

**IN THE SUPREME COURT OF THE STATE OF NEVADA**

IN THE MATTER OF: )  
AAMIYAH DE'NASIA LAMB )  
AND CHRISTOPHER LAMONT )  
BYNUM JR. )

Minors. )

\_\_\_\_\_  
KEAUNDRA DEBERRY, )

Appellant, )

vs. )

CLARK COUNTY DEPARTMENT )  
OF FAMILY SERVICES, )

Respondents. )  
\_\_\_\_\_ )

SUPREME COURT NO. 69047

District Court No. D-11-446967-R

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**CO-APPELLANT'S APPENDIX**

**VOLUME 5**

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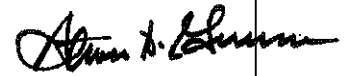
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CLARK COUNTY  
DEPARTMENT OF FAMILY SERVICES  
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LAS VEGAS, NEVADA 89106  
(702) 455-7200



CLERK OF THE COURT

**EIGHTH JUDICIAL DISTRICT COURT  
FAMILY DIVISION - JUVENILE  
CLARK COUNTY, NEVADA**

In the Matter of:

AAMIYAH DE NASIA LAMB  
Date of Birth: 01-04-2004  
A Minor 11 years, 02 Months of Age

COURT CASE NO.: J-10-319959-P1  
DEPT.: FAMILY JUVENILE

CHRISTOPHER LAMONT BYNUM JR.  
Date of Birth: 03-28-2009  
A Minor 6 years, 0 Months of Age

**REPORT FOR PERMANENCY AND PLACEMENT REVIEW**

Date of Hearing: 03-04-2015

Time of Hearing: 01:30 PM

Courtroom: HM GIBSON - #20

Attachment: A - Permanency Plan Adoption  
B - Carolina Neurobehavioral  
Assessment - CHRISTOPHER  
C - The Counseling Center of Florence,  
LLC initial therapy session assessment.  
D - ICPC South Carolina Report

**CONCERNING:**

Mother: KEAUNDRA DEBERRY  
DOB: 11-20-1986  
Address: 502 Henry Street, Latta, South Carolina, 29565.  
TPR was granted 5-14-2013.

Father: JOSEPH LAMB (father is AAMAY LAMB DOB 03/26/86)  
DOB: 07/30/1986  
Address: Last known address 5000 Whitefield Drive, Goldsboro, NC 27530  
TPR was granted 05-03-2013

Father: CHRISTOPHER BYNUM SR (father is CHRISTOPHER BYNUM JR.)  
DOB: 01/06/1975  
Address: Last known address 8015 E. City, Alabama 36202, Benton Road, E. City, ALA 36202  
7171111.  
TPR was granted 05-03-2014

Siblings: Siblings are placed together.

- ☒ The Indian Child Welfare Act does not apply.  
☐ The Indian Child Welfare Act does apply.

#### **NOTIFICATION OF HEARING AND TYPE OF SERVICE**

Mother: Ms. Deberry Parental Right's were Terminated on 05-14-2013  
Father(s): Mr. Lamb and Mr. Bynum Sr. Parental Right's were Terminated on 05-14-2013.  
Current Placement: Caregiver notified via phone on February 24, 2015  
CASA:  
Child's Attorney: Crystal Dickson Esq. Notified via email on February 27, 2015. Court report will be provided.  
Mother's Attorney: Deanna Molinar Esq. Notified via email on February 27, 2015. Court report will be provided.  
Father's Attorney: N/A  
Tribe: N/A

**REMOVAL DATE:**  
May 21, 2010

#### **TRIAL HOME VISIT DATES:**

N/A

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1 **REASON FOR CUSTODY AND COURT JURISDICTION (formally known as**  
2 **Wardship):**

3 AAMIYAH DE NASIA LAMB and CHRISTOPHER LAMONT BYNUM, were  
4 made Wards of the Juvenile Court and placed in the custody of Clark County  
5 Department of Family Services (DFS) on March 1, 2011 due to being  
6 adjudicated neglected and abused children within the meaning of the law. The  
7 Petition #1 dated May 17, 2010 stated the following;

8 "The subject minors' mother is KEAUNDRA DEBERRY. The identity of  
9 AAMIYAH'S father is unknown to DFS. CHRISTOPHER BYNUM, SR. is the  
10 father of CHRISTOPHER, JR. MR. BYNUM was a person found regularly in  
11 the home at the time the alleged abuse/neglect occurred for purposes of NRS  
12 432B.130.

13 ...

14 (b) MS. DEBERRY physically abused and/or improperly supervised  
15 CHRISTOPHER, JR. resulting in CHRISTOPHER, JR. sustaining a triangle  
16 shaped burn to his left cheek consistent with the shape of an iron.

17 (c) MR. BYNUM physically abused and/or improperly supervised  
18 CHRISTOPHER, JR. resulting in CHRISTOPHER, JR. sustaining a triangle  
19 shaped burn to his left cheek consistent with the shape of an iron.

20 (d) MS. DEBERRY neglected CHRISTOPHER, JR'S medical needs by failing  
21 to seek medical treatment for the burn sustained to his face.

22 (e) MS. DEBERRY'S drug use adversely affects her ability to provide for the  
23 care of the children.

24 (f) MR. BYNUM neglected CHRISTOPHER, JR'S medical needs by failing to  
25 seek medical treatment for the burn sustained to his face.

26 (g) MR. BYNUM and MS. DEBERRY engage in acts of domestic violence  
27 against each other. Their propensity to engage in acts of domestic violence  
28 adversely affects their ability to provide for the care of the children.

DEBERRY-J-10-319959-P1

(h) MS. DEBERRY and MR. BYNUM refused to allow the Department of  
Family Services access to CHRISTOPHER, JR. in order to access his safety.  
Additionally, while knowing there was an open investigation, MS. DEBERRY,  
and MR. BYNUM left Clark County, Nevada and fled to Louisiana.

(i) MR. BYNUM is a registered felon for: Felon in Possession of a Firearm;  
Assault with a Deadly Weapon; Possession of a Controlled Substance;  
Possession of Marijuana.

(j) MR. BYNUM'S drug use adversely affects his ability to provide for the care  
of the children."

26 **PREVIOUS COURT ORDER DEEMED EFFORTS BY THE DEPARTMENT**  
27 **TO ACHIEVE THE PERMANENCY PLAN:**

28 ☒ Were Reasonable Efforts

☐ Were Not Reasonable Efforts

For: AAMIYAH LAMB and  
CHRISTOPHER BYNUM, JR  
For:

**PERMANENCY GOAL AND PROJECTED DATE OF ACHIEVEMENT:**

<input type="checkbox"/> Reunification	With:
<input checked="" type="checkbox"/> Termination of Parental Rights and Adoption	By: Great maternal uncle and aunt
<input type="checkbox"/> Guardianship	By:
<input type="checkbox"/> Long Term Relative Placement	With:
<input type="checkbox"/> Other Planned Permanent Living Arrangement	With:
Projected Date of Achievement:	November 2015

**CONCURRENT PERMANENCY GOAL:**

<input type="checkbox"/> Reunification	With:
<input checked="" type="checkbox"/> Termination of Parental Rights and Adoption	By: Adoptive resource to be identified.
<input type="checkbox"/> Guardianship	By:
<input type="checkbox"/> Long Term Relative Placement	With:
<input type="checkbox"/> Other Planned Permanent Living Arrangement	With:

**RATIONALE FOR PERMANENCY PLAN:**

On April 29, 2013, Ms. DeBerry, Mr. Lamb and Mr. Bynum Sr.'s Parental Rights were Terminated. On November 13, 2014, the TPR as to Ms. Deberry was remanded on Appeal by the Nevada Supreme Court. Ms. Deberry filed a Motion with Family court to change the Permanency Goal to Reunification and institute visitation for Ms. Deberry with CHRISTOPHER and AAMIYAH. The Motion was heard in front of Judge Teuton, who continued the Motion for January 23, 2015; in order to receive the therapist's input, as to the effects the visits would have on the children's well-being, since it has been approximately three years since they have last seen Ms. Deberry. On January 23, 2015, Judge Teuton set new TPR trial as March 10, 2015, limiting the trial as to the Medical Findings of Parental Fault. Judge Teuton ordered visitation to start at the discretion of the children's therapist in respect to the best interest of the children's well-being. To date, visitation has not started between Ms. Deberry, CHRISTOPHER and AAMIYAH. On August 1, 2014, AAMIYAH and CHRISTOPHER were placed with their great maternal uncle and his wife in South Carolina of whom has been identified as an adoptive resource.

AAMIYAH and CHRISTOPHER have bonded with their new ICPC placement and have adjusted to their new schools. The caregivers have worked diligently towards the transition to insure its success. Although it was a slow start to gain the correct services for the children in South Carolina, the Department is coordinating efforts to monitor, ensure and engage in the best services for the children.

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1 The Department respectfully recommends that CHRISTOPHER and AAMIYAH  
2 remain in the custody of the Department of Family Service, continuing the ICPC  
3 placement in South Carolina. While the Department of Family Services follow  
4 through with the court's proceeding to address the concerns the Nevada  
5 Supreme court had with the with the original TPR hearing and to continue to  
6 complete the adoption process of CHRISTOPHER and AAMIYAH with the  
7 ICPC relative placement in South Carolina.

8 **PARENTS' PROGRESS:**

9 **Visitation:** Ms. Deberry, Mr. Lamb, and Mr. Bynum Sr.'s Parental Rights were  
10 Terminated as of May 14, 2013. The TPR, as to Ms. Deberry was remanded on  
11 Appeal by the Nevada Supreme Court on November 13, 2014. Ms. Deberry  
12 filed a Motion with Family court to change the Permanency Goal to  
13 Reunification and institute visitation for Ms. Deberry with CHRISTOPHER and  
14 AAMIYAH. The Motion was heard in front of Judge Teuton, who continued the  
15 Motion for January 23, 2015; in order to receive the therapist's input, as to the  
16 effects the visits would have on the children well-being, since it has been  
17 approximately three years since they have last seen Ms. Deberry. On January  
18 23, 2015, Judge Teuton set new TPR trial as March 10, 2015, limiting the trial  
19 to the Medical Findings of Parental Fault. Judge Teuton ordered visitation to  
20 start at the discretion of the children's therapist in respect to the best interest of  
21 the children's well-being. To date, visitation has not started between Ms.  
22 Deberry, CHRISTOPHER and AAMIYAH.

23 **Housing:** Ms. Deberry resides in a home that she occupies with her youngest  
24 son in South Carolina that is in close proximity of where the children are  
25 currently residing.

26 Mr. Lamb, and Mr. Bynum Sr.'s Parental Rights were Terminated as of May 14,  
27 2013.

28 **Employment:** Ms. Deberry reported to the Department that she is currently  
employed at Sonic Drive-In restaurant has been employed with this same  
employer for 10 years.

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1 **Counseling:** The Department was informed by Ms. Jane Fortune, a therapist in  
2 South Carolina that she has been seeing Ms. Deberry. Ms. Jane Fortune  
3 reported that Ms. Deberry, stopped seeing her, when she became aware that  
4 AAMIYAH and CHRISTOPHER were seeing her, as well. At that point on  
5 December 25, 2014, when the Department became aware of the conflict of  
6 interest, the Department excused Ms. Jane Fortune from providing therapy  
7 services with the children and found alternative service providers for AAMIYAH  
8 and CHRISTOPHER. Ms. Jane Fortune reported to the Department that she  
9 would then resume therapy with Ms. Deberry. Ms. Deberry reported to the  
10 Department that she had re-engaged in services with Ms. Jane Fortune, when  
11 AMMIYAH and CHRISTOPHER were placed in South Carolina, as she needed  
12 assistance with explaining why AMMIYAH and CHRISTOPHER were not living  
13 with her to her youngest son.

14 **Parenting:** It is unknown to the Department at this time, the protective  
15 capacities that Ms. Deberry possesses that would keep her children safe. At  
16 this time, CHRISTOPHER's injury remains unexplained.

17 **Other:** N/A

18 **CHILD(REN)'S CURRENT PLACEMENT:**

19 AAMIYAH LAMB and CHRITOPHER BYNUM are placed with a relative  
20 adoptive resource.

21 This placement is within close proximity to the parent(s) for AAMIYAH DE  
22 NASIA LAMB and CHRISTOPHER BYNUM (instruction) - If the placement is  
23 not in close proximity for one child and not the other retype the line and explain  
24 why the placement is not in close proximity delete this instruction.

25 This placement is the least restrictive for AAMIYAH DE NASIA LAMB and  
26 CHRISTOPHER BYNUM.

27 **CHILD(REN)'S WELL BEING:**

28 **Education** – AAMIYAH attends the Latta Middle School in the 5<sup>th</sup> grade.  
AAMIYA struggled with her grades in the beginning of her transition to her new  
school, but has since brought her grades up and is performing at a higher level.  
The Latta Middle School is a Montessori Magnet school that is her school of  
zoning. AAMIYAH has no behavior issues at school and currently has six  
classes. She has five "A"s one "B". AAMIYHA reports that she likes her school  
and has made many friends.

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1 CHRISTOPHER attends Latta Elementary School and is in Kindergarten. The  
2 Latta Middle School is a Montessori Magnet school that is his school of zoning.  
3 His teacher is Ms. Knowland and reports that although CHRISTOPHER is a  
4 smart child he is exhibiting behavior issues in the class. He has been disruptive  
5 in class and has experienced the disciplinary action of being expelled for the  
6 day, due to his behavior. His disruptive behavior has improved lately with the  
7 introduction of medication, but the medication is still being assessed for it's  
8 accuracy in meeting his special needs. CHRISTOPHER is performing at above  
9 standards academically, and his teacher is struggling to keep him on focused  
10 and on track.

11 **Placement** – AAMIYAH and CHRISTOPHER have been in their current ICPC  
12 placement since August 1, 2014. This ICPC relative placement is in South  
13 Carolina, where CHRISTOPHER and AAMIYAH are living with their maternal  
14 great aunt and uncle. The children are bonding well with the caregivers,  
15 although they have experienced some issues with adjusting to their new home  
16 that was exhibited in their behavior. The caregivers along with the service  
17 providers are working with CHRISTOPHER and AAMIYAH in regards to  
18 redirecting certain behaviors, for AAMIYAH it is manipulation and for  
19 CHRISTOPHER it is his hyperactivity and his ability to follow directions. The  
20 children are doing much better in the home. The South Carolina ICPC worker  
21 states there are no concerns at the present time with AAMIYAH and  
22 CHRISTOPHER's well-being, medical, socialization and development. Both  
23 children appear to have all their needs met with no current concerns. AAMIYAH  
24 and CHRISTOPHER, both have their own bedrooms in their new placement.  
25 They have an adult cousin that visits the home on school breaks. AAMIYAH  
26 and CHRISTOPHER visit with extended family members on occasions, which  
27 they enjoy getting to know and see. This ICPC relative placement is an  
28 adoptive resource for AAMIYAH and CHRISTOPHER.

1 **Emotional/Counseling** –AAMIYAH has completed a Trauma Focus -  
2 Cognitive Behavior Therapy workbook and had opened up to disclose  
3 information, as to the sexual abuse she has suffered in the past. Ms. Cosner  
4 reports that AAMIYAH had made tremendous progress through this workbook  
5 and has created some helpful coping skills. Providing AAMIYAH a therapist in  
6 her area in South Carolina became a challenge, due to the limited service  
7 providers in her area. The ICPC Worker referred the therapist Jane Fortune  
8 and AAMIYAH had her first session with her on October 6, 2014. AAMIAH  
9 participated in a few counseling sessions until December 25, 2014, when the  
10 Department became aware that Ms. Jane Fortune was also treating Ms.  
11 Deberry. The Department excused Ms. Jane Fortune's therapy services' with  
12 AAMIYAH, due to the conflict of interest with Ms. Jane Fortune and found  
13 alternative therapy services. AAMIYAH was taken to her pediatric medical  
14 provider Teresa Diets for assistance with her behavior and prescribed Concerta  
15 27 mg, of which she is currently taking. AAMIYAH is currently receiving therapy  
16 services through The Counseling Center of Florence with Laura Langley, MS,  
17 LPC. Laura Langley is working to establish trust with AAMIYAH and will provide  
18 the Department with a treatment plan.

1  
2 While in Nevada, CHRISTOPHER was receiving BST services two hours a  
3 week from his foster parents. The foster parents reported that CHRISTOPHER  
4 was progressing towards his goals, and encouraged the continuation of his  
5 rehabilitative service in his new placement in South Carolina. CHRISTOPHER  
6 was referred to Dr. Jamil Ali to address a possible ADD ADHD diagnosis, by  
7 Ms. Vaquilar, his Family Therapist in Nevada. Upon the completion of the  
8 appointment, Dr. Jamil Ali suggested that when CHRISTOPHER starts  
9 Kindergarten that he be given the Vanderbilt test to better conclude his  
10 diagnosis. He has since started Kindergarten at Latta Elementary School in  
11 South Carolina and the teacher has expressed her concerns, as to his possible  
12 diagnosis of ADD ADHD. CHRISTOPHER was referred to Carolina  
13 Neurobehavioral Associates for an assessment and was seen by Dr. Michael  
14 West. Dr. Michael West has diagnosed CHRISTOPHER with Attention Deficit  
15 Hyperactivity Disorder and Mood Disorder. Dr. Michael West has  
16 recommended the use of stimulant medication, along with the caregiver gaining  
17 knowledge in understanding CHRISTOPHER diagnosis and creating a  
18 Behavior Management Plan to assist CHRISTOPHER in gaining improved self-  
19 regulation. CHRISTOPHER was seen and treated by a nurse practitioner at  
20 Dillon Family Medicine for ADD ADHD and prescribed medication. Clonidine  
21 0.1mg BID Zoloft 25mg qHS Concerta 27mg qAM Due to concerns that the  
22 Department's Nurse Case Management Team had regarding the amount of  
23 medication CHRISTOPHER has been prescribed, CHRISTOPHER has since  
24 been referred to Genesis Counseling Group for psychiatric services and  
25 medication management. He is currently awaiting an appointment.

26  
27 **Medical/Dental** – AAMIYAH's immunizations are current. The relative ICPC  
28 placement reports that she was last taken to a Dillon Family Medicine for a  
Well-Check up on August 12, 2014 and have obtain a Teresa Dietz as her  
regular pediatrician for her medical care. The caregivers are in process of  
getting AAMIYAH seen by a Dentist in Dillon and will report to the Department,  
as soon as she has been seen. AAMIYAH's dental hygiene is good, and there  
are no concerns at this time.

CHRISTOPHER's immunizations are up to date and there are no major medical  
concerns to report at this time. CHRISTOPHER has been taken to Dillon Family  
Medicine for a Well-Check up on August 12, 2014 and have obtain Teresa  
Dietz as his regular nurse practitioner that he sees for all is medical concerns.  
The caregivers are in process of obtaining a Dentist for CHRISTOPHER to see  
and will report to the Department, as soon as he has been seen.  
CHRISTOPHER's dental hygiene is good, and there are no concerns at this  
time.

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1 **Safety** – This Specialist contacts the Department of Family Services in South  
2 Carolina for updates on routine child contact visits every 30 days and makes  
3 phone contact with AAMIYAH and CHRISTOPHER to ask them if they are safe.  
4 This worker, also contacts the caregiver and service providers to monitor  
5 needs. If needed, referrals will be submitted on behalf of AAMIYAH and  
6 CHRISTOPHER to address any concerns or needs. The safety concerns are  
7 with natural mother's parental protective capacities in keeping AAMIYAH and  
8 CHRISTOPHER safe, due to the unexplained injury to CHRISTOPHER.

9 **Psychiatric Services –**

10 Are the child listed in report currently on any psychotropic medication?

11 Yes. Please list the Medications:

12 CHRISTOPHER BYNUM

13 Concerta 27mg QAM

14 Clonidine 0.1mg QHS.

15 Zoloft 25mg QPM.

16 AAMIYAH LAMB

17 Concerta 27 mg QAM

18 Has a Court appointed a person to be legally responsible for the children's  
19 psychiatric services?

20 Yes, the Nurse Case Management Unit

21 When was the children's last appointment? February 5, 2015

22 When will the children have an appointment? To be arranged.

23 **SIBLING CONTACT:**

24 ☒ Placed Together

25 ☐ Not Placed Together –

26 **REASONABLE EFFORTS TO ACHIEVE THE PERMANENCY PLAN:**

27 **On behalf of the parents:**

28 TPR was granted on May 14, 2013 as to Ms. Deberry; Mr. Lamb; and Mr.  
Bynum Sr.

The Department talked to Ms. Deberry on the phone.

**On behalf of the child(ren):**

1. The Department escorted the children to South Carolina for the ICPC placement.
2. The Department maintained communication with the caregivers every 30 days.
3. The Department maintained communication with the ICPC worker every 30 days.
4. The Department maintained communication with the service providers.
5. The Department maintained contact with medical providers and overseen the medication reviews.
6. The Department coordinated and mailed the CASA Christmas gifts to South Carolina.
7. The Department coordinated and shipped all the children's belongings that could not be taken on their flight.
8. The Department maintained phone contact with the children.
9. The Department maintained communication with the Latta School District in South Carolina.
10. The Department coordinated the communication between the school district and previous service providers.
11. The Department researched and obtained new mental health services provider.
12. The Department researched the psychiatric service provider for medication management.
13. The Department maintained contact with CAP attorney.

**GOALS FOR THE NEXT REVIEW PERIOD:**

1. To establish permanency for CHRISTOPHER and AAMIYAH, in completing the adoption process with relative ICPC placement.

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1 **SUMMARY AND RECOMMENDATIONS:**

2 Before the Court is subject minor AAMIYAH LAMB and CHRISTOPHER  
3 BYNUM JR. The initial date of removal was May 21, 2010. On May 14, 2013,  
4 Ms. Deberry, Mr. Lamb and Mr. Bynum Sr.'s Parental Rights were Terminated.  
5 The TPR, as to Ms. Deberry was remanded on Appeal by the Nevada Supreme  
6 Court on November 13, 2014. Ms. Deberry filed a Motion with Family court to  
7 change the Permanency Goal to Reunification and institute visitation for Ms.  
8 Deberry with CHRISTOPHER and AAMIYAH. The Motion was heard in front of  
9 Hearing Master Teuton, who continued the Motion for January 23, 2015; in  
10 order to get the therapist's input, as to the effects the visits would have on the  
11 children well-being, since it has been approximately three years since they  
12 have last seen Ms. Deberry. On January 23, 2015, Judge Teuton set new TPR  
13 trial as March 10, 2015, limiting the trial to the issue over the Medical Findings.  
14 Judge Teuton ordered visitation to start at the discretion of the children's  
15 therapist in respect to the best interest of the children's well-being. To date,  
16 visitation has not started between Ms. Deberry, CHRISTOPHER and  
17 AAMIYAH.

18 On August 1, 2014, the children were placed with a relative ICPC adoptive  
19 resource in South Carolina. Upon arriving in their new placement the children  
20 and the caregivers enjoyed getting to know each other and getting comfortable.  
21 In the next couple of months, behavior issues with the children arose in the  
22 home. Therapy services for the children in their new community is limited and  
23 was slow to start. Therapy started with Ms. Jane Fortune on October 6, 2014,  
24 and was discontinued on December 24, 2014 after two sessions, due to the  
25 Department discovering that Ms. Jane Fortune was also the therapist treating  
26 Ms. Deberry. The Department secured therapy services with the Counseling  
27 Center of Florence with Laura Langley, MS, LPC. that started on January 21,  
28 2015, and to date they have had two sessions with Laura Langley. The  
caregivers report that therapy with Laura Langley is to increase to weekly  
session the first week of March. The behavior issues continued for  
CHRISTOPHER in school that have been disruptive to the class and lead to  
CHRISTOPHER being expelled for a day. The caregiver had taken  
CHRISTOPHER to their pediatrician to get assistance with addressing and  
diagnosing his behavior. The pediatrician diagnosed CHRISTOPHER with ADD  
ADHD and prescribed him medication, through trial and observation the  
medication has changed a few times in finding the correct prescription and  
dosage. The Department's Nurse Case Management Team has expressed  
concerns, as to the amount and type of medication that has been prescribed for  
CHRISTOPHER and has requested that CHRISTOPHER be seen by a child  
phycologist for medication management. The caregiver reports that they were  
seeing an improvement in the home and school with CHRISTOPHER taking his  
medication, but have recently seen his behavior reverting backwards and are  
finding it hard to manage in the home and at school. The caregivers are not  
sure why his behavior is reverting backwards, but will discuss their concerns  
with his therapist and in the upcoming new child physiologist in order to get  
assistance.

1 AAMIYAH and CHRISTOPHER have transitioned to new schools at their new  
2 ICPC placement. Both the Latta Middle School and the Latta Elementary  
3 School are Montessori Magnet schools, that are their schools of zoning.  
4 AAMIYAH has no behavior issues at school and currently has six classes.  
5 AAMIYA had experienced an adjustment issue to the new school with her  
6 grades, but has since overcome the adjustment issue and has raised her  
7 grades to five "A"s one "B". AAMIYA reports to the Department that she likes  
8 her school and has made many friends. CHRISTOPHER is in Kindergarten in  
9 Ms. Knowland class, who is concerned with his behavior in her class. At times,  
10 he has been disruptive and disrespectful, which has lead to him being sent to  
11 the Principal's office and being asked to leave for the day. The caregiver has  
12 been working closely with Ms. Knowland to find ways to manage his behavior in  
13 the classroom that would avoid discipline measures from the school. The  
14 caregiver reports that CHRISTOPHER is very smart and does not have an  
15 issue with performing at the top academic level in the class work.

16 The Department respectfully recommends that CHRISTOPHER and AAMIYAH  
17 remain in the custody of the Department of Family Service, continuing the ICPC  
18 placement in South Carolina and to continue to complete the adoption process  
19 of CHRISTOPHER and AAMIYAH with the ICPC relative placement in South  
20 Carolina.

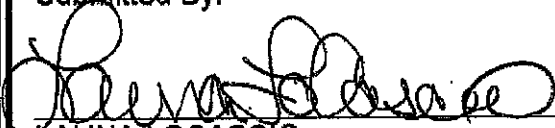
21 **CHILD SUPPORT:**

22 N/A

23 **WHEREFORE, DEPARTMENT OF FAMILY SERVICES RESPECTFULLY**  
24 **RECOMMENDS:**

- 25 (1) That AAMIYAH DE NASIA LAMB and CHIROPHER BYNUM  
26 remain under the jurisdiction of the Family Court and in the legal  
27 custody of the Clark County Department of Family Services;  
28 (2) That the efforts made by the Department of Family Services are  
found to be reasonable efforts as outlined in this report;  
(3) That this matter be brought back for Formal Review in six months.  
(4) That the Permanency Goal remain Termination of Parental Rights.

Submitted By:

  
24 LAUNA LOCASCIO  
25 CASE MANAGER  
26 CLARK COUNTY  
27 DEPARTMENT OF FAMILY SERVICES

 for Michelle Maese  
MICHELLE MAESE  
SUPERVISOR

DATE: 2-25-2015  
COURT CASE NO.: J-10-319959-P1

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Hay servicios gratis de ayuda con otros idiomas. Para pedir un intérprete, llame por favor al Coordinador  
de Servicios de Intérpretes al 671-4578

*Free language assistance services are available. To request an interpreter, please call the Language  
Assistance Coordinator at 671-4578.*

# ATTACHMENT A



**CLARK COUNTY  
DEPARTMENT OF FAMILY SERVICES**

121 South Martin Luther King Blvd  
Las Vegas, Nevada 89106  
(702) 435-3444

**Adoption Attachment**

Date Created: February 28, 2014

Unity Case Number: 1362112

Child's Name: AAMIYAH LAMB

Child's Name: CHRISTOPHER BYNUM

Date case was referred for Termination of Parental Rights

Date Termination of Parental Rights petition was filed

Date social summary was completed

(75 days from referral to Termination of Parental Rights)

Date Termination of Parental Rights was granted

Date case was referred to Adoptions Unit

(21 days from granting of Termination of Parental Rights)

Date home study was completed

(80 days from referral to the Adoptions Unit)

Date of receipt of completed subsidy packet

Date subsidy agreement was finalized

(45 days from receipt of completed subsidy packet)

Deadline (Date)	Completed (Date)
	May 16, 2011
	May 24, 2011
	May 14, 2013

**Challenges to Timely Completion:** The ICPC process was delayed in the beginning due to the ICPC not being able to open the attachment, and then ICPC South Carolina sent the referral to the wrong County. To date, ICPC is in process with the expected approval date of April 1, 2014.

LAUNA LOCASCIO  
Case Manager

2/27/15

Date

# ATTACHMENT B

Christopher Bynum

Carolina Neurobehavioral Associates, LLC  
1505-A Heritage Lane  
Florence, SC 29501  
(843) 413-0363

Client: Christopher Bynum  
Sex: Male  
Date of Birth: 03-28-09  
Date of Assessment: 12-03-14  
Chronological Age: 5 years, 8 months  
School: Latta Elementary  
Grade: 5-K  
Foster Mother: Tasha DeBerry  
340 West Canal Road  
Sellers, South Carolina 29592  
(843) 617-4958  
Examiner: J. Michael West, Ph.D.

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**Note:**

This information and report is private, confidential and protected by South Carolina Law 19-11-95. All professional colleagues are required to maintain confidentiality and the release of this report must be in accordance with the terms of this law.

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**Reason for Referral:**

Dr. Timothy Fitzgibbon at Dillon Family Medicine referred Christopher for a Neurodevelopmental Cognitive Assessment.

