFC. If not, the next step would be for the GAL/CASA to try to obtain the parent's consent to the release of the records. Since federal law requires certain provisions to be contained in the consent, you would probably need to contact the drug and alcohol provider and use their consent form. If the GAL/CASA cannot obtain the drug and alcohol records by either of these methods, they need to consult with an attorney as to how to best proceed.

7. Hospital Records

Hospital records of a child or parent can be obtained with a court order, by a subpoena and a discovery request, or by a subpoena and the patient's written authorization. See I.C. 34-43-1-5. A patient can also authorize the release of their records to a designee if the authorization was made in writing no more than 60 days before the request. I.C. 16-39-1-1. The law outlines what must be contained in a patient's written consent for release of records. See I.C. 16-39-1-4. As noted above in paragraph 4, I.C. 31-33-2-5 also provides that photographs, x-rays and/or medical examinations must be made available to the GAL/CASA for use in a judicial proceeding relating to a report of abuse or neglect.

8. School records

The disclosure of educational records is controlled by both state laws and a federal law called the Family and Educational Rights and Privacy Act ("FERPA"), 20 USC Sec. 1232. According to FERPA, you can obtain educational records with a court order or a subpoena. However, the school must attempt to notify the parent or the student of the disclosure so that they can seek protective action if they choose to do so. You can also obtain education records with a consent form from the parent that states that the records may be disclosed, the purpose of the disclosure, and the identity of the party to whom the disclosure is being made. FERPA contains a provision prohibiting re-disclosure of education records.

IV. Confidentiality of GAL/CASA records and communications

You may be surprised to learn that there is no statute that specifically states that GAL/CASA records in a CHINS or TPR case are confidential. However, most of the information obtained by the GAL/CASA is confidential and is given to the GAL/CASA under the assurance that the information will remain confidential. Further, as discussed above in Section II, the Indiana Code of Ethics for GAL/CASA programs and volunteers prohibits the release of confidential information relating to a case to any person who is not a party to the case except as provided by law or court

order. Therefore, the GAL/CASA should treat any information the source deems confidential as confidential.

It is important to note that foster parents and service providers are not parties to CHINS or TPR cases! (A foster parent can move to intervene in a CHINS action and become a party, but if they haven't filed a motion to intervene that was granted by the court, they are not parties.) Foster parents and service providers may even become angry if you do not share your reports and other information with them, as they have a legitimate interest in the case. Further, the lack of communication between case workers, foster parents, and service providers is a significant problem in many child welfare cases and may even result in harm to a child. How do you resolve this dilemma?

One solution is to obtain a consent or release from the parent (the OFC may already do this) that allows the sharing of information between the professionals involved in the case, such as service providers and possibly foster parents. However, even with a release, it is still not the duty of the GAL/CASA to be the source of information for the foster parent, to keep the foster parent updated on the case, or to advocate for the foster parent. Federal law requires the child protective services agency to provide the foster parents with certain, pertinent information about the children they are caring for at the time of placement. If there is important information that you believe needs to be shared with the foster parent, it would be best to contact the case worker and insist that this information be shared with the foster parent.

If a foster parent or a service provider attend the court hearing and request a copy of the GAL/CASA report, it would be best to have the foster parent or service provider ask the court if they can have a copy of the GAL/CASA report or for you to ask the court to provide a copy of the report to these individuals. Under Indiana law, the juvenile court may grant any person providing services to the child or the child's family access to the records on the child and the child's family. See I.C. 31-39-2-9. Thus, the court could issue an order in the case stating that the GAL/CASA report could be shared with the service providers and/or possibly with the foster parents.

You may also be surprised to learn that there is no GAL/CASA-child privilege under Indiana law. That means that your conversations with the child you are advocating for are not confidential and you could be forced to disclose them. The GAL/CASA should not promise a child that their conversations are confidential, because this may not be true; the GAL/CASA may be forced or obligated to share the information in the future.

Conversations between a GAL/CASA and neighbors or friends of the parents who voluntarily provide information are not legally confidential. Conversations with school personnel who are just giving you general information or their impressions rather than school records may also not be confidential, but should still be kept private unless it is necessary and appropriate to share the information with someone

who needs to know it, such as the OFC case manager, another teacher or a service provider.

V. Protecting GAL/CASA records from disclosure

Although there is no specific statute that states that GAL/CASA records are confidential, there is a case in which the court offered some protection to GAL/CASA records. The case, Deasy-Leas v. Leas, 693 N.S. 2d 90 (Ct. App. 1998), involved a divorce/custody in which the parties requested production of the GAL's file. The GAL filed a motion to quash the request and requested a protective order to keep from having to disclose the file. On appeal, the Court of Appeals held that a trial court could issue a protective order to protect certain documents and communications in the GAL file from discovery. Thus, if you have a discovery request or receive a subpoena for the GAL/CASA file, you should consult with an attorney if you believe it may be appropriate to seek a protective order preventing the release of the information. You could also seek guidance from the court by way of a motion or at a hearing (not through an *ex parte* conversation) as to whether disclosure of the information is appropriate.

VI. Confidentiality in Divorce/Custody Matters

There are different laws that address confidentiality in divorce/custody cases. Instead of the presumption of confidentiality like we have in CHINS/TPR cases, in divorce/custody cases the law says that the GAL/CASA's file of underlying data and reports, including the complete texts of diagnostic reports, and the names and addresses of all persons with whom the GAL/CASA consulted must be made available to the attorneys for the parents and to any party not represented by counsel. See I.C. 31-17-2-12. However, it is important to note that the GAL/CASA may not be free to re-disclose confidential records received from mental health or drug/alcohol abuse providers without the consent of the patient or an order of the court.

If a GAL/CASA believes that information should not be disclosed to the parties, the GAL/CASA could ask the court (at a hearing or in a motion, not *ex parte*) for guidance as to whether disclosure is appropriate. The GAL/CASA may be able to tender the materials to the court and let the court decide what, if any part, of sensitive or confidential materials should be disclosed. (ie-one parent's mental health records, etc.) As discussed above in paragraph V, a GAL/CASA can also seek a protective order if necessary to prevent the disclosure of information as outlined in the Deasy-Leas case.

Other pertinent laws regarding obtaining documents and confidentiality in the area of divorce/custody are as follows:

- In preparing a report concerning a child in a divorce/custody matter, the GAL/CASA may consult "any person who may have information about the child and the child's potential custodian arrangements." See I.C. 31-17-2-12 (b).

- The GAL/CASA may refer a child to professional personnel for diagnosis upon order from the court. I.C. 31-17-2-12 (b). The GAL/CASA can also ask the court to order the custodian of the child to obtain counseling for a child under such terms and conditions as the court deems appropriate. See I.C. 31-17-2-16.
- The GAL/CASA can request that the court to require the parties to seek counseling for themselves or for a child under such terms as the court deems appropriate. See I.C. 31-15-4-9.
- The GAL/CASA may consult with and obtain information from medical, psychiatric, or other expert persons who have served the child in the past without obtaining the consent of the parent or the child's custodian; however, the child's consent must be obtained if the child is of sufficient age and capable of forming rational and independent judgments. I.C. 31-17-2-12 (b).
- Any party to a divorce/custody proceeding can call the GAL/CASA as a witness and cross-examine them about their investigation. I.C. 31-17-2-12(d). The GAL/CASA may have to disclose communications or other information obtained in the investigation.

Promises, Promises —A Child's View of Incest: Young Victim's Private Ordeal Becomes a Public Nightmare

By Abigail Van Buren,
Universal Press Syndicate,
1987

DEAR ABBY: Recently my husband and I heard Norman Early, the district attorney from Denver, speak on the criminal justice system—from the victim's point of view.

He read the enclosed account of a victim of incest. Her name is "Cindy" and she is 12. I thought it worthy of inclusion in your column. I hope you agree.

Mary Dean Armstrong

DEAR MARY: I do. And here it is:

Promises, Promises—A Child's View of Incest

I asked you for help and you told me you would if I told you the things my dad did to me. It was really hard for me to say all those things, but you told me to trust you—then you made me repeat them to 14 different strangers.

I asked you for privacy and you sent two policemen to my school in front of everyone, to "go downtown" for a talk in their black and white car—like I was the one being busted.

I asked for you to believe me, and you said that you did, then you connected me to a lie detector, and took me to court where lawyers put me on trial like I was a liar. I can't help it if I can't remember times or dates or explain why I couldn't tell my mom. Your questions got me confused—my confusion got you suspicious. I asked you for help and you gave me a doctor with cold metal gadgets and cold hands... just like my father, who said it wouldn't hurt, just like my father, who said not to cry. He said I look fine—good news for you. You said, bad news for my "case."

I asked you for confidentiality and you let the newspaper get my story. What does it matter that they left out my name when they put in my father's and our home address? Even my best friend's mother won't let her talk to me anymore.

I asked for protection and you gave me a social worker who patted my head and called me "Honey" (mostly because she could never remember my name). She sent me to live with strangers in another place, with a different school.

Do you know what it's like to live where there's a lock on the refrigerator, where you have to ask permission to use the shampoo, and where you can't use the phone to

call your friends? You get used to hearing, "Hi, I'm your new social worker, this is your new foster sister, dorn mother, group home." You tiptoe around like a perpetual guest and don't even get to see your own puppy grow up.

Do you know what it's like to have more social workers than friends?

Do you know what it feels like to be the one that everyone blames for all the trouble? Even when they were speaking to me, all they talked about was lawyers, shrinks, fees and whether or not they'll lose the mortgage. Do you know what it's like when your sisters hate you, and your brother calls you a liar? It's my word against my own father's. I'm 12 years old and he's the manager of a bank. You say you believe me—who cares, if nobody else does?

I asked you for help and you forced my mom to choose between us—she chose him, of course. She was scared and had a lot to lose. I had a lot to lose too—the difference was you never told me how much. I asked you to put an end to the abuse—you put an end to my whole family. You took away my nights of hell and gave me days of hell instead. You exchanged my private nightmare for a very public one.

**Feelings by Cindy,
age 12; put into words
by Kee McFarlane**

A Kid's Guide to CASA

What Is CASA?

Is CASA something I can carry around in my pocket? Is CASA the Spanish word for house? Well, yes, "casa" does mean house in Spanish, but that's not the kind of CASA we are talking about. CASA stands for:

Court Appointed Special Advocate.

A CASA volunteer is someone who tells the judge in court what he or she feels is best for a child. CASA volunteers do not get paid for doing this. They offer their time to help children who have been abused or neglected.

What's a judge got to do with me?

Sometimes families need help to make sure their home is a safe place for children. A social worker's job is to help these families, and sometimes a judge has to decide things like where the children should live and what kind of help the family needs. CASA volunteers help judges decide what is best for these children.

How does a CASA volunteer know what's best for me?

A CASA volunteer learns all about what is happening in a child's life by talking to people who know the child—teachers, doctors, family members, foster parents, and counselors, for example. But most important of all, the CASA volunteer talks to and visits the child. Then the CASA volunteer tells the judge what he or she has learned and what the CASA volunteer thinks should happen.

A child talks about her CASA volunteer . . .

"My CASA volunteer would visit and phone me often to make sure I was okay. She made sure all my needs were being met. Like the times I struggled emotionally, she made sure I got counseling. Like the time I hated being placed in a group home, she went to bat for me and helped me get into a foster home. I had a lot of social workers and was placed in lots of homes, but my CASA volunteer never changed."

My CASA volunteer's name is _____

I can contact my CASA volunteer at _____

Chapter 7 Volunteer Training Evaluation (1 of 2)

Please circle the number of the descriptor that best matches your views and write any comments in the space provided. If you would like to write additional comments, please use the back of this sheet. Thank you.

1. Please rate the chapter overall.	Poor 1	2	3	4	Excellent 5
Comments:					
2. The facilitator was well prepared and engaging.	Not at All 1	2	3	4	Very 5
Comments:					
3. The content of this session will be useful to me in my work.	Not at All 1	2	3	4	Very 5
Comments:					
4. I feel equipped to introduce myself as a CASA/GAL volunteer.	Not at All 1	2	3	4	Very 5
Comments:					
5. I can describe what it means to use a collaborative approach.	Not at All 1	2	3	4	Easily 5
Comments:					
6. I can explain the rules of confidentiality.	Not at All 1	2	3	4	Easily 5
Comments:					

Chapter 7 Volunteer Training Evaluation (2 of 2)

7. What I liked least about this chapter was . . .

8. What I liked most about this chapter was . . .

9. In order to utilize the information I've learned, I will need . . .

Chapter 8 Outline:
Practicing the CASA Volunteer Role

Activity 8A: CASA Appointment Forms & Court Forms

- Pass out forms
- Go through each form and what it means

Activity 8B: Court Hearings

- Discuss types of hearings
- Timelines
- Purpose of hearing

Activity 8C: Planning your investigation

- Setting up investigation
- Contacts/ Best forms of contact
- Questions/ know before you go
- Getting records
- Problems

Activity 8D: Note taking

- Keys to good note taking
- Recommendations
- Rules on notes
- When to take notes

Chapter 8 & 9 Outline

Chapter 8 Unit 3:

Unit 3: Volunteer Interview

Activity 8E: Role play exercise with obvious interview mistakes

Discuss what to do better.....

Activity 8G: Preparing Questions

Open Discussion

Give handouts about interview format

STATE OF INDIANA
VIGO CIRCUIT COURT
JUVENILE DIVISION
2009 TERM

IN THE MATTER OF

CAUSE NO. 84C01-4 -JC -

, D.O.B. :

A Child Alleged To Be In Need
of Services

PETITION ALLEGING CHILD IN NEED OF SERVICES

The Vigo County Department of Child Services, by counsel, Elizabeth A. Lewis, respectfully petitions this Court as follows:

1. That is a female child born on the 1st day of February, 2009, and presently resides in Vigo County, Indiana.

2. That , the natural mother of the child, resides at , Terre Haute, IN 47802.

3. That signed the paternity affidavit in the hospital and is the father and he resides with mother at , Terre Haute, IN 47802.

4. That the Juvenile Division of the Vigo Circuit Court has jurisdiction in the above-entitled cause of action pursuant to I. C. 31-30-1-1.

5. That is a minor child in need of services as defined by Indiana Code Section 31-34-1-1 and Indiana Code 31-34-1-10 in that her physical and mental conditions are seriously endangered as the result of the inability and neglect of her parent to supply her with necessary food, clothing, shelter, medical care, education or supervision, and her environment being life and health endangering and she was born with Marijuana in her system. The child needs care, treatment, or rehabilitation that is unlikely to be provided to the child or accepted without the coercive intervention of the Court. That the mother admitted to the investigator that she is using methamphetamine and father admitted to drug use. Mother has extensive history with termination of parental rights on two children and outside placements for the other two. This is set forth more fully in the Intake Officer's Report of Preliminary Inquiry and Investigation, marked Exhibit A, attached hereto and incorporated herein.

6. That the minor child was removed from the custody of her parents on the 4th day of March, 2009, and that compensation should be allowed by the Court for the care and support of the minor child by the Department during the remainder of her detention.

7. That family services were not provided prior to the minor child's removal from the home of her parents due to the fact that an emergency existed and immediate removal of the child was necessary in order to protect the child.

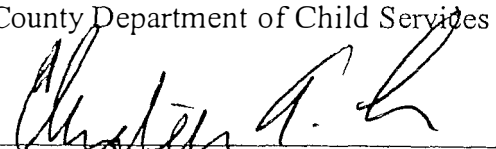
WHEREFORE, your petitioner respectfully requests that the minor child herein be adjudged a child in need of services pursuant to I. C. 31-34-1, that a hearing on said issues be set and that the Department be granted such further relief as may be just and proper.

I solemnly affirm that the above representations are true to the best of knowledge and belief.

Respectfully submitted,

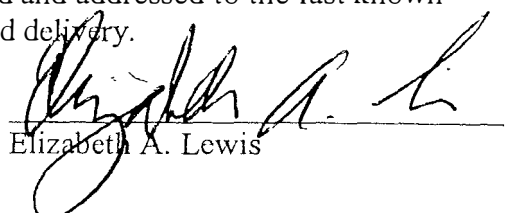
Vigo County Department of Child Services

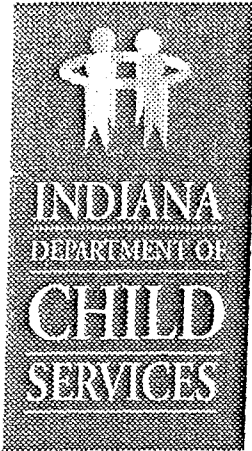
By:


Elizabeth A. Lewis
Attorney at Law, #17766-84
30 North 8th Street
Terre Haute, IN 47807
812-244-2018

CERTIFICATE OF SERVICE

I certify that on the 5th day of March, 2009 service of a copy of the above and foregoing document was made upon each party of record herein entitled to service thereof by depositing a copy in the United States mail, postpaid and addressed to the last known address of said party or attorney of record or by hand delivery.


Elizabeth A. Lewis



PI--R1(070108)

Mitchell E. Daniels, Jr., Governor
James W. Payne, Director

Indiana Department of Child Services

Vigo County Local DCS Office
Address: 30 N 8th Street
Terre Haute, Indiana 47807
Phone: 812-244-2031
FCM Jessica Breedlove

www.in.gov/dcs

Child Abuse and Neglect Hotline: 800-800-5556

INTAKE OFFICER'S REPORT OF PRELIMINARY INQUIRY AND INVESTIGATION

IN THE MATTER OF _____
A CHILD IN NEED OF SERVICES

2/1/2009, Date of Birth; 0 age

CAUSE NUMBER: 84C01 JC

CHILD'S NAME: _____

ADDRESS: _____ Terre Haute, Indiana 47802

AGE: 0 DATE OF BIRTH (DOB): 2/1/2009 SEX: F

RACE: White

CHILD'S NAME: _____

ADDRESS: _____

AGE: _____ DATE OF BIRTH (DOB): _____ SEX: _____

RACE: _____

CHILD'S NAME: _____

ADDRESS: _____

AGE: _____ DATE OF BIRTH (DOB): _____ SEX: _____

RACE: _____

CHILD'S NAME: _____

ADDRESS: _____

AGE: _____ DATE OF BIRTH (DOB): _____ SEX: _____

RACE: _____

EXHIBIT A

FAMILY INFORMATION

Mother's Name: _____ Alias/Maiden Name: _____

Mother to (list children): _____

DOB: _____

Race: Cauc

Address: _____ Terre Haute, Indiana 47802

Employment _____

Home/Cell Telephone: _____ Work Telephone: _____

Marital Status: living with Mr. _____

Divorce Cause Number: _____

Describe attempts to locate absent parent: N/A

Known CPS History: _____ Environment Life/Health Endangering in 2003; _____

Environment Life/Health Endangering, Medical Neglect, and Drug Exposed Infant in 2005; _____

_____ 4 Environment Life/Health Endangering in 2006.

Father's Name: _____

Alias: _____

Father to (list children): _____

Paternity Established: ☒ YES

☒ By Paternity Affidavit: signing of birth certificate

☐ By Marriage at birth:

☐ By Court Order ; Court Cause Number _____

☐ NO

☐ N/A

DOB: _____

Race: Cauc

Address: _____ Terre Haute, Indiana 47802

Employment: _____

Home/Cell Telephone: _____ Work Telephone: _____

Marital Status: Living with _____

Divorce Cause Number: _____

Describe attempts to locate absent parent: N/A

Known CPS History: _____

Guardian:

Guardian to (list children): _____

DOB: _____

Address: _____

Employment: _____

Home/Cell Telephone: _____ Work Telephone: _____

Marital Status: _____

Guardianship Cause Number: _____

Known CPS History:

Other(s) (list child and relationship for each):

DOB:

Address:

Employment:

Home/Cell Telephone: Work Telephone:

Marital Status:

Known CPS History:

PROBABLE CAUSE:

Date: 3/5/2009

Time: 16:26

Location: Terre Haute, Indiana 47802

Facts and Evidence of Probable Cause: *[reason(s) to believe this Child is In Need of Services]*
FCM Jessica Breedlove received a report on 2/24/2009 stating that meconium was positive for marijuana. The report also identified that Ms. [redacted] had been admitted to the hospital for delivery under the name of [redacted]. FCM Breedlove had trouble locating the family due to their recent relocation to another apartment. FCM Breedlove located this address and visited the home on 2/27/2009. FCM Breedlove left her card at the residence at this time requesting contact. Mr. [redacted] called FCM Breedlove back that day stating that he has received FCM Breedlove's card. Mr. [redacted] informed FCM Breedlove that Ms. [redacted] was currently with [redacted] at a WIC appointment and that he would have [redacted] return FCM Breedlove's call that afternoon and set-up an appointment with FCM Breedlove for 3/3/2009 at 10:30am. FCM Breedlove went to the home on 3/3/2009 at 10:45am and left another card requesting contact since Ms. [redacted] was not at home at that time. (the DCS phone systems were not working from 1200 p.m. until 4:12 p.m. on 03/03/09). This FCM did not make contact again with Ms. [redacted] until 3/4/2009 over the telephone. Ms. [redacted] set up an appointment to speak to FCM Breedlove on 3/4/2009 at 11:15am. FCM Breedlove went to the home at this time. FCM Breedlove sat down and talked to Ms. [redacted] and Mr. [redacted] about the report. [redacted] was not at the home at this time and it was advised by Ms. [redacted] that [redacted] was with her grandmother, [redacted]. Ms. [redacted] did submit to a drug screen at this time and admitted to FCM Breedlove that it may come back positive for either methamphetamines or ecstasy. Ms. [redacted] admitted during her interview to doing these drugs this past weekend. Ms. [redacted] stated that her daughter was being baby-sat by a relative at that time. Mr. [redacted] admitted to FCM that he has had a problem with methamphetamines in the past but was in "recovery with some active use." Mr. [redacted] would not drug screen for FCM Breedlove at this time stating that there is a chance it would be positive for something. Mr. [redacted] would not say what he may test positive for. FCM Breedlove went to the home of Ms. [redacted] maternal grandmother to [redacted] at [redacted] Terre Haute, Indiana, to see the infant child. That mother has extensive history with the DCS. In 2003 a child was removed because of her methamphetamine abuse that child is placed with relatives in a guardianship. In 2006 mother voluntarily terminated her rights to one child who had been

removed because of her methamphetamine use and him testing positive for meth. That in 2007 mother's rights to another child were involuntarily terminated because of mother's continued abuse of methamphetamine. That due to this extensive history, the child's level of marijuana in her meconium, mother's admission to recent methamphetamine use and father's admission to use and refusal to screen this child is immediate risk for abuse or neglect.

