Jefferson/Baxter Case Example
SEGMENT 1: REFERRAL

Child Victim: Joshua Baxter
Birth Mother: Tammy Jefferson
Birth Father: Tom Baxter
Siblings: None

What is the reporter worried about? University Hospital social worker called to report that Tom Baxter brought his 18-month-old son, Joshua Baxter, to the ER with a black right eye, as well as a bruise and small gash on his left cheek. According to the reporter, the father says he went to the mother’s house to care for Joshua (who lives with his mother) for the weekend because the mother, Tammy Jefferson, was going to Las Vegas with her boyfriend. The mother’s boyfriend’s name is Juan Martinez and they have recently moved in together. The father expressed concern due to Juan being controlling. The father states Juan gets upset about Tammy being in contact with him, even though it is just to talk about Joshua. He has no further information about her whereabouts other than a cell phone number that she left with him. He noticed the bruises and cut immediately upon his arrival. When he asked the mother how the injuries happened, she stated, “He fell.”

The father states he had not seen his son since last week and he said that Joshua didn’t have any bruises or cuts when he saw him then. As soon as the mother left on her trip, the father reports, he came straight to the hospital. The father further states that the mother has a previous child, not his, who is in the custody of the child’s father. He does not know the details of their parenting arrangement. He states that the mother is 36 years old. The father was unable to provide information about the mother’s support network but shared that he has a sister on his side of the family. The father reported not having many friends due to some life choices he is not proud of.

The attending physician has examined Joshua’s face and eye. The attending physician reported that the bruise on the left cheek is a blue and yellowish color. The bruising around the child’s eye appears to be a black and bluish color. The eye alone might not have raised concerns, but the cheek was unlikely to have been bruised and cut in a fall and could not have been bruised during the same reported fall as the black eye. The explanation that he fell is inconsistent with the injuries and is more likely a result of abuse. Staff will continue to examine the child and do an X-ray, and the doctor will treat the facial gash using a butterfly bandage and prescribe antibiotics.

What does the reporter know about what is working well? The father took his son to the hospital as soon as he saw the injuries. The father has a sister who may be able to provide support. Hospital staff have observed that the child seeks father for comfort and the father appears caring and concerned about the child’s injuries.

What does the reporter think needs to happen next? The hospital staff will continue to examine the child and will do an X-ray. Reporter believes a worker needs to be assigned to go to the hospital and investigate the referral.

Provisional Harm Statement: University Hospital social worker reports that Joshua, who is 18 months old, while in the care of his mother, Tammy Jefferson, suffered bruising around the eye and a bruise and cut on his cheek. It is unknown how the child received the injuries.
Agency History:  

Tammy Jefferson:
- One investigation inconclusive in 1999 for physical abuse by the mother (bruises). Victim: John Jefferson
- One investigation substantiated in 2000 for physical abuse by the mother (bruises). Victim: John Jefferson

Referral resulted in petition being filed but petition was dismissed at the disposition hearing: Care and custody to the father with a juvenile court exit order.

Tammy Jefferson was child victim—physical abuse by father in 1985.

Tom Baxter:
• No agency history

Mother’s criminal history includes a petty theft charge at the age of 24. Father’s criminal history includes a motor vehicle theft at age 18 and a breaking and entering charge at the age of 22, and two DUI charges at ages of 23 and 28.

STOP HERE: COMPLETE THE HOTLINE TOOLS.
SEGMENT 2: DAY OF REFERRAL, 2:45 p.m.

The child welfare worker arrives at the ER. Hospital social worker Melanie Wright reports that the child has been examined, and they are waiting for him in X-ray. The child’s overall appearance is clean; he was wearing a clean shirt, pants, and diaper when he arrived at the hospital. Doctors indicate that Joshua is well nourished and within normal height and weight for his age. Nursing staff report he appears “bonded” to his father and relaxed in his care, and hospital staff have observed the father responding effectively to Joshua’s curiosity and playfulness.

Hospital social workers have been unable to locate the mother using the cell phone number they were given by the father. They left a message for her to contact the hospital as soon as possible. They report that Dr. Davis has seen the child in the past.

Hospital staff reported to the worker that they had been looking for the father for the last 45 minutes to obtain medical consent for an X-ray, but had been unable to locate him. About 30 minutes after the worker arrived, the father showed up at his son’s examining room and provided consent. When the worker began interviewing the father, he could smell alcohol on father’s breath and noticed slurring of speech. When asked, the father admitted to feeling great stress over this incident because his father used to hit him when he was a child, and he can’t stand to see the same thing happen to his own son. He wants his son to live with him, but he is currently living in a halfway house for recovering drug addicts and he can’t take his son to live with him there. He is proud to say that he has been clean from crack cocaine since completing rehab three months ago. The alcohol was a slip, and he has had several slips since becoming clean. Joshua’s mother and the staff at the halfway house know of only one other slip with alcohol, and he is afraid that they may evict him from the program if they learn of this one. When asked what his plan was for caring for his son, he shrugged.

The father states that he and the mother used to “party” together. The father states the mother stopped using cocaine and drinking alcohol a few months before she got pregnant with Joshua. The father admits that he continued to use drugs after the mother stopped. The mother kept him from seeing Joshua while he was using drugs, and he just resumed his relationship with Joshua two months ago following rehab. Tom stated that he and Tammy have an informal agreement (no court order) that he can visit with Joshua weekly as long as he is not using drugs or alcohol. The worker inquired whether the father has any extended family support or any friends that are a support for him. The father stated that he has a sister, Sheila Baxter, but he has not had much contact with her in the last year, though he still thinks of her as a support. He stated that due to his struggles with addiction, he does not have many supportive friends. Tom agreed to allow the child welfare worker to contact his sister to learn what she knows about Tom’s care of Joshua in the past and to talk about ways she might be able to help in this situation.