**Background Information:**

Background information is supplied by an interview with Christopher's foster mother who is the great aunt taking care of Christopher at the current time. Christopher originates from Nevada and has been living in South Carolina since August 1 with his great uncle and aunt. This referral comes in reference to continued difficulties that Christopher has despite taking medication. He is prescribed Concerta at 27 mg. for treatment of attention deficits and takes Clonidine at .1 mg. to promote sleep. He has been previously diagnosed as having Attention Deficit Hyperactivity Disorder and possible Bipolar Disorder. While taking the Concerta, Christopher has less outbursts, but behavior problems begin around 10 a.m. He has now been suspended from

school for one week. His aunt reports that he has difficulty falling asleep and the Clonidine appears to be effective for helping to promote bedtime. Christopher denies any nightmares, but still has sporadic nighttime enuresis. His mood is generally acceptable in the mornings, but his appetite varies and he can be selective about what foods he eats. The aunt reports that Christopher has tantrums each time he is not given a desired object or activity. He will appear to gaze, tantrum, and then easily forgets what has happened. During a tantrum it is difficult to converse with Christopher and the tantrums are occurring both at home and in the classroom. The tantrums will last from fifteen to thirty minutes. Christopher appears to have no difficulty making short-term friendships but can appear selfish and demanding. These difficulties often disrupt his relationships. Christopher seldom takes responsibility for his actions and always blames others. The aunt reports that she and her family must walk on "eggshells" to prevent the outbursts which disrupt family dynamics. Christopher has been accompanied by an older sister who may escalate his behavior problems somewhat.

In the reported history, father has a history of aggression and has always acted strangely to the aunt and uncle. The mother appears more normal but can be dramatic. Christopher was taken from his mother at one year of age and lived in several foster placements prior to being moved to South Carolina. His behavior has always been a problem despite having good intellectual capacity. No known complications are reported during the pregnancy. At one year of age, Christopher was burned on the face and the aunt is unsure of why this has happened. At school Christopher recently underwent a psycho-educational evaluation. The evaluation began in April and he was again tested in October. Christopher's ability level appears to be in the superior range on the Bracken School Readiness Assessment but functional capacity had dropped to the average range for math and oral language using the KTHA-2. His letter recognition appeared to be the above average range. His latest intellectual assessment revealed that his verbal skills were in the average range with a score of 99 and nonverbal skills were in the above average range with a score of 112. He showed average function in spatial tasks with a score of 94 with a general conceptual score of 102. This score indicated average intelligence in comparison to peers with nonverbal abilities at 103.

#### **Test Observation:**

In the interview and testing, Christopher gives good eye contact and does not show any symptoms of an Autism - Spectrum Disorder. He is initially very resistant to discussion but will ask questions. It is clear that he must be the center of attention during discussion and appears to push boundaries with difficulty in comprehending how behaviors and consequences are related. Christopher complied with all of today's expectations without becoming resistant but had an air of grandiosity in the way that he presents.



**Test Procedures:**

Interview with Foster Mother, (Relative)  
Review of Current Medical Information  
Review of Recent Psycho-educational Evaluation  
Behavior Assessment System for Children - II  
Nepsy-II: A Developmental Neuropsychological Assessment

**Test Results:**

See Attachment A for specific test scores.

**Sensorimotor Skills:**

Christopher is right-handed. Based on today's evaluation, graphomotor function appears to be within the average range. He is not described as having difficulty in formation of letters and can replicate designs appropriately. No services appear warranted.

**Intellectual Functioning:**

Christopher was not given any tasks to further assess intellectual capacity. The recency of his psycho-educational evaluation had indicated average to above average scores which had also been obtained in other previous testing.

**Attention Function:**

Neuropsychological evaluation of attention skills indicates a mild deficit in ability to regulate motor activity. Christopher is described as having difficulty with speed of information processing where he required repetition of oral instruction and does not comprehend or assimilate information effectively. Improvement has been reported with the use of Concerta and the stimulant may need to be extended into the afternoon. The foster mother reports that Christopher's behavior problems began at approximately 10 a.m. and suggests that the stimulant may be helping to improve attention but resulting in increased likelihood of emotional instability. This tendency often accompanies a child where mood instability is also present in the clinical profile. Extending the stimulant into the afternoon may be helpful, but any continued aggression, emotional instability, and problems meeting expectations will require mood stabilization in combination with treating the attention delays. Treatment of the attention delays in combination with mood stabilization may aid Christopher to maximize his potentials.

**Language Function:**

Neuropsychological evaluation of language skills indicates scores well within the average range for phonological processing skills, verbal comprehension, and word production rate. No specific

delays are found that would indicate problems requiring speech interventions. Christopher should have the capability for listening without experiencing stress and today's scores were obtained when Christopher had not taken the stimulant medication revealing good communication skills are present despite interventions.

#### **Academic Achievement:**

The recent psycho-educational evaluation has determined that Christopher is meeting the expectations for a child of his age and performs well within the average range across activities. His severe behavior problems at school may require intervention and a Behavior Management Plan. The aunt can discuss today's findings with the school and his diagnosis suggests that he may best be classified as "emotionally-disabled". This may allow teachers to understand that Christopher reaches a threshold and will begin to act-out and can even become aggressive if frustration or stressors continue. Teacher monitoring of any response to interventions will be an important factor to determine the benefit or the need for additional support. The foster mother can deliver a copy of today's evaluation to the school and request that the school take today's information as an indicator for the need for the additional support based on his typical responses in the classroom.

#### **Emotional Regulation:**

The custodial aunt completed the Behavior Assessment System for Children - II. She describes Christopher as being clinically significant for problems with emotional instability, hyperactivity, aggression, depression, and atypical responses. Milder difficulties are noted with attention skills. This clinical profile is unusual for a child where Attention Deficit Hyperactivity Disorder is the sole concern and most often accompanies a child with a degree of mood instability. Christopher has been receiving stimulant medication which appears to be ineffective. Christopher's hyperactivity increases starting around 10 a.m. and can result in tantrums at school and some increase in emotional instability has been noted in the afternoon. In previous reports, Christopher may have been diagnosed as having Attention Deficit Hyperactivity Disorder and Bipolar Disorder prior to transitioning to South Carolina. The current history suggests that these diagnoses are appropriate where interventions to stabilize mood have not yet been tried since coming to South Carolina. Christopher's behavior problems will most likely continue to escalate as he approaches puberty and early intervention will provide improved prognosis for the future. It will be important that Christopher be assessed for a mood stabilizer in addition to treating his attention delays. The necessity of having Christopher stabilize may secure his current placement or alternative placement may be required if his disruptions continue to negate family harmony. The custodial aunt is encouraged to provide Christopher with a Behavior Management Plan in addition to medical interventions. This plan will help to illustrate his ability to self-regulate behavior and may indicate the degree that his older sister is having in escalating problems. Similar behavior plans can be used with the sister to help sort-out what behaviors trigger his outbursts so that appropriate supports can be put into place. Christopher reports

satisfaction in his current placement and his difficulties are most likely inherited due to the family history reported. Christopher has had multiple placements in the past which would tend to escalate the difficulties and may have prevented past stabilization. Christopher should be encouraged to verbalize frustration and the behavior plan can identify specific problems as goals for Christopher to reach for in the future. Consistent rewards and consequences may help his response patterns. Any continued difficulties reported should be discussed with the physician to help determine the level of support that Christian will require to maximize potentials.

### Conclusion:

Based on test performance, observation, and history, Christopher Bynum will be diagnosed as showing evidence of Attention Deficit Hyperactivity Disorder and Mood Disorder, NOS. These diagnoses were reported to have been given in the past and his current behavior pattern suggests that they are equally important to consider at the present time. Christopher has been given stimulant medication which appears to be less effective than expected and result in increased emotional instability despite some improvement with attention. Christopher is an intelligent child and may camouflage his difficulties for short periods. The degree of difficulty reported at home is mirrored in his problems at school and all indicate the likelihood that medical intervention will also need to consider mood stabilization in combination with treating his attention delays. Christopher has had an unstable home life since one year of age but reports no current difficulties in accepting his relatives as his custodial parents. Christopher has not undergone any dramatic changes in placement from his biological parents that would explain his level of difficulty. The family history is suggestive of psychiatric problems in both parents that would tend to increase Christopher's likelihood of having similar delays. Christopher has received counseling in the past but the counseling has not been effective suggesting that medical interventions will need to change. Today's information can be discussed with Dr. Fitzgibbon along with a psychiatrist at Tri-County Mental Health Center. The foster mother is encouraged to utilize behavior management techniques to help shape Christopher's response patterns and improve his self-regulation. He can be encouraged to verbalize frustrations prior to acting-out but will need insight into what appears to be an inherited condition. It will be important that Christopher take responsibility for actions and a behavior plan can help with this process. Similar behavior management techniques should be also considered with the older sister to help prevent her drama from escalating problems with Christopher. It will be important that interventions be assessed quickly to prevent a disruption based on the severity of problems occurring in the home. The foster mother can discuss today's findings with the school and request that teachers monitor any changes in performance to help determine the benefit or the need for additional support. Christopher may require additional classification if problems continue. No difficulties in communication skills, graphomotor function, or cognitive capabilities would indicate a source of stress to explain his current delays. As a resource, Christopher's intelligence level will allow him greater opportunity to gain control over his behaviors once mood stabilizes to help prevent a future disruption. The custodial aunt is given information concerning Christopher's condition and further research on the Internet or multiple

books written about children who have symptoms of "Bipolar Disorder" will be helpful to understand his condition and determine what behavior interventions are most successful at home. Based on today's evaluation, the following recommendations are made:

1. A copy of today's evaluation will be given to Dillon Family Medicine. Christopher has been treated for attention deficits but his previous history and current history all indicate a likelihood that a Mood Disorder is present within the clinical profile. Christopher's high intelligence level may allow him to camouflage these difficulties for short periods but changes in medical intervention appear warranted to help preserve his current placement. Mood stabilization may be an effective choice in addition to continuing to treat his attention delays. Medical interventions can be provided through Dillon Family Medicine or Tri-County Mental Health Center as deemed appropriate.
2. A copy of today's evaluation can be provided to Christopher's counselor to illustrate concerns. It will be important that Christopher gain insight into his condition and learn alternative coping skills to use in times of stress rather than acting-out. Christopher has not had the opportunity to attach for a significant time to any family that would explain stressors that have occurred since a change in placement in August. The changes in placement will most likely have had a negative impact on his ability to stabilize and may explain why his tantrums have become so severe and presenting so early in development. Identifying triggers in the environment that release his emotional outbursts will be helpful to the family and can also help preserve his current placement.
3. A copy of today's evaluation should be given to the school with a request that teachers monitor any changes that may occur with interventions. This can help identify what level of support that he will require to stabilize and maximize potentials for the future. Christopher may best be classified as "emotionally-disabled" based on his current diagnoses. Accommodations and a Behavior Management Plan can be useful to prevent further outbursts resulting in similar suspensions that have already occurred.
4. The custodial parent will need to consider a Behavior Management Plan at home to assist Christopher in gaining improved self-regulation. This plan can identify goals and provide him with consistent rewards and consequences to help shape responses. Further information concerning "Childhood Bipolar Disorder" can be researched on the Internet or through multiple books written on this topic. A book entitled *The Bipolar Child* by Drs. Papalos is a good reference for understanding his condition and techniques that can improve functional capacity at home.

Page 7

Christopher Bynum

**Diagnostic Impression:**

**Axis I:** 314.01 Attention Deficit Hyperactivity Disorder  
296.90 Mood Disorder, NOS

**Axis II:** Deferred

**Axis III:** Deferred

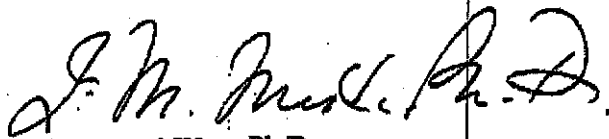
**Axis IV:** Multiple transitions throughout development, A sister who may agitate Christopher at times

**Axis V:** GAF = 55

**Ph.D. Time:**

I spent a total of 90 minutes, of which greater than 50% of time was spent in face-to-face counseling and coordination of care.

If I can be of any additional assistance, please contact me at (843) 413-0303.



J. Michael West, Ph.D.,  
Licensed Clinical Psychologist  
Clinical Instructor - MUSC

## Attachment A

### Summary of Scores

Name of Child: Christopher Brynn

Date of Evaluation: 12/03/14

### Behavior Assessment System for Children - II:

Clinically Significant Areas: Externalization, Hyperactivity, Aggression, Depression, Atypicality

At Risk Areas: Attention

Areas in Average Range: All Others

### Nepsy - II: A Developmental Neuropsychological Assessment:

The NEPSY - II is an assessment tool, which helps to assess a child's attention, language, sensorimotor, visuospatial, and memory functions. Scores range from 1 to 20 with an average score being ten. An average score falls scores of 7 and 13. Any score falling below this range is representative of a deficit.

Subtests	Scaled Scores	Percentile
Design Copying		26 - 75
Statue	6	9
Phonological Processing	12	75
Comprehension of Instructions	11	63
Word Generation - Semantic	11	63



J. Michael West, Ph.D.

Licensed Clinical Psychologist

Clinical Instructor - Dept. of Pediatrics

MUSC

# ATTACHMENT C.

# The Counseling Center of Florence, LLC

616 S. Coit Street  
Florence, SC 29501  
843-673-0054 (phone)  
843-667-1549 (fax)

January 22, 2015

To Whom It May Concern,

Christopher Bynum was originally scheduled for initial counseling appointment on January 21, 2015. Due to Christopher having an emergency, Aamiyah Lamb was seen for an initial counseling appointment on January 21, 2015. Aamiyah's Godfather/uncle Darrell DeBerry attended the appointment with her. Aamiyah was shy in the session but did cooperate and provide feedback when asked directly. Mr. DeBerry provided most of the biopsychosocial information. Towards the end of the 45 minute session, Christopher Bynum and aunt Tasha DeBerry arrived. Mrs. DeBerry provided biopsychosocial information as well. I very briefly met with Aamiyah and Christopher individually.

Aamiyah reported that she does not want to be around stepfather, Christopher Bynum, because he touched her private parts but does want to be around her mother. Aamiyah reported that she is not afraid of her mother and described her mother as "nice".

Christopher reported that he wants to see and talk to his father everyday. He denied being afraid of his father. He reported that his dad "helps [him] be good, eat, and go to bed". Christopher denied being afraid of his mother and reported that he wants to see her too because "she helps [him] too". Christopher denied his parents ever hurting him.

After speaking with Mr. and Mrs. DeBerry, I was informed that Aamiyah calls them uncle and auntie. They reported that Christopher calls them mom and dad.

In conclusion, both children reported not being afraid of their mother and wanting to see their mother. However, I do not feel that rapport was quickly established so information from them may not be truthful. Also, I am uncertain of whether Christopher was referring to his biological parents or his aunt and uncle when answering questions about his "parents". I recommend that the children continue therapy to build rapport and develop trust to answer honestly. Goals for therapy will be determined based on further information received from Aamiyah, Christopher, and Mr. and Mrs. DeBerry.

*Please be advised that this letter has been prepared at the request of Michelle Maese, Family Services Supervisor with the Department of Family Services in Nevada. Signed consent is on file. Limits of confidentiality have been reviewed with the parent.*

Sincerely,

Laura Langley, MS, LPC  
Licensed Professional Counselor



# ATTACHMENT D.

Brian Sandoval  
Governor

STATE OF NEVADA  
DEPARTMENT OF HEALTH & HUMAN SERVICES  
DIVISION OF CHILD AND FAMILY SERVICES  
4126 Technology Way, 3rd Floor  
Carson City, Nevada 89706  
ICPC Phone: (775) 884-4418 ICPC Fax: (775) 684-4456  
nvicpc@dohs.nv.gov

Amber Howell  
Administrator

INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN (ICPC)

To:  
CCDFS - LAUNA LOCASCIO

Date: 02-03-2015

From: PAMELA GENTRY, NV ICPC  
DEPUTY COMPACT ADMINISTRATOR

CASE IDENTIFICATION

Case Name(s)	Date Of Birth	Placement Resource Name:
AAMIYAH LAMB	01-04-2004	DEBERRY / DEBERRY, TASHA & DARREL (O-ICPC) 340 W CANAL ROAD SELLERS, SC 29692
Type of Placement <input type="checkbox"/> Adoption: <input type="checkbox"/> Public Agency <input type="checkbox"/> Parent <input type="checkbox"/> Relative <input type="checkbox"/> Private Agency <input checked="" type="checkbox"/> Foster <input type="checkbox"/> Residential <input type="checkbox"/> Specific/Private		

ICPC PLACEMENT INFORMATION / ACTION REQUIRED

REQUESTED	ATTACHED	
<input type="checkbox"/>	<input type="checkbox"/>	Child Summary, Family History (Social, Physical, Medical, Education)
<input type="checkbox"/>	<input type="checkbox"/>	ICPC-100A <input type="checkbox"/> For Action <input type="checkbox"/> Approval <input type="checkbox"/> Approval NOT Granted <input type="checkbox"/> Verbal Approval
<input type="checkbox"/>	<input type="checkbox"/>	ICPC-100B <input type="checkbox"/> Confirms Placement Date <input type="checkbox"/> Placement Request Cancelled <input type="checkbox"/> Closing
<input type="checkbox"/>	<input type="checkbox"/>	Completed Home Evaluation And Recommendation
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Progress Report Dated: 01-20-2015
<input type="checkbox"/>	<input type="checkbox"/>	Court Order/Documents (Relinquishment, Consent to Adopt, Termination Order, Adoption Decree, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	Foster Care License/Certification (Expires: )
<input type="checkbox"/>	<input type="checkbox"/>	Financial Medical Plan
<input type="checkbox"/>	<input type="checkbox"/>	Self-Explanatory Correspondence
<input type="checkbox"/>	<input type="checkbox"/>	Other:

ADDITIONAL COMMENTS / INSTRUCTIONS

<input type="checkbox"/>	REGULATION 7 HOME STUDY
<input type="checkbox"/>	ICPC-100A will be held in this office pending your report/recommendation
<input type="checkbox"/>	Please provide/continue monthly supervision and progress reports <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly
<input type="checkbox"/>	Retain jurisdiction until the Interstate Office concurs with termination
<input type="checkbox"/>	ICPC approves termination of jurisdiction
<input type="checkbox"/>	We are closing our case

REMINDER: IF YOU OPEN A CASE YOU MUST CLOSE IT

COMMENTS/RESPONSE: THANK YOU!

CC: SOUTH CAROLINA ICPC



Interstate Compact On The Placement Of Children - Progress Report  
S.C. Department of Social Services

Date Progress Report Received: 01/20/2015		Date Progress Report Completed: 01/20/2015	
SC 100A ID #: 5946		100B ID #: 3085	
To (Sending State): NV		From (Receiving State): SC	
Progress Report ID #: 2603			
<b>Provider</b>			
Provider ID:	1028145		
Provider Name:	DEBERRY, DARRELL L.		
Address:	340 W. CANAL ROAD		
City:	Sellers		
State:	90	Zip: 29592	
Phone Number:	(843) 752-7668		
<b>Child</b>			
Person ID	Child's Name	Date of Birth	
1779878	AAMIYAH D. LAMB	01/04/2004	
Associate Stirling			
Date of Placement: 08/01/2014		Progress Report Due Date: 10/30/2014	
Progress Report Period: Start: 08/01/2014		To: End: 10/30/2014	
<b>Contacts</b>			
Child's Name	Contact Date	Contact Type	Narrative
			<p>Aamiyah Lamb Christopher Bynum October 27, 2014 at 4:00 pm Case Manager (CM) conducted a face to face visit with Aamiyah Lamb and Christopher Bynum in Latta, SC at their placement with Darrell and Tasha Deberry for the purpose of assessing their well-being, medical and social status and needs. The children are placed through an ICPC agreement with Nevada. The home is well-maintained and there is sufficient room for the children. There does not appear to be any safety or environmental hazards. Each child has a bed of their own with space to accommodate their belongings. There is sufficient food in the home. The children have been at the placement since August 1, 2014 and appear to be adjusting well. The children call their uncle Darrell "daddy" and call their aunt Tasha "Aunt T." There have been concerns about Aamiyah's past sexual abuse and Christopher's hyperactivity (ADHD). CM has assisted the family in seeking resources for medical and mental well-being. Well-being and Medical: Both children were neat, clean and appropriately dressed for the weather, and they did not have any suspicious marks or bruises. CM observed Aamiyah and Christopher to be happy and in good spirits. Aamiyah was in her room completing homework and Christopher was in the living room watching cartoons with his uncle. CM observed both children interacting positively with each other and other family members. The children have been receiving counseling services with Jane Fortune. The last appointment for Aamiyah was 10/8/14 and for Christopher it was 10/20/14. Mrs. Deberry informed CM the next appointment may be a home visit, but they are waiting on confirmation of date and time from Mrs. Fortune. Mrs. Deberry stated she attended an IEP meeting for Christopher today and the school has completed a psycho-educational evaluation on him and his diagnosis is ADHD. Christopher last went to see Teresa Dietz on 10/8/14 and his medication was increased from 18 mg to 27 mg, since it did not appear to be helping with his hyperactivity, focusing, and impulse control at school and home. The next scheduled</p>

AAMIYAH D.  
LAMB

2014-10-27

Home/Facility  
Visit

appointment is 11/6/14. Mrs. Deberry stated Ms. Dietz made a referral for Christopher and Aamiyah to have a neurobehavioral evaluation with Dr. Michael West in Florence, SC. However, the appointment is not until June 2015. The family asked if CM could contact the office to see if a sooner appointment could be obtained. CM informed the Deberry's that DSS no longer makes referrals for evaluations, but rather a child's primary care physician. The children are on a cancellation list if an appointment becomes available sooner than June 2015. Mrs. Deberry stated at the IEP meeting the school is going to refer Christopher to the school based counselor, Jenness Jones, for support services at school. There are no other issues presenting at this time and all well-being and medical needs are being met. Social, Developmental, and Educational: Aamiyah is 10 years old and Christopher is 5 years old and both are meeting all developmental milestones and their socialization appears to be age appropriate. The Deberry's are working with Christopher and Aamiyah in regards to redirecting certain behaviors (hyperactivity, sexualized behaviors). The children are doing somewhat better at home, but Mrs. Deberry reports that Aamiyah has started taking food and hiding it. Mr. Deberry stated Aamiyah acts like she can never get enough to eat. CM advised the family these behaviors may have something to do with past trauma; and to mention this to the counselor at the next appointment. There are no other concerns at this time with socialization or developmental skills. Aamiyah is in the 6th grade at Latta Middle School and Christopher is in 5K at Latta Elementary School. Both children have stated they enjoy school. The school is working with the family to address Christopher's behavioral issues. CM spoke with the family about their interest in adopting the children later. Mr. Deberry seems more open to this option than Mrs. Deberry. Mrs. Deberry stated sometimes Christopher's hyperactivity can get the best of her, so she is trying to deal with it the best she can. Mr. Deberry stated God will see them through this and the children will be alright. Foster Parent Needs: Foster parents report there are no needs at the present time which are not already being dealt with through services. No concerns at the present time with Aamiyah and Christopher's well-being, medical, socialization and development. No need for referrals at this time. Both children appear to have all needs met with no current concerns. Plan is to continue with the ICPC supervision case as needed and directed.

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AAMIYAH D.  
LAMB      2014-10-27    Field Visit

cartoons with his uncle. CM observed both children interacting positively with each other and other family members. The children have been receiving counseling services with Jane Fortune. The last appointment for Aamiyah was 10/8/14 and for Christopher it was 10/20/14. Mrs. Deberry informed CM the next appointment may be a home visit, but they are waiting on confirmation of date and time from Mrs. Fortune. Mrs. Deberry stated she attended an IEP meeting for Christopher today and the school has completed a psycho-educational evaluation on him and his diagnosis is ADHD. Christopher last went to see Teresa Dietz on 10/6/14 and his medication was increased from 18 mg to 27 mg, since it did not appear to be helping with his hyperactivity, focusing, and impulse control at school and home. The next scheduled appointment is 11/6/14. Mrs. Deberry stated Ms. Dietz made a referral for Christopher and Aamiyah to have a neurobehavioral evaluation with Dr. Michael West in Florence, SC. However, the appointment is not until June 2015. The family asked if CM could contact the office to see if a sooner appointment could be obtained. CM informed the Deberry's that DSS no longer makes referrals for evaluations, but rather a child's primary care physician. The children are on a cancellation list if an appointment becomes available sooner than June 2015. Mrs. Deberry stated at the IEP meeting the school is going to refer Christopher to the school based counselor, Jenness Jones, for support services at school. There are no other issues presenting at this time and all well-being and medical needs are being met. Social, Developmental, and Educational: Aamiyah is 10 years old and Christopher is 6 years old and both are meeting all developmental milestones and their socialization appears to be age appropriate. The Deberry's are working with Christopher and Aamiyah in regards to redirecting certain behaviors (hyperactivity, sexualized behaviors). The children are doing somewhat better at home, but Mrs. Deberry reports that Aamiyah has started taking food and hiding it. Mr. Deberry stated Aamiyah acts like she can never get enough to eat. CM advised the family these behaviors may have something to do with past trauma; and to mention this to the counselor at the next appointment. There are no other concerns at this time with socialization or developmental skills. Aamiyah is in the 6th grade at Latta Middle School and Christopher is in 6K at Latta Elementary School. Both children have stated they enjoy school. The school is working with the family to address Christopher's behavioral issues. CM spoke with the family about their interest in adopting the children later. Mr. Deberry seems more open to this option than Mrs. Deberry. Mrs. Deberry stated sometimes Christopher's hyperactivity can get the best of her, so she is trying to deal with it the best she can. Mr. Deberry stated God will see them through this and the children will be alright. Foster Parent Needs: Foster parents report there are no needs at the present time which are not already being dealt with through services. No concerns at the present time with Aamiyah and Christopher's well-being, medical, socialization and development. No need for referrals at this time. Both children appear to have all needs met with no current concerns. Plan is to continue with the ICPC supervision case as needed and directed.

Aamiyah Lamb Christopher Bynum October 27, 2014 at 4:00 pm Case Manager (CM) conducted a face to face visit with Aamiyah Lamb and Christopher Bynum in Latta, SC at their placement with Darrell and Tasha Deberry for the purpose of assessing their well-being, medical and social status and needs. The children are placed through an ICPC agreement with Nevada. The home is well-maintained and there is sufficient room for the children. There does not appear to be any safety or

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AAMIYAH D.  
LAMB

2014-10-27

Face to Face  
with  
child/client

environmental hazards. Each child has a bed of their own with space to accommodate their belongings. There is sufficient food in the home. The children have been at the placement since August 1, 2014 and appear to be adjusting well. The children call their uncle Darrell "daddy" and call their aunt Tasha "Aunt T." There have been concerns about Aamiyah's past sexual abuse and Christopher's hyperactivity (ADHD). CM has assisted the family in seeking resources for medical and mental well-being. Well-being and Medical: Both children were neat, clean and appropriately dressed for the weather; and they did not have any suspicious marks or bruises. CM observed Aamiyah and Christopher to be happy and in good spirits. Aamiyah was in her room completing homework and Christopher was in the living room watching cartoons with his uncle. CM observed both children interacting positively with each other and other family members. The children have been receiving counseling services with Jane Fortune. The last appointment for Aamiyah was 10/6/14 and for Christopher it was 10/20/14. Mrs. Deberry informed CM the next appointment may be a home visit, but they are waiting on confirmation of date and time from Mrs. Fortune. Mrs. Deberry stated she attended an IEP meeting for Christopher today and the school has completed a psycho-educational evaluation on him and his diagnosis is ADHD. Christopher last went to see Teresa Dietz on 10/6/14 and his medication was increased from 18 mg to 27 mg, since it did not appear to be helping with his hyperactivity, focusing, and impulse control at school and home. The next scheduled appointment is 11/3/14. Mrs. Deberry stated Ms. Dietz made a referral for Christopher and Aamiyah to have a neurobehavioral evaluation with Dr. Michael West in Florence, SC. However, the appointment is not until June 2015. The family asked if CM could contact the office to see if a sooner appointment could be obtained. CM informed the Deberry's that DSS no longer makes referrals for evaluations, but rather a child's primary care physician. The children are on a cancellation list if an appointment becomes available sooner than June 2015. Mrs. Deberry stated at the IEP meeting the school is going to refer Christopher to the school based counselor, Jenness Jones, for support services at school. There are no other issues presenting at this time and all well-being and medical needs are being met. Social, Developmental, and Educational: Aamiyah is 10 years old and Christopher is 5 years old and both are meeting all developmental milestones and their socialization appears to be age appropriate. The Deberry's are working with Christopher and Aamiyah in regards to redirecting certain behaviors (hyperactivity, sexualized behaviors). The children are doing somewhat better at home, but Mrs. Deberry reports that Aamiyah has started taking food and hiding it. Mr. Deberry stated Aamiyah acts like she can never get enough to eat. CM advised the family these behaviors may have something to do with past trauma; and to mention this to the counselor at the next appointment. There are no other concerns at this time with socialization or developmental skills. Aamiyah is in the 6th grade at Little Middle School and Christopher is in 5K at Little Elementary School. Both children have stated they enjoy school. The school is working with the family to address Christopher's behavioral issues. CM spoke with the family about their interest in adopting the children later. Mr. Deberry seems more open to this option than Mrs. Deberry. Mrs. Deberry stated sometimes Christopher's hyperactivity can get the best of her, so she is trying to deal with it the best she can. Mr. Deberry stated God will see them through this and the children will be alright. Foster Parent Needs: Foster parents report there are no needs at the present time which are not already

AAMIYAH D.  
LAMB

2014-10-27

Face to Face  
with  
Caretaker(s)

being dealt with through services. No concerns at the present time with Aamiyah and Christopher's well-being, medical, socialization and development. No need for referrals at this time. Both children appear to have all needs met with no current concerns. Plan is to continue with the ICPC supervision case as needed and directed.

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something to do with past trauma; and to mention this to the counselor at the next appointment. There are no other concerns at this time with socialization or developmental skills. Aamiyah is in the 6th grade at Latta Middle School and Christopher is in 5K at Latta Elementary School. Both children have stated they enjoy school. The school is working with the family to address Christopher's behavioral issues. CM spoke with the family about their interest in adopting the children later. Mr. Deberry seems more open to this option than Mrs. Deberry. Mrs. Deberry stated sometimes Christopher's hyperactivity can get the best of her, so she is trying to deal with it the best she can. Mr. Deberry stated God will see them through this and the children will be alright. Foster Parent Needs: Foster parents report there are no needs at the present time which are not already being dealt with through services. No concerns at the present time with Aamiyah and Christopher's well-being, medical, socialization and development. No need for referrals at this time. Both children appear to have all needs met with no current concerns. Plan is to continue with the ICPC supervision case as needed and directed.

