

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

2 JANET SOLANDER,)

CASE NO. 76228

3 Appellant,)

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Elizabeth A. Brown
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4 vs.)

VOLUME X

5 THE STATE OF NEVADA,)

6 Respondent.)

7 **APPENDIX TO APPELLANT'S OPENING BRIEF**

8 (Appeal from Judgment of Conviction (Jury Trial))

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INDEX

<u>VOL. NO.</u>	<u>DOCUMENT</u>	<u>PAGE NO.</u>
III	Amended Information filed February 6, 2018	0622-0637
XXII	Defendant's Proposed Jury Instructions Not Used at Trial filed March 12, 2018.....	5281-5293
III	Excerpt of Proceedings: Jury Trial – Day 1 heard February 5, 2018 filed August 28, 2018.....	0560-0579
III	Excerpt of Proceedings: Jury Trial – Day 2 heard February 6, 2018 filed August 28, 2018.....	0580-0621
I	Findings of Fact, Conclusions of Law and Order filed June 17, 2015.....	0074-0080
I	Information filed July 28, 2014.....	0001-0019
XXII	Instructions to the Jury filed March 13, 2018	5310-5363
I	Joinder to Defendant Dwight Solander's Motion to Suppress filed January 22, 2018.....	0143-0144
XXII	Judgment of Conviction (Jury Trial) filed June 22, 2018.....	5493-5498
I	Motion to Strike Notice of Expert Witness filed January 26, 2018.....	0192-0197
I	Motion to Suppress Evidence filed January 22, 2018.....	0145-0152
I	Notice of Appeal filed March 30, 2015	0071-0073
XXII	Notice of Appeal filed June 21, 2018	5491-5492
I	Opposition to State's Notice of Motion and Motion to Admit Evidence of Defendants Janet and Dwight Solander's Abuse of the Foster Children in their Home filed January 18, 2018.....	0128-0142
I	Order of Reversal and Remand filed April 19, 2016 ..	0081-0090

1	I	Petition for Writ of Habeas Corpus filed	
2		November 5, 2014	0028-0046
3	I	Recorder's Transcript of Proceedings: Calendar Call; State's	
4		Motion to Admit Evidence of Defendant Janet and Dwight	
		Solander's Abuse of Foster Children in their Home heard	
		January 23, 2018 filed July 27, 2018.....	0156-0191
5	I	Recorder's Transcript of Hearing: Further Proceedings:	
6		Continue Trial Date heard January 29, 2018 filed August 28,	
		2018.....	0198-250
7	II	Recorder's Transcript of Hearing: Further Proceedings:	
8		Continue Trial Date heard January 29, 2018 filed August 28,	
		2018 (continuation).....	0251-0252
9	II	Recorder's Partial Transcript of Proceedings: Joinder to	
10		Defendant Dwight Solander's Motion to Suppress, State's	
		Motion to Quash Dr. Sandra Cetl's and Jacqueline Bluth's	
11		Subpoena Duces Tecum heard February 1, 2018 filed August	
		10, 2018.....	0423-0500
12	III	Recorder's Partial Transcript of Proceedings: Joinder to	
13		Defendant Dwight Solander's Motion to Suppress, State's	
		Motion to Quash Dr. Sandra Cetl's and Jacqueline Bluth's	
14		Subpoena Duces Tecum heard February 1, 2018 filed August	
		10, 2018 (continuation).....	0501-0543
15	XXII	Recorder's Transcript of Proceeding: Sentencing heard June 5,	
		2018 filed July 24, 2018.....	5423-5490
16	XXII	Sentencing Memorandum filed June 1, 2018	5375-5422
17	I	State's Bench Memorandum Pursuant to Court's Request	
18		Regarding Issue in Pretrial Writs of Habeas Corpus filed	
		October 15, 2014	0020-0027
19	I	State's Notice of Expert Witnesses [NRS 174.234(2)] filed	
		January 4, 2018.....	0091-0096
20	I	State's Notice of Witnesses [NRS 174.234(1)(a)] filed	

1		January 9, 2018.....0125-0127
2	I	State’s Notice of Motion and Motion to Admit Evidence of
3		Defendants Janet and Dwight Solander’s Abuse of the Foster
		Children in their Home filed January 8, 2018.....0097-0124
4	I	State’s Opposition and Motion to Dismiss Defendant’s Petition
		for Writ of Habeas Corpus filed November 19, 2014 .0047-0052
5	III	State’s Opposition to Defendant Janet Solander’s Joinder to
6		Dwight Solander’s Motion to Suppress Evidence filed February
		1, 2018.....0544-0553
7	III	State’s Opposition to Defendant’s Motion to Strike the State’s
		Experts filed February 2, 2018.....0554-0559
8	I	State’s Return to Writ of Habeas Corpus filed December 17,
9		2014.....0053-0070
10	I	State’s Supplemental Notice of Witnesses [NRS 174.234(1)(a)]
		filed January 22, 2018.....0153-0155
11	II	Transcript of Proceedings: Evidentiary Hearing – Day 1
12		Excerpt heard January 31, 2018 filed
		February 13, 20180253-0371
13	II	Transcript of Proceedings: Evidentiary Hearing – Day 2
14		Excerpt heard February 1, 2018 filed
		February 13, 20180372-0422
15	III	Transcript of Proceedings: Jury Trial – Day 4 heard February
		15, 2018 filed August 28, 20180638-0750
16	IV	Transcript of Proceedings: Jury Trial – Day 4 heard February
17		15, 2018 filed August 28, 2018 (continuation)0751-0845
18	IV	Transcript of Proceedings: Jury Trial – Day 5 heard February
		16, 2018 filed August 28, 20180846-1000
19	V	Transcript of Proceedings: Jury Trial – Day 5 heard February
20		16, 2018 filed August 28, 2018 (continuation)1001-1172

1	V	Transcript of Proceedings: Jury Trial – Day 6 heard February 20, 2018 filed August 28, 20181173-1250
2	VI	Transcript of Proceedings: Jury Trial – Day 6 heard February
3		20, 2018 filed August 28, 2018 (continuation)1251-1433
4	VI	Transcript of Proceedings: Jury Trial – Day 7 heard February
5		21, 2018 filed August 28, 20181434-1500
6	VII	Transcript of Proceedings: Jury Trial – Day 7 heard February
7		21, 2018 filed August 28, 2018 (continuation)1501-1706
8	VII	Transcript of Proceedings: Jury Trial – Day 8 heard February
9		22, 2018 filed August 28, 20181707-1750
10	VIII	Transcript of Proceedings: Jury Trial – Day 8 heard February
11		22, 2018 filed August 28, 2018 (continuation)1751-1936
12	VIII	Transcript of Proceedings: Jury Trial – Day 9 heard February
13		23, 2018 filed August 28, 20181937-2000
14	IX	Transcript of Proceedings: Jury Trial – Day 9 heard February
15		23, 2018 filed August 28, 2018 (continuation)2001-2226
16	IX	Transcript of Proceedings: Jury Trial – Day 10 heard February
17		26, 2018 filed August 28, 20182227-2250
18	X	Transcript of Proceedings: Jury Trial – Day 10 heard February
19		26, 2018 filed August 28, 2018 (continuation)2251-2500
20	XI	Transcript of Proceedings: Jury Trial – Day 10 heard February
		26, 2018 filed August 28, 2018 (continuation)2501-2552
	XI	Transcript of Proceedings: Jury Trial – Day 11 heard February
		27, 2018 filed September 18, 2018.....2553-2750
	XII	Transcript of Proceedings: Jury Trial – Day 11 heard February
		27, 2018 filed September 18, 2018 (continuation).....2751-2757
	XII	Transcript of Proceedings: Jury Trial – Day 12 heard February
		28, 2018 filed September 18, 2018.....2758-3000

1	XIII	Transcript of Proceedings: Jury Trial – Day 12 heard February 28, 2018 filed September 18, 2018 (continuation).....3001-3076
2		
3	XIII	Transcript of Proceedings: Jury Trial – Day 13 heard March 1, 2018 filed August 28, 20183077-3250
4	XIV	Transcript of Proceedings: Jury Trial – Day 13 heard March 1, 2018 filed August 28, 2018 (continuation)3251-3363
5		
6	XIV	Transcript of Proceedings: Jury Trial – Day 14 heard March 2, 2018 filed September 5, 20183364-3500
7	XV	Transcript of Proceedings: Jury Trial – Day 14 heard March 2, 2018 filed September 5, 2018 (continuation)3501-3664
8	XV	Transcript of Proceedings: Jury Trial – Day 15 heard March 5, 2018 filed September 5, 20183665-3750
9		
10	XVI	Transcript of Proceedings: Jury Trial – Day 15 heard March 5, 2018 filed September 5, 2018 (continuation)3751-3947
11	XVI	Transcript of Proceedings: Jury Trial – Day 16 heard March 6, 2018 filed September 18, 20183948-4000
12		
13	XVII	Transcript of Proceedings: Jury Trial – Day 16 heard March 6, 2018 filed September 18, 2018 (continuation)4001-4149
14	XVII	Transcript of Proceedings: Jury Trial – Day 17 heard March 7, 2018 filed August 28, 20184150-4250
15		
16	XVIII	Transcript of Proceedings: Jury Trial – Day 17 heard March 7, 2018 filed August 28, 2018 (continuation)4251-4379
17	XVIII	Transcript of Proceedings: Jury Trial – Day 18 heard March 8, 2018 filed September 18, 20184380-4500
18		
19	XIX	Transcript of Proceedings: Jury Trial – Day 18 heard March 8, 2018 filed September 18, 2018 (continuation)4501-4601
20	XIX	Transcript of Proceedings: Jury Trial – Day 19 heard March 9, 2018 filed September 18, 20184602-4750

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20

XX	Transcript of Proceedings: Jury Trial – Day 19 heard March 9, 2018 filed September 18, 2018 (continuation)	4751-4914
XX	Transcript of Proceedings: Jury Trial – Day 20 heard March 12, 2018 filed September 18, 2018	4915-5000
XXI	Transcript of Proceedings: Jury Trial – Day 20 heard March 12, 2018 filed September 18, 2018 (continuation)	5001-5250
XXII	Transcript of Proceedings: Jury Trial – Day 20 heard March 12, 2018 filed September 18, 2018 (continuation)	5251-5280
XXII	Transcript of Proceedings: Jury Trial – Day 21 heard March 13, 2018 filed September 18, 2018	5294-5309
XXII	Verdict filed March 13, 2018	5364-5374

1 the other one had a twisted colon.

2 Q Okay. Were there any notations about what doctor
3 made either of those diagnoses?

4 A No.

5 Q Was there a notation of what year those diagnoses
6 were made?

7 A No.

8 Q Okay. Was the plan to kind of talk to your
9 nutritionist at the conclusion of kind of your meeting?

10 A It was.

11 Q Did you at that point in time recommend this child to
12 be placed on a liquid, like a totally liquid diet?

13 A No.

14 Q Did you believe that this child had an eating
15 disorder at this point in time?

16 A No.

17 Q Okay. You have a nutritionist within your practice
18 group?

19 A We have a registered dietitian and certified diabetic
20 educator.

21 Q And did one of those actually --

22 A Same person.

23 Q Same. Okay. I didn't know if it was an or, but,
24 okay, same person. Did that person meet with Anastasia and her
25 guardian --

1 A She did.

2 Q -- on that day?

3 A She did.

4 Q Okay. From that, was there at least from your review
5 of kind of the notations, is there a difference in what was
6 being reported with respect to urination?

7 A The nutritionist noted that there was enuresis --

8 MR. FIGLER: I'm going to just object for a second.

9 I don't know if we're calling the nutritionist or not --

10 THE COURT: Counsel, approach. Mr. Figler,
11 Mr. Hamner.

12 (Conference at the bench not recorded)

13 THE COURT: The objection's overruled.

14 Mr. Hamner, lay a little bit more foundation.

15 MR. HAMNER: Sure. Not a problem.

16 BY MR. HAMNER:

17 Q Doctor, this dietitian that works in your office, do
18 you consult with her when you are kind of evaluating on how to
19 treat a patient?

20 A So she's part of the care team. So she can make
21 evaluations upon their nutritional status and give
22 recommendations in further detail. That takes more time than I
23 have.

24 Q Okay. And to be clear, with respect to this patient,
25 you did kind of work and consult with her as well as far as --

1 A Correct.

2 Q Okay. So what was reported by the guardian in
3 relation to any urination issues that Anastasia had?

4 A So the note has changed in that there was mention of
5 enuresis during the night and day. So this is where the child
6 was wetting herself while my history was a little different.

7 Q Okay. I mean, is that a notable difference when you
8 make a note of nocturesis (phonetic) versus enuresis?

9 A So if there is a hormonal reason for having nighttime
10 urination, then the sign of enuresis would be more worse and
11 then raise it up a level where you would intervene more.

12 Q What is being reported as the meals to your
13 nutritionist that this child is having? What's being reported
14 that she had for breakfast?

15 A So there was a mention of atypical foods that are
16 being given, and they seem to be quite good: Bran cereal or
17 oatmeal with fruit, strawberries, apples, banana slices on
18 whole wheat toast, avoiding sugar, chocolate and caffeine.

19 Q How about lunch?

20 A School lunch and high-fiber diet, like green
21 vegetables, sandwiches with mayonnaise -- because the
22 mayonnaise is more calories -- liverwurst or ham, fruit,
23 Brussel sprouts and raw carrots, water to drink or whole milk.

24 Q What's being reported for dinner?

25 A Spaghetti, eats a good portion, hotdogs or macaroni,

1 fruits or vegetables, bananas, frozen strawberries.

2 Q What is the kind of nutrition plan at this point?
3 What's the kind of marching orders as far as meals going
4 forward?

5 A So the counseling was upon the portion sizes that a
6 child of her age needs to have, to double strength the milk and
7 have more calorie-dense foods, to eliminate the empty calories
8 in juice, sodas and snacks and to consume three small meals and
9 three snacks daily with two hours between each small snack or
10 meal and to take for catch-up growth about 1900 calories a day.

11 Q Was there ever a recommendation from your
12 nutritionist that this particular child be placed on a liquid
13 diet?

14 A No.

15 Q Do you recall kind of running or collecting some
16 samples a couple of days later and running some labs on this
17 particular child? And if it helps, I can maybe refresh your
18 recollection with some records.

19 A Do refresh.

20 MR. HAMNER: All right. Referring, Counsel, to April
21 29th, 2011.

22 Okay. Let the record reflect I'm showing the witness
23 laboratory records dated April 29th, 2011.

24 BY MR. HAMNER:

25 Q Does that help refresh your memory that there were

1 some lab work that was conducted?

2 A Yes.

3 Q Okay. Do you remember why that -- why that was
4 ordered.

5 A So you can sometimes have malabsorption issues or
6 celiac disease can be a problem.

7 Q What celiac disease?

8 A This is an autoimmune disorder against the gluten,
9 and it can affect absorption and growth and development.

10 Q Okay. So that's kind of like a gluten -- a serious
11 gluten intolerance?

12 A Right.

13 Q Okay. Tell us after reviewing those, because the
14 notations, how did the labs come out?

15 A So we are negative for celiac, and then our CBC, our
16 complete blood count, looked good. The MCV was at 87. So we
17 weren't getting any iron deficiency. The blood sugar came back
18 low at 59. This can be factitious because the blood was drawn
19 on the 29th of April and then run on the 4th of May. So for
20 every hour that the blood sits in a test tube, it can go down
21 by 7 percent. So I take that with a grain of salt, 59, and 59
22 isn't necessarily low either.

23 The B1 creatinine ratio was high, 46. This would
24 indicate prerenal azotemia, especially with the chloride level
25 being a little bit elevated, which would indicate the child at

1 the time of this blood draw was a little bit dehydrated.

2 Q Okay. So not a lot of liquid?

3 A Dehydrated.

4 Q Okay.

5 A And the cortisol levels were normal. The growth
6 hormone level and binding protein 3 was normal. The binding
7 protein 3, kind of a poor man's indicator of nutrition status,
8 was normal, and the albumin level was normal, which again can
9 indicate good nutrition status.

10 Q Okay. And to be clear, did either you or your
11 nutritionist three days before order anything to relate to the
12 restriction of any water going forward or, like, lessening how
13 much the kid drank?

14 A So we wanted them to drink less.

15 Q Okay.

16 A Because when you have a child who is drinking too
17 much -- who doesn't want juice versus broccoli?

18 Q Okay.

19 A So you want to have the child be able to create a
20 hunger drive so they will eat more.

21 Q Okay. And do you have notations to that effect where
22 you're actually telling this guardian that you need to lower
23 the amount of liquid intake?

24 A Yes.

25 Q Okay. And because what was being reported was a

1 relatively large amount of liquid for a child of that age?

2 A For a 6-year-old child.

3 Q Okay. And so a couple days later though this kid is
4 reporting being slightly dehydrated, at least according to the
5 labs?

6 A Right. So we wanted -- we're not saying you can't
7 give water, but we were saying limit -- don't overdo it. Don't
8 give them juice first and then dinner, stuff like that.

9 Q Okay. Any instructions to withhold water for long
10 periods of time or things of that nature?

11 A No. No. No.

12 Q Okay. I want to turn your attention to August
13 29th, 2011. Did you have an opportunity to see Anastasia
14 again? Or would it help refresh your recollection?

15 A I will always take a refresh option.

16 MR. HAMNER: All right. Referring counsel to the
17 August 29th, 2011.

18 THE WITNESS: I'm lucky if I remember the grocery
19 list.

20 MR. HAMNER: Let the record reflect I'm showing
21 progress notes to refresh the witness's recollection.

22 BY MR. HAMNER:

23 Q Does that help refresh your memory as to what date
24 you saw Anastasia on?

25 A Yes.

1 Q Okay. What date was that?

2 A August 29th, 2011.

3 Q All right. How's the weight gain or weight loss
4 going at this point?

5 A It had gone well. So they had increased the fat in
6 the diet. She had gained 4 pounds.

7 Q Okay. And what is being reported that's being
8 provided for her in terms of food?

9 A So they had put some of the strategies in place to
10 increase the caloric intake. They were using butter on the
11 crackers. They were doing super milk, which means taking
12 half-and-half creamer and then making that half your glass; the
13 other half is whole milk. So this increased the fat content to
14 the milk. So the same volume of milk in a 6 year old you can
15 get more calories. They're giving rice cereal. They were
16 using evaporated milk.

17 Q Okay. Are there any reports about urination with
18 respect to Anastasia?

19 A It was reported she's still urinating a lot and now
20 having enuresis almost nightly. She's increased her thirst
21 intake according to mother.

22 Q Okay. Is there any discussion or anything being
23 reported to you about whatever kind of toileting or potty
24 training methods that are being employed inside the house with
25 respect to this child?

1 A No.

2 Q And to be clear -- I don't know if I asked you this
3 before -- at any other prior visit with respect to Anastasia,
4 was that ever being reported to you?

5 A It was never reported ever to me.

6 Q When this child came in to meet with you, when
7 Anastasia came to meet with you in August of 2011, did she
8 appear well developed?

9 A She was not growing in her heighth.

10 Q Okay. But other than that --

11 A She had good weight gain.

12 Q Okay.

13 A So if you have good weight gain, meaning you're
14 getting enough calories and you don't have proper growth
15 velocity in heighth, something must be wrong.

16 Q Okay. Is there any reporting about kind of the
17 health conditions of her siblings?

18 A No.

19 Q Do you --

20 A I'm sorry. There is.

21 Q Okay. What's being reported in this?

22 A It was reported an older sister had von Willebrand's
23 disorder, which is a clotting disorder, easy bruising.

24 Q Is that kind of like hemophilia? Similar? I don't
25 know -- I have no idea.

1 A Maybe a mild variation of it.

2 Q Okay. Was there any indication as to when that
3 diagnosis was made according to what was noted down?

4 A No.

5 Q Or a doctor that actually made that diagnosis?

6 A No.

7 Q The plan going forward with respect to Anastasia on
8 August of 2011, what did you recommend at this time?

9 A So we were concerned about the urination or the
10 history of it. So we wanted to rule out an endocrine cause for
11 it, which would be something called diabetes insipidus or salt
12 diabetes. So in the old days, the endocrinologist would taste
13 the urine. We decided not to take that method.

14 THE COURT: You passed on that option.

15 THE WITNESS: Yes.

16 MR. HAMNER: Hard pass.

17 THE WITNESS: So because sugar diabetes would be
18 sweet, mellitus, and insipidus is insipid or salty. So the
19 smart guys would put it up for ants to see which ones the ants
20 went to. So, but the history aside, we wanted to look for
21 diabetes insipidus. So we ran urine and blood tests to rule
22 this out. There was also a concern about the heighth as well.

23 BY MR. HAMNER:

24 Q Let's talk -- let me go move to a different topic --
25 diet. What was being recommended kind of going forward as far

1 as diet?

2 A To continue with the diet. I mean, we had good
3 weight gain. We were getting catch-up weight. So we were
4 doing well on that side.

5 Q Okay. Was there any recommendation to actually cut
6 the meals from three meals a day down to two?

7 A No.

8 Q Was there any recommendation that this child should
9 solely consume a liquefied diet of solid foods?

10 A No.

11 Q Was there any recommendation by you or even your
12 nutritionist to recommend withholding water for long periods of
13 time?

14 A No.

15 Q Like, for example, not being able to drink after
16 12:00 in the afternoon?

17 A If you have diabetes insipidus, which now is the
18 concern, then to hold back water would mean that the child
19 could have a seizure. So that would be completely
20 un-indicated. We would not say that.

21 Q So, Doctor, withholding the water from children
22 sometimes could potentially --

23 A In this situation.

24 Q In this situation only. Okay.

25 A If they had diabetes insipidus.

1 Q Got it. So you ordered, like, a metabolic panel or
2 at least a urinalysis; is that right?

3 A A refresher would be nice.

4 Q Sure. Referring to September 2nd, 2011.

5 MR. HAMNER: Let the record reflect I'm showing the
6 doctor what appears to be lab results from September 2011.

7 BY MR. HAMNER:

8 Q Doctor, have you had a chance to kind of review these
9 reports?

10 A Yes.

11 Q Okay. So you asked to have kind of a urinalysis
12 conducted; is that right?

13 A Correct.

14 Q What did it reveal?

15 A It showed that the child was able to concentrate her
16 urine. So it showed that there was no signs of a urinary tract
17 infection because that can make you pee a lot as well, and it
18 showed that we did not get urine lytes to look for a salt
19 diuresis. It looks like that wasn't run.

20 Q So for the most part, everything is negative when
21 you're running this?

22 A Everything was coming back looking good.

23 Q Okay. Did you order a metabolic panel, or was that
24 just something that was included?

25 A There was a metabolic panel here. It's not something

1 I typically order, but it's here.

2 Q Anything abnormal with respect to that?

3 A There was on the lab flags it's indicated that the
4 alkaline phosphatase is low, but that will not be abnormal in
5 this situation. It's not indicative of anything related to
6 what you're talking about.

7 Q Okay. Do you recall seeing Anastasia a few months
8 later, about three months later in November of 2011, or would
9 it help to refresh your recollection?

10 A Always.

11 Q Here it is. All right. Referring to --

12 MR. HAMNER: All right. Let the record reflect I'm
13 showing the doctor some more of his progress notes.

14 BY MR. HAMNER:

15 Q Let me know if that refreshes your memory as to what
16 date you actually saw Anastasia.

17 A I'm refreshed.

18 Q Okay. What date was it?

19 A This would be 11/29/2011.

20 Q And again is she -- are they coming in kind of, like,
21 in an update on this whole failure to thrive issue or not, you
22 know -- no weight gain.

23 A So they were coming in showing that they were still
24 having the frequent urination. It was described to me 15 to 25
25 times a day and that we were not having -- well, and that she

1 had seen urology, that they were cleared for many structural
2 defects. She is going to be going to see a nephrologist. She
3 is gaining weight, but they hadn't shown any increase in
4 heighth.

5 Q Okay. So the kid is gaining weight, but she's not
6 growing in height?

7 A So in the three months from August to November, she
8 had an increase of 1 pound, but the heighth didn't increase at
9 all.

10 Q Okay. So the labs, did it rule out diabetes
11 insipidus when you ran the labs?

12 A It did.

13 Q Okay. But then you were also informed -- were you
14 informed by whomever this person who was bringing them, were
15 you informed about whether or not there had been any prior
16 rulings about structural defects to this child's GI system?

17 A So previous notes had said that she was seeing a
18 urologist, and then on the November 29th visit, it was
19 mentioned that urology had basically cleared her.

20 Q Okay. And so that's like organically or biologically
21 something being wrong --

22 A From a structural point of view, there was no valve
23 issues. There was no dysplastic bladder. So she was clear
24 from a urology point of view. I don't know what they did, but
25 that would be the implication of that.

1 Q You talked about nocturesis, enuresis. If you could,
2 just define polyuria because I know you just said that.

3 A Polyuria would be frequent urination, you know,
4 peeing every hour. 15 to 25 times a day would be close to
5 every hour.

6 Q Okay. And so that can be day or night?

7 A Day or night.

8 Q So when we talk about enuresis, that's just solely
9 limited to kind of nighttime. Polyuria is -- polyuria can
10 include daytime and nighttime?

11 A Polyuria is just the frequency of it.

12 Q Okay.

13 A So enuresis is kind of like an uncontrolled, it just
14 came out.

15 Q Okay. Doctor, what can be some of the causes of
16 polyuria?

17 A You can have -- well, it's a lot of stuff, but you
18 can have kidney issues, [unintelligible], or you can have
19 diabetes from a hormonal point of view. You can have, from a
20 neurological point of view, a spastic bladder. You can have --
21 there's a difference between polyuria and urgency. So you have
22 incomplete bladder voiding. This can go for a long time.

23 Q Okay. And so you can have kind of chemical
24 imbalances that potentially can cause it?

25 A So there can be structural. There can be

1 neurological. There can be chemical.

2 Q Okay. Can there be outside factors that might cause
3 someone to frequently urinate?

4 A Psychological.

5 Q Okay. Can stress do that?

6 A Yes. That's a common symptom that we are trained to
7 look for in pediatrics.

8 Q Okay. And to be clear, when this guardian brought in
9 Anastasia in November of 2011, is there any discussion being
10 reported about toilet training methods or how, you know, the
11 guardians are trying to deal with this frequent urination?

12 A No.

13 Q If it had been reported, would you have put it down
14 in your contemporaneous notes?

15 A Yes.

16 Q You mentioned just previously that, you know, with
17 respect to kind of stress factors, you said, That's something
18 we're trained to look for. Do you remember just telling me
19 that?

20 A Yes.

21 Q Why are you trained to look for that?

22 A Pediatrics, we are required to report if we see
23 things that are amiss. So, you know, changes in bowel habits
24 can be a sign of psychological stressors in a child.

25 Q But nothing is being reported to you out of the

1 ordinary when this guardian keeps bringing this child into you
2 over the three visits that you had?

3 A There was no indication of any psychological
4 stresses?

5 Q So the plan at this point -- you had mentioned that
6 it was reported that all structural defects had kind of been
7 cleared. The diabetes labs was kind of -- it was negative.
8 What is the next kind of plan of something that you decide to
9 do as far as a course of treatment?

10 A So we wanted to do a growth hormone stimulation test
11 to see if there was a growth hormone deficiency that would be
12 contributing towards the poor growth.

13 Q Okay.

14 A We also wanted to have nephrology reevaluate the
15 child, as urology had cleared them. Endocrinology had cleared
16 it. So we wanted nephrology to see if there was some kind of
17 kidney problem.

18 Q Okay. And after this kind of date, Anastasia doesn't
19 come back in for any more follow-up visits; is that right?

20 A Correct.

21 Q Okay. So to the extent that if it was referred to
22 you, you don't know what the potential outcome if they actually
23 went to a nephrologist or what the results of that would be?

24 A Don't know.

25 Q Okay. But I want to talk about that hormone, the

1 growth hormone stem test. What's the purpose of that test?

2 A So this test is to see if you give signals to the
3 body to secrete growth hormone because it can be pulsatile. So
4 if you just do a blood test, you might get the bottom of the
5 meter of the pulse, or you might get the top. You don't know.
6 So you create a situation where you're going to make sure that
7 this is the top, and then you see if the levels are low or
8 high.

9 Q Okay. Okay. So would it help refresh your memory to
10 see the results of that, those lab tests?

11 A Yeah.

12 MR. HAMNER: Okay. Referring to February 5th of
13 2012. Let the record reflect I am showing the doctor to
14 refresh his recollection lab results.

15 BY MR. HAMNER:

16 Q Take a look at that. Does that help refresh your
17 memory as to what date kind of the test was performed or it was
18 analyzed?

19 A Yes.

20 Q Okay. Please tell the jury. When was this all done?

21 A It was done on February 5th of 2012.

22 Q Okay. So about three months or two months -- between
23 two to three months after seeing her on November 29th?

24 A Correct.

25 Q Okay. How did she do on the tests?

1 A Brilliant. So it showed that there was no growth
2 hormone deficiency.

3 Q Okay. So no issues from a hormone perspective?

4 A We have a peak level of 22.6. Growth hormone
5 deficiency would be at a level less than 7.

6 Q Okay. If I could just retrieve those. Thank you
7 very much. Do you remember also seeing a child by the name of
8 Areahia Diaz in January of 2014?

9 A I don't remember off the top of my head.

10 THE COURT: I have a feeling your memory is going to
11 be refreshed really soon.

12 MR. HAMNER: Court's indulgence for a second.

13 THE WITNESS: It feels really refreshed today.

14 (Pause in the proceedings)

15 THE COURT: I was going to take a recess at 10:30 but
16 maybe we should just take our morning recess now for 10
17 minutes.

18 So, ladies and gentlemen, let's just go ahead and
19 take our --

20 We wouldn't be finishing with you anyway, Doctor,
21 before we need to take a recess.

22 THE WITNESS: Okay.

23 THE COURT: Ladies and gentlemen, we're just going to
24 take a 10-minute break. Is that enough for everybody, 10
25 minutes?

1 All right. During the brief recess, you are reminded
2 that you're not to discuss the case or anything relating to the
3 case with each other or with anyone else. You're not to read,
4 watch or listen to any reports of or commentaries on the case,
5 person or subject matter relating to the case. Do not do any
6 independent research by way of the Internet or any other
7 medium, and please don't form or express an opinion on the
8 trial.

9 Please place your notepads in your chairs and follow
10 the bailiff through the double doors.

11 And, Doctor, please do not discuss your testimony
12 with anyone else during the brief recess.

13 (Proceedings recessed 10:17 a.m. 10:42 a.m.)

14 (In the presence of the jury)

15 BY MR. HAMNER:

16 Q -- your memory --

17 A Yes, please.

18 Q Okay. Does that help refresh your memory at all?

19 A Yes.

20 MR. HAMNER: Court's indulgence for one second.

21 THE COURT: All right.

22 THE WITNESS: This is not my note.

23 BY MR. HAMNER:

24 Q Okay. So that's not --

25 A This is a note from a physician's assistant.

1 Q Is that a physician's assistant within your practice
2 group or --

3 A No.

4 Q No, it is not?

5 A No.

6 Q Okay. So that doesn't help refresh your memory at
7 all?

8 A No.

9 Q Okay. All right. Well, then let me approach. Does
10 that help refresh your memory as to when you may have met with
11 Areahia?

12 A Yes.

13 Q Okay. So you met with Areahia when? When did you
14 meet with her?

15 A It says January 21st, 2014.

16 Q Okay. And do you remember -- I don't know if your
17 notes indicate, but is it clear at all as to who brought the
18 child in?

19 A No, it's not.

20 Q Okay. What is the chief complaint in December of --
21 I'm sorry, in January of 2014?

22 A So the chief complaint, the reason for referral was
23 obesity.

24 Q Okay. And so when you took a look at kind of some of
25 the prior history and what was being reported, was it

1 reported -- what was it being reported about the levels of her
2 insulin levels?

3 A The levels were elevated.

4 Q Okay. Did it indicate that she was wearing any sort
5 of medical devices in relation to monitoring insulin?

6 A It did not have any such indication.

7 Q Okay. Is there any mention of an iPro?

8 A So you asked for present tense. So --

9 Q I was talking -- I was referring to the past
10 history --

11 A Past history. So --

12 Q -- in terms of what was being reported to you about
13 things that happened previously?

14 A So she had worn an iPro.

15 MR. HAMNER: Court's indulgence.

16 BY MR. HAMNER:

17 Q Okay. So I'm sorry. You were saying with respect to
18 a device, was there something that was worn previously?

19 A It was indicated that she had worn an iPro in the
20 past.

21 Q And what is an iPro?

22 A At this time, iPro was a first-generation continuous
23 glucose monitor. It's a device that you wear for three days,
24 and it'll record your blood sugar every three minutes.