Hospital staff also filed a police report, and police have now arrived at the hospital. The attending physician met with the father, the worker, and law enforcement to report that the X-ray results showed there to be no serious injury to Joshua’s eye or cheek. Police photographed the injuries. There was also no sign or evidence at birth of drug use by the mother. It appears to have been a perfectly normal birth. The staff attempted to contact Dr. Davis, but the on-call physician reports that Dr. Davis will not be available until Monday. The on-call physician did not have any knowledge of this family or child. The child’s current injuries do not require hospitalization. There are no apparent signs of concussion, but the doctor will include instructions in discharge papers on what to watch for. The doctor also recommends infant Tylenol for pain and discomfort over the next 48 hours, as needed, and to follow up in one week with the child’s regular pediatrician.
Law enforcement requested an interview with the father, to which he agreed. Following the interview, based on observation of the father with the child, the timeline of the injuries, discussions with the worker as to the mother’s history, and medical facts, the detective stated she does not believe the father caused the injuries.

With Tom present, the child welfare worker called Sheila Baxter to further assess Tom’s ability to provide safe care for Joshua. Sheila stated that she loves her brother and nephew, but she drew a line with Tom after he took advantage of her a number of times. When asked to describe her knowledge of Tom’s care of Joshua in the past, Sheila stated that Tom wants to be a good father, but his substance abuse problems have prevented him from making good choices about Joshua’s care. He largely has left Joshua’s care to Tammy.

On one occasion about a year ago, Tom arranged to leave Joshua in Sheila’s care for a couple of hours during his scheduled weekend visit. Tom failed to return at the scheduled time. When he did return, nearly eight hours late, he clearly was “on something,” so Sheila kept Joshua overnight until Tom was no longer under the influence.

On another occasion just a few weeks later, Tom showed up with Joshua on Sheila’s doorstep, asking for a place to spend the night and money to buy food and diapers for Joshua. She helped out then, but gave Tom a “good talking to” about Joshua’s care and has not seen them since. She has worried whether Tom was leaving Joshua with others who might not be safe with him and how he was providing for Joshua’s basic needs for food, diapers, and shelter without a consistent source of income.

Sheila told the child welfare worker that she was willing to be a safety resource for Joshua as long as Tom was really willing to work on his recovery.

While the child welfare worker stayed with Tom and Joshua at the emergency room, the detective went to the mother’s address, which is approximately eight blocks from the hospital, in an attempt to locate her. There was no response at the door, but the mother’s name is on the mailbox, and a DMV check found no other address listed for her. The detective had the calls for service to the mother’s address pulled from police records. The list references several calls for service due to verbal altercations between the mother and her boyfriend in the last six months. No arrests ever resulted from any of the calls.

The detective met with the mother’s apartment manager. The apartment manager inquired as to why the detective was there. When told, the manager stated that he had seen the mother and child alone yesterday, and Joshua had the black eye and bruised cheek at that time. He asked the mother how Joshua got the black eye, and she stated that he had hit himself in the eye with a toy truck. The manager stated that he often hears the mother and her boyfriend yelling at Joshua and each other. Although the manager stated he has not seen any injuries to the child after hearing them fight, he did mention having to repair a hole in the wall and a door that was knocked off the hinge during the past few months.

The manager said the mother has a friend who lives in the building, on the second floor. He took the detective to the friend’s apartment. Kim Bush was home and invited the detective in. She said that the mother was away for the weekend with her boyfriend. She was in the apartment with the mother, the mother’s boyfriend, and Joshua before his father arrived, and she saw the black eye and bruise. She has only the same cell phone number for the mother that the father gave to the detective earlier, and no further information.
When the detective returned to the hospital, she met with the child welfare worker and the attending physician. The physician determined that the injuries are not consistent with the mother’s explanation, but they are consistent with abuse. The detective said a criminal report will be made, but she is not confident that it will result in criminal charges being brought because it is not clear whether the cause of the injuries is the mother or her boyfriend.

STOP HERE: FIRST IDENTIFY THE HOUSEHOLDS TO BE ASSESSED AND THE PRIMARY AND SECONDARY CAREGivers IN EACH HOUSEHOLD. THEN, FOR EACH HOUSEHOLD, COMPLETE ONLY THE CHILD VULNERABILITIES, SAFETY THREATS, AND CAREGIVER COMPLICATING BEHAVIORS SECTIONS OF THE SAFETY ASSESSMENT.
SEGMENT 3: CREATING A SAFETY PLAN

The worker met with Tom Baxter to come up with a plan for Joshua’s immediate safety and supervision.

The worker explained to Tom that children with Native American heritage are eligible for special protections when child welfare services is involved. The worker asked the father if he or the mother has any Native American heritage; Tom stated that his mother’s side of the family has Cherokee heritage, but he doesn’t know about Tammy. The worker asked the father whether he wanted to be identified by a particular ethnicity, and Tom said he thinks of himself and his son as Native American and Black. The father stated that he is listed on his son’s birth certificate and that he will do anything he can to get full custody of his son, even if it means staying both clean and sober. The father does not want his son to return to the home of the mother. The father reports Joshua cries whenever he sees Juan and whenever the father returns Joshua to the home of the mother. The father expressed worry about his son being placed in a foster home. The father reported that he can move into an apartment by Monday and that he thinks his sister, Sheila, who has a toddler son named Bobby, would be willing to allow him and Joshua to stay with her until he gets an apartment. The worker informed the father that in order to make a plan for Joshua’s safety, the worker would need Sheila to come to the hospital to be a part of the conversation. The father called his sister and she agreed to meet with the worker and the father at the hospital.

The worker met with the father and his sister Sheila to discuss creating a short-term plan for Joshua’s safety. Sheila provided the worker with her Social Security number, driver’s license information, and date of birth, in order for the worker to complete a background check on her. Tom explained to his sister the events that have brought him to contacting her. The father informed his sister that there is a worry about his sobriety and his ability to maintain the safety of his son. Tom admitted to his sister that he had a relapse due to the helplessness he felt when he realized his son had been injured; the incident made him think about their abusive father. He would like for his sister to be part of his support system and be a safe person for his son.

