

IN THE SUPREME COURT OF THE STATE OF NEVADA

Case No. 83796

DONTE JOHNSON,
Petitioner,

Electronically Filed
May 27 2022 06:21 p.m.
Elizabeth A. Brown
Clerk of Supreme Court

v.

STATE OF NEVADA, *et al.*,
Respondent.

Appeal From Clark County District Court
Eighth Judicial District, Clark County
The Honorable Jacqueline M. Bluth, District Judge
(Dist. Ct. No. A-19-789336-W)

APPELLANT'S APPENDIX

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196. Trial Transcript (Volume IX), <i>State v. Smith</i> , District Court, Clark County, Nevada Case No. C153624 (June 18, 1999)	02/13/2019	46	11376–11505

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197. Voluntary Statement of Luis Cabrera (August 14, 1998)	02/13/2019	46	11506–11507
198. Voluntary Statement of Jeff Bates (handwritten)_Redacted (Aug. 14, 1998)	02/13/2019	46	11508–11510
199. Voluntary Statement of Jeff Bates_Redacted (Aug. 14, 1998)	02/13/2019	46	11511–11517
200. Presentence Investigation Report, State’s Exhibit 236, <i>State v. Young</i> , District Court, Clark County, Nevada Case No. C153461_Redacted (Sep. 15, 1999)	02/13/2019	46	11518–11531
201. Presentence Investigation Report, State’s Exhibit 184, <i>State v. Smith</i> , District Court, Clark County, Nevada Case No. C153624_Redacted (Sep. 18, 1998)	02/13/2019	46	11532–11540
202. School Record of Sikia Smith, Defendant’s Exhibit J, <i>State v. Smith</i> , District Court, Clark County, Nevada (Case No. C153624)	02/13/2019	46	11541–11542
203. School Record of Sikia Smith, Defendant’s Exhibit K, <i>State v. Smith</i> , District Court, Clark County, Nevada (Case No. C153624)	02/13/2019	46	11543–11544

DOCUMENT	DATE	VOLUME	PAGE(S)
204. School Record of Sikia Smith, Defendant's Exhibit L, <i>State v. Smith</i> , District Court, Clark County, Nevada (Case No. C153624)	02/13/2019	46	11545–11546
205. Competency Evaluation of Terrell Young by Greg Harder, Psy.D., Court's Exhibit 2, <i>State v. Young</i> , District Court, Clark County, Nevada Case No. C153461 (May 3, 2006)	02/13/2019	46	11547–11550
206. Competency Evaluation of Terrell Young by C. Philip Colosimo, Ph.D., Court's Exhibit 3, <i>State v. Young</i> , District Court, Clark County, Nevada Case No. C153461 (May 3, 2006)	02/13/2019	46	11551–11555
207. Motion and Notice of Motion in Limine to Preclude Evidence of Other Guns Weapons and Ammunition Not Used in the Crime, <i>State v. Johnson</i> , District Court, Clark County, Nevada Case No. C153154 (Oct. 19, 1999)	02/13/2019	46	11556–11570
208. Declaration of Cassondrus Ragsdale (Dec. 19, 2018)	02/13/2019	46	11571–11575
209. Post –Evidentiary Hearing Supplemental Points and Authorities, Exhibit A: Affidavit of Theresa Knight, <i>State v. Johnson</i> ,	02/13/2019	46	11576–11577

DOCUMENT	DATE	VOLUME	PAGE(S)
District Court, Clark County, Nevada Case No. C153154, June 5, 2005			
210. Post –Evidentiary Hearing Supplemental Points and Authorities, Exhibit B: Affidavit of Wilfredo Mercado, <i>State v. Johnson</i> , District Court, Clark County, Nevada Case No. C153154, June 22, 2005	02/13/2019	46	11578–11579
211. Genogram of Johnson Family Tree	02/13/2019	46	11580–11581
212. Motion in Limine Regarding Referring to Victims as “Boys”, <i>State v. Johnson</i> , District Court, Clark County, Nevada Case No. C153154	02/13/2019	46	11582–11585
213. Declaration of Schaumetta Minor, (Dec. 18, 2018)	02/13/2019	46	11586–11589
214. Declaration of Alzora Jackson (Feb. 11, 2019)	02/13/2019	46	11590–11593
Exhibits in Support of Petitioner’s Motion for Leave to Conduct Discovery	12/13/2019	49	12197–12199
1. <i>Holloway v. Baldonado</i> , No. A498609, Plaintiff’s Opposition to Motion for Summary Judgment, District Court of Clark County, Nevada, filed Aug. 1, 2007	12/13/2019	49	12200–12227
2. Handwritten letter from Charla Severs, dated Sep. 27, 1998	12/13/2019	49	12228–12229

DOCUMENT	DATE	VOLUME	PAGE(S)
Exhibits in Support of Reply to State's Response to Petition for Writ of Habeas Corpus	12/13/2019	47	11837–11839
215. <i>Holloway v. Baldonado</i> , No. A498609, Plaintiff's Opposition to Motion for Summary Judgment, District Court of Clark County, Aug. 1, 2007	12/13/2019	47–48	11840–11867
216. <i>Holloway v. Baldonado</i> , No. A498609, Opposition to Motion for Summary Judgment Filed by Defendants Stewart Bell, David Roger, and Clark County, District Court of Clark County, filed Jan. 16, 2008	12/13/2019	48–49	11868–12111
217. Letter from Charla Severs, dated Sep. 27, 1998	12/13/2019	49	12112–12113
218. Decision and Order, <i>State of Nevada v. Johnson</i> , Case No. C153154, District Court of Clark County, filed Apr. 18, 2000	12/13/2019	49	12114–12120
219. State's Motion to Disqualify the Honorable Lee Gates, <i>State of Nevada v. Johnson</i> , Case No. C153154, District Court of Clark County, filed Apr. 4, 2005	12/13/2019	49	12121–12135
220. Affidavit of the Honorable Lee A. Gates, <i>State of Nevada v. Johnson</i> , Case No. C153154, District	12/13/2019	49	12136–12138

DOCUMENT	DATE	VOLUME	PAGE(S)
Court of Clark County, filed Apr. 5, 2005			
221. Motion for a New Trial (Request for Evidentiary Hearing), <i>State of Nevada v. Johnson</i> , Case No. C153154, District Court of Clark County, filed June 23, 2000	12/13/2019	49	12139–12163
222. Juror Questionnaire of John Young, <i>State of Nevada v. Johnson</i> , Case No. C153154, District Court of Clark County, dated May 24, 2000	12/13/2019	49	16124–12186
Findings of Fact, Conclusions of Law and Order, <i>Johnson v. Gittere, et al.</i> , Case No. A–19– 789336–W, Clark County District Court, Nevada	10/08/2021	49	12352–12357
Minute Order (denying Petitioner’s Post–Conviction Writ of Habeas Corpus, Motion for Discovery and Evidentiary Hearing), <i>Johnson v. Gittere, et al.</i> , Case No. A–19–789336–W, Clark County District Court, Nevada	05/15/2019	49	12264–12266
Minutes of Motion to Vacate Briefing Schedule and Strike Habeas Petition	07/09/2019	47	11710
Motion and Notice of Motion for Evidentiary Hearing, <i>Johnson v.</i>	12/13/2019	49	12231–12241

DOCUMENT	DATE	VOLUME	PAGE(S)
<i>Gittere, et al.</i> , Case No. A-19-789336-W, Clark County District Court, Nevada			
Motion and Notice to Conduct Discovery, <i>Johnson v. Gittere, et al.</i> , Case No. A-19-789336-W, Clark County District Court, Nevada	12/13/2019	49	12187-12196
Motion for Leave to File Under Seal and Notice of Motion	02/15/2019		11600-11602
Motion in Limine to Prohibit Any References to the First Phase as the “Guilt Phase”	11/29/1999	2	302-304
Motion to Vacate Briefing Schedule and Strike Habeas Petition, <i>Johnson v. Gittere, et al.</i> , Case No. A-19-789336-W, Clark County District Court, Nevada	05/16/2019	46-47	11609-11612
Motion to Vacate Briefing Schedule and Strike Habeas Petition, <i>Johnson v. Gittere, et al.</i> , Case No. A-19-789336-W, Clark County District Court, Nevada	05/23/2019	47	11621-11624
Motion to Withdraw Request to Strike Petition and to Withdraw Request for Petition to be Stricken as Not Properly Before the Court), <i>Johnson v. Gittere, et al.</i> , Case No. A-19-789336-	06/26/2019	47	11708-11709

DOCUMENT	DATE	VOLUME	PAGE(S)
W, Clark County District Court, Nevada			
Notice of Appeal, <i>Johnson v. Gittere, et al.</i> , Case No. A-19-789336-W, Clark County District Court, Nevada	11/10/2021	50	12366-12368
Notice of Entry of Findings of Fact, Conclusions of Law and Order, <i>Johnson v. Gittere, et al.</i> , Case No. A-19-789336-W, Clark County District Court, Nevada	10/11/2021	49-50	12358-12364
Notice of Hearing (on Discovery Motion), <i>Johnson v. Gittere, et al.</i> , Case No. A-19-789336-W, Clark County District Court, Nevada	12/13/2019	49	12330
Notice of Objections to Proposed Order, <i>Johnson v. Gittere, et al.</i> , Case No. A-19-789336-W, Clark County District Court, Nevada	02/02/2021	49	12267-12351
Notice of Supplemental Exhibit 223, <i>Johnson v. Gittere, et al.</i> , Case No. A-19-789336-W, Clark County District Court, Nevada	02/11/2019	49	11242-12244
223. Declaration of Dayvid J. Figler, dated Feb. 10, 2020	02/11/2019	49	12245-12247
Opposition to Defendants' Motion in Limine to Prohibit	12/02/1999	2	305-306

DOCUMENT	DATE	VOLUME	PAGE(S)
Any References to the First Phase as the “Guilt Phase”			
Opposition to Motion in Limine to Preclude Evidence of Other Guns, Weapons and Ammunition Not Used in the Crime	11/04/1999	2	283–292
Opposition to Motion to Vacate Briefing Schedule and Strike Habeas Petition, <i>Johnson v. Gittere, et al.</i> , Case No. A–19–789336–W, Clark County District Court, Nevada	05/28/2019	47	11625–11628
Petition for Writ of Habeas Corpus, <i>Johnson v. Gittere, et al.</i> , Case No. A–19–789336–W, Clark County District Court, Nevada	02/13/2019	24–25	5752–6129
Post–Evidentiary Hearing Supplemental Points and Authorities	06/22/2005	22	5472–5491
Reply to Opposition to Motion to Vacate Briefing Schedule and Strike Habeas Petition	06/20/2019	47	11705–11707
Reply to State’s Response to Petition for Writ of Habeas Corpus	12/13/2019	47	11718–11836
State’s Response to Defendant’s Petition for Writ of Habeas Corpus (Post–Conviction),	05/29/2019	47	11629–11704

DOCUMENT	DATE	VOLUME	PAGE(S)
<i>Johnson v. Gittere, et al.</i> , Case No. A–19–789336–W, Clark County District Court, Nevada			
Stipulation and Order to Modify Briefing Schedule, <i>Johnson v. Gittere, et al.</i> , Case No. A–19–789336–W, Clark County District Court, Nevada	09/30/2019	47	11711–11714
Stipulation and Order to Modify Briefing Schedule, <i>Johnson v. Gittere, et al.</i> , Case No. A–19–789336–W, Clark County District Court, Nevada	11/22/2019	47	11715–11717
Transcript of All Defendant’s Pending Motions	03/02/2000	2	416–430
Transcript of Argument to Admit Evidence of Aggravating Circumstances	05/03/2004	12	2904–2958
Transcript of Argument: Petition for Writ of Habeas Corpus (All Issues Raised in the Petition and Supplement)	12/01/2011	22–23	5498–5569
Transcript of Arguments	04/28/2004	12	2870–2903
Transcript of Decision: Procedural Bar and Argument: Petition for Writ of Habeas Corpus	07/20/2011	22	5492–5497
Transcript of Defendant’s Motion for Leave to File Under	02/25/2019	46	11594–11599

DOCUMENT	DATE	VOLUME	PAGE(S)
Seal, <i>Johnson v. Gittere, et al.</i> , Case No. A-19-789336-W, Clark County District Court, Nevada			
Transcript of Defendant's Motion to Reveal the Identity of Informants and Reveal Any Benefits, Deals, Promises or Inducements; Defendant's Motion to Compel Disclosure of Existence and Substance of Expectations, or Actual Receipt of Benefits or Preferential Treatment for Cooperation with Prosecution; Defendant's Motion to Compel the Production of Any and All Statements of Defendant; Defendant's Reply to Opposition to Motion in Limine to Preclude Evidence of Other Guns, Weapons, Ammunition; Defendant's Motion in Limine to Preclude Evidence of Witness Intimidation	11/18/1999	2	293-301
Transcript of Evidentiary Hearing	05/17/2004	12	2959-2989
Transcript of Evidentiary Hearing	06/14/2005	22	5396-5471
Transcript of Evidentiary Hearing	04/04/2013	23	5570-5673
Transcript of Evidentiary Hearing	04/11/2013	23	5674-5677

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Transcript of Evidentiary Hearing	06/21/2013	23	5678–5748
Transcript of Evidentiary Hearing	09/18/2013	23–24	5749–5751
Transcript of Excerpted Testimony of Termaine Anthony Lytle	05/17/2004	12	2990–2992
Transcript of Jury Trial – Day 1 (Volume I)	06/05/2000	2–4	431–809
Transcript of Jury Trial – Day 2 (Volume II)	06/06/2000	4–5	810–1116
Transcript of Jury Trial – Day 3 (Volume III)	06/07/2000	5–7	1117–1513
Transcript of Jury Trial – Day 4 (Volume IV)	06/08/2000	7–8	1514–1770
Transcript of Jury Trial – Day 5 (Volume V)	06/09/2000	8	1771–1179
Transcript of Jury Trial – Penalty – Day 1 (Volume I) AM	04/19/2005	12–13	2993–3018
Transcript of Jury Trial – Penalty – Day 1 (Volume I) PM	4/19/2005 ¹	13	3019–3176
Transcript of Jury Trial – Penalty – Day 10 (Volume X)	05/02/2005	20–21	4791–5065

¹ This transcript was not filed with the District Court nor is it under seal.

DOCUMENT	DATE	VOLUME	PAGE(S)
Transcript of Jury Trial – Penalty – Day 10 (Volume X) – Exhibits	05/02/2005	21	5066–5069
Transcript of Jury Trial – Penalty – Day 11 (Volume XI)	05/03/2005	21–22	5070–5266
Transcript of Jury Trial – Penalty – Day 12 (Volume XII)	05/04/2005	22	5267–5379
Transcript of Jury Trial – Penalty – Day 12 (Volume XII) – Deliberations	05/04/2005	22	5380–5383
Transcript of Jury Trial – Penalty – Day 13 (Volume XIII)	05/05/2005	22	5384–5395
Transcript of Jury Trial – Penalty – Day 2 (Volume I) AM	04/20/2005	13	3177–3201
Transcript of Jury Trial – Penalty – Day 2 (Volume II) PM	04/20/2005	13–14	3202–3281
Transcript of Jury Trial – Penalty – Day 3 (Volume III) PM	04/21/2005	14–15	3349–3673
Transcript of Jury Trial – Penalty – Day 3 (Volume III–A) AM	04/21/2005	14	3282–3348
Transcript of Jury Trial – Penalty – Day 4 (Volume IV) AM – Amended Cover Page	04/22/2005	16	3790–3791
Transcript of Jury Trial – Penalty – Day 4 (Volume IV) PM	04/22/2005	15–16	3674–3789

DOCUMENT	DATE	VOLUME	PAGE(S)
Transcript of Jury Trial – Penalty – Day 4 (Volume IV–B)	04/22/2005	16	3792–3818
Transcript of Jury Trial – Penalty – Day 5 (Volume V) PM	04/25/2005	16	3859–3981
Transcript of Jury Trial – Penalty – Day 5 (Volume V–A)	04/25/2005	16	3819–3858
Transcript of Jury Trial – Penalty – Day 6 (Volume VI) PM	04/26/2005	17–18	4103–4304
Transcript of Jury Trial – Penalty – Day 6 (Volume VI–A) PM	04/26/2005	16–17	3982–4102
Transcript of Jury Trial – Penalty – Day 7 (Volume VII– PM)	04/27/2005	18	4382–4477
Transcript of Jury Trial – Penalty – Day 7 (Volume VII–A)	04/27/2005	18	4305–4381
Transcript of Jury Trial – Penalty – Day 8 (Volume VIII– C)	04/28/2005	18–19	4478–4543
Transcript of Jury Trial – Penalty – Day 9 (Volume IX)	04/29/2005	19–20	4544–4790
Transcript of Jury Trial – Penalty Phase – Day 1 (Volume I) AM	06/13/2000	8	1780–1908
Transcript of Jury Trial – Penalty Phase – Day 1 (Volume II) PM	06/13/2000	8–9	1909–2068

DOCUMENT	DATE	VOLUME	PAGE(S)
Transcript of Jury Trial – Penalty Phase – Day 2 (Volume III)	06/14/2000	9–10	2069-2379
Transcript of Jury Trial – Penalty Phase – Day 3 (Volume IV)	06/16/2000	10	2380–2470
Transcript of Material Witness Charla Severs’ Motion for Own Recognizance Release	01/18/2000	2	414–415
Transcript of Motion for a New Trial	07/13/2000	10	2471–2475
Transcript of Petition for Writ of Habeas Corpus and Setting of 1. Motion for Leave and 2. Motion for Evidentiary Hearing, <i>Johnson v. Gittere, et al.</i> , Case No. A–19–789336–W, Clark County District Court, Nevada	02/13/2020	49	12249–12263
Transcript of Preliminary Hearing	10/12/1999	2	260–273
Transcript of State’s Motion to Permit DNA Testing	09/02/1999	2	252 – 254
Transcript of State’s Motion to Videotape the Deposition of Charla Severs	10/11/1999	2	255–259
Transcript of Status Check: Filing of All Motions (Defendant’s Motion to Reveal	10/21/1999	2	274–282

DOCUMENT	DATE	VOLUME	PAGE(S)
the Identity of Informants and Reveal Any Benefits, Deals, Promises or Inducements; Defendant's Motion to Compel Disclosure of Existence and Substance of Expectations, or Actual Receipt of Benefits or Preferential Treatment for Cooperation with Prosecution; Defendant's Motion to Compel the Production of Any and All Statements of Defendant; State's Motion to Videotape the Deposition of Charla Severs; Defendant's Motion in Limine to Preclude Evidence of Other Crimes; Defendant's Motion to Reveal the Identity of Informants and Reveal any Benefits, Deals' Defendant's Motion to Compel the Production of any and all Statements of the Defendant			
Transcript of the Grand Jury, <i>State v. Johnson</i> , Case No. 98C153154, Clark County District Court, Nevada	09/01/1998	1–2	001–251
Transcript of Three Judge Panel – Penalty Phase – Day 1 (Volume I)	07/24/2000	10–11	2476–2713
Transcript of Three Judge Panel – Penalty Phase – Day 2 and Verdict (Volume II)	07/26/2000	11–12	2714–2853

DOCUMENT	DATE	VOLUME	PAGE(S)
Transcript Re: Defendant's Motions	01/06/2000	2	307–413
Verdict Forms – Three Judge Panel	7/26/2000	12	2854–2869

CERTIFICATE OF SERVICE

I hereby certify that on May 27, 2022, I electronically filed the foregoing Appendix with the Nevada Supreme Court by using the appellate electronic filing system. The following participants in the case will be served by the electronic filing system:

Alexander G. Chen
Chief Deputy District Attorney
Clark County District Attorney's Office

/s/ Celina Moore

Celina Moore

An employee of the Federal
Public Defender's Office

1 MINORS MOTHER CONTINUED TO VISIT MINORS FREQUENTLY AT MATERNAL
2 GRANDMOTHERS HOME, BUT HAS MADE NO ATTEMPT TO RE-ESTABLISH A HOME FOR
3 MINORS. SHE HAS NO STABLE ADDRESS AND HAVE MADE NO CONTACT WITH CSW TO
4 DISCUSS MINOR'S ON-GOING CARE AND SUPERVISION. MINOR'S FATHER, JOHN
5 LEE WHITE CONTACT WITH MINORS HAVE BEEN MINIMAL AND HAS MADE NO CONTACT
6 WITH CSW TO DISCUSS MINOR'S ON-GOING CARE.