If Law Enforcement is involved, Investigating Officer:

Witness of Offense:

Address:

Witness of Offense:

Address:

HAS/HAVE CHILD(REN) BEEN REMOVED FROM THE HOME?: ☒ YES ☐ NO

If yes, when was the removal? DATE: 03-04-09

TIME: 4:26 P.M.

Who authorized removal? Judge Stagg

Where is/are the child(ren) placed? Foster care

WAS/WERE THE CHILD(REN) TAKEN INTO CUSTODY WITH or WITHOUT A COURT ORDER?

☐ WITHOUT

Supporting facts relative to IC 31-34-2-3 are included in Taking Custody of a Child Without a Verbal or Written Court Order: Description of Circumstances; State Form 49584/CW0018, attached. Specifically,

- (1) Child is in need of services pursuant to IC 31-34-1, see attachment Section A.
- (2) Child's physical or mental condition will be seriously impaired or seriously endangered if the child is not immediately taken into custody, see attachment Section B (I).
- (3) Safety considerations for the child preclude the immediate use of family services to prevent removal of the child, see attachment, Section B (II & III).
- (4) There is not a reasonable opportunity to obtain an order of the court, see attachment Section C.

☒ WITH

CHILD(REN) IS/ARE IN NEED OF SERVICES PURSUANT TO IC 31-34-1 IN THAT:

- ☒ The child's physical or mental condition is seriously impaired or seriously endangered as a result of the inability, refusal, or neglect of the child's parent, guardian or custodian to supply the child with necessary food, clothing, shelter, medical care, education or supervision;
- ☐ Special circumstances involving a disabled child who is deprived of life-sustaining nutrition or medical intervention necessary to remedy a life-threatening medical condition. IC 31-34-1-9

- ☐ The child's physical or mental health is seriously endangered due to injury by the act or omission of the child's parent, guardian or custodian;
- ☐ The child is the victim of a sex offense under IC 35-42-4-1, IC 35-42-4-2, IC 35-42-4-3, IC 35-42-4-4, IC 35-42-4-7, IC 35-42-4-9, IC 35-45-4-1, IC 35-45-4-2 or IC 35-46-1-3;
- ☐ The child's parent, guardian or custodian allows the child to participate in an obscene performance defined by IC 35-49-2-2 or IC 35-49-3-2;
- ☐ The child's parent, guardian or custodian allows the child to commit a sex offense prohibited by IC 35-45-4;
- ☐ The child substantially endangers the child's own health or the health of another;
- ☐ The child's parent, guardian or custodian fails to participate in a disciplinary proceeding in connection with the child's improper behavior, as provided for by IC 20-8.1-5.1-19 if the behavior of the child has been repeatedly disruptive in the school;
- ☐ The child is a missing child as defined by IC 10-1-7-2;
- ☒ The child is born with fetal alcohol syndrome or any amount of a controlled substance or legend drug in the child's body;
- ☐ The child has an injury, has abnormal physical or psychological development, or is at a substantial risk of a life-threatening condition due to the mother's use of alcohol, a controlled substance, or a legend drug during pregnancy;

and the child needs care, treatment, or rehabilitation that the child is not receiving and is unlikely to be provided or accepted without the coercive intervention of the Court.

CHILD'S HISTORY, HOME AND HEALTH (Complete this section for each child)

Child name: _____

Legal custody of the child is with: _____ pursuant to: _____

Prior to the removal, the child lived with: J _____ and _____

Others residing in the home: _____

SIBLINGS:

Name:	Age:	Location:
()	2	adopted
	3	adopted
	6	guardianship
	8	guardianship

Is child placed in close proximity to home and neighborhood? N/A

Is child able to maintain essential connections (*including sibling and parental contact*)? yes

School of the child's Legal Settlement (Home School): N/A

- Does the child have an Individualized Educational Plan (IEP)? ☐ yes ☐ no
- Are there special accommodations?
- Name of School: _____ Grade in School: _____

Child's Physical Health (special need, accommodations and physical challenges): appears well

Child's Mental Health (diagnosis, prescribed medication): unknown

Prior DCS History for the child: none

Prior Court Involvement (including JD/JS/CHINS/Informal Adjustments): none

REASONABLE EFFORTS/BEST INTERESTS:

Provide a description of family services available before the removal of the child(ren) and the efforts made to provide these services: [redacted] has worked extensively with the DCS regarding 3 other children. Parental Rights were terminated with two of the children.

If removal was necessary, provide an explanation why these efforts did not prevent removal of the child(ren): [redacted] had positive levels of marijuana in her meconium.

Explain why these efforts were reasonable: Extensive history of _____ consistent methamphetamine and drug usage, history of drug exposed infant and non compliance with DCS to remain drug free to care for her children.

The safety of the child(ren) precludes the immediate use of family services to prevent removal of the child(ren) because: Extensive history of: _____ for methamphetamine and drug usage

It is in the best interests of the child(ren) to be removed from the home environment and remaining in the home would be contrary to the health and welfare of the child(ren) because:

- has extensive history with DCS regarding methamphetamine and drug usage.
- has previously had her parental rights terminated on two of her five children and the other two are in guardianship placements.

OTHER PERTINENT INFORMATION:

had tested positive for drug useage at time of birth on another child in 2006.

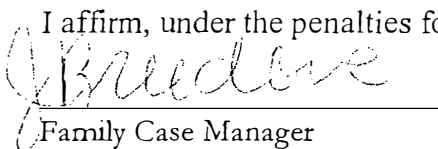
had tested positive for methamphetamine useage at time of birth and the infant child also tested positive for methamphetamine at birth in 2005. Previous DCS history includes: 1 Environment Life/Health Endangering in 2003; 3 :84 Environment Life/Health Endangering, Medical Neglect, and Drug Exposed Infant in 2005; 84 Environment Life/Health Endangering in 2006

RECOMMENDATION and REASONING:

- ☒ Filing of Petition alleging that child(ren) is/are (a) child(ren) in need of services
- ☐ Out-of-home placement should be considered (where):
- ☐ Informal Adjustment
- ☐ No further action
- ☐ Other recommendation:

Reasons for Recommendation:

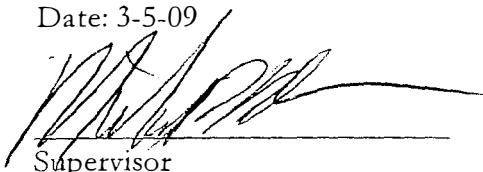
I affirm, under the penalties for perjury, that the foregoing representations are true.



Family Case Manager

Indiana Department of Child Services, local office in Vigo County.

Date: 3-5-09



Supervisor

Indiana Department of Child Services, local office in Vigo County.

Date: 3-5-09

ATTACHMENTS:

- ☐ Taking Custody of a Child Without a Verbal or Written Court Order Form
- ☐ Other: _____

STATE OF INDIANA

VIGO CIRCUIT COURT, JUVENILE DIVISION

In The Matter Of _____ CAUSE NO. _____

A Child Alleged to be a Child in Need of Services

ORDER ON DETENTION HEARING

(child's name)
is produced before the Court for a Detention
Hearing this _____ day of _____, _____.

Actual notice of the time, place and purpose of Detention Hearing has been given to the child
and _____, or
(parent) (guardian) (custodian)

(parent) (guardian) (custodian) cannot be located.

Foster/Resource Parent/Caretaker

EMS Provider (for abandoned infant under IC 31-34-2.5)

Present at the hearing are: _____

The Detention Hearing is now held.

1. *Probable Cause (choose one:)*

[] The Court now finds that probable cause does **not** exist to believe that the child is a
child in need of services and orders said child released to the custody
of _____ (parent) (guardian) (custodian)

-OR-

[] The Court now finds that probable cause exists to believe the child is a child in need
of services, but the child is not in need of further detention, and accordingly, orders the
child released to _____ (parent) (guardian) (custodian)
_____ upon the latter's written promise to bring the child before
the Court on the _____ day of _____, 20____, at _____ a.m./p.m. and from day to
day thereafter as ordered by the Court.

-OR-

reunify the family and to report those efforts to the court not later than 60 days from the date of removal.

-OR-

- ☐ Reasonable efforts to prevent removal of the child were not required because the parent, guardian, or custodian subjected the child to aggravated circumstances that affected the safety of the child. [Set forth the specific aggravated circumstances.]
- _____

OR-

- ☐ Reasonable efforts to prevent removal of the child were not required. Due to the emergency nature of the situation no reasonable efforts could be made to prevent removal. [Set forth the nature of the emergency situation.]
- _____

The Indiana Department of Child Services, _____ local office (DCS) is given responsibility for placement and care of the child.

The court further finds that the legal settlement of the child is _____ and DCS should provide notice required by IND. CODE 20-26-11-9.

- ☐ (*If probable cause is found*) Pursuant to Ind. Code 31-34-10, a Guardian Ad Litem, Court Appointed Special Advocate or both shall be appointed.

DCS has placed the child in:

- ☐ foster care/
☐ kinship care with _____, having the relationship of _____ to the child;
☐ Institution (name) _____ located in _____ County, _____ (state).

DCS recommends

- ☐ continuation of the existing placement
☐ change of placement to _____.

- ☐ The Court accepts the recommendation of the DCS regarding placement, services, and programs.

OR

- ☐ The Court finds that the recommendations of the DCS are unreasonable based on the facts and circumstances of the case or are contrary to the welfare and best interests of the child as follows: _____.

The Court orders a change the child's current placement to _____.

The placement is an emergency required to protect the health and welfare of the child for the following reasons:

_____.

The Court, having reviewed the findings and recommendations of the Juvenile Court Magistrate, approves same this *

CIRCUIT COURT JUDGE

Distribution: VDCS
File copy
CASA

VIGO CIRCUIT COURT
JUVENILE DIVISION
COURT NUMBER 84C01

IN THE MATTER OF,

CAUSE NUMBER 84C01

CHILDREN ALLEGED TO BE
IN NEED OF SERVICES

ORDER OF APPOINTMENT OF CASA

The Court now finds that a Court Appointed Special Advocate (hereinafter CASA) is necessary and desirable to represent and protect the interest of the child in the above captioned case.

IT IS THEREFORE ORDERED, ADJUDGED AND DECREED by the Court as follows:

1. is hereby appointed as CASA for the child named in this proceeding and shall act in that capacity as an officer of this Court for the purpose of representing the child's interest in this case. As such officer of the Court, the CASA may be represented by counsel and shall be entitled to submit evidence to the Court, examine and cross-examine witnesses, and be served copies of all matters filed with the Court by any party.

2. Pursuant to Ind. Code 31-33-15-1 and 2, Ind. Code 31-33-2-5 and Ind. Code 31-39-2-3(a), upon presentation of this Order to any agency, hospital, organization, school, person or office, including, but not limited to, the Division or local Department of Child Services, any mental health agency or practitioner, any health care provider, physician, psychiatrist, psychologist, social worker or law enforcement agency, the aforementioned shall permit the CASA to inspect and/or copy any records, reports, test results, x-rays, photographs or other material relevant to the case, the child, either of the parents, or any other person responsible for the child's custody, or welfare, without the consent of the child or the parent(s), guardian, or custodian.

3. The CASA appointed herein shall maintain all information received from any such source as confidential and shall not disclose same except in reports to this Court and to other parties in this case.

4. The CASA shall appear in person or by its Director, unless excused by the Court, at all hearing or proceedings scheduled in this case and assure the proper representation of the child at any proceeding.

5. **The CASA shall be notified of all hearings, staffing, investigations, depositions or other proceedings concerning the children and shall be notified prior to any action taken on behalf of the child by any party.**

6. Any documents, records, reports, test results, x-rays, photographs or other material received by the CASA from any source and remaining in the hands of the CASA upon termination of this case, shall be sealed and turned over to this Court for filing outside the record of this case.

7. The parent(s) are ordered to pay the sum of \$100.00 within thirty days as a user fee for deposit by the probation department into the Court Appointed Advocate Fund. Ind. Code 31-40-3-1.

SO RECOMMENDED THIS th Day of , 2009

JUVENILE COURT MAGISTRATE

The Court, having reviewed the findings and recommendations of the Juvenile Court Magistrate, approves same this th Day of , 2009.

CIRCUIT COURT JUDGE

Distribution: VCDCS
File copy
CASA

STATE OF INDIANA
VIGO CIRCUIT COURT, JUVENILE DIVISION

In The Matter Of:

CAUSE NO: _____

*

A Child Alleged To Be A Child
In Need Of Services

ORDER ON INITIAL HEARING

The Indiana Department of Child Services, (DCS) appears by counsel, Elizabeth Lewis, and by Family Case Manager *. Pursuant to the Court's standard procedure, the child is excluded from these proceedings. The parent(s) (guardian) (custodian), _____, appear in person.

☒ Under Ind. Code 31-32-6-2, the public is excluded from all proceedings in this case.

The CHINS petition comes on for Initial Hearing.

The Court finds:

☐ it is appropriate to appoint a guardian ad litem or court appointed special advocate for the child and now appoints _____.

☐ it is appropriate to appoint a guardian ad litem or court appointed special advocate for the child and takes the specific appointment under advisement.

The Court advises the parent(s) (child) (guardian) (custodian) of the material allegations of the petition, the rights of the parent(s) and child, and the right to be represented by counsel.

☐ _____ (mother/father) requests a continuance to obtain counsel.

-OR-

☐ _____ (mother/father) requests appointed counsel, and the court holds hearing and finds that the parent has insufficient means to hire private counsel, and appoints _____ to represent the parent.

An additional Initial Hearing is now set for the _____ day of _____, _____, at _____ M. and the parties are ordered to return to court at said date and time without further notice.

The court orders that DCS is responsible for placement and care of the child.

STATE OF INDIANA
VIGO CIRCUIT COURT, JUVENILE DIVISION

In The Matter Of:

CAUSE NO: _____

*

A Child In Need Of Services

ORDER ON INITIAL HEARING
Admissions of CHINS

The Indiana Department of Child Services, appears by counsel, Elizabeth Lewis, and by Family Case Manager *. Pursuant to the Court's standard procedure, the child is excluded from these proceedings. The parent(s) (guardian) (custodian), _____, appear in person.

[x] Under Ind. Code 31-32-6-2, the public is excluded from all proceedings in this case.

The CHINS petition comes on for Initial Hearing.

The Court finds:

[x] It is appropriate to appoint a guardian ad litem or court appointed special advocate for the child.

[x] The Court advises the parent(s) (child) (guardian) (custodian) of the material allegations of the petition, the rights of the parent(s) and child, and the right to be represented by counsel, (and counsel being present), (and there being a waiver of counsel entered freely and voluntarily), this matter proceeds to initial hearing.

[] The Court having informed those present of their legal rights and having further advised those present of the matters required by Ind. Code 31-34-10-4 and 5, finds:

-OR-

_____ (Parent)(Guardian)(Custodian), through counsel, hereby waives Initial Hearing and the Court finds:

[] The child's date of birth is _____ and the child is _____ years old.

[] The parent(s) (guardian) (custodian) admit(s) the following allegations of the petition alleged under Ind. Code 31-34-1-1 through 5, 7, 8:

_____.

[] The child admits the following allegations of the petition alleged under Ind. Code 31-34-1-6: _____

- ☐ The parent(s) (guardian) (custodian) admit(s) the following allegations of the petition alleged under Ind. Code 31-34-1-10 or 11:
-

- ☐ This matter is referred to the local coordinating committee due to the possibility of a restrictive placement being made.

- ☐ An admission of the allegations of the petition having been entered, the child is now adjudged a Child In Need of Services as defined by Ind. Code 31-34-1.

- ☐ By agreement of the parties, an immediate Dispositional Hearing is requested and held.

-OR-

- ☐ The court sets a Dispositional Hearing in this case for the ____ day of _____, at _____, ____M. and the parties are ordered to return to court at said time and date without further notice.

[a] DCS shall prepare and file a Predispositional Report with the Court with a copy to the respective parties ____ days prior to the dispositional hearing.

[b] The person preparing the Predispositional Report shall confer with individuals who have expertise in professional areas related to the child's needs in the areas of appropriate care, treatment, rehabilitation or placement.

- ☐ (*If the child is detained by this order*) The removal of the child was authorized and necessary under IC 31-34-2-3 to protect the child; continuation of residence in the home of the parents/guardians would be contrary to the welfare of the child because:
-

- ☐ Due to the emergency nature of the situation no reasonable efforts could be made to prevent removal.

-OR-

- ☐ Reasonable efforts have been made to prevent or eliminate the need to reunify or prevent the removal of the child.

☐ Reasonable efforts to reunify or prevent the removal of the child from the home were:

OR

- ☐ The statements of reasonable efforts as set forth in the pleadings and papers of the DCS filed herein are incorporated by reference.)

-OR-

- ☐ Reasonable efforts to reunify a child with the child's parent, guardian or custodian or preserve the child's family are not required because: _____.

DCS is ordered to complete a permanency plan pursuant to Ind. Code 31-34-21-5.7 within thirty days.

- [] *(If the child is detained by this order)* The court further finds that it is in the best interest of the child to be removed from the home environment and remaining in the home would be contrary to the health and welfare of the child.
- [] *(If the child is detained)* Each parent is ordered to furnish the Court with an accurately completed and current child support obligation worksheet on the same form that is prescribed by the Indiana Supreme Court for child support orders, pursuant to Ind. Code 31-40-1-3.
- [] A separate Financial Obligation Order is being issued.
- [] DCS is given responsibility for placement and care of the child
- [] *(If the child is detained)* The legal settlement of the child is _____ and DCS should provide notice required by Ind. Code 20-26-11-9.
- [] The court now appoints _____ as Guardian ad Litem/Court-Appointed Special Advocate.

A review hearing is set for _____, 20____, at ____ a.m./p.m.

A permanency hearing is set for _____, 20____, at ____ a.m./p.m.

SO RECOMMENDED THIS *

JUVENILE COURT MAGISTRATE

The Court, having reviewed the findings and recommendations of the Juvenile Court Magistrate, approves same this *

CIRCUIT COURT JUDGE

Distribution: VDCS
File copy
CASA

STATE OF INDIANA
VIGO CIRCUIT COURT, JUVENILE DIVISION

In The Matter Of:

CAUSE NO: _____

*

A Child Alleged To Be A Child
In Need Of Services

ORDER ON INITIAL HEARING
Denial of CHINS

The Indiana Department of Child Services appears by counsel, Elizabeth Lewis, and by Family Case Manager *. Pursuant to the Court's standard procedure, the child is excluded from these proceedings. The parent(s) (guardian) (custodian), _____, appear in person.

☒ Under Ind. Code 31-32-6-2, the public is excluded from all proceedings in this case.

The CHINS petition comes on for Initial Hearing.

The Court finds:

☒ it is appropriate to appoint a guardian ad litem or court-appointed special advocate for the child.

The Court advises the parent(s) (child) (guardian) (custodian) of the material allegations of the petition, the rights of the parent(s) and child, and the right to be represented by counsel, (and counsel being present), (and there being a waiver of counsel entered freely and voluntarily), this matter proceeds to initial hearing.

The court having informed those present of their legal rights and having further advised those present of the matters required by Ind. Code 31-34-10-4 and 5, finds as follow:

☒ the parent(s) (guardian) (custodian) enter(s) a denial(s) of the allegations.

☐ the child enters a denial of the allegations under Ind. Code 31-34-1-6.

☐ (*If the child is removed*) The legal settlement of the child is _____ and the _____-Department of Child Services should provide notice required by Ind. Code 20-26-11-9.

A denial of the allegations of the petition having been entered:

☐ A Fact Finding Hearing be set in this case for the _____ day of _____, _____, at _____ M. and the parties are ordered to return to court at said time and date without further notice.

OR

☐ By agreement of the parties, an immediate Fact Finding hearing is requested and held.

☐ *(If the child is detained by this order)* The removal of the child was authorized and necessary under IC 31-34-2-3 to protect the child continuation of residence in the home of the parents/guardians would be contrary to the welfare of the child because:

_____.

☐ Due to the emergency nature of the situation, no reasonable efforts could be made to prevent removal,

OR

☐ Reasonable efforts have been made to prevent or eliminate the need for removal of the child.

☐ Reasonable efforts to reunify or prevent the removal of the child from the homewere: _____

OR

☐ The statements of reasonable efforts as set forth in the pleadings and papers of the DCS filed herein are incorporated by reference.

☐ Reasonable efforts to reunify a child with the child's parent, guardian or custodian or preserve the child's family are not required because: _____.

DCS is ordered to complete a permanency plan pursuant to Ind. Code 31-34-21-5.7 within thirty days.

☐ *(If the child is detained by this order)* The Court further finds that it is in the best interest of the child to be removed from the home environment and returning to or remaining in the home would be contrary to the health and welfare of the child.

☐ *(If the child is detained)* Each parent is ordered to furnish the Court with an accurately completed and current child support obligation worksheet on the same form that is prescribed by the Indiana Supreme Court for child support orders, pursuant to Ind. Code 31-40-1-3.