The worker informed Tom and Sheila that immediate action was needed due to the injuries Joshua suffered. In order to keep Joshua safe, they could use one of two options: either place Joshua in protective custody, or create a shared plan between the worker, Tom, and Sheila that will ensure Joshua’s immediate safety. Sheila agreed that she, too, would be worried if Tom were allowed to care for Joshua on his own without some support. If the decision is to protectively place Joshua, Sheila expressed that she would like to be considered for Joshua’s placement. She admitted she had not seen him in a long time due to some problems in her relationship with her brother Tom, but she feels confident, because she is caring for her own son, Bobby, that she can meet his needs. The father asked the worker and his sister if he could be permitted to spend the weekend at Sheila’s home with Joshua. He would like to help his sister with providing care for Joshua. The worker, Tom, and Sheila agreed that Tom and Joshua would spend the weekend in Sheila’s home. The father agreed to remain sober for the duration of this safety plan. Sheila agreed to call child welfare services if the father does not follow the safety plan. The team will come together on Monday and discuss a more long-term plan.

While hospital staff was feeding Joshua prior to preparing his discharge, the worker attempted once again to locate the mother. He called her cell phone number to no avail. The worker also drove to the home of the mother and left a note under the door for her to call the agency as soon as she returns.

STOP HERE: FOR EACH HOUSEHOLD, COMPLETE THE HOUSEHOLD STRENGTHS AND PROTECTIVE ACTIONS, IN-HOME PROTECTIVE INTERVENTIONS, AND PLACEMENT INTERVENTION SECTIONS OF THE SAFETY ASSESSMENT. IDENTIFY A SAFETY DECISION FOR EACH HOUSEHOLD.
SAFETY PLAN

Family Name: Tom Baxter Referral/case #: ____________________________

Date: 7/11/15 This plan will be reviewed on 7/13/15 or no more than 30 days from the safety plan’s date.

Today, at least one child in the Jefferson and Baxter families is in some danger, and immediate actions must be taken so everyone feels sure that the child will be safe. The family, its support network, and the agency have worked together to identify ways to ensure the safety of the children while everyone works together to resolve the identified worries. Everyone in the family, its support network, and the county child protective service workers believe that if we work together, we can help all children in the family stay at home safely while these worries are resolved. This plan describes our shared understanding of why people are worried and what we agree to do to make sure the children remain safe until the plan is reviewed.

WHAT IS THE DANGER? (SDM® SAFETY THREAT)

<table>
<thead>
<tr>
<th>Safety Threat #</th>
<th>Describe the specific situation or actions that cause the child to be unsafe (danger statement)</th>
<th>Name(s) of Child(ren) in Danger</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 and 7</td>
<td>Harm Statement (Tammy Jefferson’s household)</td>
<td>Joshua Baxter</td>
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<tr>
<td></td>
<td>University Hospital social worker reports that Joshua, who is 18 months old, was injured (black eye and bruise/cut to cheek) while in the care of his mother Tammy Jefferson and her boyfriend Juan Martinez. The hospital has determined the injuries are not consistent with an accidental injury and are consistent with abuse. The explanations that Tammy gave to Tom and a neighbor about how Joshua got hurt were different, and the doctor stated the injuries could not have occurred at the same time or in the way she reported to others.</td>
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<tr>
<td>1, 7, and 9</td>
<td>Danger Statement (Tammy Jefferson’s household)</td>
<td>Joshua Baxter</td>
</tr>
<tr>
<td></td>
<td>Child Welfare Services (CWS) is worried that Joshua could be physically harmed (black eyes, bruising, or more serious head injuries) when he is in Tammy’s care and is without the help, support, and supervision he needs, especially because no one knows how Joshua got hurt and there have been concerns about Tammy physically injuring Joshua’s half-brother in the past.</td>
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<tr>
<td>3</td>
<td>Danger Statement (Tom Baxter’s household)</td>
<td>Joshua Baxter</td>
</tr>
<tr>
<td></td>
<td>CWS, Sheila, and Tom are worried that:</td>
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<td>• When Tom drinks alcohol or uses drugs and becomes distracted and unavailable, Joshua could be physically harmed (be unsupervised and/or get out of the house, be taken advantage of and get hurt) or emotionally harmed (become scared and confused).</td>
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## WHAT IS THE PLAN TO KEEP THE CHILD SAFE?

<table>
<thead>
<tr>
<th>Safety Threat #</th>
<th>What are the actions that will be taken to address the danger?</th>
<th>Who will take these steps?</th>
<th>What will be done if these actions are not working?</th>
</tr>
</thead>
</table>
| 1, 7, and 9     | 1. Sheila and Tom agree to immediately contact the worker (or an on-call worker) for help if Tammy comes to the home. Because Tammy has shared legal custody and physical placement of Joshua, Sheila and Tom may need to call police or CWS to help if she comes to try to pick Joshua up.  
2. Sheila and Tom will both contact the worker if the mother shows up at Sheila’s home.  
3. Sheila and Tom agree to ask the mother to contact the worker if she gets in touch with either of them. | Tom and Sheila | Either Sheila or Tom will call for help from the after-hours CWS worker or police. |
| 3               | 1. Tom will remain sober (no alcohol or drug use) for the next two days while he is responsible for Joshua’s care.  
2. Tom will make sure Sheila is available to provide substitute care for Joshua if Tom needs to be away from him.  
3. Sheila will supervise all interactions between Tom and Joshua until they all meet with the CWS worker on Monday, July 13. | Tom and Sheila | Either Tom or Sheila will call the after-hours CWS worker or police if there are any concerns about the plan not working. Sheila will call for help if Tom tries to leave with Joshua, or if she observes him being unsafe with Joshua. |
While we may not agree about the details of these worries, we do agree to follow the plan until the review date. We understand that if the plan does not keep all children safe, we will need to work together again to create a new plan, or the children may have to stay with someone other than their parents/legal guardians.