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CHRISTOPHER L. BYNUM 2014-10-27 Home/Facility Visit



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CHRISTOPHER  
L. BYNUM 2014-10-27

Face to Face  
with  
Caretaker(s)

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CHRISTOPHER  
L. BYNUM

2014-09-24

Face to Face  
with  
Caretaker(s)

got the best of her, so she is trying to deal with it the best she can. Mr. Deberry stated God will see them through this and the children will be alright. Foster Parent Needs: Foster parents report there are no needs at the present time which are not already being dealt with through services. No concerns at the present time with Aamiyah and Christopher's well-being, medical, socialization and development. No need for referrals at this time. Both children appear to have all needs met with no current concerns. Plan is to continue with the ICPC supervision case as needed and directed.

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Ammiyah Lamb Christopher Bynum September 24,

CHRISTOPHER  
L. BYNUM 2014-09-24

Face to Face  
with  
child/client

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CHRSTOPHER  
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CHRISTOPHER  
L. BYNUM 2014-09-24 Home/Facility  
Visit

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AAMIYAH D.  
LAMB 2014-09-24 Home/Facility  
Visit

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AAMIYAH D.  
LAMB      2014-09-24      Field Visit

AAMIYAH D.  
LAMB

2014-09-24

Face to Face  
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child/client

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RECEIVED

JAN 30 2015

DCFS

AAMIYAH D. LAMB	2014-09-24	Face to Face with Caretaker(s)	<p>aunt's, Darrell and Tasha Deberry, residence for the purpose of assessing their well-being, medical and social status and needs. The children are placed through an ICPC agreement with Nevada. The home is well-maintained and there is sufficient room for the children. There does not appear to be any safety or environmental hazards. Each child has a bed of their own with space to accommodate their belongings. There is sufficient food in the home. CM had made contact with the children and family in August, but since SC did not receive the 100B until September services did not begin until this month. The children have been at the placement since August 1, 2014 and appear to be adjusting well. There are concerns about Aamiyah's past sexual abuse and Christopher's hyperactivity (ADHD). CM has assisted the family in seeking resources for medical and mental well-being. Well-being and Medical: Both children were neat, clean and appropriately dressed for the weather; and they did not have any suspicious marks or bruises. CM observed Aamiyah and Christopher to be happy and in good spirits. Aamiyah was in her room completing homework and Christopher was in his room playing. CM observed both children interacting positively with each other and other family members. There are concerns about the children needing counseling services. CM has assisted in obtaining these services and the children have an appointment for 10/8/14 to see counselor Jane Fortune. In regards to Christopher's ADHD he was seen at Dillon Family Medicine on 8/3/14 by Teresa Dietz, NP and he was placed on Concerta. The children are scheduled to go back to Ms. Dietz on 10/3/14 in order to follow up on medication for Christopher. There are no other issues presenting at this time and all well-being and medical needs are being met. Social, Developmental, and Educational: Aamiyah is 10 years old and Christopher is 5 years old and both are meeting all developmental milestones and their socialization appears to be age appropriate. The Deberry's are working with Christopher and Aamiyah in regards to redirecting certain behaviors (hyperactivity, sexualized behaviors). There are no other concerns at this time with socialization or developmental skills. The children do not attend daycare, but ride the bus to and from home each day for school. Aamiyah is in the 5th grade at Latta Middle School and Christopher is in 5K at Latta Elementary School. Both children have stated they enjoy school. Christopher has had some minor behavioral issues at school which are being dealt with at home at by school faculty. Foster Parent Needs: Foster parents report there are no needs at the present time which are not already being dealt with through services. No concerns at the present time with Aamiyah and Christopher's well-being, medical, socialization and development. No need for referrals at this time. Both children appear to have all needs met with no current concerns. Plan is to continue with the ICPC supervision case as needed and directed.</p>																																															
<b>Physical Condition of Home</b>			<div>Jan</div> <div>2015</div>																																															
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<b>Current Status of Caretaker(s) and their Family</b>																																																		
Remarks:	Caretakers appear to be very concerned about the children and their well-being. They appeared to have bonded well with the family.																																																	
<b>Child Care Arrangements (If Any)</b>																																																		
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None, children ride school bus home.	
<b>Current Functioning of Child</b>	
Remarks:	Aamiyah has adapted well to her placement with family. She functions normally within the family, but has had some issues with hiding food. There are no issues with any abnormal behavior.
<b>Education Progress</b>	
Remarks:	Aamiyah attends 5th grade at Latta Middle School and is doing well behaviorally and academically.
<b>Health Status</b>	
Remarks:	No issues with Aamiyah's health.
<b>Contact with Biological Parents or Relatives</b>	
Remarks:	No contact with biological parents.
<b>Financial/Medical Provisions</b>	
Remarks:	Aamiyah receives Medicaid benefits.
<b>Assessment of Placement</b>	
Remarks:	Overall, the placement is going well and Aamiyah has adjusted well.
<b>Permanent Plan</b>	
Remarks:	Permanent placement with relatives.
<b>Recommendation</b>	
<input type="checkbox"/> Transfer of Guardianship <input type="checkbox"/> Adoption <input type="checkbox"/> Discharge of Sending State's Legal Jurisdiction <input checked="" type="checkbox"/> Continued Placement <input type="checkbox"/> Other	
Remarks:	SEE ABOVE REPORT
<b>Signatures</b>	
Worker's Name:	Date: 01/22/2015
Supervisor's Name:	Date: 01/22/2015
Compact Administrator:	Date: 01/22/2015



**Interstate Compact On The Placement Of Children - Transmittal**  
 S.C. Department of Social Services  
 SC 100A ID #:

Other State 100A ID #:

Transmittal Date: 01/22/2015

Date Received: 01/20/2015

Family Case ID: 0001532877

<b>TO</b>		<b>FROM</b>	
Type:	State	Type:	State
State:	Nevada	State:	South Carolina
To:	NEVADA ICPC PAMELA GENTRY	From:	SC ICPC Interstate Compact on the Placement of Children Post Office Box 1520 Columbia, SC 29202-1520
Attention:		Compact Person:	SEEPERSAUD
REF:	LAMB/BYNUM	Telephone #:	

Placement Type: Foster Family Home  
 Placement: 1028145 - DARRELL, DEBERRY  
 Resource: Search

Included	Requested	
<input type="checkbox"/>	<input type="checkbox"/>	(01) Priority/Regulation Due Date: <input type="checkbox"/> Urgent
<input type="checkbox"/>	<input type="checkbox"/>	(02) Preliminary Assessment Sent without 100A's
<input type="checkbox"/>	<input type="checkbox"/>	(03) <input type="checkbox"/> Home Evaluation <input type="checkbox"/> Custody Study Due Date:
<input type="checkbox"/>	<input type="checkbox"/>	(04) Criminal Background Checks <input type="checkbox"/> FBI Checks <input type="checkbox"/> Child Abuse/Neglect Clearance Results <input type="checkbox"/> State Law Enforcement Checks <input type="checkbox"/> Sexual Offender Registry Checks
<input type="checkbox"/>	<input type="checkbox"/>	(05) ICPC 100A <input type="checkbox"/> For Consideration <input type="checkbox"/> Approval <input type="checkbox"/> Denial
<input type="checkbox"/>	<input type="checkbox"/>	(06) Social Summary Of Each <input type="checkbox"/> Child and <input type="checkbox"/> Family
<input type="checkbox"/>	<input type="checkbox"/>	(07) <input type="checkbox"/> Birth Certificate (Verification of Birth) <input type="checkbox"/> Social Security Card
<input type="checkbox"/>	<input type="checkbox"/>	(08) Clearance on Indian Ancestry
<input type="checkbox"/>	<input type="checkbox"/>	(09) Legal Documents <input type="checkbox"/> Custody Order <input type="checkbox"/> TPR Ordered <input type="checkbox"/> Permanency Planning Orders <input type="checkbox"/> Reg 7 Court Order
<input type="checkbox"/>	<input type="checkbox"/>	(10) 100B Confirming <input type="checkbox"/> Placement Date <input type="checkbox"/> Placement Change/Closure
<input type="checkbox"/>	<input type="checkbox"/>	(11) Case Plan
<input type="checkbox"/>	<input type="checkbox"/>	(12) Medical Information (Text Required in Comments) <input type="checkbox"/> Therapy/Psych Report <input type="checkbox"/> Immunization Records
<input type="checkbox"/>	<input type="checkbox"/>	(13) <input type="checkbox"/> Official Hospital Birth Report to include Labor, Delivery and Discharge Summary <input type="checkbox"/> Special Needs Documentation
<input type="checkbox"/>	<input type="checkbox"/>	(14) Financial Medical Plan Child(ren) IV-EFC Eligibility <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	<input type="checkbox"/>	(15) Fee Disclosure Statement of all Monies Paid or to be Paid by Adoptive Parent(s)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	(16) Supervisory/Progress Reports with Monthly Face to Face Visits in the Placement Setting
<input type="checkbox"/>	<input type="checkbox"/>	(17) Additional Information (Text Required in Comments)
<input type="checkbox"/>	<input type="checkbox"/>	(18) Interstate Services appear complete (Our Interstate Case is Closed)

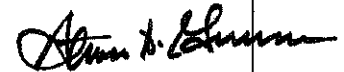
Comments: SUPERVISORY REPORT DATED 1-2015. PLACEMENT CONTINUES.

CC: DILLON DSS; KAREN ENGLISH/DAWN ALLEN\*\*\*THANKS

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JAN 30 2015

DCFS -



CLERK OF THE COURT

CLARK COUNTY  
DEPARTMENT OF FAMILY SERVICES  
121 SOUTH MARTIN LUTHER KING BLVD.  
LAS VEGAS, NEVADA 89106  
(702) 455-7200

**EIGHTH JUDICIAL DISTRICT COURT  
FAMILY DIVISION - JUVENILE  
CLARK COUNTY, NEVADA**

In the Matter of:

AAMIYAH DE NASIA LAMB

Date of Birth: 01-04-2004

A Minor 11 years, 02 Months of Age

CHRISTOPHER LAMONT BYNUM JR.

Date of Birth: 03-28-2009

A Minor 6 years, 0 Months of Age

COURT CASE NO.: J-10-319959-P1

DEPT.: FAMILY JUVENILE

**REPORT FOR PERMANENCY AND PLACEMENT REVIEW**

Date of Hearing: 03-04-2015

Time of Hearing: 01:30 PM

Courtroom: HM FEMIANO - #23

Attachment: A - Permanency Plan Adoption  
B - Carolina Neurobehavioral  
Assessment - CHRISTOPHER  
C - The Counseling Center of Florence,  
LLC initial therapy session assessment.  
D - ICPC South Carolina Report

**CONCERNING:**

Mother: KEAUNDRA DEBERRY

DOB: 11-20-1986

Address: 502 Henry Street, Latta, South Carolina, 29565.

TPR was granted 5-14-2013.

Father: CHRISTOPHER BYMUN SR (father as to CHRISTOPHER BYNUM JR)  
DOB: 01-06-1975  
Address: Last known address Bossier City Jail 620 Benton Road Bossier City LA 71111

Father: JOSHEPH LAMB (father as to AAMIYAH LAMB)  
DOB: 07-30-1986  
Address: Last known address 500 Whithield Dr. Goldsboro, NC 27530

Siblings: Siblings are placed together.

- ☒ The Indian Child Welfare Act does not apply.  
☐ The Indian Child Welfare Act does apply.

**NOTIFICATION OF HEARING AND TYPE OF SERVICE**

Mother: Ms. Deberry Parental Right's were Terminated on  
05-14-2013  
Father(s): Mr. Lamb and Mr. Bynum Sr. Parental Right's were  
Terminated on 05-14-2013.  
Current Placement: Caregiver notified via phone on February 24, 2015  
CASA:  
Child's Attorney: Crystal Dickson Esq. Notified via email on February 27,  
2015. Court report will be provided.  
Mother's Attorney: Deanna Molinar Esq. Notified via email on February 27,  
2015. Court report will be provided.  
Father's Attorney: N/A  
Tribe: N/A

**REMOVAL DATE:**

May 21, 2010

**TRIAL HOME VISIT DATES:**

N/A

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1 **REASON FOR CUSTODY AND COURT JURISDICTION (formally known as**  
2 **Wardship):**

3 AAMIYAH DE NASIA LAMB and CHRISTOPHER LAMONT BYNUM, were  
4 made Wards of the Juvenile Court and placed in the custody of Clark County  
5 Department of Family Services (DFS) on March 1, 2011 due to being  
6 adjudicated neglected and abused children within the meaning of the law. The  
7 Petition #1 dated May 17, 2010 stated the following;

8 "The subject minors' mother is KEAUNDRA DEBERRY. The identity of  
9 AAMIYAH'S father is unknown to DFS. CHRISTOPHER BYNUM, SR. is the  
10 father of CHRISTOPHER, JR. MR. BYNUM was a person found regularly in  
11 the home at the time the alleged abuse/neglect occurred for purposes of NRS  
12 432B.130.

13 ...  
14 (b) MS. DEBERRY physically abused and/or improperly supervised  
15 CHRISTOPHER, JR. resulting in CHRISTOPHER, JR. sustaining a triangle  
16 shaped burn to his left cheek consistent with the shape of an iron.

17 (c) MR. BYNUM physically abused and/or improperly supervised  
18 CHRISTOPHER, JR. resulting in CHRISTOPHER, JR. sustaining a triangle  
19 shaped burn to his left cheek consistent with the shape of an iron.

20 (d) MS. DEBERRY neglected CHRISTOPHER, JR'S medical needs by failing  
21 to seek medical treatment for the burn sustained to his face.

22 (e) MS. DEBERRY'S drug use adversely affects her ability to provide for the  
23 care of the children.

24 (f) MR. BYNUM neglected CHRISTOPHER, JR'S medical needs by failing to  
25 seek medical treatment for the burn sustained to his face.

26 (g) MR. BYNUM and MS. DEBERRY engage in acts of domestic violence  
27 against each other. Their propensity to engage in acts of domestic violence  
28 adversely affects their ability to provide for the care of the children.

DEBERRY-J-10-319959-P1

(h) MS. DEBERRY and MR. BYNUM refused to allow the Department of  
Family Services access to CHRISTOPHER, JR. in order to access his safety.  
Additionally, while knowing there was an open investigation, MS. DEBERRY,  
and MR. BYNUM left Clark County, Nevada and fled to Louisiana.

(i) MR. BYNUM is a registered felon for: Felon in Possession of a Firearm;  
Assault with a Deadly Weapon; Possession of a Controlled Substance;  
Possession of Marijuana.

(j) MR. BYNUM'S drug use adversely affects his ability to provide for the care  
of the children."

26 **PREVIOUS COURT ORDER DEEMED EFFORTS BY THE DEPARTMENT**  
27 **TO ACHIEVE THE PERMANENCY PLAN:**

28 ☒ Were Reasonable Efforts

For: AAMIYAH LAMB and  
CHRISTOPHER BYNUM, JR  
For:

☐ Were Not Reasonable Efforts



**PERMANENCY GOAL AND PROJECTED DATE OF ACHIEVEMENT:**

☐ Reunification With:  
☒ Termination of Parental Rights and Adoption By: Great maternal uncle and aunt  
☐ Guardianship By:  
☐ Long Term Relative Placement With:  
☐ Other Planned Permanent Living With:  
Arrangement  
Projected Date of Achievement: November 2015

**CONCURRENT PERMANENCY GOAL:**

☐ Reunification With:  
☒ Termination of Parental Rights and Adoption By: Adoptive resource to be identified.  
☐ Guardianship By:  
☐ Long Term Relative Placement With:  
☐ Other Planned Permanent Living With:  
Arrangement

**RATIONALE FOR PERMANENCY PLAN:**

On April 29, 2013, Ms. DeBerry, Mr. Lamb and Mr. Bynum Sr.'s Parental Rights were Terminated. On November 13, 2014, the TPR as to Ms. Deberry was remanded on Appeal by the Nevada Supreme Court. Ms. Deberry filed a Motion with Family court to change the Permanency Goal to Reunification and institute visitation for Ms. Deberry with CHRISTOPHER and AAMIYAH. The Motion was heard in front of Judge Teuton, who continued the Motion for January 23, 2015; in order to receive the therapist's input, as to the effects the visits would have on the children's well-being, since it has been approximately three years since they have last seen Ms. Deberry. On January 23, 2015, Judge Teuton set new TPR trial as March 10, 2015, limiting the trial as to the Medical Findings of Parental Fault. Judge Teuton ordered visitation to start at the discretion of the children's therapist in respect to the best interest of the children's well-being. To date, visitation has not started between Ms. Deberry, CHRISTOPHER and AAMIYAH. On August 1, 2014, AAMIYAH and CHRISTOPHER were placed with their great maternal uncle and his wife in South Carolina of whom has been identified as an adoptive resource.

AAMIYAH and CHRISTOPHER have bonded with their new ICPC placement and have adjusted to their new schools. The caregivers have worked diligently towards the transition to insure its success. Although it was a slow start to gain the correct services for the children in South Carolina, the Department is coordinating efforts to monitor, ensure and engage in the best services for the children.

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1 The Department respectfully recommends that CHRISTOPHER and AAMIYAH  
2 remain in the custody of the Department of Family Service, continuing the ICPC  
3 placement in South Carolina. While the Department of Family Services follow  
4 through with the court's proceeding to address the concerns the Nevada  
5 Supreme court had with the with the original TPR hearing and to continue to  
6 complete the adoption process of CHRISTOPHER and AAMIYAH with the  
7 ICPC relative placement in South Carolina.

8 **PARENTS' PROGRESS:**

9 **Visitation:** Ms. Deberry, Mr. Lamb, and Mr. Bynum Sr.'s Parental Rights were  
10 Terminated as of May 14, 2013. The TPR, as to Ms. Deberry was remanded on  
11 Appeal by the Nevada Supreme Court on November 13, 2014. Ms. Deberry  
12 filed a Motion with Family court to change the Permanency Goal to  
13 Reunification and institute visitation for Ms. Deberry with CHRISTOPHER and  
14 AAMIYAH. The Motion was heard in front of Judge Teuton, who continued the  
15 Motion for January 23, 2015; in order to receive the therapist's input, as to the  
16 effects the visits would have on the children well-being, since it has been  
17 approximately three years since they have last seen Ms. Deberry. On January  
18 23, 2015, Judge Teuton set new TPR trial as March 10, 2015, limiting the trial  
19 to the Medical Findings of Parental Fault. Judge Teuton ordered visitation to  
20 start at the discretion of the children's therapist in respect to the best interest of  
21 the children's well-being. To date, visitation has not started between Ms.  
22 Deberry, CHRISTOPHER and AAMIYAH.

23 **Housing:** Ms. Deberry resides in a home that she occupies with her youngest  
24 son in South Carolina that is in close proximity of where the children are  
25 currently residing.

26 Mr. Lamb, and Mr. Bynum Sr.'s Parental Rights were Terminated as of May 14,  
27 2013.

28 **Employment:** Ms. Deberry reported to the Department that she is currently  
employed at Sonic Drive-In restaurant has been employed with this same  
employer for 10 years.

1 **Counseling:** The Department was informed by Ms. Jane Fortune, a therapist in  
2 South Carolina that she has been seeing Ms. Deberry. Ms. Jane Fortune  
3 reported that Ms. Deberry, stopped seeing her, when she became aware that  
4 AAMIYAH and CHRISTOPHER were seeing her, as well. At that point on  
5 December 25, 2014, when the Department became aware of the conflict of  
6 interest, the Department excused Ms. Jane Fortune from providing therapy  
7 services with the children and found alternative service providers for AAMIYAH  
8 and CHRISTOPHER. Ms. Jane Fortune reported to the Department that she  
9 would then resume therapy with Ms. Deberry. Ms. Deberry reported to the  
10 Department that she had re-engaged in services with Ms. Jane Fortune, when  
11 AMMIYAH and CHRISTOPHER were placed in South Carolina, as she needed  
12 assistance with explaining why AMMIYAH and CHRISTOPHER were not living  
13 with her to her youngest son.

14 **Parenting:** It is unknown to the Department at this time, the protective  
15 capacities that Ms. Deberry possesses that would keep her children safe. At  
16 this time, CHRISTOPHER's injury remains unexplained.

17 **Other:** N/A

18 **CHILD(REN)'S CURRENT PLACEMENT:**

19 AAMIYAH LAMB and CHRITOPHER BYNUM are placed with a relative  
20 adoptive resource.

21 This placement is within close proximity to the parent(s) for AAMIYAH DE  
22 NASIA LAMB and CHRISTOPHER BYNUM (instruction) - If the placement is  
23 not in close proximity for one child and not the other retype the line and explain  
24 why the placement is not in close proximity delete this instruction.

25 This placement is the least restrictive for AAMIYAH DE NASIA LAMB and  
26 CHRISTOPHER BYNUM.

27 **CHILD(REN)'S WELL BEING:**

28 **Education** – AAMIYAH attends the Latta Middle School in the 5<sup>th</sup> grade.  
AAMIYA struggled with her grades in the beginning of her transition to her new  
school, but has since brought her grades up and is performing at a higher level.  
The Latta Middle School is a Montessori Magnet school that is her school of  
zoning. AAMIYAH has no behavior issues at school and currently has six  
classes. She has five "A"s one "B". AAMIYHA reports that she likes her school  
and has made many friends.

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1 CHRISTOPHER attends Latta Elementary School and is in Kindergarten. The  
2 Latta Middle School is a Montessori Magnet school that is his school of zoning.  
3 His teacher is Ms. Knowland and reports that although CHRISTOPHER is a  
4 smart child he is exhibiting behavior issues in the class. He has been disruptive  
5 in class and has experienced the disciplinary action of being expelled for the  
6 day, due to his behavior. His disruptive behavior has improved lately with the  
7 introduction of medication, but the medication is still being assessed for it's  
8 accuracy in meeting his special needs. CHRISTOPHER is performing at above  
9 standards academically, and his teacher is struggling to keep him on focused  
10 and on track.

11 **Placement** – AAMIYAH and CHRISTOPHER have been in their current ICPC  
12 placement since August 1, 2014. This ICPC relative placement is in South  
13 Carolina, where CHRISTOPHER and AAMIYAH are living with their maternal  
14 great aunt and uncle. The children are bonding well with the caregivers,  
15 although they have experienced some issues with adjusting to their new home  
16 that was exhibited in their behavior. The caregivers along with the service  
17 providers are working with CHRISTOPHER and AAMIYAH in regards to  
18 redirecting certain behaviors, for AAMIYAH it is manipulation and for  
19 CHRISTOPHER it is his hyperactivity and his ability to follow directions. The  
20 children are doing much better in the home. The South Carolina ICPC worker  
21 states there are no concerns at the present time with AAMIYAH and  
22 CHRISTOPHER's well-being, medical, socialization and development. Both  
23 children appear to have all their needs met with no current concerns. AAMIYAH  
24 and CHRISTOPHER, both have their own bedrooms in their new placement.  
25 They have an adult cousin that visits the home on school breaks. AAMIYAH  
26 and CHRISTOPHER visit with extended family members on occasions, which  
27 they enjoy getting to know and see. This ICPC relative placement is an  
28 adoptive resource for AAMIYAH and CHRISTOPHER.

19 **Emotional/Counseling** –AAMIYAH has completed a Trauma Focus -  
20 Cognitive Behavior Therapy workbook and had opened up to disclose  
21 information, as to the sexual abuse she has suffered in the past. Ms. Cosner  
22 reports that AAMIYAH had made tremendous progress through this workbook  
23 and has created some helpful coping skills. Providing AAMIYAH a therapist in  
24 her area in South Carolina became a challenge, due to the limited service  
25 providers in her area. The ICPC Worker referred the therapist Jane Fortune  
26 and AAMIYAH had her first session with her on October 6, 2014. AAMIAH  
27 participated in a few counseling sessions until December 25, 2014, when the  
28 Department became aware that Ms. Jane Fortune was also treating Ms.  
Deberry. The Department excused Ms. Jane Fortune's therapy services' with  
AAMIYAH, due to the conflict of interest with Ms. Jane Fortune and found  
alternative therapy services. AAMIYAH was taken to her pediatric medical  
provider Teresa Diets for assistance with her behavior and prescribed Concerta  
27 mg, of which she is currently taking. AAMIYAH is currently receiving therapy  
services through The Counseling Center of Florence with Laura Langley, MS,  
LPC. Laura Langley is working to establish trust with AAMIYAH and will provide  
the Department with a treatment plan.

1  
2 While in Nevada, CHRISTOPHER was receiving BST services two hours a  
3 week from his foster parents. The foster parents reported that CHRISTOPHER  
4 was progressing towards his goals, and encouraged the continuation of his  
5 rehabilitative service in his new placement in South Carolina. CHRISTOPHER  
6 was referred to Dr. Jamil Ali to address a possible ADD ADHD diagnosis, by  
7 Ms. Vaquilar, his Family Therapist in Nevada. Upon the completion of the  
8 appointment, Dr. Jamil Ali suggested that when CHRISTOPHER starts  
9 Kindergarten that he be given the Vanderbilt test to better conclude his  
10 diagnosis. He has since started Kindergarten at Latta Elementary School in  
11 South Carolina and the teacher has expressed her concerns, as to his possible  
12 diagnosis of ADD ADHD. CHRISTOPHER was referred to Carolina  
13 Neurobehavioral Associates for an assessment and was seen by Dr. Michael  
14 West. Dr. Michael West has diagnosed CHRISTOPHER with Attention Deficit  
15 Hyperactivity Disorder and Mood Disorder. Dr. Michael West has  
16 recommended the use of stimulant medication, along with the caregiver gaining  
17 knowledge in understanding CHRISTOPHER diagnosis and creating a  
18 Behavior Management Plan to assist CHRISTOPHER in gaining improved self-  
19 regulation. CHRISTOPHER was seen and treated by a nurse practitioner at  
20 Dillon Family Medicine for ADD ADHD and prescribed medication. Clonidine  
21 0.1mg BID Zoloft 25mg qHS Concerta 27mg qAM Due to concerns that the  
22 Department's Nurse Case Management Team had regarding the amount of  
23 medication CHRISTOPHER has been prescribed, CHRISTOPHER has since  
24 been referred to Genesis Counseling Group for psychiatric services and  
25 medication management. He is currently awaiting an appointment.

26  
27 **Medical/Dental** – AAMIYAH's immunizations are current. The relative ICPC  
28 placement reports that she was last taken to a Dillan Family Medicine for a  
Well-Check up on August 12, 2014 and have obtain a Teresa Dietz as her  
regular pediatrician for her medical care. The caregivers are in process of  
getting AAMIYAH seen by a Dentist in Dillan and will report to the Department,  
as soon as she has been seen. AAMIYAH's dental hygiene is good, and there  
are no concerns at this time.

CHRISTOPHER's immunizations are up to date and there are no major medical  
concerns to report at this time. CHRISTOPHER has been taken to Dillan Family  
Medicine for a Well-Check up on August 12, 2014 and have obtain Teresa  
Dietz as his regular nurse practitioner that he sees for all is medical concerns.  
The caregivers are in process of obtaining a Dentist for CHRISTOPHER to see  
and will report to the Department, as soon as he has been seen.  
CHRISTOPHER's dental hygiene is good, and there are no concerns at this  
time.

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1 **Safety** – This Specialist contacts the Department of Family Services in South  
2 Carolina for updates on routine child contact visits every 30 days and makes  
3 phone contact with AAMIYAH and CHRISTOPHER to ask them if they are safe.  
4 This worker, also contacts the caregiver and service providers to monitor  
5 needs. If needed, referrals will be submitted on behalf of AAMIYAH and  
6 CHRISTOPHER to address any concerns or needs. The safety concerns are  
7 with natural mother's parental protective capacities in keeping AAMIYAH and  
8 CHRISTOPHER safe, due to the unexplained injury to CHRISTOPHER.

9 **Psychiatric Services –**

10 Are the child listed in report currently on any psychotropic medication?

11 Yes. Please list the Medications:

12 CHRISTOPHER BYNUM

13 Concerta 27mg QAM

14 Clonidine 0.1mg QHS.

15 Zoloft 25mg QPM.

16 AAMIYAH LAMB

17 Concerta 27 mg QAM

18 Has a Court appointed a person to be legally responsible for the children's  
19 psychiatric services?

20 Yes, the Nurse Case Management Unit

21 When was the children's last appointment? February 5, 2015

22 When will the children have an appointment? To be arranged.

23 **SIBLING CONTACT:**

24 ☒ Placed Together

25 ☐ Not Placed Together –

26 **REASONABLE EFFORTS TO ACHIEVE THE PERMANENCY PLAN:**

27 **On behalf of the parents:**

28 TPR was granted on May 14, 2013 as to Ms. Deberry; Mr. Lamb; and Mr.  
Bynum Sr.

The Department talked to Ms. Deberry on the phone.

**On behalf of the child(ren):**

1. The Department escorted the children to South Carolina for the ICPC placement.
2. The Department maintained communication with the caregivers every 30 days.
3. The Department maintained communication with the ICPC worker every 30 days.
4. The Department maintained communication with the service providers.
5. The Department maintained contact with medical providers and overseen the medication reviews.
6. The Department coordinated and mailed the CASA Christmas gifts to South Carolina.
7. The Department coordinated and shipped all the children's belongings that could not be taken on their flight.
8. The Department maintained phone contact with the children.
9. The Department maintained communication with the Latta School District in South Carolina.
10. The Department coordinated the communication between the school district and previous service providers.
11. The Department researched and obtained new mental health services provider.
12. The Department researched the psychiatric service provider for medication management.
13. The Department maintained contact with CAP attorney.