7
8 IN VIEW OF THE ABOVE IT IS RESPECTFULLY RECOMMENDED THAT THE ORDER OF
9 SUITABLE PLACEMENT BE CONTINUED AND THAT THE ORDER FOR LONG TERM
10 PLACEMENT BE CONTINUED.

11 REASONABLE EFFORTS

12 PAST PLAN/SERVICES OFFERED:

13 THE SERVICES PLAN FOR THE FAMILY DURING THE PAST PERIOD OF SUPERVISION
14 HAS BEEN

15 X PERMANENT PLACEMENT SERVICES FOR MINOR(S) ALL MINORS

16 SERVICES ACTIVITIES COMPLETED BY:

17 DCS

18 CSW HAS PROVIDED CASE MANAGEMENT SERVICES AND CASEWORK COUNSELING FOR
19 MINORS AND CARETAKER.

20 ~~ENSURE~~ MINORS MEDICAL, EDUCATIONAL, AND SOCIAL EMOTIONAL NEEDS ARE
21 BEING MET.

22 PARENTS

23 MOTHER WILL BE ENCOURAGED TO BECOME MORE INVOLVED WITH MINORS AND
24 MAINTAIN CONTACT WITH CSW.

25 OTHER PARTIES (I.E., CARETAKER, MINOR)

26 CARETAKER WILL CONTINUE TO PROPERLY PROVIDE FOR MINOR'S
27 SOCIAL/EMOTIONAL HEALTH AND NEEDS.

28 X THE PREVIOUS SERVICES PLAN CONTINUES TO BE APPROPRIATE AND WILL
29 REMAIN IN EFFECT

1
2 THE PARENTS' COOPERATION WITH THE ARRANGED VISITATION PLAN HAS BEEN
3 _____ SATISFACTORY _____ X NOT SATISFACTORY
4

5 CURRENT PLAN/SERVICES TO BE OFFERED:

6 THE SERVICES PLAN FOR THE FAMILY DURING THE NEXT PERIOD OF SUPERVISION
7 WILL BE

8 X PERMANENT PLACEMENT SERVICES FOR MINOR(S) ALL MINORS
9

10 PERMANENCY PLANNING FOR MINORS IN PLACEMENT:

11 X THERE IS NO LIKELIHOOD OF FAMILY REUNIFICATION OR ADOPTION OR
12 LEGAL GUARDIANSHIP FOR MINOR(S) ALL MINORS
AT THIS TIME, AND THE PLAN FOR MINOR(S) IS LONG-TERM FOSTER CARE.

13 THE LONG-TERM FOSTER CARE PLAN FOR EACH MINOR IS:
14 LONG TERM FOSTER CARE IN THE HOME OF MATERNAL GRANDMOTHER,
15 JANE EDWARDS.

16 ADOPTION ASSESSMENT:

17 X AN ADOPTION ASSESSMENT OF THE MINOR(S) ALL MINORS
18 WAS HELD ON _____

19 X ASSESSMENT PREVIOUSLY REPORTED TO COURT ON 02/24/86
20

21 PLACEMENT HISTORY FOR MINOR(S) IN OUT-OF-HOME CARE:

22 THE MINOR JOHN, JOHNNISHA, AND EUNISHA BREEZE HAS BEEN IN OUT-OF-HOME
23 CARE SINCE 11/29/84. DURING THIS TIME THERE HAVE BEEN 1 PLACEMENTS
24 FOR THE MINOR (EXCLUDING SHELTER CARE).

25 X THE MINOR HAS NOT BEEN MOVED SINCE THE LAST HEARING.
26
27
28
29
30

STATEMENTS OF PARENT(S), MINOR(S), INTERESTED PARTIES:

STATEMENTS OF MINORS:

MINOR JOHN WHITE STATED, THAT HE LIKES LIVING WITH HIS MATERNAL GRANDMOTHER.

MINORS JOHNNISHA AND EUNISHA STATES, THEY WANT TO REMAIN WITH MATERNAL GRANDMOTHER.

STATEMENTS OF PARENTS:

MOTHER EUNICE CAIN WAS NOT AVAILABLE FOR A STATEMENT.

STATEMENTS OF INTERESTED PARTIES:

MINOR'S MATERNAL GRANDMOTHER, JANE EDWARDS STATES, SHE WILL CARE FOR HER GRAND-CHILDREN UNTIL MINOR'S MOTHER IS ABLE TO REHABILITATE AND CAN CARE FOR THE MINORS ON HER OWN.

SIGNATURES

I/WE HAVE RECEIVED A COPY OF THIS PLAN FOR COUNSELING AND VISITATION.

MOTHER _____ FATHER _____

OTHER _____

I HAVE GIVEN MY CLIENT A COPY OF THIS PLAN FOR COUNSELING AND VISITATION.

ATTORNEY _____ ADDRESS _____ TELEPHONE _____

APPROVED AS TO FORM
DEPUTY COUNTY COUNSEL _____

I HAVE INTERPRETED THE ORDERS OF THE COURT INTO _____

INTERPRETER(S) _____

RESPECTFULLY SUBMITTED,
PETER DIGRE, DIRECTOR
DEPARTMENT OF CHILDREN'S SERVICES

BY Carolyn Lowe-Ojuri 12-27-91
DATE

CAROLYN OJURI
CHILDREN'S SOCIAL WORKER II
REGION II, METRO FAMILY SERVICES, FILE NO: PM-05
2444 S. ALAMEDA STREET LOS ANGELES, CA. 90058
PHONE: (213) 846-2354

APPROVED Margie Bourgeois 12-27-91
DATE

MARGIE BOURGEOIS
SUPERVISING CHILDREN'S SOCIAL WORKER
PHONE: (213) 846-2353

THE FOREGOING RECOMMENDATION IS APPROVED AND IT IS SO ORDERED

JUDGE OR REFEREE DATE

TYPED:
02

SIGNATURES

I/WE HAVE RECEIVED A COPY OF THIS PLAN FOR COUNSELING AND VISITATION.

MOTHER _____ FATHER _____

OTHER _____

I HAVE GIVEN MY CLIENT A COPY OF THIS PLAN FOR COUNSELING AND VISITATION.

ATTORNEY	ADDRESS	TELEPHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____

APPROVED AS TO FORM
DEPUTY COUNTY COUNSEL _____

I HAVE INTERPRETED THE ORDERS OF THE COURT INTO _____

INTERPRETER(S) _____

RESPECTFULLY SUBMITTED,
PETER DIGRE, DIRECTOR
DEPARTMENT OF CHILDREN'S SERVICES

BY Carolyn Ojuri 12-27-91
DATE

CAROLYN OJURI
CHILDREN'S SOCIAL WORKER II
REGION II, METRO FAMILY SERVICES, FILE NO: PM-05
2444 S. ALAMEDA STREET LOS ANGELES, CA. 90058
PHONE: (213) 846-2354

APPROVED Margie Bourgeois 12-27-91
DATE

MARGIE BOURGEOIS
SUPERVISING CHILDREN'S SOCIAL WORKER
PHONE: (213) 846-2353

THE FOREGOING RECOMMENDATION IS APPROVED AND IT IS SO ORDERED

JUDGE OR REFEREE DATE

TYPED:
02

ATTORNEY (1)		ATTORNEY (2)		FA OCCUPATION	NO OCCUPATION
ADDRESS		ADDRESS		PLACE OF WORK	PLACE OF WORK
PHONE	TYPE	PHONE	TYPE	\$/MONTH	\$/MONTH
PRESENT TODAY	DECLARED	Continued to:	Non App	HEARING: (Enter and amendments)	
Mother	300 a	Order Detained At:	App	<input type="checkbox"/> Arraignment <input type="checkbox"/> Adjudication <input type="checkbox"/> Judicial Review <input type="checkbox"/> Other:	
Father	300 b	PETITION	DISPOSITION	TFC 1-7-92 237 RPP- See Other Side Signature of Court Officer Hearing Officer	
C.S.W.	300 c	Amended	H.O.P.		
C.C.	300 c	Sustained	Suitable Placement		
Atty 1	300 d	Dismissed: 330 Supervision	SP rel. to relative		
Atty 2	300 d	Dismissed	Trans to County of:		
Others		Case Dismissed			
Dept 237	Date 07/09/91	App/Non App APPEAR			

IN THE MATTER OF: RESULTS OF JUVENILE COURT HEARING DEPENDENT

(1) Minor's Name	Sex	D.O.B.	COURT NO: J954082
WHITE, JOHN	M	7/8	
(2) Siblings			
WHITE, JONISHA	F	7/9	
(3) WHITE, EUNISHA	F	7/81	
(4)			

Petition Status	Current Whereabouts
CSW CAROLYN OJORI PH-05	Location METRO FAMILY SERVICES
Recommendation	

FAMILY DATA		#Siblings	DCS # S2213	Legal Custody	Natural Parents Marital Status
Father	Address	Phone	Soc Sec #	Age	
WHITE, JOHN LEE (MA)	LOS ANGELES, CA 90011				
Mother	Address	Phone	Soc Sec #	Age	
CAIN, EVINCE	LOS ANGELES, CA 90044	(213)			
Guardian/Relative	Address	Phone	Soc Sec #	Age	
MATERNAL GRANDMOTHER	LOS ANGELES, CA 90044	(213)			
EDWARDS, JANE					

PRESENT PLACEMENT				ESC:	Phone:
For Minor #1	#2 Address	#3	#4	For Minor #1	#2 Address #3 #4
Foster Parent/Insti				Foster Parent/Insti	
For Minor #1	#2 Address	#3	#4	For Minor #1	#2 Address #3 #4
Foster Parent/Insti				Foster Parent/Insti	

REFERRAL INFO & RECENT COURT ACTION			
Referred By	Date Referred	Date Pet Filed	Allegations:
Det Hearing Date	Order Detained?	Judicial Days Det	
Adj Hearing Date	Heard By	Sustained By	Petition Amended ?
Disposition Date	Heard By	Court	

COUNTY OF LOS ANGELES

DEPARTMENT OF CHILDREN'S SERVICES

JCO

ATTORNEY (1)		ATTORNEY (2)		FA OCCUPATION		MO OCCUPATION	
ADDRESS		ADDRESS		PLACE OF WORK		PLACE OF WORK	
PHONE		TYPE		PHONE		TYPE	
				\$/MONTH		\$/MONTH	
PRESENT TODAY	DECLARED	Continued to:	Non App	HEARING: Arraignment, Adjudication, Judicial Review, Other:		Remarks: (Enter any amendments)	
Mother	300 a	Order Detained At:				<i>John - Juris. term</i> <i>Others - Rem 300</i> <i>SP FFE - PPA</i> <i>Cont. 1-5-93 D #02</i> <i>RPP</i> <i>Coursey</i> <i>Signature of Court Officer</i>	
Father	300 b	PETITION		DISPOSITION			
C.S.W.	300 c	Amended		H.O.P.			
C.C.	300 d	Sustained		Suitable Placement			
Atty 1		Dismissed: 330 Supervision		SP rel. to relative			
Atty 2		Dismissed		Trans to County of:			
Others		Case Dismissed					
Dept 402		Date 07/07/92		App/Non App APPEAR		Hearing Off	

IN THE MATTER OF:

(1) Minor's Name WHITE, JOHN	Sex M	Age 18
(2) Siblings WHITE, JOHNNISHA	F	179
(3) WHITE, EUNISHA	F	181
(4)		
(5)		

RESULTS OF JUVENILE COURT HEARING
DEPENDENT

COURT NO: J954082

Petition Status 300 A	Current Whereabouts CAMP KILPATRICK (JOHN)
CSW CAROLYN DJURI	HOME OF MATERNAL GRANDMOTHER
PM-05	Location METRO FAMILY SERVICES
Recommendation CONTINUED SUITABLE PLACEMENT	
CONTINUED SUITABLE PLACEMENT	

FAMILY DATA

#Siblings	DCS # 52213	Legal Custody	Natural Parents Marital Status
Father JOHN LEE WHITE, [REDACTED], LOS ANGELES, CA. 90011	Address	Phone	Soc Sec #
Mother EUNICE CAIN, [REDACTED], LOS ANGELES, CA. 90044	Address	Phone	Soc Sec #
Care Provider FOSTER CARE CAMP KILPATRICK	Address	Phone (818) 889-1353	Soc Sec #

PRESENT PLACEMENT

For Minor #1 JOHN WHITE	ESC:	Phone:
Primary Care Provider CAMP KILPATRICK	Address 427 ENCINAL CANYON RD MALIBU, CA. 90265	For Minor #2 JOHNNISHA WHITE
For Minor #3 EUNISHA WHITE	Address	Primary Care Provider JANE EDWARDS
Primary Care Provider JANE EDWARDS	Address [REDACTED], CA. 90044	For Minor #4
		Primary Care Provider

REFERRAL INFO & RECENT COURT ACTION

Referred By	Date Referred	Date Pet Filed	Allegations:
Det Hearing Date	Order Detained?	Judicial Days Det	
Adj Hearing Date	Heard By	Sustained By	Petition Amended ?
Disposition Date	Heard By	Court	

RESULTS OF JUVENILE COURT HEARING

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SUPERIOR COURT OF THE STATE OF CALIFORNIA
FOR THE COUNTY OF LOS ANGELES
JUVENILE COURT

CHILDREN'S SOCIAL WORKER'S REPORT

Dept. 402 Appearance X YES

JUDICIAL REVIEW

Day Tuesday Date 07/07/92

FOR MINORS DECLARED DEPENDENT
CHILDREN OF THE COURT PRIOR TO
JANUARY 1, 1989

[X] PERMANENCY PLANNING HEARING
[] REVIEW OF A PERMANENT PLAN

COURT NO: J954082
DCS NO: S2213

In the matter of:

	A G E	D O B
WHITE, JOHN	14	[REDACTED] '78
WHITE, JOHNNISHA	12	[REDACTED] /79
WHITE, EUNISHA	11	[REDACTED] /81

a minor

WHEREABOUTS OF PARTIES:

MINOR(S): JOHNNISHA AND EUNISHA RESIDE IN THE HOME OF MATERNAL
GRANDMOTHER, JANE EDWARDS, AT [REDACTED], LOS ANGELES, CA.
90044 (213) [REDACTED].

MINOR JOHN WHITE RESIDES AT CAMP KILPATRICK, 427 ENCINAL CANYON RD,
MALIBU, CA. 90265 (818) 889-1353.

PARENT(S): EUNICE CAIN'S MAILING ADDRESS IS [REDACTED], LOS
ANGELES, CA. 90044.

FATHER, JOHN LEE WHITE'S MAILING ADDRESS IS [REDACTED], LOS
ANGELES, CA. 90011.

LEGAL HISTORY:

THIS MATTER IS ON CALENDAR FOR JUDICIAL REVIEW OF DEPENDENCY STATUS.

THE MINOR WAS DECLARED A DEPENDENT CHILD OF THE COURT UNDER SECTION 300,
SUBDIVISION(S) A OF THE JUVENILE COURT LAW. THE SUSTAINED PETITION
ALLEGED THAT MINOR'S PARENTS FAILED TO PROVIDE MINORS WITH THE BASIC
NECESSITIES OF LIFE, INCLUDING BUT NOT LIMITED TO, ADEQUATE FOOD,
SHELTER, AND CLOTHING. PARENTS HAVE A HISTORY OF DRUG ABUSE WHICH
LIMITS THEIR ABILITY TO CARE FOR THE MINORS.

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4 AND ON 02/25/85 THE COURT ORDERED

5 [X] SUITABLE PLACEMENT/RELATIVE FOR MINOR ALL MINORS.

6 [X] THE ORIGINAL ORDER OF THE COURT REMAINS IN FULL FORCE AND EFFECT.

7 RECOMMENDATION:

8 [X] IT IS RESPECTFULLY RECOMMENDED THAT JURISDICTION OVER THE MINOR(S)
9 JOHN WHITE BE TERMINATED.

10 [X] IT IS RESPECTFULLY RECOMMENDED THAT MINOR(S) JOHNNISHA WHITE AND
11 EUNISHA WHITE REMAIN A DEPENDENT CHILD OF THE COURT UNDER WIC
SECTION 300, SUBDIVISION A OF THE JUVENILE COURT LAW.

12 [X] THAT THE PREVIOUS ORDER OF SUITABLE PLACEMENT DATED 02/25/85:

13 [X] AS TO MINOR(S) JOHNNISHA AND EUNISHA REMAIN IN FULL FORCE AND
14 EFFECT:

15 [X] THAT THE COURT ORDER DCS TO PROVIDE

16 [X] PERMANENT PLACEMENT SERVICES FOR MINOR(S) JOHNNISHA AND EUNISHA

17 [X] IT IS RESPECTFULLY RECOMMENDED THAT VISITS BE AS FOLLOWS:

18 [X] MONITORED VISITS FOR JOHNNISHA AND EUNISHA

19 TO BE MONITORED BY MATERNAL AUNT.

20 [X] THAT THE MATTER BE CONTINUED TO THE APPEARANCE CALENDAR OF
21 12/07/92 IN DEPARTMENT 402 FOR: [X] JUDICIAL REVIEW

22 REASON FOR RECOMMENDATION:

23
24 MINORS CAME TO THE ATTENTION OF THE COURT IN 1985 WHEN PARENTS FAILED TO
25 PROVIDE MINORS WITH THE BASIC NECESSITIES OF LIFE. PARENTS HAVE A
HISTORY OF DRUG ABUSE WHICH LIMITS THEIR ABILITY TO CARE FOR THE MINORS.

26 DURING THIS PERIOD OF SUPERVISION, MINORS REMAINED IN THE HOME OF
27 MATERNAL GRANDMOTHER, JANE EDWARDS. MINORS APPEAR TO BE HEALTH AND
28 HAPPY.

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4 MINOR JOHN WHITE WAS ARRESTED ON 02/16/92 FOR ROBBERY, CAR THEFT AND
5 CARRYING A GUN. ON 02/28/92 MINOR WAS SENTENCED TO 10 MONTHS AT
6 PROBATION CAMP KILPATRICK.

7 MINOR JOHNNISHA GRADUATED SIXTH GRADE AT BUDLONG ELEMENTARY. MINOR WILL
8 ENTER JOHN MUIR JUNIOR HIGH SCHOOL IN AUGUST 1992.

9 MINOR EUNISHA PASSED TO SIXTH GRADE AT BUDLONG ELEMENTARY SCHOOL. BOTH
10 MINORS ATTEND SCHOOL ON A REGULAR BASIS. MINORS ARE IN GOOD HEALTH AND
11 APPEAR TO BE HAPPY AND APPROPRIATELY PLACED WITH MATERNAL GRANDMOTHER.

12 MINOR'S MOTHER CONTINUED TO VISIT MINORS FREQUENTLY AT MATERNAL
13 GRANDMOTHER'S HOME, BUT HAS MADE NO ATTEMPT TO RE-ESTABLISH A HOME FOR
14 MINORS. SHE HAS NO STABLE ADDRESS AND HAVE MADE NO CONTACT WITH CSW TO
15 DISCUSS MINOR'S ON-GOING CARE AND SUPERVISION. MINOR'S FATHER, JOHN LEE
16 WHITE CONTACT WITH MINORS HAVE BEEN MINIMAL AND HAS MADE NO CONTACT WITH
17 CSW TO DISCUSS MINOR'S ON-GOING CARE.