☐ A separate Financial Obligation Order is being issued.

☒ DCS is given responsibility for placement and care of the child.

☐ *(If not appointed previously)* The court now appoints _____ as Guardian ad Litem/Court-Appointed Special Advocate.

A review hearing is set for _____, 20____, at ____ a.m./p.m.

A permanency hearing is set for _____, 20____, at ____ a.m./p.m.

SO RECOMMENDED THIS *

JUVENILE COURT MAGISTRATE

The Court, having reviewed the findings and recommendations of the Juvenile Court Magistrate, approves same this *

CIRCUIT COURT JUDGE

Distribution: VDCS
File copy
CASA

STATE OF INDIANA
VIGO CIRCUIT COURT, JUVENILE DIVISION

In The Matter Of
A Child in Need of Services

CAUSE NO. _____

ORDER ON FACT-FINDING HEARING ON CHINS PETITION
Order Finding Child is a Child in Need of Services

The Indiana Department of Child Services appears by Elizabeth Lewis, attorney. Pursuant to the Court's standard procedure, the child is excluded from these proceedings. The parent(s) (guardian) (custodian) , _____, appears in person and by counsel, _____. CASA (CASA Director) * appears.

The CHINS petition comes on for Fact-finding Hearing. Evidence is introduced by the parties.

The Court being duly advised finds that the child's date of birth is _____, and is _____ years of age, and is a child in need of services as alleged in the petition.

The Court now finds that said child is a child in need of services as defined by IND. CODE 31-34-1- _____. In support for this conclusion of law, the following findings of fact are found (*insert facts to support the category of abuse or neglect found*):

[] The Court Orders _____ to appear and file a Predispositional Report with the court and respective parties 10 days prior to the dispositional hearing and made available according to IND. CODE 31-34-18-6. The Court schedules a Dispositional Hearing in this case for the _____ day for _____, 20____, at _____ o'clock _____M.

[] (*If the child is detained by this order*) The removal of the child was authorized and necessary under IC 31-34-2-3 to protect the child; continuation of residence in the home of the parents/guardians would be contrary to the welfare of the child because:

_____.

[] Due to the emergency nature of the situation no reasonable efforts could be made to prevent removal because _____

-OR-

[] Reasonable efforts to reunify a child with the child's parent, guardian or custodian or preserve the child's family are not required because: _____ DCS is ordered to complete a permanency plan pursuant to Ind. Code 31-34-21-5.7 within thirty days.

[] Reasonable efforts have been made to prevent the need for removal of the

child(ren) from the home.

☐ Reasonable efforts to reunify or prevent the removal of the child from the home were:

OR

☐ The statements of reasonable efforts as set forth in the pleadings and papers of the DCS filed herein are incorporated by reference.)

☐ (*If the child is removed by this order*) The Court further finds that it is in the best interest of the child to be removed from the home environment and remaining in the home would be contrary to the health and welfare of the child AND reasonable efforts have been made to prevent or eliminate the need for removal of the child OR due to the emergency nature of the situation, no reasonable efforts could be made to prevent removal.

☒ The DCS is responsible for care and placement of the child.

☐ Refers possibility of restrictive placement to local coordinating committee for review.

☐ (*If the child is removed*) Legal settlement of the child is _____ and the Department of Child Services is directed to provide notice as required by law.

☐ By agreement conducts an immediate Dispositional Hearing. (If all parties agree to immediate disposition, proceed to dialogue and orders in Chapter 10.)

A review hearing is set for _____, 20__, at ____ a.m./p.m.

A permanency hearing is set for _____, 20__, at ____ a.m./p.m.

SO RECOMMENDED THIS *

JUVENILE COURT MAGISTRATE

The Court, having reviewed the findings and recommendations of the Juvenile Court Magistrate, approves same this *

CIRCUIT COURT JUDGE

Distribution: VCDCS
File copy
CASA

STATE OF INDIANA
VIGO CIRCUIT COURT, JUVENILE DIVISION

In The Matter Of

CAUSE NO.

A Child in Need of Services

DISPOSITIONAL ORDER

The Indiana Department of Child Services appears by Elizabeth Lewis, Attorney and its Family Case Manager, *. Pursuant to the Court's standard procedure, the child is excluded from these proceedings. The parent(s) * appear in person [and by counsel]. CASA (CASA Director) * appears in person. The foster parent(s) or other caretaker _____ (does) (does not) appear. Others:

_____.

Required notice of this hearing has been provided by DCS to parties and foster parent(s) or other caretaker(s).

The CHINS petition comes on for a Dispositional Hearing.

The child having been found to be a CHINS the Court, after reviewing the Predispositional report (and recommendation of the local coordinating committee) and hearing statements and evidence presented to the Court regarding the disposition of this cause, finds:

The needs of the child for care, treatment, or rehabilitation are: _____;
_____;

Participation by the parent, guardian or custodian in the plan of care for the child is necessary to:

_____;

[] *(If the child is removed by this order)* Continuation of residence in the home of the parent/guardian would be contrary to the health and welfare of the child because *[the Court must make specific findings here]* _____

[] *(If the child is removed by this order but not placed with a suitable and willing blood or adoptive caretaker.* Consideration for placement with a suitable and willing blood relative was made but said placement was found to be inappropriate for the following reasons: _____

[] *(If placement recommended or ordered is a new placement in an unlicensed home)* The court has received and reviewed the results of a criminal history and child protection index background check on each adult residing in the home recommended by DCS or considered by the court for placement pursuant to this order.

The Court makes the following findings of fact and reasons for the court's disposition:

☐ Predispositional reports, page **All**, paragraph **All**

☐ Other [See IC 31-34-19-6]: _____

☐ (if the child has been removed) The legal settlement of the child is Vigo County School Corporation and DCS shall provide notice required by I.C. 20-26-11-9.

Reasonable efforts (were) (were not) made to (prevent the child's removal from) (to reunite the child) with the child's parent, guardian, or custodian. Family services offered or provided:

DCS is given responsibility for placement and care of the child.

The Court now orders the department to file a report every three months from this date on the progress made in implementing the decree.

Based on the information presented in the Predispositional Report(s) and provided at the hearing, the court makes the following dispositional orders:

☐ The child shall remain in his/her current home or placement, with supervision by DCS.

☐ DCS is authorized to place the child in a home or facility as recommended in the Predispositional Report.

☐ DCS is awarded wardship of the child, with responsibility for supervision, care and placement. The rights and obligation of the person granted wardship in this case as defined by I.C. 31-9-2-134.5 are hereby modified to conform to the terms of this Dispositional Decree and the Parent Participation Plan ordered herein. DCS is authorized to consent to the child's medical care.

☐ The child is partially or completely emancipated under IC 31-34-20-6, as follows:

☐ The child will receive the following services until further review and order of the court:

☐ The following person(s) refrain from direct or indirect contact with the child, until further order of the court: _____

☐ The following person(s) shall not return to, or reside in, the child's place of residence until further order of the court: _____

☐ A Parental Participation Petition has been filed and jurisdiction obtained upon _____, parents (custodian or guardian) of the child. The Court, after hearing evidence, finds the allegations contained in the Petition for Parental Participation are true and that the parents (guardian or custodian) shall participate in a treatment program or pay for services, consistent with the recommendation of _____ as follows: (Set forth specifically what the parents are to do and for what they are to be financially responsible) _____

[] A separate Financial Obligation is being issued.

This disposition is the least restrictive and in the child's best interest.

Those present are notified of the modification procedures under I. C. 31-34-23.

This case is set for a **Six Month Periodic Case Review Hearing in this Court on the**
_____ day of _____, 20____ at _____.M.

This case is set for a **Twelve Month Permanency Hearing in this Court on the** _____
day of _____, 20____ at _____.M.

SO RECOMMENDED THIS *

JUVENILE COURT MAGISTRATE

The Court, having reviewed the findings and recommendations of the Juvenile Court Magistrate, approves same this *

CIRCUIT COURT JUDGE

Distribution: VDCS
File copy
CASA

STATE OF INDIANA

VIGO CIRCUIT COURT, JUVENILE DIVISION

In The Matter Of _____ CAUSE NO. _____

A Child Alleged to be a Child in Need of Services

EMERGENCY CUSTODY ORDER

Comes now the Indiana Department of Child Services, _____ local office (DCS) and orally requests an emergency Order to remove the above named child from the home of his/her parents/guardian _____

_____ at _____.

The DCS by _____, presents information by telephone/affidavit that said child is in need of services in that: _____

and further that the physical or mental condition of the child will be seriously impaired or endangered if not immediately removed from the home and taken into protective custody in that detention is necessary to protect the child.

The Court finds as follows:

- 1) That an emergency exists requiring immediate action by the Court without need of a hearing.
- 2) Continuation of residence in the home of the parent/guardian would be contrary to the health and welfare of the child because:

(Example: it appears the child has been physically abused by the parent; it appears the residence of the parent is in such condition as to cause immediate harm to the child)

- 3) That the physical or mental condition of the child will be seriously impaired or endangered if not immediately removed from the home and taken into protective custody and the safety of the child precludes the immediate use of family services to prevent the removal of the child;

- 4) That there is probable cause to believe the child is in need of services.

- 5) Detention is necessary to protect the child.

☐ The child is unlikely to appear before the Juvenile Court for subsequent proceedings.

☐ The child has a reasonable basis for requesting that the child not be released.

☐ The parent, guardian or custodian cannot be located or is unable or unwilling to take custody of the child.

☐ That said child is in custody at the time of the request.

The Court further finds that grounds for detention exist under IND. CODE 31-34-4-5.

The Court further finds that:-

- a. it is in the best interest of the child to be removed from the home environment; and
- b. remaining in the home would be contrary to the health and welfare of the child and
- c. reasonable efforts have been made to prevent or eliminate the need for removal of the child OR due to the emergency nature of the situation, no reasonable efforts could be made to prevent removal.

IT IS THEREFORE ORDERED, ADJUDGED AND DECREED that DCS is authorized to take _____ (child) into immediate protective custody with the assistance of law enforcement pursuant to IND. CODE 31-34-2. DCS is given responsibility for placement and care of the child, until further order of the Court, and is authorized to expend funds for said child and obtain emergency medical attention.

IT IS FURTHER ORDERED, ADJUDGED AND DECREED that a detention hearing will be held on _____ at _____ a.m./p.m. at _____, and the DCS is directed to send notice of the hearing as required by law, unless the child is released from detention.

SO RECOMMENDED THIS *

JUVENILE COURT MAGISTRATE

The Court, having reviewed the findings and recommendations of the Juvenile Court Magistrate, approves same this *

CIRCUIT COURT JUDGE

Distribution: VDCS
File copy
CASA

STATE OF INDIANA

VIGO CIRCUIT COURT, JUVENILE DIVISION

In the Matter Of:

Cause No.

*

A Child In Need Of Services

ORDER ON PERIODIC CASE REVIEW

The State of Indiana appears by Elizabeth Lewis, Attorney for Department of Child Services, and Family Case Manager *. Pursuant to the Court's standard procedure, the child is excluded from these proceedings. The parent(s), (Guardian) (Custodian) _____ appear in person. Also, CASA (CASA Director) * appears.

1. This matter comes before the Court for a periodic case review, and the Court after reviewing the progress report (and CASA/GAL report) filed herein which is/are now admitted into evidence and made a part of the record, and after hearing evidence and statement of interested persons, and after considering the factors listed in IND. CODE 31-34-21-5, finds as follows:

- ☒ DCS has complied with the child's case plan.
- ☐ The child (has) (has not) complied with the child's case plan.
- ☐ The child's parent, guardian, or custodian (has) (has not) complied with the child's case plan.
- ☐ It is an appropriate time to implement a permanency plan for the child.
- ☐ The parent, guardian, or custodian (has) (has not) enhanced their ability to fulfill their parental obligations.
- ☐ The parent, guardian, or custodian (has) (has not) visited the child [include the reason for infrequent visitation].
- ☐ The parent, guardian, or custodian (has) (has not) cooperated with DCS.
- ☐ The child (has) (has not) recovered from any injuries suffered before removal.
- ☐ Additional services (are) (are not) required for the child or the child's parent, guardian or custodian [if required, state the nature of those services].
- ☐ The child (has) (has not) been rehabilitated.
- ☐ The child (is) (is not) in the least restrictive, most family-like setting.
- ☐ The child (is) (is not) placed close to the home of the child's parent, guardian, or custodian.
- ☐ The cause of the child's out-of-home placement or supervision (has) (has not) been alleviated.
- ☐ The legal settlement of the child is Vigo County School Corporation.
- ☐ The child's parent, guardian, or custodian (has) (has not) participated or (has) (has not) been given the opportunity to participate in case planning, periodic case reviews, dispositional reviews, placement of the child, and visitation.
- ☒ DCS has made reasonable efforts to reunify or preserve the child's family.

☐ DCS has made the following efforts to offer and provide family services, including the outcome arising from offering or providing family services:

☒ _____
The court concludes that DCS has made reasonable efforts to finalize the permanency plan

DCS is responsible for the child's placement and care.

2. ☐ (If child is removed by this Order) The Court finds that it is in the best interest of the child to be removed from the home environment, and remaining in the home would be contrary to the health and welfare of the child. Reasonable efforts have been made to prevent or eliminate the need for removal of the child OR, due to the emergency nature of the situation, no reasonable efforts could be made to prevent removal. The statements of reasonable efforts as set forth in the pleadings and papers of the DCS filed herein are incorporated by reference.

(if the child has been removed) The legal settlement of the child is Vigo County School Corporation and DCS shall provide notice required by I.C. 20-26-11-9.

3. ☐ Parental Participation has been previously ordered by this Court for _____, parents (custodian or guardian) of the child. The Court, after a review of facts and circumstances presented and hearing evidence, finds the parents (guardian or custodian) shall participate in a change in treatment program or pay for services, consistent with the recommendation of the department as follows:

(Set forth specifically what change in the parents' obligations is ordered, including financial responsibility) _____

A separate Financial Obligation Order is being issued.

4. ☐ (Check only if the hearing has been previously continued to allow DCS to file a supplemental report and the Court Order is not consistent with the recommendation of DCS)

The Court finds that the placement, program or service recommendations contained in the Progress Report is/are contrary to the welfare and best interests of the child and unreasonable based on the facts and circumstances for the following specific reasons:

This Court Orders a change in the child's current placement to _____ for the following reasons: _____

DCS shall review the Court's proposed placement, program or service for the child as stated above; and submit a supplemental progress/modification Report to the court stating whether DCS approves or disapproves the proposed placement, program or service as stated herein, and if DCS disapproves the proposed placement, program or service, the reasons for disapproval.

5. The child's case plan, services, and placement meet the special needs and best interests of the child. DCS has made reasonable efforts to provide family services or to finalize another permanency plan.

The projected date for the child's

- ☐ return home
- ☐ adoption
- ☐ appointment of legal guardian
- ☐ emancipation
- ☐ completion of a another planned permanent living arrangement

is _____ (date).

A copy of this order is to be distributed to DCS.

6. ☐ This case is set for further **review** hearing on the _____ day of _____, _____, at _____ .M. and the parties are ordered to return to Court at said date and time without further notice.

7. ☐ This case is set for **permanency** hearing on the _____ day of _____, _____, at _____ .M. and the parties are ordered to return to Court at said date and time without further notice.

SO RECOMMENDED THIS *

JUVENILE COURT MAGISTRATE

The Court, having reviewed the findings and recommendations of the Juvenile Court Magistrate, approves same this *

CIRCUIT COURT JUDGE

Distribution: VCDCS
File copy
CASA



PDR--R1(070108)

Mitchell E. Daniels, Jr., Governor
James W. Payne, Director

Indiana Department of Child Services

Vigo County Local DCS Office
Address: 30 N. 8th Street
Terre Haute, IN 47804
Phone: (812) 2442013
Fax: (812) 234-1802

www.in.gov/dcs

Child Abuse and Neglect Hotline: 800-800-5556

PREDISPOSITIONAL REPORT Indiana Code § 31-34-18

FCM: Mandy Steinway
Disp: 02/03/09
PRH: 06/16/09

**NOTICE: This report is
confidential and may be only
released with specific authorization**

IN THE MATTER OF: A CHILD IN NEED OF SERVICES

Cause Number: 84C01- JC-

Court: Juvenile Court
Judge: Paulette Stagg
Attorney for DCS: Elizabeth Lewis
DCS Family Case Manager: Mandy Steinway
Removal Date: 12/19/2008
CHINS Order Date: 01/13/2009
Dispositional Hearing Date: 02/03/2009

Child's Name: _____ /Other:

Date of Birth: _____ Age 11

Male ☐ Female ☒

Race: Caucasian Height: _____ Weight: _____ lbs. Eyes: _____ Hair: _____ ID M _____ arks

Native American Heritage: None ☒ Identify Tribe _____

I. STATEMENT OF THE NEEDS OF THE CHILD FOR CARE, TREATMENT, REHABILITATION, OR PLACEMENT

A. Child History

1. Prior Court or Indiana Department of Child Services local office in _____ County (DCS) involvement of this child and/or family: *(JD/JS/LA/CHINS; include date of incident, name of perpetrator, victim, finding and action taken)*
None

2. Reasons for Current DCS Involvement: *(include a narrative summary describing the facts and circumstances concerning the allegations made in this case):*

On 12/16/08 FCM Hoffman and went to _____'s home with Law Enforcement and found Ms. _____, Mr. _____, and a 17 year old juvenile in the home. Methamphetamine, marijuana, hash, hash oil, and a loaded hand gun were found in the home in plain view. Meth was on the counter in the kitchen, on a dresser in mother's bedroom, and meth and marijuana were found in the little girls room. Mr. _____ claimed that it all belonged to him. Ms. _____ submitted to a drug screen. On 12/19/2008 DCS received the results of the drug screen and Ms. _____'s level was 12,174. Because of Ms. _____'s extremely high meth levels and the meth and handgun being found in plain view, all of which could be accessed by the children, DCS felt that the children were seriously endangered for neglect and or abuse.

3. Services Available Prior to Current Proceedings: *(include TANF benefits, Social Security benefits, food stamps, counseling, etc., including services offered pursuant to any prior CHINS, LA or SRA):*

Ms. _____ had Medicaid and Foodstamps for the children.

4. Family:

Maternal History:

Name: _____ Alias/Maiden Name:

Date of Birth (DOB): _____

Address: _____ Terre Haute, IN 47804

Phone: _____

Known Marriages: F

Children (names and DOB): _____, C _____, _____, and C _____

Currently ordered to pay support: ☐ yes ☒ no

\$ _____ per week/month for _____ [list child(ren)]

Court and Cause Number

Education: 9th grade

Occupation: Janitorial employer PBM

Work phone

Native American Heritage: None ☒ Tribe

Source of information: _____

Paternal History:

Name: _____ Alias/Other: _____

DOB: _____

Address: _____ Terre Haute, IN 47802

Phone: _____

Known Marriages: _____

Children (name and DOB): _____

Paternity Established: ☒ yes (list each child) ☐ no (list each child)☐ By Paternity Affidavit☒ By marriage at birth of this child☐ By Court Order (Court and Cause Number)Currently ordered to pay support: ☒ yes ☐ no

\$ 52.00 per week/month for _____ [list child(ren)]

Court and cause number _____

Education: 10th grade

Occupation: N/A employer: unemployed

Work phone: _____

Native American Heritage: None ☒ Tribe

Source of information: Frederick Certain

History for Step-Parent/Guardian/Custodian:

Name: _____ Alias/Other : _____

DOB: _____

Address: _____

Phone: _____

Known Marriages: _____

Children (name and DOB): _____

Currently ordered to pay support: ☐ no ☐ yes

\$ _____ per week/month for _____ [list child(ren)]

Court and Cause Number : _____

Education: _____

Occupation: _____ employer: _____

Work phone: _____

Income: _____

Source of information _____

History for Step-Parent/Guardian/Custodian:

Name: _____ Alias /Other : _____

DOB: _____

Address: _____

Phone: _____

Known Marriages: _____

Children (name and DOB): _____

Currently ordered to pay support: ☐ no ☐ yes

\$ _____ per week/month for [list child(ren)]

Court and Cause Number : _____

Education: _____

Occupation: emplo yer:
Work phone:
Income:
Source of information

Sibling(s) to (,) (identify child):

Name: , and s Alias/Other:
Date of Birth: M other: c Father]
Currently a CHINS ☒ yes ☐ no
Current residence biological father

B. Child Summary:

1. Home and Neighborhood, including Family Relationships [Describe the child's home, neighborhood and community living environment as it relates to the child, including extended family dynamics]: Child was living with mother prior to removal. Child is now placed with her biological father and her siblings.
2. Physical Health [Describe the physical and dental appearance and health of the child including noticeable scars, medical and dental conditions, treatments, medications and disabilities]:
Child is in good physical health.
3. Mental Health [Describe the child's general mental health as currently known, including current or needed psychiatric and psychological treatments/medications and evaluations]: No known problems
4. School Information:
 - Current County/Township of Legal Settlement: Vigo County
 - If out of home placement is recommended, identify the recommended school and county: Child will remain in Vigo county school district
 - Last Grade Attended: 6 School: Honey Creek Middle School
 - Individualized Education Plan: ☒ no ☐ yes, provide details:
5. Social Background [Describe child's activities, interests, membership in organized groups, religious orientation and participation, relationship with other family members, interpersonal relationships]:
None
6. Substance abuse history [Describe the child's use of alcohol and drugs and the extent of use, if known. Include any intervention treatment and/or counseling]: None
7. Child's Employment and Financial Information [Mandatory pursuant to IC 31-34-18-3]:None

II: CONSULTATION WITH INDIVIDUALS WHO HAVE EXPERTISE IN PROFESSIONAL AREAS RELATED TO THE CHILD'S NEEDS IN THE AREA OF APPROPRIATE CARE, TREATMENT, REHABILITATION, OR PLACEMENT FOR A CHILD IN NEED OF SERVICES

A. Conference(s), including Child and Family Team Meetings, involving consultation with the following individuals has taken place: *(professionals may include probation, a representative from a community mental health center or community mental retardation and other developmental disabilities center located in the child's county of residence. If the child is known to be eligible for special education services or placement under IC 20-35 and 511 IAC 7, consultation must include a representative of the child's school):*

<u>Meeting Type (i.e., Case Plan conference, Team meetings, phone contact, etc.)</u>	<u>Date</u>	<u>Name</u>	<u>Occupation</u>	<u>Relationship to Child</u>
<u>Child and Family Team Meeting</u>	<u>01/05/09</u>	<u>I</u>	<u>Foster parent</u>	<u>Foster Parent</u>
<u>Child and Family Team Meeting</u>	<u>01/05/09</u>		<u>Unknown</u>	<u>Aunt</u>
<u>Child and Family Team Meeting</u>	<u>01/05/09</u>		<u>Unknown</u>	<u>Grandma</u>
<u>Child and Family Team Meeting</u>	<u>01/05/09</u>		<u>Unknown</u>	<u>Mother</u>
<u>Child and Family Team Meeting</u>	<u>01/05/09</u>	<u>Jackie Hoffman</u>	<u>Case Manager</u>	<u>FCM</u>

A. The following resources and programs available for the child were reported by the individuals participating in the meeting *[reference CFTM notes, if appropriate]*:
IOP, NA meetings, visitation

B. Dispositional options considered and evaluated in relation to the plan of care, treatment, rehabilitation or placement for the child *[Because of the nature of the allegations contained in the Child in Need of Services petition and other information obtained during the investigation and/or pendency of the current action, the following dispositional options were considered. Reference CFTM notes, if appropriate]*:
Attend IOP, NA, and visitation with the children.