**GOALS FOR THE NEXT REVIEW PERIOD:**

1. To establish permanency for CHRISTOPHER and AAMIYAH, in completing the adoption process with relative ICPC placement.

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1 **SUMMARY AND RECOMMENDATIONS:**

2 Before the Court is subject minor AAMIYAH LAMB and CHRISTOPHER  
3 BYNUM JR. The initial date of removal was May 21, 2010. On May 14, 2013,  
4 Ms. Deberry, Mr. Lamb and Mr. Bynum Sr.'s Parental Rights were Terminated.  
5 The TPR, as to Ms. Deberry was remanded on Appeal by the Nevada Supreme  
6 Court on November 13, 2014. Ms. Deberry filed a Motion with Family court to  
7 change the Permanency Goal to Reunification and institute visitation for Ms.  
8 Deberry with CHRISTOPHER and AAMIYAH. The Motion was heard in front of  
9 Hearing Master Teuton, who continued the Motion for January 23, 2015; in  
10 order to get the therapist's input, as to the effects the visits would have on the  
11 children well-being, since it has been approximately three years since they  
12 have last seen Ms. Deberry. On January 23, 2015, Judge Teuton set new TPR  
13 trial as March 10, 2015, limiting the trial to the issue over the Medical Findings.  
14 Judge Teuton ordered visitation to start at the discretion of the children's  
15 therapist in respect to the best interest of the children's well-being. To date,  
16 visitation has not started between Ms. Deberry, CHRISTOPHER and  
17 AAMIYAH.

18 On August 1, 2014, the children were placed with a relative ICPC adoptive  
19 resource in South Carolina. Upon arriving in their new placement the children  
20 and the caregivers enjoyed getting to know each other and getting comfortable.  
21 In the next couple of months, behavior issues with the children arose in the  
22 home. Therapy services for the children in their new community is limited and  
23 was slow to start. Therapy started with Ms. Jane Fortune on October 6, 2014,  
24 and was discontinued on December 24, 2014 after two sessions, due to the  
25 Department discovering that Ms. Jane Fortune was also the therapist treating  
26 Ms. Deberry. The Department secured therapy services with the Counseling  
27 Center of Florence with Laura Langley, MS, LPC. that started on January 21,  
28 2015, and to date they have had two sessions with Laura Langley. The  
caregivers report that therapy with Laura Langley is to increase to weekly  
session the first week of March. The behavior issues continued for  
CHRISTOPHER in school that have been disruptive to the class and lead to  
CHRISTOPHER being expelled for a day. The caregiver had taken  
CHRISTOPHER to their pediatrician to get assistance with addressing and  
diagnosing his behavior. The pediatrician diagnosed CHRISTOPHER with ADD  
ADHD and prescribed him medication, through trial and observation the  
medication has changed a few times in finding the correct prescription and  
dosage. The Department's Nurse Case Management Team has expressed  
concerns, as to the amount and type of medication that has been prescribed for  
CHRISTOPHER and has requested that CHRISTOPHER be seen by a child  
phycologist for medication management. The caregiver reports that they were  
seeing an improvement in the home and school with CHRISTOPHER taking his  
medication, but have recently seen his behavior reverting backwards and are  
finding it hard to manage in the home and at school. The caregivers are not  
sure why his behavior is reverting backwards, but will discuss their concerns  
with his therapist and in the upcoming new child physiologist in order to get  
assistance.



1 AAMIYAH and CHRISTOPHER have transitioned to new schools at their new  
2 ICPC placement. Both the Latta Middle School and the Latta Elementary  
3 School are Montessori Magnet schools, that are their schools of zoning.  
4 AAMIYAH has no behavior issues at school and currently has six classes.  
5 AAMIYA had experienced an adjustment issue to the new school with her  
6 grades, but has since overcome the adjustment issue and has raised her  
7 grades to five "A"s one "B". AAMIYA reports to the Department that she likes  
8 her school and has made many friends. CHRISTOPHER is in Kindergarten in  
9 Ms. Knowland class, who is concerned with his behavior in her class. At times,  
10 he has been disruptive and disrespectful, which has lead to him being sent to  
11 the Principal's office and being asked to leave for the day. The caregiver has  
12 been working closely with Ms. Knowland to find ways to manage his behavior in  
13 the classroom that would avoid discipline measures from the school. The  
14 caregiver reports that CHRISTOPHER is very smart and does not have an  
15 issue with performing at the top academic level in the class work.

16 The Department respectfully recommends that CHRISTOPHER and AAMIYAH  
17 remain in the custody of the Department of Family Service, continuing the ICPC  
18 placement in South Carolina and to continue to complete the adoption process  
19 of CHRISTOPHER and AAMIYAH with the ICPC relative placement in South  
20 Carolina.


21 **CHILD SUPPORT:**

22 N/A

23 **WHEREFORE, DEPARTMENT OF FAMILY SERVICES RESPECTFULLY**  
24 **RECOMMENDS:**

- 25 (1) That AAMIYAH DE NASIA LAMB and CHIROPHER BYNUM  
26 remain under the jurisdiction of the Family Court and in the legal  
27 custody of the Clark County Department of Family Services;  
28 (2) That the efforts made by the Department of Family Services are  
found to be reasonable efforts as outlined in this report;  
(3) That this matter be brought back for Formal Review in six months.  
(4) That the Permanency Goal remain Termination of Parental Rights.

Submitted By:

  
24 LAUNA LOCASCIO  
25 CASE MANAGER  
26 CLARK COUNTY  
27 DEPARTMENT OF FAMILY SERVICES

  
MICHELLE MAESE  
SUPERVISOR

for Michelle Maese

28 DATE: 2-25-2015  
COURT CASE NO.: J-10-319959-P1

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Hay servicios gratis de ayuda con otros idiomas. Para pedir un intérprete, llame por favor al Coordinador  
de Servicios de Intérpretes al 671-4578

*Free language assistance services are available. To request an interpreter, please call the Language  
Assistance Coordinator at 671-4578.*

# ATTACHMENT A



**CLARK COUNTY  
DEPARTMENT OF FAMILY SERVICES**

121 South Martin Luther King Blvd  
Las Vegas, Nevada 89106  
(702) 455-3444

**Adoption Attachment**

Date Created: February 28, 2014

Unity Case Number: 1362112


Child's Name: AAMIYAH LAMB

Child's Name: CHRISTOPHER BYNUM

Date case was referred for Termination of Parental Rights  
Date Termination of Parental Rights petition was filed  
Date social summary was completed  
(75 days from referral to Termination of Parental Rights)  
Date Termination of Parental Rights was granted  
Date case was referred to Adoptions Unit  
(21 days from granting of Termination of Parental Rights)  
Date home study was completed  
(80 days from referral to the Adoptions Unit)  
Date of receipt of completed subsidy packet  
Date subsidy agreement was finalized  
(45 days from receipt of completed subsidy packet)

Deadline (Date)	Completed (Date)
	May 16, 2011
	May 24, 2011
	May 14, 2013

Challenges to Timely Completion: The ICPC process was delayed in the beginning due to the ICPC not being able to open the attachment, and then ICPC South Carolina sent the referral to the wrong County. To date, ICPC is in process with the expected approval date of April 1, 2014.

  
LAUNA LOCASCIO  
Case Manager

2/27/15  
Date

# ATTACHMENT B

Christopher Bynum

Carolina Neurobehavioral Associates, LLC  
1505-A Heritage Lane  
Florence, SC 29501  
(843) 413-0303

Client: Christopher Bynum  
Sex: Male  
Date of Birth: 03-28-09  
Date of Assessment: 12-03-14  
Chronological Age: 5 years, 8 months  
School: Latta Elementary  
Grade: 5-K  
Foster Mother: Tasha DeBerry  
340 West Canal Road  
Sellers, South Carolina 29592  
(843) 617-4938  
Examiner: J. Michael West, Ph.D.

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**Note:**

This information and report is private, confidential and protected by South Carolina Law 19-11-95. All professional colleagues are required to maintain confidentiality and the release of this report must be in accordance with the terms of this law.

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**Reason for Referral:**

Dr. Timothy Fitzgibbon at Dillon Family Medicine referred Christopher for a Neurodevelopmental Cognitive Assessment.

**Background Information:**

Background information is supplied by an interview with Christopher's foster mother who is the great aunt taking care of Christopher at the current time. Christopher originates from Nevada and has been living in South Carolina since August 1 with his great uncle and aunt. This referral comes in reference to continued difficulties that Christopher has despite taking medication. He is prescribed Concerta at 27 mg. for treatment of attention deficits and takes Clonidine at .1 mg. to promote sleep. He has been previously diagnosed as having Attention Deficit Hyperactivity Disorder and possible Bipolar Disorder. While taking the Concerta, Christopher has less outbursts, but behavior problems begin around 10 a.m. He has now been suspended from

school for one week. His aunt reports that he has difficulty falling asleep and the Clonidine appears to be effective for helping to promote bedtime. Christopher denies any nightmares, but still has sporadic nighttime enuresis. His mood is generally acceptable in the mornings, but his appetite varies and he can be selective about what foods he eats. The aunt reports that Christopher has tantrums each time he is not given a desired object or activity. He will appear to gaze, tantrum, and then easily forgets what has happened. During a tantrum it is difficult to converse with Christopher and the tantrums are occurring both at home and in the classroom. The tantrums will last from fifteen to thirty minutes. Christopher appears to have no difficulty making short-term friendships but can appear selfish and demanding. These difficulties often disrupt his relationships. Christopher seldom takes responsibility for his actions and always blames others. The aunt reports that she and her family must walk on "eggshells" to prevent the outbursts which disrupt family dynamics. Christopher has been accompanied by an older sister who may escalate his behavior problems somewhat.

In the reported history, father has a history of aggression and has always acted strangely to the aunt and uncle. The mother appears more normal but can be dramatic. Christopher was taken from his mother at one year of age and lived in several foster placements prior to being moved to South Carolina. His behavior has always been a problem despite having good intellectual capacity. No known complications are reported during the pregnancy. At one year of age, Christopher was burned on the face and the aunt is unsure of why this has happened. At school Christopher recently underwent a psycho-educational evaluation. The evaluation began in April and he was again tested in October. Christopher's ability level appears to be in the superior range on the Bracken School Readiness Assessment but functional capacity had dropped to the average range for math and oral language using the KTHA-2. His letter recognition appeared to be the above average range. His latest intellectual assessment revealed that his verbal skills were in the average range with a score of 99 and nonverbal skills were in the above average range with a score of 112. He showed average function in spatial tasks with a score of 94 with a general conceptual score of 102. This score indicated average intelligence in comparison to peers with nonverbal abilities at 103.

#### Test Observation:

In the interview and testing, Christopher gives good eye contact and does not show any symptoms of an Autism - Spectrum Disorder. He is initially very resistant to discussion but will ask questions. It is clear that he must be the center of attention during discussion and appears to push boundaries with difficulty in comprehending how behaviors and consequences are related. Christopher complied with all of today's expectations without becoming resistant but had an air of grandiosity in the way that he presents.

**Test Procedures:**

Interview with Foster Mother, (Relative)  
Review of Current Medical Information  
Review of Recent Psycho-educational Evaluation  
Behavior Assessment System for Children - II  
Nepsy-II: A Developmental Neuropsychological Assessment

**Test Results:**

See Attachment A for specific test scores.

**Sensorimotor Skills:**

Christopher is right-handed. Based on today's evaluation, graphomotor function appears to be within the average range. He is not described as having difficulty in formation of letters and can replicate designs appropriately. No services appear warranted.

**Intellectual Functioning:**

Christopher was not given any tasks to further assess intellectual capacity. The recency of his psycho-educational evaluation had indicated average to above average scores which had also been obtained in other previous testing.

**Attention Function:**

Neuropsychological evaluation of attention skills indicates a mild deficit in ability to regulate motor activity. Christopher is described as having difficulty with speed of information processing where he required repetition of oral instruction and does not comprehend or assimilate information effectively. Improvement has been reported with the use of Concerta and the stimulant may need to be extended into the afternoon. The foster mother reports that Christopher's behavior problems began at approximately 10 a.m. and suggests that the stimulant may be helping to improve attention but resulting in increased likelihood of emotional instability. This tendency often accompanies a child where mood instability is also present in the clinical profile. Extending the stimulant into the afternoon may be helpful, but any continued aggression, emotional instability, and problems meeting expectations will require mood stabilization in combination with treating the attention delays. Treatment of the attention delays in combination with mood stabilization may aid Christopher to maximize his potentials.

**Language Function:**

Neuropsychological evaluation of language skills indicates scores well within the average range for phonological processing skills, verbal comprehension, and word production rate. No specific



Christopher Bynum

delays are found that would indicate problems requiring speech interventions. Christopher should have the capability for listening without experiencing stress and today's scores were obtained when Christopher had not taken the stimulant medication revealing good communication skills are present despite interventions.

#### **Academic Achievement:**

The recent psycho-educational evaluation has determined that Christopher is meeting the expectations for a child of his age and performs well within the average range across activities. His severe behavior problems at school may require intervention and a Behavior Management Plan. The aunt can discuss today's findings with the school and his diagnosis suggests that he may best be classified as "emotionally-disabled". This may allow teachers to understand that Christopher reaches a threshold and will begin to act-out and can even become aggressive if frustration or stressors continue. Teacher monitoring of any response to interventions will be an important factor to determine the benefit or the need for additional support. The foster mother can deliver a copy of today's evaluation to the school and request that the school take today's information as an indicator for the need for the additional support based on his typical responses in the classroom.

#### **Emotional Regulation:**

The custodial aunt completed the Behavior Assessment System for Children - II. She describes Christopher as being clinically significant for problems with emotional instability, hyperactivity, aggression, depression, and atypical responses. Milder difficulties are noted with attention skills. This clinical profile is unusual for a child where Attention Deficit Hyperactivity Disorder is the sole concern and most often accompanies a child with a degree of mood instability. Christopher has been receiving stimulant medication which appears to be ineffective. Christopher's hyperactivity increases starting around 10 a.m. and can result in tantrums at school and some increase in emotional instability has been noted in the afternoon. In previous reports, Christopher may have been diagnosed as having Attention Deficit Hyperactivity Disorder and Bipolar Disorder prior to transitioning to South Carolina. The current history suggests that these diagnoses are appropriate where interventions to stabilize mood have not yet been tried since coming to South Carolina. Christopher's behavior problems will most likely continue to escalate as he approaches puberty and early intervention will provide improved prognosis for the future. It will be important that Christopher be assessed for a mood stabilizer in addition to treating his attention delays. The necessity of having Christopher stabilize may secure his current placement or alternative placement may be required if his disruptions continue to negate family harmony. The custodial aunt is encouraged to provide Christopher with a Behavior Management Plan in addition to medical interventions. This plan will help to illustrate his ability to self-regulate behavior and may indicate the degree that his older sister is having in escalating problems. Similar behavior plans can be used with the sister to help sort-out what behaviors trigger his outbursts so that appropriate supports can be put into place. Christopher reports

satisfaction in his current placement and his difficulties are most likely inherited due to the family history reported. Christopher has had multiple placements in the past which would tend to escalate the difficulties and may have prevented past stabilization. Christopher should be encouraged to verbalize frustration and the behavior plan can identify specific problems as goals for Christopher to reach for in the future. Consistent rewards and consequences may help his response patterns. Any continued difficulties reported should be discussed with the physician to help determine the level of support that Christian will require to maximize potentials.

#### Conclusion:

Based on test performance, observation, and history, Christopher Bynum will be diagnosed as showing evidence of Attention Deficit Hyperactivity Disorder and Mood Disorder, NOS. These diagnoses were reported to have been given in the past and his current behavior pattern suggests that they are equally important to consider at the present time. Christopher has been given stimulant medication which appears to be less effective than expected and result in increased emotional instability despite some improvement with attention. Christopher is an intelligent child and may camouflage his difficulties for short periods. The degree of difficulty reported at home is mirrored in his problems at school and all indicate the likelihood that medical intervention will also need to consider mood stabilization in combination with treating his attention delays. Christopher has had an unstable home life since one year of age but reports no current difficulties in accepting his relatives as his custodial parents. Christopher has not undergone any dramatic changes in placement from his biological parents that would explain his level of difficulty. The family history is suggestive of psychiatric problems in both parents that would tend to increase Christopher's likelihood of having similar delays. Christopher has received counseling in the past but the counseling has not been effective suggesting that medical interventions will need to change. Today's information can be discussed with Dr. Fitzgibbon along with a psychiatrist at Tri-County Mental Health Center. The foster mother is encouraged to utilize behavior management techniques to help shape Christopher's response patterns and improve his self-regulation. He can be encouraged to verbalize frustrations prior to acting-out but will need insight into what appears to be an inherited condition. It will be important that Christopher take responsibility for actions and a behavior plan can help with this process. Similar behavior management techniques should be also considered with the older sister to help prevent her drama from escalating problems with Christopher. It will be important that interventions be assessed quickly to prevent a disruption based on the severity of problems occurring in the home. The foster mother can discuss today's findings with the school and request that teachers monitor any changes in performance to help determine the benefit or the need for additional support. Christopher may require additional classification if problems continue. No difficulties in communication skills, graphomotor function, or cognitive capabilities would indicate a source of stress to explain his current delays. As a resource, Christopher's intelligence level will allow him greater opportunity to gain control over his behaviors once mood stabilizes to help prevent a future disruption. The custodial aunt is given information concerning Christopher's condition and further research on the Internet or multiple

books written about children who have symptoms of "Bipolar Disorder" will be helpful to understand his condition and determine what behavior interventions are most successful at home. Based on today's evaluation, the following recommendations are made:

1. A copy of today's evaluation will be given to Dillon Family Medicine. Christopher has been treated for attention deficits but his previous history and current history all indicate a likelihood that a Mood Disorder is present within the clinical profile. Christopher's high intelligence level may allow him to camouflage these difficulties for short periods but changes in medical intervention appear warranted to help preserve his current placement. Mood stabilization may be an effective choice in addition to continuing to treat his attention delays. Medical interventions can be provided through Dillon Family Medicine or Tri-County Mental Health Center as deemed appropriate.
2. A copy of today's evaluation can be provided to Christopher's counselor to illustrate concerns. It will be important that Christopher gain insight into his condition and learn alternative coping skills to use in times of stress rather than acting-out. Christopher has not had the opportunity to attach for a significant time to any family that would explain stressors that have occurred since a change in placement in August. The changes in placement will most likely have had a negative impact on his ability to stabilize and may explain why his tantrums have become so severe and presenting so early in development. Identifying triggers in the environment that release his emotional outbursts will be helpful to the family and can also help preserve his current placement.
3. A copy of today's evaluation should be given to the school with a request that teachers monitor any changes that may occur with interventions. This can help identify what level of support that he will require to stabilize and maximize potentials for the future. Christopher may best be classified as "emotionally-disabled" based on his current diagnoses. Accommodations and a Behavior Management Plan can be useful to prevent further outbursts resulting in similar suspensions that have already occurred.
4. The custodial parent will need to consider a Behavior Management Plan at home to assist Christopher in gaining improved self-regulation. This plan can identify goals and provide him with consistent rewards and consequences to help shape responses. Further information concerning "Childhood Bipolar Disorder" can be researched on the Internet or through multiple books written on this topic. A book entitled *The Bipolar Child* by Drs. Papalos is a good reference for understanding his condition and techniques that can improve functional capacity at home.

Page 7

Christopher Bynum

**Diagnostic Impression:**

**Axis I:** 314.01 Attention Deficit Hyperactivity Disorder  
296.90 Mood Disorder, NOS

**Axis II:** Deferred

**Axis III:** Deferred

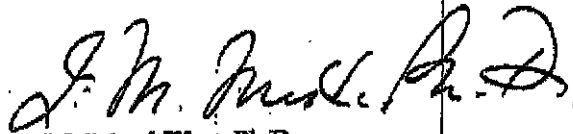
**Axis IV:** Multiple transitions throughout development, A sister who may agitate Christopher at times

**Axis V:** GAF = 55

**Ph.D. Time:**

I spent a total of 90 minutes, of which greater than 50% of time was spent in face-to-face counseling and coordination of care.

If I can be of any additional assistance, please contact me at (843) 413-0303.



J. Michael West, Ph.D..  
Licensed Clinical Psychologist  
Clinical Instructor - MUSC

**Attachment A**

**Summary of Scores**

**Name of Child: Christopher Bynum**

**Date of Evaluation: 12/03/14**

**Behavior Assessment System for Children - II:**

**Clinically Significant Areas:** Externalization, Hyperactivity, Aggression, Depression, Atypicality

**At Risk Areas:** Attention

**Areas in Average Range:** All Others

**Nepsy - II: A Developmental Neuropsychological Assessment:**

The NEPSY - II is an assessment tool, which helps to assess a child's attention, language, sensorimotor, visuospatial, and memory functions. Scores range from 1 to 20 with an average score being ten. An average score falls scores of 7 and 13. Any score falling below this range is representative of a deficit.

<u>Subtests</u>	<u>Scaled Scores</u>	<u>Percentile</u>
Design Copying		26 - 75
Statue	6	9
Phonological Processing	12	75
Comprehension of Instructions	11	63
Word Generation - Semantic	11	63



**J. Michael West, Ph.D.**

**Licensed Clinical Psychologist**

**Clinical Instructor - Dept. of Pediatrics**

**MUSC**

# ATTACHMENT C.

## The Counseling Center of Florence, LLC

616 S. Colt Street  
Florence, SC 29501  
843-673-0054 (phone)  
843-667-1549 (fax)

January 22, 2015

To Whom It May Concern,

Christopher Bynum was originally scheduled for initial counseling appointment on January 21, 2015. Due to Christopher having an emergency, Aamiyah Lamb was seen for an initial counseling appointment on January 21, 2015. Aamiyah's Godfather/uncle Darrell DeBerry attended the appointment with her. Aamiyah was shy in the session but did cooperate and provide feedback when asked directly. Mr. DeBerry provided most of the biopsychosocial information. Towards the end of the 45 minute session, Christopher Bynum and aunt Tasha DeBerry arrived. Mrs. DeBerry provided biopsychosocial information as well. I very briefly met with Aamiyah and Christopher individually.

Aamiyah reported that she does not want to be around stepfather, Christopher Bynum, because he touched her private parts but does want to be around her mother. Aamiyah reported that she is not afraid of her mother and described her mother as "nice".

Christopher reported that he wants to see and talk to his father everyday. He denied being afraid of his father. He reported that his dad "helps [him] be good, eat, and go to bed". Christopher denied being afraid of his mother and reported that he wants to see her too because "she helps [him] too". Christopher denied his parents ever hurting him.

After speaking with Mr. and Mrs. DeBerry, I was informed that Aamiyah calls them uncle and auntie. They reported that Christopher calls them mom and dad.

In conclusion, both children reported not being afraid of their mother and wanting to see their mother. However, I do not feel that rapport was quickly established so information from them may not be truthful. Also, I am uncertain of whether Christopher was referring to his biological parents or his aunt and uncle when answering questions about his "parents". I recommend that the children continue therapy to build rapport and develop trust to answer honestly. Goals for therapy will be determined based on further information received from Aamiyah, Christopher, and Mr. and Mrs. DeBerry.

*Please be advised that this letter has been prepared at the request of Michelle Maese, Family Services Supervisor with the Department of Family Services in Nevada. Signed consent is on file. Limits of confidentiality have been reviewed with the parent.*

Sincerely,

Laura Langley, MS, LPC  
Licensed Professional Counselor

# ATTACHMENT D.



Brian Sandoval  
Governor

STATE OF NEVADA  
DEPARTMENT OF HEALTH & HUMAN SERVICES  
DIVISION OF CHILD AND FAMILY SERVICES

4126 Technology Way, 3rd Floor  
Carson City, Nevada 89708

ICPC Phone: (775) 884-4418

ICPC Fax: (775) 884-4456

nvicpc@dohs.nv.gov

Amber Howell  
Administrator

INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN (ICPC)

To:  
CCDFS - LAUNA LOCASCIO

Date: 02-03-2015

From: PAMELA GENTRY, NV ICPC  
DEPUTY COMPACT ADMINISTRATOR

CASE IDENTIFICATION

Case Name(s)	Date Of Birth	Placement Resource Name:
AAMIYAH LAMB	01-04-2004	DEBERRY / DEBERRY, TASHA & DARREL (O-ICPC) 340 W CANAL ROAD SELLERS, SC 29682
Type of Placement <input type="checkbox"/> Adoption: <input type="checkbox"/> Public Agency <input type="checkbox"/> Parent <input type="checkbox"/> Relative <input type="checkbox"/> Private Agency <input checked="" type="checkbox"/> Foster <input type="checkbox"/> Residential <input type="checkbox"/> Specific/Private		

ICPC PLACEMENT INFORMATION / ACTION REQUIRED

REQUESTED	ATTACHED	
<input type="checkbox"/>	<input type="checkbox"/>	Child Summary, Family History (Social, Physical, Medical, Education)
<input type="checkbox"/>	<input type="checkbox"/>	ICPC-100A <input type="checkbox"/> For Action <input type="checkbox"/> Approval <input type="checkbox"/> Approval NOT Granted <input type="checkbox"/> Verbal Approval
<input type="checkbox"/>	<input type="checkbox"/>	ICPC-100B <input type="checkbox"/> Confirms Placement Date <input type="checkbox"/> Placement Request Cancelled <input type="checkbox"/> Closing
<input type="checkbox"/>	<input type="checkbox"/>	Completed Home Evaluation And Recommendation
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Progress Report Dated: 01-20-2015
<input type="checkbox"/>	<input type="checkbox"/>	Court Order/Documents (Relinquishment, Consent to Adopt, Termination Order, Adoption Decree, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	Foster Care License/Certification (Expires: )
<input type="checkbox"/>	<input type="checkbox"/>	Financial Medical Plan
<input type="checkbox"/>	<input type="checkbox"/>	Self-Explanatory Correspondence
<input type="checkbox"/>	<input type="checkbox"/>	Other:

ADDITIONAL COMMENTS / INSTRUCTIONS

<input type="checkbox"/>	REGULATION 7 HOME STUDY
<input type="checkbox"/>	ICPC-100A will be held in this office pending your report/recommendation
<input type="checkbox"/>	Please provide/continue monthly supervision and progress reports <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly
<input type="checkbox"/>	Retain jurisdiction until the Interstate Office concurs with termination
<input type="checkbox"/>	ICPC approves termination of jurisdiction
<input type="checkbox"/>	We are closing our case

REMINDER: IF YOU OPEN A CASE YOU MUST CLOSE IT

COMMENTS/RESPONSE: THANK YOU!

CC: SOUTH CAROLINA ICPC



Interstate Compact On The Placement Of Children - Progress Report  
S.C. Department of Social Services

Date Progress Report Received: 01/20/2015 SD 100A ID #: 8848 To (Sending State): NV Progress Report ID #: 2803		Date Progress Report Completed: 01/20/2015 100B ID #: 3086 From (Receiving State): SC								
<b>Provider</b> Provider ID: 1028145 Provider Name: DEBERRY, DARRELL L. Address: 340 W. CANAL ROAD City: Sellers State: SC Phone Number: (843) 752-7586 Zip: 29592										
<b>Child</b> <table border="1"> <thead> <tr> <th>Person ID</th> <th>Child's Name</th> <th>Date of Birth</th> </tr> </thead> <tbody> <tr> <td>1778578</td> <td>AAMIYAH D. LAMB</td> <td>01/04/2004</td> </tr> </tbody> </table>				Person ID	Child's Name	Date of Birth	1778578	AAMIYAH D. LAMB	01/04/2004	
Person ID	Child's Name	Date of Birth								
1778578	AAMIYAH D. LAMB	01/04/2004								
Date of Placement: 08/01/2014 Progress Report Period: Start: 08/01/2014 To: End: 10/30/2014 Progress Report Due Date: 10/30/2014										
<b>Contact</b> <table border="1"> <thead> <tr> <th>Child's Name</th> <th>Contact Date</th> <th>Contact Type</th> <th>Narrative</th> </tr> </thead> <tbody> <tr> <td>Aamiyah Lamb Christopher Bynum</td> <td>October 27, 2014</td> <td>Case Manager (CM) conducted a face to face visit with Aamiyah Lamb and Christopher Bynum in Latta, SC at their placement with Darrell and Tasha Deberry for the purpose of assessing their well-being, medical and social status and needs. The children are placed through an ICPC agreement with Nevada. The home is well-maintained and there is sufficient room for the children. There does not appear to be any safety or environmental hazards. Each child has a bed of their own with space to accommodate their belongings. There is sufficient food in the home. The children have been at this placement since August 1, 2014 and appear to be adjusting well. The children call their uncle Darrell "daddy" and call their aunt Tasha "Aunt T." There have been concerns about Aamiyah's past sexual abuse and Christopher's hyperactivity (ADHD). CM has assisted the family in seeking resources for medical and mental well-being. Well-being and Medical: Both children were neat, clean and appropriately dressed for the weather, and they did not have any suspicious marks or bruises. CM observed Aamiyah and Christopher to be happy and in good spirits. Aamiyah was in her room completing homework and Christopher was in the living room watching cartoons with his uncle. CM observed both children interacting positively with each other and other family members. The children have been receiving counseling services with Jane Fortune. The last appointment for Aamiyah was 10/8/14 and for Christopher it was 10/20/14. Mrs. Deberry informed CM the next appointment may be a home visit, but they are waiting on confirmation of date and time from Mrs. Fortune. Mrs. Deberry stated she attended an IEP meeting for Christopher today and the school has completed a psycho-educational evaluation on him and his diagnosis is ADHD. Christopher last went to see Teresa Dletz on 10/8/14 and his medication was increased from 18 mg to 27 mg, since it did not appear to be helping with his hyperactivity, focusing, and impulse control at school and home. The next scheduled</td> </tr> </tbody> </table>				Child's Name	Contact Date	Contact Type	Narrative	Aamiyah Lamb Christopher Bynum	October 27, 2014	Case Manager (CM) conducted a face to face visit with Aamiyah Lamb and Christopher Bynum in Latta, SC at their placement with Darrell and Tasha Deberry for the purpose of assessing their well-being, medical and social status and needs. The children are placed through an ICPC agreement with Nevada. The home is well-maintained and there is sufficient room for the children. There does not appear to be any safety or environmental hazards. Each child has a bed of their own with space to accommodate their belongings. There is sufficient food in the home. The children have been at this placement since August 1, 2014 and appear to be adjusting well. The children call their uncle Darrell "daddy" and call their aunt Tasha "Aunt T." There have been concerns about Aamiyah's past sexual abuse and Christopher's hyperactivity (ADHD). CM has assisted the family in seeking resources for medical and mental well-being. Well-being and Medical: Both children were neat, clean and appropriately dressed for the weather, and they did not have any suspicious marks or bruises. CM observed Aamiyah and Christopher to be happy and in good spirits. Aamiyah was in her room completing homework and Christopher was in the living room watching cartoons with his uncle. CM observed both children interacting positively with each other and other family members. The children have been receiving counseling services with Jane Fortune. The last appointment for Aamiyah was 10/8/14 and for Christopher it was 10/20/14. Mrs. Deberry informed CM the next appointment may be a home visit, but they are waiting on confirmation of date and time from Mrs. Fortune. Mrs. Deberry stated she attended an IEP meeting for Christopher today and the school has completed a psycho-educational evaluation on him and his diagnosis is ADHD. Christopher last went to see Teresa Dletz on 10/8/14 and his medication was increased from 18 mg to 27 mg, since it did not appear to be helping with his hyperactivity, focusing, and impulse control at school and home. The next scheduled
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AAMIYAH D.  
LAMB      2014-10-27      Home/Facility  
Visit

appointment is 11/8/14. Mrs. Deberry stated Ms. Diaz made a referral for Christopher and Aamiyah to have a neurobehavioral evaluation with Dr. Michael West in Florence, SC. However, the appointment is not until June 2015. The family asked if CM could contact the office to see if a sooner appointment could be obtained. CM informed the Deberry's that DSS no longer makes referrals for evaluations, but rather a child's primary care physician. The children are on a cancellation list if an appointment becomes available sooner than June 2015. Mrs. Deberry stated at the IEP meeting the school is going to refer Christopher to the school based counselor, Jenness Jones, for support services at school. There are no other issues presenting at this time and all well-being and medical needs are being met. Social, Developmental, and Educational: Aamiyah is 10 years old and Christopher is 5 years old and both are meeting all developmental milestones and their socialization appears to be age appropriate. The Deberry's are working with Christopher and Aamiyah in regards to redirecting certain behaviors (hyperactivity, sexualized behaviors). The children are doing somewhat better at home, but Mrs. Deberry reports that Aamiyah has started taking food and hiding it. Mr. Deberry stated Aamiyah acts like she can never get enough to eat. CM advised the family these behaviors may have something to do with past trauma; and to mention this to the counselor at the next appointment. There are no other concerns at this time with socialization or developmental skills. Aamiyah is in the 6th grade at Latta Middle School and Christopher is in 1st at Latta Elementary School. Both children have stated they enjoy school. The school is working with the family to address Christopher's behavioral issues. CM spoke with the family about their interest in adopting the children later. Mr. Deberry seems more open to this option than Mrs. Deberry. Mrs. Deberry stated sometimes Christopher's hyperactivity can get the best of her, so she is trying to deal with it the best she can. Mr. Deberry stated God will see them through this and the children will be alright. Foster Parent Needs: Foster parents report there are no needs at the present time which are not already being dealt with through services. No concerns at the present time with Aamiyah and Christopher's well-being, medical, socialization and development. No need for referrals at this time. Both children appear to have all needs met with no current concerns. Plan is to continue with the ICPC supervision case as needed and directed.