18 IN VIEW OF THE ABOVE IT IS RESPECTFULLY RECOMMENDED THAT THE ORDER OF
19 SUITABLE PLACEMENT BE CONTINUED AND THAT THE ORDER FOR LONG TERM
20 PLACEMENT BE CONTINUED.

21 REASONABLE EFFORTS

22 PAST PLAN/SERVICES OFFERED:

23 THE SERVICES PLAN FOR THE FAMILY DURING THE PAST PERIOD OF SUPERVISION
24 HAS BEEN:

25 [X] PERMANENT PLACEMENT SERVICES FOR MINOR(S) JOHNNISHA AND EUNISHA
26 AND
27 [X] LONG-TERM FOSTER CARE

28 SERVICES ACTIVITIES COMPLETED BY:

DCS

CSW HAS PROVIDED CASE MANAGEMENT SERVICES AND CASEWORK COUNSELING FOR
MINORS AND CARETAKERS.

ENSURE MINORS MEDICAL, EDUCATIONAL, AND SOCIAL EMOTIONAL NEEDS ARE BEING
MET.

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4 PARENTS

5 MOTHER WILL BE ENCOURAGED TO BECOME MORE INVOLVED WITH MINORS AND
6 MAINTAIN CONTACT WITH CSW.

7
8 OTHER PARTIES (I.E., CARETAKER, MINOR)

9 CARETAKER WILL CONTINUE TO PROPERLY PROVIDE FOR MINOR'S SOCIAL/EMOTIONAL
10 HEALTH AND NEEDS.

11 [X] THE PREVIOUS SERVICES PLAN CONTINUES TO BE APPROPRIATE AND WILL
12 REMAIN IN EFFECT.

13
14 THE PARENTS' COOPERATION WITH THE ARRANGED VISITATION PLAN HAS BEEN:

15 [X] NOT SATISFACTORY

16
17 CURRENT PLAN/SERVICES TO BE OFFERED:

18 THE SERVICES PLAN FOR THE FAMILY DURING THE NEXT PERIOD OF
19 SUPERVISION WILL BE:

20 [X] PERMANENT PLACEMENT SERVICES FOR MINOR(S) JOHNNISHA AND
21 EUNISHA

22
23 PERMANENCY PLANNING FOR MINORS IN PLACEMENT:

24 [X] THERE IS NO LIKELIHOOD OF FAMILY REUNIFICATION OR ADOPTION OR
25 LEGAL GUARDIANSHIP FOR MINOR(S) JOHNNISHA AND EUNISHA AT THIS
26 TIME, AND THE PLAN FOR MINOR(S) IS LONG-TERM FOSTER CARE.

27 THE LONG-TERM FOSTER CARE PLAN FOR EACH MINOR IS:

28 LONG TERM FOSTER CARE IN THE HOME OF MATERNAL GRANDMOTHER, JANE EDWARDS.

ADOPTION ASSESSMENT:

[X] AN ADOPTION ASSESSMENT OF THE MINOR(S) ALL MINORS WAS HELD ON
WITH THE
[] ASSESSMENT ATTACHED TO THIS REPORT.
[] ASSESSMENT PREVIOUSLY REPORTED TO COURT ON

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4 PLACEMENT HISTORY FOR MINOR(S) IN OUT-OF-HOME CARE:

5 THE MINOR JOHN WHITE HAS BEEN IN OUT-OF-HOME CARE SINCE 11/29/84.
6 DURING THIS TIME THERE HAVE BEEN 2 PLACEMENTS FOR THE MINOR (EXCLUDING
7 SHELTER CARE).

8 [X] THIS MINOR'S PLACEMENT WAS CHANGED DUE TO: MINOR WAS PLACED AT
9 PROBATION CAMP KILPATRICK.

10 THE MINOR JOHNNISHA AND EUNISHA WHITE HAS BEEN IN OUT-OF-HOME CARE SINCE
11 11/29/84. DURING THIS TIME THERE HAVE BEEN 1 PLACEMENTS FOR THE MINOR
12 (EXCLUDING SHELTER CARE).

13 THE MINORS HAVE NOT BEEN MOVED SINCE THE LAST HEARING.

14 STATEMENTS OF PARENT(S), MINOR(S), INTERESTED PARTIES:

15 STATEMENTS OF MINORS:

16 MINORS JOHNNISHA AND EUNISHA STATES, THEY WANT TO REMAIN WITH MATERNAL
17 GRANDMOTHER, JANE EDWARDS.

18 STATEMENTS OF PARENTS:

19 MOTHER EUNICE CAIN WAS NOT AVAILABLE FOR A STATEMENT.

20 STATEMENTS OF INTERESTED PARTIES:

21 MINOR'S MATERNAL GRANDMOTHER, JANE EDWARDS STATES, SHE WILL CARE FOR HER
22 GRANDCHILDREN UNTIL MINOR'S MOTHER IS ABLE TO REHABILITATE AND CAN CARE
23 FOR THE MINORS ON HER OWN.
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SIGNATURES

I/WE HAVE RECEIVED A COPY OF THE SERVICE PLAN AS DETAILED IN THE COURT REPORT.

MOTHER _____ FATHER _____

OTHER _____

I HAVE GIVEN MY CLIENT A COPY OF THIS PLAN FOR COUNSELING AND VISITATION.

ATTORNEY _____ ADDRESS _____ TELEPHONE _____

APPROVED AS TO FORM
DEPUTY COUNTY COUNSEL _____

I HAVE INTERPRETED THE ORDERS OF THE COURT INTO _____

INTERPRETER(S) _____

RESPECTFULLY SUBMITTED,
PETER DIGRE, DIRECTOR
DEPARTMENT OF CHILDREN'S SERVICES

BY Carolyn Ojuri 6-26-92
DATE

CAROLYN OJURI, CHILDREN'S SOCIAL WORKER, II
REGION II, METRO FAMILY SERVICES, FILE NO: PM-05
2444 S. ALAMEDA STREET
LOS ANGELES, CALIFORNIA 90058
PHONE: (213) 846-2354

APPROVED M. Bourgeois (ml) 6-26-92
DATE

MARGIE BOURGEOIS,
SUPERVISING CHILDREN'S SOCIAL WORKER
PHONE: (213) 846-2353

THE FOREGOING RECOMMENDATION IS APPROVED AND IT IS SO ORDERED

JUDGE OR REFEREE DATE

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SUPERIOR COURT OF THE STATE OF CALIFORNIA
FOR THE COUNTY OF LOS ANGELES
JUVENILE COURT

Dept. 402
Appearance X YES
Day Tuesday Date January 5, 199

CHILDREN'S SOCIAL WORKER'S REPORT
JUDICIAL REVIEW

FOR MINORS DECLARED DEPENDENT
CHILDREN OF THE COURT PRIOR TO
JANUARY 1, 1989

[] PERMANENCY PLANNING HEARING
[X] REVIEW OF A PERMANENT PLAN

COURT NO: J954082
DCS NO: S2213

In the matter of:

	A G E	D O B
WHITE, JOHNISHA	12	[REDACTED], 1979
WHITE, EUNISHA	11	[REDACTED], 1981
a minor		

WHEREABOUTS OF PARTIES:

MINOR(S):

JOHNNISHA AND EUNISHA RESIDE IN THE HOME OF MATERNAL GRANDMOTHER, JANE EDWARDS, AT [REDACTED] L.A., CA. 90044. (213) [REDACTED].

PARENT(S):

FATHER - JOHN LEE WHITE'S MAILING ADDRESS IS [REDACTED], L.A., CA. 90011.
MOTHER - EUNICE CAIN'S MAILING ADDRESS IS [REDACTED] CA. 90044.

LEGAL HISTORY:

THIS MATTER IS ON CALENDAR FOR JUDICIAL REVIEW OF DEPENDENCY STATUS.

THE MINOR WAS DECLARED A DEPENDENT CHILD OF THE COURT UNDER SECTION 300 SUBDIVISION(S) A OF THE JUVENILE COURT LAW. THE SUSTAINED PETITION ALLEGED: THAT MINOR'S PARENTS FAILED TO PROVIDE MINORS WITH THE BASIC NECESSITIES OF LIFE, INCLUDING BUT NOT LIMITED TO ADEQUATE FOOD, SHELTER, AND CLOTHING. PARENTS HAVE A HISTORY OF DRUG ABUSE WHICH LIMITS THEIR ABILITY TO CARE FOR THE MINORS.

AND ON 2/25/85 THE COURT ORDERED SUITABLE PLACEMENT/RELATIVE FOR MINOR (BOTH MINORS).

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3 RECOMMENDATION:

4 [X] IT IS RESPECTFULLY RECOMMENDED THAT MINOR(S) JOHNNISHA WHITE REMAI
5 A DEPENDENT CHILD OF THE COURT UNDER WIC SECTION 300, SUBDIVISIO
A OF THE JUVENILE COURT LAW.

6 [X] THAT THE PREVIOUS ORDER OF SUITABLE PLACEMENT DATED 2/25/85 :

7 [X] AS TO MINOR(S) (BOTH MINORS) REMAIN IN FULL FORCE AND EFFECT:

8 [X] PERMANENT PLACEMENT SERVICES FOR MINOR(S) (BOTH MINORS).

9 [X] IT IS RESPECTFULLY RECOMMENDED THAT VISITS BE AS FOLLOWS:

[X] MONITORED VISITS FOR PARENTS TO BE MONITORED BY CARETAKER.

10 [X] THAT MINOR(S) (BOTH MINORS) BE ORDERED TO LONG-TERM FOSTER CARE.

11 [X] THAT THE MATTER BE CONTINUED TO THE APPEARANCE CALENDAR OF 7/5/93
12 IN DEPARTMENT 402 FOR: [X] JUDICIAL REVIEW HEARING AND REPORT
FROM THE DEPARTMENT OF CHILDREN'S SERVICES.

13 REASON FOR RECOMMENDATION:

14 MINORS CAME TO THE ATTENTION OF THE COURT IN 19885 WHEN PARENTS FAILED
15 TO PROVIDE MINORS WITH THE BASIC NECESSITIES OF LIFE. PARENTS HAVE A
HISTORY OF DRUG ABUSE WHICH LIMITS THEIR ABILITY TO CARE FOR THE MINORS

16 DURING THIS PERIOD OF SUPERVISION, MINORS REMAINED IN THE HOME MATERNAL
GRANDMOTHER, JANE EDWARDS. MINORS APPEAR TO BE HEALTHY AND HAPPY.

17 MINOR JOHNNISHA ATTENDS JOHN MUER JUNIOR HIGH IN GRADE SEVEN. MINOR
18 ATTENDS SCHOOL ON A REGULAR BASIS AND IS PROGRESSING WELL ACADEMICALLY.

19 MINOR ELINISHA ATTENDS BUDLONG ELEMENTARY SCHOOL IN GRADE SIX. MINOR
ATTENDS SCHOOL ON A REGULAR BASIS AND IS MAKING AVERAGE PROGRESS.

20 MINOR'S MOTHER CONTINUED TO VISIT MINORS FREQUENTLY AT MATERNAL
21 GRANDMOTHER'S HOME, BUT HAS MADE NO ATTEMPT TO RE-ESTABLISH A HOME FOR
MINORS. SHE HAS NO STABLE ADDRESS AND HAVE MADE NO CONTACT WITH CSW TO
22 DISCUSS MINOR'S ON GOING CARE AND SUPERVISION. MINOR'S FATHER, JOHN LEI
WHITE CONTACT WITH MINORS HAVE BEEN MINIMAL AND HAS MADE NO CONTACT WITH
CSW TO DISCUSS MINOR'S ON-GOING CARE.

23 IN VIEW OF THE ABOVE IT IS RESPECTFULLY RECOMMENDED THAT THE ORDER OF
24 SUITABLE PLACEMENT BE CONTINUED AND THAT THE ORDER FOR LONG TERM
PLACEMENT BE CONTINUED.

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3 REASONABLE EFFORTS

4 PAST PLAN/SERVICES OFFERED:

5 THE SERVICES PLAN FOR THE FAMILY DURING THE PAST PERIOD OF SUPERVISION
6 HAS BEEN:

7 X PERMANENT PLACEMENT SERVICES FOR MINOR(S) (BOTH MINORS)
8 AND LONG-TERM FOSTER CARE (BOTH MINORS)

9 SERVICES ACTIVITIES COMPLETED BY:

10 DCS
11 CSW HAS PROVIDED CASE MANAGEMENT SERVICES AND CASEWORK COUNSELING FOR
12 MINORS AND CARETAKERS.

13 ENSURE MINORS MEDICAL, EDUCATIONAL, AND SOCIAL EMOTIONAL NEEDS ARE BEING
14 MET.

15 PARENTS
16 MOTHER WILL BE ENCOURAGED TO BECOME MORE INVOLVED WITH MINORS AND
17 MAINTAIN CONTACT WITH CSW.

18 OTHER PARTIES (I.E., CARETAKER, MINOR)
19 CARETAKER WILL CONTINUE TO PROPERLY PROVIDE FOR MINOR'S SOCIAL/EMOTIONAL
20 HEALTH AND NEEDS.

21 [X] THE PREVIOUS SERVICES PLAN CONTINUES TO BE APPROPRIATE AND WILL
22 REMAIN IN EFFECT.

23 CURRENT PLAN/SERVICES TO BE OFFERED:

24 THE SERVICES PLAN FOR THE FAMILY DURING THE NEXT PERIOD OF SUPERVISION
25 WILL BE:

26 PERMANENT PLACEMENT SERVICES FOR MINOR(S) (BOTH MINORS)

27 LONG-TERM FOSTER CARE FOR MINOR(S) (BOTH MINORS)

28 PERMANENCY PLANNING FOR MINORS IN PLACEMENT:

[X] THERE IS NO LIKELIHOOD OF FAMILY REUNIFICATION OR ADOPTION OR
LEGAL GUARDIANSHIP FOR MINOR(S) (BOTH MINORS) AT THIS TIME, AND
THE PLAN FOR MINOR(S) IS LONG-TERM FOSTER CARE.

THE LONG-TERM FOSTER CARE PLAN FOR EACH MINOR IS:
LONG TERM FOSTER CARE IN THE HOME OF MATERNAL GRANDMOTHER, JANE
EDWARDS.

ADOPTION ASSESSMENT:

[X] AN ADOPTION ASSESSMENT OF THE MINOR(S) (BOTH MINORS)

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4 PLACEMENT HISTORY FOR MINOR(S) IN OUT-OF-HOME CARE:

5 THE MINOR JOHNNISHA AND EUNISHA HAS BEEN IN OUT-OF-HOME CARE SINCE
6 11/29/84. DURING THIS TIME THERE HAVE BEEN 1 PLACEMENTS FOR THE MINOR
7 (EXCLUDING SHELTER CARE).

8 [X] THE MINOR HAS NOT BEEN MOVED SINCE THE LAST HEARING.

9
10 THE MINOR'S PLACEMENT NEEDS ARE:

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13 STATEMENTS OF PARENT(S), MINOR(S), INTERESTED PARTIES:
14 MINORS JOHNNISHA AND EUNISHA STATES, THEY WANT TO REMAIN WITH MATERNAL
15 GRANDMOTHER, JANE EDWARDS.

16 STATEMENTS OF PARENTS:

17 MOTHER EUNICE CAINE WAS NOT AVAILABLE FOR A STATEMENT

18 FATHER JOHN LEE WHITE WAS NOT AVAILABE FOR A STATEMENT.
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SIGNATURES

I/WE HAVE RECEIVED A COPY OF THE SERVICE PLAN AS DETAILED IN THE COURT REPORT.

MOTHER _____ FATHER _____

OTHER _____

I HAVE GIVEN MY CLIENT A COPY OF THIS PLAN FOR COUNSELING AND VISITATION.

ATTORNEY	ADDRESS	TELEPHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____

APPROVED AS TO FORM
DEPUTY COUNTY COUNSEL _____

I HAVE INTERPRETED THE ORDERS OF THE COURT INTO _____

INTERPRETER(S) _____

RESPECTFULLY SUBMITTED,
PETER DIGRE, DIRECTOR
DEPARTMENT OF CHILDREN'S SERVICES

BY Carolyn Lowe-Ojuri 12-22-92
DATE

CAROLYN LOWE OJURI, CHILDREN'S SOCIAL WORKER, II
REGION II, METRO FAMILY SERVICES, FILE NO: PM05
2444 SO ALAMEDA STREET
L.A., CA. 90058
PHONE: (213) 846-2354

APPROVED M. Bourgeois 12-22-92
DATE

MARGIE BOURGEOIS,
SUPERVISING CHILDREN'S SOCIAL WORKER
PHONE: (213) 846-2353

THE FOREGOING RECOMMENDATION IS APPROVED AND IT IS SO ORDERED

JUDGE OR REFEREE DATE

ATTORNEY (1)		ATTORNEY (2)		FA OCCUPATION	MO OCCUPATION	
ADDRESS		ADDRESS		PLACE OF WORK	PLACE OF WORK	
PHONE	TYPE	PHONE	TYPE	\$/MONTH	\$/MONTH	
PRESENT TODAY	DECLARED	Continued to:	Non App	HEARING: Apprehension, Adjudication, Judicial Review, Other:		
Mother	300 a	Order Detained At:		Remarks: (Enter any amendments) RPD 7-06-93 [Signature]		
Father	300 b	PETITION				DISPOSITION
C.S.W.	300 c	Amended	H.O.P.			
C.C.	300 d	Sustained	Suitable Placement			
Atty 1		Dismissed: 330 Supervision	SP rel. to relative			
Atty 2		Dismissed	Trans to County of:			
Others		Case Dismissed				
Dept 402		Date 01/05/93	App/Non App APPEAR	Hearing Officer [Signature]		

IN THE MATTER OF:

(1) Minor's Name WHITE, JOHNNISHA	Sex F	DOB 7-8-79
(2) Siblings WHITE EUNISHA, EUNISHA	Sex F	DOB /81
(3)		
(4)		
(5)		

RESULTS OF JUVENILE COURT HEARING
DEPENDENT

COURT NO: J954082

Petition Status	Current Whereabouts
CSW CAROLYN LOWE OJURI	PH05
Recommendation	Location METRO FAMILY SERVICES

FAMILY DATA

#Siblings	DCS # S2213	Legal Custody	Natural Parents Marital Status
Father JOHN LEE WHITE, [REDACTED]	Address [REDACTED], L.A., CA. 90011	Phone	Soc Sec #
Mother EUNICE CAIN, [REDACTED]	Address [REDACTED], L.A., CA. 90044		
Care Provider MATERNAL GRANDMOTHER JANE EDWARDS	(213) [REDACTED]		

PRESENT PLACEMENT

For Minor #1 JOHNNISHA WHITE	ESC:	Phone:
Primary Care Provider JANE EDWARDS	Address [REDACTED]	
For Minor #2 EUNISHA WHITE EUNISHA	Primary Care Provider	Address
For Minor #3	Address	
Primary Care Provider	Address	
For Minor #4	Primary Care Provider	Address

REFERRAL INFO & RECENT COURT ACTION

Referred By	Date Referred	Date Pet Filed	Allegations:
Det Hearing Date	Order Detained?	Judicial Days Det	
Adj Hearing Date	Heard By	Sustained By	Petition Amended ?
Disposition Date	Heard By	Court	

RESULTS OF JUVENILE COURT HEARING

ATTORNEY (1)		ATTORNEY (2)		FA OCCUPATION	MO OCCUPATION		
ADDRESS		ADDRESS		PLACE OF WORK	PLACE OF WORK		
PHONE	TYPE	PHONE	TYPE	\$/MONTH	\$/MONTH		
PRESENT TODAY	DECLARED	Continued to:	Non App	HEARING: Arraignment, Adjudication, Judicial Review, Other:			
Mother	300 a	Order Detained At:	App	Remarks: (Enter any amendments) RPP 1-4-93			
Father	300 b	PETITION				DISPOSITION	
C.S.W.	300 c	Amended				H.O.P.	
C.C.	300 d	Sustained				Suitable Placement	
Atty 1		Dismissed: 330 Supervision				SP rel. to relative	
Atty 2		Dismissed				Trans to County of:	
Others		Case Dismissed					
Dept 402		Date 07/06/93		App/Non App APPEAR			
				Hearing Officer: <i>Mac Lagan</i>			