25 Q Okay. Were there indications that at least

1 previously this child had low blood sugars ever being reported?

2 A They had reported that there was a blood sugar of 46.

3 Q Okay. Is that low? I don't know if that's low or
4 not on the scale.

5 A So that would be considered significant.

6 Q Significant being --

7 A Less than 50 would be considered low.

8 Q And just to be clear, as far as diabetes, is that
9 having a low blood sugar or a high blood sugar?

10 A So a typical person is going to bump around from
11 the -- a healthy person from the 60s to really the 80s,
12 90s.

13 Q Okay.

14 A In the fasting. When you start going fasting above
15 90, then you start becoming glucose intolerant. You get up to
16 126 fasting, you are a diabetic.

17 Q So if you're up to 126, that's a diabetic range?

18 A Correct, for fasting.

19 Q For fasting. Okay. But essentially diabetes deals
20 with the upper ranges of blood sugar levels; correct?

21 A Correct.

22 Q Okay. Not low blood sugar levels?

23 A Correct.

24 Q And the prior history is reporting that this child is
25 having low blood sugars?

1 A The history during the examination is that there was
2 a history of low blood sugar.

3 Q Okay. Do you make an assessment after this visit?

4 A So I guess it does say in the note that foster mom
5 was with the child.

6 Q Okay. So it's a foster, whoever the foster mom was
7 with this child on January 21st, 2014; is that right?

8 A Correct.

9 Q Okay. And that this foster mom had been checking the
10 sugars and things of that nature; is that right?

11 A Correct.

12 Q Okay. Did you make an assessment at that point of
13 this child, a primary assessment?

14 A The story was a little bit not gelling together
15 fully. So --

16 Q What do you mean by that?

17 A Because -- so the chief referral was for obesity,
18 which we get quite a bit, and so the -- and while we had the
19 history for a high insulin level early last year, then we
20 started getting the story about a low blood sugar.

21 Okay. So an iPro is at that time is not something
22 that was commonly around. So typically endocrinologists are
23 the ones that have it. So anybody can buy it, but
24 endocrinologists are the ones that typically bought it and had
25 it. Pediatricians did not have it. So the fact that we had an

1 iPro that was worn was kind of weird, but that means probably
2 an endocrinologist was involved in putting that on.

3 So then we had a low blood sugar with it, and it's a
4 first generation product, and it can guide you that something
5 might be wrong, but it doesn't -- it can also have some errors
6 with it. It depends on how you calibrate it. So then we had
7 the story about going to the emergency room.

8 And in the emergency room there's a sugar of 53, but
9 the ER doctors didn't take a critical sample. So when you have
10 a low blood sugar, you have to find out why. The body has
11 defense mechanisms to protect you from going low. So if I skip
12 breakfast or lunch, my sugars don't go low. My body will
13 compensate for it. If my body does go low, then that defense
14 mechanism to compensate, something is wrong.

15 So you want to check to see what's wrong when the
16 blood sugar is low, not just routinely because that's called a
17 critical sample. So when the pressure is critically low,
18 what's going on metabolically so that we can determine where
19 the problem is.

20 So if we had a sugar of 53 in the ER, and typically
21 you draw a critical sample of low sugars, and some hospitals
22 have a protocol that it has to be less than 50. So at 53 they
23 might have said, okay, it's not 50. We're not going to do it,
24 but there was no critical sample taken. Then, yet she was
25 getting symptoms of low sugars.

1 Q Let me just ask this. After you kind of listened to
2 this patient history and you evaluate this patient, do you make
3 a primary assessment at the conclusion of your meeting with
4 Areahia?

5 A So the assessment is hypoglycemia. I mean, obesity
6 is there, but the main issue is hypoglycemia or low blood
7 sugar.

8 Q Which is kind of the opposite of diabetes?

9 A Which is the opposite of diabetes.

10 Q If you're dealing with a different -- I know it's a
11 blood sugar issue --

12 A But it's opposite.

13 Q But it's in the other end of the range; right?

14 A Correct.

15 Q Okay. Do you encourage -- do you provide them with
16 some sort of device or something like that to help them kind of
17 going forward?

18 A So I believe we gave a prescription for test strips,
19 a glucometer and for the lancing devices to poke the finger
20 with so that they could check the blood sugar.

21 Q Okay. So and do you make any recommendations that at
22 that point in that meeting that the child's diet needs to
23 change in any particular way?

24 A No, because we want to -- we want to make sure that
25 we capture the event of what's happening in their real life

1 situation.

2 Q Okay. Do you make any recommendations at that point
3 in time that there should be, for example, at school there
4 should be -- at this meeting there should be a certain way that
5 this child should be eating or, you know, whether to eat with,
6 like, a group of students versus not, anything like that? Do
7 you make a recommendation to this mother at that time or this
8 guardian, whoever brought this child in?

9 A At this time in the room, there was no recommendation
10 that I noted on here.

11 Q And to be clear, after you've looked at kind of the
12 signs and the symptoms, you made an assessment of hypoglycemia
13 and not diabetes at this point in time; correct?

14 A Correct.

15 Q Did you see Areahia -- do you remember seeing Areahia
16 after this point?

17 A I don't.

18 Q Okay. And I don't know if you remember this, but
19 when Areahia and whoever, whatever guardian brought them to
20 your office, do you remember kind of the initial discussion
21 about obesity [unintelligible] and maybe changing at some
22 point? Do you remember anything like that?

23 A So, I mean, we could find out who brought her in
24 because whoever filled out the patient intake forms for a new
25 patient, that record, and a scanned driver's license would be

1 in the chart for that.

2 Q Okay.

3 A In regards to the assessment, you know, the
4 referral's for obesity, and so that's typically the
5 pediatrician's way of rule out diabetes, and so the -- but in
6 the -- when we got into the clinic -- and again, a like a
7 transcriptionist would write down what's being said. So we
8 talk about a high insulin level, and we talk about low blood
9 sugars. Then what you're worried about, you know, is the low
10 blood sugars before you go into the high blood sugars.

11 THE COURT: Can the high insulin level be a precursor
12 to diabetes?

13 THE WITNESS: High insulin level can be a precursor
14 to diabetes. It can also be caused by a tumor that can make
15 your sugars go low. So it depends which sugar we're getting.
16 BY MR. HAMNER:

17 Q And I know that you mentioned that if you had a
18 chance to maybe review some of the initial kind of paperwork,
19 you might be able to refresh your memory as to who brought the
20 kid in; is that right?

21 A It would be in the -- here. We scan the driver's
22 license of whoever brings them in.

23 Q Or a patient information or things of that nature?

24 A Right. Right.

25 (Pause in the proceedings)

1 MR. HAMNER: So parties will stipulate that Janet
2 Solander brought in Areahia on --

3 MR. FIGLER: That's right. We'll stipulate to that.

4 THE COURT: All right. Thank you.

5 BY MR. HAMNER:

6 Q Do you recall giving Ms. Solander and Areahia
7 instructions that if her blood got below a certain level to
8 capture it and go to the hospital and get a sample?

9 A So they can either go to either let us know, or they
10 can go to an ER, and a critical sample can be given.

11 Q Okay. So they had two options, either come back to
12 you with those results --

13 A Let me know. I mean, you can treat it. Let me know
14 so that I can arrange for a hospital admission. We're in a
15 controlled environment we can check the sugars, or if they are
16 near an Urgent Care, they can go to Urgent Care and get it
17 done.

18 Q And to be clear, you had no other further at least no
19 records of any further contact or meet ups with Ms. Solander --

20 A We don't have any records of it.

21 MR. HAMNER: Okay. I have no further questions at
22 this time.

23 THE COURT: All right. Thank you.

24 Cross.

25 MR. FIGLER: Thank you, Your Honor.

1 THE WITNESS: Do you want your paper back?

2 MR. HAMNER: Sure. Thank you, Doctor. I appreciate
3 that.

4 CROSS-EXAMINATION

5 BY MR. FIGLER:

6 Q I think we are still in the morning. So good
7 morning, Doctor.

8 A Good morning.

9 Q Okay. We'll try to go through this quick and not be
10 too redundant. I think I'm going to start with the last
11 patient that you saw and get that out of the way as quick as we
12 can, and then we'll go back to the Solander girls.

13 A Okay.

14 Q That's kind of what we're here for. With regard
15 to -- so you're a pediatric endocrinologist which is obviously
16 a specialty. You're not a general practitioner. You are
17 focused on the areas of your expertise; correct?

18 A Correct.

19 Q Okay. And you've been doing that here in Clark
20 County for 11 years, doing it for 20 years. So you have seen a
21 lot of things in your practice, I'm guessing?

22 A Correct.

23 Q Okay. If you would make a guess on how many patients
24 that you've seen during the course of your solo practice, it
25 would probably be in the thousands. Would you agree with that,

1 maybe more?

2 A I have 15,000 active patients today.

3 Q Wow. So no surprise that you would look at old
4 records to refresh your recollection. That's not out of the
5 ordinary, is it?

6 A Correct.

7 Q In fact, you documented quite a bit with each one of
8 these patients. So that gives you the opportunity to come back
9 into a courtroom preceding years later and testify as best you
10 can; correct?

11 A Don't anticipate doing that.

12 Q But it is a good practice to --

13 A Correct.

14 Q -- document things in realtime, as stated, so that
15 you could refer back to your record; correct?

16 A Correct.

17 Q Okay. Now, I just want to clear up this thing with
18 diabetes and hypoglycemia with regard to Areahia Diaz, who you
19 saw that time in 2014 I believe was the year.

20 A Uh-huh.

21 Q Okay. So the complaint to you was obesity, and I
22 believe you had noted in both your file and in a prior court
23 proceeding that she was clinically obese by your standards of
24 clinical obese. You had made that testimony; is that correct?

25 A So we have an elevated insulin level. We have an

1 elevated body mass index. So we are prediabetic and obese.

2 Q Okay. So for Areahia Diaz, when she came in to you,
3 your independent analysis of her -- how she presented, your
4 examination of the patient, et cetera, you thought that it was
5 consistent with being obese and being prediabetic at that
6 point?

7 A So the reason for referral was obesity.

8 Q Which you confirmed; is that correct?

9 A And --

10 Q I still have to ask you questions in a sequence.

11 THE COURT: We have to break it down.

12 THE WITNESS: Sure. So, yes. Correct.

13 THE COURT: And then based on I'm assuming when the
14 patient got to your office they measured her height, and she
15 had to step on the scale?

16 THE WITNESS: Sure. So the referral was for such,
17 and when she came. She clinically was obese.

18 MR. FIGLER: Okay. Thank you. That was the
19 question.

20 BY MR. FIGLER:

21 Q I'm going to try to do these as yes or no if I can.
22 If you can't answer yes or no, just let me know, and I'll give
23 you an opportunity to explain.

24 A But I like to talk. Okay. Go ahead.

25 Q Okay. I appreciate it. I love to talk. So, you

1 know, we'll get through it together. So she was clinically
2 obese, and there was a concern at least noted that she could
3 possibly be prediabetic based on your training and experience
4 of seeing similarly situated children --

5 A So -- so there was a --

6 Q -- thousands of times?

7 A From the story there is no question.

8 Q Okay. But you also indicated in your notes and in a
9 prior court proceeding that there was a verifiable concern
10 about a low blood sugar, which would be consistent with
11 hypoglycemia; isn't that correct?

12 A Yes.

13 Q Thank you. And so that would be your immediate
14 concern is to figure out what's going on with this low blood
15 sugar; what's going on with possible hypoglycemia; correct?

16 A Correct.

17 Q Okay. And once that was tested and monitored and
18 viewed and brought under control, that would be the time to go
19 back to the prediabetic or possible diabetes; isn't that
20 correct?

21 A Take care of the critical things first.

22 Q Take care of the critical things first. And the
23 parent or the foster parent brought in the child to use your
24 experience and training to help the child; correct?

25 A Correct. Correct.

1 Q Nothing unusual about that?

2 A Do it every day.

3 Q In fact, that's what foster parents should do?

4 A Uh-huh.

5 Q If they see something, bring them to the doctor;
6 right?

7 A We have many who do.

8 Q Okay. And I'm sure over your lengthy practice
9 unfortunately you've seen patients where the parents don't
10 bring the kids in for a doctor until well too late?

11 A We have seen the whole spectrum.

12 Q Right. And that would be neglecting the child by not
13 giving them a doctor intervention or bringing them to a doctor
14 in a timely fashion; isn't that right?

15 A Correct.

16 Q Okay. But in this particular case, you have a parent
17 who is not only bringing their kids in, but now let's, to focus
18 on the Solander children -- Amaya and Anastasia -- bringing
19 them in for multiple visits with you as the trained specialist;
20 correct?

21 A Correct.

22 Q And you noted all those in your records; correct?

23 A Correct.

24 Q Okay. So let's now focus on a couple of general
25 things, and then we'll go through Amaya, Anastasia one at a

1 time. You had testified on direct just now that if the child
2 was clinically acting in a way that caused you any concern or
3 was clinically significant you would have noted that in your
4 records; correct?

5 A So if I have noted in the past if it's an extreme. I
6 mean, you are in pediatrics. Kids do get fidgety, especially
7 if they're waiting 30 minutes before you get in the room.

8 Q Okay. And if you saw that extreme behavior or a
9 concern with the parent of a clinical significance, you would
10 put that into your report as well, wouldn't you?

11 A I've done so.

12 Q And you have done this over the past; correct?

13 A Uh-huh. Correct.

14 Q Okay. Thank you. And there are no such notes in any
15 of the multitude of visits of anything inappropriate that you
16 noticed from the parent in this case, Janet Solander; isn't
17 that correct? You didn't note anything of inappropriate
18 behavior or significance related to the parent and the parent's
19 report to you; right?

20 A There was nothing unusual.

21 Q Okay. Now, you also indicated on direct that you are
22 a mandatory reporter?

23 A Correct.

24 Q Okay. And mandatory reporting, the obligation on you
25 as a doctor is not to prove something to the utter satisfaction

1 of other people but only have a suspicion of abuse or neglect
2 to have to report that; isn't that correct?

3 A Correct.

4 Q Okay. And your suspicion by a trained doctor that
5 something may be awry, you have to report that to CPS; isn't
6 that correct?

7 A Correct.

8 Q Okay. And of all the multiple visits that you had
9 with Amaya Solander, did you ever feel that your duty to report
10 was triggered?

11 A So I think there was a time gap period of two years.

12 Q Okay. So let me --

13 A But that's not a reportable thing.

14 Q Okay. I appreciate that. Let us focus very
15 specifically on the times that you saw Amaya Solander that
16 Janet Solander brought her in to you; okay. Is there a single
17 time that you called CPS because your obligation was triggered?

18 A No.

19 Q Okay. Now, let's talk about Anastasia Solander with
20 that same exact question. On the multiple times that Janet
21 Solander brought Anastasia Solander to you, was there anything
22 that triggered you to call CPS?

23 A No.

24 Q Anything that you saw on the children that caused you
25 to trigger a call to CPS?

1 A No.

2 Q Any behavior or communications given to you by Janet
3 Solander that caused you to pull that trigger to call CPS on
4 either one of those two children?

5 A No.

6 Q Okay. So let's focus now on Amaya Solander. She was
7 the child, to refresh your recollection about something we
8 talked about about an hour ago or that you talked about with
9 the prosecutor, there was a concern possibly about the thyroid
10 gland; correct?

11 A Okay.

12 Q Okay. And in the course of your examination and your
13 prognosis and your decisions to do further testing, you
14 obviously have a discussion with the parent; isn't that
15 correct?

16 A Yes.

17 Q Okay. And so I would presume that it would be your
18 ordinary course of practice that if you thought that there
19 might be or that you were concerned about ruling out
20 hypothyroidism that you would have mentioned hypothyroidism to
21 the parent; isn't that correct?

22 A Correct.

23 Q Okay. And you have no reason to doubt that you
24 brought up hypothyroidism with the parent who presented Amaya
25 Solander on that date? It's consistent with your normal

1 practices?

2 A Correct.

3 Q Okay. And indeed you did what we sometimes as
4 lawyers who deal with medical -- I know that we speak two
5 different languages, and I'm trying to find the consistent. We
6 talked about markers of possible disease or diagnosis with
7 disease, okay. So when I'm talking about markers, you said
8 that you ran -- that there's four primary tests. Three of them
9 came out normal. One gave you some concern. Is that fair to
10 say?

11 A There was one abnormal and three normals.

12 Q Okay. Can we call that a marker? Is that a fair
13 language? Shared language?

14 A It's a biochemical marker. Sure.

15 Q Okay. Thank you. And upon that test of that final
16 marker, you felt it was mentally appropriate to actually
17 prescribe medication; isn't that correct?

18 A In conjunction with the clinical --

19 Q It was consistent?

20 A It was consistent.

21 Q As a medical decision?

22 A Correct.

23 Q Thank you. And there was no -- there's no note in
24 here that the parent was withholding the medication from their
25 child once prescribed; correct?

1 A Correct.

2 Q Okay. Now, you also testified that you had seen the
3 child in 2014 when CPS brought the child in; correct?

4 A Uh-huh.

5 Q Okay. Did you do that same test on Amaya in 2014,
6 that fourth test?

7 A Well, there were four done in conjunction, and so to
8 repeat it wouldn't be needed. So you would be -- you could
9 draw the blood and see how the levels are doing because we had
10 a history of noncompliance, okay. So when they come in for
11 CPS, foster care, you know, medicines are low priority
12 sometimes.

13 Q Sure.

14 A So they're not --

15 Q Once they're away from the parent who might have been
16 giving it to them --

17 A Whatever the situation is.

18 Q Sure.

19 A They're moving around from place to place. Medicines
20 don't get transported, whatever it is.

21 Q Okay.

22 A So we're having noncompliance, and a situation like
23 that is not unusual.

24 Q Okay.

25 A So now I'm in a situation where I can draw blood, see

1 what's going on and then I can -- and still have them take the
2 medicine, represcribe it, and then --

3 Q Sure. Let me shortcut it just a little bit, and I
4 appreciate your explanation, but what I'm trying to get to is I
5 think maybe a simple question. You can tell me if I'm wrong.
6 But there is this marker of not necessarily normal back in 2011
7 when the child had come in or 2012 when the child had come in.
8 I'm just wondering if that marker was still there in 2014 when
9 you tested her?

10 A So I'm explaining this so that you understand why the
11 markers were not drawn.

12 Q Were not?

13 A Were not needed to be drawn.

14 Q Okay.

15 A So I was basically trying to save the child a poke.

16 Q Okay. That's fair. So that particular test wasn't
17 done again?

18 A So that test was not done. It was deferred to be
19 done after stopping the medicine.

20 Q Okay.

21 A To save them a poke.

22 Q So it may have been done after that visit with you
23 that CPS brought them into, but you don't know.

24 A It was ordered to be done.

25 Q Okay. And you didn't follow up on that?

1 A I don't --

2 Q Or I'm sorry. No one followed up with you on that;
3 that's fair?

4 A So no lab results came across my desk saying it was
5 done.

6 Q Okay. So, for lack of a better word, if it was done,
7 the results of that are still an uncertain as far as you're
8 concerned?

9 A As far as I'm concerned it never happened.

10 Q Okay. And that would have been in 2014, in the
11 spring or later of 2014; isn't that correct?

12 A It would be -- it was ordered to be done three weeks
13 after the visit.

14 Q Okay. All right. Now I want to go over some of the
15 notes that you had with Amaya Solander. So I'm going to
16 approach you to refresh your recollection. I'm going to stand
17 up there with you because I just have the one copy. Thank you.

18 A Uh-huh.

19 Q Does that look like your notes from your office with
20 regard to Amaya Solander?

21 A It is.

22 Q Okay. And the date of that is January 20th, 2012;
23 is that correct?

24 A Correct.

25 Q Okay. And isn't it true that you noted in your

1 nutrition history that the child had been receiving some
2 psychiatric medications in the past but had gone off of those
3 medications?

4 A So the first line was psychiatry had removed her from
5 some medications.

6 Q Okay.

7 A And they wanted the thyroid to be checked because
8 some psychiatric medications can alter thyroid hormone results.

9 Q Okay. So presumably she had seen some sort of
10 psychiatrist in the past; correct?

11 A Correct.

12 Q Okay. And that it was reported to you that she had
13 been on some antidepressants at that time; isn't that correct?

14 A Correct.

15 Q Okay. And it was reported to you that at that time
16 she was constipated; isn't that correct?

17 A That she had constipation.

18 Q Okay. And that in the past she had gotten a
19 colonoscopy; isn't that correct?

20 A Correct.

21 Q Okay. Now, I want to direct your attention, Doctor,
22 to a report of Amaya Solander from March 19th -- oh, wait.
23 If I could just -- one moment before we skip there. Thank you.

24 I'm going to stick with January 20th -- I'm sorry,
25 January 20th, 2012.

1 A Uh-huh.

2 Q Just down to your physical examination, so this is
3 when you physically inspect the child; isn't that correct?
4 That's what a physical examination is all about?

5 A Correct. Correct.

6 Q Okay. And you noted in your notes that the child was
7 both well-developed and nourished at that time; isn't that
8 correct?

9 A So there was no obvious signs of distress?

10 Q Okay. And you used the words in your report
11 well-developed and nourished; correct?

12 A Correct.

13 Q Okay. Thank you. And then in talking about your
14 direct testimony, when you talked about the thyroid medicine
15 that you prescribed for Amaya, you used the expression, It's
16 clear the body did want some. You said that, those words. Do
17 you remember saying that?

18 A Yes.

19 Q Okay. All right. I'm going to skip. We're going a
20 little long. I just want to get to Anastasia really quick as
21 well.

22 A Okay.

23 Q All right. So Anastasia was brought in to you in
24 April of 2011; correct?

25 A Correct.

1 Q All right. And the concern there from the parent was
2 that the child had been losing some weight; correct?

3 A Yes.

4 Q Okay. And really, in the tens of thousands probably
5 of patients that you see, there is nothing inherently
6 suspicious, is there, about a parent bringing a child in and
7 asking for answers on why something they're observing is
8 happening?

9 A No. That's what they bring them in for.

10 Q That's probably more regular than anything else.
11 That's the rule, not the exception; isn't it?

12 A They observe a problem, and so they bring them in.

13 Q Okay. And you hope that all parents would have that
14 level of care; correct? They see a problem, bring them to the
15 doctor.

16 A That's their job.

17 Q Okay. And if it can't be explained, they want an
18 explanation, and hopefully you can provide one; correct?

19 A Uh-huh.

20 Q Okay. And sometimes, as a specialist and as a good
21 specialist, you are able to define, if not the singular
22 problem, a host of possible concerns; correct?

23 A Sometimes other problems do come up outside of your
24 specialty.

25 Q Okay. And then you would refer them, like you did in

1 this case, to a nephrologist to get further --

2 A Clarification.

3 Q -- diagnoses -- thank you. And there's nothing
4 inherently suspicious about moving from specialist to
5 specialist, especially if you have an unanswered question;
6 isn't that true?

7 A As you rule out one organ system as a cause, you can
8 move to another. So that's not an unusual pattern.

9 Q Okay. And the prosecution indicated to you that
10 sometimes it's not physiological or biological. There may be
11 some psychological concern as well; correct?

12 A Psychological concerns can be there, yes.

13 Q Okay. You are not there to rule those out or confirm
14 those. You are there based on your specialty and your focus;
15 correct?

16 A I got 20 minutes.

17 Q Got it. And you do the best that you can in there,
18 and you document a lot in that 20 minutes, don't you?

19 A That's why I type while I talk.

20 Q Great. Don't waste a moment. Don't waste a stroke.
21 I like that. So with regard to the old history of Anastasia or
22 even Amaya, there's really no necessity to get into what
23 happened in their biological home years and years before for
24 your particular needs because you're really focusing on
25 physiological and biological?

1 A I'm focused on the problem at hand --

2 Q The problem at hand.

3 A -- so if something in that was needed to shed light
4 upon it, then we would've gotten into it.

5 Q Okay. But if the child was much earlier in their
6 life the victim of child abuse or neglect or something like
7 that, that may or may not be relevant to your particular
8 question at hand?

9 A If you come in for an ear infection, I'm not going to
10 ask about toilet training.

11 Q Got it. And whether or not the children had
12 witnessed great traumas or had posttraumatic stress disorders
13 or anything like that?

14 A You do probe and ask if you get a feeling.

15 Q Got it.

16 A So --

17 Q Okay. And certainly if the child discloses anything
18 to you, you would follow up on that?

19 A Which has been done before, yes.

20 Q Okay. And you had no disclosures from any of the
21 children that caused you to do any probing into their prior
22 lives in this case for either Amaya or for Anastasia; correct?

23 A If there was, I would've acted.

24 Q Okay. Of course, you would've, of that I have no
25 doubt. So you testified with regard to Anastasia that there

1 was noted weight loss. There was a course of action, and it
2 appears from your notes that the parent followed your course of
3 action in treating Anastasia Solander, and when she came back
4 to you for a follow-up, she had indeed made progress as you had
5 hoped; correct?

6 A We were pleased.

7 Q So there was nothing suspicious about a parent having
8 a child who had lost weight, who brings a child in after a
9 consultation, and now the child is gaining weight. That's not
10 a suspicious thing. That's a good thing; isn't it?

11 A We were moving forward.

12 Q Okay. So something was working, whatever the parent
13 was doing, hopefully what you had told them to do, but
14 sometimes parents in the answer do things on their own. As
15 long as you don't see anything that's problematic, you're okay?

16 A So the consult and intervention, they came back.
17 Things were moving in the right direction. So things were
18 looking good except for the height.

19 Q Right. Okay. Now, you know, there are a lot of
20 reasons why a child may not be growing at a certain clip, if
21 you will, that you would hope to see in a normal child's
22 progression, and as an endocrinologist, one of your tasks is to
23 rule out physiological things; correct?

24 A Correct.

25 Q Okay. And then that was what you did in this

1 particular case; isn't it?

2 A Correct. That's what we were working on, yes.

3 Q Now, you had also mentioned a dietitian that was
4 brought into the case to assist, someone from your office;
5 correct?

6 A Yes.

7 Q Okay. Do you have that person's name, or can you
8 tell me that person's name.

9 A It's on the top of the note, Diana Andrew.

10 Q Okay. Diana Andrew. And, presumably Ms. Andrew
11 working in this medical profession, working with a doctor in a
12 doctor's office is also a mandatory reporter by your
13 assessment?

14 A I don't know about dietitians.

15 Q Okay.

16 A But in a pediatric office, it would be, yes.

17 Q Okay. And you're a pediatric office; that's your
18 specialty?

19 A Correct.

20 Q Okay. And certainly, even if it didn't trigger
21 suspicion to go to CPS, it certainly would trigger a
22 conversation with the attending pediatric endocrinologist?

23 A She would have brought it to my attention.

24 Q Okay. And there's no note that there is any
25 suspicious behavior or triggerable reporting either to CPS or

1 to you from Ms. Andrew; is that correct?

2 A Correct.

3 Q Okay. And Ms. Andrew, singular, is an RD, CDE
4 because that's her --

5 A So a Registered Dietitian, Certified Diabetic
6 Educator.

7 Q Got it.

8 A And an MBA.

9 Q Oh, that's interesting. So she's someone who you
10 believe is probably pretty smart and good at her job?

11 A She is very good at her job.

12 Q But she would physically have been in the room with
13 Anastasia and with Janet Solander at the time of her assessment
14 and analysis; correct?

15 A Correct.

16 Q Okay. And she doesn't per se transcribe all the
17 conversation that she had. She just makes notes that are a
18 summary; correct?

19 A That's correct.

20 Q Okay. So the best person to tell everybody what
21 specifically was said, if she recalls, would presumably be
22 Diana Andrew; correct?

23 A Correct.

24 Q Okay. And one of the indicators of treatment would
25 be to eliminate some of the empty calories that can be found in

1 juice and soda and snacks for the child Anastasia; correct?

2 A Correct.

3 Q Okay. That seems to be pretty intuitive and smart;
4 isn't that correct?

5 A Sometimes people need to be reminded.

6 Q Fair enough. And then you did note that she did gain
7 the weight. You did note your concerns and your testing and
8 your further testing, and, in fact, you had seen Anastasia a
9 number of times; correct?

10 A I thought it was once, wasn't it?

11 Q No, Anastasia. I'm sorry. Do you want me to show
12 you the Anastasia notes?

13 A I --

14 Q You saw Amaya Diaz. I know that they all start with
15 an A.

16 THE COURT: Isn't it Areahia Diaz?

17 MR. FIGLER: Areahia Diaz.

18 THE COURT: Areahia.

19 MR. FIGLER: I do that too.

20 THE WITNESS: Anastasia yes, we saw her in a couple
21 times.

22 MR. FIGLER: Okay. Great.

23 THE WITNESS: Yeah.

24 BY MR. FIGLER:

25 Q And you asked to do testing, and that testing was

1 done by the foster parent; correct?

2 A Well, in --

3 Q Or somebody brought her to do testing?

4 A We got our testing that we needed done.

5 Q Okay. And I would say that sometimes you tell a
6 parent or guardian, hey, we really would like to see these
7 tests, and you never see that person again, and you never see
8 those tests come across your desk; isn't that correct?

9 A That's correct.

10 Q Okay. But that's not what happened in the Solander
11 case. You got what you asked for?

12 A We got the follow-through that we asked for.

13 Q Perfect. Thank you. And just to be clear, because
14 the word seizure was brought up, and I just want to make it
15 very clear, you had no -- there was no report of Anastasia
16 having any seizure. Anastasia never had a seizure to your
17 knowledge; correct?

18 A No.

19 Q You were pontificating, as a good doctor does, that
20 if, in fact, somebody did have this what I'm going to call salt
21 diabetes because I don't want to mispronounce a medical word,
22 and they are not given water at that particular time, that
23 there would be a possibility of a lot of negative effects,
24 including possible seizure?

25 A Correct.

1 Q Okay. But there was no indication in the history
2 here that Anastasia Solander had ever suffered any type of
3 seizure; correct?

4 A Correct.

5 Q Okay. And there was no concern with Amaya Solander
6 of having salt diabetes. That was the thyroid girl?

7 A There was no indication for that.

8 Q Okay. Good. I just wanted to clear that up.

9 All right. Last thing, Doctor, I'm going to show you
10 what's been marked Proposed Exhibit I from the defense, and
11 this go back to that Diaz child.

12 A Okay.

13 Q This is the one who was clinically obese if you
14 recall, the last one you saw in sequence.

15 A This was the hypoglycemia.

16 Q Hypoglycemia with a clinical note of obesity, that
17 girl.

18 A Right.

19 Q Okay. You would agree with me that, and I know you
20 probably want to explain it, and that's fine, but I just want
21 to confirm does this appear to be a fair and accurate depiction
22 of a school note that was issued out of your office? That's a
23 very specific question. Does that appear to be a fair and
24 accurate school note that came out of your office?

25 A So this is a note written on my prescription pad.

1 Q Okay. And so you identified it as your prescription
2 pad; is that correct?

3 A Not in my handwriting.

4 Q Okay. Does that handwriting look familiar to you as
5 possibly -- as being, I don't want to say possibly, as being
6 someone out of your office --

7 A Correct.

8 Q -- who would be authorized to write such a note?

9 A Correct.

10 Q Okay. So this isn't some sort of rogue note that
11 you've never heard of that some outsider from your office
12 forged or created. This is a type of document that comes out
13 of your office, and, in fact, came out of your office in this
14 particular instance?

15 A So the date on this is 1/21. I believe the clinic
16 visit was 1/20.

17 Q Okay.

18 A So that means that this was most likely a phone call
19 brought in saying to the office saying I need a note for this.

20 Q Okay. That you would need a note. And so the
21 question is is this note the correct and accurate note that was
22 issued from your office?

23 A Correct.

24 Q Okay.

25 MR. FIGLER: Move for its admission, Your Honor.

1 THE COURT: Any objection?

2 MR. HAMNER: No, Your Honor.

3 THE COURT: All right. Has that been marked?

4 MR. FIGLER: It has been marked.

5 THE COURT: And that's defense?

6 MR. FIGLER: I.

7 THE COURT: All right. Defense I is admitted.

8 (Defense Exhibit Number I admitted.)

9 BY MR. FIGLER:

10 Q Okay. And this is for Areahia or Areahia Diaz; is
11 that correct?

12 A Correct.

13 Q Okay. And that you noted earlier she was the foster
14 child of Janet Solander; correct?

15 A Correct.

16 Q Okay. And this was a note to the school that she
17 needs to eat lunch supervised by the school nurse. That came
18 from your office; correct?

19 A Correct.

20 Q Okay. Was the person who issued that note
21 disciplined or fired for issuing that note?

22 A No.

23 Q So there's no concern about that note going to the
24 school nurse that would have caused any type of discussion or
25 reprimand or misconduct allegation against the person who

1 issued that note. That didn't happen in this case?