<table>
<thead>
<tr>
<th>Parents/Legal Guardians</th>
<th>Worker/Supervisor</th>
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<td></td>
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<tr>
<td>Children</td>
<td>Other Participants</td>
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**WHO TO CALL IF THE PLAN IS NOT WORKING:**

<table>
<thead>
<tr>
<th>Assigned Child Welfare Worker</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: Darran Huntsman</td>
<td>555-555-5555</td>
</tr>
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</table>

<table>
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<tr>
<th>Child Welfare Supervisor</th>
<th>Telephone Number</th>
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</thead>
<tbody>
<tr>
<td>Name: Kathy Danver</td>
<td>555-555-5556</td>
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<table>
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<tr>
<th>After-Hours Child Welfare Services Worker</th>
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<tbody>
<tr>
<td>(Before and after business hours; weekends and holidays)</td>
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<table>
<thead>
<tr>
<th>Instructions:</th>
<th>Telephone Number</th>
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</thead>
<tbody>
<tr>
<td>Call sheriff’s dispatch and ask for the on-call CWS worker.</td>
<td>555-555-5557</td>
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</table>
The worker received a report from the overnight on-call child welfare worker that Sheila Baxter called to inform the worker that Tom left the house on Saturday to get some milk for Joshua and never returned. She has tried to call him but has not had any success. Joshua is still in her care.

The worker met with Sheila at her home. Sheila stated that Tom still has not returned and has not responded to her calls. Sheila is worried Tom may have relapsed. The worker thanked Sheila for following the safety plan and explained that because the plan is not being successful, the worker will need to place Joshua into protective custody. Efforts to reach Tom by telephone were unsuccessful. Sheila expressed worry about Joshua being placed in “foster care.” The worker explained that Joshua could be placed in Sheila’s home as an emergency relative approved placement while the investigation continues into the mother’s whereabouts and the status of the father. The worker asked Sheila to have Tom call the worker if he tries to return to her home or contacts her. Sheila agreed not to allow Tom to have contact with Joshua until approved by the worker.

The worker made a note to update the safety assessment for the father’s household to a safety decision of “unsafe.” The worker coordinated with police to place Joshua into protective custody, and completed emergency relative approval processes and paperwork with Sheila. The worker added an allegation of general neglect in Joshua’s household, based upon the incident.

The worker again attempted to reach the father by telephone but he did not answer. The worker left a message for the father to contact the worker when he receives the message.

The worker reviewed the mother’s previous agency history. The mother was physically abused as a child and spent nine months in foster care. The worker then reviewed the police calls for service to the mother’s home. There were four calls for service to her home during the past six months. All the calls were for verbal disputes between the mother and her boyfriend, Juan Martinez. There was never any evidence of any physical harm to either adult or the child when the police arrived at the home. None of the calls for service resulted in any arrests or charges. Tammy has previous history with CWS as an adult. She had one inconclusive finding and one substantiated finding for similar abuse on her older son. During the investigation of her past substantiated referral, Tammy was reported to have said that she never wanted a son. She was hoping for a girl. When the agency placed her older son with his father, mom said, “That’s okay—I will have my girl one day.”

The mother did not contest her previous case due to having problems caring for her son, and she would drink alcohol to cope. She has no known history of mental health issues. The worker reviewed the mother’s criminal history, which consists of a petty theft charge. The mother has a history of drug usage, but has reportedly been sober for two years.

One Day After Referral
The worker attempted again to reach the mother using the same phone number, but the call continued to go straight to voicemail. The worker left an additional note in the mother’s mailbox.

The father called the worker to apologize for not being able to follow the safety plan. The father reported that he was feeling overwhelmed and stressed about what had happened to his son. He felt that he should have protected his son, and this caused him to feel like a “bad father.” When he went to buy the milk, Tom found himself in the alcohol aisle, and before he knew it he began drinking and was
not able to recall the events of most of the weekend. The father stated he was calling from a friend’s house, where he is now staying. The father provided the worker with the address and contact information. The father stated that he now knows he needs help with his substance abuse and is willing to do whatever he needs to do to be a “good” father for Joshua. The worker thanked the father for updating the worker. The worker informed the father that Joshua will remain in the home of Sheila Baxter and that he will be provided with supervised visits. Another family team meeting with Tom and his support network determined that Joshua cannot safely live with either of his parents at this time and he should remain in the relative placement with Sheila Baxter.

Two Days After Referral
The worker received a call from Tammy. The mother sounded upset on the phone and expressed that she was confused about what is going on with her son. She stated that she is currently in Las Vegas, Nevada, with her boyfriend; her phone battery had died and she had forgotten her power cord. She was able to purchase a cord and just finished charging her phone. She stated that she contacted the worker once she heard the message. The worker informed the mother that the father had taken Joshua to the hospital due to her son having a visible black eye and a bruised cheek. The mother expressed her frustration with Tom and stated that she had told the father that Joshua had fallen down. The worker informed the mother that the worker would need to meet with the mother and her boyfriend, Juan Martinez. Tammy seemed apprehensive about including her boyfriend in the investigation, but stated that she and her boyfriend were on their way back from Las Vegas and that they would agree to meet with the worker tomorrow at the detention hearing. The worker asked the mother if she has any Native American heritage; Tammy denied having any Native American heritage and stated that she identifies as Caucasian.

Three Days After Referral: Detention Hearing
Custody was granted to the agency and Joshua was placed with Sheila Baxter, the paternal aunt. The father, the mother, Juan Martinez, and Sheila Baxter were all present in court. Tom was adjudicated as the presumed father. The court found that ICWA may apply due to the father being Cherokee, and directed the agency to notify tribal organizations. An ICWA representative was also present.

Assessment with the father prior to the court hearing
The worker asked about the father’s history. He and his sister were very close, growing up as allies in a frequently chaotic household. He feels terrible about stealing his sister’s rent money when she had been so good to him, letting him live with her, feeding him, etc. He had a crack cocaine habit, but he states he has not used since completing rehab three months ago. He did admit to having a few beers when he gets anxious. He was previously employed as a roofer before he got into drugs and fell off a roof. He hopes to get full-time employment in that area again soon when he is physically able. The father admitted his multiple slips with alcohol to the halfway house. By policy, he has been kicked out. He plans to stay with friends or find a rooming house for now. He can re-apply to the halfway house after 30 days if he remains clean.