Aamiyah Lamb Christopher Bynum October 27, 2014 at 4:00 pm Case Manager (CM) conducted a face to face visit with Aamiyah Lamb and Christopher Bynum in Latta, SC at their placement with Darrell and Tasha Deberry for the purpose of assessing their well-being, medical and social status and needs. The children are placed through an ICPC agreement with Nevada. The home is well-maintained and there is sufficient room for the children. There does not appear to be any safety or environmental hazards. Each child has a bed of their own with space to accommodate their belongings. There is sufficient food in the home. The children have been at the placement since August 1, 2014 and appear to be adjusting well. The children call their uncle Darrell "daddy" and call their aunt Tasha "Aunt T." There have been concerns about Aamiyah's past sexual abuse and Christopher's hyperactivity (ADHD). CM has assisted the family in seeking resources for medical and mental well-being. Well-being and Medical: Both children were neat, clean and appropriately dressed for the weather; and they did not have any suspicious marks or bruises. CM observed Aamiyah and Christopher to be happy and in good spirits. Aamiyah was in her room completing homework and Christopher was in the living room watching

AAMIYAH D.  
LAMB      2014-10-27      Field Visit

cartoons with his uncle. CM observed both children interacting positively with each other and other family members. The children have been receiving counseling services with Jane Fortune. The last appointment for Aamiyah was 10/8/14 and for Christopher it was 10/20/14. Mrs. Deberry informed CM the next appointment may be a home visit, but they are waiting on confirmation of date and time from Mrs. Fortune. Mrs. Deberry stated she attended an IEP meeting for Christopher today and the school has completed a psycho-educational evaluation on him and his diagnosis is ADHD. Christopher last went to see Teresa Dietz on 10/8/14 and his medication was increased from 18 mg to 27 mg, since it did not appear to be helping with his hyperactivity, focusing, and impulse control at school and home. The next scheduled appointment is 11/8/14. Mrs. Deberry stated Ms. Dietz made a referral for Christopher and Aamiyah to have a neurobehavioral evaluation with Dr. Michael West in Florence, SC. However, the appointment is not until June 2015. The family asked if CM could contact the office to see if a sooner appointment could be obtained. CM informed the Deberry's that DSS no longer makes referrals for evaluations, but rather a child's primary care physician. The children are on a cancellation list if an appointment becomes available sooner than June 2015. Mrs. Deberry stated at the IEP meeting the school is going to refer Christopher to the school based counselor, Janessa Jones, for support services at school. There are no other issues presenting at this time and all well-being and medical needs are being met. Social, Developmental, and Educational: Aamiyah is 10 years old and Christopher is 5 years old and both are meeting all developmental milestones and their socialization appears to be age appropriate. The Deberry's are working with Christopher and Aamiyah in regards to redirecting certain behaviors (hyperactivity, sexualized behaviors). The children are doing somewhat better at home, but Mrs. Deberry reports that Aamiyah has started taking food and hiding it. Mr. Deberry stated Aamiyah acts like she can never get enough to eat. CM advised the family these behaviors may have something to do with past trauma, and to mention this to the counselor at the next appointment. There are no other concerns at this time with socialization or developmental skills. Aamiyah is in the 5th grade at Latta Middle School and Christopher is in 5K at Latta Elementary School. Both children have stated they enjoy school. The school is working with the family to address Christopher's behavioral issues. CM spoke with the family about their interest in adopting the children later. Mr. Deberry seems more open to this option than Mrs. Deberry. Mrs. Deberry stated sometimes Christopher's hyperactivity can get the best of her, so she is trying to deal with it the best she can. Mr. Deberry stated God will see them through this and the children will be alright. Foster Parent Needs: Foster parents report there are no needs at the present time which are not already being dealt with through services. No concerns at the present time with Aamiyah and Christopher's well-being, medical, socialization and development. No need for referrals at this time. Both children appear to have all needs met with no current concerns. Plan is to continue with the ICPC supervision case as needed and directed.

Aamiyah Lamb Christopher Sylum October 27, 2014 at 4:00 pm Case Manager (CM) conducted a face to face visit with Aamiyah Lamb and Christopher Sylum in Latta, SC at their placement with Darrell and Tasha Deberry for the purpose of assessing their well-being, medical and social status and needs. The children are placed through an ICPC agreement with Nevada. The home is well-maintained and there is sufficient room for the children. There does not appear to be any safety or

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AAMIYAH D.  
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Face to Face  
with  
child/client

environmental hazards. Each child has a bed of their own with space to accommodate their belongings. There is sufficient food in the home. The children have been at the placement since August 1, 2014 and appear to be adjusting well. The children call their uncle Darrell "daddy" and call their aunt Tasha "Aunt T." There have been concerns about Aamiyah's past sexual abuse and Christopher's hyperactivity (ADHD). CM has assisted the family in seeking resources for medical and mental well-being. Well-being and Medical: Both children were neat, clean and appropriately dressed for the weather; and they did not have any suspicious marks or bruises. CM observed Aamiyah and Christopher to be happy and in good spirits. Aamiyah was in her room completing homework and Christopher was in the living room watching cartoons with his uncle. CM observed both children interacting positively with each other and other family members. The children have been receiving counseling services with Jans Fortune. The last appointment for Aamiyah was 10/8/14 and for Christopher it was 10/20/14. Mrs. Deberry informed CM the next appointment may be a home visit, but they are waiting on confirmation of date and time from Mrs. Fortune. Mrs. Deberry stated she attended an IEP meeting for Christopher today and the school has completed a psycho-educational evaluation on him and his diagnosis is ADHD. Christopher last went to see Teresa Dietz on 10/8/14 and his medication was increased from 18 mg to 27 mg, since it did not appear to be helping with his hyperactivity, focusing, and impulse control at school and home. The next scheduled appointment is 11/8/14. Mrs. Deberry stated Ma. Dietz made a referral for Christopher and Aamiyah to have a neurobehavioral evaluation with Dr. Michael West in Florence, SC. However, the appointment is not until June 2015. The family asked if CM could contact the office to see if a sooner appointment could be obtained. CM informed the Deberry's that DSS no longer makes referrals for evaluations, but rather a child's primary care physician. The children are on a cancellation list if an appointment becomes available sooner than June 2015. Mrs. Deberry stated at the IEP meeting the school is going to refer Christopher to the school based counselor, Jenness Jones, for support services at school. There are no other issues presenting at this time and all well-being and medical needs are being met. Social, Developmental, and Educational: Aamiyah is 10 years old and Christopher is 6 years old and both are meeting all developmental milestones and their socialization appears to be age appropriate. The Deberry's are working with Christopher and Aamiyah in regards to redirecting certain behaviors (hyperactivity, sexualized behaviors). The children are doing somewhat better at home, but Mrs. Deberry reports that Aamiyah has started taking food and hiding it. Mr. Deberry stated Aamiyah acts like she can never get enough to eat. CM advised the family these behaviors may have something to do with past trauma; and to mention this to the counselor at the next appointment. There are no other concerns at this time with socialization or developmental skills. Aamiyah is in the 8th grade at Little Middle School and Christopher is in 5K at Little Elementary School. Both children have stated they enjoy school. The school is working with the family to address Christopher's behavioral issues. CM spoke with the family about their interest in adopting the children later. Mr. Deberry seems more open to this option than Mrs. Deberry. Mrs. Deberry stated sometimes Christopher's hyperactivity can get the best of her, so she is trying to deal with it the best she can. Mr. Deberry stated God will see them through this and the children will be alright. Foster Parent Needs: Foster parents report there are no needs at the present time which are not already

AAMIYAH D.  
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with  
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being dealt with through services. No concerns at the present time with Aamiyah and Christopher's well-being, medical, socialization and development. No need for referrals at this time. Both children appear to have all needs met with no current concerns. Plan is to continue with the ICPC supervision case as needed and directed.

Aamiyah Lamb Christopher Bynum October 27, 2014 at 4:00 pm Case Manager (CM) conducted a face to face visit with Aamiyah Lamb and Christopher Bynum in Latta, SC at their placement with Darrell and Tasha Deberry for the purpose of assessing their well-being, medical and social status and needs. The children are placed through an ICPC agreement with Nevada. The home is well-maintained and there is sufficient room for the children. There does not appear to be any safety or environmental hazards. Each child has a bed of their own with space to accommodate their belongings. There is sufficient food in the home. The children have been at the placement since August 1, 2014 and appear to be adjusting well. The children call their uncle Darrell "daddy" and call their aunt Tasha "Aunt T." There have been concerns about Aamiyah's past sexual abuse and Christopher's hyperactivity (ADHD). CM has assisted the family in seeking resources for medical and mental well-being. Well-being and Medical: Both children were neat, clean and appropriately dressed for the weather; and they did not have any suspicious marks or bruises. CM observed Aamiyah and Christopher to be happy and in good spirits. Aamiyah was in her room completing homework and Christopher was in the living room watching cartoons with his uncle. CM observed both children interacting positively with each other and other family members. The children have been receiving counseling services with Jane Fortune. The last appointment for Aamiyah was 10/6/14 and for Christopher it was 10/20/14. Mrs. Deberry informed CM the next appointment may be a home visit, but they are waiting on confirmation of date and time from Mrs. Fortune. Mrs. Deberry stated she attended an IEP meeting for Christopher today and the school has completed a psycho-educational evaluation on him and his diagnosis is ADHD. Christopher last went to see Teresa Dietz on 10/6/14 and his medication was increased from 18 mg to 27 mg, since it did not appear to be helping with his hyperactivity, focusing, and impulse control at school and home. The next scheduled appointment is 11/3/14. Mrs. Deberry stated Ms. Dietz made a referral for Christopher and Aamiyah to have a neurobehavioral evaluation with Dr. Michael West in Florence, SC. However, the appointment is not until June 2015. The family asked if CM could contact the office to see if a sooner appointment could be obtained. CM informed the Deberry's that DSS no longer makes referrals for evaluations, but rather a child's primary care physician. The children are on a cancellation list if an appointment becomes available sooner than June 2015. Mrs. Deberry stated at the IEP meeting the school is going to refer Christopher to the school based counselor, Jenness Jones, for support services at school. There are no other issues presenting at this time and all well-being and medical needs are being met. Social, Developmental, and Educational: Aamiyah is 10 years old and Christopher is 5 years old and both are meeting all developmental milestones and their socialization appears to be age appropriate. The Deberry's are working with Christopher and Aamiyah in regards to redirecting certain behaviors (hyperactivity, sexualized behaviors). The children are doing somewhat better at home, but Mrs. Deberry reports that Aamiyah has started taking food and hiding it. Mr. Deberry stated Aamiyah acts like she can never get enough to eat. CM advised the family these behaviors may have

something to do with past trauma; and to mention this to the counselor at the next appointment. There are no other concerns at this time with socialization or developmental skills. Aamiyah is in the 5th grade at Latta Middle School and Christopher is in 5K at Latta Elementary School. Both children have stated they enjoy school. The school is working with the family to address Christopher's behavioral issues. CM spoke with the family about their interest in adopting the children later. Mr. Deberry seems more open to this option than Mrs. Deberry. Mrs. Deberry stated sometimes Christopher's hyperactivity can get the best of her, so she is trying to deal with it the best she can. Mr. Deberry stated God will see them through this and the children will be alright. **Foster Parent Needs:** Foster parents report there are no needs at the present time which are not already being dealt with through services. No concerns at the present time with Aamiyah and Christopher's well-being, medical, socialization and development. No need for referrals at this time. Both children appear to have all needs met with no current concerns. Plan is to continue with the ICPC supervision case as needed and directed.

Aamiyah Lamb Christopher Bynum October 27, 2014 at 4:00 pm Case Manager (CM) conducted a face to face visit with Aamiyah Lamb and Christopher Bynum in Latta, SC at their placement with Darrell and Tasha Deberry for the purpose of assessing their well-being, medical and social status and needs. The children are placed through an ICPC agreement with Nevada. The home is well-maintained and there is sufficient room for the children. There does not appear to be any safety or environmental hazards. Each child has a bed of their own with space to accommodate their belongings. There is sufficient food in the home. The children have been at the placement since August 1, 2014 and appear to be adjusting well. The children call their uncle Darrell "daddy" and call their aunt Tasha "Aunt T." There have been concerns about Aamiyah's past sexual abuse and Christopher's hyperactivity (ADHD). CM has assisted the family in seeking resources for medical and mental well-being. **Well-being and Medical:** Both children were neat, clean and appropriately dressed for the weather; and they did not have any suspicious marks or bruises. CM observed Aamiyah and Christopher to be happy and in good spirits. Aamiyah was in her room completing homework and Christopher was in the living room watching cartoons with his uncle. CM observed both children interacting positively with each other and other family members. The children have been receiving counseling services with Jane Fortune. The last appointment for Aamiyah was 10/8/14 and for Christopher it was 10/20/14. Mrs. Deberry informed CM the next appointment may be a home visit, but they are waiting on confirmation of date and time from Mrs. Fortune. Mrs. Deberry stated she attended an IEP meeting for Christopher today and the school has completed a psycho-educational evaluation on him and his diagnosis is ADHD. Christopher last went to see Teresa Dietz on 10/6/14 and his medication was increased from 18 mg to 27 mg, since it did not appear to be helping with his hyperactivity, focusing, and impulse control at school and home. The next scheduled appointment is 11/8/14. Mrs. Deberry stated Ms. Dietz made a referral for Christopher and Aamiyah to have a neurobehavioral evaluation with Dr. Michael West in Florence, SC. However, the appointment is not until June 2015. The family asked if CM could contact the office to see if a sooner appointment could be obtained. CM informed the Deberys that DSS no longer makes referrals for evaluations, but rather a child's primary care physician. The children are on a cancellation list if an appointment becomes available sooner than June 2015. Mrs. Deberry stated at the IEP

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meeting the school is going to refer Christopher to the school based counselor, Jernessa Jones, for support services at school. There are no other issues presenting at this time and all well-being and medical needs are being met. Social, Developmental, and Educational: Ammiyah is 10 years old and Christopher is 6 years old and both are meeting all developmental milestones and their socialization appears to be age appropriate. The Deberry's are working with Christopher and Ammiyah in regards to redirecting certain behaviors (hyperactivity, sexualized behaviors). The children are doing somewhat better at home, but Mrs. Deberry reports that Ammiyah has started taking food and hiding it. Mr. Deberry stated Ammiyah acts like she can never get enough to eat. CM advised the family these behaviors may have something to do with past trauma; and to mention this to the counselor at the next appointment. There are no other concerns at this time with socialization or developmental skills. Ammiyah is in the 6th grade at Latta Middle School and Christopher is in 2K at Latta Elementary School. Both children have stated they enjoy school. The school is working with the family to address Christopher's behavioral issues. CM spoke with the family about their interest in adopting the children later. Mr. Deberry seems more open to this option than Mrs. Deberry. Mrs. Deberry stated sometimes Christopher's hyperactivity can get the best of her, so she is trying to deal with it the best she can. Mr. Deberry stated God will see them through this and the children will be alright. Foster Parent Needs: Foster parents report there are no needs at the present time which are not already being dealt with through services. No concerns at the present time with Ammiyah and Christopher's well-being, medical, socialization and development. No need for referrals at this time. Both children appear to have all needs met with no current concerns. Plan is to continue with the ICPC supervision case as needed and directed.

Ammiyah Lamb Christopher Bynum October 27, 2014 at 4:00 pm Case Manager (CM) conducted a face to face visit with Ammiyah Lamb and Christopher Bynum in Latta, SC at their placement with Darrell and Tasha Deberry for the purpose of assessing their well-being, medical and social status and needs. The children are placed through an ICPC agreement with Nevada. The home is well-maintained and there is sufficient room for the children. There does not appear to be any safety or environmental hazards. Each child has a bed of their own with space to accommodate their belongings. There is sufficient food in the home. The children have been at the placement since August 1, 2014 and appear to be adjusting well. The children call their uncle Darrell "daddy" and call their aunt Tasha "Aunt T." There have been concerns about Ammiyah's past sexual abuse and Christopher's hyperactivity (ADHD). CM has assisted the family in seeking resources for medical and mental well-being. Well-being and Medical: Both children were neat, clean and appropriately dressed for the weather; and they did not have any suspicious marks or bruises. CM observed Ammiyah and Christopher to be happy and in good spirits. Ammiyah was in her room completing homework and Christopher was in the living room watching cartoons with his uncle. CM observed both children interacting positively with each other and other family members. The children have been receiving counseling services with Jane Fortune. The last appointment for Ammiyah was 10/6/14 and for Christopher it was 10/20/14. Mrs. Deberry informed CM the next appointment may be a home visit, but they are waiting on confirmation of date and time from Mrs. Fortune. Mrs. Deberry stated she attended an IEP meeting for Christopher today and the school has completed a psycho-educational evaluation on him and his diagnosis is ADHD.



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Christopher last went to see Teresa Dietz on 10/8/14 and his medication was increased from 18 mg to 27 mg, since it did not appear to be helping with his hyperactivity, focusing, and impulse control at school and home. The next scheduled appointment is 11/8/14. Mrs. Deberry stated Ms. Dietz made a referral for Christopher and Aamiyah to have a neurobehavioral evaluation with Dr. Michael West in Florence, SC. However, the appointment is not until June 2015. The family asked if CM could contact the office to see if a sooner appointment could be obtained. CM informed the Deberry's that DSG no longer makes referrals for evaluations, but rather a child's primary care physician. The children are on a cancellation list if an appointment becomes available sooner than June 2015. Mrs. Deberry stated at the IEP meeting the school is going to refer Christopher to the school based counselor, Jenness Jones, for support services at school. There are no other issues presenting at this time and all well-being and medical needs are being met. Social, Developmental, and Educational: Aamiyah is 10 years old and Christopher is 8 years old and both are meeting all developmental milestones and their socialization appears to be age appropriate. The Deberry's are working with Christopher and Aamiyah in regards to redirecting certain behaviors (hyperactivity, sexualized behaviors). The children are doing somewhat better at home, but Mrs. Deberry reports that Aamiyah has started taking food and hiding it. Mr. Deberry stated Aamiyah acts like she can never get enough to eat. CM advised the family these behaviors may have something to do with past trauma; and to mention this to the counselor at the next appointment. There are no other concerns at this time with socialization or developmental skills. Aamiyah is in the 6th grade at Latta Middle School and Christopher is in 5K at Latta Elementary School. Both children have stated they enjoy school. The school is working with the family to address Christopher's behavioral issues. CM spoke with the family about their interest in adopting the children later. Mr. Deberry seems more open to this option than Mrs. Deberry. Mrs. Deberry stated sometimes Christopher's hyperactivity can get the best of her, so she is trying to deal with it the best she can. Mr. Deberry stated God will see them through this and the children will be alright. Foster Parent Needs: Foster parents report there are no needs at the present time which are not already being dealt with through services. No concerns at the present time with Aamiyah and Christopher's well-being, medical, socialization and development. No need for referrals at this time. Both children appear to have all needs met with no current concerns. Plan is to continue with the ICPC supervision case as needed and directed.

Aamiyah Lamb Christopher Bynum October 27, 2014 at 4:00 pm Case Manager (CM) conducted a face to face visit with Aamiyah Lamb and Christopher Bynum in Latta, SC at their placement with Darrell and Tasha Deberry for the purpose of assessing their well-being, medical and social status and needs. The children are placed through an ICPC agreement with Nevada. The home is well-maintained and there is sufficient room for the children. There does not appear to be any safety or environmental hazards. Each child has a bed of their own with space to accommodate their belongings. There is sufficient food in the home. The children have been at the placement since August 1, 2014 and appear to be adjusting well. The children call their uncle Darrell "daddy" and call their aunt Tasha "Aunt T." There have been concerns about Aamiyah's past sexual abuse and Christopher's hyperactivity (ADHD). CM has assisted the family in seeking resources for medical and mental well-being. Well-being and Medical: Both children were neat, clean and appropriately dressed for the

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with  
child/client

weather; and they did not have any suspicious marks or bruises. CM observed Aamiyah and Christopher to be happy and in good spirits. Aamiyah was in her room completing homework and Christopher was in the living room watching cartoons with his uncle. CM observed both children interacting positively with each other and other family members. The children have been receiving counseling services with Jane Fortune. The last appointment for Aamiyah was 10/8/14 and for Christopher it was 10/20/14. Mrs. Deberry informed CM the next appointment may be a home visit, but they are waiting on confirmation of date and time from Mrs. Fortune. Mrs. Deberry stated she attended an IEP meeting for Christopher today and the school has completed a psycho-educational evaluation on him and his diagnosis is ADHD. Christopher last went to see Teresa Dietz on 10/8/14 and his medication was increased from 18 mg to 27 mg, since it did not appear to be helping with his hyperactivity, focusing, and impulse control at school and home. The next scheduled appointment is 11/8/14. Mrs. Deberry stated Ms. Dietz made a referral for Christopher and Aamiyah to have a neurobehavioral evaluation with Dr. Michael West in Florence, SC. However, the appointment is not until June 2015. The family asked if CM could contact the office to see if a sooner appointment could be obtained. CM informed the Deberry's that DSS no longer makes referrals for evaluations, but rather a child's primary care physician. The children are on a cancellation list if an appointment becomes available sooner than June 2015. Mrs. Deberry stated at the IEP meeting the school is going to refer Christopher to the school based counselor, Jannessa Jones, for support services at school. There are no other issues presenting at this time and all well-being and medical needs are being met. Social, Developmental, and Educational: Aamiyah is 10 years old and Christopher is 5 years old and both are meeting all developmental milestones and their socialization appears to be age appropriate. The Deberry's are working with Christopher and Aamiyah in regards to redirecting certain behaviors (hyperactivity, sexualized behaviors). The children are doing somewhat better at home, but Mrs. Deberry reports that Aamiyah has started taking food and hiding it. Mr. Deberry stated Aamiyah acts like she can never get enough to eat. CM advised the family these behaviors may have something to do with past trauma; and to mention this to the counselor at the next appointment. There are no other concerns at this time with socialization or developmental skills. Aamiyah is in the 5th grade at Latta Middle School and Christopher is in 5K at Latta Elementary School. Both children have stated they enjoy school. The school is working with the family to address Christopher's behavioral issues. CM spoke with the family about their interest in adopting the children later. Mr. Deberry seems more open to this option than Mrs. Deberry. Mrs. Deberry stated sometimes Christopher's hyperactivity can get the best of her, so she is trying to deal with it the best she can. Mr. Deberry stated God will see them through this and the children will be alright. Foster Parent Needs: Foster parent's report there are no needs at the present time which are not already being dealt with through services. No concerns at the present time with Aamiyah and Christopher's well-being, medical, socialization and development. No need for referrals at this time. Both children appear to have all needs met with no current concerns. Plan is to continue with the ICPC supervision case as needed and directed.

Aamiyah Lamb Christopher Bynum October 27, 2014 at 4:00 pm Case Manager (CM) conducted a face to face visit with Aamiyah Lamb and Christopher Bynum in Latta, SC at their placement with Darrell and Tasha Deberry for the purpose of

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assessing their well-being, medical and social status and needs. The children are placed through an ICPC agreement with Nevada. The home is well-maintained and there is sufficient room for the children. There does not appear to be any safety or environmental hazards. Each child has a bed of their own with space to accommodate their belongings. There is sufficient food in the home. The children have been at the placement since August 1, 2014 and appear to be adjusting well. The children call their uncle Darrell "daddy" and call their aunt Tasha "Aunt T." There have been concerns about Aamiyah's past sexual abuse and Christopher's hyperactivity (ADHD). CM has assisted the family in seeking resources for medical and mental well-being. Well-being and Medical: Both children were neat, clean and appropriately dressed for the weather; and they did not have any suspicious marks or bruises. CM observed Aamiyah and Christopher to be happy and in good spirits. Aamiyah was in her room completing homework and Christopher was in the living room watching cartoons with his uncle. CM observed both children interacting positively with each other and other family members. The children have been receiving counseling services with Jane Fortune. The last appointment for Aamiyah was 10/8/14 and for Christopher it was 10/20/14. Mrs. Deberry informed CM the next appointment may be a home visit, but they are waiting on confirmation of date and time from Mrs. Fortune. Mrs. Deberry stated she attended an IEP meeting for Christopher today and the school has completed a psycho-educational evaluation on him and his diagnosis is ADHD. Christopher last went to see Teresa Dietz on 10/8/14 and his medication was increased from 18 mg to 27 mg, since it did not appear to be helping with his hyperactivity, focusing, and impulse control at school and home. The next scheduled appointment is 11/8/14. Mrs. Deberry stated Ms. Dietz made a referral for Christopher and Aamiyah to have a neurobehavioral evaluation with Dr. Michael West in Florence, SC. However, the appointment is not until June 2015. The family asked if CM could contact the office to see if a sooner appointment could be obtained. CM informed the Deberry's that DSS no longer makes referrals for evaluations, but rather a child's primary care physician. The children are on a cancellation list if an appointment becomes available sooner than June 2015. Mrs. Deberry stated at the IEP meeting the school is going to refer Christopher to the school based counselor, Jeannette Jones, for support services at school. There are no other issues presenting at this time and all well-being and medical needs are being met. Social, Developmental, and Educational: Aamiyah is 10 years old and Christopher is 5 years old and both are meeting all developmental milestones and their socialization appears to be age appropriate. The Deberry's are working with Christopher and Aamiyah in regards to redirecting certain behaviors (hyperactivity, sexualized behaviors). The children are doing somewhat better at home, but Mrs. Deberry reports that Aamiyah has started taking food and hiding it. Mr. Deberry stated Aamiyah acts like she can never get enough to eat. CM advised the family these behaviors may have something to do with past trauma; and to mention this to the counselor at the next appointment. There are no other concerns at this time with socialization or developmental skills. Aamiyah is in the 5th grade at Latta Middle School and Christopher is in 5K at Latta Elementary School. Both children have stated they enjoy school. The school is working with the family to address Christopher's behavioral issues. CM spoke with the family about their interest in adopting the children later. Mr. Deberry seems more open to this option than Mrs. Deberry. Mrs. Deberry stated sometimes Christopher's hyperactivity can

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get the best of her, so she is trying to deal with it the best she can. Mr. Deberry stated God will see them through this and the children will be alright. Foster Parent Needs: Foster parents report there are no needs at the present time which are not already being dealt with through services. No concerns at the present time with Aamiyah and Christopher's well-being, medical, socialization and development. No need for referrals at this time. Both children appear to have all needs met with no current concerns. Plan is to continue with the ICPC supervision case as needed and directed.