III. OPTIONS RECOMMENDED FOR THE PLAN OF CARE, TREATMENT, REHABILITATION, OR PLACEMENT OF THE CHILD

A. Plan of Care, Treatment or Rehabilitation:
Mother will successfully complete IOP, attend NA meetings, and have regular visitation with her children.

B. Placement:

1. Placement Recommendation:

- i. Describe in what ways the recommended placement is the least restrictive and most appropriate setting: Child is with biological father
- ii. least interferes with family autonomy: Child is with biological father
- iii. is least disruptive to family life: Child is with biological father
- iv. imposes the least restraint on the freedom of the child and parent/guardian/custodian: Child is with biological father and has regular visitation with their mother
- v. and provides a reasonable opportunity for participation by the child's parent/guardian/custodian: Weekly visitation with mother
- vi. describe, if applicable, in what ways the placement recommendation is necessary to be consistent with the safety and best interests of the child and the community:

2. Out of home placement (*choose one*):

- ☐ IS NOT (*continue to section IV*) OR
☒ IS (*complete the remainder of section III*) appropriate for the child

3. If child has not previously been removed from the home and removal is recommended, summarize the reasonable efforts to prevent removal or eliminate the need for removal:

4. Placement with the child's suitable and willing blood or adoptive relative caretaker, including a non-custodial parent, grandparent, aunt, uncle or adult sibling

☐ is inapplicable in that, no one who has come forward is suitable and willing at this point in time to care for the child, OR

☒ has been considered and placed with _____
_____ (*identify name and relationship to child*). A criminal history check has been conducted and the results of the check are as follows:

_____ and _____ have no criminal history.

C. It is recommended that the responsibility for placement and care of the child be through wardship of child to DCS.

IV NECESSITY, NATURE AND EXTENT OF THE PARTICIPATION BY A PARENT, GUARDIAN, OR CUSTODIAN IN THE PROGRAM OF CARE, TREATMENT, OR REHABILITATION FOR THE CHILD:

- A. In what ways should the parent obtain assistance in fulfilling obligations as a parent, guardian or custodian; provide specified care, treatment or supervision for the child and/or work with a person providing care, treatment or rehabilitation for the child:
_____ needs to successfully complete IOP, attend NA weekly, and regularly visit with her children.

- B. Indicate whether or not a parent should refrain from direct or indirect contact with the child:
- C. Financial Report required by IC 31-34-18-3 to assist in the determination as to the person's financial responsibility for services provided to the child or the person:

1. Financial Summary:

Mother		AMOUNT			
TYPE OF INCOME					
Earned Income	\$8.25	☒	☐	☐	
		hour	week	month	
Child Support Order payee (<i>list children</i>)	\$0	☐	☐	☐	
		hour	week	month	
Retirement/Pension	\$0	☐	☐	☐	
		hour	week	month	
F Social Security/SSI	\$0	☐	☐	☐	
		hour	week	month	
t Other unearned income	\$0	☐	☐	☐	
		hour	week	month	

Father		AMOUNT			
TYPE OF INCOME					
Earned Income	\$0	☐	☐	☐	
		hour	week	month	
Child Support Order payee (<i>list children</i>)	\$_____	☐	☐	☐	
		hour	week	month	
Retirement/Pension	\$0	☐	☐	☐	
		hour	week	month	
Social Security/SSI	\$0	☐	☐	☐	
		hour	week	month	
Other unearned income	\$0	☐	☐	☐	
		hour	week	month	

Child		AMOUNT (hourly/weekly/monthly)			
TYPE OF INCOME					
Earned Income	\$0	☐	☐	☐	
		hour	week	month	
Child Support Order payor (<i>list children, court and cause number</i>)	\$0	☐	☐	☐	
		hour	week	month	
Child Support Order payee (<i>list children</i>)	\$0	☐	☐	☐	
		hour	week	month	
Social Security/SSI	\$0	☐	☐	☐	

Other unearned income

\$0

hour	week	month
☐	☐	☐
hour	week	month

2. Financial responsibility recommendation:

As of 1/09/2009 (*date*), DCS has paid \$ 1575 on behalf of this family, in this matter, including placement costs and services offered.

An order for reimbursement of costs is ☒ is not ☐ recommended to be paid by mother.

An order for reimbursement of costs is ☒ is not ☐ recommended to be paid by father.

An order for the payment of child support

☐ is not recommended because: _____

☒ is recommended in accordance with the Child Support Worksheet, attached to this report.

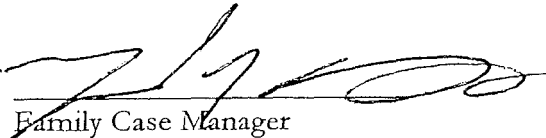
☒ By original order of this court, OR

☐ By assignment of an existing order.

V. REQUEST FOR COURT REVIEW AND PERMANENCY HEARING:

The Department of Child Services requests that this cause be reviewed within six (6) months and a Permanency Hearing be set twelve (12) months after the Dispositional Decree.

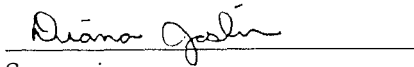
Respectfully Submitted,



Family Case Manager

Indiana Department of Child Services local office in Vigo County

Date: 01/16/2009



Supervisor

Indiana Department of Child Services local office in Vigo County

Date: 01/16/2009

NOTICE

In accordance with IC 31-34-21-4, delivery of this Report serves as **Notice** of the **CHINS Periodic Review Hearing/Permanency Hearing** on 06/16/2009 (*date*) at _____ (*time*) in the Juvenile Court, 202 N. Crawford St. Terre Haute, IN 47807 (*Court Address*).

The Court is required to provide an opportunity for interested parties to be heard and to make any recommendations to the court during the periodic case review, including a case review that is a permanency hearing. The right to be heard and to make recommendations includes the right of a person who is required to receive notice of periodic case reviews to submit a written statement to the court. Such a statement, if served upon all parties to the child in need of services proceeding and the persons requiring notice of periodic case reviews, may be made part of the court record.

ATTACHMENTS:

- ☒ Case Plan (*if not previously submitted to the court*)
- ☐ Report from _____ Service Provider, dated _____
- ☐ Family Team Meeting Summary
- ☐ Child Support Worksheet
- ☐ Other: _____

CERTIFICATE OF SERVICE

I hereby Certify, under penalty of perjury, that a copy of this document has been sent to the below listed parties and in the manner so stated 01/16/2009 (*date*).


Family Case Manager, ACS

(Date)

	U.S. Mail, Postage Prepaid	Personal Service
Child	☐	☐
By: _____ (<i>enter name of person who provided service</i>)		
☐ Individually (<i>for child 14 years or older</i>)		
Father	☐	☐
01/15/2009 Father's attorney	☐	☒
Mother	☐	☐
01/11/2009 Mother's Attorney	☐	☒
Child's guardian/custodian, if any	☐	☐

	Attorney for Child's guardian/custodian	☐	☐
	Foster Parent or Long Term Foster Parent/Resource Parent	☐	☐
	Prospective adoptive parent pursuant to (<i>if applicable</i>) IC 31-34-1-4(a)(3) or 31-35-2-6.5(c)(3)	☐	☐
	Person who has had significant or care-taking relationship to child (<i>if applicable</i>), pursuant to IC 31-34-21-4(a)(4) or IC 31-35-2-6.5 (c) (4) (5)	☐	☐
01/21/2009	CASA/GAL	☐	☒
01/21/2009	Attorney for DCS	☐	☐



Case Plan

State Form 2956(R2/1-03)/DCS
0046

1.1
JAN 21 2009
CLERK

In home CHINS ☒

Out-of-home CHINS ☐

Independent Living ☐

A. Case Identification

Name of Child	DOB	Social Security #	Case Number	County Name
C	r			Vigo

B. Contacts

Name	Type	Address	Phone
	Father	3 Terre Haute IN 47802-	
	Mother	47804- Terre Haute IN	
STEINWAY MANDY	Case Worker	30 N 8th Street Terre Haute IN 47807-	(812)244-2013
JOSLIN DIANA M.	Supervisor	30 N 8 Street Terre Haute IN 47807-	(812)244-2031

Siblings:

--	--	--	--

C. Time Limit and Recommendations

Effective dates: 12/19/2008 To 06/17/2009

The Case Plan will be in effect during the dates shown at left. It should be revised when significant changes occur.

If terms of the Plan have not been met by the above date, the county may recommend: Continued wardship

If terms of the Plan have been met by the above date, the county may recommend: Wardship dismissed

If at any time a parent(s)/guardian(s) believes they cannot provide for the safety and well being of their child, the parent(s)/guardian(s) should notify the case manager of their desire to change the permanency plan. Alternative permanency plans include: Relative Placement, Adoption Placement, Guardianship, Planned Permanent Living Arrangement, and Independent Living. An appointment will be set up to develop a new case plan which can be filed with the Court and a Permanency Hearing requested by DCS or by parent (parent's attorney).

D. Hearings

Hearing Type:	Hearing Date:	Imminent Risk :	Decision Date:
CHINS - Fact-Finding	01/13/2009		

Next Hearing Type:	Hearing Date:
Dispositional	02/03/2009

Terms of Disposition:	Other Text:	Support Amount:

E. Permanency Plan

ermanent Plan:	Estimated Date:	Concurrent Permanent Plan:
eurification		

F. Child Assessed Risks and Needs

Identify Strengths Child brings to the Plan:

() is an intelligent young woman who loves her mother and brothers very much.

Identify past preventive/reunification services offered. State reason service was effective/ineffective, including quality of service and the family's response.

No prior services were offered due to the necessity of the situation.

Child Assessed Risks/Needs:

needs to be in a safe and stable environment that is free from drugs, abuse, and neglect.

Special Need Type:	Special Need Sub Type:	Details

IL Need Type:	IL Sub Type:

Details:

G. Caregiver Assessed Risks and Needs

Caregiver:

Identify Strengths Caregiver(s) bring to the Plan:

() loves his children very much.

Caregivers Assessed Risks/Needs :

Mr. () only works part-time and has limited income to care for the children.

Caregiver:

Identify Strengths Caregiver(s) bring to the Plan:

Ms. () is very bonded with her children and loves them very much. Ms. () is also employed.

Caregivers Assessed Risks/Needs :

Ms. () tested positive for Methamphetamines.

H. Objectives and Activities for Parents/Guardians/Caregivers/Children

Objective:

Ms. _____ will cooperate with the Department of Child Services and its service providers.

Begin Date: 12/19/2008

Barriers to Achieving Objective:

Activity	Begin Date	Provider
Ms. _____ will sign releases in favor of the Department of Child Services and its service providers so that appropriate communication can occur between service providers and family.	12/19/2008	Ms. _____
Ms. _____ will notify FCM of any changes in phone number, employment, or household composition within 24 hours.	12/19/2008	Ms. _____
Ms. _____ will adhere to random drug screens and allow results to be released to DCS.	12/19/2008	Ms. _____
Ms. I _____ will allow for announced and unannounced visits by FCM and service providers.	12/19/2008	Ms. I _____

Objective:

Mr. (_____ will cooperate with the Department of Child Services and its service providers.

Begin Date: 12/19/2008

Barriers to Achieving Objective:

Activity	Begin Date	Provider
Mr. (_____ will sign releases in favor of the Department of Child Services and its service providers so that appropriate communication can occur between service providers and family.	12/19/2008	Mr. _____
Mr. C _____ will notify FCM of any changes in phone number, employment, or household composition within 24 hours.	12/19/2008	Mr. _____
Mr. _____ will allow for announced and unannounced visits by FCM and service providers.	12/19/2008	Mr. _____

Objective:

Ms. _____ will maintain essential connections with her children.

Begin Date: 12/19/2008

Barriers to Achieving Objective:

Activity	Begin Date	Provider
f unable to keep a visit, Ms. I _____ will notify FCM as soon as possible.	12/19/2008	Ms. _____
Ms. _____ will visit with her children at the DCS office at times arranged by the FCM.	12/19/2008	Ms. _____

Objective: Ms. _____ will provide a home that is free from drugs, abuse, and/or neglect.
Begin Date: 12/19/2008
Barriers to Achieving Objective:

Activity	Begin Date	Provider
Ms. _____ will successfully complete IOP and provide FCM with documentation.	12/19/2008	
Ms. _____ will adhere to random drug screens and test negative for any illegal drugs or medications that are not prescribed to her.	12/19/2008	Ms. _____
Ms. _____ will attend two NA meetings a week and provide documentation to FCM.	12/19/2008	Ms. _____

I. PLACEMENT INFORMATION

Placement: _____	Begin Date: 12/19/2008	End Date: 01/09/2009
-------------------------	----------------------------------	--------------------------------

Has child been placed in an institution group home?	Explain:
Has child been placed in a county other than that of the child's residence?	Explain:
Has child been placed in proximity to the school in which the child was enrolled at the time of placement?	Explain:

J. Health Summary

Health Care Provider:	Address:	Phone:	*(if current)

Medicaid/Insurance Provider:	Address:	Group Number:

Medical Passport given to Foster Parent? Yes	Medical Records? Yes	Medical Authorization? Yes	Treatment Plan? No
---	-----------------------------	-----------------------------------	---------------------------

If no, Plan for Compliance: No treatment plan at this time
--

K. Education

Name of School:	Address:	Grade:	Performance Level:	Learning Needs:	Extra Curricular:	* if current
TERRE HAUTE MIDDLE SCHOOL	6601 S Carlisle Road Terre Haute IN 47807-	6	GOOD			*

Legal Settlement School Corporation:		Address:		Phone:	
Vigo Co. School Corp.		686 Wabash Terre Haute IN 00000-		()-	
Are Permanent School Records Attached? No			If No, Plan for Compliance:		
Surrogate Parent:		Address:		Phone:	
				()-	
Most Recent Individualized Education Plan date (if applicable):					
Special Needs Designation (if applicable):					
Most recent Individual Transitional Education Plan Date:					

L. Discipline

Corporal punishment, which includes physical hitting or any type of physical punishment inflicted in any manner upon the body is not to be used on children in foster care.

The following punishments are prohibited also:

- (1) Physical exercises such as running laps or performing push-ups shall not be used.
- (2) Requiring or using force to acquire the child to take an uncomfortable position such as squatting, bending, or repeated physical movements shall not be used.
- (3) Children shall not be:
 - (a) subjected to verbal remarks that belittle or ridicule them or their families.
 - (b) denied emotional response as punishment.
 - (c) denied essential program services as punishment.
 - (d) denied meals, clothing, bedding, sleep, mail, or visits with their families as punishment.
 - (e) threatened with loss of their placement as punishment.
 - (f) bodily shaken.
 - (g) placed in a locked room.
 - (h) held with mechanical or chemical restraints.

Predicted Behaviors Requiring Discipline:

Appropriate Discipline:

M. Comments

N. Acknowledgement/Agreement of all Parties

- * If present at conference
- X If not present and no report submitted
- + If not present, but written report submitted

Legal Parent	Notification Date:	Conference Date:	Distribution Date:	Signature Date:	Signature Legal Parent
(*)	12/31/2008	01/05/2009			

I am aware of the reason for wardship and/or placement of the above-named children. I have reviewed the Case Plan and ☐ agree/☐ do not agree with the terms.

Legal Parent	Notification Date:	Conference Date:	Distribution Date:	Signature Date:	Signature Legal Parent
(X)	12/31/2008	01/05/2009			

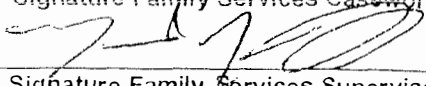
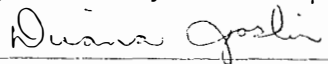
I am aware of the reason for wardship and/or placement of the above-named children. I have reviewed the Case Plan and ☐ agree/☐ do not agree with the terms.

Foster Parent/Caregiver/Substitute Caregiver	Notification Date:	Signature Foster Parent/Caregiver
L (*)	12/31/2008	
	☒ Cert Mail ☐ In Person	
	Signature Date:	

I am aware of the reason for wardship and/or placement of the above-named children. I have reviewed the Case Plan and ☐ agree/☐ do not agree with the terms.

Child	Notification Date:	Conference Date:	Signature Date:	Signature Child
J	12/31/2008	01/05/2009		

Other	Notification Date:	Conference Date:	Distribution Date:	Signature Date:	Signature Other

Family Services Caseworker	Date:	Signature Family Services Caseworker
STEINWAY MANDY	1/20/09	
Family Services Supervisor	Date:	Signature Family Services Supervisor
JOSLIN DIANA M.	1/20/09	

CASA/GAL	Notification Date:	Conference Date:	Distribution Date:	Signature Date:	Signature Other

STATE OF INDIANA

VIGO CIRCUIT COURT, JUVENILE DIVISION

In the Matter Of:

Cause No.

*

A Child In Need Of Services

ORDER APPROVING PERMANENCY PLAN

The State of Indiana appears by Elizabeth Lewis, Attorney for Indiana Department of Child Services (DCS) and Family Case Manager *. Pursuant to the Court's standard procedure, the child is excluded from these proceedings. The parent(s) _____ appear in person [and by counsel]. CASA (CASA Director) * appears in person.

This case is timely submitted and evidence heard on the proposed Permanency Plan filed by DCS.

The Court now incorporates the findings of reasonable efforts as set forth in the pleadings and papers of DCS for this hearing and further finds:

1. The child was born on _____, and is currently ____ years old.
2. The child was adjudicated a Child in Need of Services on _____.
3. The Court entered a Dispositional Order on _____.
4. That notification of the Permanency Hearing was properly served on all required persons pursuant to I.C. 31-35-2-6.5 or in the alternative, notice was waived.
5. The child is currently in placement in (the parent's home)(in foster care)(in pre-adoptive placement)(in relative placement) (other: _____) and has resided at said location for approximately _____ (months)(years).
6. The child is progressing well in said placement.
7. DCS has provided the following services:
 - ☐ referrals for in-home based services for _____
 - ☐ participation in counseling sessions for _____
 - ☐ participation in parenting classes for _____
 - ☐ participation in substance abuse counseling for _____
 - ☐ participation in anger management class for _____
 - ☐ random urinalysis for _____
 - ☐ supervised visitation for _____
 - ☐ psycho-social assessment in order to determine needs for _____
 - ☐ other: _____
8. _____ (parent/guardian/custodian):
☐ is/is not in compliance with the plan as follows:

14. ☐ Jurisdiction of this court shall continue in that the objectives of the Dispositional Decree have not yet been accomplished and continuance of the Decree with or without modification is necessary and it is in the child's best interest for the court to maintain jurisdiction over the child.

-OR-

☐ Having considered all appropriate recommendations in this cause, jurisdiction of this court shall not continue.

IT IS ORDERED THAT:

The child's case plan, services, and placement meet the special needs and best interests of the child.

The permanency plan for the child of:

- ☐ reunification
- ☐ adoption
- ☐ emancipation
- ☐ appointment of a guardian
- ☐ a planned alternate living arrangement
- ☐ termination of the parent-child relationship
- ☐ placement with a relative as a permanent custodian

(is hereby) (continues to be) approved by the court.

The projected date for finalization of the child's permanency plan is _____ (date).

DCS has responsibility for placement and care of the child.

☐ (*If the child is removed by this order*) It is in the best interest of the child to be removed from the home environment and continuation of residence in the home of the parent/guardian would be contrary to the health and welfare of the child because *[the Court must make specific findings here]* _____

Reasonable efforts (were) (were not) made to (prevent the child's removal from) (to reunite the child) with the child's parent, guardian, or custodian. Family services offered or provided: _____

☐ (*if the child has been removed*) The legal settlement of the child is Vigo County School Corporation and DCS shall provide notice required by I.C. 20-26-11-9.

☐ A separate Financial Obligation Order is being issued.

VIGO CIRCUIT COURT, JUVENILE DIVISION

Case No.