The worker has contacted the halfway house, and staff there confirmed that Tom has entered their program on a probationary status, due to his recent relapse with alcohol. He will be allowed to resume his residency program after a 30-day waiting period. The staff member who spoke to the worker stated that the father is getting along well with the other members of the group, and that he will be starting counseling with the staff psychologist for his depression, which he has suffered from since adolescence. The staff member stated that they are working with the father on building up his supports to help him to be successful and sober when he leaves the facility.
The father plans to attend 90 AA meetings in the next 90 days. The worker asked how important AA is to the father, and he indicated that he believes it is a very important element for maintaining his sobriety. When asked how close he is to people at AA, he said he has some good friends there. He has a sponsor, but hasn’t had that much contact with him. He hasn’t started to work his steps. He is hopeful that AA will become an important part of his life.

He describes Joshua’s mother, Tammy, as having a lot of brothers and sisters, but they all ran away as soon as they could to get away from their physically abusive father. He was a barber who used his barber strap on them at least a couple of times every week. They all ran in different directions, and she does not know where any of them are. Tom reports that he and the mother used to use crack cocaine together, but as far as he knows the mother has been sober for more than two years.

The father states that he has seen the mother, and she blames him for overreacting to the bruises and reporting her to the agency. She expressed concern about what the father might have said about her boyfriend to the worker, and blames the father for the worker even knowing she even has a boyfriend. Tammy told the father she is worried about going through this again with Joshua. She says all the agency will do is try to keep her from seeing her son. She also told the father that if he ends up taking care of Joshua for more than a few hours or a day that he better learn to not be so lenient when disciplining him.

**Assessment with the mother following the detention hearing: The mother agreed to meet with the worker at her home after court.**

The worker went to the mother’s house after the court hearing for their scheduled meeting. Both the mother and her boyfriend, Juan, were at the home. The apartment is clean and neat and contains all the appropriate supplies to care for an infant. The worker informed the couple that he needed to speak with each of them separately. Juan went into the bedroom while the worker met with the mother. The mother appeared nervous as she fidgeted in her seat and played with her fingers. Tammy stated that she does not trust anyone from the agency and will not reveal personal information to anyone from the agency ever again. The last time she dealt with the agency, she thought what she told the worker was confidential, but then they talked about it in court. The worker apologized for any misunderstanding that may have taken place in the mother’s previous case and informed the mother that anything that may be reflected in a court document will be shared with the mother. The worker tried to help the mother understand that providing safety for her child will take a partnership between the worker, the mother, her boyfriend, and the father.

The mother admitted to having a history with drugs, but denies any current usage, stating: “I have not used any drugs since before I had Joshua.” The mother states the reason her relationship with the father ended is that he would not stop using drugs. The mother has stable employment. She has been employed with the same company as a receptionist for the past three years. The mother continued to express her fears about Joshua being involved with the agency. She stated that when her older son was removed from her care, his father was able to get custody of him before she was able to complete her case plan. The mother stated that she is worried this will happen again.

The worker asked Tammy about Joshua’s injuries. The mother stated that he fell down and stated that Joshua tends to fall a lot. She stated that she loves her son and would never do anything to hurt him. She stated that he does need to be disciplined because he can be “out of control” at times. She stated that Joshua has major tantrums, and she worries that he might hurt himself if she does not intervene. Tammy stated that at times she has to restrain Joshua to keep him safe. When the worker tried to ask
Tammy for more information about her “intervening” and “restraining” during a tantrum, the mother did not want to talk about it and again stated that she would never hurt her son.

The worker asked the mother about the police calls for service to her home. The mother again appeared nervous and started to fidget. The mother said that her neighbors are nosey and try to cause problems in her relationship by calling the police for everything. She went on to say that she is passionate and there are times when she talks loud, and her boyfriend is equally passionate and he can be loud as well. Tammy said they have a wonderful and loving relationship and they hardly ever disagree. She stated that if there was anything wrong, the police would have done something.

The worker met with Juan Martinez, the mother’s boyfriend. The worker discussed Joshua’s injuries with Juan and asked if he knew how the injuries had occurred. Juan stated: “How would I know, the kid is clumsy. Kids fall all the time, what is the big deal? He is a boy and in order for him to become a man he should be able to shake off an injury.” Juan denied ever disciplining the child and stated: “That’s his mother’s job.” Juan admitted to watching Joshua once in a while for Tammy when she goes to work, but continued to deny disciplining the child. Juan reported that he met the mother nine months ago at a gas station, and they dated for a few months and moved in together two months ago. Juan states that he loves Tammy and will do anything for her. Juan states he has never seen the mother harm Joshua. The worker asked Juan about the calls for service to the home. Juan stated that he feels the neighbors call the police because he is Mexican. Juan stated that he and Tammy have a great relationship and they never argue. Juan did admit to drinking beer. He stated he usually has two to three beers after work to relax. Juan is currently working at the gas station where he and Tammy first met. Juan denies having a history of abusing any substances, and he does not have any biological children of his own. The worker looked into Juan’s criminal history and discovered that Juan had been arrested eight years ago for domestic violence, but he was not charged. Juan also has a CWS history—he spent a few years in foster care due to substantiated physical abuse by his father. When the worker tried to explore Juan’s history with him, he refused to talk about it.

The worker asked Tammy if she had any family or friends whom she felt would be a good support system and whom she would like to invite to any family meeting held by the agency. The mother stated that she did not at this time and stated that she is okay with Joshua being with Tom’s sister. She does not want Joshua in foster care, and she wants access to him at Sheila’s home at any time. The worker explained the need for her to have only supervised visits with Joshua, due to the substantiated finding of her abuse of him. Tammy and Juan neither denied nor admitted harming Joshua. Tammy agreed to the plan of having Sheila supervise her visits with Joshua and to occasionally having the worker be present. She agreed to meet with Tom and the worker to review both of their case plans for reunification and to establish a clear visitation agreement for her to see Joshua.