2 A No.

3 Q Okay.

4 A That's not an unreasonable thing to do.

5 Q That's not an unreasonable thing to do.

6 MR. FIGLER: Court's indulgence.

7 Pass the witness, Your Honor.

8 THE COURT: All right. Redirect.

9 MR. HAMNER: Yeah.

10 REDIRECT EXAMINATION

11 BY MR. HAMNER:

12 Q Let's talk -- let's just stick on the note. Let's
13 just stay on that for a second. Okay. Doctor, do you remember
14 having any notations as to why in the world Areahia Diaz would
15 need to eat away from the other children?

16 MR. FIGLER: I'm going to object as argumentative.

17 MR. HAMNER: It's not argumentative.

18 MR. FIGLER: Why in the world --

19 THE COURT: Well, okay.

20 MR. HAMNER: We can approach.

21 THE COURT: Just rephrase. Why Areahia Diaz would
22 have to eat out of the presence of the other children, is there
23 anything in the records? Was that your question?

24 MR. HAMNER: Yeah.

25 THE WITNESS: So we have a situation of low blood

1 sugars, and so we want to -- if the parent is wanting
2 supervision, meaning does the child eat all of their meal, does
3 the child do what they're supposed to do, that's not an
4 unreasonable thing to do, and we've done it many times before.

5 MR. HAMNER: Yeah, I understand that, Doctor.

6 Let's just -- I want to publish 1 if we could. I
7 don't know if the TV's on.

8 THE COURT: Oh, I.

9 MR. HAMNER: I. Publish I.

10 THE COURT: It's the note.

11 MR. HAMNER: It's Defense --

12 MR. FIGLER: We are letters.

13 THE COURT: It's Defense I.

14 MR. HAMNER: Defense I, and I apologize.

15 THE COURT: Yeah, it's not up. Now, you get to look
16 at the monitor.

17 MR. FIGLER: Finally.

18 THE COURT: It's not up on my neither.

19 MR. HAMNER: It's just really dark.

20 THE WITNESS: I'm usually not this dark.

21 (Pause in the proceedings),

22 THE COURT: Oh, there we go.

23 MR. HAMNER: Is it normal on yours?

24 THE COURT: No, it's blue.

25 MR. HAMNER: Oh, okay. And you can even see --

1 that's on my JAVS monitor. On the regulator monitor, you
2 really can't see anything.

3 MR. FIGLER: It's blue everywhere, Your Honor.

4 THE COURT: It's kind of a purple color. Maybe
5 switch off the overhead light.

6 And, ladies and gentlemen of the jury, just to remind
7 everyone, all of the items that are admitted into evidence will
8 go back in the jury deliberation room with you so you can
9 review those and examine them throughout your deliberations.

10 MR. HAMNER: And I can move on. I can just at least
11 move on from that, just continue questioning if that's okay,
12 Your Honor.

13 BY MR. HAMNER:

14 Q Here, I want you to take a look at your notes from
15 January 21st, 2014.

16 A Okay.

17 Q Tell me where in the notes it indicates that this
18 guardian Janet, because we know Janet brought her in that time,
19 where Janet is concerned about the manner in which Areahia is
20 eating lunch at school?

21 A So she says that she talks about how she's eating a
22 school snack at 10:00 a.m.

23 Q Okay. A school snack.

24 A And so --

25 Q Any other references to school?

1 A That she's taking three snacks a day, but that's it.
2 It's the only reference to school.

3 Q So is there anything in your notes saying that this
4 parent is upset about how she's eating her lunch during
5 lunchtime?

6 A No.

7 Q Is she offering any concerns that I don't know that
8 my child will eat the particular meal that I'm providing for
9 her?

10 A No.

11 Q Okay. So when she met with you, there is nothing in
12 these notes that talk about her rationale or reasonings for
13 wanting Areahia to sit away from the other children at lunch
14 according to your notes; right?

15 A So if it --

16 Q It's a yes or no question. With respect to that,
17 there's nothing in those notes --

18 A There's no concern.

19 Q Okay. I know that you said just a couple of minutes
20 ago, either at the beginning of my direct or on cross saying,
21 well, it's not unreasonable for a parent to have worries that
22 maybe my kid won't finish lunch. Do you remember you saying
23 something like that? Let's be clear about a couple of things.
24 Number one, do you have any notes from anyone who actually
25 talked to her about the reasons Janet provided to get this note

1 signed?

2 A No.

3 Q Okay. So and again, the source for this request
4 comes from the parent; is that right?

5 A Yes.

6 Q Okay. But we don't have any notes that anyone took
7 down explaining the reasons that she gave; right?

8 A So the note is in my medical assistant's handwriting,
9 which means that it was asked for probably at check out on the
10 way out.

11 Q Right.

12 A So it was kind of, like, oh, by the way can I have.

13 Q Sure. And I understand that -- I'm not questioning
14 that someone from your staff signed it or approved it and put
15 it on your letterhead. That's not my question. My question is
16 you don't have any records detailing the reasons why this woman
17 asked for this?

18 A No. Because a medical assistant doesn't do that.

19 Q Okay. And to be clear, she didn't ask you for it,
20 right, when she met with you?

21 A Did not ask me, but in a, by the way, the nurse would
22 have come had asked me is that okay.

23 Q And I understand that, but if this was a major
24 concern, it was not a major concern that was spoken to you when
25 she was face to face with you?

1 A Correct.

2 Q Okay. Speaking still on Areahia, there was a lot of
3 questions about clinically you might be prediabetic. Do you
4 remember those kind of questions at the beginning of
5 cross-examination?

6 A Uh-huh.

7 Q To be clear though, your primary assessment initially
8 was not diabetes. It was what?

9 A Hypoglycemia.

10 Q And your concern was taking care of that first before
11 ever evaluating whether there needs to even be a diabetes
12 diagnosis; correct?

13 A That's more important.

14 Q Okay. And to be clear, you never formally made a
15 diabetes diagnosis for that child?

16 A Not close.

17 Q You were asked some questions about, you know,
18 there's nothing wrong or suspicious about a child -- a parent
19 taking children in to be checked out about medical concerns.
20 Do you remember being asked that?

21 A Right.

22 Q I think it was asked a couple of different ways, but
23 do you remember a number of questions like that?

24 A Uh-huh.

25 Q Okay. Let me ask you this though, Doctor. Is it

1 important for you as a physician in order to make an evaluation
2 that this parent provide you a full detail about everything
3 that's happened?

4 A We need the full story so we can make the best
5 diagnosis.

6 Q Okay. If things are being withheld from you, can
7 that affect the quality of your diagnosis?

8 A Tremendously.

9 Q Your evaluation of the patient?

10 A You tell me that they're wetting their bed
11 unintentionally, then I do a different test compared to they're
12 not.

13 Q So essentially the source and what details they're
14 giving you is critical for you to do an accurate assessment?

15 A Correct.

16 Q You were asked some questions on cross-examination
17 about you're a mandated reporter, and you never saw anything
18 that triggered you to call CPS; is that correct?

19 A Correct.

20 Q Okay. But again, as we talked about, details are
21 critical. What you're getting from the parents matters?

22 A Right.

23 Q So if you learn about things that are happening
24 outside of the home that are of concern to you, that might be
25 something, a trigger for you to call CPS?

1 A Correct.

2 Q And the source of your material is the guardian of
3 these three children that you saw; right?

4 A Correct.

5 Q So it's even Ms. Solander or whatever guardian, the
6 husband or something along those lines?

7 A So my only source of information is the historian.

8 Q Okay. So that's the parent basically; right?

9 A Right.

10 Q As a pediatric endocrinologist, are you doing
11 full-body checks on children when they come in?

12 A Not full. It's directed towards the diagnosis and
13 symptoms.

14 Q Okay. Do you recall -- well, with respect to
15 Anastasia and Amaya, do you recall anything in your notes --
16 and if you want I can bring you those records, but let's see if
17 you can answer or not. Do you recall making any notations that
18 would have required you to check the actual skin, the buttocks
19 of the child, the upper legs of the child?

20 A No.

21 Q Okay. There was nothing that required you to look in
22 that area?

23 A No reason.

24 Q So you didn't?

25 A Correct.

1 Q And nothing was reported to you about those areas?

2 A No. Thyroid is up here.

3 THE COURT: And you're indicating the neck area for
4 the record; is that correct, Doctor?

5 THE WITNESS: Pointed at the neck.

6 THE COURT: All right. We have a written record, not
7 a visual record.

8 BY MR. HAMNER:

9 Q Doctor, let's say hypothetically you had a patient
10 come in, and through the process of examining a child and you
11 had to examine them, you did see linear scars or marks on the
12 buttocks or the backs of the leg. Could that be potentially
13 something that might trigger you to call CPS?

14 A If it wasn't stretch marks, and it looks suspicious,
15 then, yes.

16 Q Okay. Beyond stretch marks, like scarring?

17 A Depending on how it looks.

18 Q So bottom line is it depends on how it looks, but
19 that potentially could cause you to pick up the phone and call
20 CPS?

21 A Correct.

22 Q Hypothetically, if it was reported to you that
23 children were being physically disciplined for potty issues,
24 timing how long they go to the bathroom, sitting on buckets for
25 hours at a time --

1 MR. FIGLER: I'm going to object to improper
2 hypothetical, Your Honor.

3 MR. HAMNER: May I approach and explain?

4 THE COURT: Sure.

5 MR. HAMNER: Thanks.

6 (Conference at the bench not recorded)

7 BY MR. HAMNER:

8 Q Doctor --

9 MR. FIGLER: Your Honor, just the ruling on the --
10 for the record.

11 MR. HAMNER: I can rephrase.

12 THE COURT: I've directed Mr. Hamner to rephrase.
13 The objection was sustained.

14 BY MR. HAMNER:

15 Q During the times that you met with Amaya and
16 Anastasia, do you have any notations that it was reported to
17 you that they were beaten if they --

18 MR. FIGLER: Objection, Your Honor, to the
19 characterization.

20 MR. HAMNER: Struck.

21 THE COURT: Struck.

22 THE WITNESS: There was no indications of anything --

23 MR. HAMNER: Sir, can I please -- let me at least
24 finish my question, okay.

25 / / /

1 BY MR. HAMNER:

2 Q Did you have any -- do you have any notations that it
3 was reported to you that the children were repeatedly struck
4 for having an accident, either peeing or pooping on themselves?

5 A There was no indication.

6 Q Okay. Was there any indication that the children
7 were told that they needed to sit on paint buckets with toilet
8 seats for multiple hours during the day?

9 A No.

10 Q Was it reported to you that if the children could not
11 urinate within a 30-second time span they would be struck?

12 A No.

13 Q Was it reported to you that the children if could not
14 defecate within a minute and 30 seconds they would be struck?

15 A No.

16 Q Was it reported to you that if the children asked
17 to -- that there may be intervals of a whole hour between the
18 times a child could be permitted to use the bathroom, was that
19 reported to you?

20 A Nope.

21 Q Was it reported to you that if a child asked to go to
22 the bathroom during that one-hour window they would be struck?

23 A No.

24 Q Was it reported to you that catheters were inserted
25 into the children to evaluate whether or not their bladders

1 were collecting urine?

2 A No.

3 Q Did you ever recommend to any guardian that came in
4 that catheters be inserted to monitor the bladder levels of any
5 children that you saw?

6 A No.

7 Q Anastasia, Ava or even Areahia?

8 A No.

9 Q You were asked some questions about Amaya and about
10 the decision to kind of prescribe that low dose of Synthroid.
11 Do you remember that?

12 A Yes.

13 Q And you had said that you made that decision based on
14 the clinical as well as this kind of slight elevated marker
15 with respect to the brain; right?

16 A Correct.

17 Q Okay. But to be clear, the clinical factors that
18 you're getting, the source is the guardian; right?

19 A Correct.

20 Q Okay. So you're getting that information from that
21 parent?

22 A If I didn't have a story of being clinically
23 symptomatic, we would not have started medicine.

24 Q So let me ask you this. If in this scenario you
25 didn't have any of those reported clinical symptoms, and you

1 just had that elevated kind of brain marker, are you
2 prescribing Synthroid?

3 A No. I'll retest it, but I'm not prescribing.

4 Q Okay.

5 THE COURT: If you didn't have the elevated --

6 THE WITNESS: TSH.

7 THE COURT: -- would you have prescribed anything?

8 THE WITNESS: A TSH by itself and clinically
9 asymptomatic, we would not prescribe. We would retest it in
10 three to four weeks with a little bit more detail, and then we
11 would see what we need to do.

12 THE COURT: So in this instance, you needed a
13 combination of the two?

14 THE WITNESS: You had to have both to do it.

15 THE COURT: Okay. All right.

16 BY MR. HAMNER:

17 Q And to be clear, those clinical symptoms were coming
18 from the parent?

19 A Correct.

20 Q And to be clear, in 2014, when you evaluated her when
21 CPS and another guardian brought her in, she had no signs of
22 hypothyroidism?

23 A She was noncompliant, and she had no signs.

24 Q Okay. You talked about how details from that source
25 are key; right?

1 A Yes.

2 Q Okay. Because I think you even said if you get
3 potential incorrect details that affects kind of how you
4 evaluate things. On cross-examination, it was brought out that
5 it was reported that the parenting source told you that a
6 colonoscopy was done; right?

7 A Yes.

8 Q And you noted that?

9 A Yeah.

10 Q But that same source reported that there was a
11 twisted bowel; correct?

12 A Correct.

13 Q Isn't it true that a colonoscopy reviews
14 essentially -- it's a scope of the bowel?

15 A It is.

16 Q It's an examination to, for example, see if the bowel
17 is, oh, I don't know, twisted; right? It could be revealed in
18 a colonoscopy?

19 A A colonoscopy will tell you structurally how things
20 look. That won't really tell you about the twisting of it.

21 Q Okay. Will it see any twisting in it?

22 A It's kind of a torturous path. You --

23 Q I mean --

24 A It wouldn't be used to check for that.

25 Q But let me -- let me --

1 THE COURT: I'm sorry. It would or it would not?

2 THE WITNESS: It wouldn't be the thing to use to
3 diagnose that.

4 MR. FIGLER: I'm sorry. There was some noise over
5 here. Would not test for that; correct?

6 THE WITNESS: It would not be the test needed to look
7 for that.

8 MR. FIGLER: Thank you.

9 BY MR. HAMNER:

10 Q Well, let me ask you this. Is a twisted bowel --
11 describe what that is. Physiologically what is happening with
12 the bowel when it's twisted?

13 A So typically a twisted bowel would be a surgical
14 emergency.

15 Q Okay.

16 A Okay. A twisted colon would be a surgical emergency,
17 like a volvulus. So now --

18 Q What physically happens --

19 A But sometimes a layperson might not use the right
20 words. So it could -- when they said twisted colon to me, it
21 meant that there might be a kink or adhesion, something that
22 was causing that abnormal angle, angulation of the colon.

23 Q Would that be revealed by a colonoscopy, the abnormal
24 angulations, things of that nature?

25 A Not necessarily. It depends on where it would be

1 twisted because they can only go so far.

2 Q Okay.

3 A And there are other tests that are better for that.

4 Q Like what?

5 A Where you can do like a using a radiographic dye --

6 Q Like a barium enema?

7 A A barium enema will look.

8 Q Okay. Was it ever reported that Amaya had a barium
9 enema?

10 A No.

11 Q Was it ever reported about the results of a barium
12 enema, that it was actually normal? Was anything like that
13 reported to you?

14 A No.

15 Q Okay. Was it ever reported to you that when a
16 colonoscopy was performed there were no structural defects
17 through the colonoscopy?

18 A They just reported that they just had one done.

19 Q So a barium enema wasn't reported to you or its
20 result. A colonoscopy was reported, but not the results, and
21 this source is telling you that the bowel is twisted?

22 A A twisted colon.

23 Q Okay.

24 A But if they had a colonoscopy, they're underneath the
25 guidance of a gastroenterologist. So I don't need to dwell

1 into that.

2 Q No, I understand that. But the key is that she's
3 reporting to you that bowel is twisted --

4 MR. FIGLER: Objection, Your Honor. It's misstating
5 it, and that doctor keeps correcting it. There was a clinical
6 note about a twisted colon not a bowel.

7 THE COURT: Okay.

8 MR. FIGLER: The doctor is saying it right, but I
9 just --

10 MR. HAMNER: I apologize. A twisted colon.

11 THE COURT: All right. So --

12 BY MR. HAMNER:

13 Q Reporting a twisted colon; is that right?

14 A Correct.

15 Q Okay. But it wasn't reported that the colonoscopy
16 was normal?

17 A It was just that one was done.

18 Q And I apologize. Maybe my word choice was incorrect.
19 So let me just clear it up. Would a colonoscopy evaluate a
20 twisted colon?

21 A It would not be used to evaluate for a twisted colon.

22 Q It would not be but a barium enema would?

23 A It would be a better test. It's less invasive.

24 Q Okay. So --

25 THE COURT: And what device then, once they do the

1 barium enema, what device would be utilized then to see if the
2 colon was twisted? Would it be a CT scan or what would you be
3 doing?

4 THE WITNESS: No, no. You can use an x-ray. So if
5 you put --

6 THE COURT: Just an x-ray. Okay.

7 THE WITNESS: So then you can see the path, and if
8 it -- the path is making an L shape, then it's good, and if the
9 path is going S shaped or -- then something is wrong.

10 THE COURT: Okay. But that wouldn't be a disorder
11 that you as a pediatric endocrinologist would treat; is that
12 correct?

13 THE WITNESS: Wouldn't touch it. It's poop.

14 THE COURT: Somebody's got to do it.

15 THE WITNESS: Not me.

16 BY MR. HAMNER:

17 Q Doctor, you were asked on cross-examination, Is there
18 anything inherently suspicious from a parent going from doctor
19 to doctor to try to figure out what's wrong with their child?
20 Do you remember being asked that?

21 A Yes, I do, and it's not --

22 Q Are you --

23 A -- unusual.

24 Q Okay. But you have heard of kind of the term doctor
25 shopping?

1 MR. FIGLER: I'm going to object, Your Honor. The
2 question was asked and answered. That's --

3 THE COURT: Counsel, approach.

4 (Conference at the bench not recorded)

5 THE COURT: All right. Mr. Hamner, rephrase.

6 BY MR. HAMNER:

7 Q Let me rephrase. So you remember those questions
8 about inherently suspicious about going from doctor to doctor;
9 right?

10 A Right.

11 Q To be clear, did the source give you a list of kind
12 of all the doctors she had seen prior to this?

13 A Not a list of all the doctors.

14 Q Or the names or any records or anything like that?

15 A No.

16 Q Okay. Then you were asked a question about with
17 respect to Anastasia because she was the one who was kind of
18 losing weight. Do you remember that?

19 A [No audible response.]

20 Q Okay. And that you were placed with kind of how the
21 parent was kind of following your instructions; right, about
22 what meals to give her?

23 A Correct.

24 Q You remember that. But to be clear, at any point
25 when you saw this girl multiple times, did you ever instruct

1 these parents to reduce the meals from three down to two?

2 A No, not if you're trying to gain weight.

3 Q Would that have been problematic?

4 A We have a specific note saying to give three meals a
5 day and three snacks.

6 Q Okay. So that would be the opposite. Giving this
7 child two meals a day would have been the opposite of what you
8 wanted if you wanted that kid to gain weight?

9 A Correct.

10 Q Okay. Did you ever give this parent any instructions
11 to restrict water for extended periods of time?

12 A No.

13 MR. FIGLER: I'm going to say asked and answered.
14 Also it exceeds the scope.

15 THE COURT: I think it's asked and answered, but he
16 answered it again, and you said --

17 THE WITNESS: We said to limit the amount of water
18 intake. We wanted to create a hunger drive.

19 MR. HAMNER: No, I understand that --

20 THE WITNESS: When I say water, I mean liquid intake.

21 BY MR. HAMNER:

22 Q But I'm talking --

23 THE COURT: Because if your stomach is full of
24 liquid, you might not get hungry. Is that the thinking?

25 THE WITNESS: Correct.

1 THE COURT: Okay.

2 BY MR. HAMNER:

3 Q But we're not talking eight hours a day or something
4 like that, are we? Like don't give the kid for eight straight
5 hours --

6 A Correct.

7 Q -- or anything after 12:00?

8 THE COURT: Did you within -- when you gave the
9 instruction to limit liquid so that the child would feel the
10 hunger drive, did you set any time parameters for limiting the
11 liquids?

12 THE WITNESS: So it would be, you know, if a child is
13 saving that they're thirsty then give them food, and then try
14 to not give the water or juice with the meal, but if you want,
15 you can give a little bit, not the big glass, and then you give
16 it after because I need them to eat.

17 THE COURT: Go on, Mr. Hamner.

18 MR. HAMNER: Thank you.

19 BY MR. HAMNER:

20 Q And as far as kind of this work that you did with
21 Anastasia, the primary recommendations that you're making are
22 kind of eating plan oriented; right?

23 A Correct.

24 Q Because you didn't diagnose her with any sort of
25 illness; right?

1 A Correct.

2 Q And that included diabetes?

3 A So there are illnesses which we did blood for, that
4 we looked for, but the eating is -- liquids and eating is the
5 main reason for failure to thrive.

6 Q No, I understand that. And but to be clear, you
7 never gave Anastasia a diagnosis of diabetes; right?

8 A Correct.

9 Q In fact, it got ruled out by the lab work that you
10 did subsequently, at least diabetes insipidus?

11 A We have no diabetes mellitus or insipidus.

12 MR. HAMNER: Okay. I have no further questions at
13 this time.

14 THE COURT: Anything else, Mr. Figler?

15 MR. FIGLER: Yeah, just briefly, Your Honor.

16 RECROSS-EXAMINATION

17 BY MR. FIGLER:

18 Q But, again, on that last point, you probably
19 discussed what you were testing with the child Anastasia to
20 rule out diabetes and that that was a concern that you needed
21 to rule out; correct?

22 A We could rule it out.

23 Q Right. And so that was your practice at the time and
24 ordinary for a trained specialist of your nature to discuss
25 these things with the parent; correct?

1 A Correct.

2 Q Okay. And then going back to the twisted colon, that
3 is sometimes a misnomer. A more accurate way would be to call
4 it an abnormal angulation of the colon perhaps?

5 A Again, we take it with a grain of salt because if it
6 was truly twisted, they would be even sicker.

7 Q Okay. So there could be an abnormal angulation that
8 might have been noted by another doctor. One way or another,
9 you didn't have to follow that down because that didn't impact
10 your clinical analysis?

11 A So what I wrote down was a quotation.

12 Q Right. Okay. So some doctor may have in the past
13 said twisted colon or abnormal angulation, but that's not for
14 you?

15 A I just transcribed.

16 Q Exactly. All right. Now, you made certain clinical
17 diagnoses with both Amaya and with Anastasia, and you did some
18 assessments, and all that is recorded in your notes; correct?

19 A Correct.

20 Q All right. Now, you've seen these notes that both
21 sides have shown you with regard to these children. Those all
22 appear to be fair and accurate depictions of your clinical
23 notes regarding those children; correct?

24 A Correct.

25 Q Okay. And these are the type of records that you

1 keep in the ordinary course of your medical practice?

2 A Practice, yes.

3 Q Okay. And there is nothing in any of these notes
4 that suggests that you have missing data in order to come to
5 your diagnosis; correct? In other words, Doctor, if you would
6 have seen that there is a huge gap of something that you needed
7 to be explained or you needed for the records, you certainly
8 would have asked for explanation or for the records to be able
9 to do your job; right?

10 A See the iPro one didn't --

11 Q Okay. I'm not talking about Ms. Diaz. I'm just
12 talking about the Solander kids; all right?

13 A Okay. For the Solander kids --

14 Q You didn't note anything --

15 THE COURT: We'll let him answer, Mr. Figler.

16 MR. FIGLER: Well, the question was kind of yes or
17 no.

18 BY MR. FIGLER:

19 Q You didn't note anything?

20 A So you can say that my assessment was a notation that
21 more things needed to be looked at.

22 Q Right, and part of your next step would be to do some
23 physiological testing, some biological testing, look at blood,
24 look at anything else that is available to you in your huge
25 wheelhouse of tools as a doctor; correct?

1 A Correct.

2 Q Okay. And to your knowledge, everything you asked of
3 Janet Solander -- to go do the blood testing or whatever -- was
4 done; correct?

5 A It was.

6 Q Okay. Last area that I want to get into with regard
7 to the questions that you received on redirect, you indicated
8 that if you saw physical injuries on a child, it depends on how
9 it looks as to whether or not you felt that would trigger your
10 mandatory reporting duty. You remember testifying to that?

11 A Yes.

12 Q Okay. And so I believe all doctors, and correct me
13 if I'm wrong, would be most concerned with any fresh or recent
14 injuries that appeared nonaccidental in nature; isn't that
15 correct?

16 A Correct.

17 Q Okay. Because there may be an immediate harm or risk
18 to the child, and that is the philosophy behind you being a
19 mandatory reporter; correct?

20 A So, I mean, there was one instance where --

21 Q Are you talking about someone other than the Solander
22 kids?

23 A No, one of the Solander kids because it's not on
24 Areahia's note, but it was --

25 Q Areahia not being a Solander kid. That was a Diaz

1 kid.

2 A Right. It's not on -- so it has to be on one of the
3 other two, but there was one instance where, like, in the first
4 line or second line sentence it was mentioned that she bruises
5 easily or something about on the legs.

6 Q Oh, okay.

7 A Okay. So when you get that story, usually you get
8 that story as a response to what happened here, oh, they bruise
9 easy, and kids bump and get bruises on the legs as well.

10 Q Okay. So let me stop you there.

11 A So retroactively looking --

12 Q Well, no, I'm not asking you to retroactively look
13 right now. I'm just asking you if you would have noted any
14 fresh or recent injury that appeared to --

15 A Did not note.

16 Q -- of a nonaccidental nature, you would've reported
17 that?

18 A Did not note.

19 Q Okay. And you look for fresh or recent injuries
20 because fresh or recent injury suggests possible danger for the
21 child; correct?

22 A Correct.

23 MR. FIGLER: Okay. Pass the witness, Your Honor.

24 MR. HAMNER: Real brief.

25 / / /

1 FURTHER REDIRECT EXAMINATION

2 BY MR. HAMNER:

3 Q With respect to that looking for fresh injuries,
4 Doctor, to be clear, the thyroid is where again?

5 A Up in the neck.

6 Q Okay. So you're kind of high looking in this area?

7 A That's where we look.

8 Q You're not checking anywhere down here; right?

9 A Correct.

10 Q But the source is reporting easy bruising on the
11 legs?

12 A Yes. Which is --

13 MR. HAMNER: Okay. No further questions.

14 THE WITNESS: -- kind of weird.

15 MR. FIGLER: I'm going to motion to strike for
16 nonresponsive. I don't know where we're all at or what time
17 we're at, but that was not the one question.

18 THE COURT: Well, overruled.

19 Mr. Figler, any follow-up?

20 MR. FIGLER: None.

21 THE COURT: Do we have any juror questions for the
22 witness?

23 I see no additional questions, Doctor. Thank you for
24 your testimony. You are excused at this time.

25 All right. Ladies and gentlemen, I think we're going

1 to go ahead and take our lunch break. We'll be in recess for
2 the lunch break until 1:00 o'clock.

3 During the lunch break, you are reminded that you're
4 not to discuss the case or anything relating to the case with
5 each other or with anyone else. You're not to read, watch or
6 listen to any reports of or commentaries on the case, person or
7 subject matter relating to the case. Do not do any independent
8 research by way of the Internet or any other medium, and please
9 don't form or express an opinion on the case.

10 Please place your notepads in your chairs and follow
11 the bailiff through the double doors. We'll see everybody back
12 at 1:00 o'clock.

13 (Jury recessed 11:56 a.m.)

14 MS. BLUTH: Judge, I need to correct myself, and I
15 just let Ms. McAmis know. I forgot that Mr. Blankenship from
16 the Marvelous Girls Grace Girls Academy from Florida, we flew
17 him in last night.

18 THE COURT: Okay.

19 MS. BLUTH: I have to make sure he makes his plane.

20 THE COURT: So why don't we do him at 1:00 then.

21 MS. BLUTH: Yes.

22 THE COURT: And then we'll resume with the other.

23 MS. BLUTH: Danielle. And I don't have very much for
24 him, but I didn't want to make any misrepresentations at the
25 bench that Danielle was next.

1 THE COURT: That's fine.

2 MS. BLUTH: But I did tell Ms. McAmis.

3 THE COURT: All right. I have the redacted
4 Richardson reports that were filed with the court. So if both
5 sides want to approach.

6 MS. BLUTH: Thanks.

7 THE COURT: Basically you're getting anything dealing
8 with the emotional, psychiatric, physical health of the
9 children. The parts that are redacted deal with the natural
10 family, and a lot of it is their ability to pay and their
11 cooperation, some immigration information, things like that.
12 So that's what's redacted.

13 For each one, I've copied the front page so you know
14 what report it corresponds to. So this is your one from the
15 20th. Oh, anything, generally, prior abuse, anything like
16 that. Okay. And the ones when they were with the Solanders,
17 you get the whole thing.

18 MS. BLUTH: Thank you.

19 THE COURT: And, of course, all of this is being made
20 a Court's exhibit.

21 MR. FIGLER: Thank you, Your Honor.

22 MS. BLUTH: And, Judge, in total you handed us 27
23 pages. I just wanted to make sure that the record --

24 THE COURT: You just counted that quickly there?

25 MS. BLUTH: I did.

1 THE COURT: Okay. All right. Let's take our lunch
2 break.

3 (Proceedings recessed 11:59 a.m. 1:08 p.m.)

4 (Outside the presence of the jury)

5 MS. BLUTH: In my pretrial with Blankenship, who I
6 had never met before -- he flew in last night, and I asked him,
7 you know, when I was speaking to him on the phone, do you have
8 any records, and he said I don't believe we do because after --
9 I can't remember how many years he said that they destroyed
10 them. So I just asked him to double check and see if he had
11 anything. The only thing he had in the folder was there is a
12 letter about each girl. It's like a single-spaced big font
13 letter -- one says Ava. One says Amaya. One says Anastasia --
14 that Janet and Dwight submitted talking about the girls
15 behavioral issues and their pottyting issues.

16 THE COURT: And that would've been when they first
17 went to the school?

18 MS. BLUTH: Right. I guess there's kind of a sitdown
19 where you talk with the person and talk to them about any
20 behavioral issues, things like that, and so he provided those
21 to me today, and I left them on my desk. So Mr. Hamner went to
22 go get them so I could use them with him, but also provide them
23 for the defense to look at.

24 THE COURT: Okay. And that's the late disclosure you
25 mentioned.

1 MR. FIGLER: Right. So we'll absorb what it is.
2 Obviously I don't have any comment because I haven't seen it.
3 Oh, can we just approach really quickly, Your Honor.

4 MS. BLUTH: Yeah.

5 THE COURT: And if you need to take a --

6 THE MARSHAL: All of the jurors are here.

7 THE COURT: Okay.

8 If you need to take a little break before cross or
9 something.

10 MR. FIGLER: Thank you.

11 THE COURT: We can do that.

12 (Conference at the bench not recorded)

13 THE COURT: All right. Kenny, bring them in.

14 (Jury entering 1:10 p.m.)

15 THE COURT: All right. Court is now back in session.

16 The record should reflect the presence of the State, the
17 defendant and her counsel, the officers of the court, and the
18 ladies and gentlemen of the jury.

19 And, State, call your next witness.

20 MS. BLUTH: Thank you, Your Honor. The State calls
21 Steven Blankenship.

22 THE COURT: All right.

23 **STEVEN BLANKENSHIP**

24 [having been called as a witness and being first duly sworn,
25 testified as follows:]

1 THE CLERK: Thank you. Please have a seat and state
2 and spell both your first and last name for the record.

3 THE WITNESS: All right. It is Steven Blankenship.
4 S-t-e-v-e-n, B-l-a-n-k-e-n-s-h-i-p.

5 MS. BLUTH: May I proceed?

6 THE COURT: All right. Thank you.

7 Ms. Bluth.

8 DIRECT EXAMINATION

9 BY MS. BLUTH:

10 Q Good afternoon, sir. Where are you visiting from?

11 A I am from Pace, Florida, The Marvelous Grace Girls
12 Academy.

13 Q Okay. And how are you employed?

14 A I'm the founder and director of the academy.

15 Q All right. Tell us a little bit about that academy.

16 A Sure. Yes, ma'am. It's a place where it's a
17 resource for parents that are having behaviorally trouble
18 children. They can bring them to the academy, and we're able
19 to help them give a stable, secure, sweet atmosphere and work
20 on their behavioral issues.