ORDER TERMINATING JURISDICTION

JUVENILE COURT MAGISTRATE

STATE OF INDIANA
VIGO CIRCUIT COURT
JUVENILE DIVISION

IN RE: THE MATTER OF

D.O.B. .

CAUSE NO: 84C01 JC

A Child Alleged to be in Need
of Services

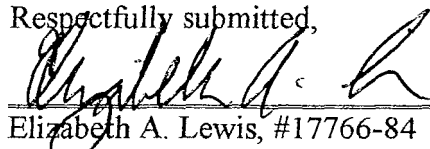
MOTION TO DISMISS

The Petitioner, Department of Child Services (DCS), by counsel, Elizabeth A. Lewis, respectfully moves the Court to dismiss the above entitled cause for the reason that the wardship of _____ is no longer necessary in order to advance the best interests of the minor child. In support of said Motion, the VCDCS would show the Court as follows:

1. That the child was removed from his parents on April 14, 2008 because of neglect.
2. The child was place back with his mother on January 21, 2009.
3. That the parent, _____ (formerly _____) has been compliant with her case plan.
4. That on January 14, 2009 the parents were granted a divorce and mother was granted custody of the child with father having guideline visitation.
5. That the CASA is in agreement with this dismissal
6. There is no good cause shown why the Court should continue jurisdiction in this case.

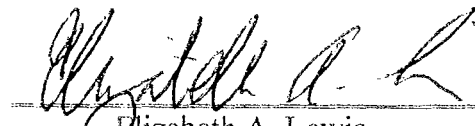
WHEREFORE, Petitioner, DCS, respectfully requests that the wardship of _____ be dismissed, that the child's parents be discharged and that the DCS be relieved of any further duty in this matter.

Respectfully submitted,


Elizabeth A. Lewis, #17766-84
Attorney for Vigo County Office
Indiana Department of Child Services
30 North 8th Street
Terre Haute, Indiana 47807
812-244-2018

CERTIFICATE OF SERVICE

I certify that on the 26th day of March, 2009, service of a copy of the above and foregoing pleading or document was made upon each party of record herein entitled to service thereof by depositing a copy in the United States mail, postpaid and addressed to the last known address of said party or attorney of record or by hand delivery to CASA in their Juvenile Court Mailboxes.


Elizabeth A. Lewis

RECEIVED
MAR 26 2009

STATE OF INDIANA
VIGO CIRCUIT COURT
JUVENILE DIVISION
2009 TERM

IN RE: THE MATTER OF
A CHILD ALLEGED TO BE IN
NEED OF SERVICES

CAUSE NO: 84C01 JC

ORDER

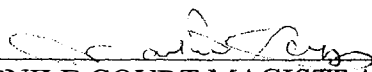
The Court having reviewed the Indiana Department of Child Services Motion to Dismiss the wardship of _____ does now hereby grant said Motion.

IT IS THEREFORE ORDERED, the wardship of _____ be dismissed, the child's parents be discharged and that the DCS be relieved of any further duty in this matter.

IT IS FURTHER ORDERED, that as of February 24, 2009, mother _____ is in arrears in her support obligation to the DCS in the total amount of \$215.00. Mother's weekly support obligation to the DCS shall terminate retroactive to the date the child was first returned to father's care, that date being October 17, 2008. That the support order in Cause No. 84D02-DR-4 should be reinstated as of October 17, 2008.

IT IS FURTHER ORDERED, that as of February 24, 2009, father, _____ is in arrears in his support obligation to the DCS in the total amount of \$80.00. Father's weekly support obligation to the DCS shall terminate retroactive to the date child was first placed in back in his care, that date being October 17, 2008. That the income withholding order issued in Cause No. 84C01-JC- on September 30, 2008 should be vacated.

SO RECOMMENDED this 26 day of Feb, 2009.



JUVENILE COURT MAGISTRATE

The Court, having reviewed the findings and recommendations of the Juvenile Court Magistrate, approves the same this 26 day of Feb, 2009.



JUDGE, VIGO CIRCUIT COURT

Distributions:

DCS
CASA

Terre Haute, IN 47802
, Terre Haute, IN 47807

DIV. 2
COURT REPORTER

RECORDED
3/9/09

STATE OF INDIANA)
) SS:
COUNTY OF VIGO)

IN THE VIGO CIRCUIT COURT
Juvenile Division
TERRE HAUTE, INDIANA

IN RE THE MATTER OF:

CAUSE NO: 84C01

ORDER RELEASING
COURT APPOINTED SPECIAL ADVOCATE

Comes now the Court and concerning the above named child(ren), releases and discharges _____, Court Appointed Advocate. Said advocate is released from any further obligations herein.

IT IS SO ORDERED THIS **23rd** DAY OF **March**, 2009.

Magistrate R. Paulette Stagg

JUVENILE COURT PROCESS

1. Probable Cause Hearing (CHINS Petition filed)

Court examines petition to determine probable cause. The court must then either accept or reject the filing. If the petition is accepted the case is set for the Initial Hearing.

2. Detention Hearing

If a child has been placed in protective custody and is not returned home within 72 hours (excluding weekends and holidays) there must be a Detention Hearing. At this time the Court must decide whether to continue placement or return child home. The Judge may also set case for Initial Hearing or another Detention Hearing. This hearing only occurs in situations where a child has been placed in protective custody.

3. Initial Hearing

The court will inform the child and/or parents as to the allegations and possible alternatives if the child is found to be a CHINS. The allegations will either be admitted to or denied by the parents. The court may then either set a Fact Finding Hearing (if denied), or if admitted, the Dispositional Hearing. The court must assess the requirement for appointment of CASA/GAL at the Initial Hearing.

4. Fact Finding Hearing

At this hearing the Judge will hear evidence from all parties and make a decision as to whether the child is a CHINS or not. The court may continue the hearing for 12 months unless the child, parent, guardian or custodian requests that judgement be entered, in this case a judgement must be entered in thirty (30) days.

5. Dispositional Hearing

If a child is found to be a CHINS, a Dispositional Hearing will be held. At this hearing the Court will consider dispositional alternatives. The Court will make decisions as to placement, treatment programs, parental participation in rehabilitation programs and financial responsibility of a parent or guardian (support). At this point the Court may also order emancipation of the child.

6. Parental Participation Hearing

This hearing will determine a parents participation in a treatment program and may be filed by the Welfare Department, CASA/GAL, or a Probation Officer. (Held when a party feels parents are not adequately participating.)

7. Review Hearings

There must be a review of the dispositional decree every 12 months from the time a child is removed from the home. Every 18 months the Court must review the case to determine continued jurisdiction. Review hearings may be held sooner if requested. A six month administrative review may be held by the local Department of Public Welfare instead of a Court hearing. (CASA/GAL will attend the six month administrative review. If CASA/GAL disagrees with the DPW for the next six months, a hearing may be requested.)

**CASA/GAL Volunteer Interview with Parent(s)** (1 of 2)

Prior to scheduling an interview with the parent, inform the attorney for the parent of your intentions to meet with his/her client. In the initial discussion with the parent, explain that the CASA/GAL volunteer does not work for CPS and is in a neutral, objective role. Acknowledge how difficult the situation is for the parent as well as the child/children.

Name of Parent:	Date and Time:
Parent's Phone #:	CASA/GAL Volunteer:
Place of Interview:	Case Name:
Name of Interviewer:	File #:

1. The parent provided the following general information about the child/children:

2. The parent provided the following specific information about the child/children:

- School performance concerns:
- Medical/dental treatment needs:
- Special needs:
- Other concerns:

3. Information about the history of this family includes:

4. Events leading to child protection agency involvement include:

5. Services provided by the child protection agency to the family include:



handout



CASA/GAL Volunteer Interview with Parent(s) (2 of 2)

6. Services the parent believes would be helpful are:

7. The parent's goals include:

8. Tribal affiliation, and tribal advocates:

9. Other:

[illegible]

**CASA/GAL Volunteer Interview with Child** (1 of 2)

Although you wish to gather information from the child, it is important to build rapport first and not bombard him/her with questions. Make it more of a conversation that takes place over several visits.

Name of Child:	Date and Time:
Place of Interview:	CASA/GAL Volunteer:
Placement Phone #:	Case Name:
Name of Interviewer:	File #:
1. The child's feelings about . . . • This placement: • Whether he/she feels safe here: • His/her sibling(s): • Being separated from his/her parent(s): • Visitation and telephone contact with parent(s) and sibling(s):	
2. The child's interests/hobbies/friends: <i>(to establish strengths and to discover ways to support the child and normalize his/her experience in care)</i>	
3. This child has already discussed the allegations in the petition with the following persons: <i>(It is not the CASA/GAL volunteer's role to reinterview the child about those allegations unless the child wants to discuss them—and even then proceed cautiously because the child may have already been traumatized by multiple interviews, and/or there may be criminal matters pending.)</i>	

**CASA/GAL Volunteer Interview with Child (2 of 2)**

4. Unsolicited, the child provided the following additional information about the underlying allegations:

5. The child would like the following needs to be addressed or options to be explored:

6. The other people living in this home are:

7. The child's sleeping arrangements are:

8. The child's after-school arrangements are:

9. The child has medical or mental health needs that are being addressed by:

10. The child's primary caretaker provided the following information about the child:

- Sleeping habits:
- Eating habits:
- Interactions with other family members:
- School performance and attitude toward school:
- Other:

11. Other relatives or family friends who might be resources on this case are:

12. My observations about this child are:

The Life of a Case: Understanding CHINS Hearings and the Role the GAL/CASA Plays

A child abuse and neglect case begins with a report of abuse or neglect to the Department of Child Services (“DCS”). The report is investigated by DCS and if substantiated, may result in the filing of a Child In Need of Services, or “CHINS” proceeding. The first hearing in a CHINS case is the detention hearing.

1. Detention Hearing

- The general purpose of the detention hearing is to determine if there is probable cause to believe that a child is a child in need of services and if the DCS should be allowed to detain (or keep custody) of the child.
- A detention hearing must be held within forty-eight hours (excluding weekends and legal holidays) of the time the child was taken into custody. If the hearing is **not** held in this time period, the child must be released. I.C. 31-34-5-1
- At the detention hearing, the court must make written findings that state: 1) whether removal of the child was necessary to protect the child; 2) a description of the family services available before removal of the child; 3) efforts made to provide family services before removal of the child; 4) why the efforts made to provide family services did not prevent removal of the child; and 5) whether the efforts made to prevent removal of the child were reasonable. I.C. 31-34-5-2
- The child has the right to make recommendations to the court at the detention hearing. I.C. 31-34-5-1
- At the detention hearing, the court must release the child to the child’s parent, guardian or custodian unless the court finds probable cause to believe that the child is in need of services and that either: 1) detention is necessary to protect the child; or 2) the child is unlikely to appear before the court for further proceedings; or 3) the child has a reasonable basis for requesting that the child not be released; or 4) the parent, guardian or custodian cannot be located or is unable or unwilling to take custody of the child; or 5) consideration for the safety of the child precludes the use of family services to prevent removal of the child. I.C. 31-34-5-3
- If the court releases a child to the child’s parent, guardian or custodian at the detention hearing, the court may impose conditions on the child

to explain the role of the GAL/CASA in the case, and to get contact information for the parents and relatives.

2. The Initial Hearing

- At the beginning of the initial hearing, the court is required to appoint a GAL/CASA for the child. I.C. 31-34-10-3. A GAL/CASA must now be appointed for every child in every CHINS and every involuntary termination of parental rights (“TPR”) proceeding if the parent objects to the termination of his/her rights. I.C. 31-34-10-3 and I.C. 31-35-2-7
- Once appointed to the case, the GAL/CASA is a legal **party** to the CHINS case. I.C. 31-34-9-7. This means that the GAL/CASA has all the rights of a legal party to a case under the Indiana Rules of Trial Procedure, including the right to be notified of each hearing, to receive a timely copy of all motions filed (including a motion to dismiss the case), the right to present evidence, the right to cross-examine witnesses, the right to discovery, and all other party rights.
- The general purpose of the initial hearing is to serve the parents with a copy of the CHINS petition and to notify them of the allegations against them, to determine if the parents admit or deny the allegations in the CHINS petition and to determine if an attorney should be appointed for the parent(s).
- If the child has been detained following a detention hearing, the initial hearing **must** take place no later than seven (7) days after the date of the detention order, excluding Saturdays, Sundays and legal holidays. If the hearing is not scheduled in the specified time, the child **shall** be released to the child’s parent, guardian or custodian. I.C. 31-34-10-2
- The court can schedule an additional initial hearing if necessary, but it must be held no more than thirty (30) calendar days after the date of the first initial hearing unless the court grants an extension of time for extraordinary circumstances that are stated in a written court order. I.C. 31-34-10-2
- The child is required to be summoned to the initial hearing and has the right to make recommendations to the court at the initial hearing. I.C. 31-34-10-2. However, the child may be excluded from a CHINS or termination proceeding or from any part of a hearing for good cause shown. I.C. 31-32-6-8
- At the initial hearing, the court must inform the child, if the child is at an age of understanding, of the nature of the allegations in the CHINS

- The GAL/CASA can also identify possible relative placements when they are interviewing parties in the case and can share this information with DCS.
- The GAL/CASA can also play a key role in the beginning of the case and throughout the case in helping the child to understand what is going on. The child may be present at the hearings and the GAL/CASA can help the child understand what occurs at each hearing. If the child is not present at hearings throughout the case, the GAL/CASA should help the child to understand how the case is progressing by explaining the process in a way appropriate for the child's age and level of understanding. The GAL/CASA can seek input from the child's therapist/counselor as to the most appropriate way to explain the court process and/or case progress to the child at their particular age and stage of development.

3. The Fact-Finding Hearing

- The general purpose of the fact-finding hearing is to litigate in the courtroom the allegations in the CHINS petition. This is an evidentiary hearing at which the rules of evidence and trial rules apply, except when the juvenile code provides otherwise. Each party can present evidence at the hearing and cross-examine witnesses. The court must then decide whether the allegations of the CHINS petition have been proven by a preponderance of the evidence.
- The court must complete the fact-finding hearing not more than sixty (60) days after the CHINS petition is filed. The court can extend the time to complete the fact-finding hearing for an additional sixty (60) days if **all** parties in the action consent. I.C. 31-34-11-1
- If the court holds the fact-finding hearing and finds that a child is a child in need of services, the court must enter judgment, order a predisposition report and schedule a disposition hearing. I.C. 31-34-11-2
- If the court finds that the child is not a child in need of services, the court shall discharge the child. I.C. 31-34-11-3

A. The Role of the GAL/CASA at the Fact-Finding Hearing

- Since the fact-finding hearing is an evidentiary hearing, the GAL/CASA generally would not submit a report concerning

treatment, rehabilitation or placement and makes recommendations for the care, treatment, rehabilitation or placement of the child. I.C. 31-34-18-1. As long as it is consistent with the safety and best interests of the child and the community, the pre-dispositional report must recommend care, treatment, rehabilitation and placement that: 1) is the least restrictive, most family like and most appropriate setting available and close to the parents' home, consistent with the best interest and special needs of the child; 2) least interferes with family autonomy; 3) is least disruptive of family life; 4) imposes the least restraint on the freedom of the child and the child's parent, guardian or custodian; and 5) provides a reasonable opportunity for participation by the child's parent, guardian or custodian. I.C. 31-34-18-4

- Pre-dispositional reports by DCS or the GAL/CASA must be made available to parties "within a reasonable time before the dispositional hearing." I.C. 31-34-18-6
- The court must complete the dispositional hearing not more than thirty (30) days after the date the court finds that the child is a child in need of services to consider the following: 1) alternatives for the care, treatment, rehabilitation or placement of the child; 2) the necessity, nature, and extent of the participation by a parent, guardian or custodian in the program of care, treatment and rehabilitation for the child; and 3) the financial responsibility of the parent or guardian of the estate for services provided for the parent or guardian or the child. I.C. 31-34-19-1
- Any pre-dispositional report may be admitted into evidence to the extent that the report contains evidence of probative value, even if the report contains hearsay or would otherwise be excluded. I.C. 31-34-19-2. If a report contains information that should not be released to the child or the child's parent, guardian or custodian, a factual summary of the report may be admitted.
- DCS must provide notice of the date, time, place and purpose of the dispositional hearing to the foster parents and relative caretakers (and to GAL/CASA, see above). The court shall also give the foster parents and relative caretakers the opportunity to be heard and to make recommendations to the court. I.C. 31-34-19-1.3
- As long as it is consistent with the safety and best interests of the child and the community, the court must enter a dispositional decree that: 1) is the least restrictive, most family like and most appropriate setting available and close to the parents' home, consistent with the best

- The GAL/CASA should consult with DCS prior to the dispositional hearing and discuss what DCS will be recommending. DCS and CASA may be able to agree as to what should be recommended to the court.
- At this point, the GAL/CASA should have had several contacts with the child so they are able to make solid recommendations to the court as to the child's needs, services, placement, visitation, and what services may be appropriate for the parents. If appropriate (based on the child's age and development), the GAL/CASA should consult with the child prior to the dispositional hearing and obtain the child's input about his/her care, treatment, placement, needs and desires.
- A GAL/CASA can request modification of a dispositional decree if appropriate.

5. Progress Reports and Review Hearings

- At any time after the date of the original dispositional decree, the court may order DCS to file a progress report on the progress made in implementing the decree. The court must order DCS to file a report every three months after the dispositional decree is entered on the progress made in implementing the decree. After reviewing the progress report, the court can modify the dispositional report. I.C. 31-34-21-1
- Every CHINS case must be reviewed **at least** once every six (6) months, or more often, if ordered by the court. The first periodic case review must occur: 1) at least six (6) months after the date of the child's removal from the parent; or 2) at least six (6) months after the date of the dispositional decree, whichever comes first. Each periodic case review must be conducted by the court in a formal court hearing. I.C. 31-34-21-2. Prior to a case review, DCS must prepare a report on the progress made in implementing the dispositional decree. I.C. 31-34-21-4
- DCS must provide ten days notice of the review and the permanency hearing to the foster parents, relative caretakers, prospective adoptive parents (under certain circumstances), persons who are currently providing care for the child, other person whom DCS knows has had a significant or caretaking relationship to the child. The court shall also give these persons the opportunity to be heard and to make recommendations to the court. I.C. 31-34-21-4

- The GAL/CASA should monitor whether the court orders are being complied with and whether the case is progressing in a timely manner, consistent with the timelines in the statutes. The GAL/CASA should bring it to the court's attention if there are unnecessary delays by any party as this will ultimately delay permanency for the child. As a general rule, the GAL/CASA should not request continuances or take other action that would result in additional delays in the case. Child advocates should never lose their sense of urgency about a child's attainment of a safe and permanent home and should help the court and other parties to stay focused on this as well.
- The GAL/CASA should keep the child informed about the progress of the case after each hearing, including review hearings, if the child is unable to attend the hearing. If the child does attend, the GAL/CASA should help the child to understand what happened in court. The GAL/CASA can seek input from the child's therapist/counselor as to the most appropriate way to explain the court process and/or case progress to the child at their particular age and stage of development.
- The GAL/CASA report should summarize for the court what has transpired since the last hearing. Judges have found that the GAL/CASA report is often very useful because it assimilates information from many different sources, such as from the foster parents, service providers, the child, DCS, and possibly the parents or others.

6. The Permanency Hearing

- The Court must hold a permanency hearing every twelve (12) months after: 1) the date of the original dispositional decree; or 2) a child in need of services was removed from the child's parent, guardian or custodian; whichever comes first, or, more often if ordered by the court. At the permanency hearing, the court must make the determination and findings outlined above that are required for the review hearing in I.C. 31-34-21-5. There is a rebuttable presumption that jurisdiction over the child in a CHINS case ends twelve (12) months after the date of the original dispositional decree or twelve (12) months after the child was removed from their parent, whichever occurs first. I.C. 31-34-21-7. DCS can rebut this presumption by

of the child, pending completion of the implementation of the permanency plan.

A. The Role of the GAL/CASA at the Permanency Hearing

- The GAL/CASA should always file a report at the permanency hearing that includes their recommendations as to what permanency plan is in the best interests of the child. The court is required to consult with the child in person or through an interview or a written statement or report submitted by the GAL/CASA (or DCS or the person the child is living with), so the GAL/CASA should provide a written report.
- In a recent federal review of Indiana's child welfare system the reviewers found that most of the parties in the CHINS case did not understand what a permanency hearing was and what it was supposed to accomplish. The permanency hearing is not just another review hearing. The GAL/CASA should be prepared at the permanency hearing to specifically address the permanency plan options. The GAL/CASA must also consult with the child about the permanency plan in an age appropriate manner and help the child to understand what permanency means to him or her.
- The GAL/CASA should encourage the timely development of a permanency plan and the timely holding of the permanency hearing for the sake of the child.
- The GAL/CASA should consult with DCS prior to the permanency hearing to determine what DCS will recommend. If there are significant difference between the permanency plans (such as reunification vs. termination of parental rights), DCS and CASA and others should plan to meet to discuss the case and where their differences are before the permanency hearing.

Chapter 8 Volunteer Training Evaluation (1 of 2)

Please circle the number of the descriptor that best matches your views and write any comments in the space provided. If you would like to write additional comments, please use the back of this sheet. Thank you.