IN THE MATTER OF:

(1) Minor's Name WHITE, JOHNNISHA	Sex F	DOB [REDACTED] 8/9
(2) Siblings WHITE, EUNISHA	F	[REDACTED] 11
(3),		
(4),		
(5)		

RESULTS OF JUVENILE COURT HEARING
DEPENDENT

COURT NO: J954082

Petition Status 300,A	Current Whereabouts HOME OF MATERNAL GRANDMOTHER
CSW CAROLYN LOWE OJURI PM05	Location METRO FAMILY SERVICES
Recommendation CONTINUED SUITABLE PLACEMENT AND LONG TERM PLACEMENT	

FAMILY DATA

#Siblings	OCS # 52215	Legal Custody	Natural Parents Marital Status
Father JOHN LEE WHITE, [REDACTED]	Address LOS ANGELES CA 90011	Phone	Soc Sec # Age
Mother EUNICE CAIN, [REDACTED]	Address LOS ANGELES CA 90044		
Case Provider MATERNAL GRANDMOTHER JANE EDWARDS	(213) [REDACTED]		

PRESENT PLACEMENT

For Minor #1 JOHNNISHA WHITE	ESC:	Phone:
Primary Care Provider JANE EDWARDS [REDACTED] 90044	For Minor #2 EUNISHA WHITE	
For Minor #3	Primary Care Provider JANE EDWARDS [REDACTED] 90044	
Primary Care Provider	For Minor #4	
Address	Primary Care Provider	Address

REFERRAL INFO & RECENT COURT ACTION

Referred By	Date Referred	Date Pet Filed	Allegations:
Det Hearing Date	Order Detained?	Judicial Days Det	
Adj Hearing Date	Heard By	Sustained By	Petition Amended ?
Disposition Date	Heard By	Court	

RESULTS OF JUVENILE COURT HEARING

SUPERIOR COURT OF THE STATE OF CALIFORNIA
FOR THE COUNTY OF LOS ANGELES
JUVENILE COURT

Dept. 402	Appearance X YES	CHILDREN'S SOCIAL WORKER'S REPORT JUDICIAL REVIEW
Day Tuesday	Date 07/06/93	FOR MINORS DECLARED DEPENDENT CHILDREN OF THE COURT PRIOR TO JANUARY 1, 1989
		[] PERMANENCY PLANNING HEARING [X] REVIEW OF A PERMANENT PLAN
		COURT NO: J954082 DCS NO: S2213

In the matter of:

	A G E	D O B
WHITE, JOHNNISHA	15	79
WHITE, EUNISHA	12	81
a minor		

WHEREABOUTS OF PARTIES:

MINOR(S) :

JOHNNISHA AND EUNISHA RESIDE IN THE HOME OF MATERNAL GRANDMOTHER, JANE EDWARDS, AT [REDACTED] L.A., CA. 90044. (213) [REDACTED].

PARENT(S) :

FATHER - JOHN LEE WHITE'S MAILING ADDRESS IS [REDACTED], L.A., CA. 90011.

MOTHER - EUNICE CAIN'S MAILING ADDRESS IS [REDACTED], L.A., CA. 90044.

LEGAL HISTORY:

THIS MATTER IS ON CALENDAR FOR JUDICIAL REVIEW OF DEPENDENCY STATUS.

THE MINOR WAS DECLARED A DEPENDENT CHILD OF THE COURT UNDER SECTION 300, SUBDIVISION(S) A OF THE JUVENILE COURT LAW. THE SUSTAINED PETITION ALLEGED: THAT MINOR'S PARENTS FAILED TO PROVIDE MINORS WITH THE BASIC NECESSITIES OF LIFE, INCLUDING BUT NOT LIMITED TO ADEQUATE FOOD, SHELTER, AND CLOTHING. PARENTS HAVE A HISTORY OF DRUG ABUSE WHICH LIMITS THEIR ABILITY TO CARE FOR THE MINORS.

AND ON 2/25/85 THE COURT ORDERED SUITABLE PLACEMENT/RELATIVE FOR MINOR (BOTH MINORS).

THE ORIGINAL ORDER OF THE COURT REMAINS IN FULL FORCE AND EFFECT.

RECOMMENDATION:

- [X] IT IS RESPECTFULLY RECOMMENDED THAT MINOR(S) BOTH MINORS REMAIN A DEPENDENT CHILD OF THE COURT UNDER WIC SECTION 300, SUBDIVISION A OF THE JUVENILE COURT LAW.
- [X] THAT THE PREVIOUS ORDER OF SUITABLE PLACEMENT DATED 2/25/85 :
- [X] AS TO MINOR(S) (BOTH MINORS) REMAIN IN FULL FORCE AND EFFECT:
- [X] PERMANENT PLACEMENT SERVICES FOR MINOR(S) (BOTH MINORS).
- [X] IT IS RESPECTFULLY RECOMMENDED THAT VISITS BE AS FOLLOWS:
 - [X] MONITORED VISITS FOR PARENTS TO BE MONITORED BY CARETAKER.
- [X] THAT THE MATTER BE CONTINUED TO THE APPEARANCE CALENDAR OF 1/6/94 IN DEPARTMENT 402 FOR: [X] JUDICIAL REVIEW HEARING AND REPORT FROM THE DEPARTMENT OF CHILDREN'S SERVICES.

REASON FOR RECOMMENDATION:

MINORS CAME TO THE ATTENTION OF THE COURT IN 1985 WHEN PARENTS FAILED TO PROVIDE MINORS WITH THE BASIC NECESSITIES OF LIFE. PARENTS HAVE A HISTORY OF DRUG ABUSE WHICH LIMITS THEIR ABILITY TO CARE FOR THE MINORS.

MINORS JOHNNISHA AND EUNISHA CONTINUE TO RESIDE IN THE HOME OF MATERNAL GRANDMOTHER JANE EDWARDS. MATERNAL GRANDMOTHER CONTINUES TO PROVIDE GOOD CARE.

MINOR JOHNNISHA ATTENDS JOHN MUIR JUNIOR HIGH IN GRADE SEVEN. CARETAKER STATED THAT MINORS GRADES HAD DROPPED BELOW D AVERAGE LAST QUARTER. MINOR WAS COMING HOME FROM SCHOOL AND WANDERING OFF WITH FRIENDS BEFORE HER HOMEWORK WAS DONE.

CARETAKER STATED THAT MINORS GRADES HAVE IMPROVED BECAUSE SHE HAS TO FINISH HER HOMEWORK BEFORE GOING OUTSIDE.

MINOR EUNISHA ATTENDS BUDLONG ELEMENTARY SCHOOL IN GRADE SIX. MINOR ATTENDS SCHOOL ON A REGULAR BASIS AND IS MAKING AVERAGE PROGRESS. CARETAKER STATED THAT MINOR IS A GOOD STUDENT RECEIVED SEVERAL CERTIFICATES *for attendance*.

MINOR'S MOTHER CONTINUED TO VISIT MINORS FREQUENTLY AT MATERNAL GRANDMOTHER'S HOME, BUT HAS MADE NO ATTEMPT TO RE-ESTABLISH A HOME FOR MINORS. SHE HAS NO STABLE ADDRESS AND HAVE MADE NO CONTACT WITH CSW TO DISCUSS MINOR'S ON GOING CARE AND SUPERVISION. MINOR'S FATHER, JOHN LEE WHITE CONTACT WITH MINORS HAVE BEEN MINIMAL AND HAS MADE NO CONTACT WITH CSW TO DISCUSS MINOR'S ON-GOING CARE.

IN VIEW OF THE ABOVE IT IS RESPECTFULLY RECOMMENDED THAT THE ORDER OF SUITABLE PLACEMENT BE CONTINUED AND THAT THE ORDER FOR LONG TERM PLACEMENT BE CONTINUED.

REASONABLE EFFORTS

PAST PLAN/SERVICES OFFERED:

THE SERVICES PLAN FOR THE FAMILY DURING THE PAST PERIOD OF SUPERVISION HAS BEEN:

PERMANENT PLACEMENT SERVICES FOR MINOR(S) (BOTH MINORS)
AND LONG-TERM FOSTER CARE (BOTH MINORS)

SERVICES ACTIVITIES COMPLETED BY:

DCS

CSW HAS PROVIDED CASE MANAGEMENT SERVICES AND CASEWORK COUNSELING FOR MINORS AND CARETAKERS.

ENSURE MINORS MEDICAL, EDUCATIONAL, AND SOCIAL EMOTIONAL NEEDS ARE BEING MET.

PARENTS

MOTHER WILL BE ENCOURAGED TO BECOME MORE INVOLVED WITH MINORS AND MAINTAIN CONTACT WITH CSW.

OTHER PARTIES (I.E., CARETAKER, MINOR)

CARETAKER WILL CONTINUE TO PROPERLY PROVIDE FOR MINOR'S SOCIAL/EMOTIONAL HEALTH AND NEEDS.

[X] THE PREVIOUS SERVICES PLAN CONTINUES TO BE APPROPRIATE AND WILL REMAIN IN EFFECT.

THE PARENTS' COOPERATION WITH THE ARRANGED VISITATION PLAN HAS BEEN
NOT SATISFACTORY

CURRENT PLAN/SERVICES TO BE OFFERED:

THE SERVICES PLAN FOR THE FAMILY DURING THE NEXT PERIOD OF SUPERVISION
WILL BE:

PERMANENT PLACEMENT SERVICES FOR MINOR(S) (BOTH MINORS)

LONG-TERM FOSTER CARE FOR MINOR(S) (BOTH MINORS)

PERMANENCY PLANNING FOR MINORS IN PLACEMENT:

THERE IS NO LIKELIHOOD OF FAMILY REUNIFICATION OR ADOPTION OR LEGAL
GUARDIANSHIP FOR MINOR(S) (BOTH MINORS) AT THIS TIME, AND THE PLAN FOR
MINOR(S) IS LONG-TERM FOSTER CARE.

THE LONG-TERM FOSTER CARE PLAN FOR EACH MINOR IS:

CONTINUE LONG TERM FOSTER CARE IN THE HOME OF MATERNAL GRANDMOTHER,
JANE EDWARDS.

ADOPTION ASSESSMENT:

AN ADOPTION ASSESSMENT OF THE MINOR(S) (BOTH MINORS) WAS HELD ON

PLACEMENT HISTORY FOR MINOR(S) IN OUT-OF-HOME CARE:

THE MINOR JOHNNISHA AND EUNISHA HAS BEEN IN OUT-OF-HOME CARE SINCE
11/29/84. DURING THIS TIME THERE HAVE BEEN 1 PLACEMENTS FOR THE MINOR
(EXCLUDING SHELTER CARE).

THE MINOR HAS NOT BEEN MOVED SINCE THE LAST HEARING.

STATEMENTS OF PARENT(S), MINOR(S), INTERESTED PARTIES:

MINORS JOHNNISHA AND EUNISHA STATES, THEY WANT TO REMAIN WITH MATERNAL
GRANDMOTHER, JANE EDWARDS.

STATEMENTS OF PARENTS:

MOTHER EUNICE CAIN WAS NOT AVAILABLE FOR A STATEMENT

FATHER JOHN LEE WHITE WAS NOT AVAILABLE FOR A STATEMENT.

SIGNATURES

I/WE HAVE RECEIVED A COPY OF THE SERVICE PLAN AS DETAILED IN THE COURT REPORT.

MOTHER _____ FATHER _____

OTHER _____

I HAVE GIVEN MY CLIENT A COPY OF THIS PLAN FOR COUNSELING AND VISITATION.

ATTORNEY _____ ADDRESS _____ TELEPHONE _____

APPROVED AS TO FORM
DEPUTY COUNTY COUNSEL

I HAVE INTERPRETED THE ORDERS OF THE COURT INTO _____

INTERPRETER(S) _____

RESPECTFULLY SUBMITTED,
PETER DIGRE, DIRECTOR
DEPARTMENT OF CHILDREN'S SERVICES

BY Carolyn Lowe-Ojuri 6-25-93
DATE

CAROLYN LOWE OJURI, CHILDREN'S SOCIAL WORKER, II
REGION II, METRO FAMILY SERVICES, FILE NO: PM05
2444 SO ALAMEDA STREET
L.A., CA. 90058
PHONE: (213) 846-2354

APPROVED Margie Bourgeois 6-25-93
DATE

MARGIE BOURGEOIS,
SUPERVISING CHILDREN'S SOCIAL WORKER
PHONE: (213) 846-2353

THE FOREGOING RECOMMENDATION IS APPROVED AND IT IS SO ORDERED

JUDGE OR REFEREE DATE

INFORMATION FOR COURT OFFICER (DEPENDENT)

NAME OF MINOR <i>Johnisha White</i> <i>Emisha White</i>		CT. NO. <i>5954082</i>	CT. DATE <i>7-4-94</i>
CHILDREN'S SERVICES WORKER		UNIT <i>Merkleyville</i>	
PARENTS AND GUARDIANS (CIRCLE): <i>Candelyn Loeie - Ozuna</i>			
TO BE PRESENT		name and relation	
FA	MO	ST.FA	ST.MO
OTHER _____			
INTERPRETER			
YES <input type="checkbox"/> NO <input type="checkbox"/> LANGUAGE _____			
ATTORNEY (NAME AND TELEPHONE NO.) _____			

INSTRUCTIONS ("LAST-MINUTE" INFORMATION - SPECIAL INSTRUCTIONS):

CSW inadvertently mailed reports out - without signatures.
Reports were mailed on 12-22-93

CSW or SCSW who is to be contacted if information needed at time of court hearing.

NAME	PHONE NO.	EXT.
Carolyn Lane Oyer	213 846-2354	

Respectfully Submitted
Peter Digre, Director
Department of Children's Services

DCS Site: 2444 SO ALAMEDA STREET L.A., CA. 90058

Completed By:

Carolyn Lowe, CSW, Ph #: (213) 846-2354

Pat Metklejohn, SCW, Ph #: (213) 846-2353

1-4-94
Date

1-4-94
Date

_____, DRA, Phone: _____

Date

Date report sent to Court: _____

[] The Case Plan as detailed in this court report has been approved by the court.

[] The Case Plan as detailed in this report has been modified by the court. The changes are:

I/We have received a copy of the case plan and agree to comply with it (If parent's signature is not obtained, explain why)

Mother

Date

Father

Date

Other

Date

I/We have interpreted the order of the court into _____

Interpreter

Interpreter

The foregoing recommendation is approved
and it is so ordered.

Judge

Date

DCS 4364-A (11/93)

ORIGINAL-Court 1ST COPY-DCS 2ND COPY-Parent 3RD COPY-Parent

PAGE.003

TO 8813780

FROM 12132347224

JUN 4 '94 09:53

51
AA09636

SUPERIOR COURT OF THE STATE OF CALIFORNIA
FOR THE COUNTY OF LOS ANGELES
JUVENILE COURT

Dept 402 Date 01/04/94 Court Number J954082 Children's Social Worker's
Judicial Review Report

In the matter of
WHITE, JOHNNISHA
WHITE, EUNISHA
CASE PLAN UPDATE

a minor

Review of a Permanent Plan

Child(ren's) Name	JAI #	Sex	Birthdate
WHITE, JOHNNISHA		F	/79
WHITE, EUNISHA		F	/81

WHEREABOUTS OF PARTIES:
MINOR(S):

- JOHNNISHA WHITE, currently residing with JANE EDWARDS, MATERNAL GRANDMOTHER, at [REDACTED], LOS ANGELES CA 90044, (213) 7 [REDACTED]
- EUNISHA WHITE, currently residing with JANE EDWARDS, MATERNAL GRANDMOTHER, at [REDACTED], LOS ANGELES CA 90044, (213) [REDACTED]

PARENT(S):

- EUNICE CAIN, [REDACTED], LOS ANGELES CA 90044,
- JOHN LEE WHITE, [REDACTED], LOS ANGELES CA 90011,

LEGAL HISTORY:

This matter is on calendar for judicial review of dependency status.

The minor was declared a dependent child of the Court under WIC Section 300, subdivision(s) A of the Juvenile Court law. The sustained petition alleged THAT MINORS' PARENTS FAILED TO PROVIDE MINOR WITH THE BASIC NECESSITIES OF LIFE, INCLUDING BUT NOT LIMITED TO ADEQUATE FOOD, SHELTER, AND CLOTHING. PARENTS HAVE A HISTORY OF DRUG ABUSE WHICH LIMITS THEIR ABILITY TO CARE FOR THE MINORS.

And on 02/25/85 the Court ordered

Suitable placement/relative for minor BOTH MINORS.

The original order of the Court remains in full force and effect.

RECOMMENDATION(S):

It is respectfully recommended that minor(s) BOTH MINORS remain a dependent child of the court under WIC Section 300, subdivision(s) A of the juvenile court law.

That the previous order of suitable placement dated 02/25/85 .

As to minor(s) BOTH MINORS remain in full force and effect.

That the court order DCS to provide

Permanent placement services for minor(s) BOTH MINORS .

That minor's school records be disclosed to DCS upon request pursuant to Education Code Section 49077.

That the matter be continued to the

Appearance calendar of 07/04/94 in Department 402 for a judicial review hearing and report from the Department of Children's Services.

County of Los Angeles/Department of Child & Family Services
CASE PLAN UPDATE/JUDICIAL REVIEW REPORT

Case Name
CAIN , EUNICE

Court Number
J954082

Parent's/Guardian's Name
CAIN , EUNICE
WHITE , JOHN LEE

Parent of...

Child(ren's) Name	JAI #	Sex	Birthdate
WHITE , JOHNNISHA		F	79
WHITE , EUNISHA		F	81

EVALUATION OF FAMILY SITUATION

There is no new information or significant change.

MINORS CAME TO THE ATTENTION OF THE COURT IN 1985, WHEN PARENTS FAILED TO PROVIDE MINORS WITH THE BASIC NECESSITIES OF LIFE. PARENTS HAVE A HISTORY OF DRUG ABUSE WHICH LIMITS THEIR ABILITY TO CARE FOR THE MINORS.

ASSESSMENT/REASON FOR RECOMMENDATION

MINORS JOHNNISHA AND EUNISHA CONTINUE TO RESIDE IN THE HOME OF MATERNAL GRANDMOTHER, JANE EDWARDS. MATERNAL GRANDMOTHER CONTINUES TO PROVIDE GOOD CARE.

MINOR JOHNNISHA ATTENDS JOHN MUIR, JUNIOR HIGH IN EIGHTH GRADE. CARETAKER STATED THAT MINOR'S GRADES HAD DROPPED BELOW D AVERAGE LAST QUARTER. MINOR WAS COMING HOME FROM SCHOOL AND WANDERING OFF WITH FRIENDS BEFORE HER HOMEWORK WAS DONE.

CARETAKER STATED THAT MINOR'S GRADES HAVE IMPROVED BECAUSE SHE HAS TO FINISH HER HOMEWORK BEFORE GOING OUTSIDE.

MINOR EUNISHA ATTENDS JOHN MUIR MIDDLE SCHOOL IN GRADE SEVEN. MINOR ATTENDS SCHOOL ON A REGULAR BASIS AND IS MAKING AVERAGE PROGRESS. CARETAKER STATED THAT MINOR IS A GOOD STUDENT RECEIVED SEVERAL CERTIFICATES FOR ATTENDANCE.

MINORS' MOTHER, CONTINUED TO VISIT MINORS FREQUENTLY AT MATERNAL GRANDMOTHER'S HOME, BUT HAS MADE NO ATTEMPT TO BE RE-ESTABLISH A HOME FOR MINORS. SHE HAS NO STABLE ADDRESS AND HAVE MADE NO CONTACT WITH CSW TO DISCUSS MINOR ON GOING CARE AND SUPERVISION. MINOR'S FATHER, JOHN LEE WHITE CONTACT WITH MINORS HAVE BEEN MINIMAL AND HAS MADE NO CONTACT WITH CSW TO DISCUSS MINOR'S ON-GOING CARE.