Aamiyah Lamb Christopher Bynum September 24, 2014 at 4:00 pm Case Manager (CM) conducted a face to face visit with Aamiyah Lamb and Christopher Bynum in Latta, SC at their uncle and aunt's, Darrell and Tasha Deberry, residence for the purpose of assessing their well-being, medical and social status and needs. The children are placed through an ICPC agreement with Nevada. The home is well-maintained and there is sufficient room for the children. There does not appear to be any safety or environmental hazards. Each child has a bed of their own with space to accommodate their belongings. There is sufficient food in the home CM had made contact with the children and family in August, but since SC did not receive the 100B until September services did not begin until this month. The children have been at the placement since August 1, 2014 and appear to be adjusting well. There are concerns about Aamiyah's past sexual abuse and Christopher's hyperactivity (ADHD). CM has assisted the family in seeking resources for medical and mental well-being. Well-being and Medical: Both children were neat, clean and appropriately dressed for the weather; and they did not have any suspicious marks or bruises. CM observed Aamiyah and Christopher to be happy and in good spirits. Aamiyah was in her room completing homework and Christopher was in his room playing. CM observed both children interacting positively with each other and other family members. There are concerns about the children needing counseling services. CM has assisted in obtaining these services and the children have an appointment for 10/8/14 to see counselor Jane Fortune. In regards to Christopher's ADHD he was seen at Dillon Family Medicine on 9/3/14 by Teresa Dietz, NP and he was placed on Concerta. The children are scheduled to go back to Ms. Dietz on 10/3/14 in order to follow up on medication for Christopher. There are no other issues presenting at this time and all well-being and medical needs are being met. Social, Developmental, and Educational: Aamiyah is 10 years old and Christopher is 5 years old and both are meeting all developmental milestones and their socialization appears to be age appropriate. The Deberry's are working with Christopher and Aamiyah in regards to redirecting certain behaviors (hyperactivity, sexualized behaviors). There are no other concerns at this time with socialization or developmental skills. The children do not attend daycare, but ride the bus to and from home each day for school. Aamiyah is in the 5th grade at Latta Middle School and Christopher is in 3K at Latta Elementary School. Both children have stated they enjoy school. Christopher has had some minor behavioral issues at school which are being dealt with at home at by school faculty. Foster Parent Needs: Foster parents report there are no needs at the present time which are not already being dealt with through services. No concerns at the present time with Aamiyah and Christopher's well-being, medical, socialization and development. No need for referrals at this time. Both children appear to have all needs met with no current concerns. Plan is to continue with the ICPC supervision case as needed and directed.

Aamiyah Lamb Christopher Bynum September 24,

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L. BYNUM 2014-09-24

Face to Face  
with  
child/client

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CHRISTOPHER 2014-09-24 Field Visit  
L. BYNUM

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CHRISTOPHER  
L. BYNUM 2014-09-24 Home/Facility  
Visit

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AMMIYAH D.  
LAMB 2014-09-24 Home/Facility  
Visit

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AAMIYAH D.  
LAMB      2014-09-24      Field Visit



AAMIYAH D.  
LAMB

2014-09-24

Face to Face  
with  
child/client

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DCFS -

AAMIYAH D. LAMB	2014-09-24	Face to Face with Caretaker(s)	<p>aunt's, Dorell and Tasha Deberry, residence for the purpose of assessing their well-being, medical and social status and needs. The children are placed through an ICPC agreement with Nevada. The home is well-maintained and there is sufficient room for the children. There does not appear to be any safety or environmental hazards. Each child has a bed of their own with space to accommodate their belongings. There is sufficient food in the home CM had made contact with the children and family in August, but since SC did not receive the 1008 until September services did not begin until this month. The children have been at the placement since August 1, 2014 and appear to be adjusting well. There are concerns about Aamiyah's past sexual abuse and Christopher's hyperactivity (ADHD). CM has assisted the family in seeking resources for medical and mental well-being. Well-being and Medical: Both children were neat, clean and appropriately dressed for the weather, and they did not have any suspicious marks or bruises. CM observed Aamiyah and Christopher to be happy and in good spirits. Aamiyah was in her room completing homework and Christopher was in his room playing. CM observed both children interacting positively with each other and other family members. There are concerns about the children needing counseling services. CM has assisted in obtaining these services and the children have an appointment for 10/8/14 to see counselor Jane Fortune. In regards to Christopher's ADHD he was seen at Dillon Family Medicine on 9/3/14 by Teresa Dietz, NP and he was placed on Concerta. The children are scheduled to go back to Ms. Dietz on 10/3/14 in order to follow up on medication for Christopher. There are no other issues presenting at this time and all well-being and medical needs are being met. Social, Developmental, and Educational: Aamiyah is 10 years old and Christopher is 5 years old and both are meeting all developmental milestones and their socialization appears to be age appropriate. The Deberry's are working with Christopher and Aamiyah in regards to redirecting certain behaviors (hyperactivity, sexualized behaviors). There are no other concerns at this time with socialization or developmental skills. The children do not attend daycare, but ride the bus to and from home each day for school. Aamiyah is in the 5th grade at Little Middle School and Christopher is in 5K at Little Elementary School. Both children have stated they enjoy school. Christopher has had some minor behavioral issues at school which are being dealt with at home and by school faculty. Foster Parent Needs: Foster parents report there are no needs at the present time which are not already being dealt with through services. No concerns at the present time with Aamiyah and Christopher's well-being, medical, socialization and development. No need for referrals at this time. Both children appear to have all needs met with no current concerns. Plan is to continue with the ICPC supervision case as needed and directed.</p>																																																								
<b>Physical Condition of Home</b>			<table border="1"> <tr> <td colspan="2">Jan</td> <td colspan="2">M</td> <td colspan="2">2015</td> <td colspan="2">M</td> </tr> <tr> <td>Su</td> <td>Mo</td> <td>Tu</td> <td>We</td> <td>Th</td> <td>Fr</td> <td>Sa</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>1</td> <td>2</td> <td>3</td> <td></td> </tr> <tr> <td>4</td> <td>5</td> <td>6</td> <td>7</td> <td>8</td> <td>9</td> <td>10</td> <td></td> </tr> <tr> <td>11</td> <td>12</td> <td>13</td> <td>14</td> <td>15</td> <td>16</td> <td>17</td> <td></td> </tr> <tr> <td>18</td> <td>19</td> <td>20</td> <td>21</td> <td>22</td> <td>23</td> <td>24</td> <td></td> </tr> <tr> <td>25</td> <td>26</td> <td>27</td> <td>28</td> <td>29</td> <td>30</td> <td>31</td> <td></td> </tr> </table>	Jan		M		2015		M		Su	Mo	Tu	We	Th	Fr	Sa						1	2	3		4	5	6	7	8	9	10		11	12	13	14	15	16	17		18	19	20	21	22	23	24		25	26	27	28	29	30	31	
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<b>Current Status of Caretaker(s) and their Family</b>																																																											
Remarks:	Caretakers appear to be very concerned about the children and their well-being. They appeared to have bonded well with the family.																																																										
<b>Child Care Arrangements (If Any)</b>																																																											
Remarks:																																																											

None, children ride school bus home.	
<b>Current Functioning of Child</b>	
Remarks: Aamiyah has adapted well to her placement with family. She functions normally within the family, but has had some issues with hiding food. There are no issues with any abnormal behavior.	
<b>Education Progress</b>	
Remarks: Aamiyah attends 5th grade at Latta Middle School and is doing well behaviorally and academically.	
<b>Health Status</b>	
Remarks: No issues with Aamiyah's health.	
<b>Contact with Biological Parents or Relatives</b>	
Remarks: No contact with biological parents.	
<b>Financial/Medical Provisions</b>	
Remarks: Aamiyah receives Medicaid benefits.	
<b>Assessment of Placement</b>	
Remarks: Overall, the placement is going well and Aamiyah has adjusted well.	
<b>Permanent Plan</b>	
Remarks: Permanent placement with relatives.	
<b>Recommendation</b>	
<input type="checkbox"/> Transfer of Guardianship <input type="checkbox"/> Adoption <input type="checkbox"/> Discharge of Sending State's Legal Jurisdiction <input checked="" type="checkbox"/> Continued Placement <input type="checkbox"/> Other	
Remarks: SEE ABOVE REPORT	
<b>Signatures</b>	
Worker's Name:	Date: 01/22/2016
Supervisor's Name:	Date: 01/22/2016
Compact Administrator:	Date: 01/22/2016



**Interstate Compact On The Placement Of Children - Transmittal**  
 S.C. Department of Social Services  
 SC 100A ID #:

Other State 100A ID #:

Transmittal Date: 01/22/2015

Date Received: 01/20/2015

Family Case ID: 000160077

<b>TO</b>		<b>FROM</b>	
Type:	State	Type:	State
State:	Nevada	State:	South Carolina
To:	NEVADA ICPC PAMELA GENTRY	From:	SC ICPC Interstate Compact on the Placement of Children Post Office Box 1620 Columbia, SC 29202-1620
Attention:		Compact Person:	SEEPERBAUD
REF:	LANE/BYNUM	Telephone #:	

Placement Type: Foster Family Home  
 Placement Resource: 102B145 - DARRELL, DEBERRY

Search

Included	Requested	
<input type="checkbox"/>	<input type="checkbox"/>	(01) Priority/Regulation Due Date: <input type="checkbox"/> Urgent
<input type="checkbox"/>	<input type="checkbox"/>	(02) Preliminary Assessment Sent without 100A's
<input type="checkbox"/>	<input type="checkbox"/>	(03) <input type="checkbox"/> Home Evaluation <input type="checkbox"/> Custody Study Due Date:
<input type="checkbox"/>	<input type="checkbox"/>	(04) Criminal Background Checks <input type="checkbox"/> FBI Checks <input type="checkbox"/> Child Abuse/Neglect Clearance Results <input type="checkbox"/> State Law Enforcement Checks <input type="checkbox"/> Sexual Offender Registry Checks
<input type="checkbox"/>	<input type="checkbox"/>	(05) ICPC 100A <input type="checkbox"/> For Consideration <input type="checkbox"/> Approval <input type="checkbox"/> Denial
<input type="checkbox"/>	<input type="checkbox"/>	(06) Social Summary Of Each <input type="checkbox"/> Child and <input type="checkbox"/> Family
<input type="checkbox"/>	<input type="checkbox"/>	(07) <input type="checkbox"/> Birth Certificate (Verification of Birth) <input type="checkbox"/> Social Security Card
<input type="checkbox"/>	<input type="checkbox"/>	(08) Clearance on Indian Ancestry
<input type="checkbox"/>	<input type="checkbox"/>	(09) Legal Documents <input type="checkbox"/> Custody Order <input type="checkbox"/> TPR Ordered <input type="checkbox"/> Permanency Planning Orders <input type="checkbox"/> Reg 7 Court Order
<input type="checkbox"/>	<input type="checkbox"/>	(10) 100B Confirming <input type="checkbox"/> Placement Date <input type="checkbox"/> Placement Change/Closure
<input type="checkbox"/>	<input type="checkbox"/>	(11) Case Plan
<input type="checkbox"/>	<input type="checkbox"/>	(12) Medical Information (Text Required in Comments) <input type="checkbox"/> Therapy/Psych Report <input type="checkbox"/> Immunization Records
<input type="checkbox"/>	<input type="checkbox"/>	(13) <input type="checkbox"/> Official Hospital Birth Report to Include Labor, Delivery and Discharge Summary <input type="checkbox"/> Special Needs Documentation
<input type="checkbox"/>	<input type="checkbox"/>	(14) Financial Medical Plan Child(ren) IV-EFC Eligibility <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	<input type="checkbox"/>	(15) Fee Disclosure Statement of all Monies Paid or to be Paid by Adoptive Parent(s)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	(16) Supervisory/Progress Reports with Monthly Face to Face Visits in the Placement Setting
<input type="checkbox"/>	<input type="checkbox"/>	(17) Additional Information (Text Required in Comments)
<input type="checkbox"/>	<input type="checkbox"/>	(18) Interstate Services appear complete (Our Interstate Case is Closed)

Comments: SUPERVISORY REPORT DATED 1-2015. PLACEMENT CONTINUES.

CC: DILLON DBS; KAREN ENGLISH/DAWN ALLEN\*\*THANKS

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DCFS

1 TRANS

FILED

OCT 29 2015

*John L. Lamm*  
CLERK OF COURT

COPY

5 EIGHTH JUDICIAL DISTRICT COURT

6 FAMILY DIVISION

7 CLARK COUNTY, NEVADA

8 In the Matter of the ) CASE NO. D-11-446967-R  
9 Parental Rights of: ) DEPT. D  
10 )  
10 AAMIYAH LAMB, )  
11 D.O.B. 01/04/2004; )  
11 )  
12 CHRISTOPHER BYNUM, JR., )  
12 D.O.B. 03/28/2009; )  
13 )  
13 Minors. )  
14 \_\_\_\_\_ )

15 BEFORE THE HONORABLE ROBERT W. TEUTON,  
16 DISTRICT COURT JUDGE

17 TRANSCRIPT RE: TRIAL  
18 DAY ONE

19 TUESDAY, MARCH 10, 2015

1 APPEARANCES:

2 For the State of Nevada: RONALD L. CORDES, ESQ.  
3 District Attorneys' Office  
4 601 North Pecos Rd.  
Las Vegas, Nevada 89101  
(702) 455-5320

5 The Natural Mother: KEAUNDRA LOUISE DEBERRY  
6 For the Natural Mother: DEANNA M. MOLINAR, ESQ.  
MELINDA E. SIMPKINS, ESQ.  
7 Special Public Defenders' Office  
330 S. Third St., 8<sup>th</sup> Flr.  
8 Las Vegas, Nevada 89155  
(702) 455-6265

9 For the Children: CHRISTAL L. DIXON, ESQ.  
10 Legal Aid Center of  
Southern Nevada  
11 725 E. Charleston Blvd.  
Las Vegas, Nevada 89104  
(702) 386-1070

12 Also Present: MICHELLE MAESE  
13 Department of Family Services  
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I N D E X O F W I T N E S S E S

<u>DIRECT</u>	<u>CROSS</u>	<u>REDIRECT</u>	<u>RECROSS</u>	<u>VOIR DIRE</u>
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TUESDAY, MARCH 10, 2015

STATE'S WITNESSES

DR. NEHA MEHTA

By Mr. Cordes	7			
	22			
By Ms. Simpkins		32		18
		59		
By Ms. Dixon		51		

RESPONDENT'S WITNESSES

(None offered herein.)

\* \* \* \* \*

INDEX OF EXHIBITS

TUESDAY, MARCH 10, 2015

<u>STATE'S EXHIBITS</u>	<u>IDENTIFIED</u>	<u>MARKED FOR IDENTIFICATION</u>
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(None offered herein.)

RESPONDENT'S EXHIBITS

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D-E (Remarked)	Photograph	43
D-F	Photograph	43
D-G	Photograph	43



1 LAS VEGAS, NEVADA

TUESDAY, MARCH 10, 2015

2 P R O C E E D I N G S

3 (THE PROCEEDING BEGAN AT 10:25:35.)

4 THE COURT: Okay. We are on the record in Case Number  
5 D446967.

6 Appearances, please.

7 MR. CORDES: Good morning, Your Honor. Ron Cordes, Clark  
8 County District Attorneys' Office, Bar Number 4955, on behalf  
9 of the Department of Family Services.

10 MS. SIMPKINS: Melinda Simpkins, Deputy Special Public  
11 Defender, Bar Number 7911, appearing on behalf of the natural  
12 mother, Keaundra Deberry, who's present.

13 MS. MOLINAR: Deanna Molinar, Deputy Special Public  
14 Defender, present on behalf of the natural mother, Keaundra  
15 Deberry, as co-counsel.

16 MS. DIXON: Good morning, Your Honor. Christal Dixon,  
17 Bar Number 9009. I represent both of the children.

18 THE COURT: All right. This is the time for the trial  
19 following remand from the Supreme Court. And I believe that  
20 in an earlier hearing, we established the only issue is  
21 parental fault. Is that correct?

22 MR. CORDES: That's correct, Judge.

23 THE COURT: Do either side wish to make an opening  
24 statement?

1 MR. CORDES: No, Your Honor.

2 MS. SIMPKINS: No, Your Honor.

3 THE COURT: You may be seated.

4 You may call your first witness.

5 MR. CORDES: Dr. Neha Mehta, Your Honor.

6 THE MARSHAL: State the last name again.

7 MR. CORDES: Mehta.

8 THE MARSHAL: Mehta.

9 If you could remain standing, raise your right hand  
10 and face the clerk.

11 THE CLERK: You do solemnly swear the testimony you're  
12 about to give in this action shall be the truth, the whole  
13 truth and nothing but the truth, so help you God?

14 DR. MEHTA: I do.

15 THE CLERK: Thank you. Please state your name for the  
16 record.

17 DR. MEHTA: My name is Dr. Neha, N-E-H-A; Mehta, M-E-H-T-  
18 A.

19 THE CLERK: Thank you, so much.

20 MS. SIMPKINS: And, Your Honor, just for the record, I  
21 don't think there are any other witnesses; but we would invoke  
22 the exclusionary rule just in case.

23 THE COURT: All right. Are there any other --

24 MR. CORDES: That's correct, Judge.

1 THE COURT: -- witnesses?

2 MR. CORDES: -- for the record, Michelle --

3 THE MARSHAL: I don't know who keeps doing this.

4 MR. CORDES: -- Michelle Maese, who's a supervisor for  
5 the Department of Family Services will just be serving as the  
6 DFS representative. I do not anticipate her testifying  
7 relative to this portion of the termination of parental rights  
8 trial.

9 THE COURT: All right. Very good.

10 All right. You may proceed.

11 MR. CORDES: Thank you.

12 THE COURT: Good morning.

13 DR. NEHA MEHTA,

14 having been duly sworn, testified as follows:

15 DIRECT EXAMINATION

16 BY MR. CORDES:

17 Q Dr. Mehta, would you please tell the Court where  
18 you're currently employed?

19 A Yes. I am the medical director of the Audrey  
20 Hepburn Care Program, which is a child abuse evaluation  
21 program at New Orleans Children's Hospital in Louisiana.

22 Q How long have you been so employed?

23 A For a little bit over two years.

24 Q Prior to being in your current role as the medical

1 director, were you employed at any period of time in the state  
2 of Nevada?

3 A Yes, I was.

4 Q What period of time were you employed in Nevada?

5 A I was employed in Nevada immediately prior to moving  
6 to New -- New Orleans for approximately nine-and-a-half years.  
7 I served as the medical director of the child abuse evaluation  
8 program at Sunrise Children's Hospital, as well as the medical  
9 director at the Southern Nevada Children's Assessment Center  
10 at -- right adjacent to Child Haven.

11 Q When did you first become employed by Sunrise  
12 Hospital as a medical director?

13 A That was in approximately May of 2003.

14 Q So I'm gonna take you back and talk a little bit  
15 about your education. You have a college degree. Where is  
16 that from?

17 A Emory University.

18 Q What emphasis or major did you graduate with?

19 A Mathematics.

20 Q When did you graduate from there?

21 A I graduated from Emory in 1991.

22 Q And was that a bachelor of art or bachelor of  
23 science?

24 A B.A.

1 Q Following your attendance at -- Emory?

2 A That's correct.

3 Q Did you then attend any post-graduate educational  
4 program?

5 A I did one year abroad in Scotland where I studied  
6 medical school anatomy, philosophy and English. I had  
7 deferred entrance into medical school to -- to explore this  
8 opportunity. I was provided an exchange scholarship to spend  
9 a year in Scotland. After that, I attended the medical  
10 college of Georgia. And I was there from 1992 to 1996 getting  
11 my M.D., medical degree.

12 After attending medical school in Augusta, Georgia,  
13 I then did my training in pediatrics at the University of  
14 Kentucky in Lexington, Kentucky. I stayed there for three  
15 years studying exclusively in the field of pediatrics; and  
16 then after those three years, I stayed on for an additional  
17 year as the chief resident of the pediatrics residency program  
18 at the University of Kentucky.

19 Q All right. So that should take us then, by my  
20 calculations, to about 2000?

21 A That's correct. Then I went to Cincinnati  
22 Children's Hospital. I completed a one-year child abuse  
23 training fellowship at Cincinnati Children's Hospital, working  
24 exclusively on learning about issues of child physical abuse,

1 child sexual abuse, child neglect. So I completed that  
2 training program. I stayed on for two additional years as a  
3 faculty member at Cincinnati Children's Hospital before I was  
4 recruited to come to Las Vegas to serve as the director of the  
5 program here.

6 Q So I want to focus the time in Cincinnati. You said  
7 that you did about a year of the programming in learning about  
8 the child abuse and neglect. That includes sex abuse and  
9 physical abuse?

10 A That is correct.

11 Q All right. Can you go into some detail a little bit  
12 for the Court as to what that programming looks like?

13 A Yes. So it is a program of intensive study where  
14 you -- you're provided with literature and there are -- I have  
15 six attending physicians who are all practicing in the field  
16 of child abuse medicine. And we would review articles  
17 together. We would have weekly case meetings where all the  
18 cases that everyone was working on were discussed.

19 As a fellow, I had more involvement in more cases  
20 because I was there for intensive training. So even though  
21 there was six physicians, I was seeing perhaps 50 percent or  
22 about 50 percent of the cases, myself, in addition to going to  
23 meetings and learning about the other 50 percent of cases that  
24 I myself didn't see, where we would review the x-rays; we

1 would review the photographs; be part of the team discussion  
2 on the case.

3 I staffed the medical clinic where we evaluated  
4 children for concerns of sexual abuse. I completed one week  
5 of learning pathology at the University of Louisville. They  
6 had a very strong pathology program at the time. I attended  
7 national conferences, participated in a number of different  
8 training projects where I would train other providers in  
9 areas, help with grant writing and so kind of a variety of  
10 academic activities where you teach pediatric residents,  
11 create binders and manuals, things like that, as well.

12 Q Okay. So while you were referencing the national  
13 conferences, are those strictly medical training conferences;  
14 or did those incorporate any kind of multi-team approach where  
15 there may have been law enforcement, Child Protective  
16 Services, attorneys, maybe at those conferences?

17 A I have attended both types of conference; but I  
18 definitely focus more on the multi-disciplinary conferences.  
19 Every year, I attend at least two professional conferences for  
20 continuing medical education that involve evaluating children  
21 with concerns of child physical abuse or child sexual abuse.

22 I go -- there's a conference in San Diego I go to  
23 almost every year. There's the American Professional Society  
24 on the Abuse of Children that has an annual conference, and

1 I've been to a few of those conferences, and I've presented at  
2 two of those conferences.

3 There is an annual conference in Huntsville, Alabama  
4 that's also a multi-disciplinary conference where there are  
5 people who come from social work, law enforcement, medical,  
6 legal perspectives looking at issues -- you know, therapeutic  
7 perspectives looking at issues related to child abuse. And  
8 I've attended that conference a number of times. And for the  
9 last three years, I've been an invited speaker at that  
10 conference.

11 I am -- this current year, in a couple of weeks,  
12 I'll be presenting at that conference three sessions by myself  
13 and two as part of a panel; and it includes a variety of  
14 topics including evaluation of children with burns, physical  
15 abuse issues, looking at cases of sexual abuse that are  
16 medical -- that are medical mimics, so things that someone  
17 might think were sexual abuse but actually aren't, that they  
18 are normal medical findings and -- and sort of teaching people  
19 how to make those types of distinctions.

20 Q Okay. Specifically as it relates to burns and  
21 children, what training did you undergo in order to  
22 incorporate that type of identification into your practice?

23 A So during the course of my fellowship training, any  
24 children that had burns that needed to be evaluated, I would



1 be part of that multi-disciplinary team that reviewed those  
2 cases and discussed the evaluation. That would include  
3 literature review regarding articles that people have  
4 published in addition to attending national trainings where  
5 nationally recognized experts in evaluating burns discuss the  
6 various features that we need to consider when evaluating  
7 children with burns.

8 And I myself now present at national conferences on  
9 evaluating children with burns and trying to make distinctions  
10 between what is accidental and what is abusive based on the  
11 history, based on any scene investigation information that's  
12 available, based on the medical examination of the child. As  
13 well as the science of burns and burn injuries.

14 Q When you were employed in the state of Nevada, did  
15 you work with any of the specific facilities, hospitals, here  
16 in Nevada, relative to examining children with burn issues?

17 A Yes. So if they came into Sunrise Children's  
18 Hospital, I was often involved in their direct evaluation. If  
19 they came to other hospitals, there were many cases where  
20 child protection and or law enforcement would be called to a  
21 hospital to evaluate a child or to investigate a concern.  
22 They would obtain photographs of the child's injuries. They  
23 would provide me with whatever investigative detail they had  
24 available. And they would bring me those cases.

1 I, twice a month, would hold a courtesy team review  
2 meeting where if there were concerns about possible child  
3 abuse, an investigator could bring the case and we could  
4 discuss next steps, further testing, if there were concerns  
5 that this -- that this was abuse. In some cases I might be  
6 able to say I believe that this accidental explanation could  
7 cause those injuries and to help create some medical guidance  
8 or at least some medical input into their investigative  
9 process.

10 So I've evaluated cases where I didn't physically go  
11 to another hospital. I only had privileges at Sunrise  
12 Children's. But if they presented to UMC or Summerlin, photos  
13 would be obtained; and I would staff and discuss those cases,  
14 as well.

15 Q As part of your training to become a doctor and  
16 present at these conferences, is there any part of your  
17 professional evaluation of a case wherein you tried to  
18 ascertain alternative theories for an injury?

19 A That is a fairly standard part of my process and  
20 procedure. So, for example, as I discussed, when there are  
21 children with genital injuries or genital findings in many  
22 cases, those could have accidental -- potential accidental  
23 explanations.

24 We know that children, for example, who fall down

1 stairs can have multiple points of impact. And so sometimes a  
2 child that looks very bruised up or injured and people are  
3 worried about abuse, may be explained in an accidental manner.  
4 So part of the medical diagnosis is really getting as much  
5 historical information as is available at the time and  
6 considering what kinds of things we routinely see.

7 So, for example, part of my training, where I teach  
8 other doctors, is we will often see children with two black  
9 eyes. And people will be very concerned. Has this child been  
10 an abused child? They have two black eyes. And there are a  
11 number of possible explanations for that.

12 There are certain types of cancers that can create  
13 the appearance of two black eyes. One is called a  
14 neuroblastoma, and sometimes a case like that can be confused  
15 for child abuse. In addition, if a child were to run into a  
16 wall and have a large knot on their forehead, gravity would  
17 then drain the blood from the knot down to below their eyes  
18 and would produce the appearance of black eyes. And if you  
19 lifted up the child's bangs, you might see some faint greenish  
20 bruising residual to the initial knot that they had. So we  
21 need to recognize that there is certain scenarios where an  
22 accidental injury can mimic an abusive injury.

23 Q Okay. And specifically as you're evaluating burns,  
24 are there accidental causation for burns that you might be

1 considering as you're being asked to staff a case or about a  
2 specific injury?

3 A So for certain cases, particular in cases of hot  
4 water burns where children have burned themselves with a hot  
5 liquid or hot water, we recognize that, for example, a cup of  
6 hot coffee sitting on a table with steam coming out of it  
7 might be sort of an attractive nuisance to a child; and they  
8 may want to reach for that; and it's possible they could knock  
9 over a cup and spill and burn themselves; and they may present  
10 to a hospital with burns to their body that are concerning.  
11 So that would be based on the age of the child, the height of  
12 the child, what the object was.

13 Sometimes children standing in a tub, if the faucet  
14 is such that they are able to turn that faucet and the water  
15 heater is such that the temperature is high enough, it is  
16 possible that a child turning on a hot faucet could indeed  
17 burn themselves while they're standing in a tub. There would  
18 be certain patterns we would see associated with that that are  
19 different than what I more typically see when I make a  
20 diagnosis of abusive hot water burns.

21 Q All right. Besides presenting at national  
22 conferences currently, have you presented at any international  
23 conferences?

24 A I have been as -- I was asked to speak at a

1 conference in Sweden this past fall, and I did present there.  
2 I spoke on three different topics; and one of them was  
3 evaluating children, looking at burns and determining if they  
4 were abusive or accidental in nature.

5 Q In addition to the presentation at national  
6 conferences, your training that you've detailed for the Court,  
7 have you written any articles on a medical approach to child  
8 abuse examinations or presenting information from an expert  
9 opinion relative to child abuse?

10 A So I serve as an associate professor at the  
11 University of Louisiana School of Medicine. So I provide  
12 teachings and trainings to pediatricians who are in their  
13 residency programs.

14 For publications, I have published -- I'm one of the  
15 authors on a guidelines paper that looks at the medical  
16 approach to evaluating children for concerns of sexual abuse.  
17 And the lead author on that, Joyce Adams, is a nationally  
18 recognized leader in the medical aspect of evaluating children  
19 where there were concerns of -- of sexual abuse.

20 I've also been a participating site. So there were  
21 two multi-center studies where there were over 20 programs in  
22 the country that participated in a research project where we  
23 would take the children we were seeing and enroll them in the  
24 study.

1           The first one was looking at abdominal trauma  
2 injuries in children and seeing if there were simple screening  
3 tests we could do to help detect hidden trauma in the abdomen.  
4 And the other one was on looking at siblings. So if a child  
5 came in, and we were concerned that they had abusive injuries,  
6 making recommendations about siblings and seeing if their --  
7 if their siblings did indeed have injuries and figuring out  
8 what the best way to evaluate what those siblings were.

9           MR. CORDES: So at this point, Your Honor, the State  
10 would tender Dr. Mehta as an expert witness in child abuse.

11           MS. SIMPKINS: A couple of objections, Your Honor. Dr.  
12 Mehta's CV was not made available to myself or my co-counsel.  
13 So I would object on that basis. And just if I could voir  
14 dire briefly.

15           THE COURT: You may voir dire, yeah.

16                           VOIR DIRE EXAMINATION

17           BY MS. SIMPKINS:

18           Q     Dr. Mehta, do you -- oth -- other than that  
19 published article that you reference regarding sexual abuse,  
20 do you have any other published artic -- articles regarding  
21 child abuse at all?

22           A     Aside from ones where I'm a participating site, no,  
23 I do not.

24           Q     And other than your training on burns that you

1 received during your fellowship in Cincinnati back in around  
2 2000, have you had any other training regarding burns?

3 A Yes. So that would be via attending national  
4 conferences for continued medical education.

5 Q Okay. And how many C.E. -- C.M.E. credits do you  
6 have to get a year?

7 A I get over the required number. So I don't remember  
8 the exact number. I believe I have to -- I believe I have to  
9 get 40 every two years.

10 Q What conferences did you attend that were directly  
11 related to burns?

12 A I know I've attended trainings that included burn  
13 evaluations at the annual San Diego conference. I -- and I've  
14 also -- I'm a member of a -- a child abuse honor society.