1. Please rate the chapter overall.	Poor 1	2	3	4	Excellent 5
Comments:					
2. The facilitator was well prepared and engaging.	Not at All 1	2	3	4	Very 5
Comments:					
3. The content of this session will be useful to me in my work.	Not at All 1	2	3	4	Very 5
Comments:					
4. I can explain how I will be appointed to a case.	Not at All 1	2	3	4	Easily 5
Comments:					
5. I am prepared to conduct successful interviews.	Not at All 1	2	3	4	Very 5
Comments:					
6. I can describe what is involved in completing an investigation.	Not at All 1	2	3	4	Easily 5
Comments:					

Chapter 8 Volunteer Training Evaluation (2 of 2)

7. What I liked least about this chapter was . . .

8. What I liked most about this chapter was . . .

9. In order to utilize the information I've learned, I will need . . .

Unit 1 Community Resources

Activity 9A:

- Read Kaylee Moore Case V8-3
- Role play interviews V7-9
- Discuss what resources would be available for Kaylee? Work in groups, write down ideas...
- Finish reading Kaylee case on V8-22
- Discuss volunteer responsibilities checklist page V8-27

Unit 2 Writing Court Reports & Making Effective Recommendations

- Importance of court reports
 - Information about the child
 - Services the child may need
 - Judges do rely on this information
 - Official record
 - Evidence later
- Writing the report
 - Child focused
 - Fact based
 - Shared with all parties
 - DCS, attorney's, Judge, File

Bottom of page V9-4 is a list of key elements: Let's go through them....

- Be thorough and specific
- Firsthand information
- Report only facts
- Make specific recommendations that come only from facts
- Follow local guidelines
- Submit your report on time to office *****Very important*****

- Do correcting a court report handout

Activity 9C:

- Getting familiar with the court report
- Focus on elements
- Personal style

- No right or wrong
- Pass out sample report with information filled in
Pass out my report, and go through. Give you a few minutes to look over and discuss.
- Did I successfully convey my recommendations?
- What worked well?
- What would you improve?
- How would you improve it?
- Pass out objective, subjective handout for practice
- Saying it differently handout

Activity 9D

- Pass out sample court report with information filled in
- Review the format and go through each section to discuss
- Pass out blank report
- Fill in information from Kaylee Case
- Notes only, don't worry about sentences
- Remember key elements
- Look for facts and patterns
- Go over submitting report to office

Skip Activity 9E, Judge will handle

Activity 9F

- Update on Kaylee case V9-13
- Read over for refresher.
- Discuss recommendations again
- Remember to be clear and simple

Activity 9G

- Monitoring responsibilities Pg V9-16
- Read through and discuss
- Case contact log

Activity 9H

- Read review hearing information on V9-16
- Go over permanency worksheet in book
- Discuss option
- Principles of permanence handout

Any questions????

CHAPTER 9
RESOURCE MATERIALS



Practicing the CASA/GAL Volunteer Role— Reporting & Monitoring

CONTENTS

Appearing in Court	9-1
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Appearing in Court

As a CASA/GAL volunteer, you may be asked to appear in court as part of your work on a case. However, some jurisdictions do not require volunteers to appear in court. Ask the facilitator what the procedure is in your area and what support you will receive to prepare to appear in court. The following information is a brief overview of what you might expect of a courtroom experience. Again, rules and procedures vary by jurisdiction.

Some of the words related to court processes may be unfamiliar to you. The glossary at the end of the Volunteer Manual contains definitions of many of the terms used in this section.

It's Monday morning. You have spent the last few months investigating your case, talking to your child's caseworker, her teachers, and her health care providers, visiting with her and her foster family, and interviewing her parents. You have worked very hard the last two weeks preparing your court report. Now it's time to go to court.

If just the thought of going into a courtroom has your palms sweating and your heart racing, then take a few deep breaths and sit back. Here is what you need to know about surviving in the courtroom.

PREPARATION: GETTING READY FOR COURT

Once you have completed your investigation, prepared your court report, and talked to your attorney (if you have one), your case is ready for court. Now you need to get yourself ready for court. This means being well informed and forewarned about the court process, which the following material is intended to do.

Appearance—"What Do I Wear?"

This is probably not your most serious concern, but since the judge's first impression of you will be based on your appearance, it deserves discussion. Impressions given to the judge are crucial so you should dress professionally and conservatively. Business suits or jackets and ties for men and business

suits, dresses, skirts or slacks and blouses for women are appropriate.

Demeanor—"How Should I Act?"

Your demeanor in court is also important. One word sums it up: **respect**. Any time you are in the courtroom—even when your case is not being heard—conduct yourself in a respectful, professional manner. A helpful rule: If you would not do it in your place of worship or in front of your mother, do not do it in court. Some particular warnings:

- Do *not* bring food or drinks into the courtroom.
- Do *not* chew gum or have anything in your mouth that will need to be spit out.
- Do *not* smoke in the courthouse.
- Turn *off* your cellular phone while you are in the courtroom.
- Turn *off* your pager while you are in the courtroom (unless it is a silent pager).
- Turn *off* your watch alarm.

Show respect for everyone in the courtroom. This rule applies regardless of whether you disagree with them, do not personally care for them, or actually dislike them. Finally, be especially respectful of the judge and mind the bailiff, who will tell you when to sit, when to stand, and when to be quiet.

THE COURT PROCESS

The Calendar—Your Case Is Not the Only Matter Scheduled for the Day

In many jurisdictions, court starts with the judge setting the calendar. The judge will usually begin by "calling the calendar." This means that the judge will read the name of each case on the calendar. After the judge reads a case name, the attorneys and any party who is not represented by an attorney will stand up, tell the court the status of the case, and estimate



how long the matter will take. Once the judge finishes calling the calendar, he will determine the order of the cases. This is known as “setting the calendar.”

Sometimes there are more cases scheduled for the day than can be heard. The judge may be able to make this determination during calendar call and will announce, at that time, what cases will be continued. Sometimes, however, attorneys underestimate how long a case will take and the judge cannot determine until later in the day that a case will be continued. What does this mean? Well, it may mean that you have sat in court all day and your case was not heard. Frustrating? Yes. Avoidable? To some extent, but remember, the judicial process is not an exact science. Be patient, but by all means let your attorney know in advance if you have other commitments for that day. If your case is continued, it will be scheduled for hearing at another time.

THE HEARING—“The Judge Just Called My Case! What Happens Now?”

“Where Do I Sit?”

If possible, the CASA/GAL volunteer sits in a place in the courtroom that helps demonstrate their objectivity. Your local program will describe the customary seating arrangement in your courtroom.

“Where Is the Jury?”

In juvenile proceedings, there is generally no jury (except in some contested termination of parental rights hearings in some court jurisdictions). In the vast majority of CASA/GAL volunteer cases, the judge will make the final decision regarding the case. In some jurisdictions, a case is “conferenced” by the parties before the scheduled hearing, an agreement reached, and a consent order presented to the judge.

THE HEARING BEGINS

Telling the Truth

The attorney who scheduled the hearing¹ briefly tells the court about the case and why there is a hearing² scheduled. The attorney will then call his/her first witness to the stand. Before taking the stand, the witness will be sworn in. As a witness, you have the option of swearing on the Bible to tell the truth or affirming that the testimony you are about to give will be the truth. If you prefer to affirm your testimony, simply inform your attorney prior to the hearing. Also note that it is not uncommon for all witnesses—regardless of when they will be called to

testify during the proceedings—to be sworn in before any witness is called to the stand.

In less formal settings—such as a dispositional hearing or a review hearing—some judges do not require that witnesses be sworn in or that they take the stand. In this case, the witness remains seated next to his/her attorney to testify or share his/her recommendations.

TELLING YOUR STORY

Direct Examination

A witness may be questioned in several stages. First, the attorney who called the witness to the stand will question the witness on direct examination. This type of questioning is generally open-ended, allowing the witness to fully explain his/her answers. The purpose of direct examination is to present the judge with evidence to support the position of the attorney who called the witness to the stand. For this reason, it is possible that someone other than the attorney for the program will call you as a witness. Do not be alarmed or suspicious if this happens, but heed the warnings outlined in the section below on cross-examination. A helpful rule is to answer only what is asked.

The child’s attorney or the attorney for the CASA/GAL program, if one is appointed, is usually the one who will call you to the stand. If you do not have an attorney, the attorney for the party most closely aligned with your position will call you as a witness. When this is the case, you will know the questions that he/she intends to ask. Do not, however, think that you can script your testimony. The unexpected—such as objections or questions from the judge—can, does, and in all probability will occur. If you have concerns about any particular area of your testimony, review it with the attorney prior to the hearing.

Cross-Examination (Don’t Take It Personally)

Once a witness has been questioned on direct examination by the attorney who called the witness to testify, then all the other attorneys and unrepresented parties have the opportunity to question the witness. This is called cross-examination. Cross-examination involves closed questions and is usually conducted by using leading questions. Where direct examination is used to elicit testimony supporting one’s position, the primary purpose of cross-examination is to expose any weaknesses in the witness’s testimony or to make the witness appear less credible to the judge. Cross-examination is also an opportunity for an attorney



to elicit positive information about the attorney's client that probably did not come out on direct examination.

Because the purpose of cross-examination is to discredit the witness's testimony, the attorney may try to cast doubt upon the thoroughness of your investigation, your interpretation of the facts, and perhaps whether your judgment and actions were clouded by your feelings about the parents. Be prepared for this and discuss with your attorney any concerns you may have about any statements you may have made or action taken that might subject you to attack on cross-examination.

Although you may feel that the person who is cross-examining you is personally attacking you, it is very important that you do not take the questions personally. If you view cross-examination as a personal attack, you will appear defensive and unprofessional—an impression to be avoided at all costs. Remember that the attorney is merely doing what he/she believes needs to be done to represent the client.

Being cross-examined is perhaps the most difficult part of appearing in court. This is due in part to the fact that you do not know what you will be asked, and with each question, you may—at least subconsciously—wonder what the cross-examiner's agenda is. Do not try to figure out an attorney's motive for asking a question. If you heed the warnings and advice given below, you will survive the examination with flying colors!

Be wary of these cross-examination styles and tactics:

1. **Rapid-Fire Questions:** This is where the attorney asks a string of leading questions in rapid succession, giving the witness little time to answer. This tactic is designed to confuse or upset the witness or to force inconsistent answers. Your response: Take control. Always remember that you can slow the pace down, you can take control. Take time to consider the question and be deliberate in answering. Some techniques to consider: ask to have the question repeated or pause before answering each question (in fact, it is always a good idea to take a second or two to think about the question before responding).
2. **Compound Questions:** Sometimes a witness will be asked a question that really contains more than one question. For example, "Isn't it true that you never talked to the mother and that she tried to schedule an appointment with you?" This tactic is designed to confuse the witness or to force inconsistent answers. When a compound question is asked, your attorney should object. If not, you should tell the judge that the question requires a two-part answer and proceed to answer each question. "I never talked with the mother because she never returned my phone calls and I am not aware that the mother ever tried to schedule an appointment with me."
3. **Lulling the Witness:** In this scenario, the attorney lulls the witness into a false sense of security by being overly friendly and familiar. Your response: Stay alert. Remember, when you are being cross-examined, the purpose is to discredit or diminish the effect of your testimony.
4. **Condescending Counsel:** This tactic is where the attorney is very benevolent to you and over-sympathetic to the point of ridicule. Basically it is a condescending attitude. It is used to give the impression that you are inept, lack confidence, or may not be a reliable witness. Your response: Stay calm. Do not let any anger or frustration show. Defeat this tactic by being firm and decisive with your response.
5. **Staring at the Witness:** Sometimes during cross-examination, an attorney will pause after a witness has answered a question and stare at the witness, as if expecting the witness to say more. Your response: Do not speak until the attorney asks you another question. Stay calm. Stay focused.
6. **Badgering the Witness:** This is just what it sounds like. In this scenario, the attorney gets in your face (not literally), shouts, and/or demeans you. Quite often, this tactic is used in conjunction with rapid-fire questions. This technique is used to make the witness become angry and defensive and to lose control. Your response: Stay calm. Speak in a deliberate voice, as unemotionally as possible. Your attorney will object as soon as this style of questioning is apparent.
7. **Demanding a "Yes" or "No" Response to a Question:** Attorneys are taught to ask questions that call for a "yes/no" response on cross-examination. That is the only response the attorney wants. The attorney does not want you to explain to the court all the details surrounding the issue in question. Your response: When a "yes/no" response will either confuse the court or leave out important details, fully answer the question. If



the attorney asks the court to order you to answer "yes" or "no," do not fret. Your attorney will have an opportunity on redirect examination to elicit a full explanation from you about the matter.

Redirect or Rebuttal Examination

Once all the attorneys have completed their cross-examination of a witness, the attorney who called the witness to the stand has an opportunity to ask more questions of the witness. This is called redirect or rebuttal. If there were new issues raised on cross-examination, redirect examination gives the witness a chance to clear up any confusion and to more fully explain the issues.

Recross-Examination

Following a redirect examination, any issue raised on redirect may be addressed by more cross-examination of the witness. Again, all of the attorneys who did not call the witness to the stand have an opportunity to again cross-examine the witness. This is called recross-examination.

Questions from the Judge

The judge is permitted to ask questions of a witness at any phase of the examination. The judge may ask a question in the middle of an examination or following any phase of the examination. If the judge asks a question, look him/her in the eye and respond with respect, even if the information is negative to your position.

OBJECTIONS—"WHAT DID I DO WRONG?"

During an examination of a witness—be it direct, cross, redirect, or recross—the attorneys who are not questioning the witness may voice an objection to any question asked. Do not be alarmed. This does not mean that you have done anything wrong. It simply means that the attorney is informing the judge that he does not think the question is legally appropriate or proper. If this happens while you are testifying, stop talking and do not answer the question until the judge rules on the objection. If the judge sustains the objection, you should not answer the question at all. Wait for the attorney to ask another question. If the judge overrules the objection, you should then proceed to answer the question.

GENERAL RULES OF TESTIFYING

These rules apply to all phases of your examination, but are especially important during the cross-examination phase.

- **Listen very carefully to the question.**
- **Understand the question.**
Always make sure you understand the question before you attempt to answer it. If you did not hear the question, ask the attorney to repeat the question. If the question is not clear, tell the attorney that you do not understand the question and ask him/her to clarify the question or rephrase it.
- **Answer only the question asked.**
Do not volunteer additional information or discuss tangential matters unless the question calls for a "yes/no" response and such a response would mislead the court. This is especially important on cross-examination. For example, if the question is "Do you know John Doe?" limit your answer to "yes," "no," or "I don't know." Let the attorney ask any follow-up questions, such as "How do you know John Doe?" One important exception to this rule: if you feel that your answer needs to be explained, do not answer "yes" or "no." Proceed to give a full response or consider beginning your response by saying, "That question cannot be answered with a 'yes' or a 'no,'" or "The response to that question requires an explanation."
- **Do not guess when answering a question.**
If you do not know the answer to a question, do not be afraid to say to the court, "I don't recall" or "I don't know." Do not attempt to guess at the answer or say, "I think so." It is better to say that you do not know something than to risk discrediting yourself by guessing.
- **Do not give an opinion unless it is requested.**
For example, if you are asked, "Where does Johnny want to be placed?" your answer would vary depending on whether you have the information. If you do not know, do not say, "I think he would like to be . . ." However, if you are asked, "Where do you think Johnny should be placed?" then you are being asked for your opinion and can answer, "I believe that Johnny should be placed . . ."



- **Make sure your testimony is heard.**

Try to speak a little louder, slower, and more distinctly than you would usually speak. Avoid nodding or shaking your head in response to a question; the answer to each question must be spoken aloud. Also, avoid the use of “uh-huh” when you mean to answer “yes” or “no.”

MISCELLANEOUS

Other Court Proceedings---

“I’ve Just Received a Subpoena!”

In addition to the juvenile proceeding for which you were appointed, it is not uncommon for there to be other court proceedings involving the same facts and circumstances that brought the child you represent into care. For example, there may be criminal charges of child abuse against one or both of the parents of the child you represent. There may also be court proceedings unrelated to the facts and circumstances that brought the child into care, but which are related to the child, such as a domestic dispute between the child’s mom and dad. When this happens, an attorney involved in these other court proceedings may subpoena you for trial or deposition because he/she believes that you may have information that would be important to his client’s case.

The most important consideration regarding your testimony in other proceedings is **confidentiality**. By law, CASA/GAL volunteers must keep all information regarding the case confidential, and no disclosure may be made except by court order or unless provided by law. So what do you do if you receive a subpoena?

1. Inform your case supervisor and attorney (if you have one) that you have received a subpoena.
2. Respond to the subpoena by showing up at the designated time and place.
3. Proceed with caution when called to testify. Your obligation of confidentiality extends to information about a specific case. If you are asked a question unrelated to a specific case—for example, a question about you and your background or a general question relating to work as a CASA/GAL volunteer—you may answer the question. If you are asked a question about a specific case—even an innocent question like “Are you the CASA/GAL volunteer for Johnny Doe?”—you should **not** answer the question. In response to these types of questions, you should inform the judge that you are not at liberty to discuss any

information about a specific case. You might use the following language:

“I respectfully decline to answer the question since I am not at liberty to discuss any information about a specific case.”

Once you have informed the court of your obligation of confidentiality, the judge may order you to testify, in which case you may—in fact must—do so because you now have the judge directing you to answer the question. If in doubt about whether to respond to a particular question, assert your duty of confidentiality and let the judge direct you to answer (or not). To the extent that you are permitted to testify in other court proceedings, the general rules for testifying are the same as when testifying in a juvenile proceeding.

- 1 This is usually the attorney for Child Protective Services or the state, but it could be the attorney for the child, the attorney for the CASA/GAL program, or an attorney for one of the parents.
- 2 A case can be scheduled for hearing for many reasons. In a juvenile case, the routine hearings are emergency custody hearings, adjudication and disposition hearings, review hearings, permanency planning hearings, hearings on termination of parental rights petitions, and post-TPR review hearings.

Material created by Debra Sasser, Associate Counsel,
North Carolina Guardian ad Litem Program, 1999.



Objective vs. Subjective Words and Phrases

In the columns below, write examples of words or phrases you might use or see in a court report that are commonly associated with being either objective or subjective. Several examples are given to assist you in starting your list.

The list of objective words will be helpful as you choose vocabulary to include in your future court reports.

As you proofread your court reports, you may wish to eliminate subjective words such as those that appear in the subjective column below.

Court Reports

Objective (fact-based observations)	Subjective (opinion-based observations)
. . . attended class three times. . . . was slurring words, had bloodshot eyes.	. . . didn't seem interested in attending class. . . . was drunk.



Correcting a Court Report

Identify at least five errors in this court report excerpt and circle them. Then add your own corrections below.

Kenna Lewis has been in foster care since February 5, 2006. She seems really happy there. On my most recent visit, her foster mother said that Kenna enjoys finger painting. This seems to be a wonderful foster home. They have another child also.

Mrs. Lewis has failed to attend recommended treatment for drugs and mental illness. When I met Mom, she kept talking about herself. I've never met a person so preoccupied with her own needs. She was confused about why her children came into foster care, but she sure loves them. She says she tries to get to visits but can't always make it because of the bus schedule. She doesn't drive. She said that the agency service plan is too hard to do all at once. She has some major hurdles to overcome.

1. _____

2. _____

3. _____

4. _____

5. _____



Saying it Differently

The following statements, excerpted from court reports, lack objectivity. Take a few moments to make the statements more objective.

Painting a Picture:

Instead of writing, "The mother/child visit went poorly," you tell the court...

Instead of writing, "Dad was acting angry and irrational with Tony," you tell the court....

Connecting the Dots:

Instead of writing, "Dad has been convicted of meth use so he should not have his children back," you tell the court....

Instead of writing, "Mom is mentally ill and can't take care of her children," you tell the court....

VIGO COUNTY CASA REPORT

141 Oak Street
Terre Haute, IN 47807
(812) 231-5658

IN RE THE MATTER OF:

Joe A. Snacks
John Room

CAUSE NUMBER: 84C01

0808-JC-00123
0808-JC-00234

CASA VOLUNTEER:

Jennifer Davis

CASE MANAGER:

Wendy Gilbert

ATTORNEY(S):

Steve Cuvelier - Mom
John Kesler II - Dad

TYPE OF HEARING/HEARING DATE:

Permanency Hearing/July 21, 2009

NAME OF CHILD(REN):

Joe Snacks
John Room

DOB/AGE:

08/02/02/6 years
01/05/07/2 years

MONTHS IN PLACEMENT:

11 months

NUMBER OF PLACEMENTS:

2

CURRENT PLACEMENT OF CHILD:

Foster Mom

CASA VOLUNTEER REPORT TO THE COURT

RE:

Joe Snacks
John Room

DOB:

08/02/02
01/05/07

DATE OF REPORT: July 7, 2009

HISTORY:

On August 4, 2008 Joe was found at a local Jiffy Mini Mart unsupervised and without shoes and a shirt. He had run away from home. The THPD was called and Joe informed the officers that he was scared to go home because he would be beaten with a shoe by his mother's boyfriend Bob. When authorities arrived at the home they found his mother asleep. Joe's younger half-brother, John, was also found in the home with a severe staph infection on his buttocks that was not being treated. Both boys were removed from the home and placed into foster care.

REPORTS AND RECORDS READ:

CASA Files
DCS File
Court Orders & Petitions
Dr. Dela Cruz Medical Records
Union Hospital Emergency Room Report

PERSONS CONTACTED:

Wendy Gilbert
Mom Stonebraker
John Room Sr.
Joe Snacks
John Jr.
Maple & Mike
Sue
Christa Sutton
Pam Nichols
Jane
Amy
Michelle Itczak
Bernie Rhoden
Dan & Dina
Matt & Luann

RELATIONSHIP TO THE CHILD:

FCM
Mother
Father to John Jr.
Minor Child
Minor Child
Previous Foster Parents
Current Foster Mother
Direct Skills Technician Hamilton Center
Hamilton Center Case Manager
Previous Kindergarten Teacher
Current Kindergarten Teacher
Joe & Mom's Therapist
Wraparound Coordinator
Paternal Grandparents to Joe
Paternal Aunt & Uncle to Joe

Kerry
Mary

Maternal Aunt
Paternal Grandmother to John

THE NEEDS AND WISHES OF THE CHILD:

Joe and John need to be in an environment that is structured, stable, and loving.
Joe and John need to be in an environment where their physical and psychological needs are being met.
Joe and John need to be in an environment where they can trust their caregivers.
Joe and John need to be in an environment where they are free of stress and worry.