21 Q And how long has that been open?

22 A This year is our 10th year.

23 Q This year is your 10th year?

24 A Yes, it is. Uh-huh. We're working on our 10th year.

25 Q Okay. And can you give us kind of an idea of, you

1 know, the amount of students that go to the school, the amount
2 of staff.

3 A Uh-huh. We have 20 girls currently, and they range
4 from ages 9 to about 19, and there are 10 staff members.

5 Q All right. Now, you have 20 girls now.

6 A Yes.

7 Q Do you always function with the same amount of girls?
8 Like, is there a certain amount that are --

9 A It can fluctuate to 25. It could, yeah.

10 Q Okay. So the maximum amount you have, it would be
11 25?

12 A Yes, ma'am.

13 Q Okay. And then are the girls educated there as well?

14 A That's correct. Yes, ma'am.

15 Q And then is there a religion component to it?

16 A Yes, there is.

17 Q Can you explain that.

18 A Sure. We have devotions, and we have preaching
19 services, and we have all kinds of Bible study for the girls,
20 and this is daily. Even the curriculum is a Christian
21 curriculum. So all the way through their subjects, whether
22 it's math, English, social studies, whatever, they're learning
23 Bible scripture and Bible character.

24 Q Okay. And you as the director, can you explain to me
25 how much contact you would have with students, like, on any

1 given day?

2 A Well, they send me throughout the day. I'll make a
3 visit to the school. I'll make a visit to the cafeteria. I
4 eat with the girls. We go to church together. We go to
5 Charity Baptist Church. And any time the girls would have to
6 speak to us, I also do pastoral counseling with them.

7 Q Okay. And then how much are you in contact with your
8 staff, you know, about the children you guys are overseeing?

9 A Yes, ma'am. Well, we have a weekly staff meeting.

10 Q I'm sorry. Say it again.

11 A A weekly staff meeting. Yes, ma'am.

12 Q Okay. Thank you.

13 A And then every day, we do have prayer meetings where
14 we meet together and we pray for a period of time, and if
15 there's any issues or anything that the girls are experiencing,
16 that's brought up during that time as well.

17 Q And those are done daily?

18 A Uh-huh. Yes, ma'am.

19 Q Okay. Now, can you kind of explain the process in
20 which a girl would be brought to you or enrolled in your
21 school. How does that work?

22 A Well, parents, when I do get phone calls, it's
23 typically parents have tried everything they know available to
24 them, and we're kind of as a last resort, last step. They
25 don't know what to do where their daughters are so out of

1 control, and they don't know, you know, what direction to turn
2 into. Yeah.

3 Q Okay. And then when you say that -- you know, the
4 parents are saying they've tried everything; this is the very
5 last step -- is there proof that parents give of that, or are
6 you taking their word for it?

7 A Taking their word.

8 Q So they don't have to provide any documentation to
9 say, you know, my child has been suspended or expelled or
10 anything like that?

11 A No, ma'am. But occasionally there's going to be some
12 times that, like especially if I send for the school records,
13 they will let me know this child is suspended, that type of
14 thing.

15 Q Okay.

16 A And if they have had any kind of a behavioral
17 hospital visit, we usually get those reports as well from the
18 parents at the day that they enroll them.

19 Q Now, are there any type of therapy or counseling
20 avenues that the children can pursue while there?

21 A With me, it would be pastoral counseling.

22 Q Okay.

23 A And if the parents would like for the girls to have
24 outside counseling, we can provide that as well, take a trip
25 over to a counselor of their choice. Yeah.

1 Q All right. And then can you just walk me through a
2 typical day of a girl at the academy.

3 A Sure. They start about 6:30 a.m., and they end about
4 9:00 p.m., and throughout that day, their day is structured.
5 We have a time to go to school, a time for lunch, a time for
6 breaks, a time for Bible study. So they don't have to worry
7 about I don't know what's coming next. They know what's coming
8 next.

9 Q There's a structure?

10 A There is a structure, yes, ma'am. Uh-huh.

11 Q Do any of the children that come there have any type
12 of special needs, or are you equipped for that?

13 A Special needs with a handicap physically or --

14 Q Yeah.

15 A Not really, no, no handicap, physical handicap.

16 Q What about with psychological disorders, like maybe
17 autism or anything like that?

18 A We have had girls come in that were diagnosed with
19 autism, yes, ma'am, and Asperger's I believe is the term.

20 Q Okay. Now, specifically I would like to speak to you
21 about three girls that came to the academy in November of 2013,
22 and that would be Ava, Amaya and Anastasia Solander. As you
23 sit here today, do you remember them?

24 A I do remember them.

25 Q And if I showed you a picture of them, would you be

1 able to recognize them?

2 A I could, yeah.

3 MS. BLUTH: Your Honor, I'm approaching the witness
4 with what's been marked for purposes of identification as
5 State's Proposed 32, 48 and 1. So I'll do that in order first.
6 BY MS. BLUTH:

7 Q So showing you State's 1, do you recognize the person
8 being depicted in that photograph?

9 A I do.

10 Q And who is that?

11 A That's Anastasia.

12 Q Okay. And that would be Anastasia Solander?

13 A Yes.

14 Q Is that a fair and accurate depiction of what she
15 looked like during that time?

16 A It is, yes.

17 MS. BLUTH: And I'd move for its admission, Your
18 Honor.

19 THE COURT: Any objection?

20 MS. MCAMIS: Submitted.

21 THE COURT: It'll be admitted.

22 (State's Exhibit Number 1 admitted.)

23 MS. BLUTH: Thank you.

24 BY MS. BLUTH:

25 Q Next, I'm going to show you State's Proposed 32. Do

1 you recognize the girl in that photo?

2 A I do. That would be Ms. Ava.

3 Q Ava Solander?

4 A Uh-huh. Ava Solander.

5 Q Does that fairly and accurately depict -- fairly and
6 accurately depict the way Ava Solander looked when you knew
7 her?

8 A It does.

9 MS. BLUTH: Move for its admission, Your Honor.

10 MS. MCAMIS: Submitted.

11 THE COURT: All right. That'll be admitted.

12 (State's Exhibit Number 32 admitted.)

13 BY MS. BLUTH:

14 Q And lastly, showing you State's Proposed 48, do you
15 recognize the child in that photo?

16 A That would be Amaya Solander.

17 Q Thank you. And does that fairly and accurately
18 depict the way Amaya Solander looked when you knew her?

19 A Yes.

20 MS. BLUTH: And I'd move for its admission, Your
21 Honor, and that's 48.

22 THE COURT: All right. That'll be admitted.

23 (State's Exhibit Number 48 admitted.)

24 MS. BLUTH: And ask the Court permission to publish.

25 THE COURT: You may.

1 BY MS. BLUTH:

2 Q Now, I want to ask you a few questions about each of
3 these girls in a moment, but before I ask you specific
4 questions, how was it that these three girls came into contact
5 with you and your school? How was that set up?

6 A We had got a phone call from the Solanders and had
7 discussed with us their children's behavior, and if my memory
8 serves me correctly, it might have been maybe they were calling
9 about one or two of the daughters first, and then they decided
10 that all three should come.

11 Q When you were speaking with the Solanders, do you
12 know their first names?

13 A That would be Dwight and Janet Solander.

14 Q And do you see Janet Solander in the courtroom today?

15 A Yes, ma'am, I do.

16 Q Could you please describe an article of clothing that
17 she's wearing.

18 A She has got on a gray blouse I believe it is.

19 Q And what position at the table that you're looking at
20 is she in?

21 A She's in the center of this table that would be the
22 defendant table.

23 Q Okay. Thank you.

24 MS. BLUTH: Your Honor, may the record reflect the
25 identification?

1 THE COURT: It will.

2 MS. BLUTH: Thank you.

3 BY MS. BLUTH:

4 Q And so when you were on the phone, would you speak to
5 both of them?

6 A I have spoken to both of them, yes.

7 Q Okay. And when you said that they discussed their
8 daughters' behaviors, can you explain what they stated about
9 their daughters' behaviors.

10 A Well, it was about bathroom, that they were having
11 issues with the bathroom and defiance and lying and theft from
12 the girls and manipulation.

13 Q Okay. And when you say they were having issues with
14 the bathroom, can you explain to me, if it was explained to
15 you, what was meant by that.

16 A It was not explained to me.

17 Q Okay. And in those conversations, did you understand
18 that to be purposely toileting, or these were accidents?

19 A Purposely.

20 Q Purposely toileting?

21 A Yes, ma'am, purposely toileting. Yes.

22 Q Okay. And then did you ever meet with Ms. Solander
23 and Mr. Solander in person?

24 A I did, yes, ma'am. Uh-huh.

25 Q And how was it that the girls actually physically

1 arrived to you?

2 A They drove. They drove from Nevada to Pace, Florida.

3 Q Okay. And when they drove, did they drive with their
4 mother and father Janet and Dwight?

5 A Yes. Yeah. Janet and Dwight Solander drove the
6 three girls over to Pace. Yes.

7 Q Okay. And when the girls get to your school -- and I
8 should have asked this earlier. The children in your academy,
9 they're with you 24 hours a day, seven days a week; is that
10 right?

11 A Correct. Uh-huh.

12 Q And when I say with you, I mean that loosely, but
13 they're at the academy?

14 A Yes, ma'am, they are. Yes, ma'am.

15 Q Now, they were enrolled, we discussed, in November
16 of 2013, and then how long were they there for?

17 A They were removed from the home I believe it was in
18 March of 2014. Yes.

19 Q Okay. And so they were there it was like four or
20 five months?

21 A Yes, ma'am.

22 Q And while they were there, did you have personal
23 interaction with them?

24 A I did.

25 Q And did you get to know them quite well?

1 A I believe so, yeah. As well as I could in those
2 three months, three or four months, yes.

3 Q All right. And so I want to ask you first some
4 questions about the child you identified as Ava Solander, which
5 is in State's -- now in evidence as State's 32. Can you
6 describe your interactions with Ava, kind of her personality if
7 you wouldn't mind, please.

8 A Ms. Ava was the more serious, somber, more mature of
9 the three.

10 Q Okay.

11 A Yeah.

12 Q When you say she was serious and somber, what do you
13 mean by that?

14 A She seemed to take things serious, and when given a
15 task or given a directive, she was very willing to do it and to
16 accomplish that, but she seemed like she -- she seemed like she
17 was more serious about -- about, you know, about life in
18 general. Yes.

19 Q Okay. Would you say she was obedient or disobedient?

20 A Obedient.

21 Q Did you have any issues with, like, excessive
22 outbursts or tantrums with Ava?

23 A No, ma'am, we never did.

24 Q Overall, what type of student was she there?

25 A She was a good student. She made good grades in the

1 academic, and in behavior she did well. She did well with us.

2 Q Okay. Now, I would like to ask you a few questions.

3 MS. BLUTH: Your Honor, what we discussed earlier,
4 I'm going to allow the defense an opportunity to look at those
5 documents if you don't mind.

6 THE COURT: Okay.

7 MS. BLUTH: And I'll go back to them if you don't
8 mind.

9 THE COURT: Okay.

10 MS. BLUTH: Sorry.

11 BY MS. BLUTH:

12 Q Now, with Ava --

13 A Yes.

14 Q -- was Ava on any type of special diet when she was
15 there?

16 A No, ma'am.

17 Q Was her food blended while she was there?

18 A No, ma'am.

19 Q Was she timed while she ate?

20 A No, ma'am.

21 Q Did she have any stomach issues where she couldn't
22 digest the food properly?

23 A I can't recall that she did. Some of the girls that
24 do come, they have an issue. They've been eating a lot of junk
25 food.

1 Q Okay.

2 A A lot of fast food and things like that. So when
3 they start getting vegetables and meats and proteins and a
4 well-balanced diet, sometimes their body has to adjust.

5 Q Okay.

6 A So if there was anything that was unusual, I don't
7 recall anything unusual.

8 Q And were there any toileting issues with Ava, meaning
9 did she have any urine accidents, any poop accidents?

10 A I don't remember any.

11 Q Was there any to your memory or knowledge any
12 purposeful urinating or defecating?

13 A Absolutely not.

14 Q In regards to the going to the rest room, did you
15 ever have to time them in how long they took during the
16 bathroom?

17 A No, ma'am, we never did.

18 Q Did you ever have to time them in between their times
19 of going to the bathroom? For instance, let's say they went to
20 the bathroom at 11:00 a.m., did you ever have to time them and
21 say you can't go to the bathroom until 1:00 p.m.?

22 A No, we never did.

23 Q Did the Solanders ask you to implement any special
24 toileting rules?

25 A I do not recall that, no.

1 Q Did the Solanders ask you to implement any special
2 diets or eating rules?

3 A I don't remember that either. Huh-uh.

4 Q Next I'd like to ask you some questions -- all right.
5 So then I'd like to ask you some questions in regards to
6 State's 48, which is who you identified as Amaya Solander.

7 A Yes, ma'am.

8 Q And she would be the middle of the three; is that
9 right?

10 A Correct.

11 Q Could you explain a little bit about Amaya's
12 demeanor.

13 A Her composure here, her facial composition, the way
14 she looks, depicts her pretty well when she was with us.

15 Q Okay. What do you mean by that?

16 A She seemed to have the most trouble as far as trouble
17 within herself. She seemed like she had some bitterness about
18 her. She seemed like she had some pain about her. She seemed
19 like she had some things in her past that really troubled her
20 throughout -- throughout her stay with us.

21 Q When you say she had some bitterness about her --

22 A Yes, ma'am.

23 Q -- was she mean or disrespectful to you in any way?

24 A I don't remember her being mean or disrespectful to
25 me personally. Now, she would get some demerits for back

1 talking staff, being rude to the staff, being rude to maybe a
2 directive, not willing to do the directive immediately, you
3 know. So that's kind of -- of life that she had there.

4 Q So a little different than Ava?

5 A Oh, yes. Yes.

6 Q But was her behavior to the point of, you know, you
7 felt like you couldn't discipline her in the right way?

8 A Huh-uh. No. No, ma'am. No, she -- in fact, all
9 three girls responded well to any kind of form of correction
10 that we did which was demerits. If they get a certain number
11 of demerits, they would lose privileges, such as desserts at
12 mealtime, something like that, yeah.

13 Q Okay. In regards to Amaya, did she have -- was she
14 on any type of special diet?

15 A Amaya, I don't remember her being on a special diet.

16 Q Okay.

17 A I don't remember that at all.

18 Q Was she on any type of special toileting, you know,
19 regimen that I talked to you about with Ava?

20 A Huh-uh. She was not.

21 Q Okay. Did the Solanders express to you any digestive
22 issues that she might have to be on a special diet?

23 A I don't recall that, no.

24 Q Are there times when there have been girls at the
25 academy that either behaved so badly or were so out of control

1 that you actually had to ask them to leave?

2 A Yes, ma'am.

3 MR. FIGLER: Objection, Your Honor. Relevance.

4 THE COURT: Overruled.

5 BY MS. BLUTH:

6 Q You can answer, sir.

7 THE COURT: He answered already.

8 THE WITNESS: Yes, ma'am, there has been.

9 BY MS. BLUTH:

10 Q There has been?

11 A Yes, ma'am.

12 Q And in those situations, what is done?

13 A We call the parents and tell them they can't -- that
14 we don't have what it would -- the grate and measure that would
15 be needed to help their daughters. So they would need to look
16 for another resource.

17 Q Okay. Now, you've talked about Amaya receiving some
18 demerits and things like that, but ultimately she responded
19 well to discipline?

20 A She did. She did.

21 Q Was there any behavioral issues -- I don't want to
22 say, you know, out of the normal -- or anything that brought
23 you concern that you guys couldn't handle?

24 A No, ma'am. Huh-uh. No, they're sweet girls.

25 Q I'm sorry?

1 A They were sweet girls.

2 Q Okay.

3 A Yeah.

4 Q And now I'm showing you what's in evidence as State's

5 1. Who's this little guy -- well, girl. I know it's a girl.

6 I said guy.

7 A Yes, ma'am.

8 Q Who's that?

9 A That is Anastasia.

10 Q Okay. And she would be the youngest of the three?

11 A Uh-huh.

12 Q And tell me a little bit about Anastasia.

13 A Very personable. Yeah. Yeah. She likes to talk,
14 and she likes to ask questions.

15 Q Okay. What about her demeanor? Is she happy? Is
16 she sad? Is she guarded?

17 A She was happy. She seemed to be happy all the time.

18 Q And what about her behavior while there?

19 A She did well, yeah. Nothing adverse. All three
20 girls would receive demerits here and there for different --
21 different violations of what we set for rules, but overall --
22 she included with the other two -- that she did well and
23 responded well, and we were happy to have her.

24 Q Okay. And I apologize for the repetitive nature, but
25 I'm going to ask you some of the same questions in regards to

1 Anastasia. When you met with the Solanders either via phone or
2 in person, did they discuss that Anastasia needed to be on any
3 specific toileting regimen?

4 A I don't recall that either.

5 Q Any specific dietary restrictions?

6 A No, ma'am.

7 Q Or stomach issues?

8 A No, ma'am.

9 Q And I apologize. I didn't ask this about Amaya. So
10 I want to back up for a second to the middle child, Amaya,
11 who's in State's 48. Did Amaya have any toileting issues while
12 she was there? And when I say toileting issues, I mean
13 accidents, urinating, defecating --

14 A Yes. Now, one of them, and I don't remember which
15 one, may have had an accident through the night. It seems like
16 maybe one of them did, but it was not anything adverse, nothing
17 that was chronic, nothing like that, no.

18 Q So one of the three children --

19 A It seems like it, yes, ma'am.

20 Q -- had wet the bed one time?

21 A Yes, ma'am.

22 Q Okay. Was there any indication that there was any
23 type of purposeful urinating or defecating at any point?

24 A Never. Huh-uh.

25 Q And then now I'm going to go back to Anastasia, which

1 I believe is State's 48, but let me double check so the record
2 is clear. A good thing I did because it's 1. So State's 1,
3 Anastasia, any problems with toileting with her at all?

4 A No, ma'am.

5 Q So no purposeful urinating or defecating?

6 A Nothing purposeful, no.

7 MS. BLUTH: Court's indulgence, Your Honor.

8 BY MS. BLUTH:

9 Q Now, while the children were at Marvelous Grace Girls
10 Academy, at any point in time did they disclose to you or
11 members of your staff any abuse or neglect that was happening
12 at the Solander house?

13 A They did, yes, ma'am. They had mentioned about abuse
14 from their parents, and I counseled with all three of them
15 separately and talked to them to see if the story would match.

16 Q Okay.

17 A But that's what we do if we hear an abuse allegation
18 toward the parents.

19 Q Okay.

20 A We do our in-house investigation, and all three of
21 them confirmed it was abuse and things of that nature, being
22 hurt at the Solander house, and in doing so, ma'am --

23 MR. FIGLER: Your Honor, can you just get a
24 foundation of the time frame when this --

25 THE COURT: All right. When was the disclosure made?

1 THE WITNESS: I cannot recall. Yeah. It had to have
2 been probably within a couple of months of them being with us.

3 BY MS. BLUTH:

4 Q So between November and March?

5 A Yes, ma'am.

6 Q So, I mean, they were there --

7 THE COURT: Well, that's when they were there. Do
8 you recall if it was closer to when they first arrived in
9 November or later towards when they --

10 THE WITNESS: Later toward the end.

11 THE COURT: Toward the end.

12 THE WITNESS: Yes, ma'am.

13 THE COURT: Okay.

14 THE WITNESS: Yes, ma'am.

15 THE COURT: Okay. So the girls had been there at
16 least a couple of months before the disclosure?

17 THE WITNESS: A month and a half to two months, yes,
18 ma'am.

19 THE COURT: All right.

20 THE WITNESS: Uh-huh.

21 BY MS. BLUTH:

22 Q Now, you are a mandatory reporter; correct?

23 A Yes, ma'am. Oh, absolutely.

24 Q And so when that information was disclosed to you by
25 all three girls, what did you do with it?

1 A We asked the girls if the CPS from Nevada had ever
2 been at their house to investigate these allegations. Have you
3 ever told any authorities? And they said, yes, it's been
4 reported, and CPS had been out to our house. I think they said
5 three times.

6 Q Okay. And did you also confirm that with either
7 Janet or Dwight?

8 A I did call. It seemed like -- it seems like I did
9 talk to Dwight, and he did confirm that CPS had been out to the
10 house.

11 Q Okay.

12 A Yes. Investigating.

13 Q So because it had already been investigated, you did
14 not contact Florida CPS?

15 A Correct. Yeah. Yeah.

16 Q In March of 2014, were you contacted by Nevada Child
17 Protective Services?

18 A I was contacted. If my memory serves me right, it
19 was on a Friday at the end of February. We'd have to look at
20 the calendar and to see what day the Friday was. I believe it
21 was the last Friday of February.

22 Q Okay.

23 A They contacted me, yes.

24 Q And what was their reason in contacting you?

25 A They wanted to verify that the three girls were

1 indeed enrolled at Marvelous Grace Girls Academy.

2 Q Okay.

3 A And to see if I had any concerns, any things --
4 anything I was concerned about with those girls.

5 Q Okay. And then were they going to come and get the
6 girls, or what was the status of things going on?

7 A No. Now, they did tell me there was an open case
8 against the Solanders that CPS --

9 MR. FIGLER: I'm going to object if we're getting too
10 deep into hearsay.

11 THE WITNESS: Okay.

12 MS. BLUTH: And I assure the Court and defense we're
13 not.

14 THE COURT: Okay.

15 MR. FIGLER: Okay.

16 THE WITNESS: Okay.

17 BY MS. BLUTH:

18 Q And so there was an open case?

19 A An open case.

20 Q And were you just to keep the girls there for right
21 now?

22 A Yes, ma'am. Uh-huh. Yeah.

23 Q Okay. Now, what were your plans after getting off
24 the phone with Nevada CPS?

25 A Well, I was going to call Florida DCF on Monday

1 morning when they opened up and let them know that I received a
2 call from Nevada.

3 Q Okay.

4 A And before I did, Saturday, Florida CPS showed up at
5 our place -- DCF showed up at our place.

6 Q Okay. An investigator from Florida?

7 A Yes, ma'am. Uh-huh.

8 Q All right. And then so what happened when they got
9 there?

10 A They asked to speak to the three girls, and we gave
11 them a room to speak to the three girls privately in. Yes.

12 Q And shortly thereafter, did the girls leave the
13 academy?

14 A They did. It was a few days after that.

15 Q And what was their demeanor upon leaving?

16 A They were sad to leave. They were wanting to stay,
17 and they were sad they were leaving the academy.

18 Q After they left, did you ever have any other contact
19 with them?

20 A I did, yes, ma'am. Yeah. Ava --

21 Q Okay. How did that --

22 A Ava had called me, and actually all three girls were
23 there. Ava was the one that made the call and spoke to me, and
24 she just wanted to say hi and tell me how much she missed being
25 at Marvelous Grace. Yeah.

1 Q Okay. Now, obviously, as you were stating, you know,
2 an investigation was opened up, and were you contacted by
3 detectives or officers from the Las Vegas Metropolitan Police
4 Department?

5 A Yes, ma'am. Uh-huh.

6 Q And did you give them, you know, information in
7 regards to how long the children had stayed and a little bit
8 about the girls?

9 A I did. Yes, ma'am.

10 Q And in speaking with them, did you discuss, you know,
11 that the children didn't have any toileting issues there?

12 A Correct.

13 Q And that they ate normal food?

14 A Yes, ma'am.

15 Q And do you remember what you stated about the type of
16 eaters that they were?

17 A Yes, ma'am. I said they were --

18 MR. FIGLER: I'm going to just object, Your Honor, as
19 to hearsay.

20 THE COURT: Well, you could just ask him what types
21 of eaters they were.

22 THE WITNESS: They were very good eaters.

23 THE COURT: Okay.

24 THE WITNESS: Yeah, they --

25 THE COURT: And that's what you relayed to

1 investigators?

2 THE WITNESS: It is, yes, ma'am.

3 THE COURT: All right.

4 BY MS. BLUTH:

5 Q All right. In the process of the girls coming to
6 you, did Janet and Dwight submit -- I don't know if it's like a
7 biography would be a proper word, but, like, a little bit --

8 A Yes, ma'am.

9 Q -- a paragraph about each girl and their issues?

10 A They did.

11 Q And have you provided those to my office this
12 morning?

13 A I did.

14 Q Have we ever met before today?

15 A No, ma'am.

16 Q Okay. I'm going to approach you with what's marked
17 as State's Proposed Exhibits 177 through 179. Are these fair
18 and accurate copies of the photos that Janet -- or excuse me,
19 the paragraphs that Janet and Dwight gave to you?

20 A Correct.

21 Q About each girl?

22 A Yes, they are.

23 MS. BLUTH: Okay. Your Honor, I'd move to admit
24 State's Proposed 177 through 179.

25 MR. FIGLER: Do we have a foundation? We have a

1 foundational concern. Are they attributable to Dwight or
2 attributable to Janet?

3 THE COURT: Lay a little more of a foundation if you
4 know.

5 MS. BLUTH: Sure.

6 THE COURT: Okay.

7 BY MS. BLUTH:

8 Q When you received these, were you aware of was it
9 coming from one parent, both parents? How did it come about?

10 A It would be both parents, yes. Any time we ask for
11 an application, it would be -- it would be both parents are
12 signing, and both parents are providing the biography. Yes.

13 Q Okay. And in your conversations with -- your
14 telephone conversations and in-person conversations with both
15 Janet and Dwight, the things that we're seeing in State's 177
16 through 179 were also -- were those also confirmed in those
17 conversations as well?

18 A Yes, ma'am, they were.

19 MS. BLUTH: Okay. Your Honor, at this time I'd ask
20 for --

21 THE COURT: All right. Did either --

22 MR. FIGLER: I think we --

23 THE COURT: Excuse me.

24 MR. FIGLER: I'm sorry.

25 THE COURT: Did either Dwight or Janet Solander

1 indicate to you which one of them had actually typed up those
2 documents?

3 THE WITNESS: No, ma'am. No, they did not.

4 THE COURT: All right. Did you go over those letters
5 with the Solanders?

6 THE WITNESS: Page by page, no, ma'am, I did not.

7 THE COURT: Okay. But you discussed the contents?

8 THE WITNESS: Uh-huh. Yes, ma'am.

9 THE COURT: All right.

10 MR. FIGLER: Can we approach?

11 THE COURT: Sure.

12 (Conference at the bench not recorded)

13 BY MS. BLUTH:

14 Q Okay. I just have a few more questions for you about
15 State's 177 through 179.

16 A Yes, ma'am.

17 Q And this is to the best of your recollection; okay?

18 A Okay.

19 Q So do you have any idea of who of the two sent these
20 to you or handed them to you?

21 A I do not.

22 Q Okay. You received these prior to the children
23 coming obviously.

24 A Yes, ma'am.

25 Q And I should have asked you, and I'm not sure if it's

1 clear. Do you remember these being e-mailed to you or handed
2 to you directly?

3 A I believe they were e-mailed to us.

4 Q Okay.

5 A Yes.

6 Q And would you email with both of them?

7 A It seems like I have, yes.

8 Q And I know this was a long time ago.

9 A Yes, ma'am.

10 Q I'm sorry. But there were times when you spoke with
11 them on the phone as well?

12 A Absolutely.

13 Q And that would be both of them?

14 A Yes, ma'am.

15 Q The information that are in each of these paragraphs
16 for each of the respective girls, were those same issues
17 discussed in person with both people?

18 A Maybe not in verbatim.

19 Q Sure.

20 A For an example, I don't think that they said Ava can
21 be shy at first. I don't know that they would say that to me.

22 Q Right.

23 A Yes, ma'am.

24 Q I guess I should be more specific, but as in their
25 issues, like how they're troubled?

1 A Yes, ma'am.

2 Q Those were discussed?

3 A Yeah, it was.

4 Q By both people?

5 A Yes.

6 Q Okay. And then when you met in person with both
7 individuals, did you guys discuss those issues too?

8 A We would have, yes, ma'am.

9 Q Okay. At any point in time did Janet Solander ever
10 say, you know, no, this isn't true; I didn't write this?

11 A No, never.

12 Q These aren't my concerns; these are Dwight's
13 concerns?

14 A No. No, ma'am.

15 MS. BLUTH: All right. Your Honor, again I'd asked
16 to --

17 THE COURT: All right. Those will be admitted. Your
18 objection is noted on the record.

19 (State's Exhibit Numbers 177-179 admitted.)

20 MS. BLUTH: And then with the Court's permission,
21 Your Honor, I'd ask for the purpose of publishing for
22 Mr. Blankenship to read the letter.

23 THE COURT: Either way.

24 MS. BLUTH: Or I can read it. It doesn't matter.

25 THE COURT: Counsel's preference.

1 BY MS. BLUTH:

2 Q Okay. I'm going to put it on the overhead and read
3 if I can.

4 A Okay. Sure.

5 Q And you can follow along.

6 THE COURT: And it'll just be on your monitor.

7 THE WITNESS: Okay. Yeah.

8 MS. BLUTH: Thank you.

9 THE COURT: Assuming we fix the -- oh, we have fixed
10 it.

11 MS. BLUTH: Yeah, we're good.

12 BY MS. BLUTH:

13 Q So State's 177, let me -- all right.

14 Ava can be shy at first but has a lot of
15 trust issues. She is very timid and spooks
16 easily. She steals and lies and will steal
17 things from people when she is angry with
18 them. Ava also has a tendency to destroy
19 other people's property, no matter how little
20 or small. She will deliberately break things
21 when she is angry with someone or tear
22 something up.

23 Ava will purposefully urinate anywhere
24 other than the toilet when angry. She will
25 pull her pants down, squat and urinate on the

1 floor, and sometimes outside in the backyard
2 if she thinks she can get away with it.

3 Ava and her sisters rarely get along
4 with each other, and they lie on each other
5 to get the other in trouble, especially if
6 they are already in trouble themselves.

7 Sometimes Ava is the instigator in a fight or
8 an argument. She picks at herself as well.

9 So I want to ask you a few questions about this,
10 okay?

11 A Yes, ma'am.

12 Q In your interactions with Ava, was she shy?

13 A A little bit, yeah.

14 Q Was she timid?

15 A Yes, ma'am. I would say just -- I'm not sure what
16 the definition of timid is, but she would be shy and kind of
17 reserved, yes.

18 Q Okay. Did you feel that she -- well, while with you,
19 did she steal or lie?

20 A I don't recall. I know that all three girls, we
21 would have had demerits, and we don't have those demerit
22 sheets, but I don't remember -- I don't remember her stealing
23 or lying, no.

24 Q Okay. Do you ever remember her destroying anything
25 on your property?

1 A No, absolutely not.

2 Q Do you ever remember her deliberately breaking
3 things?

4 A No, ma'am.

5 Q Do you ever -- I think you already answered this, but
6 purposely urinating, you already said no?

7 A No.

8 Q Did you ever find her to be an instigator in fights
9 or arguments?

10 A Never did.

11 Q Overall, in the Ava that you saw, was this letter
12 consistent or inconsistent with the Ava you saw?

13 A That was inconsistent.

14 Q Okay. State's 178, which would be Amaya.

15 Amaya can be very manipulative and can
16 fool almost any one with her manipulations.
17 She will fake illness for sympathy to the
18 point of someone calling an ambulance.
19 Usually she does this to get out of school
20 work or anything that she does not want to
21 do.

22 Amaya does not like to interact with
23 other children her age. She will make a
24 friend or two; however, she does not keep the
25 same friends for long.

1 She steals and lies, but worst of all,
2 she is very disrespectful to adults. Amaya's
3 lies are more malicious than the little white
4 lies most children tell. She will lie on
5 other adults to gain sympathy. She will lie
6 about being abused, even from another child.
7 She has stated once before that her sister
8 tried to kill her. Amaya will continue to
9 lie even after being caught and told not to
10 do it again.

11 She tends to get an attitude if she
12 doesn't get what she wants when she wants it.
13 Amaya can be very loving, but she needs to
14 learn to control her anger more. She also
15 picks at -- Amaya also picks at her skin.

16 While you were with Amaya, did you find her to be
17 manipulative?

18 A There was a time or two that she would seem like she
19 would try to manipulate, but it wasn't anything that was
20 extravagant or extreme.

21 Q Could you give me an example that comes to your mind.

22 A Not really. I just remember maybe -- maybe she would
23 tell a staff member something like, you know, Ms. Rachel said I
24 could do this, or she'd asked permission to do something, and
25 have you asked Ms. Tandy, my wife, and she'd say, yes, when she

1 hadn't, you know. So that's how she would manipulate.

2 Q Well, I mean, was there any other manipulation on a
3 grander scale?

4 A No, ma'am. No.

5 Q Did she ever feign any illness to you?

6 A No, ma'am.

7 Q Did you find her to have an inability to control her
8 anger?

9 A No, I did not.

10 Q This letter that was submitted by the Solanders, did
11 you find this letter to be consistent or inconsistent with the
12 Amaya you knew?