STOP HERE: COMPLETE TWO RISK ASSESSMENTS.
SEGMENT 5: FAMILY TEAM MEETING, TWO WEEKS AFTER REFERRAL

Present were the mother, Tammy Jefferson; the mother’s friend, Kim Bush; the mother’s boyfriend, Juan Martinez; the father, Tom Baxter; the father’s sponsor, Bill Smith; and the paternal aunt, Sheila Baxter. The worker explained the purpose of the family team meeting by sharing the danger statements for each household with the group.

CWS is worried that:

- Because Joshua got hurt (black eyes, gash, and bruising) when he was in Tammy’s and Juan’s care and no one is sure how it happened, that he might get hurt again (black eyes, bruising, or more serious head injuries).

CWS, Sheila, and Tom are worried that:

- When Tom drinks alcohol or uses drugs and becomes distracted and unavailable, Joshua could be physically harmed (be unsupervised and/or get out of the house, be taken advantage of and get hurt) or emotionally harmed (become scared and confused).

The worker explained his concerns to the group: that the agency is worried that if Joshua does not have an identified support network to ensure he is provided with age appropriate supervision and a safe environment and that his needs are met, he could be left without supervision or physically harmed in the future.

The worker explored the culture of the parents by having Tammy and Tom share how they identify themselves. Tammy stated that she identifies as a Caucasian, heterosexual female and stated she feels that her cultural identity and support network is a resource. Tom stated he identifies as both a Black and Native American heterosexual male. Tom stated that while he has never had much contact with his tribal community, he has always felt connected to some of the stories his family told about their Native American spiritual traditions.

The worker had the mother and father share their relationship story with the group. Tom and Tammy stated that their relationship lasted about a year. They met when Tom’s company was replacing the roof on her apartment building. They moved in together after only a few weeks of dating. Tammy states their relationship fell apart because she decided to stop using drugs as Tom’s drug usage continued to escalate. He would disappear for days at a time, until one day she packed all his belongings and changed the locks. Both report that there was never any violence in their relationship. Both agree that Tom tried to support Tammy during the pregnancy. Tammy admittedly did not allow Tom access to Joshua for seven to eight months prior to his completion of rehab. They both agree that she was just trying to keep their son safe.

Tammy reports that she is healthy and that she has started to use exercise to relieve stress. Tammy stated that she loves Joshua and would never do anything to hurt him. Tammy was tearful throughout the meeting. Tammy expressed frustration with the danger statement and feels that she and Juan are being blamed for everything unfairly. The worker took this opportunity to state that the purpose of the family team meeting is not to blame or shame anyone, but to create a plan for Joshua’s long-term safety. Tammy thanked Sheila for allowing Joshua to be placed in her home and not allowing him to
be placed with strangers. Tammy admitted that her relationship with Juan is not perfect, but that no relationship is perfect. Tammy then stated that for the most part, she and Juan get along well.

Juan did not say much during the meeting. He did not admit to or deny harming Joshua, but he stated it is not his job to “discipline” Joshua because he is not his son. Juan states that he will support Tammy the best he can but he will not do any services. Juan shared that in his culture, people do not go outside family for help, with the exception of church. He does not believe in sharing problems with “outsiders.”

The worker asked the group to create a case plan to help the parents make the changes needed to provide long-term safety for their child. Creating the case plan is a joint effort between the worker and the parents. The case plan utilizes services to support the desired change in behaviors to ensure safety of the child. The worker expressed a worry about the father’s substance abuse issues possibly preventing him from providing long-term safety for his son.

Tom agreed that he needs help to be successful with his efforts to remain in recovery; he wants Sheila, the other members of his support network, and the worker to help him be accountable for participating in his substance abuse treatment and random drug screens. He admitted to being quite uncertain about how to care for Joshua full time and is open to any type of parenting skills training. Sheila agreed, stating that Tom really has no idea how to care for a small child. For example, he has asked her why Joshua is not potty-trained yet. Tom stated that he has several friends who have been clean and sober for several years who are willing to help him by coaching him. Tom also suggested that he would like the assistance of the job placement center so that when he is medically cleared to return to work, he can work full time and have the resources to get a place for himself and his son. Tom says he was a licensed master roofer. He does temporary day labor work to cover his expenses while he is at the halfway house, but that won’t be enough to support his son.

Since he fell from the roof, Tom has been under the care of an orthopedist for treatment of broken ribs and a punctured lung. He has not been medically cleared to return to work, which is why he is working as a day laborer. The doctor supplied a free sample of the antibiotic Tom is using for a recurring infection in his lung, which had been aggravated by his cocaine use. He is pretty down about not being able to work. Tom is hoping that three months of being drug-free will help the infection clear so he can return to work.

The worker then discussed the agency’s current worries with Tammy, in an effort to continue trying to partner with the mother in the reunification and case planning process. The worker shared a worry about age-appropriate discipline. The worker talked with Tammy about how much she loves her child, so much that she kept her child safe from Tom when he was using drugs. Tammy shared that no one understands how Joshua can behave at times and how out of control his tantrums can be. She admitted to struggling with calming him down at times, especially after a long day of work. The worker then stated the agency would like to support Tammy with being able to safely discipline her son by having her take parenting classes. Tammy agreed that she could benefit from parenting classes. Tammy also stated that she at times struggles with her feelings about the abuse she was subjected to as a child and the sadness she feels when she thinks about her older son. The worker
explored Tammy's willingness to participate in therapy to help her process her past traumas; the mother agreed to attend therapy and stated that it might actually help her.

Sheila described Joshua as being developmentally on target. He is adjusting to his new environment nicely. Joshua is starting to form more words and enjoys having books read to him. He especially enjoys being with his cousin Bobby, and he likes having the dog sleep with him. Joshua seems very anxious whenever voices are raised. He flinches and draws back if he is approached quickly. There have been several incidents in which he has hit Bobby or the dog. Joshua has seen Bobby’s pediatrician for follow-up, and the pediatrician said his eye is healing well and the X-rays did not show any signs of internal damage to his eye or face.