IN VIEW OF THE ABOVE IT IS RESPECTFULLY RECOMMENDED THAT THE ORDER OF SUITABLE PLACEMENT BE CONTINUED AND THAT THE ORDER FOR LONG TERM PLACEMENT BE CONTINUED.

PAST PLAN/SERVICES OFFERED

The Case Plan for the family during the past period of supervision has been Permanent Placement Services for minor(s) BOTH MINORS .

SERVICE ACTIVITIES COMPLETED BY: DCS -

BI-MONTHLY FACE TO FACE VISITS.
MONTHLY PHONE CONTACT.
ENSURE MINORS' MEDICAL, EDUCATIONAL AND SOCIAL EMOTIONAL NEEDS ARE BEING MET.

OTHER PARTIES -

CARETAKER WILL CONTINUE TO PROPERLY PROVIDE FOR MINORS' SOCIAL/EMOTIONAL HEALTH AND NEEDS.

The previous case plan continues to be appropriate and will remain in effect.

FAMILY PRESERVATION

This Family lives in a Family Preservation Community Area and a referral for Family Preservation Services is not appropriate for the following reasons:

PARENTS ARE NOT INVOLVED.

MINOR IS PLACEMENT WITH NON-RELATIVE

CASE PLAN GOALS

That the prior order of permanent placement services for minor(s) BOTH MINORS remain in full force and effect and:

OBJECTIVES: ACTIVITIES TO REACH THE CASE PLAN GOAL

Who	Activity	Completion Date
CSW	MAINTAIN MINORS IN THE LEAST RESTRICTIVE MOST APPROPRIATE ENVIRONMENT	ON-GOING
CSW & CARETAKER	ENSURE MINORS, MEDICAL, EDUCATIONAL AND SOCIAL NEEDS ARE BEING MET	ON-GOING

RESPONSIBILITIES OF DCS

DCS WILL PROVIDE THE FOLLOWING IN ORDER FOR THE CASE PLAN OBJECTIVES AND GOALS TO BE ACCOMPLISHED:

Monitor the child(ren)'s progress in his/her home or out-of-home placement.

Monitor the child(ren)'s educational needs.

Monitor the child(ren)'s medical care and treatment.

HAVE FACE-TO-FACE CONTACT WITH THE FOLLOWING IN ACCORDANCE WITH CALIFORNIA DEPARTMENT OF SOCIAL SERVICES REGULATIONS.

CHILD(REN) AND PARENT(S)/GUARDIAN(S) RECEIVING IN-HOME SERVICES

Court-approved exception (above and beyond CDSS regulations)

That the court grant DCS an exception to having BI-MONTHLY FACE TO FACE VISITS

CHILD(REN) RECEIVING OUT-OF-HOME SERVICES

At a minimum, once every six calendar months for a child(ren) with an approved permanent plan.

STATEMENT OF PARTIES

MOTHER, EUNICE CAIN WAS NOT AVAILABLE FOR A STATEMENT.

FATHER, JOHN LEE WHITE WAS NOT AVAILABLE FOR A STATEMENT.

COMPLETED BY

CAROLYN LOWE OJURI , CSW, (213) 846-2354

Date

PAT MEIKLEJOHN , SCSW, (213) 846-2353

Date

, DRA

Date

A COPY OF THE CASE PLAN WAS PROVIDED TO PARENT(S)/GUARDIAN(S) :

Name/Relationship

Date

Peter Digre, Director
Department of Children's Services

DCS Site: 2444 SO ALAMEDA STREET L.A., CA. 90058

Completed By:

CAROLYN LOWE OJUR, CSW, Ph #: (213) 846-2354

Date

PAT MEIKLEJOHN, SCSW, Ph #: (213) 846-2353

Date

, DRA, Phone:

Date

Date report sent to Court:

[] The Case Plan as detailed in this court report has been approved by the court.

[] The Case Plan as detailed in this report has been modified by the court. The changes are:

I/We have received a copy of the case plan and agree to comply with it *(if parent's signature is not obtained, explain why)*

Mother

Date

Father

Date

Other

Date

I/We have interpreted the order of the court into

Interpreter

Interpreter

The foregoing recommendation is approved
and it is so ordered.

Judge

Date

DCS 4354-A (11/83)

ORIGINAL-Court 1ST COPY-DCS 2ND COPY-Parent 3RD COPY-Parent

Los Angeles County Counsel's Office
Criminal Courts Building, 9th Floor
210 West Temple Street, Room 9-520
Los Angeles, California 90012
(213) 974-5991

Attorney(s) for Los Angeles County
Department of Children's Services

Space Below for Use of Court

SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES
JUVENILE COURT

In the matter of:
JOHN WHITE
JOHNISRA WHITE
EUNISHA WHITE

Court No. J954082

NOTICE OF HEARING

☐ This Notice Is For A Permanency Planning
Hearing Pursuant to WIC 366.25.

To:

Name: JOHN LEE WHITE

Address: [REDACTED]

LOS ANGELES, CA. 90011

PLEASE TAKE NOTICE THAT:

1. The minor(s) ABOVE MINORS was declar
dependent child of the Los Angeles County Juvenile Court pursuant to Welfare and Institutions Code Section
300 _____ in the above-entitled proceeding.
2. This proceeding has been set for hearing on the 7TH day of JANUARY, 1992, at 8:30 A. M.
Department 237, at:

☐ Criminal Courts Building
210 West Temple Street
Los Angeles, California 90012

☒ Van Nuys Dependency Court
6280 Sylmar Avenue
Van Nuys, California 91401

3. At said hearing, the minor(s) and his/her parents, guardian(s) and adult relatives are entitled to be present, to
represented by counsel and, if indigent, to have counsel appointed for them at their request. Persons provided
court-appointed counsel are liable to the county for the cost of such representation to the extent of their ability
to pay. A minor's parent, guardian or responsible relative may also be liable for the costs of supporting the m
in out-of-home placement.
4. The said hearing will review the minor's and family's status, the court's orders, including those controlling
custody and visitation, and any Department of Children's Services recommendations for changes in custody
status. The minor, and the parent or guardian, may present evidence regarding what orders the court should m

NOTICE OF HEARING

Page 1

76N636CZ DCS 4302 (Rev. 11/90)

60
AA09645

DCS 4302 Proof of Service

I, CAROLYN OJURI, declare:

I am over the age of eighteen years and not a party to or interested in the within action. My business address is
2444 SO. ALAMEDA ST., LOS ANGELES, CA. 90058

I served the NOTICE OF HEARING in the following manner:

☐ Personal Service: I personally delivered the document to the other party as follows:

(a) Name of other party: _____

(b) Address where served: _____

(c) Date served: _____

(d) Time served: _____

☒ Certified Mail: I deposited a copy of the document in United States certified mail, return receipt requested, at
2444 SO. ALAMEDA ST., Los Angeles County, California, in a sealed envelope, with postage
fully prepaid, addressed to:

JOHN LEE WHITE

LOS ANGELES, CA. 90001

At the time of mailing there was regular delivery of United States mail between the place of deposit and place
of address. I am employed within Los Angeles County, California.

The court report was mailed on December 27, 1991

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct
and that this declaration is executed on December 20, 1991 at Los Angeles

Carolyn Lorne Ojuri
Signature

CAROLYN OJURI

Print Name

Los Angeles County Counsel's Office
Criminal Courts Building, 9th Floor
210 West Temple Street, Room 9-520
Los Angeles, California 90012
(213) 974-5991

Attorney(s) for Los Angeles County
Department of Children's Services

Space Below for Use of Court Clerk Only

SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES
JUVENILE COURT

In the matter of:
JOHN WHITE
JOHNNISHA WHITE
EUNISHA WHITE

Court No. J 954082

NOTICE OF HEARING

☐ This Notice Is For A Permanency Planning
Hearing Pursuant to WIC 366.25.

To:

Name: EUNICE CAIN

Address: [REDACTED]

LOS ANGELES, CA.

PLEASE TAKE NOTICE THAT:

1. The minor(s) ABOVE MINORS was declared a dependent child of the Los Angeles County Juvenile Court pursuant to Welfare and Institutions Code Section 300 in the above-entitled proceeding.
2. This proceeding has been set for hearing on the 7TH day of JANUARY, 1992, at 8:30 A. M., in Department 237, at:

☐ Criminal Courts Building
210 West Temple Street
Los Angeles, California 90012

☒ Van Nuys Dependency Court
6280 Sylmar Avenue
Van Nuys, California 91401
3. At said hearing, the minor(s) and his/her parents, guardian(s) and adult relatives are entitled to be present, to be represented by counsel and, if indigent, to have counsel appointed for them at their request. Persons provided court-appointed counsel are liable to the county for the cost of such representation to the extent of their ability to pay. A minor's parent, guardian or responsible relative may also be liable for the costs of supporting the minor in out-of-home placement.
4. The said hearing will review the minor's and family's status, the court's orders, including those controlling custody and visitation, and any Department of Children's Services recommendations for changes in custody or status. The minor, and the parent or guardian, may present evidence regarding what orders the court should make.

NOTICE OF HEARING

DCS 4302 Proof of Service

I, CAROLYN OJURI, declare:

I am over the age of eighteen years and not a party to or interested in the within action. My business address is
2444 SO. ALAMEDA ST., LOS ANGELES, CA. 90058

I served the NOTICE OF HEARING in the following manner:

☐ Personal Service: I personally delivered the document to the other party as follows:

- (a) Name of other party: _____
- (b) Address where served: _____
- (c) Date served: _____
- (d) Time served: _____

☒ Certified Mail: I deposited a copy of the document in United States certified mail, return receipt requested, at
2444 SO. ALAMEDA ST., Los Angeles County, California, in a sealed envelope, with postage
fully prepaid, addressed to:

EUNICE CATIN
[REDACTED]
LOS ANGELES, CA.

At the time of mailing there was regular delivery of United States mail between the place of deposit and place of address. I am employed within Los Angeles County, California.

The court report was mailed on December 27, 1991

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct
and that this declaration is executed on December 20, 1991 at Los Angeles

Carolyn Louie - Ojuri
Signature

CAROLYN OJURI
Print Name



COUNTY OF LOS ANGELES
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

PETER DIGRE
Director

PLEASE ADDRESS REPLY TO:
Edmund D. Edelman Children's Court
201 Centre Plaza Drive, Suite 4
Monterey Park, California 91754-2159

AFFADAVIT

In the Matter of :

John White
an adult minor

I, Mark Alvarado, decalare as following:

(a) I an a duly authorized custodian of records of the Department of Children and Family Services and have authority to certify said records, and

(b) The copy of the records attached to this affadavit is a true copy of all the records contained in the Department of Children's Services folder of

Eunice Cain Pages : 165

otherwise confidential pursuant to Welfare and institutions Code sections 827 and 10850 and Penal code section 11165 et seq., and

(c) The records were prepared by the personnel of the Department of Children's Services in the ordinalry course of business at or near the time of the act, condition, or event.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on June 7, 2000 at Monterey Park, California.

MARK ALVARADO

CASE ACTIVITY VISIT LOG

1. CASE NAME CH-17	3. DATE OF FACE-TO-FACE VISIT 4/6/99	5. NAME(S) OF MINOR(S) SEEN A. Sotnicka D. _____ B. Eunisha E. _____ C. _____ F. _____	
2. CASE NUMBER	4. LOCATION OF VISIT <input type="checkbox"/> Parent(s)' Residence <input type="checkbox"/> School <input type="checkbox"/> Placement Residence <input type="checkbox"/> CSW Office <input type="checkbox"/> Court (Content of court interview must be documented on form) <input type="checkbox"/> Other (Describe)		
6. ADULTS SEEN 6A. <input type="checkbox"/> Mother <input type="checkbox"/> Father (If more than one father on case, state name of father seen)	6B. CAREGIVER OR FACILITY NAME AND NAME OF REPRESENTATIVE SEEN MRS. EDWARDS	6C. OTHERS SEEN: NAMES AND RELATIONSHIPS	7. CONDITIONS OF HOME/FACILITY <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor (Explain corrective plan in No. 11)

PRIMARY TOPICS TO DISCUSS ON A FACE-TO-FACE VISIT (As applicable)

- Medical/Dental Care Update (Complete No. 10)
 - Child's Functioning in the Home
 - Child's Contacts with Siblings
 - Parental Visits
 - Grandparent Visits
 - School Progress
 - Progress on Service Plan Goals
 - Verification of Changes in Address(es)/Telephone Number(s)
- Any of the above that were discussed during this visit must be summarized in the Comments/Observations section (No. 11) below.

8. PURPOSE OF VISIT

School Progress / Service Plan

9. REASON FOR DCFS INTERVENTION

To be completed only ONCE PER REFERRAL.

(Enter date and circle child identifier- A through F, as applicable)

- ☐ The reason(s) for DCFS intervention was explained by the CSW to the child(ren) identified below in an age-appropriate manner on 1/1
- A B C D E F

10. MEDICAL/HEALTH CARE UPDATE

Check box(es) and circle child identifier- A through F, as applicable)

☐ DCFS 562 picked up for:

A B C D E F

☐ Child(ren) identified below has not had any medical/health care visits since last CSW visit:

A B C D E F

11. COMMENTS/OBSERVATIONS (Summarize each primary topic discussed and any other topics)

<p>on 4-6-99 this CSW did visit with Sotnicka and Eunisha. They had court appointment earlier and was informed that Sotnicka would not be terminated. She informed this CSW that she was 3 months pregnant AND due in October. She will be allowed to stay on DCFS until she's 21 yrs of age.</p>		
CSW'S SIGNATURE [Signature]	FILE # CRD 41699	DATE FORM COMPLETED 4/6/99

CONFIDENTIAL CASE RECORDS PURSUANT TO WIC SECTION 827 AND ORDER OF THE LOS ANGELES COUNTY JUVENILE COURT

Continued from reverse side (please note the continued section).

Sobriety and sister EUNISTHA will
now be visited weekly by this CSW.
This will ensure that MINORS are
progressing in a Literacy Program
that will allow them to learn
the Basic Skill And fundamentals.
they will be provided with
tutoring and counseling.

CSW SIGNATURE

FILE #

DATE FORM COMPLETED

/ /

CASE ACTIVITY LOG

CASE NAME:

CASE NUMBER:

DATE	CT*	CASE ACTIVITY
3/5/99	T/C/T	CSU placed phone call to Minors Jothricha White at (323) 778-5762 This worker informed Jothricha that she had a mandatory court appearance on 4/6/99. She informed CSU that she attended the MAXINE MATTERS Foundation for CHILD care, thru the Dept of Rehabilitation. (310) 793-0694 She stated that sister Ewing is off track from school and she is at home.
3/5/99	T/C/T	CSU call Catherine Jane Edwards She stated that Kamaria was home from school off track. CSU spoke to Minors. She was asked about her grade and told that she would re enter a detention program. Minors was informed that a visit is scheduled for 3/12/99
3/5/99	T/C/T	CSU placed a call to Mrs. Weber of the Dept of Rehabilitation for progress report.
1/7/99		CSU talked to Jothricha about bus pass and detentions

* CT Codes: T/C/T for a telephone call made by CSW; T/C/F for a telephone call received by CSW; LTR for a letter, and FTF for a face-to-face contact with a collateral contact.

CSW

FILE NO.

PAGE NO.

CONFIDENTIAL CASE RECORDS PURSUANT TO WIC SECTION 827 AND ORDER OF THE LOS ANGELES COURT "JUVENILE COURT"

65366G DCFS 1950 (Rev 12/93)

5

CASE ACTIVITY LOG

The DCFS 1950, Case Activity Log, is used on an ongoing basis to record all contacts other than visits between a CSW and a child, parent(s)/guardian(s) or out-of-home caregiver. It is used to record attempted contacts, contacts with collateral contact persons, and case notes. The DCFS 1950 entry is completed as soon as possible after the contact to ensure accuracy.

The CSW completes the form in ink by:

- Entering the case name and number.
- Entering the date of the contact (month/day/year)
- Designating the type of contact in the "CT" column as follows:
 - **T/C/T** for a telephone call made (by the CSW) to someone.
 - **T/C/F** for a telephone call received (by the CSW) from someone.
 - **LTR** for a letter.
 - **FTF** for a face-to-face contact/visit with a collateral contact.
- Recording information about the contact, including basic information about "who (full names), what, where, when and why".
- Entering his/her full name and file number at the bottom of the page.
- Entering the (case record) page number and filing the completed form in chronological order on the right side of the Case Activity Recording Folder.

COUNTY OF LOS ANGELES • DEPARTMENT CHILDREN AND FAMILY SERVICES
CASE ACTIVITY VISIT LOG

1. CASE NAME <i>Chin</i>	3. DATE OF FACE-TO-FACE VISIT <i>1/16/99</i>	5. NAME(S) OF MINOR(S) SEEN A. <i>Solomonika</i> D. _____ B. <i>Elnika</i> E. _____ C. _____ F. _____	
2. CASE NUMBER	4. LOCATION OF VISIT <input type="checkbox"/> Parent(s)' Residence <input type="checkbox"/> School <input type="checkbox"/> Placement Residence <input type="checkbox"/> CSW Office <input type="checkbox"/> Court (Content of court interview must be documented on form) <input type="checkbox"/> Other (Describe)		
6. ADULTS SEEN 6A <input type="checkbox"/> Mother <input type="checkbox"/> Father (If more than one father on case, state name of father seen)	6B. CAREGIVER OR FACILITY NAME AND NAME OF REPRESENTATIVE SEEN	6C. OTHERS SEEN NAMES AND RELATIONSHIPS	7. CONDITIONS OF HOME/FACILITY <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor (Explain corrective plan in No. 11)

PRIMARY TOPICS TO DISCUSS ON A FACE-TO-FACE VISIT (As applicable)

- Medical/Dental Care Update (Complete No. 10)
 - Child's Functioning in the Home
 - Child's Contacts with Siblings
 - Parental Visits
 - Grandparent Visits
 - School Progress
 - Progress on Service Plan Goals
 - Verification of Changes in Address(es)/Telephone Number(s)
- Any of the above that were discussed during this visit must be summarized in the Comments/Observations section (No. 11) below.

8. PURPOSE OF VISIT

Termination for Solomonika

☐ Cont. on reverse

9. REASON FOR DCFS INTERVENTION

To be completed only ONCE PER REFERRAL.