13 A Oh, I'd say inconsistent, yes.

14 Q I'm now showing you what's in evidence as State's
15 179, which is the letter in regards to Anastasia:

16 Anastasia does not like consequences and
17 will act out in the most unimaginable way
18 when she is disciplined. She will
19 deliberately urinate and defecate on herself
20 and has done so as recently as one day ago.

21 She also sometimes will say that she
22 wants to run away from home so she does not
23 have to do chores or deal with the
24 consequences of her actions. She has a lot
25 of hate inside of her that is not normal for

1 a child of her age. She can be a happy child
2 at times and tends to want to act and talk
3 younger than her age because she is short for
4 her age. We discourage this behavior.

5 Anastasia lies and steals and was taken
6 out of school on several occasions for
7 stealing; yet this has not stopped her. She
8 seems to have no remorse for any of her
9 actions that were mentioned above. Anastasia
10 also has no respect for adults and will
11 disregard any rules set in place. She also
12 picks at her skin and pulls her hair out.

13 In the months that you were with Anastasia --

14 A Yes, ma'am.

15 Q -- did you find her to act out in unimaginable ways?

16 A No, ma'am.

17 Q You already stated that you never saw her
18 deliberately urinate or defecate on herself?

19 A Never did, no.

20 Q Did you ever -- in your meetings with her, did you
21 ever see or believe that she had a lot of hatred inside of her?

22 A No, ma'am.

23 Q The behavior that she displayed, would that be
24 consistent or inconsistent with the statement, She has no
25 respect for adults and will disregard any rules in place?

1 A I would say that's inconsistent.

2 Q Did you ever see her pulling her hair out?

3 A Never did.

4 Q Overall, would you say that this letter is consistent
5 or inconsistent with the Anastasia you were working with?

6 A Overall, inconsistent. Yes, ma'am.

7 Q Any time prior to admission or, you know, during the
8 admission process, during the stay, to your knowledge, were you
9 ever told by the Solanders that any of the children had a
10 twisted colon or twisted bowel?

11 MR. FIGLER: I'm going to object, Your Honor. Can we
12 approach?

13 THE COURT: Sure.

14 (Conference at the bench not recorded)

15 MS. BLUTH: I'm going to rephrase, Your Honor.

16 THE COURT: Thank you.

17 MR. FIGLER: And just as far as the ruling on the
18 objection.

19 THE COURT: She's rephrasing.

20 MR. FIGLER: Thank you, Your Honor.

21 THE COURT: So it's fine.

22 BY MS. BLUTH:

23 Q To your knowledge, at any point in time either before
24 the stay, during the admission process or after the girls were
25 already admitted to The Marvelous Grace Girls Academy, did the

1 Solanders ever tell you of any illnesses, diseases or disorders
2 any of the three girls had?

3 A One of the girls I think had hypo- or
4 hyperthyroidism.

5 Q Okay.

6 A And I don't remember which girl that was right off.

7 Q Okay. Besides that, anything else?

8 A Seizures. Yes. I think the same one had seizures
9 actually.

10 Q And when someone fills out paperwork for the academy,
11 is there a health section? You know, are they in good health?
12 Are they in bad health?

13 A Yes, ma'am. Uh-huh.

14 Q And besides the seizure and the hypothyroid, there
15 was nothing else?

16 A Nothing else.

17 MS. BLUTH: Thank you so much, sir.

18 I'll pass, Your Honor.

19 THE COURT: All right. Cross.

20 MS. MCAMIS: Yes. Thank you, Your Honor.

21 CROSS-EXAMINATION

22 BY MS. MCAMIS:

23 Q Good afternoon, Mr. Blankenship.

24 A Good afternoon, ma'am.

25 Q You were asked some questions about your academy.

1 A Yes, ma'am.

2 Q Specifically, it's called Marvelous Grace Girls
3 Academy?

4 A Yes.

5 Q Okay. So I want to follow up a little bit more about
6 your academy. It's accurate to say that you are accredited
7 with the Florida Counsel on Private Schools; right?

8 A Yes, ma'am.

9 Q So accreditation is important to you guys?

10 A Yes, ma'am.

11 Q That means that your students are able to have
12 documentation as far as their classes and credits go; right?

13 A Yes.

14 Q Okay. And that's something that you would have been
15 accredited back in late 2013 through 2014 when the Solander
16 girls were in your custody?

17 A Yes, ma'am.

18 Q Okay. Now, you have a mission statement, don't you?

19 A Yes, ma'am.

20 Q And you are -- and by you, you are the founder. So I
21 assume it's okay if I ask that you in addition to your academy
22 are committed to providing a safe environment in which a girl
23 can find her place of refuge in; right?

24 A Yes, ma'am.

25 Q That's also a place where scholastic achievements and

1 quality education can also be achieved?

2 A Yes.

3 Q And you have a religious, spiritual component to your
4 daily structure if you will?

5 A We do.

6 Q Okay. And that includes, like, Bible study?

7 A Uh-huh.

8 Q And that includes --

9 A Yes, ma'am.

10 THE COURT: And you have to, yeah. Thank you.

11 THE WITNESS: Yes. Thank you.

12 MS. MCAMIS: Thank you, Your Honor.

13 BY MS. MCAMIS:

14 Q And it includes, like, Christian teaching. I think
15 you called it the Christian educational curriculum?

16 A The curriculum is called the Accelerated Christian
17 education. Yes. Uh-huh.

18 Q Okay. Accelerated.

19 A Yeah.

20 Q So that's something that these girls' spiritual and
21 educational needs you take very seriously?

22 A Yes, ma'am. Uh-huh.

23 Q Okay. Now, this program that any of your girls can
24 apply and participate in, the minimum commitment is 12 months?

25 A Yes.

1 Q Okay. And so if a parent decides the child needs to
2 stay longer, your school can accommodate that, but you're
3 minimum requirement or commitment is 12 months?

4 A Yes, ma'am. Uh-huh.

5 Q And the purpose of that, is it fair to say, is
6 because your school is addressing behavioral issues in these
7 young girls?

8 A Yes.

9 Q And so the idea of a longer commitment or a minimum
10 12-month commitment is to make sure that there is sufficient
11 time to address the behaviors that brought them into the school
12 in the first place?

13 A You're correct. Yes, ma'am.

14 Q Okay. Okay. And as far as the rules go, parents
15 drop off their children, but you guys actually have a rule as
16 far as when the parents can then next visit their children;
17 right?

18 A Yes, ma'am. That's correct.

19 Q And so after four months of a stay at Marvelous
20 Grace, a student can get a three day, two night visit with
21 their family?

22 A Yes.

23 Q But it's after that four months where there's
24 concentration and focus and structure that's actually put into
25 these girls' lives in order for them to be better; correct?

1 A You're correct. Yes, ma'am.

2 Q Okay. And that's why there's a delay in having the
3 parents visit?

4 A Yes, ma'am.

5 Q It's actually to have time for the curriculum and all
6 of that structure to take effect?

7 A Uh-huh. Yes, ma'am.

8 Q Is that a yes?

9 A Yes, ma'am.

10 Q Okay. All right. Now, marvelous girls -- or
11 Marvelous Grace Girls Academy deals with a number of different
12 behavioral issues for their students; isn't that fair to say?

13 A It is fair to say.

14 Q Okay.

15 A Yeah.

16 Q And, in fact, you have experience with girls who
17 exhibit behavioral issues such as manipulation?

18 A Uh-huh. Yes, ma'am.

19 Q And also girls who exhibit disrespect?

20 A That's correct.

21 Q And rebellion, anger or defiance?

22 A Sure. Yes.

23 Q You have experience in dealing with girls who exhibit
24 behavioral issues like trust issues?

25 A Uh-huh. Yes, ma'am.

1 Q And running away from home?

2 A Yes.

3 Q And then some more, like, medical type diagnoses,
4 like ADD or ADHD or reactive attachment disorders, behaviors
5 like that as well; correct?

6 A We have had girls in there yes. Uh-huh.

7 Q Okay. So your academy is fully equipped to advantage
8 a whole host of different kinds of behavioral issues of
9 children?

10 A Well, it's a case-by-case situation. Because, I
11 mean, sometimes, when the girls get there, if they're -- if
12 there is an extreme ADD or RAD or some kind of behavior that we
13 are not equipped with, that's the time that we would call and
14 ask parents to find another ministry or another resource.
15 Yeah.

16 Q Okay. All right. But as far as your academy goes,
17 you still have some experience in dealing with that as long as
18 it's not, as you said, extreme?

19 A Extreme, yes, ma'am.

20 Q And then other behavioral issues such as cheating or
21 stealing or theft?

22 A Yes.

23 Q Okay. So you've seen a whole host of different kinds
24 of girls with behavioral issues, and your school is able to
25 deal with those?

1 A Case by case, yes, ma'am.

2 Q And in this case you actually spoke with the
3 Solanders and ended up accepting Ava, Amaya and Anastasia?

4 A We did.

5 Q Okay.

6 A Uh-huh.

7 Q Now, Marvelous Grace Girls Academy is a private
8 school; correct?

9 A It is, yes, ma'am.

10 Q So that means that parents have to actually pay
11 tuition; right?

12 A At times, yes, ma'am. We do work on a sliding scale,
13 and so if parents are able to pay, we do receive them, and if
14 they can pay -- if they can't pay anything, we will still
15 receive them.

16 Q Okay. Now, the Solanders actually privately paid for
17 the tuition for their girls; correct?

18 A They did, yes, ma'am.

19 Q Okay. Now, they paid a tuition back in November 14,
20 2013; correct?

21 A Yes, ma'am.

22 Q Okay. And I'd like you to take a look at this,
23 what's been marked as Defense's Proposed Exhibit J.

24 A All right.

25 Q Do you recognize that letterhead on the top?

1 A I do, yes, ma'am.

2 Q Is that the Marvelous Grace -- excuse me, Marvelous

3 Grace Girls Academy letterhead?

4 A It is, yes, ma'am.

5 Q And is it letterhead dated November 14th, 2013?

6 A Yes, ma'am.

7 Q And is that --

8 A Yes, ma'am.

9 Q Does that document that's received by Steven

10 Blankenship, you --

11 A Uh-huh.

12 Q -- that there was a \$1,500 enrollment fee?

13 A Yes. Yes, ma'am.

14 Q And is that one third of the total enrollment fee?

15 A Yes, ma'am.

16 Q And this further documents that there was a \$2,400

17 first month tuition for all three girls?

18 A Correct.

19 Q Okay. So the Solanders were privately paying?

20 A That's correct.

21 MS. MCAMIS: Okay. Move for admission.

22 THE COURT: Any objection?

23 MS. BLUTH: No objection, Your Honor.

24 MS. MCAMIS: Okay.

25 THE COURT: All right. That'll be admitted.

1 (Defense Exhibit J admitted.)

2 MS. MCAMIS: And then permission to publish.

3 THE COURT: You may.

4 BY MS. MCAMIS:

5 Q Mr. Blankenship, is this the document that we were
6 discussing at the bench verifying that Marvelous Grace Girls
7 Academy received tuition for the Solander girls for that?

8 A Yes, ma'am, that is.

9 Q Okay. Thank you. Now, as part of the application
10 process, you have to collect a lot of information?

11 A Uh-huh. Yes, ma'am.

12 Q Oh, that's fair to say?

13 A Yes, ma'am, there is information we collect.

14 Q Okay. So part of that information is just like the
15 prosecutor was discussing with you, different notes or
16 behaviors that the parents were concerned with?

17 A Yes.

18 Q Okay. And in addition, you also have to get the
19 girls', like, educational records; right?

20 A Yes, ma'am.

21 Q Okay. So that way there is a smooth transition from
22 what they were learning to what they need to be learning?

23 A Correct.

24 Q Okay. And that's something that your academy does?

25 A Yes, ma'am.

1 Q And then as part of your application process, all of
2 the children have to receive a physical evaluation by a doctor,
3 don't they?

4 A Yes, ma'am.

5 Q And that was done in this case; right?

6 A It was, yes.

7 Q Because if you don't have a physical evaluation, the
8 application is incomplete?

9 A Correct.

10 Q Okay. And so each of the girls actually submitted --
11 well, actually, let me ask it this way. You received a
12 physical examination completed by a physician, a form
13 documenting that there was a physical done on each of the
14 girls; correct?

15 A Yes, ma'am. Uh-huh.

16 Q Okay. And if I -- and at the evaluation -- the
17 physical evaluation was done in October of 2013; correct?

18 A Yes; correct.

19 Q Okay. And you would recognize those from the
20 application process; right?

21 A I believe I would.

22 Q Okay.

23 A Yes.

24 Q I'd like you to take a look at what's been marked as
25 Proposed Defense K and then also L and then M. This will be

1 the last one with your glasses. I promise.

2 A Yes, ma'am. Thank you. This is my form; I know
3 that.

4 Q Okay. So you recognize this to be a form as part of
5 your application for The Marvelous Grace Girls Academy?

6 A Uh-huh. Yes, ma'am.

7 Q Okay. And so you see that on each of the top of the
8 pages there's names corresponding to these forms; right?

9 A Yes, ma'am.

10 Q And the forms entitled, To be completed by a
11 physician?

12 A Correct.

13 Q And these are the physician's, you know, generally
14 the notes documenting that the girls had to do physicals and
15 that they had been done and included as part of the application
16 for Ava, Amaya and Anastasia?

17 A Yes, ma'am.

18 Q Okay. All right. Thank you.

19 MS. MCAMIS: Okay. I'd move for their admission at
20 this time.

21 THE COURT: Any objection?

22 MS. BLUTH: No, Your Honor.

23 THE COURT: All right. Those will all be admitted.

24 (Defense Exhibits K-M admitted.)

25 / / /

1 BY MS. MCAMIS:

2 Q Now, each of these physicals, they were received by
3 The Marvelous Grace Girls Academy, and they documented that the
4 girls generally were in good health?

5 A That's correct, yes, ma'am.

6 Q Okay. I'm going to direct your attention to, if I
7 could, the drop off of the girls.

8 A Okay.

9 Q You testified on direct examination about how the
10 Solanders brought their girls to Florida from Nevada?

11 A Yes.

12 Q And so you actually physically observed that drop
13 off?

14 A I did --

15 Q And --

16 A -- yes, ma'am.

17 Q I apologize for over speaking. So you observed Janet
18 and her girls actually become emotional at the thought of
19 leaving each other, didn't you?

20 A I did, yes, ma'am.

21 Q The girls cried and hugged on Janet, didn't they?

22 A They did, yes, ma'am.

23 Q Okay. So it was an emotional goodbye?

24 A Uh-huh. Yes, ma'am.

25 Q And I apologize. The only reason we keep bringing it

1 up is this is a recorded proceeding.

2 A Sure.

3 Q So the uh-huh just doesn't come out as well.

4 A I understand. Yes, ma'am.

5 Q Okay. As long as you're not holding it against me.

6 A Not at all.

7 Q Okay. Now, as part of that, that drop off, then the
8 girls were left in your care?

9 A Yes. That's correct.

10 Q Okay. And then they were dropped off in the middle
11 of November of 2013?

12 A Correct.

13 Q And then they immediately would've started in their
14 schooling and their spiritual education and any counseling that
15 they wanted to take up?

16 A Yes. Uh-huh.

17 Q And that's offered by you?

18 A The -- the --

19 Q The pastoral counseling?

20 A Yes, ma'am. Uh-huh.

21 Q Okay. And did they actually take you up on the
22 pastoral counseling?

23 A Not really. They would. They would come just like
24 some of the other girls, and sometimes they just want to talk.

25 Q Okay.

1 A And it's not really a whole lot of counseling. They
2 just want to tell me what their day was like, and they want to
3 tell me if they're having trouble with so-and-so girl, or they
4 want to tell me that somebody rolled their eyes at them,
5 something like that. That's usually the cases we have.

6 Q Okay. And is that what the girls took you up on as
7 far as --

8 A Yes.

9 Q -- the Ava, Amaya and Anastasia?

10 A Correct.

11 Q Okay. Now, I want to redirect your attention back to
12 the application process. The parents are allowed to tour the
13 property; right?

14 A Yes.

15 Q And so Janet and Dwight Solander would have toured
16 the property with you as part of their orientation and process;
17 right?

18 A I would presume they did. I can't remember. I
19 remember it was late in the evening when they arrived.

20 Q Okay.

21 A And I presume that they did. Yes.

22 Q Okay. All right. Well, that would've been your
23 standard practice at the time?

24 A Well, it is, and there have been times when parents
25 had to catch a flight, and so they didn't have time for a tour.

1 So not every time do we give the tour.

2 Q But it's your recollection because the Solanders
3 would have, as you testified, drove to the facility that they
4 would have had time to do the tour?

5 A Well, I think. I don't recall them doing the tour.

6 Q Okay.

7 A I don't remember walking with them through the
8 building or the buildings, and I do remember them coming to the
9 service with us. We were having a service that night.

10 Q A church service?

11 A A church service, yes, ma'am.

12 Q Oh, okay.

13 A And so we had visitors from the area, from the
14 community, and the Solanders came, and there was a lot of
15 busyness, and I don't recall -- I don't personally recall
16 giving them the tour.

17 Q Okay. But there are other individuals at your
18 academy that would've been able to give them the tour if it was
19 not personally you?

20 A Uh-huh. Yes, ma'am.

21 Q And you just don't have an independent memory now of
22 that time?

23 A I do not.

24 Q Okay. That's fair enough. As part of the tour
25 though, the parents are explained how housing works and how all

1 of the girls' structure works; correct?

2 A That would be correct.

3 Q Okay. And you were asked questions about generally
4 the girls toileting and if they had any issues; correct?

5 A Say that one more time, please.

6 Q Do you recall on direct examination that you were
7 asked questions about --

8 A Oh, yes. Yes.

9 Q -- generally if the girls had toileting issues --

10 A I gotcha.

11 Q -- and you said no. Now, there are structures and
12 rules in place as far as Marvelous Grace Girls Academy and the
13 toileting that you have?

14 A Uh-huh. Yes, ma'am.

15 Q In fact, there is like a rule related to toilet paper
16 and how much is allotted. Is that fair to say?

17 A Well, that's a case-by-case situation too.

18 Q Okay.

19 A Yeah, our main concern is them throwing the whole
20 roll in the toilet and stopping up the toilets or just using a
21 lot, a lot of paper. That's unnecessary and wasting a lot of
22 the thing, but we start off with a few sheets, and if they need
23 more, we give them more. Yes, ma'am.

24 Q Okay. So there's just generally a lot of rules and
25 structure in place for these girls for their benefit?

1 A Yes, ma'am. That's correct.

2 Q And there's nothing sinister about that, just trying
3 to help girls who have behavioral issues stop having those
4 issues; right?

5 A That's correct. Yes.

6 Q Okay. All right. Now that we are on this topic of
7 parents and the girls that are in your care having behavioral
8 issues, I kind of want to direct your attention very generally
9 to that. Parents come to you because, as you said, you are a
10 last resort?

11 A Yes, ma'am. Yeah, oftentimes. Yes.

12 Q Oftentimes parents are at their wits' end, and they
13 need to figure out a way to change their girls' behavior for
14 their own good; right?

15 A This is correct. Yes.

16 Q And so that's the attitude and thought that the
17 Solanders had in approaching you and reaching out to you?

18 A Absolutely. Yes, ma'am.

19 Q They wanted to improve their girls' lives --

20 A Yes.

21 Q -- and they identified you and your resource as
22 something that was thoughtful, and they also --

23 MS. BLUTH: Objection, Your Honor. Speculation.

24 THE COURT: That's sustained.

25 / / /

1 BY MS. MCAMIS:

2 Q Okay. Let me ask it this way. When the Solanders
3 approached you and your school, they found the religious
4 component to be very important, and it appealed to them;
5 correct?

6 A I'm sure, yes, ma'am. Uh-huh.

7 MS. BLUTH: Well, objection. Speculation.

8 THE COURT: Sustained.

9 BY MS. MCAMIS:

10 Q Okay. To your knowledge -- I'm asking what you
11 remember -- to your knowledge, the Solanders identified and
12 selected Marvelous Grace Girls Academy because of the religious
13 component?

14 A I would imagine, yes.

15 MS. BLUTH: Objection. Speculation.

16 THE COURT: That's sustained.

17 MS. MCAMIS: Okay. All right.

18 THE COURT: Counsel, approach.

19 (Conference at the bench not recorded)

20 MR. FIGLER: Court's indulgence.

21 BY MS. MCAMIS:

22 Q Mr. Blankenship.

23 A Yes, ma'am.

24 Q When the Solanders started interviewing and having
25 the phone process to discuss going -- or having their girls go

1 to Marvelous --

2 A Yes.

3 Q -- Grace, did they ask you questions about the
4 educational curriculum?

5 A I don't recall.

6 Q Did they ask you any questions about the spiritual
7 component to the program?

8 A I do not recall.

9 Q You just don't have any independent memory of that?

10 A No, ma'am, I do not. I'm sorry.

11 Q Okay. But that is something that Marvelous Grace
12 Girls Academy uses to distinguish themselves from other private
13 schools; is that fair to say?

14 A It is, yes. That's very fair to say, yes, ma'am.

15 Q Now, you'll recall when I was asking about parents
16 complaining about the behaviors of their children, my question
17 to you in regards to that is your program actually offers
18 structures to correct behavioral problems?

19 A Yes, ma'am.

20 Q Okay. And so if the girls, specifically the Solander
21 girls, were observed in the home, but not after the structure
22 at Marvelous Girls Grace -- actually, let me ask it this way.

23 A Okay.

24 Q The prosecutor identified and outlined a different
25 number of behaviors on the letters and read them aloud, and you

1 testified that it was not consistent with any of your
2 observations of the girls; right?

3 A Correct.

4 Q Okay. So if the Solander home did not have the same
5 amount of structure and rules that your academy did for them,
6 but then the girls entered your academy and had all of that
7 benefit of the rules and the structure, you would call it a
8 success --

9 MS. BLUTH: Objection --

10 BY MS. MCAMIS:

11 Q -- if the girls no longer had that?

12 MS. BLUTH: Objection.

13 THE COURT: Basis.

14 MS. BLUTH: Speculation.

15 MS. MCAMIS: Well, number one, it's relevant. Two,
16 he's testified --

17 THE COURT: Well, he can answer.

18 THE WITNESS: I really don't know how to answer that.
19 If you'll ask it again, I'll see how to answer it.

20 MS. MCAMIS: Sure.

21 THE WITNESS: Yes, ma'am.

22 BY MS. MCAMIS:

23 Q So I'll try to shorten it. You testified none of the
24 behaviors in the letter were consistent with your observations,
25 but is it fair to say that after the Solander girls were

1 actually placed in your academy where there were all these
2 rules and the structure and they had just a different
3 environment than in their home, if they're no longer exhibiting
4 those kinds of behaviors, that's a success; right?

5 A It would be a success, yes, ma'am.

6 Q Okay. All right. Now, Marvelous Grace is in Santa
7 Rosa County in Florida; correct?

8 A It is.

9 Q Okay. And as an educator, you know that Corporal
10 punishment is allowed in schools in your county?

11 A Yes, ma'am.

12 Q Okay.

13 MS. BLUTH: Judge, I'm going to object as to either
14 speculation or outside the scope of direct in regards to rules
15 of Florida.

16 THE COURT: Well, I'm assuming you're going to get to
17 what he does at his school.

18 MS. MCAMIS: Correct.

19 THE COURT: Is that where we're going with this? All
20 right.

21 BY MS. MCAMIS:

22 Q Okay. Does your school ever use corporal punishment
23 as a corrective measure?

24 A We do not.

25 Q Okay. So Marvelous Grace takes pride in its school

1 and your efforts to correct negative behaviors in children;
2 right?

3 A Correct. Uh-huh.

4 Q Okay. So if the children in your care were
5 intentionally urinating on themselves, say in class or in
6 chapel, it would be made clear that this conduct would not be
7 tolerated at Marvelous Grace?

8 A Are you talking about purposely --

9 Q Purpose.

10 A -- doing that? Yes, ma'am. That's correct.

11 Q Okay. But you have structure at your school?

12 A Okay. Yes, ma'am.

13 Q Is that a yes?

14 A Yes.

15 Q Okay. And you have many employees at that school?

16 A We do, yes, ma'am.

17 Q And the employees are trained in that school to deal
18 with behavioral issues of children?

19 A Correct. Yes, ma'am.

20 MS. MCAMIS: Court's indulgence.

21 Your Honor, can we approach?

22 THE COURT: Sure.

23 (Conference at the bench not recorded)

24 THE COURT: Ladies and gentlemen, we're going to go
25 ahead and take our afternoon recess. We're going to take about

1 15 minutes or so for the afternoon recess. That'll put us
2 right around 2:30.

3 So during the brief recess, you're reminded that
4 you're not to discuss the case or anything relating to the case
5 with each other or with anyone else. You're not to read, watch
6 or listen to any reports of or commentaries about the case,
7 person or subject matter relating to the case. Do not do any
8 independent research by way of the Internet or any other
9 medium, and please don't form or express an opinion on the
10 trial.

11 Please place your notepads in your chairs and follow
12 Officer Hawkes through the double doors.

13 (Jury recessed 2:18 p.m.)

14 THE COURT: And, sir, please don't discuss your
15 testimony with anyone else during the brief recess.

16 THE WITNESS: May I?

17 THE COURT: The reason I did that wasn't directed at
18 you, but I have to wait until the door closes before I can say
19 anything --

20 THE WITNESS: I see.

21 THE COURT: -- because the jurors out in the hallway
22 can hear me.

23 THE WITNESS: Yes, ma'am.

24 THE COURT: We're going to take just a really quick
25 recess if anyone needs to use the facilities or anything like

1 that. Then we'll come back on the record out of the presence
2 of the jury because we have a few questions we want to ask you
3 out of the jury's presence; okay? So if you need to use the
4 rest room or something like that, you may do that at this time.
5 We'll just take a couple of minutes, and then we'll come back
6 and possibly ask you some questions; all right?

7 THE WITNESS: Yes, ma'am.

8 (Proceedings recessed 2:19 p.m. to 2:24)

9 (Outside the presence of the jury)

10 THE COURT: Mr. Figler and Ms. McAmis had requested
11 the ability to question the witness out of the presence of the
12 jury on the report of the abuse; is that correct?

13 MS. MCAMIS: Yes, Your Honor.

14 THE COURT: All right. So we are now on the record
15 out of the presence of the jury.

16 So, Ms. McAmis, go ahead and just remember to just be
17 very focused just on this very narrow issue.

18 MS. MCAMIS: Yeah, understood, Your Honor.

19 VOIR DIRE EXAMINATION

20 BY MS. MCAMIS:

21 Q Mr. Blankenship.

22 A Yes, ma'am.

23 Q Regarding the disclosures of child abuse or neglect
24 that you were testifying to, what were the disclosures?

25 A From the parents to me or --

1 Q No. From the children to you.

2 A It's been a while.

3 Q Okay.

4 A It seems like that they talked about having to sit on
5 a plastic bucket to use the rest room. One of the girls, and
6 it could have been Amaya, had had some kind of a -- it seemed
7 like she said that there was something about being scalded with
8 water or something, being scalded with hot water -- I don't
9 know if it was on her hands, or I can't remember exactly.
10 That's what I remember. That's what I remember.

11 Q Do you have a memory of any other kinds of
12 disclosures?

13 A No, ma'am, I don't.

14 Q Did you --

15 MS. MCAMIS: I'm trying to be limited, Your Honor.

16 BY MS. MCAMIS:

17 Q Did the girls ever disclose anything about the word
18 catheter to you?

19 A No, ma'am.

20 Q Did they disclose anything about paint sticks to you?

21 A Oh, paint stakes, yes, ma'am. Yeah, they did.

22 Q What did they disclose?

23 A They said that Ms. Janet would hit them with paint
24 sticks.

25 Q Okay. Did they say anything else about the paint

1 sticks?

2 A No, ma'am.

3 MS. MCAMIS: Okay. Court's indulgence.

4 Okay. Thank you. That was --

5 MR. FIGLER: Oh, wait. I'm just -- I'm sorry. One
6 last question.

7 BY MS. MCAMIS:

8 Q Mr. Blankenship.

9 A Yes, ma'am.

10 Q Can you describe what were the circumstances around
11 the girls' disclosure to you.

12 A The circumstances?

13 Q Yeah.

14 A Just casually wanting to talk with one of the staff
15 members about it, yeah. I mean, just throughout the day, she
16 just said I need to talk to somebody about this, and then that
17 is what she talked to the staff about.

18 Q And then the staff got you?

19 A Yes, ma'am. Uh-huh.

20 Q Did she make any disclosures to any of the staff
21 first?

22 A I don't think so. No, ma'am. I think they just -- I
23 think she just said I've been hurt by my mom and dad, yeah, and
24 so we counseled with them and, you know, and would your sisters
25 know about this, that type of thing, and then when I spoke to

1 them privately, they all confirmed, yes, this is true.

2 Q This would have been done, like, privately in your
3 office?

4 A Correct. Yes, ma'am.

5 Q That's where you did the pastoral counseling?

6 A It would be, yes, ma'am.

7 Q Okay. All right.

8 THE COURT: Did you then call Florida DFS, or what
9 did you do?

10 THE WITNESS: Well, we asked them first of all if
11 they had spoken to anybody in Nevada about it, and they said
12 they had.

13 THE COURT: Okay.

14 THE WITNESS: Yeah, we had spoken to CPS here in
15 Nevada, and it's already been reported, and it's already been
16 investigated.

17 THE COURT: Okay. So they told you that?

18 THE WITNESS: Yes, ma'am.

19 THE COURT: And then do you recall how much later it
20 was that you were contacted by Nevada CPS or Nevada law
21 enforcement?

22 THE WITNESS: Yes. Oh, after that?

23 THE COURT: Right. Was it like a week later or a
24 month later? Do you remember?

25 THE WITNESS: I don't. I would say it would be a

1 week.

2 THE COURT: Okay.

3 THE WITNESS: A week or two, yeah. Uh-huh.

4 THE COURT: Okay. Anything else, Ms. McAmis, based
5 on the Court's questions?

6 MS. MCAMIS: Just based on that one question, Your
7 Honor.

8 BY MS. MCAMIS:

9 Q The Court asked you about the different time of the
10 disclosure. The girls made their disclosure to you and then
11 CPS contacted you. You did not initiate that contact with CPS?

12 A That's correct because it had already been reported.

13 Q Oh, I see.

14 A Uh-huh. And so it had been already reported.

15 Q I just wanted make sure I understood you. That's
16 what I understood.

17 A Uh-huh.

18 Q But us lawyers, sometimes we don't understand.

19 A Yes, ma'am.

20 MS. MCAMIS: Okay. Thank you for that clarification.

21 THE WITNESS: Yes, ma'am.

22 THE COURT: State, anything?

23 MS. BLUTH: Yes.

24 / / /

25 / / /

VOIR DIRE EXAMINATION

BY MS. BLUTH:

Q I apologize. I didn't hear which child you were talking about specifically when you were answering Ms. McAmis's questions?

A About the abuse?

Q Yeah. Yes.

A And I don't recall. I know all three would have -- would have stories of abuse.

Q Okay.

A To themselves, all themselves.

Q Was there any child particular though that you --

A I believe it was Amaya. I believe it was.

Q That you were talking when you were --

A Yes. Yes, ma'am, it was Amaya I was speaking about. Yes.

Q Okay. Now, was there ever any conversation about the children's sleeping arrangements at their home, where they slept or what they slept on?

A Yes, ma'am, actually. That jars my memory. Yes, ma'am.

Q And what was that?

A They said they slept on a bed without a mattress, and that's what I remember. Yes.

Q Did they talk about the manner in which they

1 showered?

2 A No, ma'am.

3 Q Did they talk about food or water being withheld?

4 A I don't remember that, no.

5 Q Did they talk about how they would dry off after
6 showers?

7 A No, ma'am. Huh-uh. I don't remember that.

8 MS. BLUTH: All right. Nothing further. Thank you.

9 THE COURT: Anything else, Ms. McAmis?

10 MS. MCAMIS: No. Thank you, Your Honor.

11 THE COURT: Counsel, approach.

12 (Conference at the bench not recorded)

13 THE COURT: Can we bring them back in?

14 MR. FIGLER: Oh, no, Your Honor. Can we just -- can
15 I literally have 60 seconds with Ms. McAmis to discuss what was
16 just discussed on the bench?