15 So there are -- something I didn't explain in my  
16 training is that there is board certification in child abuse  
17 pediatrics. So in addition to being board certified as a  
18 general pediatrician, there was recognition that because the  
19 area is so, so specialized, and there were so many areas that  
20 one needs to be knowledgeable in, we realize, just like there  
21 are specialists in gastroenterology, there's specialists in  
22 cardiology, there -- there needed to be child abuse  
23 specialists.

24 So I met the qualifications for sitting for that

1 exam and taking that examination. I've taken that  
2 examination, passed that examination. So I am, by the  
3 American Board of Pediatrics, recognized as a board certified  
4 child abuse pediatrician. That would include understanding,  
5 knowledge and training about child physical abuse, child  
6 sexual abuse, child neglect and other abuse related issues.

7 Q Okay. Doctor, the question was, what other training  
8 have you had with regard to burns?

9 A I would not be able to piece out in my over 15 years  
10 of attending roughly two conferences a year, which specific  
11 conferences, at which time I had which lectures that were  
12 specific to burns. I am part of a national honor society.  
13 It's called the Helfer Society. It is an invitation medical  
14 society --

15 Q Doctor, let -- let me interrupt you right there.

16 A And at that --

17 Q Let me --

18 THE COURT: Let her --

19 Q BY MS. SIMPKINS: -- stop you right here.

20 THE COURT: -- complete her testimony.

21 MR. CORDES: Thank you.

22 MS. SIMPKINS: I'm sorry, Judge?

23 THE COURT: Let her complete her testimony. She's  
24 answering your question.



1 THE WITNESS: At that conference, I myself have presented  
2 a case to national experts, who are recognized as child abuse  
3 experts, that involved a medical mimic of child abuse where  
4 there was concerned that a child had been abused and had been  
5 burned on the hands. And I was the one who presented new  
6 information that had been previously unknown in the  
7 investigation that the burn had not been abusive and was  
8 caused by an unusual chemical reaction associated with Krazy  
9 Glue. So I'm actually -- my case is presented nationally to  
10 other experts to teach them about evaluating children with  
11 burns.

12 Q BY MS. SIMPKINS: Can you give me a rough estimate  
13 as to how many conferences or how much other training you've  
14 had other than the fellowship in 2000 that relates to burns?

15 A I would not be able to estimate that.

16 Q How many times have you testified in court?

17 A Over 50 times.

18 Q Okay. Have you ever testified for the defense  
19 rather than the prosecution?

20 A In actual court, no, ma'am.

21 MS. SIMPKINS: Judge, yeah, my -- my obj -- my one  
22 objection is the fact that I don't have a -- a CV from her.

23 THE COURT: The objection's over --

24 MR. CORDES: It wasn't -- well --

1 THE COURT: -- overruled.

2 MR. CORDES: Thank you.

3 FURTHER DIRECT EXAMINATION

4 BY MR. CORDES:

5 Q All right, Dr. Mehta. So while you were employed in  
6 the state of Nevada back in 2010, I'm gonna direct your  
7 attention to a case involving a child by the name of  
8 Christopher Bynum Jr.

9 Do you recall having a staffing by the Department of  
10 Family Services and law enforcement regarding that case?

11 A I know that I did have a staffing with them  
12 regarding that case. I do not recall all the particulars of  
13 that staffing.

14 Q Okay. What do you recall from the staffing  
15 regarding Christopher Bynum Jr.?

16 A I was provided with digital photos to review. And I  
17 was provided with some minimal facts history that was  
18 available at the time. The history that I was provided with  
19 was that the child had sustained a burn to the face by  
20 attempting to kiss an iron. I was able to view the  
21 photographs and render an opinion based on the appearance of  
22 what I saw in the photographs and that limited fact history of  
23 the child was attempting to kiss the iron. I also understood  
24 that the photographs were not immediately after the injury had

1 occurred and that there was some time delay involved from when  
2 the initial injury occurred to when the photographs had been  
3 obtained.

4 Q Okay. And based upon your review of the information  
5 you were provided, what opinion did you render relative to the  
6 burn mark to Christopher Bynum Jr.'s face?

7 A I did not find that the history of attempting to  
8 kiss the iron was consistent with the injury pattern to his  
9 cheek.

10 Q And what specifically about the injury pattern to  
11 the cheek caused you any concern?

12 A I had described it as a triangle-appearing, sharp-  
13 edged linear mark to his face with burn throughout. So it  
14 wasn't just the outline of a triangle. It was burn throughout  
15 the triangular area with sharp edges with no smearing.

16 THE COURT: With no what?

17 THE WITNESS: Smearing.

18 THE COURT: Smearing.

19 THE WITNESS: So often when approaching a object that's  
20 hot, part of our body will start to touch it; and we will  
21 reflexively pull back. And the most common injury you sustain  
22 when doing that is a linear line that people commonly have  
23 when they've accidentally touched an iron or tried to reach  
24 into a stove. They generally -- part of their body contacts.

1 They get a quick line and they reflexively pull back.

2 Because this was a pressed-in imprint over a curved  
3 part of the body, meaning that the -- the -- the facial cheek  
4 has dimension and depth to it -- so if you initially start to  
5 touch the cheek, you would just get to the very edge of the  
6 fatty part; and then reflexively, the iron would either drop  
7 or pull away. You'd either have smearing down the face or it  
8 would be away from the face. So to get a sharp line along the  
9 curved surface, there has to be pressure applied in order to  
10 do that. And a child in attempting to hold or pick up an iron  
11 would not apply pressure to their face in doing that. As soon  
12 as the perception of heat happened, they would drop or pull  
13 away.

14 Q BY MR. CORDES: And you're -- for the Judge, you're  
15 identifying that you're touching the cheek area of your face  
16 and identifying that there's the bone under the cheek and that  
17 there's a fatty area?

18 A That is correct. So the cheek is not a -- is not a  
19 flat surface. The cheek has curvature to it as well as  
20 fattiness and dimension; and so in approaching the cheek of  
21 the face, there would be a -- a curved out portion, similar to  
22 the arm when touching something hot, that you would hit that  
23 spot and then pull away. You would only be able to make a  
24 quick line. You wouldn't make the indentation or impression

1 of an entire edge of an object.

2 Q And in addressing the kissing the iron, had you ever  
3 heard that explanation prior to evaluating Christopher's  
4 injury?

5 A I have heard that explanation in, I'd say, about  
6 three to four cases where I've evaluated children with burns  
7 to the face.

8 Q Now obviously kissing invokes kind of a visual of  
9 the mouth touching the iron. In this case, did you see any  
10 injuries to Christopher Bynum Jr.'s mouth area?

11 A Not in the photographs that I viewed.

12 Q Was there any explanation provided to you by either  
13 law enforcement or Child Protective Services that there had  
14 been injuries to Christopher Bynum Jr.'s mouth area?

15 A Not part of the history they presented me.

16 Q When you were presented with the history of kissing  
17 the iron, did you understand that that had come from the  
18 child's sibling by way of the mother?

19 A I do not specifically recall that at this time.

20 Q Now you previously testified relative to this trial  
21 in front of Hearing Master Femiano. Do you recall that  
22 testimony?

23 A Yes, I do.

24 Q And at the time there was a deputy district attorney

1 by the name of Jenni -- Jennifer Meiselman Titus, who had  
2 presented that case to the Court. Do you recall that?

3 A Yes, I do.

4 Q In speaking to Ms. Meiselman Titus or the CPS  
5 worker, who was Roberta Mossman, also known as Roberta  
6 Cummings, did they discuss with you any other explanations  
7 that may have come about other than kissing the iron?

8 A Not that I specif --

9 MS. SIMPKINS: Objection, hearsay.

10 MR. CORDES: (Indiscernible.)

11 THE COURT: Well, she's just -- she already answered the  
12 question.

13 MS. SIMPKINS: I didn't hear the answer.

14 THE COURT: No.

15 MS. SIMPKINS: Okay.

16 Q BY MR. CORDES: Given the area where the injury was  
17 observed on Christopher Bynum Jr., the face area, you had  
18 indicated that a child would pull away from a hot object;  
19 correct?

20 A If a child was themselves holding the object and it  
21 was approaching them, they would pull away or drop the iron;  
22 yes.

23 Q Okay. And -- and there may be a smearing effect as  
24 a result of the pulling away?

1           A     So for example, where we commonly see this is if a  
2 child pulls some -- like there's an iron on an ironing board  
3 and they pull the iron towards them and the iron lands on them  
4 and falls, it smears. It doesn't have straight-line edges to  
5 it. It's a burn, but it's not an imprint of an edge. Or with  
6 a curling iron, something similar can happen where if the  
7 child is laying on the ground and it lands on them, it moves.  
8 It has flow. So it doesn't have sharp borders as something  
9 would that touches and presses down. It has a smear effect in  
10 accidental cases where I've seen children with burns.

11           Q     Okay. And can you just describe smearing.  
12 Obviously it can mean different things to different  
13 individuals. Can you describe from a medical perspective what  
14 you'd be looking at or be able to describe for the Court that  
15 smearing effect on the skin?

16           A     The appearance would be that there were not st --  
17 distinct, straight borders to the edge of the burn. It would  
18 be -- you -- you see it most commonly, like I said, when there  
19 is an object that's pulled onto a child who's laying down, for  
20 example. So they're trying to move away.

21                     And the -- there is, for example, irons that have  
22 steam holes. In some cases, if the holes are perfectly on the  
23 skin, you're able to see that that was held against the skin.  
24 If it had moved, those edges of those holes would blur; and

1 you wouldn't see a perfect circle. It's the same for the edge  
2 of the object. So if an object approaches the face, it  
3 doesn't leave a perfect imprint, it's dragged downward and you  
4 don't see distinct borders that are filled. You see varying  
5 degrees of burn with uneven edges.

6 Q In this case, do you recall seeing the smearing  
7 effect? I think you described seeing a di -- distinct  
8 pattern. Was there any smearing effect that you can recall?

9 A Not from the images that I reviewed.

10 Q And I believe that prior testimony indicated that  
11 you had given the burn a certain degree. Can you talk a  
12 little about that from a medical perspective how are burns  
13 determined to be first degree, second degree, third degree?

14 A So it has to do with the different depths of layer  
15 to the skin. The most superficial layer of the skin, the  
16 epidermis, when it is only the epidermis that is burned, that  
17 is a first-degree burn. And many people would liken it to  
18 having a sunburn where you have redness of the skin, some  
19 discomfort. It would hurt to touch a first-degree burn. But  
20 it's generally going to heal very well with minimal to no  
21 treatment.

22 A second-degree burn now is moving into the  
23 superficial layer of the dermis, which is directly under the  
24 epidermis. This is when you start to see some very -- you



1 might see some mild blistering of the skin, some peeling and  
2 abrasion and loss of the epidermal layer of the skin over the  
3 burn. This is going to be associated with more pain and  
4 beginning to have some risk of scarring.

5 A deep second-degree burn is now deeper into the  
6 dermis and there is large blisters over the burn. It is --  
7 the blisters tend to pop and weep and ooze. The risk for  
8 infection is much higher now. The risk for scarring has  
9 increased. And the amount of pain associated with the burn is  
10 also high.

11 A third-degree burn is actually where you're burned  
12 all the way down to the nerve layer and is not very commonly  
13 seen, but can occur, and does require treatment. There's a  
14 high risk of infection and disfiguration.

15 Q As it related to Christopher Bynum Jr., I believe  
16 prior testimony was second possibly third degree from the  
17 photographs that you were shown.

18 A I would say most likely second, but I could not  
19 exclude the possibility of third degree, but not first degree.

20 Q Now given the degrees of the burn that you just  
21 described, when you're talking about the smearing effect or  
22 the child possibly pulling away, what type of degree of burn  
23 most common in those type of injuries?

24 A It really depends on the object that's used, the

1 amount of time of contact and the heat associated with that  
2 object. So there's a lot of variables.

3 Q Okay. So let's talk about an iron. Again, without  
4 knowing how hot the iron was when it apparently touched the  
5 child and without knowing the length of time that the iron  
6 would have been pressed against the skin or placed against the  
7 skin, would you be able to determine from what you saw  
8 regarding the pictures whether or not there was any, I guess,  
9 smearing from Christopher's injuries from the photos you saw,  
10 give a time period that the iron may have been against the  
11 skin?

12 A I would not be able to give you a time period. I  
13 would tell you I did not appreciate any smearing.

14 Q Okay. Now with the linear marks that you testified  
15 observing, would you be able to give any time of -- time frame  
16 in that context where you saw linear marks on the skin?

17 A I would simply -- the -- the -- the reason the  
18 linear marks were important to me, is it was not consistent  
19 with the child putting the iron to his own face. It would not  
20 give me information about the amount of time, specifically.

21 Q Without knowing how hot the iron was and some other  
22 variables?

23 A Correct.

24 Q Okay. When you rendered your opinion relative to

1 the injuries not being consistent with the explanation that  
2 was provided as to the child kissing the iron, was that within  
3 a reasonable degree of medical certainty that that did not  
4 occur in accordance with that explanation?

5 A Yes.

6 Q Could there be any other possible explanations for  
7 the injury you observed on Christopher Jr. that you would have  
8 evaluated in rendering your opinion back in 2010?

9 A I don't understand your question.

10 Q I apologize. Poorly worded.

11 As you evaluated the pictures of Christopher and the  
12 explanation you were given, would your medical training have  
13 led you to ask any questions for further investigation  
14 relative to any other possible explanations? Would -- would  
15 that be part of your training and your consult with law  
16 enforcement or CPS in trying to ascertain the accidental  
17 versus non-accidental nature of the injury?

18 A I mean, I would recommend any -- if there's any  
19 possible scene investigation, that would be helpful. If there  
20 was any eye-witness statements, I think that would be helpful.  
21 If there were any other adults or children who could provide  
22 information. So in general, my recommendation is -- is  
23 obtaining as much information as possible. At that time, it  
24 is only my recollection that I was provided with information

1 about an iron and kissing of the iron. I do not at this time  
2 recall any other information.

3 Q Okay. And then I believe when you got to the  
4 adjudicatory hearing that took place in front of Hearing  
5 Master Femiano, the defense attorney at the time, Mr. Perez,  
6 had asked you about some medical records from the state of  
7 Louisiana. Do you recall that?

8 A I recall being asked about that.

9 Q Okay. And had you seen any medical records  
10 regarding Christopher Bynum's treatment when you rendered your  
11 opinion?

12 A No, I had not seen any medical records at that time.

13 MR. CORDES: Okay. Thank you.

14 Judge, I have no further questions for Dr. Mehta at  
15 this time.

16 THE COURT: Ms. Simpkins.

17 MS. SIMPKINS: Yes, Your Honor.

18 **CROSS-EXAMINATION**

19 **BY MS. SIMPKINS:**

20 Q Dr. Mehta, who told you that the child held the iron  
21 to his face?

22 A I do not know that anyone told me the child held the  
23 iron to his face.

24 Q So you just presumed that he held the iron to his

1 face?

2 A No, I'm simply saying that if the explanation was  
3 that the child was attempting to kiss an iron and therefore  
4 was the person holding the iron trying to kiss it, I would not  
5 believe that he accidentally caused his own injury by holding  
6 the iron himself.

7 Q Did anyone ever advise you that there's no evidence  
8 in this case that the child was holding an iron.

9 A I do not have any additional scene information at  
10 this time.

11 Q Now, doctor, you previously testified about the  
12 article that you published in the Journal of Pediatric  
13 Adolescent Gynecology regarding the guidelines for medical  
14 care of children who may have been sexually abused. Do you  
15 remember that earlier testimony today?

16 A That's correct.

17 Q Okay. And in that article, isn't it true that you  
18 described -- or you list several goals for a medical  
19 evaluation?

20 A I believe so.

21 Q And would you agree that the goals that you list in  
22 that article are basically general enough to apply to a -- an  
23 abuse evaluation that doesn't involve sex?

24 A I would have to re-read them, but it's -- I -- I

1 don't specifically see that that would be an issue.

2 Q Do you recall indicating in that article that  
3 obtaining history from a child or a guardian is something that  
4 you would recommend during medical evaluation?

5 A I would recommend that.

6 Q Okay. And why is that important?

7 A History information -- so part of making a medical  
8 diagnosis is having history information. Just as I said  
9 earlier, any information about what was present at the scene;  
10 who may have seen things; a time line as to what had occurred.  
11 When an injury occurs, was there care sought immediately? Was  
12 there a delay in seeking care? Was there home remedies used?  
13 Was there other concerns for the child? Was there mitigating  
14 factors that might -- so for example, a child who, in -- in a  
15 sexual abuse case might be frequently touching themselves. So  
16 when they worry that that represents abuse, that there could  
17 possibly be some alternative explanations to that. So it's  
18 important to have as much historical information as possible.

19 Q You would also look for things -- please, and I'm  
20 not trying to put words in your mouth. But would you also  
21 look for things like if there was a history of abuse in the  
22 family or if there was any kind of domestic violence in the  
23 family or things of that nature?

24 A It wouldn't really affect my medical opinion in an

1 evaluation. But I certainly think it could have influence on  
2 things like safety planning.

3 Q As part of the history would you -- would that be  
4 something you would normally ask for?

5 A If I had a family member present and was talking to  
6 them, I would generally ask them if that was part of their  
7 background.

8 Q Now the second goal that you listed in that article  
9 would be considering alternative explanations for concerning  
10 signs or symptoms. Do you recall that?

11 A That is something that I do believe, yes.

12 Q Okay. And at this point, or when you testified back  
13 at the contested hearing, the alternative -- or the  
14 explanation that you were given was that the baby kissed the  
15 iron; correct?

16 A That is correct.

17 Q Were you ever informed that the iron may have fallen  
18 off a dresser onto the child's cheek?

19 A I believe that was part of the questioning I was  
20 asked during that hearing.

21 Q Okay. Did you -- what other -- were there any other  
22 alternative explanations that you considered in your  
23 evaluation of this case?

24 MR. CORDES: Objection, Your Honor.

1 THE COURT: I'm sorry. What's the --

2 MR. CORDES: The objection is Dr Mehta's already  
3 testified that she did not create and was not presented with  
4 any additional alternative theories. So I believe it's been  
5 asked and answered.

6 MS. SIMPKINS: I -- Your Honor --

7 THE COURT: Overruled.

8 Go ahead. Re -- restate your question.

9 Q BY MS. SIMPKINS: Other than the iron falling off of  
10 the -- the dresser onto the child or the baby kissing the  
11 iron, did you consider any other or you -- were you presented  
12 with any other alternative explanations for this?

13 A Not that I independently recall at this time.

14 Q Okay. Why is it important to consider alternative  
15 explanations for con -- for concerning signs and symptoms?

16 A Because we want to have whatever information is  
17 available in making a determination about possible abuse. I  
18 would, you know, ideally like to know what temperature things  
19 are at; where they're located in a house.

20 So, for example, I should clarify when talking about  
21 the baby kissing the iron, I'm also including that if the iron  
22 was on a counter or a stand or a low ironing board and the  
23 baby didn't actually hold the iron. If the baby even  
24 physically went towards the iron as if to kiss the iron



1 without lifting or holding it, I still would find that  
2 inconsistent with the injury the child had.

3           So whether the baby's holding the iron or whether  
4 the baby's approaching an iron that's independently still, I  
5 did find his injury inconsistent with the child of his own  
6 volition having anything to do with the iron by himself.

7           Q     Okay. So but you weren't given any information with  
8 regard to the motor skills of this child, were you?

9           A     I would only know as a general pediatrician what the  
10 skills of a child typically --

11          Q     Uh-huh.

12          A     -- between the ages of one and two would be.

13          Q     Okay. So the question is, you weren't given any  
14 information as to the motor skills as to this child; correct?

15          A     That is correct.

16          Q     And you weren't given any information as to where  
17 the iron had -- it -- when the iron had fallen, where the iron  
18 had fallen, any information like that; right?

19          A     I was not provided with any of that information.

20          Q     You don't know if it fell onto something on the  
21 floor and maybe the baby fell into the iron accidentally? You  
22 don't know anything like that?

23          A     I have not been provided with any of that history.

24          Q     Okay. Now, Dr. Mehta, the third goal that you

1 listed in your article was identifying document evidence of  
2 injury or infection. You didn't pre -- you didn't make any  
3 reports with regard to your evaluation of these photos, did  
4 you?

5 A No, ma'am.

6 Q And I think it's safe to say you didn't see the  
7 child, correct?

8 A That's correct.

9 Q Okay. And so you didn't diagnose or treat any other  
10 medical conditions of the child, right?

11 A That is correct.

12 Q Would you agree, doctor, that a comprehensive  
13 physical examination is necessary when you are evaluating any  
14 kinds of child abuse?

15 A I would recommend that.

16 Q Would you agree that you may initially see a  
17 concerning sign or symptom but there may be more and that's  
18 why you need to do -- or that's one of the reasons why you  
19 need to do a comprehensive evaluation?

20 A That would be one.

21 MR. CORDES: Objection, Your Honor. I just think that's  
22 vague and ambiguous as to you may see more. More injury?  
23 More scarring? I don't -- I mean, that's just vague.

24 MS. SIMPKINS: Okay.

1 THE COURT: Sustained.

2 Q BY MS. SIMPKINS: May see more injury to the child?

3 A That would be a reason among other reasons to  
4 perform a -- that -- it would be ideal to perform a  
5 comprehensive evaluation as possible.

6 Q Now in your article, one of your goals that you  
7 listed was assess the child's safety and make a report to  
8 Child Protective Services if needed. In order to do that,  
9 doctor, would you agree that you need to know the history,  
10 current -- things like current allegations of abuse, any kind  
11 of explanations, if there was other injury, the child's  
12 temperament, past history of abuse, things of that nature --

13 A For a tr --

14 Q -- to make an -- an assessment as to safety?

15 A -- for a treating physician who is seeing a child  
16 live --

17 Q Uh-huh.

18 A -- and is trying to make a determination as to  
19 whether they need to make a report of suspicion of abuse, I  
20 think all of that information would be helpful to have.

21 Q Okay. Now how many photographs did you look at?

22 A I do not recall.

23 Q Do you know if it was more than two?

24 A I do not recall.

1 Q At all? Did you look at any photographs in  
2 preparation for your testimony today?

3 A I understand that they -- that the District  
4 Attorneys' office does not have the initial photos that I  
5 reviewed when I first evaluated the case.

6 Q Okay. So did you review anything in preparation for  
7 your testimony today?

8 A Yes. There was a transcript provided from my prior  
9 testimony --

10 Q Okay.

11 A -- regarding my eval -- my (indiscernible) -- my  
12 prior case.

13 Q If I showed you some pictures, could you tell me if  
14 you had re -- do you think you would recall if you had  
15 reviewed these photos prior to your testimony last time?

16 A I could try. I do not believe that I would be able  
17 to recall that.

18 Q You don't -- maybe --

19 A I don't know.

20 Q -- or -- you don't know. Oh, okay.

21 A I don't know.

22 MS. SIMPKINS: Mr. Cordes, (indiscernible.)

23 MR. CORDES: Okay. Did you mark them?

24 MS. SIMPKINS: No, they're not.

1 MR. CORDES: Okay.

2 THE COURT: Do you want to get them marked, then maybe --

3 MS. SIMPKINS: My first witness, Your Honor.

4 THE COURT: Well, let's get 'em marked first. How many  
5 do you have?

6 MS. SIMPKINS: I -- well, I don't know if I'm going to be  
7 putting them into evidence, Judge. I (indiscernible) --

8 THE COURT: That's all right. I mean, but she may be  
9 testifying and --

10 MS. SIMPKINS: I've got four.

11 THE COURT: -- refer to one and not the others.

12 MS. SIMPKINS: I'm just trying to de -- lay a foundation  
13 right now if she's seen them. If she hasn't seen them, that's  
14 it. So I don't know if you want me to go ahead and mark them  
15 or not.

16 THE COURT: Mark them first.

17 MS. SIMPKINS: Okay.

18 THE COURT: And then whether any or all of them get  
19 admitted will be dependent upon her testimony.

20 THE CLERK: (Indiscernible) individually?

21 THE COURT: I'm sorry? Individual.

22 THE CLERK: Individual.

23 THE COURT: Yeah. You can do A-1, A-2, A-3. That's  
24 fine.

1 UNIDENTIFIED SPEAKER: 2-A.  
2 (Whereupon Respondent's Exhibits 2-B, 2-C, 2-D, 2-E  
3 were marked for identification.)  
4 MS. SIMPKINS: May I approach the witness, Your Honor?  
5 THE COURT: Yes, you may.  
6 Q BY MS. SIMPKINS: For the record, I'm showing you  
7 what has been marked as proposed Exhibit 2-D -- A, B, C and D.  
8 THE COURT: Did you say 2-A --  
9 MS. SIMPKINS: Well, it should be -- in fact it should be  
10 B, C, D and E because we already have A.  
11 THE CLERK: Okay. That's fine.  
12 MS. SIMPKINS: We got A, so --  
13 THE COURT: B, C --  
14 MS. SIMPKINS: -- B, C, D and E.  
15 THE COURT: All right.  
16 Q BY MS. SIMPKINS: Okay. Take a -- just let me --  
17 take a look at those. Let me know when you're finished,  
18 doctor.  
19 MS. SIMPKINS: You want to (indiscernible) also?  
20 MR. CORDES: No, (indiscernible).  
21 MS. SIMPKINS: Okay.  
22 Q BY MS. SIMPKINS: You don't know if you --  
23 A I do not believe I've seen these photos --  
24 Q Okay.

1           A     -- in rendering the opinion from the initial case.  
2     In my description in prior testimony, I -- I made indication  
3     the child was outdoors in sunlight. So I know that these --  
4     I've not seen those before.

5           Q     Okay.

6           MS. SIMPKINS: I am not putting these in evidence, Judge.  
7     Do you want them remarked or no?

8           THE COURT: I need to preserve them in --

9           MS. SIMPKINS: Okay.

10          THE COURT: -- in the event of an appeal, so.

11          MS. SIMPKINS: All right.

12          THE COURT: Yeah, we'll remark them as B, C, D and E and  
13     note that they have not been admitted.

14          (Whereupon Respondent's Exhibits 2-B, 2-C, 2-D, 2-E  
15     were remarked for identification.)

16          MS. SIMPKINS: May -- let me have these marked, then,  
17     Your Honor.

18          THE COURT: F and G.

19          (Whereupon Respondent's Exhibits 2-F, 2-G  
20     were marked for identification.)

21          MS. SIMPKINS: May I approach the witness, Your Honor?

22          THE COURT: You may.

23          Q     BY MS. SIMPKINS: Dr. Mehta, could you look at  
24     these photographs and tell me if they're the ones that you

1 recall seeing during your initial evaluation?

2 A These photos are not of sufficient quality to be  
3 able to render an opinion. I do not know if there is a higher  
4 quality version of these that I have seen, but these photos  
5 are not of sufficient quality to render an opinion.

6 Q I -- I understand. I'm not asking you to render an  
7 opinion based on those. Are -- does that refresh your  
8 recollection, or do you recall ever seeing those photos  
9 before?

10 A I can not say if these are the photos or not.

11 Q Okay. Fair enough. Dr. Mehta, I'm gonna show you  
12 what has been marked as proposed Exhibit B.

13 THE COURT: B as in boy?

14 MS. SIMPKINS: B as in boy, yes.

15 Q BY MS. SIMPKINS: This is a photo that you already  
16 looked at. I believe it's -- said you hadn't seen before or  
17 don't recall seeing before. Can you take a look at that on  
18 the child's face? Is that -- would that be an accurate  
19 depiction of the burn that you recall seeing?

20 MR. CORDES: Objection, Your Honor.

21 THE COURT: She can't identify the photograph. How can  
22 she testify if it's --

23 MS. SIMPKINS: Okay.

24 THE COURT: -- an accurate representation of the --



1 Q BY MS. SIMPKINS: Do you --

2 THE COURT: -- burn she saw.

3 Q BY MS. SIMPKINS: You're --

4 THE COURT: Objection sustained.

5 MR. CORDES: Thank you.

6 Q BY MS. SIMPKINS: Dr. Mehta, do you recall  
7 testifying at the contested hearing that the injury was  
8 consistent with abuse?

9 A I'd have to know the exact wording of what I said.

10 Q Okay. Would you agree that whether or not abuse  
11 took place is usually made by law enforcement or social --  
12 it's a decision usually made by law enforcement or social  
13 services or -- or the courts?

14 A I can tell you that child abuse is a medical  
15 diagnosis. So it is possible for us to medically make a  
16 diagnosis of abuse. That doesn't necessarily have to do with  
17 what law enforcement, child protection and or a court would  
18 find or do.

19 Q Okay. Isn't it true, in your article that I've been  
20 discussing, you indicated, and I quote, the skilled healthcare  
21 provider who examines the child or who reviews the  
22 photographic documentation obtained by others must interpret  
23 the examination findings in light of the best scientific  
24 knowledge abail -- available; but the final determination as

1 to whether an allegation of sexual abuse has been  
2 substantiated is usually made by law enforcement, social  
3 service agencies or the courts, end quote?

4 A The word substantiated is the distinction in your  
5 question. A physician can still make a diagnosis of child  
6 sexual abuse. Whether or not it is quote, unquote,  
7 substantiated would be up to an investigative body.

8 Q Okay. Would you agree then that that statement and  
9 the word substantiated also applies to just regular abuse as  
10 opposed to sexual abuse?

11 A It's hard for me to imagine every possible scenario,  
12 so hard for me to answer that question. Could there be a  
13 situation where that might not be the case? I guess. But it  
14 seems very reasonable.

15 Q Okay. Isn't it true, during your prior testimony,  
16 you could only state that the explanation given as to the  
17 mechanism of injury was not consistent with the injury  
18 suffered?

19 A I would agree that -- that -- that it is -- the  
20 mechanism provided does not explain the child's injury.

21 Q Now you had previously talked -- in your previous  
22 testimony, you talked about interviewing witnesses. Were you  
23 aware that there was a witness to this incident?

24 MR. CORDES: Judge, I'm just gonna object as to the

1 vague, ambiguous nature of the question regarding her previous  
2 testimony because she has testified today and in a prior  
3 hearing regarding this matter. So lack of foundation as to  
4 the time frame of the previous testimony.