Sheila described her brother as having been an incredible source of support to her when she went through her divorce, and that he is seen by everyone as willing to do for others. Sheila agreed to be part of Joshua's long-term support system. Sheila shared that there are other family members who would also be able to join the support system, and she agreed to provide the worker with their names and contact information.

The mother tearfully expressed that she really misses her son and would like to be able to see him. After discussion, it was agreed that the mother could see Joshua three times a week for a one-hour supervised visit, with the aunt doing the supervision. The mother must call 24 hours in advance to confirm that she will attend. The father will be allowed thrice-weekly visits as well and must also call to confirm his attendance. The worker will meet with each parent to help them plan activities for visits that support their behavioral goals.

The worker spoke with the halfway house staff member, who reports that Tom has good relationships with the other residents and helps others whenever they need it. He has a strong support group, including his sponsor and friends in recovery. Tom has a diagnosis of depression from when he was 17 years old. He has recently been diagnosed with chemical dependency and is doing well in treatment, with his last relapse having been on the day Joshua went to the hospital. The staff feel that the father is serious about recovery, but that he still needs the external support of the halfway house. He has started Antabuse to add a layer of protection against another relapse, and he needs to learn ways to manage stress better. The father is described as having pretty low self-esteem and being mildly depressed. They believe he is having trouble coping with being off work. Part of his program at the halfway house will include weekly sessions with a staff counselor to address depression and self-esteem issues.

STOP HERE: COMPLETE THE FAMILY STRENGTHS AND NEEDS ASSESSMENT.
SEGMENT 6: CASE PLANS

Baxter Case Plan

**Goal Statement:**
Joshua will always be taken care of by a safe, sober, and responsible adult who cares for and supervises him at all times and always meets his basic needs.

<table>
<thead>
<tr>
<th>Need Area</th>
<th>Objectives</th>
<th>Services</th>
<th>Agency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substance Abuse</td>
<td>Tom will be able to show everyone that he can stay clean and sober and use his recovery skills to manage daily stresses so that he is physically and emotionally available and able to parent Joshua. He will show everyone that he can and will use a plan for safe care of Joshua if he ever experiences a relapse.</td>
<td>Residency in halfway house. Counseling as provided by the halfway house, including individual and group therapy as well as educational classes. Random drug and alcohol screens. Tom will explore options with the local ICWA health center for services to support his recovery.</td>
<td>Monitor, support, and fund (if necessary) Tom’s continued participation in counseling and participation in 12-step programs. Monitor and support parent through face-to-face contacts per policy and through collateral contacts and support network development.</td>
</tr>
<tr>
<td>Parenting Skills</td>
<td>Tom will be able to show everyone that he can engage and set limits with Joshua so that he is always physically and emotionally safe. Tom will be able to show everyone he can take the lead parenting role so that Joshua feels calm and sure that Tom is taking care of him.</td>
<td>Parenting skills/child development classes at the rehab center or other approved service provider. Education, modeling of parenting skills, and measurement by parent’s sister, Sheila. Regular progressive visitation that allows Tom to demonstrate his parenting skills and ability to provide for Joshua’s needs. Tom will explore options with the local ICWA health center for services to support development of his parenting skills.</td>
<td>Monitor, support, and fund (if necessary) parenting skills/child development service provision and development of a support network. Follow up with service provider and relative caregiver in support of their efforts. Support Tom in planning and participating in visitation with Joshua to develop and demonstrate his parenting skills.</td>
</tr>
<tr>
<td>Resource Management/Basic Needs</td>
<td>Tom will be able to show everyone that he can provide a safe and stable home and enough self-sufficient legal income to take care of Joshua. Tom will always make sure that everyone living in the home is safe to be around Joshua.</td>
<td>Monitor, support, and fund (if necessary) medical care and job development services. Refer Tom to reunification housing services. Monitor and support parent through face-to-face contacts per policy and through collateral contacts.</td>
<td>Monitor and support parent’s progress through attendance at visits and other face-to-face contacts; encourage development of a support network. Follow up with service provider and relative caregiver in support of their efforts.</td>
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**Jefferson Case Plan**

**Goal Statement:**
Joshua will be cared for by at least one safe and responsible adult who knows how to safely care for his physical and behavioral needs, and who is knowledgeable about and skilled in meeting his developmental need for a secure attachment with his caregiver.

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</tr>
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<tbody>
<tr>
<td>Physical Abuse/Trauma History</td>
<td>Tammy will be able to show everyone that she can recognize and safely manage her reactions to Joshua’s behaviors that result from her own childhood experiences.</td>
<td>Counseling as provided by a licensed provider, including individual and group therapy as well as educational classes.</td>
<td>Monitor, support, and fund (if necessary) continued participation in counseling; encourage development of a support network.</td>
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<td></td>
<td>Tammy will show everyone that when she becomes overwhelmed by memories and feelings from her own experiences, she can get help from another safe adult to care for Joshua until she feels calm and in control.</td>
<td>Supervised visitation activities, which can progress to unsupervised visitation that will allow Tammy to demonstrate her ability to safely manage Joshua’s behaviors.</td>
<td>Monitor and support parent through face-to-face contacts per policy and through collateral contacts.</td>
</tr>
<tr>
<td>Parenting Skills</td>
<td>Tammy will be able to show everyone that she can engage and set limits with Joshua so that he is always physically and emotionally safe.</td>
<td>Parenting skills/child development classes offered by an approved service provider.</td>
<td>Monitor, support, and fund (if necessary) parenting skills/child development service provision.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Education, modeling of parenting skills, and measurement offered by whomever provides supervision of visits.</td>
<td>Follow up with service provider and relative caregiver in support of their efforts; encourage development of a support network.</td>
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**Six-Month Hearing/Permanency Hearing**
Joshua has continued to grow and develop and is experiencing no medical problems. Sheila reports a substantial reduction in Joshua’s anxiety and aggressive behavior. He is now up-to-date on all immunizations. Joshua is starting to form three-word sentences and is very active. Joshua has been observed by the worker and his aunt to be positively attached to his father, and becomes very excited when his father comes for visits. Recently, Sheila reports, Joshua has begun to cry when his father leaves at the end of the visits and must be consoled and assured that he will return. Sheila has placed a picture of Tom and Joshua on the nightstand in his room.