17 THE COURT: Sure.

18 MR. FIGLER: Thank you, Your Honor.

19 THE COURT: We'll just sit here at ease.

20 MR. FIGLER: Thank you, Your Honor. Can we step over
21 just outside for a second?

22 THE COURT: Sure.

23 (Pause in the proceedings)

24 MS. MCAMIS: Are we on the record?

25 THE COURT: Yeah.

1 MS. MCAMIS: Oh, I'm sorry.

2 VOIR DIRE EXAMINATION

3 BY MS. MCAMIS:

4 Q Mr. Blankenship, did you disclose to the Solanders
5 that you were previously the Executive Director of New
6 Beginnings Girls Academy in 2008?

7 A I was not. There was a ministry there called New
8 Beginnings, and that is not our ministry. That was a ministry
9 that was there three years prior to we coming.

10 Q Okay. So you deny that you were the executive
11 director of New Beginnings Girls Academy?

12 A Well, there has been three New Beginnings. One was
13 with the Pace Assembly of God, and there was a ministry that
14 came out of Missouri to Florida and bought that property and
15 one that came out of Texas and bought that property, and
16 they -- they changed their name to new beginnings. They moved
17 to Missouri, and that property had been vacant for about three
18 years.

19 So when we came and found it, since it had been New
20 Beginnings two times in a row, we opened up as New Beginnings
21 by a fresh ministry, and then one of the parents had told me
22 that he thought we might better change the name. He said
23 because there's some bad stuff on New Beginnings in Missouri,
24 and people might think you're associated with them. So that's
25 what I did. We changed the name to Marvelous Grace Girls

1 Academy.

2 Q Okay. And what year was that change?

3 A I don't recall. It could have been 2000. I don't
4 remember. It was early on in the ministry.

5 MS. MCAMIS: Court's indulgence.

6 BY MS. MCAMIS:

7 Q Okay. Mr. Blankenship.

8 A Uh-huh.

9 Q When you were the executive director for New
10 Beginnings Girls Academy, you had a website that described your
11 biography, and it listed your youth as an amoral one and that
12 you found God after years of living as a Satanist and a witch;
13 is that correct?

14 MS. BLUTH: Judge, I'm going to object as to the
15 relevance of this.

16 MR. FIGLER: Well, we're doing it outside the
17 presence of the jury which is why we're doing outside the
18 presence of the jury.

19 MS. BLUTH: Well, I appreciate that, but it still has
20 to be relevant.

21 THE COURT: Well, I'll let him answer. I mean, if
22 it's on his promotional materials, I don't think he would be
23 uncomfortable answering so.

24 THE WITNESS: It's been since removed.

25 THE COURT: Oh, it has?

1 THE WITNESS: Yes. Uh-huh.

2 THE COURT: Okay. Was that in your promotional
3 materials at one time?

4 THE WITNESS: At one time, yes, ma'am.

5 THE COURT: And was that paragraph or sentence that
6 was read to you, was that authored by you, yourself?

7 THE WITNESS: That was read, yes, ma'am. Uh-huh.

8 BY MS. MCAMIS:

9 Q Was that disclosed, the finding God after years of
10 living as a Satanist and as a witch? Was that disclosed to the
11 Solanders?

12 A No, ma'am.

13 MS. MCAMIS: Okay. All right. Thank you, Your
14 Honor.

15 THE COURT: All right. Anything else, Ms. Bluth?

16 MS. BLUTH: No.

17 THE COURT: All right. Kenny, bring them in.

18 (Colloquy off the record.)

19 THE COURT: And just so while I think of it, Defense,
20 Juror Number 15 approached Kenny, and I guess we had said this
21 could run through this week, but we'd probably finish up
22 earlier in the week. She disclosed that she has purchased, I
23 guess, tickets to it sounds like through the Hualapai Indians
24 to do some kind of a hike on Thursday and Friday, and she spent
25 \$500, and it's nonrefundable. So I'm giving you a heads up on

1 that.

2 I don't know if we want to follow up with her out of
3 the presence of the other jurors, but this is the first time
4 she's mentioned it. She didn't mention it during jury
5 selection. Apparently she approached Kenny twice about it
6 because she's concerned about having spent the money.
7 Obviously she's our last alternate. So if we had to excuse
8 her --

9 MS. BLUTH: So wait.

10 MR. HAMNER: They're sitting in their order.

11 THE COURT: Right.

12 MR. HAMNER: Correct? They are sitting in their
13 order.

14 THE COURT: Yeah. She's Number 15. So we reordered
15 them after jury selection. So she's the last alternate, the
16 third alternate.

17 MS. BLUTH: So the last three are the highest badge
18 numbers?

19 THE COURT: Right. And those are our --

20 MS. BLUTH: I didn't know we reordered it.

21 THE COURT: Right. To make it easy.

22 MS. BLUTH: Yeah. I do want to talk to her about it
23 outside.

24 THE COURT: No. We should probably follow up, just
25 while I think of it just to make you aware. Kenny just

1 mentioned it a few minutes ago. I guess she had approached him
2 earlier today and then again later.

3 (Pause in the proceedings)

4 (Jury entering 2:39 p.m.)

5 THE COURT: All right. Court is now back in session.

6 And, Ms. McAmis, you may resume your
7 cross-examination.

8 CONTINUED CROSS-EXAMINATION

9 BY MS. MCAMIS:

10 Q Mr. Blankenship.

11 A Yes.

12 Q Okay. So you testified on direct examination that
13 some of the girls did receive demerits?

14 A Yes, ma'am.

15 Q But you no longer have a record of that?

16 A Correct.

17 Q So you don't have an independent memory of what those
18 demerits were for?

19 A I do not exactly. I do know some of them were for
20 lying, stealing and disrespect to the adults that were present.

21 Q Okay. And those observations that resulted in the
22 demerits, those are consistent actually with some of the
23 behaviors outlined in the papers, the letters that allegedly
24 came from the parents?

25 A Yes, ma'am, and I believe the question was asked if

1 it was -- if the whole thing was a representation of exactly
2 the way the girls were. Yeah.

3 Q Right. But the demerits --

4 A Yes.

5 Q -- the behaviors that were noted in the demerits,
6 that actually is consistent with at least part of those
7 letters?

8 A Part, yes, ma'am, absolutely.

9 Q Now, you testified that the girls -- meaning Ava,
10 Amaya and Anastasia -- made certain disclosures about being
11 abused by their parents?

12 A Uh-huh.

13 Q Is that a yes?

14 A Say that again.

15 Q I said is that a yes?

16 A Yes, ma'am.

17 Q Just, sir, as a reminder --

18 A Correct.

19 Q -- you have this wonderful way about you, but you
20 keep going uh-huh.

21 A I gotcha. Yes.

22 Q We just have to do yes or no for the recording.

23 A I gotcha. Yes, ma'am.

24 Q Okay. So just to remind everyone, my question was
25 they made certain disclosures to you?

1 A Yes, ma'am. Uh-huh.

2 Q Okay. They didn't disclose anything about catheters
3 to you?

4 A No, ma'am.

5 Q Okay. They didn't disclose anything about food or
6 water being withheld?

7 A No, ma'am.

8 Q Okay. Now, after these disclosures were made, you
9 did not actually initiate a call to CPS; correct?

10 A I had did a in-house investigation, and the in-house
11 investigation proved that -- that CPS had already been notified
12 here in Nevada.

13 Q Oh, I understand.

14 A Yes.

15 Q So after the disclosures were made when you inquired,
16 it was you did not actually have to initiate a call to CPS?

17 A Correct.

18 Q And it was CPS from Florida who contacted you?

19 A Originally it was Nevada that contacted me.

20 Q Okay. Fair.

21 A Yes.

22 Q Thank you for that clarification. So Nevada CPS
23 contacted you?

24 A Yes.

25 Q You did not contact Nevada CPS?

1 A Correct.

2 Q Okay. And that contact from Nevada CPS you said was
3 about a week later?

4 A Thereabouts, yes, ma'am.

5 Q Okay. I apologize for that.

6 A That's okay.

7 Q Sometimes the whispering just distracts me.

8 Mr. Blankenship, did you ever serve as a director for New
9 Beginnings Girls Academy?

10 A When we started the ministry, we named it New
11 Beginnings Girls Academy, yes, ma'am.

12 Q Okay. So you served as an executive director for
13 that?

14 A I did, yes, ma'am.

15 Q When did you change the names of New Beginnings Girls
16 Academy?

17 A I don't remember. The property had actually been
18 used by three different ministries, including ours, and the
19 first one was called New Beginnings. The second one came in,
20 and they adopted New Beginnings as a name. So the property sat
21 vacant for three years, and when we came to open up the
22 ministry, I thought it was fitting to go ahead and name it New
23 Beginnings, and then a short time after that, one of our
24 parents that we had in the home -- we had their daughter in the
25 home had said that --

1 MR. FIGLER: Okay. I'm sorry. I'm sorry to
2 interrupt.

3 THE WITNESS: Yes, sir.

4 MS. BLUTH: Judge, I'm going to ask that he be
5 allowed to answer that question in whole -- in whole.

6 MR. FIGLER: Can we approach, Your Honor?

7 THE COURT: Sure.

8 (Conference at the bench not recorded)

9 THE COURT: All right. You can answer the question
10 if you remember what it was.

11 THE WITNESS: Yes, ma'am.

12 THE COURT: Okay.

13 THE WITNESS: The property had been -- had been used
14 by three different ministries. The first one was called New
15 Beginnings, and it was with the Pace Assembly of God there in
16 town. The next ministry was called New Beginnings. They just
17 adopted that name. So three years later, after the property
18 was vacant, we came on, and we thought it was fitting to name
19 it New Beginnings.

20 And then one of the parents that we had their
21 daughter with us, he told me that he had seen some writings
22 about the New Beginnings that had moved to Missouri, that was
23 forming there, and he said -- he said that I might want to
24 think about changing my name because people might think I'm
25 associated with them, and so I did.

1 BY MS. MCAMIS:

2 Q But you don't recall what year that change was made?

3 A I do not. I can find the information out, but I
4 don't have that info right now.

5 Q So as you sit here right now you don't remember that?

6 A Correct.

7 Q Okay. Now, isn't it true that when you served as the
8 executive director for New Beginnings, your biography on your
9 website indicated?

10 MS. BLUTH: Judge, I'm going to object as to
11 relevance. I'd ask to approach if Your Honor wants to hear
12 more argument.

13 THE COURT: Sure.

14 (Conference at the bench not recorded)

15 MS. BLUTH: May I have the ruling, Your Honor.

16 THE COURT: All right. Sustained.

17 BY MS. MCAMIS:

18 Q Mr. Blankenship, are you an ordained pastor?

19 A I am, yes, ma'am.

20 Q Did you bring your paperwork with you to document
21 that?

22 A I did not. I didn't know I was supposed to.

23 Q Okay. Mr. Blankenship, let me ask you this. Did the
24 prosecutors tell you about the allegations in this case?

25 A Did the prosecutors tell me about the allegations?

1 Q In this case.

2 A Yes, ma'am.

3 Q They did?

4 A Just now, yeah. Yes, ma'am.

5 Q Okay. So when they talked to you, they did not ask
6 only about your observations that you made as to the Solander
7 girls?

8 MS. BLUTH: Judge, I'm going to ask for an objection
9 as in regard to a foundation of time because he said just now
10 as in --

11 THE COURT: Well, the question is allowable. Is your
12 question -- when you say just now, are you talking about when
13 they pretrialed you today or at the break or what are you
14 talking about?

15 THE WITNESS: About the -- well, when I got phone
16 calls saying that I needed to appear in court. They said there
17 was some allegations that were made.

18 THE COURT: Okay. And go on, Ms. McAmis.

19 BY MS. MCAMIS:

20 Q Okay. So my question was when the prosecutors
21 pretrialed you, they did not only ask you about your
22 observations of the Solander girls?

23 A I'm not sure how to answer that.

24 THE COURT: Okay. Well, did you have, like, a
25 pretrial conference or a meeting with Ms. Bluth and Mr. Hamner?

1 THE WITNESS: Yes, with Ms. Bluth. Yes.

2 THE COURT: Okay. And was that earlier this morning?

3 THE WITNESS: It was. Uh-huh.

4 THE COURT: Okay. And did Ms. Bluth explain to you
5 or tell you what the charges were against Ms. Solander?

6 THE WITNESS: As far as discussion, no, ma'am. No,
7 it was just abuse. It was concerning abuse.

8 THE COURT: Okay. Did she talk to you about the
9 particulars of what the allegations were?

10 THE WITNESS: No, ma'am.

11 THE COURT: All right. Go on, Ms. McAmis.

12 BY MS. MCAMIS:

13 Q Okay. Did the prosecution show you any photos?

14 A Photos, yes. The Solander girls, when they were at
15 their academy, yes, ma'am. Yeah.

16 Q What photos did they show you?

17 A The photos that I saw today.

18 Q The ones of their faces?

19 A Yes.

20 Q Okay. Did they show you any other photos?

21 A No, ma'am.

22 Q Okay. Now, I want to direct your attention to what's
23 been marked as State's 8, State's 15 and State's 22.

24 Mr. Blankenship, I'd like for you to take a look at these
25 photos.

1 A Yes, ma'am.

2 Q Have you seen these photos before?

3 A I have not, no, ma'am.

4 Q Okay. If you had seen photos like that, would you
5 have noted that anywhere?

6 A Yes, ma'am, I would have.

7 Q Actually, let me ask it this way. If you had seen
8 injuries consistent with anything like this, would you have
9 noted it anywhere?

10 A Yes, ma'am, I would have.

11 Q Okay. As to the Solander girls specifically?

12 A Yes, ma'am. Uh-huh.

13 Q Okay. And as you sit here today, you have no notes
14 or documentation of any kind that injuries were documented as
15 to these girls?

16 A No, ma'am. I never personally saw any, no, ma'am.
17 Our staff members told us that they saw some -- some --

18 Q I'm not asking what your staff members told you.

19 A Okay.

20 Q I'm asking you as the executive director --

21 A No, I never did.

22 Q You didn't see those?

23 A I never saw them, no.

24 Q And you didn't see the photos, but you also didn't
25 see it in person?

1 A Correct.

2 Q And you never made any documentation or note of that?

3 A Correct.

4 Q Okay. Mr. Blankenship, one final question. When you
5 reviewed the physical examination for each of the three girls,
6 there is no note of any injuries in that as well?

7 A There's not.

8 MS. MCAMIS: Okay. No further questions. Pass the
9 witness.

10 THE COURT: All right. Redirect.

11 MS. BLUTH: Thank you.

12 REDIRECT EXAMINATION

13 BY MS. BLUTH:

14 Q You said that one or more of the girls got demerits
15 for stealing. What did they steal?

16 A I do recall they stole some cookies, some homemade
17 cookies. Yes, ma'am.

18 Q Do you have any other recollection of them stealing
19 anything?

20 A Anything else?

21 Q Yeah.

22 A No, ma'am.

23 Q So it was cookies?

24 A Yes, ma'am.

25 Q Ms. McAmis had asked you a question on

1 cross-examination, and she kind of broke it down into sections,
2 but ultimately she had asked you, you know, would you consider
3 your program successful for the Solander girls if they were
4 behaving a certain way beforehand, kind of like being discussed
5 in the letters and then afterwards or during the stay there
6 they weren't behaving that certainly. Do you remember that
7 line of questioning?

8 A I do remember, yes.

9 Q Okay. My question to you is the behavior that was
10 being discussed in the letters, you know, from the first day
11 that you met those girls or maybe the second day or the third
12 day, was what Janet and Dwight saying about them consistent
13 with what you were seeing?

14 A No, ma'am.

15 Q In regards to the disclosures that the children did
16 talk about in regards to any abuse that they suffered from
17 Janet and Dwight --

18 A Yes.

19 Q What were the disclosures that they did make?

20 A What did they make.

21 Q Yeah.

22 A They said -- they mentioned about paint sticks. They
23 mentioned about one of the girls being scalded with water and
24 also talked about sitting on buckets for -- plastic buckets for
25 toilet, that they had to use the toilet on.

1 Q I'm sorry.

2 A To use the toilet on, to use the bathroom.

3 Q Okay. And when you said paint sticks, what do you
4 mean about paint sticks? What did they say about paint sticks?

5 A They said that they were hit with paint sticks, yeah.

6 Q Now, these conversations that they were having with
7 you about these disclosures, are these instances where what you
8 were referring to on direct when I was asking you questions
9 about you asked them, Hey, has CPS already gone out, et cetera?

10 A That's right. Yes, ma'am.

11 Q Showing you what's now in evidence as Defense Exhibit
12 K, and this would be Anastasia Solander's medical form that was
13 completed, if we look here at the bottom by a Dr. Charles -- I
14 believe it says Crispin or I can't tell if it's Charles C.
15 Rispin, but it's Children's Family Urgent Care --

16 A Right.

17 Q -- 3424 North Buffalo Drive, Suite 100, here in Las
18 Vegas?

19 A Correct. Uh-huh.

20 Q Now, this is something that is filled out by the
21 parents before the children can be admitted; is that right?

22 A Yes, ma'am, that's correct.

23 Q And when I say filled out, I'm sorry. I mean it's
24 taken to a physician?

25 A Correct.

1 Q And a physician has filled out?

2 A That is correct.

3 MR. FIGLER: Thanks for the correction.

4 MS. BLUTH: Yeah, sorry.

5 BY MS. BLUTH:

6 Q And the parents turn it in?

7 A Correct. Yes, ma'am.

8 Q Okay. In regards to Anastasia, do you see anywhere
9 here on this document that shows Anastasia has any type of
10 diabetes or von Willebrand's disorder?

11 A No, ma'am, there's not.

12 Q In regards to Amaya, which would be Exhibit L, same
13 thing. It's a physician's form filled out by Charles -- this
14 one's a little clearer. I think it's Charles Crispin. Same
15 thing, Children's Family Urgent Care.

16 A That's correct. Yeah.

17 Q Anywhere on this document that discusses either a
18 twisted bowel or twisted colon?

19 A No, ma'am, there's nothing there, not like that.

20 Q And now Defense Exhibits M, same thing, by
21 Dr. Crispin, children's family Urgent Care. Anything on here
22 that discusses that Ava has Crohn's disease?

23 A No, ma'am, nothing there.

24 Q And is there anything on any of these pages -- and I
25 could approach if you would like -- that discuss any health

1 concerns?

2 A No, ma'am. Huh-uh.

3 Q And these were the documentations of the children's
4 health that had to be turned in by Ms. Solander and
5 Mr. Solander?

6 A Correct. Yes, ma'am.

7 Q How long would you say you met with me today?

8 A Thirty minutes.

9 Q Okay.

10 A Something like that.

11 Q And besides, you know, the general umbrella of abuse
12 and neglect, do you have any idea in regards to the specificity
13 of charges that Janet Solander is facing?

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

15 Q Would you in the position as director have any reason
16 to see, like, the buttocks area of either Amaya, Anastasia or
17 Ava?

18 A Zero.

19 Q Okay. Would you have any opportunity to see like the
20 side flank area of either child?

21 A No, ma'am.

22 Q What about like the back of their ear?

23 A It seems like they did show something on the back of
24 their ear, one of them did, yes.

25 Q Okay. To you?

1 A To a staff, and then they brought it to me and showed
2 it, yes, ma'am. Uh-huh.

3 Q Okay. So you saw that on the ear?

4 A Yes, ma'am. Yeah.

5 MS. BLUTH: I don't have anything further, Your
6 Honor. Thank you.

7 MS. MCAMIS: Just briefly.

8 RECROSS-EXAMINATION

9 BY MS. MCAMIS:

10 Q Mr. Blankenship, you were asked questions about just
11 generally the demerits that were received by the Solander
12 girls?

13 A Yes.

14 Q As you sit here today, you don't remember each and
15 every single one of the demerits received by them?

16 A I do not remember each and every one.

17 Q And you don't have documentation with you anymore?

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

19 Q Okay. Now, you were asked questions about generally
20 the disclosures that the girls made. The girls sent home
21 letters to their parents while they were enrolled at Marvelous
22 Grace; right?

23 A Yes. That's correct.

24 Q And there was nothing disclosed in those letters?

25 A Huh-uh. Nothing.

1 Q Is that a no?

2 A Yes.

3 Q Okay. Thank you. And there was nothing concerning
4 in those letters?

5 A Nothing concerning.

6 Q Okay. Now, you were asked questions about the
7 physician forms that were part of the application. I'll just
8 use one as an example. This was marked as Defense's K. You
9 were asked questions about these forms don't include diagnoses.
10 These forms also don't include any disclosures of abuse;
11 correct?

12 A Correct.

13 Q So that one is as to Anastasia. There is no
14 disclosure of abuse?

15 A There is none.

16 Q Okay. This is what's Defense's M. As to Ava, there
17 is no disclosure of abuse?

18 A No disclosure.

19 Q Okay. And this is marked as L. As to Amaya, there's
20 no disclosure of abuse on that?

21 A No disclosure of abuse on that.

22 MS. MCAMIS: Okay. No further questions?

23 THE COURT: Anything else, Ms. Bluth?

24 MS. BLUTH: No, Your Honor. Thank you.

25 THE COURT: Do we have any juror questions for the

1 witness?

2 All right. I'll see counsel at the bench.

3 (Conference at the bench not recorded)

4 THE COURT: We have a juror question.

5 THE WITNESS: Yes, ma'am.

6 THE COURT: Why were these Solander girls not
7 enrolled for the full one year?

8 THE WITNESS: The Florida State DCF came and removed
9 them from us. Yeah.

10 THE COURT: Okay. But had that not happened, they
11 were supposed to stay the full year --

12 THE WITNESS: That's correct.

13 THE COURT: -- is that correct?

14 THE WITNESS: Uh-huh. Yes, ma'am.

15 THE COURT: Okay. So that's what the Solanders had
16 enrolled them for was for one year?

17 THE WITNESS: For one year, yes.

18 THE COURT: Okay. But Florida came and took them
19 out?

20 THE WITNESS: They did.

21 THE COURT: The State agency. All right. State or
22 county. I'm not sure how they do it there.

23 All right. Go on, Ms. Bluth.

24 / / /

25 / / /

1 FOLLOW-UP EXAMINATION

2 BY MS. BLUTH:

3 Q And so I just want to be clear. The Florida came and
4 took them out, and that was after Nevada had called you that
5 Friday that you had spoken about?

6 A Correct. Yeah. Yeah, they came the following -- the
7 very next Saturday. They came the next Saturday for
8 interviews. I'm sorry. And it was a few days after that they
9 came and removed them.

10 Q As a result of the Nevada investigation?

11 A As a -- yes, ma'am. As a result of, I would, imagine
12 from Nevada to Florida. When the Florida DCF was interviewing
13 with the children, I'm presuming what they found they needed to
14 remove them from the home to get them back to Nevada.

15 MS. BLUTH: Okay. Thank you so much.

16 THE COURT: Any follow-up, Ms. McAmis?

17 MS. MCAMIS: None.

18 THE COURT: Thank you. Any additional juror
19 questions before I excuse the witness?

20 All right, sir, I see no additional questions. Thank
21 you for your testimony and please do not discuss your testimony
22 with anyone else who may be a witness in this case. Thank you,
23 and you are excused.

24 THE WITNESS: Okay. Thank you.

25 THE COURT: Just follow the bailiff from the

1 courtroom.

2 And, State, call your next witness.

3 MR. HAMNER: The State's going to call Dr. Roshan
4 Raja to the stand.

5 MR. FIGLER: As he's approaching, Your Honor, can we
6 also come to the bench?

7 THE COURT: Sure.

8 (Conference at the bench not recorded)

9 THE COURT: And then just face that lady right there.

10 **ROSHAN RAJA**

11 [having been called as a witness and being first duly sworn,
12 testified as follows:]

13 THE CLERK: Thank you. Please have a seat. State
14 and spell both your first and last name for the record.

15 THE WITNESS: My first name is Roshan, R-o-s-h-a-n.
16 Last name Raja, R-a-j-a.

17 THE COURT: All right. Thank you.

18 Mr. Hamner, you may proceed.

19 MR. HAMNER: Thank you very much, Your Honor.

20 DIRECT EXAMINATION

21 BY MR. HAMNER:

22 Q Could you please explain to the jury what you do for
23 a living.

24 A I am a pediatric neurologist.

25 Q And tell me a little bit about some of your medical

1 degree history. How did you get your degrees? Where did you
2 get them from?

3 A I went to medical school in Nova Southeastern
4 University in Florida. I did my pediatric neurology at Loma
5 Linda University Medical Center and additional epilepsy
6 training at Stanford University.

7 Q How long have you been practicing medicine, Doctor?

8 A Since 2002.

9 Q Okay. Has it all been here in Clark County or in
10 different areas of the country?

11 A Different areas of the country.

12 Q What places have you -- what states have you
13 practiced in?

14 A I practiced in California, Nevada and Arizona.

15 Q All right. If you could, explain to the jury what is
16 the study of neurology.

17 A Neurology studies disorders of the brain, the nervous
18 system and how the interplay between nerves and muscles
19 function.

20 Q Okay. And I take it a pediatric neurologist is one
21 that studies that subject in children?

22 A That is correct.

23 Q All right. I want to turn your attention to 2003.
24 And before I actually get to that, back in 2003, what practice
25 group were you a part of, or what medical group were you a part

1 of?

2 A I had recently finished my training. So I was doing
3 part-time work at an HMO in California as well as part-time
4 work in launching a private practice.

5 Q Okay. Do you remember -- do you eventually -- when
6 do you come Nevada?

7 A 2008.

8 Q Okay. And do you -- what type of practice do you
9 start to kind of work, or what's the name of that practice
10 group?

11 A Child Neurology Specialists. It's my private
12 practice.

13 Q Okay. Did you work in conjunction with a Dr. Ahad
14 [phonetic]?

15 A Yes, I did.

16 Q Okay. Is he part of your practice group?

17 A Just temporarily, for about a year or so.

18 Q Okay. So in that time -- and would that be around
19 the time period of 2013?

20 A Correct. Yes.

21 Q Doctor, when treating a patient, for example, if
22 Dr. Ahad had seen a patient prior to you and then you kind of
23 subsequently see that patient, would you review his notes and
24 information in preparation so you could treat that patient
25 subsequently?

1 A Her notes, but, yes. I would read her notes so that
2 I could resume treatment on that patient.

3 Q I apologize.

4 A No.

5 Q So now I want to turn your attention to January 2013.
6 At that time, did Dr. Ahad see a child by the name of Amaya
7 Solander?

8 A According to the notes, yes. My recollection, I
9 don't have direct recollection. Everything I say is based on
10 my review of my notes.

11 Q But to be clear, when you -- did you subsequently see
12 Amaya?

13 A I did.

14 Q Okay. And in preparation for your treatment of
15 Amaya, did you review those notes in order to kind of examine
16 and treat Amaya going forward?

17 A I did.

18 Q Okay. So let's talk about that meeting and at least
19 some of the things that were reported. Before we get to that,
20 do you have an independent memory of actually meeting with this
21 particular child?

22 A I do not.

23 Q Okay. Doctor, how many patients do you see on a
24 daily basis?

25 A 15 to 20.

1 Q Okay. And so this was back in 2013?

2 A That is correct.

3 Q About five years ago?

4 A Yes.

5 Q So you've probably seen a few patients since that
6 time?

7 A Yes.

8 Q Okay. And, listen, Doctor, if at any time you need
9 to help refresh your memory to kind of see some records, just
10 let me know; okay?

11 A Okay. Thank you.

12 Q Do you remember why Amaya came in to see Dr. Ahad in
13 January of 2013?

14 A Based on the notes, she came in as a follow up for
15 seizures that were initially treated at the hospital.

16 Q Okay. And who brought -- do you remember who was the
17 person who brought Amaya in to see Dr. Ahad?

18 A According to the notes again, it was adopted mother.

19 Q Okay. Did this mother provide to Dr. Ahad kind of a
20 prior medical history for Amaya?

21 A Yes.

22 Q What did she say Amaya had a history of prior to
23 this?

24 A Behavioral problems and hypothyroidism.

25 Q Now, Doctor, from reviewing your notes, do you have

1 any indication as to -- did the mother report which doctor made
2 that diagnosis with respect to hypothyroidism?

3 A I don't recall.

4 Q Was there a year --

5 A A particular doctor.

6 Q -- provided in these notes that indicates what year a
7 doctor actually made that diagnosis?

8 A I don't have any particular year that I'm aware of.

9 Q But essentially, if a child comes in with a parent,
10 the source of this information essentially is the parent?

11 A That's correct.

12 Q And you doctors rely on the information that's being
13 provided to you by these parents?

14 A That's correct.

15 Q Doctor, is it important to have an accurate
16 understanding of surrounding facts when trying to work and
17 diagnose a patient?

18 A Yes, it is important.

19 Q So it's important for you to get a full kind of
20 accounting from whoever is relaying this information?

21 A Correct.

22 Q And in this case, with a child, it typically comes
23 from the parent?

24 A That's correct.

25 Q When she was at Summerlin Hospital, was that back in

1 December of 2012?

2 A Yes.

3 Q Okay. So about a month later she's coming in to your
4 offices, and she's prescribed at the hospital a medication; is
5 that right?

6 A That's correct.

7 Q What's that medication called?

8 A Keppra, or the generic name is levetiracetam.

9 Q Okay. And what does Keppra do? How does it help the
10 body?

11 A If a patient has seizures, we believe that that is
12 due to abnormal electrical currents in the brain. Keppra
13 stabilizes those electrical currents to remedy seizures.

14 Q Okay. Are there any potential side effects to
15 Keppra?

16 A Potential side effects commonly seen are aggression
17 or sleepiness.

18 Q Okay. So lethargy or potentially aggression?

19 A Yes.

20 Q Is that something you kind of monitor for as you kind
21 of keep meeting with patients to just see how the patient's
22 reacting to the meds?

23 A Yes. And one of the first things we ask is are there
24 any behavioral problems -- agitation, aggression -- from
25 Keppra.

1 Q Okay. At this time, aside from the psychiatric
2 issues of the hypothyroidism, does the mother report any other
3 diagnoses that this child may have?

4 A Based on my review of the notes, I believe she also
5 said psoriasis.

6 Q Okay. So like a skin rash?

7 A Yes, a skin disorder.

8 Q Anything else?

9 A That's all I remember. I would have to refresh
10 myself with the notes, but that's all that I recall from my
11 review.

12 Q Okay. Would it help to see your notes?

13 A That would be appreciated.

14 MR. HAMNER: And I'm just referring to the January
15 21st entry, 2013.

16 Right now let the record reflect I'm showing the
17 witness some of his notes or at least his practice group's
18 notes from January 21st, 2013.

19 Go ahead. You can just keep that there for a second.

20 THE WITNESS: Okay.

21 BY MR. HAMNER:

22 Q Do you have any recollection of any other type of
23 diagnoses that were being reported as past medical illnesses?

24 A Yeah. It also indicates that there was a psychiatric
25 history with mood disorder, hypothyroidism and hypotension,

1 which is low blood pressure.

2 Q Any mention of Asperger's?

3 A No.

4 Q Any mentions of Crohn's disease?

5 A No.

6 Q Any mention of von Willebrand's disease?

7 A No.

8 Q So what is essentially the assessment at that point?

9 A From my neurological point of view, that the --

10 Q Like the plan, the medical plan kind of going
11 forward. What do you guys decide to do?

12 A Well, the seizures were stable on this medication,
13 Keppra. So we were going to continue that, and the mother
14 reported that there was no worsening of behaviors on the
15 Keppra. So we continued to provide the Keppra. Refills
16 continued.

17 Q Okay. I'll just take that.

18 A Sure.

19 Q Do you remember anything notable about the patient
20 acting out of the ordinary or kind of crazy in the patient
21 room? Was there anything noted like that in Dr. Ahad's
22 records?

23 A No, nothing.

24 Q I want to turn your attention to April 2nd, 2013.
25 On that day, did you personally have a chance to meet with

1 Amaya and her mother?

2 A Yes, I did.

3 Q Okay. Is this kind of a follow up to the last
4 appointment?

5 A Yes, it is.

6 Q So about three months down the road. At this time,
7 is any concerns being reported by the mother at this time?

8 A Nothing in regard to seizures. Seizures were
9 continued to be well-controlled on the Keppra medication, and
10 there was no behavioral problems attributed to the Keppra, per
11 se.

12 Q Okay. So you were saying nothing per se to the
13 Keppra. What was being reported as far as behavior problems?

14 A Continued to have behavioral issues. I was told that
15 she faked being unresponsive and drooling -- I was given that
16 information -- and continued to have behavior problems.

17 Q Was there a reporting of whether there'd be a plan in
18 place to have Amaya put somewhere else to kind of deal with
19 some of these issues?

20 A Not to my recollection.

21 Q Would it help refresh your recollection to see your
22 notes?

23 A Yes, please. I apologize.

24 MR. HAMNER: Referring to April 2nd, 2013, Counsel.

25 Let the record reflect I'm showing the doctor his

1 notes, his entries from April of 2013.