(Enter date and circle child identifier-

A through F, as applicable)

- ☐ The reason(s) for DCFS intervention was explained by the CSW to the child(ren) identified below in an age-appropriate manner

on 1/1

A B C D E F

10. MEDICAL/HEALTH CARE UPDATE

Check box(es) and circle child identifier-

A through F, as applicable)

- ☐ DCFS 562 picked up for:

A B C D E F

- ☐ Child(ren) identified below has not had any medical/health care visits since last CSW visit:

A B C D E F

11. COMMENTS/OBSERVATIONS (Summarize each primary topic discussed and any other topics)

CSW Delivered services to mi' Solomonika. She was provided BUS tokens and a pass. She was over to GRAND MA. CONVERSATION with Mo. and sibling. She was informed that she was recommended for termination and that next court date was 1/19/99. She was told that she would be returning to receive her medical. Mo. Elvira

CSW'S SIGNATURE _____ FILE # _____ DATE FORM COMPLETED 1/1

☐ Cont. on reverse

5

CONFIDENTIAL CASE RECORDS PURSUANT TO WIC SECTION 827 AND ORDER OF THE LOS ANGELES COUNTY JUVENILE COURT

CASE ACTIVITY VISIT LOG

1. CASE NAME <i>Chin</i>	3. DATE OF FACE-TO-FACE VISIT <i>12/5/98</i>	5. NAME(S) OF MINOR(S) SEEN A. <i>Sophia</i> D. _____ B. <i>Eduardo</i> E. _____ C. _____ F. _____	
2. CASE NUMBER	4. LOCATION OF VISIT <input type="checkbox"/> Parent(s)' Residence <input type="checkbox"/> School <input type="checkbox"/> Placement Residence <input type="checkbox"/> CSW Office <input type="checkbox"/> Court (Content of court interview must be documented on form) <input type="checkbox"/> Other (Describe)		
6. ADULTS SEEN 6A. <input type="checkbox"/> Mother <input type="checkbox"/> Father (If more than one father on case, state name of father seen)	6B. CAREGIVER OR FACILITY NAME AND NAME OF REPRESENTATIVE SEEN	6C. OTHERS SEEN: NAMES AND RELATIONSHIPS	7. CONDITIONS OF HOME/FACILITY <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor (Explain corrective plan in No. 11)

PRIMARY TOPICS TO DISCUSS ON A FACE-TO-FACE VISIT (As applicable)

- Medical/Dental Care Update (Complete No. 10)
 - Child's Functioning in the Home
 - Child's Contacts with Siblings
 - Parental Visits
 - Grandparent Visits
 - School Progress
 - Progress on Service Plan Goals
 - Verification of Changes in Address(es)/Telephone Number(s)
- Any of the above that were discussed during this visit must be summarized in the Comments/Observations section (No. 11) below.

8. PURPOSE OF VISIT

Bus tokens☐ Cont. on reverse

9. REASON FOR DCFS INTERVENTION

To be completed only ONCE PER REFERRAL.

(Enter date and circle child identifier-

A through F, as applicable)

- ☐ The reason(s) for DCFS intervention was explained by the CSW to the child(ren) identified below in an age-appropriate manner

on *1/1*

A B C D E F

10. MEDICAL/HEALTH CARE UPDATE

Check box(es) and circle child identifier-

A through F, as applicable)

- ☐ DCFS 562 picked up for:

A B C D E F

- ☐ Child(ren) identified below has not had any medical/health care visits since last CSW visit:

A B C D E F

11. COMMENTS/OBSERVATIONS (Summarize each primary topic discussed and any other topics)

CSW Delivered Bus tokens to Minnie. Sophia still is living with boyfriend. She is NOT in school or working. She was informed that she would be recommended for termination. She agreed and said that she would be looking for a job.

☐ Cont. on reverse

CSW'S SIGNATURE <i>D. J. [Signature]</i>	FILE # <i>6220</i>	DATE FORM COMPLETED <i>12/5/98</i>
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CONFIDENTIAL CASE RECORDS PURSUANT TO WIC SECTION 827 AND ORDER OF THE LOS ANGELES COUNTY JUVENILE COURT

CSW SIGNATURE		FILE #	DATE FORM COMPLETED / /
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CASE ACTIVITY VISIT LOG

1. CASE NAME <i>Eden</i>	3. DATE OF FACE-TO-FACE VISIT <i>10/13/198</i>	5. NAME(S) OF MINOR(S) SEEN A. <i>Solomon</i> D. _____ B. <i>Emilia</i> E. _____ C. _____ F. _____	
2. CASE NUMBER	4. LOCATION OF VISIT <input type="checkbox"/> Parent(s) Residence <input type="checkbox"/> School <input type="checkbox"/> Placement Residence <input type="checkbox"/> CSW Office <input type="checkbox"/> Court (Content of court interview must be documented on form) <input type="checkbox"/> Other (Describe)		
6. ADULTS SEEN 6A. <input type="checkbox"/> Mother <input type="checkbox"/> Father (If more than one father on case, state name of father seen)	6B. CAREGIVER OR FACILITY NAME AND NAME OF REPRESENTATIVE SEEN	6C. OTHERS SEEN NAMES AND RELATIONSHIPS	7. CONDITIONS OF HOME/FACILITY <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor (Explain corrective plan in No. 11)

PRIMARY TOPICS TO DISCUSS ON A FACE-TO-FACE VISIT (As applicable)

- Medical/Dental Care Update (Complete No. 10)
 - Child's Functioning in the Home
 - Child's Contacts with Siblings
 - Parental Visits
 - Grandparent Visits
 - School Progress
 - Progress on Service Plan Goals
 - Verification of Changes in Address(es)/Telephone Number(s)
- Any of the above that were discussed during this visit must be summarized in the Comments/Observations section (No. 11) below.

8. PURPOSE OF VISIT

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☐ Cont. on reverse

9. REASON FOR DCFS INTERVENTION

To be completed only ONCE PER REFERRAL.

(Enter date and circle child identifier-

A through F, as applicable)

- ☐ The reason(s) for DCFS intervention was explained by the CSW to the child(ren) identified below in an age-appropriate manner

on 1/1

A B C D E F

10. MEDICAL/HEALTH CARE UPDATE

Check box(es) and circle child identifier-

A through F, as applicable)

- ☐ DCFS 562 picked up for:

A B C D E F

- ☐ Child(ren) identified below has not had any medical/health care visits since last CSW visit:

A B C D E F

11. COMMENTS/OBSERVATIONS (Summarize each primary topic discussed and any other topics)

<p><i>CSW was informed that Solomon had moved out of home and is now living with her boyfriend. She stated to the CSW that it was too crowded at grandmother's home, and she wanted to escape. Emilia was home from school. She looked in good health.</i></p>
--

☐ Cont. on reverse

CSW'S SIGNATURE



FILE #

0220

DATE FORM COMPLETED

10/13/198

CONFIDENTIAL CASE RECORDS PURSUANT TO WIC SECTION 827 AND ORDER OF THE LOS ANGELES COUNTY JUVENILE COURT

[illegible]

DATE FORM COMPLETED

/ / /

CASE ACTIVITY LOG - STATE EXCEPTIONS FOR CONTACT REQUIREMENTS

CASE NAME <i>Chin</i>	CASE NUMBER <i>5295254</i>
--------------------------	-------------------------------

I. APPROVED CASE PLAN FOR IN-HOME SERVICES — CHILD AND/OR PARENT VISITS

NAME		
BASIS FOR EXCEPTION (Enter alphanumeric code)	DATE OF LAST FACE-TO-FACE VISIT	NEXT VISITS DUE
	/ /	/ /
NAME		
BASIS FOR EXCEPTION (Enter alphanumeric code)	DATE OF LAST FACE-TO-FACE VISIT	NEXT VISITS DUE
	/ /	/ /

BASIS FOR EXCEPTION(S):

- A. CSW will have a face-to-face visit with the child(ren) and parent(s)/guardian(s) at least once every 2 calendar months because **ALL OF THE FOLLOWING EXCEPTION CRITERIA ARE BEING MET:**
1. Child(ren) has no severe physical/emotional problems caused or aggravated by remaining in his/her own home; and,
 2. Parent(s)/guardian(s) has no severe physical/emotional problems that affect his/her ability to parent the child(ren); and,
 3. Child(ren) and parent(s) is seen **at least once a week** by a non-DCS family preservation worker or a public health nurse as part of the case plan and there is documented agreement with such service provider(s) to furnish CSW with timely contact reports.

II. APPROVED CASE PLAN FOR OUT-OF-HOME — CHILD VISITS

NAME		
BASIS FOR EXCEPTION (Enter alphanumeric code)	DATE OF LAST FACE-TO-FACE VISIT	NEXT VISITS DUE
	/ /	/ /
NAME		
BASIS FOR EXCEPTION (Enter alphanumeric code)	DATE OF LAST FACE-TO-FACE VISIT	NEXT VISITS DUE
	/ /	/ /

BASIS FOR EXCEPTION(S):

- A. CSW will have a face-to-face visit at least once every 3 calendar months because **ALL OF THE FOLLOWING EXCEPTION CRITERIA ARE BEING MET:**
1. Child has no severe physical/emotional problems caused or aggravated by the placement; and,
 2. Placement is stable; and,
 3. Subsequent to development of the case plan and prior to any exception, the child has been visited monthly in 3 of the most recent 4 consecutive months; and,
 4. Case record documents that **AT LEAST ONE OF THE FOLLOWING APPLY:**
 - a. Child is placed with relatives; or
 - b. Child is placed with foster parent who has provided child with continuous care for a minimum of 12 months; or
 - c. Placement is voluntary and the parents/guardians identified in the case plan visit monthly; or
 - d. Child is visited once each calendar month by one or more service provider(s) as part of the case plan (i.e., other county social services staff, staff of another services agency, a physician or other health professional) and there is documented agreement with the service provider(s) to furnish the CSW with timely reports; or
 - e. Child is under age 2 and less frequent CSW-child visits facilitate reunification by permitting more CSW visits with parents/guardians.

III. APPROVED CASE PLAN FOR OUT-OF-HOME CARE & PERMANENT PLACEMENT SERVICES (IN ADDITION TO EXCEPTIONS LISTED IN SECTION II) — CHILD VISITS

NAME <i>Sobhista</i>		
BASIS FOR EXCEPTION (Enter alphanumeric code)	DATE OF LAST FACE-TO-FACE VISIT	NEXT VISITS DUE
<i>A-1 a-0</i>	<i>3 1 17 198</i>	<i>9 117 198 3 1001 99</i>
NAME <i>Genista</i>		
BASIS FOR EXCEPTION (Enter alphanumeric code)	DATE OF LAST FACE-TO-FACE VISIT	NEXT VISITS DUE
<i>A-1 a-0</i>	<i>3 1 17 198</i>	<i>9 117 198 3 1001 99</i>

CASE ACTIVITY LOG

STATE EXCEPTIONS FOR CONTACT REQUIREMENTS

The DCS 110 is completed following the face-to-face visit (prior to the due date of the next visit) and/or at the beginning of the case plan period. The date of the last face-to-face visit and the dates of the next visits must reflect the requested exception period. The CSW completes the form by:

- Entering the case name and number.
- Completing the appropriate field(s) by entering the name of child(ren)/parent(s); the date of the last face-to-face visit; the alpha/numeric code(s) for the exception basis (i.e., A.1.-3. and A.4.d.); the dates of the next visits; and all other applicable information, i.e., exception documentation/justification summary.

NOTE: Summary of contact requirements is on the reverse of the form.

- Using Section V. for the renewal of an exception at the time of reassessment, if criteria continues to be met and the child(ren) continues to be in out-of-home care and receiving FR or PP services.

NOTE: RENEWAL OF THE EXCEPTION MUST BE DONE EVERY 6 MONTHS REGARDLESS OF VISIT FREQUENCY.

- Signing and dating the applicable approval block.
- Immediately submitting the completed/signed form and case to the SCSW for review and approval.
- Entering the (case record) page numbers on the bottom of the form.
- Filing the exception form in chronological sequence in the Case Activity Recording Folder.

BASIS FOR EXCEPTION(S):

A. CSW will have a face-to-face visit with the child(ren) at least once every 6 months because:

1. Child(ren) is in home of legal guardian or relative or group home or foster family home or adoptive home (including Foster/Adopt placements) and **ALL OF THE FOLLOWING CONDITIONS EXIST:**
 - a. Child(ren) has been in current placement for 6 or more consecutive months; and,
 - b. Child(ren) has no serious emotional problems aggravated by placement and placement has stabilized; and,
 - c. The out-of-home caregiver is cooperating with the case plan; and,
 - d. Child(ren) is attending school, day treatment, or a licensed day care facility regularly (if not school-age, child is seen at least once a week by responsible third parties besides caregiver, i.e., by a mandated reporter such as a preschool teacher, therapist, FFA social worker, Regional Center staff, etc.) or is being assisted toward self-maintenance as specified in written transitional independent living plan (not required for relative placements).
2. Child(ren) is visited at least monthly by one or more other service provider(s) as part of case plan (i.e., other county social services staff, staff of another services agency, a physician or other health professional) and there is documented agreement with the service provider(s) to provide CSW with timely reports.

NOTE: CSW must ensure the verbal or written reports are received and documented in the case record.

B. CSW may have a face-to-face visit with the child(ren) at least once every 6 consecutive calendar months because the child(ren) is receiving permanent placement services, is placed with a legal guardian, and dependency has been dismissed or child(ren) was never a dependent.

IV. APPROVED CASE PLAN FOR OUT-OF-HOME CARE — PARENT/GUARDIAN VISITS

NAME		
BASIS FOR EXCEPTION (Enter alphanumeric code)	DATE OF LAST FACE-TO-FACE VISIT	NEXT VISITS DUE
	/ /	/ /
NAME		
BASIS FOR EXCEPTION (Enter alphanumeric code)	DATE OF LAST FACE-TO-FACE VISIT	NEXT VISITS DUE
	/ /	/ /

BASIS FOR EXCEPTION(S):

A. CSW will have face-to-face visits with the parent(s)/guardian(s) NAMED IN THE CASE PLAN less frequently than once each month because _____

B. CSW will have monthly written or telephone contacts with the parent(s)/guardian(s) NAMED IN THE CASE PLAN in lieu of face-to-face visits because the following criteria are met:

1. Parent(s)/guardian(s) is unavailable for monthly face-to-face contacts but monthly written or telephone contact is maintained by CSW; OR
2. Parent(s)/guardian(s) has monthly face-to-face contact with other service provider(s) as part of the case plan (i.e., other staff of the county, staff of another services agency, a physician or other professional), there is documented agreement with the service provider(s) to furnish the CSW with timely reports and the CSW ensures that verbal or written reports are received and documented in the case record.

V. EXCEPTION RENEWAL

Next visits due ____/____/____

(Check box, if applicable)

☐ Form has been reviewed for renewal of the exception(s) and is approved for the next _____ months.

(Countersign and date below)

EXCEPTION DOCUMENTATION (SUMMARIZE HOW CASE CONTINUES TO MEET EXCEPTION CRITERIA)

Minors are stable in home - attend school regular	

INITIAL APPROVAL SIGNATURES

CSW	<i>[Signature]</i>
SCSW	

DATE	9/20/98
DATE	/ /

RENEWAL APPROVAL SIGNATURES

CSW	<i>[Signature]</i>
SCSW	

DATE	/ /
DATE	/ /

SUMMARY OF VISITATION/CONTACT REQUIREMENTS AND EXCEPTIONS	
REQUIREMENTS	EXCEPTIONS
PRIOR TO CASE PLAN DEVELOPMENT	
Face-to-face visit w/child 3Xs in 1st 30 days.	None unless approved by court.
APPROVED PLAN FOR IN-HOME SERVICES	
Face-to-face visit w/child & parents/guardians every calendar month.	At least once every 2 calendar months under specific circumstances (NOTE: <i>Departmental goal</i> is 2Xs per month for first 3 months & monthly thereafter).
NOTE: Additional exceptions may be granted by court (court-supervised cases) & Operations/ Specialized Programs' Deputy Director (voluntary cases).	
APPROVED PLAN FOR OUT-OF-HOME SERVICES	
Face-to-face visit w/child every calendar month.	Once every 3 calendar months under specific circumstances.
Face-to-face visit w/parents/guardians every calendar month.	Monthly written/telephone contacts under specific circumstances.
Monthly written/telephone contact w/out-of-home care provider.	Requirement waived for legal guardian cases & long term relative placements (5 yrs. or longer).
Face-to-face visit w/out-of-home care provider every 6 calendar months.	None.
Arrange monthly face-to-face visits between parents & child.	May document for less frequent contact.
Arrange for face-to-face visits between child & grandparents/siblings per case plan.	May document why visits would not be beneficial.
IN ADDITION, FOR CHILDREN WITH AN APPROVED PERMANENT PLACEMENT PLAN:	
Face-to-face visit w/child every calendar month.	Once every 6 consecutive calendar months under specific circumstances.
Monthly telephone contact w/child placed in group home.	May document for less frequent contact if not in child's best interest.
NOTE: Additional exceptions may be granted by court (court-supervised cases) & Operations/ Specialized Programs' Deputy Director (voluntary cases).	

CASE ACTIVITY VISIT LOG

1. CASE NAME CAIN	3. DATE OF FACE-TO-FACE VISIT 3/17/98	5. NAME(S) OF MINOR(S) SEEN Johnisha D. _____	
2. CASE NUMBER 5295254	4. LOCATION OF VISIT <input type="checkbox"/> Parent(s)' Residence <input type="checkbox"/> School <input type="checkbox"/> Placement Residence <input type="checkbox"/> CSW Office <input type="checkbox"/> Court (Content of court interview must be documented on form) <input type="checkbox"/> Other (Describe) _____	B. Eunisha E. _____ C. _____ F. _____	
6. ADULTS SEEN 6A. <input type="checkbox"/> Mother <input type="checkbox"/> Father (If more than one father on case, state name of father seen) _____	6B. CAREGIVER OR FACILITY NAME AND NAME OF REPRESENTATIVE SEEN Ms. Edwards	6C. OTHERS SEEN: NAMES AND RELATIONSHIPS	7. CONDITIONS OF HOME/FACILITY <input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor (Explain corrective plan in No. 11)

PRIMARY TOPICS TO DISCUSS ON A FACE-TO-FACE VISIT (As applicable)

- Medical/Dental Care Update (Complete No. 10)
 - Child's Functioning in the Home
 - Child's Contacts with Siblings
 - Parental Visits
 - Grandparent Visits
 - School Progress
 - Progress on Service Plan Goals
 - Verification of Changes in Address(es)/Telephone Number(s)
- Any of the above that were discussed during this visit must be summarized in the Comments/Observations section (No. 11) below.

8. PURPOSE OF VISIT

Monthly

9. REASON FOR DCFS INTERVENTION

To be completed only ONCE PER REFERRAL.

(Enter date and circle child identifier-

A through F, as applicable)

- ☐ The reason(s) for DCFS intervention was explained by the CSW to the child(ren) identified below in an age-appropriate manner

on 1/1

A B C D E F

10. MEDICAL/HEALTH CARE UPDATE

Check box(es) and circle child identifier-

A through F, as applicable)

- ☐ DCFS 562 picked up for:

A B C D E F

- ☐ Child(ren) identified below has not had any medical/health care visits since last CSW visit:

A B C D E F

11. COMMENTS/OBSERVATIONS (Summarize each primary topic discussed and any other topics)

CSW Din visitation with minor minor was in good physical shape and appeared healthy. minor was generally happy to see CSW. Minors medical & dental are current. School progress is fine. CSW did walk through of home and found it to be clean and sufficiently supplied with food. Johnisha enrolled in Cal-Tech.		
CSW'S SIGNATURE Din S.H.	FILE # 6220	DATE FORM COMPLETED 3/18/98

CONFIDENTIAL CASE RECORDS PURSUANT TO WIC SECTION 827 AND ORDER OF THE LOS ANGELES COUNTY JUVENILE COURT

CASE ACTIVITY LOG - STATE EXCEPTIONS FOR CONTACT REQUIREMENTS

CASE NAME <i>Enice Cain</i>	CASE NUMBER <i>5295254</i>
--------------------------------	-------------------------------

I. APPROVED CASE PLAN FOR IN-HOME SERVICES - CHILD AND/OR PARENT VISITS

NAME		
BASIS FOR EXCEPTION (Enter alphanumeric code)	DATE OF LAST FACE-TO-FACE VISIT / /	NEXT VISITS DUE / /
NAME		
BASIS FOR EXCEPTION (Enter alphanumeric code)	DATE OF LAST FACE-TO-FACE VISIT / /	NEXT VISITS DUE / /

BASIS FOR EXCEPTION(S):

A. CSW will have a face-to-face visit with the child(ren) and parent(s)/guardian(s) at least once every 2 calendar months because **ALL OF THE FOLLOWING EXCEPTION CRITERIA ARE BEING MET:**

1. Child(ren) has no severe physical/emotional problems caused or aggravated by remaining in his/her own home; and,
2. Parent(s)/guardian(s) has no severe physical/emotional problems that affect his/her ability to parent the child(ren); and,
3. Child(ren) and parent(s) is seen **at least once a week** by a **non-DCS** family preservation worker or a public health nurse as part of the case plan and there is documented agreement with such service provider(s) to furnish CSW with timely contact reports.