5 THE COURT: Restate your question.

6 MS. SIMPKINS: Okay.

7 Q BY MS. SIMPKINS: As you sit here today, are you  
8 aware that there was a witness to the incident?

9 A I underst -- when I was initially provided history,  
10 I -- I don't believe I had that information. I understand  
11 there may have been another child --

12 Q Okay.

13 A -- involved.

14 Q And are you aware that it was the other child who  
15 reported not only to her mother but also to CPS investigators  
16 that it was the baby that kissed the iron or baby kissed the  
17 iron?

18 A I do not have that detail.

19 Q So, doctor, in your evaluation of these photographs,  
20 the information that you were given, who -- do you recall -- I  
21 don't -- do you recall who gave you that information?

22 A No, ma'am. I do not.

23 Q Okay. Did you ever speak to anyone else besides the  
24 person who gave you the information about the baby kissing an

1 iron -- kissing the iron?

2 A I don't recall.

3 Q Have you ever spoken to Keaundra Deberry about it,  
4 that you recall?

5 A I don't know who that is.

6 Q The natural mother, you haven't --

7 A I have never spoken to the child's mother.

8 Q You -- besides the initial person or whoever it was  
9 from CPS who gave you that information, have you spoken to  
10 anyone else, that you can recall, about it?

11 A I'm sure I've spoken to other people, the previous  
12 prosecutor, possibly law enforcement. I -- I don't know who  
13 would have been involved in that.

14 Q Okay. And during -- if you -- if you can recall,  
15 because I know it was a few years ago, during your  
16 conversations, did they give you any additional information  
17 other than what you've represented here?

18 A I don't have any independent recollection.

19 Q Okay. Now when you testified at the contested  
20 hearing in front of Hearing Master Femiano, you were unaware  
21 that the child had actually been seen by a doctor in  
22 Louisiana. Weren't you?

23 A I don't remember. I have not reviewed any records  
24 is what I know for sure.

1 Q Okay. Do you recall if the district attorney or any  
2 other caseworker gave you information that the child had been  
3 seen by a doctor in Louisiana?

4 A I don't recall.

5 Q Is it true, Dr. Mehta, that during your testimony at  
6 the contested hearing, that was the first time you saw the  
7 doctor's report?

8 A I've never seen the doctor's report.

9 Q You don't recall having it handed to you and reading  
10 from it on the record?

11 MR. CORDES: Objection, Judge. I think that misstates  
12 what transpired at the previous hearing. So technically  
13 what's previously in evidence in the J file.

14 MS. SIMPKINS: Well, Your Honor, I think it doesn't  
15 misstate the evidence. I reviewed the video in preparation  
16 today. And that's what I'm basing my questions on.

17 MR. CORDES: Well, okay. Then it --

18 THE COURT: Was the -- was the J case admitted previously  
19 in this --

20 MS. SIMPKINS: I believe so, yeah.

21 THE COURT: -- the J file?

22 MR. CORDES: I -- I believe the J --

23 MS. SIMPKINS: I think we stipulated.

24 MR. CORDES: -- I believe we stipulated to the juvenile

1 file being admitted into evidence, Judge, for this case.  
2 MS. SIMPKINS: That's my recollection, as well.  
3 THE COURT: During the -- the trial --  
4 MS. SIMPKINS: Yes, sir.  
5 THE COURT: -- a couple of years ago.  
6 MR. CORDES: During the TPR trial.  
7 THE COURT: All right.  
8 MR. CORDES: So -- and then -- and -- and, Judge, I think  
9 -- can we approach?  
10 THE COURT: Sure. Come over here since --  
11 MR. CORDES: Yeah.  
12 (WHEREUPON THE MATTER WAS TRAILED AT  
13 11:26:50 AND RECALLED AT 11:54:43.)  
14 THE COURT: All right. We are back on the record in  
15 D446967. Parties, Counsel, are present.  
16 Dr. Mehta, you are still under oath.  
17 And, Ms. Simpkins --  
18 MR. CORDES: Ms. Dixon (indiscernible).  
19 THE COURT: -- I'm sorry.  
20 MS. DIXON: I just had a few questions, Your Honor.  
21 THE COURT: You rested, which I was about to say.  
22 Ms. Dixon, you may examine.  
23 MS. DIXON: Okay.  
24 ////

CROSS-EXAMINATION

BY MS. DIXON:

Q Dr. Mehta, you testified earlier that you've had maybe three or four cases where the explanation given was that someone tried to kiss an iron. Is that correct?

A That's correct.

Q Do you know if you testified in those cases?

A I testified in one. That was a criminal trial, I believe, here in Clark County.

Q And in that case were you able to actually do an evaluation of the victim?

A Yes, I was.

Q Okay. So you were able to form a -- a medical opinion because you actually evaluated the victim?

A That is correct.

Q In that case, did you talk to the alleged perpetrator or to any other corroborating witnesses?

A I did not.

Q And you said -- you've only testified, then, in one other case where kissing the iron was the allegation.

A I believe so.

THE COURT: I'm sorry. For clarification, there -- you had four prior iron burn cases, one of which was a kissing the iron allegation?

1 THE WITNESS: I've had multiple prior iron burn cases.  
2 I've provided -- been provided perhaps three or four times  
3 with an explanation that the iron burn was due to a child  
4 attempting to kiss the iron. And I know that I've testified  
5 in at least one of those in addition to this case that was a  
6 criminal trial in Clark County.

7 THE COURT: Okay. Thank you.

8 Q BY MS. DIXON: And in that case, did you -- did you  
9 find that in fact it was an accident or it was an intentional  
10 burn?

11 A I found that it was a intentional burn.

12 Q And in this case you said you did not ever speak  
13 with the natural mother. Is that correct?

14 A That is correct.

15 Q And you did not speak with my other client, Aamiyah,  
16 who was present during this inc -- incident?

17 A No, ma'am. I did not.

18 Q Okay. And you did not ever actually evaluate  
19 Christopher Bynum yourself?

20 A That is correct.

21 Q You just observed some pictures that were sent to  
22 you?

23 A That -- in a multi-disciplinary staffing fashion,  
24 yes. In other words, there would have been a meeting --



1 Q Uh-huh.

2 A -- with people presenting what information they had  
3 and their photos; and that is in the fashion in which I staff  
4 the case.

5 Q So do you know if you, yourself, ever actually  
6 received your own set of photos of the burn?8989

7 A I would not have received a set of photos.

8 Q Okay. And you also previously testified that child  
9 abuse is a medical diagnosis, correct?

10 A It is one of the recognized ICD-9 diagnoses that a  
11 physician can make, yes.

12 Q Okay. And in order to make that diagnosis, I  
13 believe you stated that typically you need information from  
14 all the parties involved.

15 A It is most helpful if you have information from all  
16 the parties involved. It is not always possible to have the  
17 information. And it is possible to make a diagnosis of child  
18 abuse without all of the information from all parties  
19 involved.

20 Q Could you explain a case like that for us?

21 A Certainly. So for example, a child may come into  
22 the hospital and have multiple types of injuries, broken  
23 bones, bite marks, burns, bruising. It would be very easy to  
24 make a diagnosis of child physical abuse, having no medical

1 history, given the number and variety of types of injuries  
2 that child sustained.

3 It is also possible in cases where a child has  
4 substantial injury; and the history is, there is no history.  
5 We have no idea. The child just -- we came in. Here's the  
6 broken leg. Here are these injuries. It's a three-month old,  
7 who can't break their own leg. Again, we can make a diagnosis  
8 of physical abuse. That doesn't speak to who caused the  
9 injury or when the injury was necessarily caused.

10 But there are multiple cases in child abuse medicine  
11 where we make a diagnosis of child abuse simply based on  
12 inadequate history where investigators provide that there is  
13 no additional history. Is it possible that additional history  
14 could come forward and alter that? That is a possibility.  
15 But given time period in investigation, I have to rely on the  
16 information I'm provided with at the time.

17 MS. DIXON: No further questions, Your Honor.

18 THE COURT: Can I ask for just a few minutes before you  
19 redirect?

20 MR. CORDES: I'm done, Judge. I'm not gonna ask any  
21 additional questions.

22 THE COURT: Oh, you don't have any further either?

23 MR. CORDES: No.

24 THE COURT: All right. Well, before you go --

1 Have either of you looked at the J case? There's a  
2 -- there's a record data -- a record entry of notice of  
3 exhibits in the vault. Do either of you know what those  
4 exhibits were in the J case?

5 MR. CORDES: I haven't pulled it recently, Judge.

6 THE COURT: I'm sorry?

7 MR. CORDES: I didn't pull it for this portion of the  
8 trial.

9 THE COURT: It's -- it's the notice of exhibits in the  
10 ault is 4/1 of 2011 in J319959.

11 MR. CORDES: Judge, that would have predated -- I'm  
12 sorry. That would have predated the TPR. So it should have  
13 been the exhibits that were submitted for the adjudicatory  
14 hearing.

15 THE COURT: Right.

16 MR. CORDES: That took place in that J case.

17 THE COURT: Yeah, that's the date.

18 MR. CORDES: Yeah. So I didn't pull it for today's  
19 purposes.

20 THE COURT: I -- I'm just trying to get clarity on -- it  
21 -- it doesn't -- there's nothing attached to it. It just says  
22 notice of exhibits in the vault.

23 THE CLERK: (Indiscernible).

24 THE COURT: Accord -- according to the findings of fact

1 recommendations and order of Hearing Master Femiano, the Court  
2 finds the following items were admitted over the Respondent's  
3 objection, State's Exhibits 1, 2, 3, 4 and 5, photographs.  
4 And a letter, Respondent's Exhibits, looks like letters, were  
5 admitted over the State's objection. Presumably, do we know  
6 what those photographs were?

7 MS. SIMPKINS: Your Honor, I --

8 MR. CORDES: I --

9 MS. SIMPKINS: -- I would presume that they were of  
10 Christopher because that would be the issue before the Court.  
11 So -- and -- but I apologize. I did not watch the whole tape.  
12 It would have probably come in through the worker because I  
13 don't think they put in anything through my client.

14 THE COURT: Yeah, I don't know how they got admitted.  
15 I'm just somewhat concerned we've got Dr. Mehta testifying  
16 from memory of something that she did years ago when these  
17 exhibits that were relied upon by the Hearing Master may be  
18 available. I don't know. They may have been destroyed by  
19 now.

20 MR. CORDES: Judge, I -- I can tell you, and I think Ms.  
21 Simpkins can corroborate this, Dr. Mehta did not specifically  
22 identify any prior exhibits during the course of that  
23 proceeding.

24 MS. SIMPKINS: That's correct.

1 MR. CORDES: She -- no document --  
2 THE COURT: No exhibits were ever shown to her during  
3 that proceeding.  
4 MR. CORDES: They -- they attempted to show her the  
5 medical records that you just admitted.  
6 THE COURT: Right.  
7 MR. CORDES: And they attempted to show her pictures,  
8 similar to what Ms. Simpkins tried today; and none of the  
9 documents were --  
10 MS. SIMPKINS: Were admitted, yeah.  
11 MR. CORDES: -- admitted according to that testimony.  
12 MS. SIMPKINS: So doc -- it wouldn't have come in through  
13 Dr. Mehta. If they are in evidence, they would have come in  
14 through another witness.  
15 MR. CORDES: That's correct.  
16 THE COURT: Let me read further. Just a sec. All right.  
17 Well, I -- I can't tell from the decision whether or not those  
18 were photographs of the -- of the child's face or --  
19 You introduced photographs in the termination trial.  
20 Did you know that? Did you introduce photographs of the  
21 apartment or something?  
22 MS. SIMPKINS: I --  
23 THE COURT: Is that a different case?  
24 MS. SIMPKINS: -- don't think so. I don't recall doing

1 that, Judge.

2 THE COURT: Yeah, it was in a different case.

3 MS. SIMPKINS: Maybe. I -- you --

4 THE COURT: All right. Never mind.

5 MS. SIMPKINS: I have no idea.

6 THE COURT: Quite frankly, I'm not putting the case on.  
7 I'm just listening to the evidence. Okay. We'll forget that.

8 Oh, I do have a question. And I'm not sure that you  
9 -- if you did testify to the answer, then I didn't hear it.  
10 The -- the hypotheticals that Mr. Cordes gave to you, all  
11 concerned the injuries being inconsistent with the explanation  
12 of having tried to kiss the iron by the child. Were these  
13 injuries consistent, inconsistent or can you say regarding the  
14 hypothetical that Ms. Simpkins pos -- postulated which is that  
15 the iron fell?

16 THE WITNESS: I would say it would be inconsistent with  
17 the iron falling on the child.

18 THE COURT: Okay. You also testified, I believe, that  
19 the mechanism provided, that is the explanation, did not  
20 explain the child's injury.

21 Is there any explanation -- is there any accidental  
22 explanation for this type of injury to the child?

23 THE WITNESS: I would have to hear it to see if it made  
24 sense to me, but it is difficult for me to conceive of one.

1 THE COURT: Okay. Did my questions cause any -- counsel  
2 to ask any other questions.

3 MS. SIMPKINS: Diffi --

4 MR. CORDES: No --

5 MS. SIMPKINS: Oh.

6 MR. CORDES: -- none from the State, Your Honor.

7 **FURTHER CROSS-EXAMINATION**

8 **BY MS. SIMPKINS:**

9 Q Difficult but not impossible to conceive?

10 A That is correct.

11 MS. SIMPKINS: No further questions.

12 THE COURT: All right.

13 All right. Thank you very much for your testimony.  
14 I hope you enjoy your stay in Las Vegas.

15 MR. CORDES: That was last night.

16 THE COURT: Perhaps the weather will cause you to want to  
17 move back.

18 All right. For purposes of this hearing, Defense  
19 proposed Exhibit A has been admitted. B through G had been  
20 marked for identifications purposes only but not admitted.  
21 It's my understanding from discussions with counsel that  
22 you've also agreeing that the entire J file which is  
23 previously apparently admitted in the first trial of this  
24 matter can be considered at this time?

1 MR. CORDES: Including the video.

2 MS. SIMPKINS: Yes, Your Honor, including the video. And

3 the tran --

4 THE COURT: And you're now extending that to include the

5 video of the entire -- entire proceeding or just Dr. Mehta's

6 testimony?

7 MS. SIMPKINS: Just Dr. Mehta's testimony is what I'm

8 stipulating to.

9 THE COURT: Just Dr. Mehta's testimony. All right.

10 MS. SIMPKINS: And -- and the transcripts of the TPR, the

11 Court is going to review those, as well?

12 THE COURT: Right. Transcripts of the prior TPR trial.

13 MR. CORDES: That's right.

14 THE COURT: Okay. And the transcript is the same

15 transcript that's been watched in Odyssey and presumably was

16 before the Supreme Court on the appeal.

17 MR. CORDES: That's correct.

18 MS. SIMPKINS: Yes.

19 THE COURT: All right.

20 Mr. Cordes, do you wish to argue?

21 MR. CORDES: I'm not prepared today, Judge, without

22 having a chance to re-review everybody's testimony. So I

23 would ask for another day so that I may get all of that

24 evidence. And that would include Dr. Mehta's testimony.



1 I had -- Judge, I'm sorry. I had this down just for  
2 any additional witnesses, limited to the medical.

3 THE COURT: That's fine. I'm not --

4 MR. CORDES: Right. So I would like --

5 THE COURT: -- I'm not saying no.

6 MR. CORDES: -- to review the mother's testimony  
7 specifically relative to the mechanism of injuries. And I'm  
8 sorry. I just don't recall the -- the explanations that were  
9 provided at the TPR trial.

10 THE COURT: All right. So how much time do you need?

11 MR. CORDES: May I have a week?

12 THE COURT: What's going on with the visitation of the  
13 child while this is --

14 MS. DIXON: That's what we wanted to address, Your Honor.  
15 If you recall --

16 MR. CORDES: Well, Judge, I'm not prepared to address  
17 that. There's no motion pending before the Court. So, Judge,  
18 I came in to --

19 THE COURT: This -- this actually is the D case anyway --

20 MR. CORDES: Correct.

21 THE COURT: -- not the J case.

22 MS. MOLINAR: Well, Your Honor --

23 MS. DIXON: (Indiscernible) actually had a -- had an  
24 order from the D case. We were here setting that trial date

1 when you in fact did rule and say that the order was going to  
2 be that they would start visitation and the therapist could be  
3 doing that visitation. It has not yet started, Your Honor.

4 MS. MOLINAR: And I would further like to state that at  
5 the review hearing, I believe it was last -- yes, it was last  
6 week --

7 MS. DIXON: Uh-huh.

8 MS. MOLINAR: -- I tried to bring up the issue of  
9 visitation. And Hearing Master Femiano specifically told me  
10 she would not address it and we could address it in front of  
11 you --

12 MR. CORDES: Well, Judge --

13 MS. MOLINAR: -- at this hearing.

14 MR. CORDES: -- unfortunately I wasn't present for that.  
15 I have another assignment. I've been trying to cover this  
16 case because it's lingering with the return from the Supreme  
17 Court. So if counsel would like to address issues, I would  
18 like a motion filed so that I can specifically respond and be  
19 prepared to address that. I think the case law in the state  
20 of Nevada is very clear that -- and it's Anastasia (ph) versus  
21 -- Anastassatos (ph), I'm sorry, that issues presented to the  
22 Court need to be briefed so that I can address them.

23 MS. SIMPKINS: Well, Your Honor, I understand Mr. Cordes'  
24 request. But it would be a motion to hold his client in

1 contempt of court because we do have a written order, and that  
2 has been served on them, and the visitation has not started.

3 MR. CORDES: Well --

4 MS. SIMPKINS: And it was --

5 MR. CORDES: -- if --

6 THE COURT: I guess then there's gotta be --

7 MS. SIMPKINS: -- it was a ruling 30 years -- 30 --

8 MR. CORDES: -- if it's a contempt --

9 MS. SIMPKINS: -- over 30 years ago.

10 MR. CORDES: -- issue, they definitely need to --

11 MS. MOLINAR: And up -- and --

12 MR. CORDES: -- file something.

13 MS. MOLINAR: -- and further, Your Honor, visitation is  
14 something that is routinely brought --

15 MS. SIMPKINS: (Indiscernible.)

16 MS. MOLINAR: -- up at review hearings.

17 MS. SIMPKINS: (Indiscernible) review hearings.

18 MS. MOLINAR: We attempted to bring it up at the review  
19 hearing, and were specifically told to bring it up at this  
20 hearing today.

21 THE COURT: Well, you know, generally speaking, parties  
22 are in agreement as to when issues are going to be heard and  
23 decided. And absent the agreement of the parties, I'm not  
24 prepared to -- to address the issue.

1 MR. CORDES: Thank you, Your Honor.

2 THE COURT: I don't understand why Hearing Master Femiano  
3 entered -- I don't even understand why this case is still  
4 before Hearing Master Femiano.

5 MS. DIXON: I didn't understand that either, Your Honor.  
6 If -- if I -- if I may, Your Honor, I would just like to bring  
7 this to the Court's attention. It's my understanding that  
8 therapy is set up next week for my clients. They would like  
9 to see their mother. There is already a court order that this  
10 court signed saying that visitation could start with the  
11 therapist, Your Honor. I just want to remind Mr. Cordes and  
12 his client of that fact so that hopefully --

13 MR. CORDES: I don't need to be --

14 MS. DIXON: -- next week --

15 MR. CORDES: -- reminded of anything --

16 MS. DIXON: -- then we'll come back.

17 MR. CORDES: -- by Ms. Dixon, Your Honor. I'm fully  
18 aware of what the court order is.

19 THE COURT: Right.

20 MR. CORDES: And my client is complying with it. If they  
21 don't agree with that, they can file the necessary documents.  
22 I don't think it's appropriate before the Court today.

23 MS. SIMPKINS: Well, they're not complying with it, Your  
24 Honor --

1 THE COURT: Well --

2 MS. SIMPKINS: -- because it --

3 MR. CORDES: File a motion.

4 MS. SIMPKINS: -- we haven't got the visitation.

5 MR. CORDES: File a motion.

6 MS. SIMPKINS: And you know the standard --

7 THE COURT: You know what? I can do a lot of things, but  
8 I can't move heaven and earth. If the ther -- I did order  
9 that the -- that the therapist provide over visitation.

10 UNIDENTIFIED SPEAKER: Uh-huh.

11 THE COURT: I don't know if the reason that it hasn't  
12 occurred is due to her schedule, conflicts with the child's  
13 schedule. I don't know anything other than what Ms. Dixon has  
14 just informed me that it is scheduled for next week.

15 MS. DIXON: The therapy is scheduled for next week --

16 MS. MOLINAR: But it --

17 MS. DIXON: -- to start, Your Honor, on a more routine  
18 basis.

19 THE COURT: And I'm sure --

20 MS. MOLINAR: But it has been scheduled before then.

21 THE COURT: -- I -- presumably, the therapist has been  
22 provided with a copy of the Court's order.

23 UNIDENTIFIED SPEAKER: No.

24 THE COURT: I don't know why not.

1 MS. MOLINAR: Exactly, Your Honor. That's why we're  
2 here.

3 MR. CORDES: They prepared the order. I'm assuming that  
4 they sent it.

5 MS. SIMPKINS: We sent it to DFS. They're supposed to  
6 set up the visitation.

7 MS. MOLINAR: And we notified DFS of the next -- the --  
8 the therapist appointment that happened without notifying  
9 anyone that a visit was supposed to happen.

10 MS. SIMPKINS: The therapist is not going to take our  
11 word for it.

12 THE COURT: You might want to look into it.

13 MS. SIMPKINS: (Indiscernible) the visitation is --

14 MR. CORDES: Judge -- yeah. Just --

15 MS. SIMPKINS: -- supposed to take place, too.

16 THE COURT: I'm not -- I'm not making any ruling.

17 MR. CORDES: Thank you.

18 THE COURT: Okay. So you wanted how long?

19 MR. CORDES: Could I just have a week for closing  
20 arguments? I just need a week to review the testimony since  
21 we're stipulating to all of the prior testimony.

22 THE COURT: All right. How -- how long do you think it's  
23 gonna last, the argument?

24 MR. CORDES: I would envision an hour probably, 30

1 minutes.

2 UNIDENTIFIED SPEAKER: It will probably last 30 minutes.

3 THE CLERK: (Indiscernible) do the 16<sup>th</sup>, and I'll close  
4 out the 10:00 session.

5 THE COURT: Actually, I'm thinking of the 17<sup>th</sup> at around  
6 3:00.

7 MS. SIMPKINS: We would ask that our client be available  
8 by telephone for closing so she doesn't have to pay to come  
9 all the way out here again, Judge, if that's possible.

10 THE COURT: Oh (indiscernible) --

11 MS. SIMPKINS: Because a -- because a plane ticket in a  
12 week is going to be astronomically expensive.

13 THE COURT: How'd I get a trial stuck into my 1:30  
14 permanencies next week? I'm sorry. I'm looking -- I'm  
15 looking at -- yeah, that's fine. That's fine.

16 MS. SIMPKINS: Okay. Thank you.

17 THE COURT: I -- I'm just looking --

18 MS. DIXON: I did have one other request, Your Honor,  
19 since we're here, I'm sorry, on the record. Because I was not  
20 part of the initial TPR as everyone here is aware, I would  
21 then have to get an order to get a release for that DVD. I  
22 would just --

23 THE COURT: Right.

24 MS. DIXON: -- be asking if they can stipulate and I

1 could submit that so that I can at least get a copy of that  
2 transcript for the TPR because I don't have it.

3 MR. CORDES: Stipulate.

4 MS. SIMPKINS: Stipulate.

5 THE COURT: All right. You said you wanted additional  
6 time? Is that what you said? Or not?

7 MS. DIXON: Well, if they're stipulating I should be able  
8 to get it. I'm just -- as you know, it took a while --

9 THE COURT: Right, right, right, right, right.

10 MS. DIXON: -- for me to even get a copy of the J case  
11 because I had to get the order.

12 THE COURT: So does next Tuesday -- it looks like it's --  
13 it's scheduled as a trial, but the minutes show that the mom's  
14 gonna relinquish.

15 MS. SIMPKINS: Judge, Tuesday's my regular court date.  
16 Could we make it a -- a Thursday or Friday or --

17 MR. CORDES: That's my problem, too, Judge.

18 MS. MOLINAR: Yeah, Thursday and Fridays work.

19 MR. CORDES: Yeah. I'm in court with you.

20 MS. MOLINAR: Yeah.

21 MS. SIMPKINS: Oh.

22 MS. MOLINAR: He's with me. Tuesdays.

23 MS. DIXON: Tuesday, Thursday.

24 THE COURT: Do you want a Thursday or a Friday?



1 MS. MOLINAR: Fridays are perfect for us.  
2 MS. SIMPKINS: Is that good for you? Friday's better.  
3 MS. DIXON: Friday's better.  
4 MS. SIMPKINS: (Indiscernible.) We can try the 20<sup>th</sup>?  
5 THE COURT: I'm not gonna be here the 20<sup>th</sup>.  
6 MS. SIMPKINS: Can we go, like, Friday the 20<sup>th</sup>? Is that  
7 (indiscernible)?  
8 MR. CORDES: He's not available.  
9 MS. SIMPKINS: Oh.  
10 THE COURT: I'm lookin' at Thursday the 26<sup>th</sup> at 11:00.  
11 THE CLERK: And I can close out sessions.  
12 THE COURT: Thursday the 26<sup>th</sup>.  
13 MS. SIMPKINS: At what time?  
14 THE COURT: At 11:00 a.m.  
15 MS. MOLINAR: I -- I do have two contested hearings and a  
16 TPR, which may go.  
17 THE COURT: Which one of you is arguing?  
18 MS. MOLINAR: I am.  
19 THE COURT: You're arguing?  
20 MS. MOLINAR: I -- well, I'm doing the closing, Your  
21 Honor, yes.  
22 MS. SIMPKINS: Yeah, she's doing the closing.  
23 MS. MOLINAR: I could do earlier that morning. I have to  
24 be in court by 9:00 a.m. Could do --

1 MR. CORDES: What about the afternoon (indiscernible).  
2 MS. MOLINAR: The afternoon's open right now.  
3 MS. DIXON: I have a TPR.  
4 MS. SIMPKINS: I have a trial that afternoon.  
5 MR. CORDES: Do you have anything on Thursday afternoon,  
6 Judge; or is that --  
7 THE COURT: How about the -- how about the 19<sup>th</sup>?  
8 MR. CORDES: Wednesday?  
9 MS. SIMPKINS: Afternoon?  
10 MR. CORDES: Oh, Thursday?  
11 MS. MOLINAR: I have four contested hearings and all four  
12 -- or -- and two of those do want to go forward with trial.  
13 So I expect those to go unless we do before 9:00 a.m.  
14 THE COURT: Before 9:00?  
15 MS. SIMPKINS: Oh, well, yeah, if it's only gonna be an  
16 hour --  
17 THE COURT: Right.  
18 MS. SIMPKINS: -- I can do before 9:00.  
19 MS. MOLINAR: Yeah, I could do 8:00 or 8:30.  
20 THE COURT: I've got adoptions at 8:30 on that day.  
21 UNIDENTIFIED SPEAKER: How about later in the morning?  
22 MS. SIMPKINS: I could do that afternoon. Oh, you can't  
23 do the afternoon.  
24 MS. MOLINAR: Well, I can do afternoons --

1 THE COURT: I've got a abuse trial at 1:30.

2 MS. MOLINAR: -- (indiscernible) they don't go through  
3 and then Ron will be probably be with me on one of them at  
4 least.

5 THE COURT: This part of my job is more challenging than  
6 anything else I do.

7 MR. CORDES: Sorry, Judge. Ms. Molinar and I are on the  
8 same track for (indiscernible). So Tuesday's our normal day  
9 in court all day, and Thursday's our trial day.

10 MS. MOLINAR: Yeah.

11 THE COURT: All right.

12 MR. CORDES: So that's what -- I mean, we're both  
13 (indiscernible).

14 MS. MOLINAR: Well, Wednesdays are usually good.

15 THE COURT: So you can do like either a Wednesday or a  
16 Friday?

17 MS. MOLINAR: Wednesdays are good, too, yeah.

18 MR. CORDES: Fri -- Wednesdays are great and Friday  
19 morning.

20 MS. MOLINAR: Yeah, Fridays.

21 MR. CORDES: (Indiscernible) your calendar. And my only  
22 problem on Wednesday is I have that mental health calendar  
23 that starts at 1:00. But I can have somebody cover that so  
24 that we can get it done.

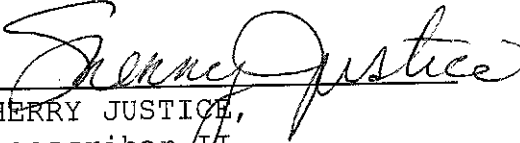
1 THE CLERK: How about Wednesday, March 25<sup>th</sup> at 10:00 a.m.?  
2 MS. SIMPKINS: I can do that.  
3 MS. MOLINAR: I can do that.  
4 THE COURT: Yeah, we'll move that dispo to 11:00.  
5 THE CLERK: Okay.  
6 THE COURT: Well, why don't I do 9:30? 9:30.  
7 UNIDENTIFIED SPEAKER: 9:30.  
8 THE COURT: That gives us a little extra.  
9 UNIDENTIFIED SPEAKER: 9:30, Wednesday the 25<sup>th</sup>?  
10 THE COURT: Yes.  
11 MR. CORDES: Thank you, Judge.  
12 THE CLERK: You still want me to move that one?  
13 THE COURT: Yeah, let's move the 10:00 to 11:00.  
14 THE CLERK: Okay.  
15 THE COURT: Just so they don't have to sit around.  
16 MR. CORDES: Thank you.  
17 THE COURT: Okay.  
18 MS. MAESE: Thank you.  
19 THE COURT: All right. Thank you.  
20 UNIDENTIFIED SPEAKER: Thank you, Your Honor.  
21 MR. CORDES: Thank you, Judge.  
22 UNIDENTIFIED SPEAKER: Thank you.

23 (THE PROCEEDING ENDED AT 12:17:55.)

24 ////

\* \* \* \* \*

ATTEST: I do hereby certify that I have truly and  
correctly transcribed the digital proceedings in the above-  
entitled case to the best of my ability.

  
SHERRY JUSTICE,  
Transcriber II