2 BY MR. HAMNER:

3 Q Take a look here and let me know if that helps
4 refresh your memory, and you can keep that there.

5 A Okay. All right.

6 Q Does that help refresh your memory, Doctor?

7 A Yes. I apologize. Yeah.

8 Q What exactly was being reported?

9 A It was reported that Amaya had behavioral issues, and
10 she may have to be placed in a long-term psych facility.

11 Q At that time, did the mother report a particular
12 doctor that made that determination or was suggesting that
13 determination?

14 A She only indicated that Noelle Keekay [phonetic] was
15 the psychiatrist. Whether there was some different doctor that
16 made that particular recommendation, I don't know, but she did
17 mention that the psychiatric issues were handled by a
18 Dr. Noelle Keekay.

19 Q Okay. So but to be clear, from what you could
20 evaluate and even from what the mother is reporting, the child
21 at this point is having no issues on Keppra?

22 A Correct.

23 Q At this point, at this checkup in April of 2013?

24 A Correct. Because we specifically talked about
25 whether the Keppra had worsened the behaviors, and she said no.

1 Q Okay. Is there still an indication that this child
2 has hypothyroidism in this entry?

3 A Yes.

4 Q And it may be a follow-up from the last entry. I'm
5 not sure, but --

6 A Correct. Yes. There is, but --

7 Q Okay. Any other of those diseases that we talked
8 about before, were any of those being reported in April
9 of 2013?

10 A Just as a carryover from before.

11 Q So no mention of Asperger's, Crohn's, von
12 Willebrand's, nothing like that?

13 A That's correct.

14 Q Is there a notation that's being reported about
15 something that Amaya does when she hears about kind of medical
16 issues?

17 A Yes.

18 Q What was being reported to you?

19 A That she may adopt medical problems if she hears
20 about it.

21 Q Okay. So who's the source of that?

22 A The mother.

23 Q Okay. So that's Janet Solander as far as you know?

24 A As far as I know.

25 Q So Janet's reporting to you that Amaya, if she hears

1 about some sort of medical illness or something, she may claim
2 that she has them?

3 A Correct.

4 Q Okay. You met with this patient; right?

5 A Yes.

6 Q You had at least a chance to interact with this
7 patient; is that right?

8 A That's correct.

9 Q Did this patient -- do you have any notation that
10 this child talked to you in great detail about symptoms that
11 she's having, anything like that?

12 A No, she did not.

13 Q Do you have any notations at all that this kid is
14 piping up about any specific details about her condition?

15 A No, I don't.

16 Q Okay. But the mother's telling you that this child
17 essentially kind of malingers; is that right?

18 A That's correct.

19 Q According to your notes -- let me ask you this. If
20 you were getting a report like this and someone's giving you
21 kind of a specific example of maybe some type of medical
22 condition, was that -- was that happening here? Do you have
23 any notes as to what, like an example of the medical problem
24 that she was adopting that was being reported to you? Do you
25 have anything in your notes about that?

1 A No particular example.

2 Q Okay. So what is the plan in April of 2013? What's
3 the plan going forward? I know you had her on Keppra. So
4 where are we at?

5 A We are continuing the Keppra.

6 Q Okay. I want to flash forward another four months to
7 August 26, 2013. Did you see Amaya again at that time?

8 A Yes, I did.

9 Q Is this once again a follow-up kind of to see how the
10 seizures are going?

11 A Yes.

12 Q Or the treatments or whatnot. At this point are
13 there any reported seizures?

14 A No. No reported seizures.

15 Q And there were no reported seizures in April;
16 correct?

17 A That's correct.

18 Q Okay. Are there -- I know you've mentioned at least
19 at the last visit there was discussions about kind of faking
20 falling asleep, things like that. Are there any new things
21 that are being reported by the mother as far as her behavior?

22 A There was something about bathroom habits, but I'm
23 not -- I don't completely recall what I had written about that.

24 Q Would it help refresh your memory to take a look?

25 A If you don't mind.

1 Q Sure.

2 A I apologize.

3 MR. HAMNER: Referring to August 26, 2013, Counsel.

4 Let the record reflect I am showing the witness the
5 medical records from that particular date.

6 BY MR. HAMNER:

7 Q And if you could turn to page -- take a look at that.

8 A Yes.

9 Q And let me know if that refreshes your memory.

10 A Yes.

11 Q Okay. So what was being now reported in August
12 of 2013?

13 A That Amaya was purposely wetting or soiling herself
14 for attention.

15 Q Okay. At this time, does the mother explain to you
16 any of the, I don't know, corrective measures that are being
17 used, toileting measures that are being used in the household
18 in this time frame?

19 A She did not.

20 Q Okay. Did she provide you any more details on the
21 circumstances around that?

22 A She did not.

23 Q When you met with Amaya at this time, do you have any
24 notations in your records that this child is behaving out of
25 the ordinary or in a disruptive manner while sitting during

1 this meeting?

2 A No.

3 Q And is there a continuing notation that Amaya
4 malingers, essentially saying she may have an illness if she
5 hears about it, something along those lines?

6 A Yes, there is.

7 Q Do you end up meeting this -- and let me ask you
8 this. As far as the Keppra goes, was mother reporting any sort
9 of issues that were kind of too much out of control? I know
10 that's one of the things you kind of look for. Any complaints
11 about Keppra at this point?

12 A No. She reported Keppra was being tolerated well.

13 Q Okay. So was she kept on Keppra?

14 A Yes, she was.

15 Q And asked to come in for a follow-up?

16 A Correct.

17 Q I want to turn your attention to June 26, 2014. Do
18 you see Amaya at this point?

19 A I do.

20 Q Okay. Is the person that brings in Amaya at this
21 point different than who you've seen before?

22 A Yes. It was a foster mother.

23 Q Okay. Were there any reported seizure events as of
24 June of 2014?

25 A No.

1 Q Was it being reported, as far as behavior issues, was
2 it manageable, not manageable as it's being reported at this
3 time?

4 A Manageable.

5 Q Was it noted that there were still some anger issues?

6 A I --

7 Q Would it help to --

8 A Yeah, please.

9 Q Sure. Okay.

10 MR. HAMNER: And I may have to -- Your Honor, I may
11 need to kind of stand near him with respect to this.

12 BY MR. HAMNER:

13 Q Was there any kind of reported kind of anger issues
14 happening?

15 A Yes, there were.

16 Q Okay. From your notes, can you determine if that's a
17 new report or if that's kind of a carryover?

18 A I can't. I can't tell whether this was a carryover
19 or a new report from the foster mother.

20 Q And if I could refresh your memory with your August
21 2013 notation. I know that you had a notation in June of 2014
22 regarding anger issues. What does it say in that?

23 A Patient still has anger issues. Will hit and attack
24 people and pets.

25 Q Okay. Referring back to August 26th, 2013, when

1 Ms. Solander was there, is there a notation like that?

2 A Yes, exact same sentence. Still has anger issues.
3 Will hit and attack people and pets.

4 Q So is it possible that, you know, you've got an entry
5 made in August that it just makes it into the next report?

6 A Yes, very possible that it's a carryover.

7 Q Okay. With respect to this, I know that -- is there
8 a notation about malingering in the June 2014 meeting?

9 A Yes, there is.

10 Q Okay. Is it similar or dissimilar to what you had
11 written down back in August of 2013?

12 A It's essentially the same. Has a tendency to
13 malingering. Has a tendency to malingering.

14 Q Now, if you can refer to the back page too, the last
15 page. Does that help refresh your memory as to kind of the
16 full entry of that entry there?

17 A Yes, it does because it says, Have to be careful as
18 she will adopt medical problems that she hears about, and here
19 I also have, Have to be careful about discussing medical issues
20 in front of her.

21 Q Okay. And it even indicates, okay, because she may
22 adopt, okay, just discussing medical issues in front of her.
23 Okay. With respect to the Keppra, how is she handling the
24 medication in June of 2014?

25 A Behavioral issues that are manageable and tolerating

1 the Keppra. Keppra has not worsened any behaviors.

2 Q Okay. At this time with the foster mother, is there
3 any reports of deliberate urinating or defecating for
4 attention?

5 A There is not.

6 Q Okay. You met this patient. Was there any kind of
7 noted behavior issues of this child when she was meeting with
8 you in June of 2014?

9 A No.

10 Q So what was the plan at that point? Was she kept on
11 Keppra? Did you do something different?

12 A We continued Keppra.

13 Q Okay. I want to turn your attention to October
14 23rd, 2014. So now we're about four months down the road
15 from there. Who was she brought in by -- do you -- let me --
16 before I assume anything, did you see her on that day?

17 A Yes, I did.

18 Q Okay. Who brought her in?

19 A Foster mother.

20 Q Okay. At that time again, is this kind of a follow
21 up to -- a follow up to kind of as you've been doing, checking
22 to see how the medication is going?

23 A Correct.

24 Q Okay. Now, I know previously there had been prior
25 indications in the prior medical history that the person

1 reporting indicated hypothyroidism. Do you recall testifying
2 about that?

3 A Yes, I do.

4 Q Okay. Was there in October of 2014 a different
5 notation with respect to that topic?

6 A Yes. There was no hypothyroidism and --

7 Q And that was being reported by whom?

8 A Foster mother.

9 Q Was there a notation about -- I know -- do you
10 remember previously telling us that the child had kind of had
11 psychiatric issues and seeing people from a psychiatric
12 perspective?

13 A Yes, previously.

14 Q Okay. Was there an indication as to whether or not
15 this child continued to see a psychiatrist?

16 A I would have to look at my notes.

17 Q Okay. Referring to October 23rd, 2014, page 1.
18 Let me know if that refreshes your memory.

19 A Yeah. Okay. So --

20 Q Go ahead. Let me ask you the question again. Was
21 there any indication of a change about whether she's seeing
22 anything related to psychiatry?

23 A There was a notation that she's no longer seeing a
24 psychiatrist.

25 Q You met with this girl at that time as well. Did any

1 strange behavior or anything out of the ordinary that you felt
2 that you needed to kind of note?

3 A No.

4 Q At this point, is there anything being reported about
5 the Keppra? Because I know you talked about side effects. At
6 this time, is there any change in the using or prescribing of
7 Keppra?

8 A We were going to switch medications from Keppra to
9 another medicine called Lamictal.

10 Q Okay. And why is that?

11 A Because Keppra has a potential side effect of
12 worsening behaviors, and, therefore, we thought it would be
13 best to switch to a different medication.

14 Q And was the foster mother kind of reporting maybe a
15 worsening of issues or something along those lines?

16 A I don't remember offhand the reason.

17 Q Well, let me ask you this. Would you just switch
18 someone over for -- why would you typically switch someone over
19 from Keppra to --

20 A Lamictal.

21 Q -- Lamictal? Sorry.

22 A The reason we usually would do that is if there's any
23 concern that the Keppra is causing behavioral problems.

24 Q Okay. So at this point you stop Keppra and shift
25 over to this other medication?

1 A Correct.

2 Q And does that medication essentially have the same
3 kind of goal; it's to help kind of control a potential seizure?

4 A Yes.

5 Q And I don't know if I asked this, but up to this
6 point, up to October of 2014, are there any reported seizures
7 at this point?

8 A There are no reported seizures.

9 Q Okay. So the medication is working and okay. Moving
10 on to May 19th, 2015. So we're essentially seven months down
11 the road. Does Amaya come in for another follow-up?

12 A Yes, she does.

13 Q Okay. Who was she brought in by?

14 A Foster mother.

15 Q All right. Are there any reported seizures at all
16 between that last visit and now in May of 2015?

17 A No.

18 Q Are there any complaints about the new medication
19 that she's on?

20 A Somewhere between the two visits there was stopping
21 of medicines, and she was no longer on any seizure medications.

22 Q Okay. Anything really different in any kind of the
23 history or anything like that? Is it all pretty much kind of
24 the same reporting history that you had from the last entry?

25 A Essentially. And except that there is no seizures

1 off medications.

2 Q Okay. So you actually -- now, is that -- did you
3 make that determination prior to this visit, or was that kind
4 of the call you made in May of 2015 to take her off
5 medications?

6 A I don't recall the reason why medicines were taken
7 off between the two visits. I do know that the foster mother
8 preferred that the patient be off medicines. I don't recall
9 whether we had some kind of discussion or not in taking off
10 medications, but the end result was that she was off medicines
11 without any seizures.

12 Q Okay. So what you learned was actually the mom or
13 whoever in that family made a decision to stop taking the
14 medication by the time this May 2015 visit happened?

15 A Yeah, but for reasons I don't recall.

16 Q Okay. And was there any reported seizures or
17 anything like that?

18 A No.

19 Q Any reported anger issues, kind of maybe suspected
20 because she's off the medication, anything like that?

21 A Not to my recollection.

22 Q When you met Amaya in your office, was there any sort
23 of kind of behavior out of the ordinary that you felt important
24 to kind of note down?

25 A No.

1 Q Any complaints about Amaya deliberately urinating or
2 defecating on herself?

3 A No.

4 Q And I know you had another visit from the foster
5 mother in August. Any reports like that?

6 A No.

7 MR. HAMNER: Court's indulgence.

8 I have no further questions at this time.

9 THE COURT: All right. Thank you.
10 Cross.

11 UNIDENTIFIED SPEAKER: Break.

12 THE COURT: Oh, yes, I'm sorry. We're going to take
13 a brief break. That'll just put us right around 3:45.

14 During the brief recess, you're reminded that you're
15 not to discuss the case or anything relating to the case with
16 each other or with anyone else. You're not to read, watch or
17 listen to any reports of or commentaries on the case, person or
18 subject matter relating to the case. Do not do any independent
19 research by way of the Internet or any other medium.

20 Please place your notepads in your chairs and follow
21 the bailiff through the double doors.

22 (Jury recessed 3:33 p.m.)

23 THE COURT: And, Doctor, please do not discuss your
24 testimony with anyone during our break.

25 (Proceedings recessed 3:34 p.m. to 3:43 p.m.)

1 (In the presence of the jury)

2 THE COURT: All right. Court is now back in session.

3 And is the defense ready to proceed with their

4 cross-examination?

5 MS. MCAMIS: Actually, Your Honor --

6 MR. HAMNER: Yeah, Your Honor, if I could just reopen

7 with one question I remembered.

8 THE COURT: Sure.

9 MR. HAMNER: And I've spoken to defense about it.

10 May I proceed, Your Honor?

11 THE COURT: You may.

12 MR. HAMNER: Thank you very much.

13 BY MR. HAMNER:

14 Q Doctor, we were talking -- your job in part is to
15 examine kids who potentially have seizures, things of that
16 nature; right?

17 A Yes.

18 Q Can you just explain to the jury what sort of -- are
19 there chemical reasons or, like, body chemistry reasons that
20 can cause a seizure?

21 A Seizures can be caused due to multiple different
22 reasons.

23 Q Okay. And that can include things like maybe your
24 chemistry internally is off?

25 A Yes.

1 Q Okay. But let me talk about just kind of outside the
2 body for a second. Okay. Can a seizure potentially be caused
3 by maybe a lack of nutrition or hydration?

4 A In extreme cases. It would have to be to a point
5 that their electrolytes are disrupted or their sugar levels
6 drop significantly.

7 Q Okay. Additionally, can stress potentially cause the
8 onset of a seizure?

9 A Not in and of itself. If they have a known seizure
10 problem and they are under a lot of stress that puts strain on
11 the body, it brings down its defenses, and like many other
12 medical problems, seizures can break through.

13 Q Okay. So the stress aspect, that's more applicable
14 to someone who's got a pre-existing seizure condition, and it's
15 kind of like a trigger?

16 A Correct.

17 MR. HAMNER: All right. Thank you.

18 No further questions.

19 THE COURT: Ms. McAmis.

20 MS. MCAMIS: Thank you.

21 CROSS-EXAMINATION

22 BY MS. MCAMIS:

23 Q Dr. Raja, Mrs. Solander came to you in your office to
24 follow up on treatment for Amaya Solander after she'd had a
25 seizure event in the hospital in December of 2012; correct?

1 A Correct.

2 Q Okay. And so she's brought Amaya with her to your
3 office a number of times; correct?

4 A Correct.

5 Q So she began with a January 21st, 2013, visit, and
6 brought Amaya in for an assessment and evaluation?

7 A Yes.

8 Q I'm so sorry.

9 A Yes, she did.

10 Q Okay. Thank you.

11 A Sorry.

12 Q Thank you. And as part of that evaluation, you met
13 with Amaya?

14 A Correct.

15 Q You would've spoken with her?

16 A [No audible response.]

17 Q Is that a yes?

18 A Yes, it is.

19 Q Thank you. And if I could just ask for all of your
20 answers to be said out loud.

21 A Absolutely.

22 Q Okay. Thank you.

23 THE COURT: This is a taped record. So if you nod or
24 say uh-huh, that's meaningless on the recording.

25 THE WITNESS: Okay. Thank you.

1 BY MS. MCAMIS:

2 Q Okay. And so as part of that January 2013 meeting,
3 you also would have had an opportunity visually to look at
4 Amaya and note any concerns if you had any visual concerns?

5 A That's correct.

6 Q And those, any of your observations or concerns would
7 have been noted in your records; correct?

8 A That is correct.

9 Q Okay. You also saw Amaya and Mrs. Solander for a
10 follow up in April of 2013; correct?

11 A That's correct.

12 Q Okay. And that was again to monitor her post-seizure
13 activity and how the Keppra was working?

14 A Correct.

15 Q Okay. And again at that April of 2013 meeting, you
16 would have had an opportunity to visually look at Amaya,
17 interact with her, speak to her, see if she had any concerns as
18 well; right?

19 A Correct.

20 Q So the historian is not just the mother. You are
21 also speaking directly with your patients at each of these
22 meetings?

23 A I don't exactly remember if I had interactions
24 directly with Amaya, but if they are verbal, it's my general
25 practice that I would.

1 Q Okay. And Amaya at this time would've been 10 years
2 old?

3 A Yes.

4 Q Correct?

5 A Yes.

6 Q And she would've been verbal?

7 A Yes.

8 Q So as part of your practice, it stands to reason you
9 would've had verbal interactions with her as well?

10 A In general, in my routine practice, yes.

11 Q Okay. And then you saw Amaya again with Janet on
12 August 26, 2013, meeting at that time?

13 A Yes.

14 Q And that was again for ongoing follow up with the
15 seizure disorder and the Keppra follow-up?

16 A That's correct.

17 Q Okay. Now, you testified on direct examination that
18 Keppra can have as a potential side effect behavioral issues?

19 A Correct.

20 Q Okay. Is it fair to say behavioral issues can
21 include aggression in the child?

22 A Yes.

23 Q What are some of the other potential side effects
24 that you deemed behavioral?

25 A From Keppra?

1 Q Exactly.

2 A Yeah.

3 Q Thank you for clarifying that.

4 A Aggression, agitation, hyperactivity. In general,
5 those are side effects that we can potentially see from Keppra.

6 Q Okay. And so beginning back in January 21st of
7 2013, that's when she began receiving the Keppra; is that fair
8 to say?

9 A I believe it was December of 2012.

10 Q Okay. So before coming to you, she was already on
11 Keppra?

12 A She was already on Keppra.

13 Q And at the time that she came to you and
14 Mrs. Solander started making certain disclosures that were
15 noted in your records, she was already on the Keppra?

16 A Yes, that is correct --

17 Q Okay. And so --

18 A -- in that January visit.

19 Q Thank you. I apologize for overtalking. So as
20 you're getting these disclosures on the January and April and
21 August meetings, there are certain disclosures about Amaya
22 having aggressive behaviors; correct?

23 A Correct.

24 Q Okay. And then specific, you were asked about some
25 of them on direct examination; correct?

1 A Correct.

2 Q And specifically in April of 2013, at that meeting,
3 the behavioral issues had increased to a point where
4 Mrs. Solander disclosed that she was considering putting Amaya
5 into a long-term facility to help with those behaviors;
6 correct?

7 A I don't recall if there was an increase or it was
8 persistence.

9 Q Okay. But you did document in your April 2nd,
10 2013, visit that the mother was reporting to you that the
11 behaviors may cause her to be placed in a long-term psych
12 facility?

13 A That's correct.

14 Q Okay. And that the behaviors had also continued --
15 I'll phrase it this way. And that the behaviors included Amaya
16 faked falling asleep, drooling and not waking up?

17 A Yes.

18 Q Okay. Now, it was also documented that part of
19 Amaya's behaviors is that she had tried to attack pets in the
20 home; correct?

21 A I believe that was in my notes. I don't have a full
22 recollection, but, yeah.

23 Q All right. Well, if I could approach actually with
24 your notes.

25 A Sure. Please.

1 Q And specifically I will ask you to look at the 2013
2 notes.

3 MS. MCAMIS: I have just all of them.

4 MR. HAMNER: Okay.

5 BY MS. MCAMIS:

6 Q If I could have you just look at each of them and see
7 if this is from the January --

8 A Okay.

9 Q -- April and August and just ask you to briefly
10 review those to familiarize yourself.

11 A Okay.

12 Q Okay. Based on your review of all of these, is this
13 a fair and accurate depiction of the notes that were maintained
14 for Amaya Solander as far as your treatment of her at your
15 office?

16 A Yes.

17 Q For each of these dates?

18 A Yes.

19 Q Okay. And so isn't it true that in here you document
20 that Amaya has tried to attack pets in the home?

21 A May I look at that one more time, please. I'm sorry.

22 Q Of course.

23 A Yes. It is in my notes that she has -- she will
24 attack people and pets.

25 Q And it's in both of the notes for April and August

1 of 2013?

2 A Okay.

3 Q Isn't that correct?

4 A Yes.

5 Q Okay. But based on all of your assessments and each
6 time that Amaya and her mother were in the office, there was a
7 recommendation by your office to continue with the Keppra?

8 A That's correct.

9 Q Okay. And the decision to continue with the Keppra
10 was based on, you know, your experience and your practice and
11 observing this patient, and it wasn't doing her any harm?

12 A Correct.

13 Q Okay. Because it would be medically improper to
14 continue prescribing a person something where it would continue
15 doing harm; correct?

16 A Correct.

17 Q Okay. Now, you were also asked questions about
18 seeing Amaya when she was with her foster parents. Let me
19 direct your attention to that. Okay. So there came a point in
20 time where Amaya returned to your office but not with
21 Mrs. Solander; correct?

22 A That's correct.

23 Q She was, in fact, with her foster mother Debbie
24 McClain; correct?

25 A I don't remember the name. I just remember from

1 reading my notes that it was a foster mother.

2 Q Okay. And it would have been after the period of
3 time that you interacted with Mrs. Solander?

4 A That's correct.

5 Q And it was not anymore Mrs. Solander?

6 A That's correct.

7 Q Okay. And so at that time, when Amaya returned in
8 June of 2014, she was still taking the Keppra; correct?

9 A That's correct.

10 Q And at that time there's still a decision by your
11 office to continue recommending the Keppra?

12 A That's correct.

13 Q Okay. And so then Amaya continued on that Keppra
14 through the next visit. You saw Amaya again on October 23rd
15 of 2014; correct?

16 A That's correct.

17 Q And that was again with the foster mother, not
18 Mrs. Solander?

19 A That's correct.

20 Q Okay. And in your notes from October 23rd, 2014,
21 you still noted the behaviors, Still hits, aggression; correct?

22 A That's correct.

23 Q Now, you were asked some questions about basically
24 the carryover I think was the word. Do you recall generally
25 those questions about how you have some notes here that carried

1 over into other reports? Correct?

2 A Yes.

3 Q Okay. Now, you had an opportunity to review all of
4 your notes, at least as far as the 2013 notes that I've
5 presented you; right?

6 A I did.

7 Q Okay. And while there are some notes that are
8 carried over, not every single note is carried over; correct?

9 A That's correct that not everything is carried over.

10 Q Right. So there's still some notes that are entered
11 at the time; correct?

12 A Yes.

13 Q And then there are notes that apply at the next visit
14 as well; correct?

15 A Correct.

16 Q And then when a note no longer applies, it can be
17 removed from your notes; correct?

18 A It can be removed.

19 Q Okay. And so there are actual changes in your notes
20 from each of the times that you met with Amaya when
21 Mrs. Solander was present?

22 A Correct.

23 Q Okay. Now, if you had any concerns about
24 Mrs. Solander being a historian or an accurate historian of
25 Amaya's conditions, is that something that you would have

1 inquired further or made a note of?

2 A I would have made a note of it if I had any outright
3 concerns.

4 Q Okay. And so in any of the notes that we have
5 presented you, either me or the State, there's no documentation
6 or note that you had any question about Mrs. Solander as a
7 historian for Amaya?

8 A No question either way.

9 Q There's just no question?

10 A Correct.

11 Q Okay. Now, Dr. Raja, you are a mandated reporter;
12 correct?

13 A I'm not sure what that means. I'm sorry.

14 Q Fair enough. I'll ask it this way. If you suspect
15 that, even just merely suspect that a child is being actively
16 abused or neglected, you have a legal obligation, according to
17 your medical duties, to call that in or contact the authorities
18 on behalf of that child; correct?

19 A That's correct.

20 Q Okay. So that's what I refer to when I say are you a
21 mandated reporter.

22 A Yes.

23 Q So understanding that to be the definition, are you a
24 mandated reporter?

25 A Yes, I am.

1 Q And were you a mandated reporter at all times that
2 you interacted with Amaya Solander in 2013?

3 A Yes.

4 Q Okay. And as a mandated reporter, if you had any
5 concerns at that time or observed any fresh or recent injuries
6 on Amaya, would you have reported that?

7 A Yes, I would.

8 Q And you made no report as to --

9 A I made no report.

10 Q Fair enough. If I could just finish my question.

11 A I'm sorry.

12 Q No, that's okay. I was speaking slowly. When you
13 were observing Amaya on the three separate visits all
14 throughout 2013, at none of those visits did you make a CPS
15 report on behalf of Amaya Solander?

16 A I made no CPS reports.

17 Q Okay. And if you had observed any recent or fresh
18 injuries as to Amaya Solander, would you have documented that?

19 A Yes, I would.

20 Q And would you have used that in furtherance of making
21 a CPS referral?

22 A Yes, I would.

23 Q Okay. If I could direct your attention to the visit
24 from August 26th of 2013, you'll recall I asked you questions
25 about you got to visually look at Amaya and interact with her

1 when you were treating her?

2 A Yes.

3 Q Okay. So as part of that, you would do a physical
4 examination of the child; correct?

5 A Correct.

6 Q Okay. And that would include a skin assessment;
7 correct?

8 A Basic skin assessment. I --

9 Q Fair enough. A basic skin assessment. And if you
10 noted any scarring, you would've entered that on your note;
11 correct?

12 A Correct.

13 Q And you actually did observe scars on legs?

14 A Correct.

15 Q And you made that general note on your August of 2013
16 assessment; correct?

17 A That's correct.

18 Q Okay. And there was nothing that stood out to you
19 about these scars, meaning they weren't recent or fresh scars;
20 correct?

21 A Correct.

22 Q They were just scars, something that happened in the
23 past, and you made a note that you saw scars on the legs?

24 A Correct.

25 Q Okay. So you continued with Amaya's treatment even

1 past 2013. So I want to direct your attention to that time
2 period. At some point, you -- actually, I'll lay a better
3 foundation.

4 When you and the foster parent were discussing
5 Amaya's switch from Keppra to --

6 And help me with the pronunciation.

7 A Lamictal.

8 Q Lamictal?

9 A Uh-huh.

10 Q Thank you.

11 -- you made that after evaluating Amaya again?

12 A And speaking with the foster mother.

13 Q Okay. Fair enough. So there was a decision to
14 continue the seizure medication treatment for Amaya even after
15 Keppra; correct?

16 A Correct.

17 Q You just wanted to switch it over because Lamictal
18 had different side effects; correct?

19 A Correct.

20 Q And, in fact, they were potentially less -- they
21 weren't the same side effects, including all the behavior or
22 aggression that Keppra has; correct?

23 A No. Lamictal has less likelihood for causing
24 behavior problems.

25 Q Okay. And that was a decision you made was to switch

1 over to Lamictal, but that was while Amaya was in the care of
2 her foster mother; correct?

3 A That's correct.

4 Q Okay. And then it was not actually your decision or
5 recommendation to stop the Lamictal; correct?

6 A I don't remember because that was in between visits,
7 and in looking at my notes, there's one visit where there was a
8 recommendation to switch from Keppra to Lamictal, and then the
9 subsequent visit she's not on any seizure medicines. I don't
10 recall what happened in between and why she was off all
11 medications.

12 Q And it was on your direct examination testimony where
13 you indicated it was actually the foster mother who didn't want
14 her on any medication; correct?

15 A That's correct.

16 Q Okay. And if you had made a decision to discontinue
17 medication based on, you know, a meeting or an appointment,
18 that would also be in your notes; correct?

19 A In general, yes. If there was a decision not to use
20 medicines, then I would've put that in my notes.

21 MS. MCAMIS: Okay. Court's indulgence.

22 BY MS. MCAMIS:

23 Q Okay. And, Dr. Raja, the foster parent, if I
24 suggested to you her name was Debbie McClain, Ms. McClain was
25 still treating with you for Amaya as late as 2015; correct?

1 A That's correct.

2 Q And, in fact, that specific month was May of 2015;
3 correct?

4 A That's correct.

5 Q And you never had cause to report Debbie McClain for
6 child abuse or neglect; correct?

7 A No, didn't.

8 MS. MCAMIS: Okay. Pass the witness.

9 THE COURT: All right. Redirect.

10 MR. HAMNER: Okay.

11 REDIRECT EXAMINATION

12 BY MR. HAMNER:

13 Q Doctor, you remember the cross-examination questions
14 about the attacking of pets? Do you remember that? They were
15 asked at the beginning of cross.

16 A Yes.

17 Q Who was the source on that information?

18 A That would be the mother.

19 Q You were asked a lot of questions about decisions
20 that you make in terms of updating notes and carrying over
21 certain portions of your notes. Do you remember that?

22 A Yes.

23 Q And there was a number of questions that you were
24 asked on cross-examination where they pointed out certain
25 things that you elected to keep in your record or to add new

1 things. Do you remember that?

2 A Yes.

3 Q I want to touch on a couple of things. Do you
4 remember which date was the first entry that you made that the
5 child was not seeing any psychiatry anymore? Do you remember
6 which visit that was?

7 A If I recall, it was the visit when the foster mother
8 brought --

9 Q The first one?

10 A Either the first or the second but one of those.

11 Q Okay. Would it help refresh your memory to review
12 just kind of your records?

13 A Sure.

14 MR. HAMNER: I'm just referring to June 26th and
15 then October 23rd, both 2014.

16 MS. MCAMIS: Okay.

17 BY MR. HAMNER:

18 Q So June 26th is the first date the foster mother
19 came in; right?

20 A That's correct.

21 Q Can you take a look at that entry and see if that
22 refreshes your memory.

23 A Yes. I had written that the patient no longer sees
24 psychiatry.

25 Q Okay. And speaking of kind of new -- and that was a

1 new update; is that right?

2 A That's correct.

3 Q You elected to put that in there.

4 A That's correct.

5 Q I want to keep your attention focused on that for a
6 second. Was there any other new updates that the foster mother
7 provided to you with respect to Ms. Solander?

8 A I believe this is a new update, that the behaviors
9 are manageable.

10 Q Okay. And referring to anything else about
11 Ms. Solander and the children?

12 A Oh, yes, that the new foster mom had conveyed to me
13 that the adopted mother was, quote, unquote, Traumatizing them.

14 Q Okay. Now, sometimes you have -- there were some
15 questions that were asked to you about sometimes you get to
16 interact with the patients too; right?

17 A Correct.

18 Q Right. And you get to have conversations with the
19 patients; right?

20 A That's correct.

21 Q And you've had experiences where maybe a patient may
22 deny a certain symptom or denies something that's being
23 reported; is that right?

24 A That's correct.

25 Q Okay. With respect to that point, did you have any

1 notes from Amaya from June 26th, 2014, that contradicted or
2 denied what was being reported by the foster mother?

3 A Nothing either way.

4 Q So there's no entries -- so there's nothing either
5 way. So she's not necessarily confirming, but she's also not
6 denying when the foster mother said the traumatizing thing?

7 A Correct.

8 Q She's not chiming up?

9 A That's correct.

10 Q But you would have noted that; right?

11 A If she had chimed in, I would've noted that.

12 Q Then there were questions about examining a child of
13 for marks or scars or things like that. What's your practice
14 area?

15 A Neurology.

16 Q Okay. Do you do full-body checks on neurological
17 patients -- adults or children -- when they come into your
18 office?

19 A I do not.

20 Q Okay. So you don't necessarily strip them totally
21 naked down and check their whole body for scars?

22 A I do not.

23 Q Let me be a little more specific. Do you have any
24 notations -- I know that you had a notation at one point that
25 you noticed some scarring on the leg; is that right?