II. APPROVED CASE PLAN FOR OUT-OF-HOME CARE - CHILD VISITS

NAME		
BASIS FOR EXCEPTION (Enter alphanumeric code)	DATE OF LAST FACE-TO-FACE VISIT / /	NEXT VISITS DUE / /
NAME		
BASIS FOR EXCEPTION (Enter alphanumeric code)	DATE OF LAST FACE-TO-FACE VISIT / /	NEXT VISITS DUE / /

BASIS FOR EXCEPTION(S):

A. CSW will have a face-to-face visit with the child at least once every 3 calendar months because **ALL OF THE FOLLOWING EXCEPTION CRITERIA ARE BEING MET:**

1. Child has no severe physical/emotional problems caused or aggravated by the placement; and,
2. Placement is stable; and,
3. Subsequent to development of the case plan and prior to any exception, the child has been visited monthly in 3 of the most recent 4 consecutive months; and,
4. Case record documents that **AT LEAST ONE OF THE FOLLOWING APPLY:**
 - a. Child is placed with relatives; or
 - b. Child is placed with foster parent who has provided child with continuous care for a minimum of 12 months; or
 - c. Placement is voluntary and the parents/guardians identified in the case plan visit monthly; or
 - d. Child is visited once each calendar month by one or more service provider(s) as part of the case plan (i.e., other county social services staff, staff of another services agency, a physician or other health professional) and there is documented agreement with the service provider(s) to furnish the CSW with timely reports; or
 - e. Child is under age 2 and less frequent CSW-child visits facilitate reunification by permitting more CSW visits with parents/guardians.

III. APPROVED CASE PLAN FOR OUT-OF-HOME CARE & PERMANENT PLACEMENT SERVICES (IN ADDITION TO EXCEPTIONS LISTED IN SECTION II) - CHILD VISITS

NAME <i>Ashunika White</i>		
BASIS FOR EXCEPTION (Enter alphanumeric code) <i>A1 A-D</i>	DATE OF LAST FACE-TO-FACE VISIT <i>8/22/97</i>	NEXT VISITS DUE <i>2 12/198 8/100/98</i>
NAME <i>Enice White</i>		
BASIS FOR EXCEPTION (Enter alphanumeric code) <i>A1 - A-D</i>	DATE OF LAST FACE-TO-FACE VISIT <i>8/22/97</i>	NEXT VISITS DUE <i>2 12/198 8/100/98</i>

CASE ACTIVITY LOG

STATE EXCEPTIONS FOR CONTACT REQUIREMENTS

The DCS 110 is completed following the face-to-face visit (prior to the due date of the next visit) and/or at the beginning of the case plan period. The date of the last face-to-face visit and the dates of the next visits must reflect the requested exception period. The CSW completes the form by:

- Entering the case name and number.
- Completing the appropriate field(s) by entering the name of child(ren)/parent(s); the date of the last face-to-face visit; the alpha/numeric code(s) for the exception basis (i.e., A.1.-3. and A.4.d.); the dates of the next visits; and all other applicable information, i.e., exception documentation/justification summary.

NOTE: Summary of contact requirements is on the reverse of the form.

- Using Section V. for the renewal of an exception at the time of reassessment, if criteria continues to be met and the child(ren) continues to be in out-of-home care and receiving FR or PP services.

NOTE: RENEWAL OF THE EXCEPTION MUST BE DONE EVERY 6 MONTHS REGARDLESS OF VISIT FREQUENCY.

- Signing and dating the applicable approval block.
- Immediately submitting the completed/signed form and case to the SCSW for review and approval.
- Entering the (case record) page numbers on the bottom of the form.
- Filing the exception form in chronological sequence in the Case Activity Recording Folder.

BASIS FOR EXCEPTION(S)

A. CSW will have a face-to-face visit with child(ren) at least once every 6 months because:

1. Child(ren) is in home of legal guardian or relative or group home or foster family home or adoptive home (including Foster/Adopt placements) and **ALL OF THE FOLLOWING CONDITIONS EXIST:**
 - a. Child(ren) has been in current placement for 6 or more consecutive months; and,
 - b. Child(ren) has no serious emotional problems aggravated by placement and placement has stabilized; and,
 - c. The out-of-home caregiver is cooperating with the case plan; and,
 - d. Child(ren) is attending school, day treatment, or a licensed day care facility regularly (if not school-age, child is seen at least once a week by responsible third parties besides caregiver, i.e. by a mandated reporter such as a preschool teacher, therapist, FFA social worker, Regional Center staff, etc.) or is being assisted toward self-maintenance as specified in a written transitional independent living plan.
2. Child(ren) is visited at least monthly by one or more other service provider(s) as part of case plan (i.e., other county social services staff, staff of another services agency, a physician or other health professional) and there is documented agreement with the service provider(s) to provide CSW with timely reports.
3. CSW ensures that verbal or written reports are received and documented in the case record.

B. CSW may have a face-to-face visit with the child(ren) at least once every 6 consecutive calendar months because the child(ren) is receiving permanent placement services, is placed with a legal guardian, and dependency has been dismissed or child(ren) was never a dependent.

IV. APPROVED CASE PLAN FOR OUT-OF-HOME CARE — PARENT/GUARDIAN VISITS

NAME		
BASIS FOR EXCEPTION (Enter alphanumeric code)	DATE OF LAST FACE-TO-FACE VISIT	NEXT VISITS DUE
	/ /	/ /
NAME		
BASIS FOR EXCEPTION (Enter alphanumeric code)	DATE OF LAST FACE-TO-FACE VISIT	NEXT VISITS DUE
	/ /	/ /

BASIS FOR EXCEPTION(S):

A. CSW will have face-to-face visits with the parent(s)/guardian(s) NAMED IN THE CASE PLAN less frequently than once each month because _____

B. CSW will have monthly written or telephone contacts with the parent(s)/guardian(s) NAMED IN THE CASE PLAN in lieu of face-to-face visits because the following criteria are met:

1. Parent(s)/guardian(s) is unavailable for monthly face-to-face contacts but monthly written or telephone contact is maintained by CSW; OR
2. Parent(s)/guardian(s) has monthly face-to-face contact with other service provider(s) as part of the case plan (i.e., other staff of the county, staff of another services agency, a physician or other professional), there is documented agreement with the service provider(s) to furnish the CSW with timely reports and the CSW ensures that verbal or written reports are received and documented in the case record.

V. EXCEPTION RENEWAL

Next visits due ____ / ____ / ____ ____ / ____ / ____

(Check box, if applicable)

☐ Form has been reviewed for renewal of the exception(s) and is approved for the next _____ months.

(Countersign and date below)

EXCEPTION DOCUMENTATION (SUMMARIZE HOW CASE CONTINUES TO MEET EXCEPTION CRITERIA)

INITIAL APPROVAL SIGNATURES

CSW	DATE
<i>D. Sted</i>	8/25/97
SCSW	DATE
<i>J. Gully</i>	8/25/97

RENEWAL APPROVAL SIGNATURES

CSW	DATE
	/ /
SCSW	DATE
	/ /

PAGE 2 OF 2

SUMMARY OF VISITATION/CONTACT REQUIREMENTS AND EXCEPTIONS	
REQUIREMENTS	EXCEPTIONS
PRIOR TO CASE PLAN DEVELOPMENT	
Face-to-face visit w/child 3Xs in 1st 30 days.	None unless approved by court.
APPROVED PLAN FOR IN-HOME SERVICES	
Face-to-face visit w/child & parents/guardians every calendar month.	At least once every 2 calendar months under specific circumstances (NOTE: <i>Departmental goal</i> is 2Xs per month for first 3 months & monthly thereafter).
NOTE: Additional exceptions may be granted by court (court-supervised cases) & Operations/Specialized Programs' Deputy Director (voluntary cases).	
APPROVED PLAN FOR OUT-OF-HOME SERVICES	
Face-to-face visit w/child every calendar month.	Once every 3 calendar months under specific circumstances.
Face-to-face visit w/parents/guardians every calendar month.	Monthly written/telephone contacts under specific circumstances.
Monthly written/telephone contact w/out-of-home care provider.	Requirement waived for legal guardian cases & long term relative placements (5 yrs. or longer).
Face-to-face visit w/out-of-home care provider every 6 calendar months.	None.
Arrange monthly face-to-face visits between parents & child.	May document for less frequent contact.
Arrange for face-to-face visits between child & grandparents/siblings per case plan.	May document why visits would not be beneficial.
IN ADDITION, FOR CHILDREN WITH AN APPROVED PERMANENT PLACEMENT PLAN:	
Face-to-face visit w/child every calendar month.	Once every 6 consecutive calendar months under specific circumstances.
Monthly telephone contact w/child placed in group home.	May document for less frequent contact if not in child's best interest.
NOTE: Additional exceptions may be granted by court (court-supervised cases) & Operations/Specialized Programs' Deputy Director (voluntary cases).	

VISSUM/PD15 (REV. 8-24-93)

COUNTY OF LOS ANGELES • DEPARTMENT OF CHILDREN AND FAMILY SERVICES
CASE ACTIVITY VISIT LOG

213-752-7347
 Mrs Edwards

1. CASE NAME <i>Eunice Cain</i>	3. DATE OF FACE-TO-FACE VISIT <i>9/19/96</i>	5. NAME(S) OF MINOR(S) SEEN <i>Eunisha</i> D. <i>Johnisha</i> E. C. F.
2. CASE NUMBER	4. LOCATION OF VISIT <input type="checkbox"/> Parent(s)' Residence <input type="checkbox"/> School <input type="checkbox"/> Placement Residence <input type="checkbox"/> CSW Office <input type="checkbox"/> Court (Content of court interview must be documented on form) <input type="checkbox"/> Other (Describe)	
6. ADULTS SEEN 6A. <input type="checkbox"/> Mother <input type="checkbox"/> Father (If more than one father on case, state name of father seen)	6B. CAREGIVER OR FACILITY NAME AND NAME OF REPRESENTATIVE SEEN <i>Mrs Jan Edwards</i>	6C. OTHERS SEEN: NAMES AND RELATIONSHIPS <i>Mother Eunice Cain</i>
		7. CONDITIONS OF HOME/FACILITY <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor (Explain corrective plan in No. 11)

PRIMARY TOPICS TO DISCUSS ON A FACE-TO-FACE VISIT (As applicable)

- Medical/Dental Care Update (Complete No. 10)
- Child's Functioning in the Home
- Child's Contacts with Siblings
- Parental Visits
- Grandparent Visits
- School Progress
- Progress on Service Plan Goals
- Verification of Changes in Address(es)/Telephone Number(s)

Any of the above that were discussed during this visit must be summarized in the Comments/Observations section (No. 11) below.

8. PURPOSE OF VISIT

--

☐ Cont. on reverse

9. REASON FOR DCFS INTERVENTION

To be completed only ONCE PER REFERRAL.

(Enter date and circle child identifier-

A through F, as applicable)

- ☐ The reason(s) for DCFS intervention was explained by the CSW to the child(ren) identified below in an age-appropriate manner

on 1/1

A B C D E F

10. MEDICAL/HEALTH CARE UPDATE

Check box(es) and circle child identifier-

A through F, as applicable)

- ☐ DCFS 562 picked up for:

A B C D E F

- ☐ Child(ren) identified below has not had any medical/health care visits since last CSW visit:

A B C D E F

11. COMMENTS/OBSERVATIONS (Summarize each primary topic discussed and any other topics)

<p>CSW met with M & M & Minors Eunisha and Johnisha on 9/19/98. M & M stated that Dr. both minors had an assessment last year and was told that they did not need to return to counseling. CSW will refer caretaker to new therapist. Judge rising grades up. Johnisha did not pass 10th grade Counselor</p>	
CSW'S SIGNATURE <i>Edla Haglin</i>	<div>FILE # <i>PM61</i></div> <div>DATE FORM COMPLETED <i>9/19/96</i></div>

☐ Cont. on reverse

CONFIDENTIAL CASE RECORDS PURSUANT TO WIC SECTION 827 AND ORDER OF THE LOS ANGELES COUNTY JUVENILE COURT

Mrs Macado, Johnisha repeated
the 6 grade twice, and the 9th grade
3 times.

Johnisha stated that removing her
from placement will get help.
Child Guidance Center / Vermont

Return to sch 10/28/96

Ennisha / Johnisha

Ennisha Ennisha in par. 2. No
she stated that she is on disability
of asthma & Rheumatoid Arthritis

CASE ACTIVITY VISIT LOG

1. CASE NAME <i>EUNICE GAIN</i>	3. DATE OF FACE-TO-FACE VISIT <i>8/22/97</i>	5. NAME(S) OF MINOR(S) SEEN A. <i>Eniola</i> D. _____ B. <i>Johnnie</i> E. _____ C. _____ F. _____	
2. CASE NUMBER <i>5295254</i>	4. LOCATION OF VISIT <input type="checkbox"/> Parent(s) Residence <input type="checkbox"/> School <input type="checkbox"/> Placement Residence <input type="checkbox"/> CSW Office <input type="checkbox"/> Court (Content of court interview must be documented on form) <input type="checkbox"/> Other (Describe)		
6. ADULTS SEEN 6A. <input type="checkbox"/> Mother <input type="checkbox"/> Father (If more than one father on case, state name of father seen)	6B. CAREGIVER OR FACILITY NAME AND NAME OF REPRESENTATIVE SEEN <i>Monthly</i>	6C. OTHERS SEEN: NAMES AND RELATIONSHIPS	7. CONDITIONS OF HOME/FACILITY <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor (Explain corrective plan in No. 11)

PRIMARY TOPICS TO DISCUSS ON A FACE-TO-FACE VISIT (As applicable)

- Medical/Dental Care Update (Complete No. 10)
- Child's Functioning in the Home
- Child's Contacts with Siblings
- Parental Visits
- Grandparent Visits
- School Progress
- Progress on Service Plan Goals
- Verification of Changes in Address(es)/Telephone Number(s)

Any of the above that were discussed during this visit must be summarized in the Comments/Observations section (No. 11) below.

8. PURPOSE OF VISIT

<i>Monthly</i>

☐ Cont. on reverse

9. REASON FOR DCFS INTERVENTION

To be completed only ONCE PER REFERRAL.

(Enter date and circle child identifier-

A through F, as applicable)

- ☐ The reason(s) for DCFS intervention was explained by the CSW to the child(ren) identified below in an age-appropriate manner

on 1/1

A B C D E F

10. MEDICAL/HEALTH CARE UPDATE

Check box(es) and circle child identifier-

A through F, as applicable)

- ☐ DCFS 562 picked up for:

A B C D E F

- ☐ Child(ren) identified below has not had any medical/health care visits since last CSW visit:

A B C D E F

11. COMMENTS/OBSERVATIONS (Summarize each primary topic discussed and any other topics)

<i>CSW Did monthly visit with minor Johnnie and Eniola Gain. Both minor continue to do well with care taken by Mrs. EDWARDS. CSW will do follow-up with minor concerning the OAS program. Johnnie now has summer employment. Eniola continues to go to school (summer).</i>		
SW'S SIGNATURE <i>[Signature]</i>	FILE # <i>PM 45</i>	DATE FORM COMPLETED <i>8/22/97</i>

☐ Cont. on reverse

CONFIDENTIAL CASE RECORDS PURSUANT TO WIC SECTION 827 AND ORDER OF THE LOS ANGELES COUNTY JUVENILE COURT

COUNTY OF LOS ANGELES • DEPARTMENT OF CHILDREN AND FAMILY SERVICES
CASE ACTIVITY VISIT LOG

1. CASE NAME <i>Eunice Cain</i>	3. DATE OF FACE-TO-FACE VISIT <i>4/19/97</i>	5. NAMES OF MINOR(S) SEEN <i>Eunisha</i> D. _____ <i>Johnisha</i> E. _____ C. _____ F. _____
2. CASE NUMBER <i>529525</i>	4. LOCATION OF VISIT <input type="checkbox"/> Parent(s)' Residence <input type="checkbox"/> School <input checked="" type="checkbox"/> Placement Residence <input type="checkbox"/> CSW Office <input type="checkbox"/> Court (Content of court interview must be documented on form) <input type="checkbox"/> Other (Describe)	
6. ADULTS SEEN 6A. <input type="checkbox"/> Mother <input type="checkbox"/> Father (If more than one father on case, state name of father seen)	6B. CAREGIVER OR FACILITY NAME AND NAME OF REPRESENTATIVE SEEN <i>Eunice Cain</i>	6C. OTHERS SEEN NAMES AND RELATIONSHIPS
		7. CONDITIONS OF HOME/FACILITY <input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor (Explain corrective plan in No. 11)

PRIMARY TOPICS TO DISCUSS ON A FACE-TO-FACE VISIT (As applicable)

- Medical/Dental Care Update (Complete No. 10)
 - Child's Functioning in the Home
 - Child's Contacts with Siblings
 - Parental Visits
 - Grandparent Visits
 - School Progress
 - Progress on Service Plan Goals
 - Verification of Changes in Address(es)/Telephone Number(s)
- Any of the above that were discussed during this visit must be summarized in the Comments/Observations section (No. 11) below.

8. PURPOSE OF VISIT

Monthly Visit

9. REASON FOR DCFS INTERVENTION

To be completed only ONCE PER REFERRAL.

(Enter date and circle child identifier-

A through F, as applicable)

- ☐ The reason(s) for DCFS intervention was explained by the CSW to the child(ren) identified below in an age-appropriate manner

on *1/1*

A B C D E F

10. MEDICAL/HEALTH CARE UPDATE

Check box(es) and circle child identifier-

A through F, as applicable)

- ☐ DCFS 562 picked up for:

A B C D E F

- ☐ Child(ren) identified below has not had any medical/health care visits since last CSW visit:

A B C D E F

11. COMMENTS/OBSERVATIONS (Summarize each primary topic discussed and any other topics)

Mrs Johnisha and Eunisha were home from school when the CSW arrived at their placement. Mrs Johnisha was visiting her Mother in the back house where Eunice resides. Mrs and Mother Eunice escorted CSW to the front house where Mrs Eunisha was watching TV with her in PM Mrs Edwards all

CSW SIGNATURE: *Debra Raglin* FILE: *Johnisha* DATE FORM COMPLETED: *4/19/97*

CONFIDENTIAL CASE RECORDS PURSUANT TO WIC SECTION 827 AND ORDER OF THE LOS ANGELES COUNTY JUVENILE COURT

CASE NAME:

Eunice Cain CAS

CASE NUMBER:

* CT Codes: T/C/T for a telephone call made by CSW; T/C/F for a telephone call received by CSW; LTR for a letter, and FTF for a face-to-face contact with a collateral contact.

CSW

face-to-face contact with a collateral contact.

[Handwritten signature]

CONFIDENTIAL CASE RECORDS PURSUANT

IC 0055, 1050 (Rev. 12/02)

FILE NO.

DM 61
LOS ANGELES COUNTY JUV

PAGE NO.

CONFIDENTIAL CASE RECORDS PURSUANT TO WIC SECTION 827 AND ORDER OF THE LOS ANGELES COUNTY JUVENILE COURT

CASE NAME:

60 Eunice Cain

CASE NUMBER:

529.52549

[illegible]

* **CT Codes:** **T/C/T** for a telephone call made by CSW; **T/C/F** for a telephone call received by CSW; **LTR** for a letter, and **FTF** for a face-to-face contact with a collateral contact.

CSW

CONFIDENTIAL CASE RECORDS PURSUANT TO
DCFS 1950 (Rev 12/93)

FILE NO.

DM 6 1

PAGE NO.