AVAILABLE RESOURCES WITHIN THE COMMUNITY TO MEET THESE NEEDS:

The Vigo County Department of Child Services will continue to monitor these children until they are permanently placed.
The children will continue to actively participate in all necessary services.
The Vigo County School Corporation will continue to monitor and use available resources for the care of Joe.
Hamilton Center Wraparound Services will continue to be involved with permanency planning for Joe.
This CASA will maintain an active role in the children's lives until permanent placement has been achieved.

ISSUES FOR THE COURT'S ATTENTION:

1. Mom is not in compliance with her case plan.
2. Mom is no longer drug screening for DCS.
3. Mom has not visited or spoke to the children since June 3, 2009.

SUMMARY:

In August of 2008 Joe and his younger half-brother, John Jr., were removed from the care of their mother for abuse/neglect issues. Both boys are currently in the same foster home and have adjusted well. Their foster mom, Sue, has been a great support system for them. Both boys call her "Grandma" and have developed a strong trusting relationship with her. She is very involved with the case and is very committed to reaching permanency for the boys that is loving, safe, and secure.

Joe is a sweet boy. He has endured a lot of pain and heartache in his short life. He has been in the foster care system for a year and is very unsure of what his future holds. He is aware that he will not live with his foster mom forever, but is very unaware of where he may go. Joe will be in the first grade this fall in the Vigo County School System. He has not had any visits with his mother since the 3rd of June. Joe loves his mom, but gets very confused about her sporadic behavior. He often questions her love for him and will create separation scenarios where he denies that she is his mother. He will say, "That is not my

mom, she just looks like my mom, my mom loves me.” He has endured a lot in his six years. His maternal grandfather who cared for him passed away two years ago. His biological father passed away two years ago as well. He has experienced a lot of pain due to these deaths and has questioned the death of his father. His father died in a stabbing and Joe is fully aware of all the details. Recently, Joe has been re-united with his paternal family. They have been trying to get involved since his removal last August. This includes his paternal grandparents and paternal aunt and uncle. This has been a very positive influence for him and his younger brother John. Joe really enjoys spending time with them and has begun to create a very healthy bond with all of them. He has also struggled with having bowel movements. Joe has times where he soils in his pants and times where he will use the bathroom. He has had these issues at school in the classroom, at home watching television, or just playing at the park. There does not seem to be any pattern to the problem. He has an appointment schedule at Riley Hospital on July 23rd to rule out any medical issues. This will help determine the cause and set forth a realistic treatment plan for the behavior.

John Jr. is a very energetic and busy two year old boy. He is beginning First Steps therapy. John has also not seen his mother since June 3rd. He is young enough to not question the behavior, but has continued to remain close to his father John Sr. who he visits weekly.

Mom is the mother to both boys. She is not in compliance with her case plan and has not visited the boys in over a month. At the beginning of the case, Mom did well following the case plan. She held a steady job and was living with the father of her youngest child. Over the past few months, Mom has moved backwards in her progress and is now worse off than when the boys were removed from her care. She began drug testing in February. She returned a positive screen on February 24, 2009. It was positive for methamphetamine, ephedrine, and amphetamines. She denied any drug use and claimed her screen was positive due to cleaning homes that had a history of meth use. There has been continued denial of drug use since this time and she has produced 4 positive screens in total. She has also produced several negative drug screens, but has refused to screen since May 19th even though she agreed to screen three times a week. Mom visited Union Hospital on April 7th complaining of flu-like symptoms and was discharged. I received copies of her medical records that showed she also had a positive meth screen at the hospital that night. The ER Doctor’s discharge instructions were to discontinue the use of recreational drugs. Mom was also fired from her job at Service Masters Cleaning due to a positive meth screen. On March 12th Mom signed a letter understanding the drug screen requirements and rules. Since she was not in compliance with her case plan it was decided on May 27th that she should not be receiving community visits with her children, so she was required to take her visits back to the offices of Hamilton Center. She was very upset about this and has decided that she will not visit the kids. She has not seen the children in over a month. She states that visiting at Hamilton Center is like being in jail and she refuses to go there. There has been no contact with Mom in several weeks. She recently was hired at McDonalds, but I verified her employment on July 7th and they informed me that she was only employed there from May 29th to June 19th. I am unaware at this time if she is employed. She was also recently arrested for vandalizing a pick-up

truck that belonged to father of her youngest child, John Sr. The court issued a one year protective order instructing her to stay away from him. Mom has a very argumentative and negative attitude. She was going to therapy appointments at Hamilton Center until her therapist Michelle requested to no longer have her as patient. Michelle felt that the sessions were not doing any good because Mom was not engaged in the sessions and always claims to already know everything Michelle discusses with her. Mom has stated on several occasions recently that she plans to voluntarily terminate her parental rights; however she has not contacted her FCM Wendy Gilbert to discuss the case. At this time, I recommend that she not have visits with the children because she is only causing them more pain. On the last scheduled visit, June 3rd, at Hamilton Center Mom showed up with a box of pictures to give the foster mother Sue and did not acknowledge the kids. She explained that she was going to terminate her rights and wanted them to have these pictures. She never made any eye contact with the kids and continued to ignore them even though they were desperately searching for her attention. Joe continued to call her name to tell her something and she never responded. John tried to climb up on her lap and she kept pushing him off of her. The foster mother took the children away so that they would not have to experience any more of her rejection. She has not visited or made contact with the kids since this time.

John Sr. is the father to the youngest boy John Jr. He is currently employed and has been working as a truck driver. John continues to visit with both boys weekly. John Jr. loves his father and is always excited to see him. There have been recent discussions about John getting custody of his son, but there are still some concerns and issues that need to be resolved. John would have a very difficult time caring for John alone. His work schedule does not allow him too much freedom at this time and his involvement with Mom concerns me. He and Mom have a very rocky past and have continued the on again off again relationship throughout the past year. There have been two disputes that involved police with protective orders being issued both times. Currently, there is only one protective order in effect. John has stated that he is trying to dissolve his relationship with Mom, but I have a hard time believing that because of their history. John is a very caring individual and only wants the best for both boys. He is open to the possibility that Joe and John Jr. could be placed with Joe's paternal family and he is presently getting to know that side of the family.

Matt and Luann are the paternal aunt and uncle to Joe. They are currently in the process of moving to Terre Haute from Missouri to be closer to the boys and work towards having them placed in their home. They have been visiting with Joe since May and have been traveling 10 hours roundtrip for these visits. They are very committed to the best interest of both children. Joe and John enjoy being in their company and have started to build a very good relationship with them. Matt and Luann are both very playful with the children and very affectionate towards them. John Sr. has given permission for them to visit with his son John Jr. and they are all trying to work on building relationships that will help the boys. Matt and Luann have been approved for unsupervised visits with the boys and things have been progressing very well.

RECOMMENDATIONS:

1. Joe continues therapy services at Hamilton Center.
2. John Jr. continues working with First Steps.
3. Both boys continue visits with John Sr.
4. DCS work towards placing both boys with Matt and Luann.
5. Due to the emotional well being of both boys, I feel that it is in their best interest to not allow them visitation with their mother at this time.

Respectfully Submitted,

CASA Volunteer

CASA Director

Parental Compliance Report

Family Member	Services Recommended	Compliance	Date
Mother:	Random Drug Screens	Failed 5 out of 7	
	Parenting Classes	Enrolled & attended 2 out of 5 classes	
	Anger Management	Has not yet enrolled	
	Employment	None	
	Housing	Not eligible for Housing Authority due to past circumstances	
Father:	Anger Management	Completed	07/01/09
	Parenting Classes	Completed	08/05/09
	Random Drug Screens	Passed every screen	
	Employment	Renting his home for past year	
Child A: DOB: 08/01/2002 7 year old	Counseling	Weekly appointment	
	Hamilton Center Group	Weekly group	
	Weekly Visits w/ Parents	Supervised in the community weekly	
Child B: DOB: 01/15/2007 2 years	First Steps	Weekly appt with therapists	
	Weekly Visits w/ Parents	Supervised in the community weekly	

Additional Notes:

VIGO COUNTY CASA REPORT

141 Oak Street
Terre Haute, IN 47807
(812) 231-5658

IN RE THE MATTER OF:

CAUSE NUMBER:

CASA VOLUNTEER:

CASE MANAGER:

ATTORNEY(S):

TYPE OF HEARING/HEARING DATE:

_____ / _____

NAME OF CHILD(REN):

DOB/AGE:

MONTHS IN PLACEMENT:

NUMBER OF PLACEMENTS:

CURRENT PLACEMENT OF CHILD:

CASA VOLUNTEER REPORT TO THE COURT

RE: _____ **DOB:** _____

DATE OF REPORT: _____

HISTORY:

REPORTS AND RECORDS READ:

PERSONS CONTACTED:

RELATIONSHIP TO THE CHILD:

THE NEEDS AND WISHES OF THE CHILD:

AVAILABLE RESOURCES WITHIN THE FAMILY TO MEET THESE NEEDS:

AVAILABLE RESOURCES WITHIN THE COMMUNITY TO MEET THESE NEEDS:

ISSUES FOR THE COURT'S ATTENTION:

SUMMARY:

RECOMMENDATIONS:

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

Respectfully Submitted,

CASA Volunteer

CASA Director

Parental Compliance Report

Family Member	Services Recommended	Compliance	Date
Mother:			
Father:			
Child A: DOB:			
Child B: DOB:			

Additional Notes:

VIGO COUNTY CASA REPORT

141 Oak Street
Terre Haute, IN 47807
(812) 231-5658

IN RE THE MATTER OF:

****Child's Name****

CAUSE NUMBER:

****#****

CASA VOLUNTEER:

****Your Name****

CASE MANAGER:

****DCS Case Worker****

ATTORNEY(S):

****attorney(s) for the parents (if any)****

TYPE OF HEARING/HEARING DATE:

****type/date****

NAME OF CHILD(REN):

****child's name****

DOB/AGE:

****date of birth / how old?****

MONTHS IN PLACEMENT:

****total months child has been out of home since beginning of case****

NUMBER OF PLACEMENTS:

****how many places other than original home has child been in since beginning of case****

CURRENT PLACEMENT OF CHILD:

****where is the child living now?****

SUMMARY:

- *Summarize stated facts*

RECOMMENDATIONS:

- *Custody*
- *Visitation, contact*
- *Treatment recommendations (for child, parents, siblings, other caretakers)*
- *Protection & safety*
- *Other recommendations (including whether the court should / shouldn't make findings that reasonable active efforts are being made, relieving of CASA volunteer, case closure termination of parental rights, etc...)*

Respectfully Submitted,

CASA Volunteer

***Your signature is an affirmation that the recommendations and information contained in the written report are the product of your work.*

CASA Director

The signature of the program staff signifies that the staff member has reviewed your court report and finds the contents and Recommendations in accordance with law, CASA standards, and the philosophy of the CASA program.

Parental Compliance Report

Family Member	Services Recommended	Compliance	Date of Compliance
Mother:			
Father:			
Child A: DOB:			
Child B: DOB:			

Additional Notes:

Parental Compliance Report

Family Member	Services Recommended	Compliance	Date of Compliance
Mother:			
Father:			
Child A: DOB:			
Child B: DOB:			

Additional Notes:

Keys to Good Note Taking

As a CASA/GAL volunteer, you will gather information from many different sources during the course of your investigation and monitoring of a case. People and their stories run together. Facts can become cloudy, especially if the case is not heard in court immediately. It is vital that you keep accurate and thorough notes about the date and content of each case contact, whether it is a planned interview, an impromptu visit to a school, a phone call, or a review of a record. Following are important elements to include in your notes about each case contact:

- Person contacted
- Type of contact (telephone call, email, in-person conversation, review of record, etc.)
- Date and time
- Place (parent's home, job, jail, etc.)
- Factual observations
- Feelings expressed by those interviewed
- Facts gathered
- Summary of what happened
- Your plan of action
- Other person's plan of action
- Decisions

Ultimately, you will use your notes about information you gather to formulate recommendations regarding the child's best interest. Your written court report and testimony are the vehicles by which these recommendations are presented to the court. Clear, fact-based reports and recommendations will enhance the judge's ability to make good decisions about the child you represent.

Keys to a Successful Report

- **Be thorough and specific**
- **Get your information firsthand.**
- **Report the facts.**
- **Make specific recommendations that flow from the facts.**
- **Follow local guidelines.**
- **Submit your report at least 2 weeks prior to the Court hearing so that CAS/GAL program staff can review and comment on your report. (If you have new information that comes up prior to the court hearing, we can file an addendum)**

Ex Parte Communications

by Derelle Watson-Duvall
Kids' Voice
Children's Law Center of Indiana
December 16, 2004

What is an ex parte communication and why is it harmful?

An ex parte communication is a one-sided communication with the judge. Black's Law Dictionary defines ex parte as "on one side only; by or for one party; done for in behalf of or on the application of, one party." Because ex parte communications strike at the fundamental fairness of the American legal system, judges and attorneys are forbidden by the Indiana Rules of Court from engaging in ex parte communications. American law provides due process for participants in the legal system. Due process includes the right to notice of the complaint or criminal charge, the right to be notified of and to be present at a hearing, and the right to confront and cross-examine witnesses. Due process also allows a person the opportunity to present his own evidence and witnesses in support of his view of the events.

If CASA/GAL is not a legal party to the case, how can any communication with the judge be an "ex parte" communication?

In dissolution, guardianship and other non-CHINS proceedings the CASA/GAL is not a formal party to the case. Nevertheless, it is still unfair for the CASA/GAL to communicate one on one with the judge. Judges are not permitted to conduct their own investigation of a case and may not initiate contact with an expert outside the presence of the parties in an attempt to settle a matter. See Garrard v. Stone, 624 N.E. 2d 68, 70 (Ind.Ct. App. 1993). If the judge talks to a person, even a non-party, outside the presence of the parties to the case, this creates an appearance of impropriety. Id. The impropriety cannot be cured by the outside person's testimony in court. The appearance of impropriety undermines public confidence in the judicial system. The judge has a duty to promote public confidence in the integrity and impartiality of the judiciary. See Ind. Judicial Cannon 2(A). In Garrard v. Stone, the judge's conversation with a custody evaluator outside the presence of the parties resulted in the decision of the Court of Appeals to send the case back to the trial court for a new trial before a different judge. A judge's out of court conversation with a CASA/GAL on any type of legal proceeding would likely have the same result.

How can ex parte communications harm the judge?

If the judge conducts an ex parte communication, he has violated the Indiana Code of Judicial Conduct, which specifically prohibits ex parte communications. The Commentary to Canon 3 states that a “judge shall not initiate, permit, or consider ex parte communications, or consider other communications made to the judge outside the presence of the parties”. Judges who have violated this Canon can be disciplined by the Indiana Supreme Court. The judge can be publicly reprimanded. See In Re Morton, 770 N.E.2d 827 (Ind. 2002); In Re Bean, 529 N.E. 2d 836 (Ind. 1988). The Judge can be removed from office, suspended from the practice of law, or disbarred. See In Re Lewis, 535 N.E. 2d 127 (Ind. 1989). Ex parte communications may also result in a lack of public confidence in the particular judge, which can cause the judge to lose a bid for re-election. Generally a judge must disqualify himself when there exists a reasonable question regarding his impartiality. See Tyson v. State, 622 N.E. 2d 457, 459 (Ind. 1993).

How can engaging in an ex parte communication with the judge harm an attorney for your CASA/GAL program?

A lawyer who seeks to influence a judge by means prohibited by law or who communicates ex parte with a judge during a proceeding has violated Ind. Professional Conduct Rule 3.5. The lawyer may be disciplined by the Indiana Supreme Court. Sanctions can include a public reprimand. See In Re Saint, 785 N.E. 2d 1101 (Ind. 2003). Other sanctions which can be imposed by the Supreme Court include suspension from the practice of law for a period of time or disbarment. Your program’s lawyer will also lose his reputation in the local bar which reflects negatively on your program.

How can ex parte communications harm the child for whom you are advocating?

Ex parte communications can cause the judge to recuse himself or to be removed from case by the Indiana Appellate or Supreme Court. This could cause a new trial, the need to have witnesses and evidence presented for a second time, and subsequent delays in deciding the child’s placement, adoption, custody or other important issues. See Garrard v. Stone, 624 N.E. 2d 68, 70 where the guardianship had to be retried before a new judge.

Are there any circumstances when ex parte communications are acceptable?

A judge is allowed by Judicial Canon 3(B)8 to have ex parte communications for scheduling, administrative purpose or emergencies that do not deal with substantive matters or issues on the merits. This exception is allowed if the judge has a reasonable belief that no party will gain procedural or tactical advantages as a result of the ex parte communication. The judge must promptly notify the parties of the substance of the ex parte communication and allow them an

opportunity to respond. See Mahrdrdt v. State, 629 N.E. 2d 244, 248 (Ind. Ct. App. 1994). Examples of administrative matters could include: "When can you assign this case to a volunteer?"; "Can your volunteer attend a hearing next Monday?"; "Can you attend the hearing on Friday to gather information for assigning this case?"

What can you do to minimize the effect of an inadvertent ex parte communication?

You should immediately contact all parties and tell them about the communication. A letter or note sent by facsimile proves the date and time that this contact was attempted. An e-mail could also be used. Follow-up by telephone to be sure the information was received by all parties. The In Re Morton opinion, 770 N.E. 2d 827, 832 (Ind Ct. App. 2002) states that the Judicial Qualifications Commission complaint against the Judge might have been avoided by prompt disclosure of the ex parte communication and the criminal referral to the Indiana State Police which the Judge made as a result of the communication.

You may also make a copy of this document and give it to the judge in the county where your program represents children to help him focus on the problems associated with ex parte communication.

TYPES OF TESTIMONY¹

One way in which to visualize your part in a child's case before the court is to view the process as a controlled specialized conversation. There are rules that shape this conversation and lead to its conclusion. Your participation as a volunteer GAL or CASA brings a unique and very necessary ingredient to the conversation; where is the child in the process? Preparation of our observations and presentation in court will strengthen your part of the conversation. A round of witness testimony includes five major parts: Direct Testimony, Cross Examination, Redirect, Questions by the Judge and Objections from the attorneys involved.

1. DIRECT TESTIMONY

Once you are "called to court," either by virtue of the fact that you are a party and have testimony to give or because an attorney has subpoenaed you, the Court (typically the bailiff) will ask you to come into the courtroom and you will be asked to take the stand² and be asked to take an oath or an affirmation.³

Once you are in court and have taken the stand, your attorney will direct you through a series of questions that are designed to elicit the information you have gathered. Questioning on direct examination is typically open-ended, allowing the witness to fully explain his/her answers. The questions will consist of WHO, WHAT, WHEN, WHERE AND HOW. Some questions may require you to describe or explain the information you have. The initial questions are very simplistic: "What is your name? How are you connected to this case? Did you visit the child? When? Where? For what purpose?"

¹ If you need to be in court because you know that you will need to present live testimony to back up the report you have submitted, you will probably not be subpoenaed because you are a party to the CHINS. However, be aware that you may be subpoenaed in separate custody dispute or if you are appointed in a case involving a custody issue. You are not a party to a divorce or paternity case.

² Sometimes there will be separation of witnesses. That means that the witnesses are asked to remain outside the courtroom during the testimony of other witnesses. As a party, you should be allowed to remain at the counsel table with your counsel, even if one of the attorneys asks for separation. If you are testifying in a case in which you are not a party, you may be asked to wait outside during other testimony. Do not be offended, it is not an unusual practice to make such a request and if requested, the court has no discretion.

³ Not all courtrooms have the very same procedures. It is not uncommon for the practices at juvenile court to be a little less formal, so you may be allowed to testify from your seat. You will be sworn in, however.

2. CROSS EXAMINATION

The attorneys for the other parties involved in the case will ask cross-examination questions. Thus, if you were called by your attorney on direct examination, you will be subject to cross-examination by the attorneys for the parents as well as the attorney for the DFC.⁴ If you and the examining party are in agreement, the attorney may still conduct cross-examination, but it will be "friendly" rather than adversarial.

Cross-examination is designed to challenge the direct testimony. The primary purpose of cross-examination is to expose any weaknesses in the witness's testimony or to make the witness look less credible to the judge. The parents' attorneys may also use cross-examination to elicit positive information about the parents that probably did not come out on direct examination.

The attorney is allowed to ask leading questions that are designed to elicit a certain response, usually a "yes" or "no" answer. For example, an attorney may ask the volunteer, "isn't it true that you saw the child only two times?" (Of course, the question is asked with an incredulous look and with the emphasis place on "Only two"). Due to the nature of cross-examination questions, which are meant to challenge your observations, information, education and training, it is best to answer only the question asked.

In the above example, you may have seen the child twice, but also had several telephone conversations. Therefore, although you may be tempted to add some explanation to your answer, the answer should be a simple "yes." You will be given the opportunity to explain your answer more fully on redirect.

You may feel at times like the attorney who is cross-examining you is personally attacking you, but try not to take the questions personally. The attorney is just doing their job for their client in the best way that they can. It is the attorney's job to try to discredit your testimony and to cast doubt on your judgment and observations if you don't agree with his/her client's position. It is very important to maintain your composure during cross-examination. If you appear defensive or unprofessional, you will give the cross-examining attorney exactly what he wants-to hurt your credibility.