1 A That is correct.

2 Q Okay. But to be clear, did you examine her buttock,
3 her bare buttocks?

4 A No. That's not my practice to do so.

5 Q Okay. Did you examine the back part of her thigh
6 that extends up toward her buttocks?

7 A If it was covered in clothing, I would not have
8 examined her.

9 Q So when you're talking about seeing her legs, it
10 might be something from like she's wearing a pair of shorts,
11 and maybe you can see an exposed leg. Would that be fair?

12 A That would probably be the extent of it.

13 Q Okay. So to be clear at no point, in all your visits
14 of Amaya, you are not examining the buttocks and the parts of
15 the thighs that reach up to the buttocks. Would that be
16 accurate?

17 A That's correct.

18 Q But if you noted something in those areas, you
19 would've put it down?

20 A That's correct.

21 MR. HAMNER: I have no further questions at this
22 time.

23 THE COURT: Anything else?

24 MS. MCAMIS: Court's brief indulgence.

25 Pass the witness.

1 THE COURT: No further questions from the defense.
2 Do we have any juror questions for the witness?
3 All right. I'll see counsel at the bench, please.

4 (Conference at the bench not recorded)

5 THE COURT: Doctor, we have a couple of juror
6 questions up here. A juror asks, Is there any way -- I'm
7 sorry. Is there a way to determine if someone has a true
8 seizure versus the reporting of seizure-like symptoms?

9 THE WITNESS: The only way to do that would be to
10 capture a seizure on recording, a brainwave recording called an
11 EEG.

12 THE COURT: All right. So if someone just has a
13 seizure at home or the grocery store or something like that,
14 obviously there's no way to do that?

15 THE WITNESS: There's no way to do that. Correct.

16 THE COURT: All right. So were you able to confirm
17 whether or not the patient had ever had a seizure?

18 THE WITNESS: We base it on description as well, and
19 there are certain patterns that we look for that point towards
20 a seizure. If they have generalized shaking, that's one
21 pattern, and another way is to do an EEG test, which is a
22 brainwave test. So I'm sorry. Was there more to that
23 question?

24 THE COURT: No.

25 The State can follow up. Mr. Hamner, any follow-up?

1 MR. HAMNER: No, Your Honor.

2 THE COURT: Ms. McAmis, any follow-up?

3 MS. MCAMIS: Yes, briefly.

4 FOLLOW-UP EXAMINATION

5 BY MS. MCAMIS:

6 Q You have it documented in the January 2013 note that
7 EMS noted Amaya was pale and lethargic per Dr. Raja's consult;
8 correct?

9 A Correct.

10 Q And so pale -- skin paleness and lethargy can be some
11 of the symptoms that can help you determine whether or not
12 someone had a seizure?

13 A That is correct.

14 MS. MCAMIS: Okay. Nothing further.

15 THE COURT: Anything else, Mr. Hamner?

16 MR. HAMNER: No, Your Honor.

17 THE COURT: Any additional juror questions before we
18 excuse the doctor?

19 All right, Doctor, I see no additional questions.
20 Thank you for your testimony. You are excused at this time.

21 THE WITNESS: Thank you.

22 MR. HAMNER: The State is going to call Danielle
23 Hinton to the stand.

24 THE COURT: All right.

25 MR. HAMNER: Thank you.

1 THE COURT: And then just remain standing and face
2 the court clerk please.

3 **DANIELLE HINTON**

4 [having been called as a witness and being first duly sworn,
5 testified as follows:]

6 THE CLERK: Thank you. Please have a seat. State
7 and spell your first and last name for the record.

8 THE WITNESS: First name Danielle, D-a-n-i-e-l-l-e.
9 Last name Hinton, H-i-n-t-o-n.

10 THE COURT: All right. Thank you.

11 Ms. McAmis.

12 MS. MCAMIS: Could we approach, please.

13 THE COURT: Sure.

14 (Conference at the bench not recorded)

15 THE COURT: We're going to take a really quick break,
16 just under 10 minutes. That should be enough time.

17 So, ladies and gentlemen, during the really quick
18 break, you are reminded that you're not to discuss the case or
19 anything --

20 I have to tell you this every time we break, and
21 sometimes people still forget.

22 -- so you're not to discuss the case or anything
23 relating to the case with each other or with anyone else.
24 You're not to read, watch or listen to any reports of or
25 commentaries on the case, person or subject matter relating to

1 the case. Do not do any independent research by way of the
2 Internet or any other medium, and please don't form or express
3 an opinion on the trial.

4 Please place your notepads in your chairs and follow
5 the bailiff through the double doors.

6 (Jury recessed 4:16 p.m.)

7 THE COURT: All right. We're now on the record with
8 Ms. Hinton out of the presence of the jury.

9 And, Ms. Hinton, I know your lawyer Mr. Rue was
10 hanging around much of the day, and apparently he had to leave.

11 THE WITNESS: Yes.

12 THE COURT: Do you feel comfortable testifying and
13 proceeding without Mr. Rue being present, or would you prefer
14 to pass this over until tomorrow so that Mr. Rue can be back
15 with you?

16 THE WITNESS: We spoke about it. So it's fine that
17 he's not here, yeah.

18 THE COURT: Okay. So you feel comfortable proceeding
19 without him?

20 THE WITNESS: Yes. Yeah. We talked about it.

21 THE COURT: Okay. And you understand that the
22 benefit of the plea negotiation is contingent upon you
23 testifying truthfully?

24 THE WITNESS: Correct. Yeah.

25 THE COURT: And if the State were to believe that you

1 are not testifying truthfully, they could seek to back out of
2 the deal.

3 THE WITNESS: Correct.

4 THE COURT: And whatever you testified to might be
5 used against you. Do you understand that?

6 THE WITNESS: Correct.

7 THE COURT: And do you still feel comfortable
8 proceeding without Mr. Rue being present, or again do you want
9 to wait for Mr. Rue till tomorrow? It's up to you.

10 THE WITNESS: That's fine that he is not here. Yeah.
11 Because we were talking outside about it a lot into it.

12 THE COURT: Okay.

13 THE WITNESS: So, yeah.

14 THE COURT: Okay. I don't want to get into
15 privileged communication, but you said you were talking to
16 Mr. Rue about this. So did you have a full opportunity today
17 to discuss with Mr. Rue whether or not you should proceed with
18 your testimony even if he wasn't present in the courtroom?

19 THE WITNESS: Yes. Yeah. That's what we talked
20 about. Yeah.

21 THE COURT: Okay. And so you feel totally
22 comfortable doing so?

23 THE WITNESS: Yeah, that's fine.

24 THE COURT: All right. Any questions on that topic
25 for the witness, State?

1 MR. HAMNER: No, Your Honor.

2 THE COURT: Defense.

3 MR. FIGLER: Danielle, did Mr. Rue explain to you
4 that if you had any concerns that came up during your testimony
5 when he wasn't here that you can stop the proceedings and ask
6 that he be present? Did he tell you that?

7 THE WITNESS: No. No.

8 THE COURT: But you can. If you feel like you don't
9 want to proceed, we can stop the proceedings and pass it over
10 until tomorrow. If somebody asks you a question, and you feel
11 like you want to talk to your attorney about it, you could say
12 I prefer to stop until my attorney can be present or something
13 like that.

14 THE WITNESS: Okay. All right.

15 THE COURT: Okay. Anything else, Mr. Figler?

16 MR. FIGLER: And you knew that Mr. Rue was here for
17 all your prior testimony. He's just not going to be here right
18 now. You understood that?

19 THE WITNESS: Correct. Yes.

20 MR. FIGLER: Okay. That's all, Your Honor. Thank
21 you.

22 THE COURT: All right. Anything, State?

23 MR. HAMNER: No, Your Honor.

24 THE COURT: All right. And did the State have
25 anything they wanted to place on the record regarding their

1 conversation with Mr. Rue?

2 MR. HAMNER: No, Your Honor.

3 THE COURT: That Mr. Rue, did he indicate to the
4 State that he was comfortable with his client proceeding or not
5 being here, something of that nature?

6 MS. BLUTH: Yeah. Mr. Rue spoke with both of us,
7 Your Honor, and he explained to us that he wouldn't be able to
8 be here this afternoon but that he would speak with his client
9 about that, make sure that she was okay with it.

10 THE COURT: Okay.

11 MS. BLUTH: And after he spoke with her, he would let
12 us know how it would go. So --

13 THE COURT: And, again, if you at any time feel
14 uncomfortable, you don't want to proceed without Mr. Rue being
15 here, just say, you know, can we have a break.

16 THE WITNESS: Okay.

17 THE COURT: And we'll go ahead and recess for the
18 day.

19 THE WITNESS: Okay.

20 THE COURT: Okay?

21 THE WITNESS: All right.

22 THE COURT: All right. Anything else by either side?

23 MS. BLUTH: No, Your Honor.

24 MR. HAMNER: No, Your Honor.

25 THE COURT: All right. Kenny, bring them back.

1 Even if you feel like they're confusing you or
2 something like that and you want to stop, just say can we take
3 our break.

4 THE WITNESS: Sure.

5 THE COURT: Okay?

6 THE WITNESS: Okay.

7 THE COURT: And then we'll do that.

8 THE WITNESS: Thank you.

9 THE COURT: Okay.

10 (Jury entering 4:22 p.m.)

11 THE COURT: All right. Court is now back in session.

12 And, Ms. McAmis, you may proceed.

13 MS. MCAMIS: Thank you, Your Honor.

14 CONTINUED CROSS-EXAMINATION

15 BY MS. MCAMIS:

16 Q Ms. Hinton, you recall last Friday when I was asking
17 you questions about Janet and Dwight wanting to adopt; right?

18 A Correct.

19 Q Okay. So I want to kind of focus your attention back
20 on that. We talked about how they, meaning Janet and Dwight,
21 wanted to start fostering children because they wanted to
22 adopt?

23 A Correct.

24 Q Okay. Now, Ava, Amaya and Anastasia were not the
25 first foster children that your parents had -- well, your

1 mother and stepfather had in their home; right?

2 A Correct.

3 Q And Autumn and Ivy Stark were not the first foster
4 children your parents had in that home?

5 A Correct.

6 Q In fact, when you were in high school, your parents
7 fostered another previous sibling group; right?

8 A Correct.

9 Q How many kids were in that sibling group?

10 A I don't know if it was -- I remember one other little
11 girl -- two, actually two kids.

12 Q Okay. And that was before the Stark children?

13 A Correct.

14 Q Okay. And those children lived in your home until
15 they got reunified with their own family?

16 A Correct.

17 Q Okay. Now, to your knowledge, there were no CPS
18 investigations in your home while the first set of foster
19 siblings lived in your home?

20 A From what I can remember, no.

21 Q Now, I want to turn your attention back to Ava, Amaya
22 and Anastasia and when the girls first came into your home;
23 okay?

24 A Okay.

25 Q Okay. Now, when they were first in your home, they

1 had their own beds?

2 A Correct.

3 Q And it's a foster -- it's a foster child rule that
4 they have to have their own beds; right? If you don't know
5 then I'm not going to ask you.

6 A Yeah, I don't know. Yeah, I'm sorry.

7 Q Okay. All right. Thank you. And so we talked about
8 when the girls first came to your home, they had some peeing
9 and pooping issues?

10 A Correct.

11 Q And over time, the peeing and pooping issues got
12 worse?

13 A Correct.

14 Q And you actually observed where one of the girls had
15 pee or feces running down her legs?

16 A Not that I can remember.

17 Q Okay. All right. But to your knowledge, one of the
18 girls smeared her feces over the wall before?

19 A I can't remember. I'm sorry.

20 Q Okay. But let me ask you this. You do remember that
21 they had ongoing peeing and pooping issues?

22 A Correct. Yeah.

23 Q Okay. And that specifically Amaya had some
24 behavioral issues?

25 A Correct.

1 Q Okay. And I asked you about some of the things Amaya
2 did last Friday. To your knowledge, Amaya stabbed
3 Mrs. Solander with a pencil, poured cereal on the table and
4 kicked at her; right?

5 A Can you repeat the first part. I'm sorry.

6 Q That's okay. So you remember that Amaya stabbed
7 Mrs. Solander with a pencil, poured cereal on the table and
8 kicked at her?

9 A Can I explain. I just remember this was when we
10 first got them about the pouring the cereal and the pencil, but
11 not the kicking, no.

12 Q Just explain what your observations of Amaya acting
13 out were.

14 A Oh. Mainly when I was still in high school, it was
15 just kind of defiant, just, you know, it was just out of
16 nowhere. Like for that incident with the cereal, I remember it
17 well because it wasn't a school day for me, but I just remember
18 she had gotten mad. I can't -- I don't know what she got mad
19 at. I can't remember, but she purposely poured her cereal on
20 the table, and I believe, like, when my mom was trying to get
21 her to come up from the table she was resisting my mom.

22 Q What do you mean by resisting? What was she doing
23 physically?

24 A Kind of like when you try to pull somebody, and
25 they're, like, going like that and, like, waving their arms

1 around, like because, I guess, she didn't want to get up. The
2 pencil incident, that happened at a different time because
3 that's when a PSR worker was there, and so it had to be --

4 Q What did you observe as far as the thing you're
5 calling the pencil incident?

6 A Oh, that she was doing her homework. They were still
7 going --

8 Q By she --

9 A Amaya. I'm sorry. They were still going to public
10 school at the time. She was doing her homework, and once she
11 got -- I don't know if she was frustrated, just that she wasn't
12 understanding anything with her homework, but I just remembered
13 that she started kind of like acting out. So when my mom -- I
14 really tried to, like, get her. That's when she started like,
15 you know, throwing her -- flailing her arms -- I'm sorry -- but
16 she had a pencil in her hand, and that's why she ended up
17 being, like, my mom got, like, kind of stabbed with the pencil.
18 But the kicking incident, I don't remember anything like that.

19 Q Okay. Okay. And I'm just asking what your personal
20 knowledge of; okay. So I want to direct your attention now to
21 the issue of the buckets that you were testifying to last
22 Friday. Isn't it true that because Anastasia wet herself the
23 most there was a potty bucket with a toilet seat in the kitchen
24 for her?

25 A A potty bucket, yes.

1 Q A potty bucket, okay. When Ava, Amaya and Anastasia
2 first moved into your home, Janet had a full-time nanny, didn't
3 she?

4 A Yes.

5 Q Janet was still working full-time; right?

6 A Correct.

7 Q Okay. And that nanny's name was Andrea; right?

8 A Correct.

9 Q Okay. How long did Andrea work for your parents?
10 Well, and by parents, I think you know I mean Janet and your
11 stepfather.

12 A Correct.

13 Q I am fully aware he's not your father.

14 A Right.

15 Q Okay. How long did Andrea work for the Solanders?

16 A I'm not sure because I was in college when she
17 stopped working for them.

18 Q Do you think it was a period of days, weeks, months?

19 A Oh, yeah, at least about a couple years I would say.

20 Q Oh, okay. So you recall that there were issues with
21 the short-term nanny Jan Finnegan; correct?

22 A Correct.

23 Q And that was a nanny that was only around in the home
24 for about three weeks?

25 A I think; correct. I don't know how long it was.

1 Q Would you say it's significantly shorter than the
2 amount of time that Andrea worked?

3 A Correct.

4 Q Okay. And if I suggested to you that Jan's already
5 testified, and she said it was three weeks, would you have any
6 reason to dispute that?

7 A No.

8 Q Okay. And Jan Finnegan was fired by Dwight and
9 Janet; right?

10 A Oh, correct.

11 Q Okay. And after the nanny was fired, then she called
12 CPS?

13 A To my knowledge, I don't know who called, but CPS was
14 called. Yeah. I'm sorry.

15 Q If you don't know it's okay to say I don't know.

16 A Sorry. I don't know.

17 Q That's all right. But nevertheless, after she was
18 fired, there was CPS that came out to the home; correct?

19 A Correct. Correct.

20 Q And you actually met was CPS in March of 2012 when
21 they came out to interview Ava, Amaya and Anastasia?

22 A Correct.

23 Q And you answered any questions that the CPS worker
24 had for you?

25 A Correct.

1 Q And you invited her into the home?

2 A Correct.

3 Q And you invited the worker in to speak to the girls?

4 A Correct.

5 Q And you didn't do anything to interfere with that

6 ability of the CPS worker to interview the girls?

7 A Correct.

8 Q Okay. Now, at the time that -- at the time that Jan

9 Finnegan was being the nanny and CPS initially came out, your

10 mother was in Ohio at the time; right?

11 A Correct.

12 Q And she was in Ohio because she was helping one of

13 your sisters who had just had a baby?

14 A Correct.

15 Q Now, you grew up with your sisters; right?

16 A Correct.

17 Q So you know all about -- or you are very familiar

18 with all of them; right?

19 A Yes. Correct.

20 Q You are also familiar with the different medical

21 issues of your sisters; right?

22 A Yes.

23 Q And you're aware that one of your sisters has von

24 Willebrand disease; right?

25 A Correct.

1 Q Okay. And when we talk about sisters, might you
2 notice I'm not differentiating, but you have biological and
3 adopted sisters; right?

4 A Correct.

5 Q Okay. And you have a rather large sister group;
6 right?

7 A Right. Correct.

8 Q You are one of four sisters?

9 A Yes.

10 Q And then Janet and Dwight adopted three additional
11 sisters?

12 A Correct.

13 Q Okay. So I'll move on. So returning to Janet being
14 back in Ohio, she was helping your sister out with the
15 brand-new baby; right?

16 A Correct.

17 Q And while Janet was helping your sister with the
18 brand-new baby, you were at home full time with your adopted
19 sisters?

20 A Correct.

21 Q Okay. And you were taking care of your sisters?

22 A Correct.

23 Q And you were making sure they had all of their meals?

24 A Correct.

25 Q And you knew that their meals were blended because

1 solid food hurt their stomachs?

2 A Correct.

3 Q Okay. And Ava, Amaya and Anastasia were
4 homeschooled; correct?

5 A Correct.

6 Q So they did homeschooling for a large chunk of their
7 day; right?

8 A Right.

9 Q But after they were done with their homeschooling,
10 you physically observed what other activities they got to do;
11 right?

12 A Correct.

13 Q Okay. So you saw that they were able to -- after
14 they were done with homework, you saw them playing in the
15 house?

16 A Correct. Can I ask something. Was this when Jan was
17 still babysitting or when I just took over?

18 Q Thank you. Thank you for that clarification. My
19 question is after Jan was gone and you were the primary in the
20 home.

21 A Okay.

22 Q Before your mom got back.

23 A Oh, okay.

24 Q Okay?

25 A All right. Yes.

1 Q Okay. So did that change your answer about you being
2 able to observe what the girls did after they were done with
3 homeschool?

4 A Correct. So, yes, I was able to. I'm sorry.

5 Q Okay. You were able to see them play in the home?

6 A Correct.

7 Q And you know that they had board games to play?

8 A Correct.

9 Q And you know that they, at least Ava and Anastasia,
10 had bicycles they could ride?

11 A Correct.

12 Q And they had books that they read?

13 A Correct.

14 Q Now, when you were the caretaker in the home at that
15 time, there was the other foster children in the home; right?

16 A Yes. Yes.

17 Q They were the younger two; right?

18 A Yes.

19 Q So they were a different age group than Ava, Amaya
20 and Anastasia?

21 A Correct.

22 Q Okay. So they wouldn't necessarily have played
23 together; right?

24 A Correct.

25 Q Because the youngest two were about 3 and a half,

1 4 and 5?

2 A Yes.

3 Q Somewhere around there?

4 A [No audible response.]

5 Q Okay. And there's a TV in your family room, isn't
6 there -- actually, if I could rephrase. At the time that you
7 were the caretaker for the girls, that period that we're
8 talking about in 2012, there's a TV in the family room; right?

9 A Yes.

10 Q Okay. And so if the girls were done, like, with
11 homework and they had done everything else that they needed to,
12 on weekends they could watch TV; right?

13 A Yes.

14 Q And there was also a Wii video game; correct?

15 A Yes.

16 Q Now, that Wii video game has a game that requires a
17 board; right?

18 A Yes.

19 Q Can you explain what you mean by it requires a board.
20 How is the board used in order to play the video game?

21 A It's a Wii Fit. So it's like a board where it's kind
22 of -- it's part of the Wii Fit, and it's like an exercise thing
23 for the Wii, and you could just use it when you wanted to,
24 like, exercise or do, like, certain stuff on there.

25 Q Okay. And there was only one of those boards in the

1 home; correct?

2 A Yes.

3 Q Okay. So even though we talked about all the
4 different activities that the girls could do, at that time you
5 knew that the girls TV time was limited because Amaya had had
6 the seizure back in December; correct?

7 A No, I don't.

8 Q If you don't know, you don't know.

9 A I don't know.

10 Q Okay. Okay. Now, you were asked a series of
11 questions about how Ava, Amaya and Anastasia were treated
12 differently by Janet and Dwight compared to the foster
13 children. So I want to direct your attention to that. Ava,
14 Amaya and Anastasia were part of your family; correct?

15 A Correct.

16 Q So they were subject to different rules than the
17 foster children; right?

18 A Correct.

19 Q Because they were permanent members of the family,
20 they did not leave for visitation on the weekends like the
21 foster children did; right?

22 A Correct.

23 Q Okay. And so as part of being in the Solander
24 family, they even had chores that they had to do?

25 A Correct.

1 Q And part of their chores were, like, cleaning Janet
2 with -- or helping Janet clean up the dishes; right?

3 A Correct.

4 Q Okay. And then they would have to clean up after
5 themselves in the shower?

6 A Correct.

7 Q And then they had to -- part of their chores included
8 making the beds; right?

9 A Correct.

10 Q And that included making the beds for the little
11 foster children, the 3 and a half and 5 year old?

12 A Not that I can remember.

13 Q Oh, you don't remember that?

14 A Not as far as them helping them make the bed, not --
15 no, I don't remember.

16 Q Okay. But you remember that your adopted sisters had
17 to take care of at least the things that they managed in the
18 home --

19 A Correct.

20 Q -- like if they accessed the bathroom, then they had
21 to just clean up after themselves?

22 A Correct. Of course.

23 Q Okay. So they had chores just like you had chores
24 growing up in your mom's home?

25 A Correct.

1 Q Okay. Now, you were asked some questions on direct
2 examination about there being alarms to the bathrooms. Do you
3 remember that? There was a series of questions about this
4 alarm that made a noise, dah-dah something like that?

5 A Yes.

6 Q Now, you testified that you don't actually remember
7 there being alarms on the bathrooms; correct?

8 A Correct.

9 Q So there was no dah-dah noise that went off and on in
10 the bathrooms; correct?

11 A Correct.

12 Q Okay. Is it your memory that the dah-dah alarm sound
13 was actually for the bedroom for the foster children?

14 A I don't remember.

15 Q Okay. So you don't have any memory of the alarms in
16 the -- just alarms in the home where there was a dah-dah noise?

17 A I do remember alarms in the home, yes.

18 Q Okay. Do you remember a dah-dah noise that the
19 prosecutor was asking you about?

20 A Not so much that noise, but it was for, like, the
21 back door and front door basically.

22 Q Okay. So there was a back door and front door alarm
23 noise that went something like dah-dah?

24 A It made a noise, yes.

25 Q Okay. And you've lived in that home regularly

1 before; right?

2 A At one point, yes.

3 Q And you were familiar with how the doors worked?

4 A Correct.

5 Q Okay. Now, you were asked in that same general area
6 of questions about the -- the adoptive girls' ability to access
7 the bathroom at night. Isn't it true that Janet and Dwight
8 restricted nighttime access to the bathrooms because they were
9 trying to teach Ava, Amaya and Anastasia to hold their urine at
10 night?

11 A Not that I --

12 MS. BLUTH: Objection. Speculation.

13 BY MS. MCAMIS:

14 Q Well to your knowledge.

15 THE COURT: Do you know?

16 THE WITNESS: Not that -- yeah, I was going to say
17 not that I can remember.

18 BY MS. MCAMIS:

19 Q Okay. Now, you were asked questions about how the
20 girls dry themselves off after showers. You testified that you
21 actually did see the girls dry off at times with towels;
22 correct?

23 A At times, yes.

24 Q Okay. And then you testified that there were times
25 where the girls dried off with fans; correct?

1 A No.

2 Q No?

3 A I said air dried.

4 Q Air dried?

5 A Yeah.

6 Q Oh, okay. Now, it's also true that the girls did not

7 have a pee or pooping accident every single day?

8 A Correct.

9 Q Okay. So they did not dry off or air dry with fans

10 every single day?

11 A Yes. Well, I never said that they dry off with fans.

12 So I'm a little confused. I'm sorry. Yeah.

13 Q Okay. So they just didn't dry off with fans?

14 A Correct.

15 Q Okay. So isn't it true that fans were used in the

16 bathroom to air out the bathroom after a peeing or pooping

17 accident?

18 A Not that I can remember, not to my knowledge. Yeah.

19 Q Okay. You just don't have a whole lot of knowledge

20 about what happened in the bathrooms?

21 A Correct. Yes.

22 Q Okay. You were asked questions about pitchers of ice

23 on direct examination. Do you remember that series of

24 questions?

25 A Yes.

1 Q And how the pitchers of ice also had to do with the
2 bathrooms.

3 A Correct.

4 Q Okay. But you didn't actually see Janet pour
5 pitchers of ice on any of the adoptive girls, did you?

6 A Correct.

7 Q You weren't in the bathroom?

8 A Correct.

9 Q So you don't have any personal knowledge of --
10 MR. HAMNER: Objection.

11 BY MS. MCAMIS:

12 Q -- any of the circumstances --

13 MR. HAMNER: Objection. That actually misstates the
14 testimony.

15 THE COURT: State your question.

16 MS. MCAMIS: My question was so you don't have any
17 actual personal knowledge, and then he just objected.

18 MR. HAMNER: We can approach. I can explain.

19 MS. MCAMIS: Sure.

20 (Conference at the bench not recorded)

21 THE COURT: All right. Rephrase your question.

22 The objection is sustained.

23 BY MS. MCAMIS:

24 Q You did not observe Janet actually dump pitchers of
25 ice on any of Ava, Amaya and Anastasia?

1 A Well, can I explain? I don't know what my --

2 Q My question to you is you did not actually observe
3 any pitchers of ice being dumped on any of the adoptive girls?

4 A No.

5 Q Okay. Now, you testified on direct examination there
6 were times that Ava and Amaya and Anastasia slept in their
7 underwear. When Ava, Amaya and Anastasia slept in their
8 underwear, it was after they had a peeing or pooping accident;
9 correct?

10 A Sometimes.

11 Q Now, you knew that Ava, Amaya and Anastasia each have
12 their own pajamas? Correct?

13 A Correct.

14 Q And you knew that the girls could sleep in their dry
15 pajamas as long as they did not have a peeing or pooping
16 accident at night; correct?

17 A I don't know if that was why they could. So I don't
18 know.

19 Q There were times where they did actually sleep in
20 their pajamas?

21 A Correct.

22 Q I want to direct your attention now to how discipline
23 occurred in the home and what you were actually there to
24 observe, okay. So you observed Janet spank all three of your
25 adopted sisters with a paint stick for potty accidents;

1 correct?

2 A Correct.

3 Q And you observed Dwight also spank the girls;

4 correct?

5 A Correct.

6 Q And you testified that you saw Dwight spank the
7 girls, and a paint stick broke during that spanking?

8 A Can you repeat the last part.

9 Q Yes. You want just the last part. And a paint stick
10 broke during the spanking?

11 A Okay. I never saw that.

12 Q Okay. You never saw that?

13 A No.

14 Q Okay. And, likewise, you never saw Janet break a
15 paint stick as a result of spanking any of your adopted
16 siblings?

17 A Correct.

18 Q Now, you were asked questions about catheters on
19 direct examination, and you testified that it was the girls who
20 ran around each other, and they were, like, running around and
21 telling each other, Don't pee on yourself, or you'll get the
22 catheter. That was your testimony; correct?

23 A Correct. Not running around, but, yes.

24 Q Oh, okay. They would just tell each other?

25 A Correct.

1 Q Okay. You never observed Janet actually take a
2 catheter into the bathroom with any of the girls; correct?

3 A Correct.

4 Q You never observed Janet actually insert a catheter
5 into any of the girls?

6 A Correct.

7 Q If I understand your testimony correctly, you never
8 observed Janet threaten any of the girls with using a catheter
9 if they peed on themselves?

10 A Correct.

11 Q Your only knowledge was that Dwight had purchased the
12 catheters?

13 A Per my police statement, yes.

14 Q Oh, according to your police statement. Okay. So
15 the only discussion about catheters in front of you was between
16 Ava, Amaya and Anastasia when they were talking amongst
17 themselves?

18 A Correct.

19 Q Oh, I want to direct your attention to the girls'
20 sleeping arrangements. Now, they slept on cots in the loft;
21 correct?

22 A Correct.

23 Q Okay. But those cots had pillows and sheets and
24 things of that nature, like bedding; correct?

25 A Correct.

1 Q Okay. You also testified on direct examination about
2 observing the girls sleep on boards?

3 A Correct.

4 Q Okay. Now, if I understand your statements
5 correctly, the girls did not sleep on boards every single
6 night, did they?

7 A Correct.

8 Q Okay. They actually got to sleep on the cots;
9 correct?

10 A Correct.

11 Q Okay. Correct me if I'm wrong. Was there ever a
12 time where the boards were placed on top of the cots, and
13 that's what you were talking about?

14 A No, not that I -- no.

15 Q Okay. Now, you were asked questions about Janet and
16 Dwight's decision to send the girls to a behavioral school in
17 Florida. I want to direct your attention to that. They came
18 to this decision after running out of ways to correct the
19 girls' peeing and pooping and defiance (sic) behaviors;
20 correct?

21 MS. BLUTH: Objection. Speculation.

22 THE COURT: Sustained.

23 MS. MCAMIS: Well, she was --

24 THE COURT: Ms. McAmis, move on.

25 / / /

1 BY MS. MCAMIS:

2 Q To your knowledge, Janet and Dwight actually did a
3 lot of research about different boarding schools to have the
4 girls go to; correct?

5 A Yes.

6 Q And they discussed that with you?

7 A No.

8 Q Okay. But you had knowledge that they were
9 researching different schools to send the girls?

10 A Correct.

11 Q And that one of the schools could have been in Texas?

12 A Not that I can -- I don't know --

13 Q You just don't remember that.

14 A -- I don't remember. Yeah.

15 Q Okay. But they ended up deciding on Marvelous Grace
16 Girls Academy because it was a Christian school; correct?

17 A Correct.

18 Q And your mother emphasized having a relationship with
19 God with the girls?

20 A Correct.

21 Q And to your knowledge, your mother actually shared
22 her intention to put the girls in a private school to both the
23 Department of Family Services and CPS?

24 A Not to my knowledge.

25 MS. MCAMIS: Okay. Court's indulgence.

1 BY MS. MCAMIS:

2 Q Okay. I just have one final question, and I
3 apologize that I forgot to ask you this. Ms. Hinton, right
4 before you gave your interview, the statement to the police,
5 you had just been picked up from the airport; correct?

6 A Correct.

7 Q And you had just been picked up from Janet and
8 Dwight; correct?

9 A Correct.

10 Q And they had been upset because they had allegations
11 of abuse and neglect against them; correct?

12 A I don't know if that was those exact reasons, but I
13 knew it had to do with something regarding --

14 Q Okay. So --

15 A -- that, yeah.

16 Q -- you were informed that each of you had to be
17 interviewed by police because of allegations of child abuse and
18 neglect alleged by Ava, Amaya and Anastasia; correct?

19 A Correct.

20 Q And they actually went into pretty specific detail
21 about what allegations had been alleged against everyone before
22 that interview; correct?

23 A Just me, but, correct. Yeah.

24 Q Okay. But you -- just you?

25 A Yeah. They never said what they pretty much -- I'm

1 sorry. What my mom and Dwight, what they were being alleged.
2 It was more so just me, what happened, like why they have to
3 talk to me.

4 Q Okay.

5 A Yeah.

6 Q But they did actually have a conversation before you
7 went in about different allegations that had been made by the
8 girls?

9 A Correct.

10 MS. MCAMIS: Okay. Pass the witness.

11 THE COURT: Redirect.

12 MR. HAMNER: Yes.

13 REDIRECT EXAMINATION

14 BY MR. HAMNER:

15 Q I want to go actually all the way back to Friday if
16 we could. So you remember at least those questions in the
17 beginning of cross-examination on Friday when they talked about
18 you meeting with the police and speaking with them? Do you
19 remember that generally?

20 A Yeah, generally.

21 Q Okay. And more specifically I'm referring to the
22 fact that you were asked, And you were taking Xanax at the
23 time. Do you remember that?

24 A Correct.

25 Q You remember when we spoke on Friday, you and I,