Tammy participated in one parenting class and kept her first two visits with Joshua, but has not been seen or heard from since. Tammy became upset at her last visit because Juan was not permitted to participate in the visit. When she and Juan were instructed to contact the worker in order for Juan to be able to visit with Joshua, they both left and Tammy did not visit with Joshua. Tammy did not participate in any of her scheduled therapy sessions. The worker has made efforts to contact Tammy,
with no success. The worker contacted the mother’s friend, Kim Bush, in an effort to locate the mother. Kim stated that the mother and her boyfriend had moved out of the apartment complex and she has not heard from or seen the mother since they moved. When the worker tried to contact the mother by phone, it was discovered that the mother’s phone number is no longer in service. The worker was able to make contact by phone with the mother at her place of employment. The mother agreed to meet with the worker on two separate occasions, but never showed up. Sheila and Tom have agreed that if they hear from the mother, they will tell her she has to contact the worker before she can have contact with her son. The worker has continued making efforts to contact Tammy on a monthly basis during the entire six-month period.

The father continued treatment for drug and alcohol abuse. He has been drug-free for almost nine months and sober for six months. He has not had a relapse since the day he went to buy some milk at the start of the case. He missed one visit due to a conflict with a substance abuse treatment class, but has attended 45 of the 48 scheduled visits. During visits, he has shown that he can be very nurturing with Joshua and is generally attentive toward him. In the beginning at times, he seemed at a loss on how to handle situations, such as when Joshua was climbing all over the furniture in potentially dangerous ways, the father in the beginning just kept saying “Be careful,” without actually intervening. He has utilized a parenting class to explore different ways to handle situations such as these and has made good use of coaching from his sister. Tom has now begun to demonstrate an ability to prevent Joshua from climbing in dangerous ways with child-safe barriers, and at times physically picking Joshua up and redirecting the behavior. Tom and Joshua continue to work on Tom being able to manage Joshua’s outbursts when Tom sets limits, and Tom frequently struggles in this area. Tom is in the process of completing his parenting education classes through his substance abuse treatment facility. During the past six months, the father has been able to complete his “90 in 90” meetings, attend 12-step meetings at least three times a week since then, and has a positive support system in place. He has regular contact with his sponsor and has started to build a circle of support of sober friends. Tom was able to renew his roofing license and obtain employment as a roofer, and he wants to stay with his sister while he is on a waiting list to rent a small apartment.

A family team meeting was held to discuss modifying Tom’s visitation plan. Sheila and Tom were both in attendance. Tom asked for his visits to progress to overnight visits. The team discussed the progress Tom has made with his parenting skills and ability to redirect Joshua’s behaviors. The team discussed the bond between Joshua and his father and agreed to modify the visitation plan. Tom was granted overnight visits with his son. Prior to the start of overnight visits, the worker visited the apartment while Tom and Joshua were there. The apartment is adequately furnished, clean, neat, and meets the safety needs of a two-year-old. Tom has obtained a crib that will convert to a twin bed when Joshua is ready. There is also a toy box with toys appropriate for Joshua’s age and stage of development. Tom has also started taking Joshua to his doctor and dental appointments.

Visitation continued to be successful and Tom’s time spent caring for Joshua was extended to two days straight.

STOP HERE: COMPLETE THE REUNIFICATION REASSESSMENT.
SEGMENT 7: TWELVE-MONTH REVIEW/FAMILY MAINTENANCE

At the six-month family reunification status review hearing, the judge returned Joshua to Tom’s care and custody and ordered family maintenance services. During the review period, Tom has demonstrated sobriety from drugs for more than a year and from alcohol for nearly 12 months. There have been no new referrals for Tom’s home during this review period. Tom has been managing his feelings of depression and his self-esteem by becoming physically fit. Tom has found the feeling he gets from working out is better than any drug and he feels great. He now has more energy and is able to keep up with Joshua. He has completed his substance abuse counseling, and his counselor states that Tom demonstrates good insight and has worked out good plans for maintaining sobriety. His sponsor has become his strongest mentor, and he feels that AA has totally changed his life. Both his counselor and sponsor note that Tom has been able to recognize his feelings related to his own childhood experiences, and as a result, his mood has remained quite stable and he expresses feeling hopeful and confident as a single parent. He now uses the Serenity Prayer whenever he feels himself getting stressed. Sayings from AA punctuate his conversations, and he uses them to think through decisions. Most of his friends are now AA friends. Tom continues to build his circle of support and has continued to add people to his long-term safety plan for Joshua. Tom has started to build a relationship with a woman named Carol he met three months ago at an AA meeting. He made sure to provide Carol’s information to the worker for a background check prior to introducing her to Joshua. Carol does not have any CWS history, but had an arrest for a DUI 10 years ago. She reports that she has been in active recovery ever since. Carol is a good support person for Tom and Joshua. Tom has been able to provide a list of his emotional triggers to his support system so they can identify if he is not in a “safe” place. Tom continues to work full time as a roofer. Tom and Joshua have moved into a two-bedroom apartment, which allows Joshua to have his own room.

Tom was able to complete his parenting classes at the substance abuse treatment center, and during the worker’s monthly unannounced visits, he has demonstrated his knowledge and skills in child-rearing. With his father’s assistance, Joshua has now been potty-trained, and he will be able to continue to attend Sheila’s in-home daycare at a reduced rate if he remains in his father’s care. Tom has made sure that Joshua is up-to-date with his immunizations. Joshua continues to test his father’s limits, and Tom is learning how to create a time-out space and routine for him.

The mother has not had any contact with the agency or the family. Tom states that if he should hear from Tammy, he will have no difficulty informing her that he will not let her have contact with Joshua until she first contacts the worker or obtains an attorney and has the matter heard in court.

STOP HERE: COMPLETE THE RISK REASSESSMENT FOR IN-HOME CASES.