3. REDIRECT

The attorney who originally led you through your direct testimony conducts redirect. It is during redirect that any necessary clarification of your answers given during cross-examination will be conducted. The attorney will only address issues that were addressed during cross examination; no new topics will be

⁴ Cross-examination should be limited to only those subjects or issues addressed on direct. If you start to get questions that go beyond the direct examination, be aware that your attorney may object as the questioning being "outside the scope of direct."

introduced. In reference to the previous example, the redirect question may be, "Counsel asked if you had seen the child only two times. Did you have any other type of contact with child during this time frame?" You must trust your attorney to help clarify your answer by using carefully worded redirect questions.

Your attorney may decide to refrain from asking redirect questions. There are several reasons why an attorney may choose not to redirect. She may sense that the Judge is ready to move forward, that the cross examination was not really effective in challenging your direct testimony, or she may not want to give the opposing counsel another opportunity to question you on re-cross.

4. RECROSS

Following the redirect examination, any issue raised on redirect may be addressed by more cross-examination of the witness. This is called re-cross examination.

5. QUESTIONS BY THE JUDGE

The Judge may decide to interrupt the attorneys to ask his or her own questions. After the Judge has concluded the exchange with you, he or she will give all the attorneys an opportunity to ask follow-up questions based on his or her questions. Not many judges engage in this practice, but you need to be aware that some do. It is always interesting to hear questions posed by the Judge because one can gain insight into what are he or she is focusing on or what areas the attorneys may not be fully covering. If the judge asks you a question, look him/her in the eye and always respond with respect.

6. OBJECTIONS BY THE ATTORNEYS

Attorneys have the right to object to certain questions. There are rules governing why an attorney may make an appropriate objection. However, some attorneys do not follow those rules and object anyway. It is very important that as a witness you remember to stop speaking and wait until the Judge rules on the appropriateness of the objection before answering. If during the discourse between the Judge and the attorneys you forget the question, ask to have it repeated.

Keep in mind that if there are not objections, the testimony is admitted by the Court. For example, if, during testimony, you repeat something that a foster parent has told you and there is no objection raised, the evidence will come in and can be considered by the Judge, even if it is hearsay.

7. GUIDELINES FOR TESTIFYING

- a. **Know your case.** Review your notes and, if necessary, discuss your testimony with the attorney who is calling you.
- b. **Dress appropriately.** Business attire is preferred. You will feel more confident and present yourself in a more professional manner.
- c. **Speak in a loud, clear voice.** Upon entering the courtroom, you will be directed to the witness stand. The Judge, Magistrate or Commissioner will administer the Oath and ask you to be seated. The microphone which will be used to record your testimony does not amplify your voice, so it is important that you speak in a loud, clear voice.
- d. **When off the stand:** Witnesses can make an impression on the judge and attorneys when they are off the stand. Always maintain your professionalism at all times in the courtroom. Do not engage in excessive talking or laughing in the courtroom and do not make any faces, noises or any response at all to the testimony of other witnesses. Unprofessional or inappropriate behavior off the stand can impact your credibility when you are on the stand.
- e. **Maintain a calm, professional demeanor.** You may encounter an attorney who will try to confuse you, make you look bad, or make you angry. The attorney has a right to challenge your testimony and even your interpretation of the case and your recommendation. It is important that you remain calm and be respectful of the opposing counsel. Keep your focus on presenting the child's side of the case.
- f. **When on the stand:**
 - i. Face the person questioning you
 - ii. Listen carefully to each question. If you do not understand a question, ask for clarification or that the question be repeated. Don't be so anxious to provide quick answers that you don't wait until the entire question is asked because you may end up answering a different question!
 - iii. Always address the judge as "Your Honor," "Sir," or "Ma'am."
 - iv. Answer only the question that was asked. During cross examination an attorney can ask you "leading" questions designed to get you to state a specific answer. Do not volunteer information.⁵ If the answer

⁵ This is a critical tip. Many witnesses end up doing opposing counsel's job by giving them information that they did not have--and maybe for good reason. Your counsel will get from you the relevant helpful information on direct. Do not provide more information than is requested by the cross examiner. Make that person do his or her job.

to a difficult question on cross-examination is "yes" and you feel compelled to offer an explanation to minimize the response, remember that it is your attorney's job to give you the opportunity to offer the explanation on re-direct. If you try to "sneak" in the explanation into your testimony on cross-examination, you may come across as being defensive and it could harm your credibility.

- v. If you do not know the answer to a question, simply say, "I do not know."
 - vi. Even when dealing with difficult attorneys, you should be cooperative in answering questions and should not show antagonism on the stand. Witnesses who display an "attitude" on the stand are letting their emotions interfere with their testimony and will not come across as credible. Likewise, be serious, avoid joking or wisecracks as this may lead the judge to think that you do not take the matter seriously.
 - vii. When testifying as to facts, rather than your beliefs or opinions, avoid saying, "I think" or "I believe." Give positive, definite answers about facts and show confidence in your answers.
- g. **Always tell the truth. This is the most important rule to follow!!** State the facts of the case as you observed them. Do not testify to something you did not observe or that you do not personally know to be factual. If you are asked about details that you do not remember, simply state, "I don't remember."
- h. **Be confident!** As the GAL/CASA for a child, you are most likely the person who knows the child and their needs and desires better than anyone else in the courtroom, other than the parents. You may be the only person who has spent significant amounts of time with the child or who has been with the case since the beginning. You have very valuable information that is extremely important to the case to share. This is your one opportunity to speak for the child and make his/her voice and needs clear to the judge and the parties. Be confident in your training and knowledge of the case and do not let the attorneys or anyone else shake your confidence.
- i. **Once you are on the stand, you are on your own as a witness.** Your attorney will direct you through your testimony, but you may not communicate in any other manner once you take the stand. The attorney cannot assist you during the cross examination except to object to

inappropriate questions. In addition, you must answer all of the questions, unless there is an objection by an attorney and the judge rules that the objection is valid and, therefore, that you do not need to answer it.

- j. **If an objection is made, stop speaking.** Do not answer the question until the judge indicates that he/she is ready for you to answer. If needed, you may ask that the question be repeated.



Chapter 9 Volunteer Training Evaluation (1 of 2)

Please circle the number of the descriptor that best matches your views and write any comments in the space provided. If you would like to write additional comments, please use the back of this sheet. Thank you.

1. Please rate the chapter overall.	Poor 1	2	3	4	Excellent 5
Comments:					
2. The facilitator was well prepared and engaging.	Not at All 1	2	3	4	Very 5
Comments:					
3. The content of this session will be useful to me in my work.	Not at All 1	2	3	4	Very 5
Comments:					
4. I can identify and locate community resources available to help children and families.	Not at All 1	2	3	4	Easily 5
Comments:					
5. I can write a court report.	Not at All 1	2	3	4	Easily 5
Comments:					
6. I understand my role and can monitor a case.	Not at All 1	2	3	4	Easily 5
Comments:					



Chapter 9 Volunteer Training Evaluation (2 of 2)

7. What I liked least about this chapter was . . .

8. What I liked most about this chapter was . . .

9. In order to utilize the information I've learned, I will need . . .

Vigo County CASA Case Log

CASA Volunteer _____ Name of Child _____
 DCS FCM _____ Month of _____ 20____

Date	Name of Person Contacted	Relationship to Child	Contact (Circle one)	Type of Activity/ Reason	Time Spent (Round to quarter hour)	Notes
			Email Person Phone Written			
			Email Person Phone Written			
			Email Person Phone Written			
			Email Person Phone Written			
			Email Person Phone Written			
			Email Person Phone Written			
			Email Person Phone Written			
			Email Person Phone Written			
			Email Person Phone Written			
			Email Person Phone Written			
			Email Person Phone Written			
			Email Person Phone Written			

Number Codes for Activities/Reasons: 1. Hearing 2. Family Team Mtg 3. Visitation 4. Updates 5. Research 6. Travel
 7. Report Writing 8. Other Meeting 9. Other (Please define)



I, [REDACTED], do solemnly swear so help me God, or affirm under the penalties of perjury, that I will support the Constitution of the United States and the Constitution of the State of Indiana, that I will faithfully, impartially, and to the best of my ability discharge my duties as an officer of the Vigo County Court in serving as a Court Appointed Special Advocate; and that all information received by me in the performance of such duties will be held in strict confidence and will be divulged only when consistent with the laws of Indiana and only in furtherance of the best interests of the child.

Volunteer: _____

Nikki Fuhrmeister: _____
CASA Director

R. Paulette Stagg: _____
Magistrate

Date: _____

PRINCIPLES OF PERMANENCE

- **Constantly examine your own value system.** Understand the difference between poor parenting and abuse and neglect. Make sure that you can accept a variety of parenting styles, even those that include behavior of which you do not approve.
- **Carefully examine the CPS case record.** Understand the issues that brought the child into foster care. Ask agency staff about anything that does not make sense.
- **Ask the parents why they think they lost custody of their child.** Do not assume that they understand or agree with the agency's reasons.
- **Recognize that the "system" should be operating on the child's sense of time.** Help others to hear the clock that is ticking that childhood away.
- **Understand grief and the effects on children of moving and waiting.** Keep permanent resolution as the focus of your efforts.
- **Stay child-centered and family-focused.** Children need a permanent family—theirs, if possible, but not if it means the loss of their childhood.
- **Recognize parents' strengths, but do not ignore their failings.** Advocate to return the child when the parents have "fixed" what brought their child into care. Advocate for termination of parental rights if the conditions persist.
- **Be a team player.** Attend reviews, continue to investigate and assess, and share with the caseworker and the court what you learn.
- **Aggravate the system if you have to—be a catalyst for change.**
- **Work for justice—act with mercy.**

GAL/CASA Case Contact Log

Program _____
 Name of Child _____
 Cause Number _____
 Volunteer _____

Month _____, 200__

Name of Person Contacted	Relationship To Child	Type of Contact or Activity	Date	Out of Court? Y/N	Time Spent (Round to quarter hour)

Types of Contact:

Email
 Face-to-Face
 Phone
 Written

Types of Activities:

Hearing
 Contacted Parent
 Contacted Foster Parent
 Contacted Relative

Family Team Meeting/DCS
 Research Other
 Contacted CASA Office
 Traveled Wrote Report

Keeping Case Contact Logs And Writing Reports

- How many hours do volunteers spend each month working on their GAL/CASA cases?
- What is the time commitment?
- Is there an average amount of time?
- What counts as “time”?
- What constitutes a “contact”?

These are questions that often come up at the State Office. In some cases, the answers to these questions are as varied as the programs across the state. There is, however, an average number of hours a volunteer usually spends working on a case per month (when gathering data from across the state) is five (5) hours. That is not, however, the average number that many programs who are collecting case logs from their volunteers on a monthly basis are reporting to us; their numbers are much lower on average. Why? We believe it is because volunteers are not logging all of their hours, or are estimating their hours instead of actually tracking them.

Volunteers who keep accurate case logs have a valuable tool to use when writing their reports, testifying in court, and helping to make permanency recommendations for the children on their case loads. To discover why, let's consider what constitutes a “contact” or activity that should be logged by volunteers each month:

- ✓ Attending hearings
- ✓ Attending Family Team Meetings
- ✓ Contacting parents
- ✓ Contacting DCS case managers
- ✓ Contacting CASA Supervisors
- ✓ Contacting the child (in court)
- ✓ Contacting the child (out of court)
- ✓ Contacting “collaterals”
- ✓ Contacting foster parents
- ✓ Contacting relatives
- ✓ Researching
- ✓ Traveling
- ✓ Writing reports
- ✓ Others?

As I think you can see, it would be very easy to log at least 5 hours per month when volunteering for a child if one is truly tracking everything they do! This is a “map” to use when writing reports and making recommendations to the court, as well as when testifying. It also helps to keep the volunteer “on track” when making sure that all bases are covered when helping a child get to permanency as quickly as possible. When a volunteer does the majority of their investigating just two weeks (or even just days) before having to write a report or appear in court, it shows not only in the report, but can be detrimental to the child they are serving. The following is a great example (borrowed from Director Therese Miller of Advocates For Children, Inc.) as to the contacts a volunteer should be making in their cases, and the frequency of those contacts.

Monthly Contacts	Week 1	Week 2	Week 3	Week 4*	Week 5
DCS Case Manager					
Home Based Provider					
Therapist					
CASA Supervisor					
Other Service Providers					
Child					
Parent/s					
Placement (foster or group home)					
Observe Visitation					
Other					

*Turn in Case Contact Logs

(Suggested) Minimum Contact Guide:

✓ When completed

Service Providers	1x per month	
Child (In County)	2x per month	
Child (Out of County)	2x per month by phone and 1x every 60 days in person	
Parent/s	1x every 3 weeks	
Placement or Foster Parents	1x per month	
Observation of Visit	1x per month	
Other		

Reports should be submitted to the GAL/CASA office *at least* 2 week in advance of the hearing date.

CASE CONTACT LOGS SHOULD BE SUBMITTED MONTHLY to the GAL/CASA office!

Remember, **the law states that we should have “regular, in-person contact with children sufficient to have in-depth knowledge of the case and make fact-based recommendations to the court”**. Keeping a case log, and following these recommendations, or the guidelines required by your program will insure that you do just that! Here is a sample case contact log that you might find helpful.

Volunteer Hours and Child Contact Log 2009



Name: _____

	Total Hours Volunteered per month (Round to 1/2 hour)	# of Contacts w/ each Child (Excluding court hearings)	Comments
January			
February			
March			
April			
May			
June			
July			
August			
September			
October			
November			
December			
Total			

Child Abuse Hotline (to report child abuse or neglect): **1-800-800-5556****DCS General # 234-0100 Reception Desk**

DCS Fax: 234-1802

Intake Unit	Direct Line	Cell Phone	E-Mail	Continuing Unit	Direct Line	Cell Phone	E-Mail
Geraldine Andrews	244-2008		Geraldine.Andrews@dcs.IN.gov	Suzy Cole, Supervisor	244-2030	243-3156	Carolyn.Cole@dcs.IN.gov
Mike Baker - Supervisor	244-2003	243-3152	Michael.Baker@dcs.IN.gov	Heather Anderson	244-2012	243-1436	Heather.Nicley@dcs.IN.gov
Jessica Breedlove	244-2031		Jessica.Breedlove@dcs.IN.gov	Penny Bluebaum	244-2034	243-9595	Penny.Bluebaum@dcs.IN.gov
Jennie Bush	244-2096	248-8357	Jennifer.Bush@dcs.IN.gov	Mike Gant	244-2032	243-3013	Michael.Gant@dcs.IN.gov
Megan Cottrell	244-2014	243-6313	Megan.Cottrell@dcs.IN.gov	Wendy Gilbert	244-2028		Wendy.Gilbert@dcs.IN.gov
Kelly Hawkins	244-2084		Kelly.Hawkins@dcs.IN.gov	Sharon Owen	244-2036	240-2001	Sharon.Owen@dcs.IN.gov
Jackie Hofmann	244-2006	243-2864	Jacquelin.Hofmann@dcs.IN.gov	Debbi Seifert	244-2001	230-6451	Deborah.Seifert@dcs.IN.gov
Debbie Long	244-2005	243-3155	Deborah.Long2@dcs.IN.gov	Bob Tomaw	244-2035	243-2026	Robert.Tomaw@dcs.IN.gov
Lindsey Tatman	244-2017		Lindsey.Tatman@dcs.IN.gov	Darren Wilkinson	244-2095	230-3434	Darren.Wilkinson@dcs.IN.gov
Donny Toney	244-2076		Donald.Toney@dcs.IN.gov	Andrea Williams	244-2093	230-4496	Andrea.Williams@dcs.IN.gov
				Diana Joslin, Supervisor	244-2068	243-6898	Diana.Joslin@dcs.IN.gov
				Debi Beddow	244-2037	243-9806	Deborah.Beddow@dcs.IN.gov
				Jim Horrall	244-2099	230-3367	James.Horrall@dcs.IN.gov
Director's Unit				Jenny Hunter	244-2007		Jennifer.Hunter@dcs.IN.gov
Pam Connelly, Director	244-2000		Pamela.Connelly@dcs.IN.gov	Christy Lewis	244-2033		Christina.Lewis@dcs.IN.gov
Tammy Young, HR/ASST	244-2002			Jim Pond	244-2011		James.Pond@dcs.IN.gov
Connie Lee Grady	244-2004			Jessica Rice	244-2078	230-5207	Jessica.Rice@dcs.IN.gov
Sharon Paul	244-2019			Brianna Sollars	244-2015	230-5711	Brianna.Sollars@dcs.IN.gov
Stephanie Stigall	244-2009			Mandy Steinway	244-2013	249-7947	Mandy.Steinway@dcs.IN.gov
Debbie Sutherland	244-2039			Tera Wilson	244-2016		Tera.Wilson@dcs.IN.gov
Dave Uberto, Reg. Mgr	448-8731			Libby Lewis, Attorney	244-2018	243-0589	Elizabeth.Lewis@dcs.IN.gov

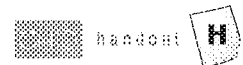
CASA RESPONSIBILITIES CHECKLIST

*Review this list periodically while investigating and monitoring a case to ensure that your representation of the child is thorough and focused on the needs of that child.

In Progress	Completed		
		1.	Review the petition with CASA program staff. Request copies of any hospital records, police reports, photos, CPS/DCS investigations, or other documentation.
		2.	Meet with the CPS/DCS caseworker and carefully review all CPS records-be sure to ask for past or closed records.
		3.	Meet with the child at least once per month-no matter how old or young-to determine how the child feels about what is going on in his/her life, in order to determine best interest and whether the child can and should be in the courtroom.
		4.	Meet with the parents-get permission from each parent's attorney if they are represented. If the CASA program is represented by an attorney, the parent's attorney should be contacted by the attorney for the CASA program.
		5.	If there is a nonrespondent parent or custodian (i.e., a parent or custodian not involved in the court case), talk with that person.
		6.	Meet with the teacher, daycare worker, babysitter, or any person who has had substantial contact with the child on a frequent basis.
		7.	Appear at all hearings & have report ready at least 2 weeks prior to hearing.
		8.	If there has been no physical examination of the child by a physician, and one is warranted, request one.
		9.	If there has been no psychological evaluation of the child or the parents, and one is warranted, request one.
		10.	Attend all staffings (e.g., meetings about the situation at school, CPS, mental health center) related to the child.
		11.	Talk with psychologists and medical caregivers involved with the child and obtain their written reports.
		12.	Determine what, if any, special problems or unmet needs the child has (e.g., counseling, a special school program, transportation, after-school care, medical treatment, etc...).
		13.	Assist in developing resources for the child that meet his/her needs, and contact appropriate agencies or persons. This might be for special educational needs (e.g., mentor, sports team, or scouting opportunity), placement needs (e.g., contacting a relative), medical or psychological treatment needs, or resources for any other identified need.
		14.	Meet with the attorney for the program/child or DCS caseworker to discuss the facts, evidence, and witnesses needed for the hearing; to discuss your recommendations for the disposition; and to learn whether or not the child will be present in the courtroom either as a witness or to observe the proceedings.
		15.	Draft and review written recommendations for court with the CASA staff.

CASA RESPONSIBILITIES CHECKLIST

In Progress	Completed	CASA Responsibilities Checklist Cont.	
		16.	Work with the attorney for the program/child or DCS caseworker in exploring an agreement that parties can present to the court.
		17.	If necessary, prepare the child for court hearings and for testimony; appear on behalf of the child; and assist the attorney for the program/child or DCS caseworker in presenting evidence on behalf of the child; including child support, visitation, and medical or psychological treatment.
		18.	Inform the child about the outcome of all court hearings and keep the child updated about other aspects of the case.
		19.	Continue monitoring the case, repeating these activities to ensure orders of the court are being followed by all parties and current needs of the child are being met. Make a determination as to whether the parents are correcting the situation that led to the petition and/or removal, simply "going through the motions", or ignoring the requirements for reunification.
		20.	Contact the attorney for the program/child or CASA staff if the child needs an early review.
		21.	Appear at all subsequent hearings & submit reports as needed.
		22.	Review the permanent plan to insure that it complies with the ASFA (Adoption & Safe Families Act) guidelines and is in the best interest of the child.
		23.	Keep in touch with the CASA staff for guidance and support.
		24.	If parental rights have been terminated, review plans for permanent placement, requesting information and consulting with DCS so that appropriate placement occurs without delay.
		25.	If the child is Native American, make sure the tribe or Bureau of Indian Affairs has been notified of the case.
		26.	If the child is Native American, make sure that the child's tribal enrollment rights are protected.
		27.	If the child is undocumented, consult your case supervisor.
		28.	Keep accurate logs, send Volunteer hours and Out of Court contacts with the children on your case monthly. (Check with CASA staff if further clarification is needed for this).



Chapter 10 Volunteer Training Evaluation (1 of 2)

Please circle the number of the descriptor that best matches your views and write any comments in the space provided. If you would like to write additional comments, please use the back of this sheet. Thank you.

1. Please rate the chapter overall.	Poor					Excellent
	1	2	3	4	5	
Comments:						
2. The facilitator was well prepared and engaging.	Not at All					Very
	1	2	3	4	5	
Comments:						
3. The content of this session will be useful to me in my work.	Not at All					Very
	1	2	3	4	5	
Comments:						
4. I can identify who will supervise me in my work as a CASA/GAL volunteer.	Not at All					Easily
	1	2	3	4	5	
Comments:						
5. I can explain the expectations of the program I am working for.	Not at All					Easily
	1	2	3	4	5	
Comments:						
6. I feel prepared to be assigned a case.	Not at All					Very
	1	2	3	4	5	
Comments:						



handout



Chapter 10 Volunteer Training Evaluation (2 of 2)

7. What I liked least about this chapter was . . .

8. What I liked most about this chapter was . . .

9. In order to utilize the information I've learned, I will need . . .