1

76S366G DCFS 1950 (Rev 12/93)

CONFIDENTIAL CASE RECORDS PURSUANT TO WIC SECTION 827 AND ORDER OF THE LOS ANGELES COUNTY JUVENILE COURT

1

CASE ACTIVITY VISIT LOG

1. CASE NAME <i>Eunice Chin</i>	3. DATE OF FACE-TO-FACE VISIT <i>3 12 1996</i>	5. NAME(S) OF MINOR(S) SEEN A. <i>Eunisha</i> D. _____ B. <i>Johnisha</i> E. _____ C. _____ F. _____	
2. CASE NUMBER	4. LOCATION OF VISIT <input type="checkbox"/> Parent(s) Residence <input type="checkbox"/> School <input checked="" type="checkbox"/> Placement Residence <input type="checkbox"/> CSW Office <input type="checkbox"/> Court (Content of court interview must be documented on form) <input type="checkbox"/> Other (Describe)		
6. ADULTS SEEN 6A. <input type="checkbox"/> Mother <input type="checkbox"/> Father (If more than one father on case, state name of father seen)	6B. CAREGIVER OR FACILITY NAME AND NAME OF REPRESENTATIVE SEEN <i>Mrs. F. Edwards</i>	6C. OTHERS SEEN: NAMES AND RELATIONSHIPS	7. CONDITIONS OF HOME/FACILITY <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor (Explain corrective plan in No. 11)

PRIMARY TOPICS TO DISCUSS ON A FACE-TO-FACE VISIT (As applicable)

- Medical/Dental Care Update (Complete No. 10)
- Child's Functioning in the Home
- Child's Contacts with Siblings
- Parental Visits
- Grandparent Visits
- School Progress
- Progress on Service Plan Goals
- Verification of Changes in Address(es)/Telephone Number(s)

Any of the above that were discussed during this visit must be summarized in the Comments/Observations section (No. 11) below.

8. PURPOSE OF VISIT

Home Visit☐ Cont. on reverse

9. REASON FOR DCFS INTERVENTION

To be completed only ONCE PER REFERRAL.

(Enter date and circle child identifier-

A through F, as applicable)

- ☐ The reason(s) for DCFS intervention was explained by the CSW to the child(ren) identified below in an age-appropriate manner

on 1 1

A B C D E F

10. MEDICAL/HEALTH CARE UPDATE

Check box(es) and circle child identifier-

A through F, as applicable)

- ☐ DCFS 562 picked up for:

A B C D E F

- ☐ Child(ren) identified below has not had any medical/health care visits since last CSW visit:

A B C D E F

11. COMMENTS/OBSERVATIONS (Summarize each primary topic discussed and any other topics)

CSW visited mi's Johnisha and Eunisha on 3-2-96. CSW made an attempt to see mi's on 3-1-96. No one was home. Both mi's stated that they were feeling well however Johnisha stated that she visited the dentist before I arrived that day. She stated that she had several filling and had to get more work on her teeth in the future.

CSW'S SIGNATURE *Jessie Rabin* FILE # *611312196* DATE FORM COMPLETED

☐ Cont. on reverse

CONFIDENTIAL CASE RECORDS PURSUANT TO WIC SECTION 827 AND ORDER OF THE LOS ANGELES COUNTY JUVENILE COURT

CASE ACTIVITY VISIT LOG

1. CASE NAME CAIN EXNICE	3. DATE OF FACE-TO-FACE VISIT 6/6/96	5. NAME(S) OF MINOR(S) SEEN A. Johnnisha [redacted] D. _____ B. Edwards [redacted] E. _____ C. _____ F. _____	
2. CASE NUMBER 5295254	4. LOCATION OF VISIT <input type="checkbox"/> Parent(s)' Residence <input type="checkbox"/> School <input type="checkbox"/> Placement Residence <input type="checkbox"/> CSW Office <input type="checkbox"/> Court (Content of court interview must be documented on form) <input type="checkbox"/> Other (Describe)		
6. ADULTS SEEN 6A <input type="checkbox"/> Mother <input type="checkbox"/> Father (If more than one father on case, state name of father seen)	6B. CAREGIVER OR FACILITY NAME AND NAME OF REPRESENTATIVE SEEN JANE Edwards	6C. OTHERS SEEN NAMES AND RELATIONSHIPS	7. CONDITIONS OF HOME/FACILITY <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor (Explain corrective plan in No. 11)

PRIMARY TOPICS TO DISCUSS ON A FACE-TO-FACE VISIT (As applicable)

- Medical/Dental Care Update (Complete No. 10)
 - Child's Functioning in the Home
 - Child's Contacts with Siblings
 - Parental Visits
 - Grandparent Visits
 - School Progress
 - Progress on Service Plan Goals
 - Verification of Changes in Address(es)/Telephone Number(s)
- Any of the above that were discussed during this visit must be summarized in the Comments/Observations section (No. 11) below.

8. PURPOSE OF VISIT

Home Visit [redacted] L.A. phone 213- [redacted]

☐ Cont. on reverse

9. REASON FOR DCFS INTERVENTION

To be completed only ONCE PER REFERRAL.

(Enter date and circle child identifier-

A through F, as applicable)

- ☐ The reason(s) for DCFS intervention was explained by the CSW to the child(ren) identified below in an age-appropriate manner

on 1/1

A B C D E F

10. MEDICAL/HEALTH CARE UPDATE

Check box(es) and circle child identifier-

A through F, as applicable)

- ☐ DCFS 562 picked up for:

A B C D E F

- ☐ Child(ren) identified below has not had any medical/health care visits since last CSW visit:

A B C D E F

11. COMMENTS/OBSERVATIONS (Summarize each primary topic discussed and any other topics)

CSW Visited Mr Eunisha and Johnnisha on 6-6-96 both Mr's were neat and clean and appeared to be healthy.

Mr Johnnisha is still on C-track from school she will return to Washington High School on 7-5-96

Mr Eunisha continues to attend Manuel arts Mr stated that she is doing better in sch.

CSW SIGNATURE **Geola Raglin** FILE # **PM61** DATE FORM COMPLETED **6/6/96**

☐ Cont. on reverse

CONFIDENTIAL CASE RECORDS PURSUANT TO WIC SECTION 827 AND ORDER OF THE LOS ANGELES COUNTY JUVENILE COURT

Continued from reverse side (please note the continued section).

CSW will follow up on mi's progress.

Mother Eunice Cain was present at her mother's home. She stated that she is happy for mi's to be taken care of by her Mother. She stated that she is now living closer to her children. Eunice Cain 336 1/2

M & M Mrs Edwards stated that she is doing better healthwise.

CSW SIGNATURE

FILE #

DATE FORM COMPLETED

1 / 1

CASE ACTIVITY VISIT LOG

1. CASE NAME <i>Edwards</i>	3. DATE OF FACE-TO-FACE VISIT <i>8/16/96</i>	5. NAME(S) OF MINOR(S) SEEN A. _____ D. _____ B. _____ E. _____ C. _____ F. _____
2. CASE NUMBER	4. LOCATION OF VISIT <input type="checkbox"/> Parent(s)' Residence <input type="checkbox"/> School <input type="checkbox"/> Placement Residence <input type="checkbox"/> CSW Office <input type="checkbox"/> Court (Content of court interview must be documented on form) <input type="checkbox"/> Other (Describe)	
6. ADULTS SEEN 6A. <input type="checkbox"/> Mother <input type="checkbox"/> Father (If more than one father on case, state name of father seen)	6B. CAREGIVER OR FACILITY NAME AND NAME OF REPRESENTATIVE SEEN <i>Mrs. Edwards</i>	7. CONDITIONS OF HOME/FACILITY <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor (Explain corrective plans in No. 11)

PRIMARY TOPICS TO DISCUSS ON A FACE-TO-FACE VISIT (As applicable)

- Medical/Dental Care Update (Complete No. 10)
- Child's Functioning in the Home
- Child's Contacts with Siblings
- Parental Visits
- Grandparent Visits
- School Progress
- Progress on Service Plan Goals
- Verification of Changes in Address(es)/Telephone Number(s)

Any of the above that were discussed during this visit must be summarized in the Comments/Observations section (No. 11) below.

8. PURPOSE OF VISIT

Home Visit☐ Cont. on reverse

9. REASON FOR DCFS INTERVENTION

To be completed only ONCE PER REFERRAL.

(Enter date and circle child identifier-

A through F, as applicable)

- ☐ The reason(s) for DCFS intervention was explained by the CSW to the child(ren) identified below in an age-appropriate manner

on *8/16/96*

A B C D E F

10. MEDICAL/HEALTH CARE UPDATE

Check box(es) and circle child identifier-

A through F, as applicable)

- ☐ DCFS 562 picked up for:

A B C D E F

- ☐ Child(ren) identified below has not had any medical/health care visits since last CSW visit:

A B C D E F

11. COMMENTS/OBSERVATIONS (Summarize each primary topic discussed and any other topics)

When CSW visited Mrs. Edwards M & M of Eynisha and Johnpisha. She informed CSW that Mr. Edwards is not in the home. The children are in the care of Mrs. Edwards. The children are in the care of Mrs. Edwards. The children are in the care of Mrs. Edwards.

☐ Cont. on reverse

CSW'S SIGNATURE <i>Adela Raglin</i>	FILE # <i>pm61</i>	DATE FORM COMPLETED <i>8/16/96</i>
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CONFIDENTIAL CASE RECORDS PURSUANT TO WIC SECTION 827 AND ORDER OF THE LOS ANGELES COUNTY JUVENILE COURT

CASE ACTIVITY VISIT LOG

1. CASE NAME <i>Bernice Cain</i>	3. DATE OF FACE-TO-FACE VISIT <i>1/11/96</i>	5. NAME(S) OF MINOR(S) SEEN <i>Johnisha</i>
2. CASE NUMBER <i>5295254-9</i>	4. LOCATION OF VISIT <input type="checkbox"/> Parent(s)' Residence <input checked="" type="checkbox"/> School <input type="checkbox"/> Placement Residence <input type="checkbox"/> CSW Office <input type="checkbox"/> Court (Content of court interview must be documented on form) <input type="checkbox"/> Other (Describe)	A. _____ D. _____ B. _____ E. _____ C. _____ F. _____
6. ADULTS SEEN 6A <input type="checkbox"/> Mother <input type="checkbox"/> Father (If more than one father on case, state name of father seen)	8B. CAREGIVER OR FACILITY NAME AND NAME OF REPRESENTATIVE SEEN <i>Psychologist Mrs. Simon</i>	7. CONDITIONS OF HOME/FACILITY <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor (Explain corrective plan in No. 11)

PRIMARY TOPICS TO DISCUSS ON A FACE-TO-FACE VISIT (As applicable)

- Medical/Dental Care Update (Complete No. 10)
- Child's Functioning in the Home
- Child's Contacts with Siblings
- Parental Visits
- Grandparent Visits
- School Progress
- Progress on Service Plan Goals
- Verification of Changes in Address(es)/Telephone Number(s)

Any of the above that were discussed during this visit must be summarized in the Comments/Observations section (No. 11) below.

8. PURPOSE OF VISIT

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☐ Cont. on reverse

9. REASON FOR DCFS INTERVENTION

To be completed only ONCE PER REFERRAL.

(Enter date and circle child identifier-

A through F, as applicable)

- ☐ The reason(s) for DCFS intervention was explained by the CSW to the child(ren) identified below in an age-appropriate manner

on 1/1

A B C D E F

10. MEDICAL/HEALTH CARE UPDATE

Check box(es) and circle child identifier-

A through F, as applicable)

- ☐ DCFS 562 picked up for:

A B C D E F

- ☐ Child(ren) identified below has not had any medical/health care visits since last CSW visit:

A B C D E F

11. COMMENTS/OBSERVATIONS (Summarize each primary topic discussed and any other topics)

<i>CSW met with Mrs Van Patten Ph.D. Mr. Martinez, a psychologist and Simon A. Johnisha for a LEP planning program session. A program was set up for Mi to attend regular classes during the majority of the day and SP Ed, Writing and Reading classes the remaining of the day. Mi need help in reading and Writing. A copy of the mi's LEP</i>	
CSW'S SIGNATURE <i>Reale Raglin</i>	DATE FORM COMPLETED <i>1/11/96</i>

☐ Cont. on reverse

CONFIDENTIAL CASE RECORDS PURSUANT TO WIC SECTION 827 AND ORDER OF THE LOS ANGELES COUNTY JUVENILE COURT

CASE ACTIVITY VISIT LOG

1. CASE NAME <i>Eunice Cain</i>	3. DATE OF FACE-TO-FACE VISIT <i>12/12/95</i>	5. NAME(S) OF MINOR(S) SEEN A. <i>Johnnisha</i> D. _____ B. <i>Eunisha</i> E. _____ C. _____ F. _____
2. CASE NUMBER	4. LOCATION OF VISIT <input type="checkbox"/> Parent(s) Residence <input type="checkbox"/> School <input type="checkbox"/> Placement Residence <input type="checkbox"/> CSW Office <input type="checkbox"/> Court (Content of court interview must be documented on form) <input type="checkbox"/> Other (Describe)	
6. ADULTS SEEN 6A <input type="checkbox"/> Mother <input type="checkbox"/> Father (If more than one father on case, state name of father seen)	6B CAREGIVER OR FACILITY NAME AND NAME OF REPRESENTATIVE SEEN <i>Mrs. Edwards</i> <i>Ms. M.</i>	7. CONDITIONS OF HOME/FACILITY <input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor (Explain corrective plan in No. 11)

PRIMARY TOPICS TO DISCUSS ON A FACE-TO-FACE VISIT (As applicable)

- Medical/Dental Care Update (Complete No. 10)
 - Child's Functioning in the Home
 - Child's Contacts with Siblings
 - Parental Visits
 - Grandparent Visits
 - School Progress
 - Progress on Service Plan Goals
 - Verification of Changes in Address(es)/Telephone Number(s)
- Any of the above that were discussed during this visit must be summarized in the Comments/Observations section (No. 11) below.

8. PURPOSE OF VISIT

Home Visit☐ Cont. on reverse

9. REASON FOR DCFS INTERVENTION

To be completed only ONCE PER REFERRAL.

(Enter date and circle child identifier-

A through F, as applicable)

- ☐ The reason(s) for DCFS intervention was explained by the CSW to the child(ren) identified below in an age-appropriate manner

on 1/1

A B C D E F

10. MEDICAL/HEALTH CARE UPDATE

Check box(es) and circle child identifier-

A through F, as applicable)

- ☐ DCFS 562 picked up for:

A B C D E F

- ☐ Child(ren) identified below has not had any medical/health care visits since last CSW visit:

A B C D E F

11. COMMENTS/OBSERVATIONS (Summarize each primary topic discussed and any other topics)

CSW saw Minors Johnnisha and Eunisha on 12-12-95 both Minors were home, both appeared to be doing well in placement. Mi Johnnisha was off track at Washington High. However she went to intervention. Mi Johnnisha stated that she intends to sign up for job training program with Mr. Rosie Coleman 213-789-9964. Mi Eunisha stated

CSW'S SIGNATURE *Debra Raglin* FILE # *PM61* DATE FORM COMPLETED *12/12/95*

CONFIDENTIAL CASE RECORDS PURSUANT TO WIC SECTION 927 AND ORDER OF THE LOS ANGELES COUNTY JUVENILE COURT

Continued from reverse side (please note the continued section).

that she is doing fine in school.
C-SW stated that she will be visiting
Mi's school Manuel's art High soon.

CSW SIGNATURE

FILE #

DATE FORM COMPLETED

/ /

CASE ACTIVITY VISIT LOG

1. CASE NAME <i>Eunice Cain</i>	3. DATE OF FACE-TO-FACE VISIT <i>12/8/95</i>	5. NAME(S) OF MINOR(S) SEEN	
2. CASE NUMBER	4. LOCATION OF VISIT <input type="checkbox"/> Parent(s)' Residence <input type="checkbox"/> School <input type="checkbox"/> Placement Residence <input type="checkbox"/> CSW Office <input type="checkbox"/> Court (Content of court interview must be documented on form) <input type="checkbox"/> Other (Describe)	A. _____	D. _____
6. ADULTS SEEN 6A. <input type="checkbox"/> Mother <input type="checkbox"/> Father (If more than one father on case, state name of father seen)	6B. CAREGIVER OR FACILITY NAME AND NAME OF REPRESENTATIVE SEEN <i>Washington High School</i>	B. _____	E. _____
	6C. OTHERS SEEN: NAMES AND RELATIONSHIPS <i>Mr Hood Counselor</i>	C. _____	F. _____
		7. CONDITION OF HOME/FACILITY <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor (Explain corrective plan in No. 11)	

PRIMARY TOPICS TO DISCUSS ON A FACE-TO-FACE VISIT (As applicable)

- Medical/Dental Care Update (Complete No. 10)
- Child's Functioning in the Home
- Child's Contacts with Siblings
- Parental Visits
- Grandparent Visits
- School Progress
- Progress on Service Plan Goals
- Verification of Changes in Address(es)/Telephone Number(s)

Any of the above that were discussed during this visit must be summarized in the Comments/Observations section (No. 11) below.

8. PURPOSE OF VISIT

School Visit☐ Cont. on reverse

9. REASON FOR DCS INTERVENTION

To be completed only ONCE PER REFERRAL.

(Enter date and circle child identifier —

A through F, as applicable)

- ☐ The reason(s) for DCS intervention was explained by the CSW to the child(ren) identified below in an age-appropriate manner on _____

A B C D E F

10. MEDICAL/HEALTH CARE UPDATE

(Check box(es) and circle child identifier —

A through F, as applicable)

- ☐ DCS 562 picked up for:
A B C D E F
- ☐ Child(ren) identified below has not had any medical/health care visits since last CSW visit:
A B C D E F

11. COMMENTS/OBSERVATIONS (Summarize each primary topic discussed and any other topics)

CSW visited Washington High School on 12-8-95 Re: Mr. Johnson's D. CSW spoke to Mr Hood VO, 9-95 papers were signed by Mr Eunice Cain for Mi to get an I.A.P. Mi will be returning to track soon.

☐ Cont. on reverse

CSW'S SIGNATURE

Leola Taglin

FILE #

DM 61

DATE FORM COMPLETED


12/8/95

CASE ACTIVITY LOG

CASE NAME:

Eunice Cain

CASE NUMBER:

DATE	CT*	CASE ACTIVITY
12-8-95		CSW Visited Washington High School on 12-8-95 Re: Minerva White. CSW spoke to Mr. Hood. Mr. Hood stated that Mi was off track at this time but Mi does have an appointment to have an IEP CSW will follow up on Mi's progress. 
		Dr. George Tempton Made student of the month
12-19-95		CSW received call from Dr. Van Patten Washington High Sch. Re Minerva White. A meeting has been set for Minerva re. program of services including an IEP. Psychologist need no signature & completed info. CSW promised to follow up. CSW contacted caretaker & were told that M & M A caretaker were in hospital. Mi Minerva stated that M & M had an operation & would be home on 12-20-95

* CT Codes: T/C/T for a telephone call made by CSW; T/C/F for a telephone call received by CSW; LTR for a letter, and FTF for a face-to-face contact with a collateral contact.

CSW

Lola Raglin

FILE NO.

PM 61

PAGE NO.

- 1 *

CASE ACTIVITY LOG

CASE NAME:

CASE NAME: Prunice Court . CA

CASE NUMBER: 23 95754.9

CASE NUMBER: 53 92754.9

DATE	CT*	CASE ACTIVITY
		2
9-24-95		Ann Simon contacted M & M A (Johnisha) White Re: Signature of MO. psychologist Ann Washington High reported that she sent papers to 213-757-9281 2# 106
		213-757-9281
10-13-95		CSW returned Mrs Edwards call Re: Mi's not receiving Sept. Check CSW will follow up on info
11-7-95		Minors Earnisha & Johnisha are reported to be doing well according to M & M Mrs Edwards.

* CT Codes: T/C/T for a telephone call made by CSW; T/C/F for a telephone call received by CSW; LTR for a letter, and FTF for a face-to-face contact with a collateral contact.

CSW

FILE NO

PAGE NO.

152

CASE ACTIVITY LOG: ER, FM, FR AND PP

DATE	CT*	CASE ACTIVITY
8-11-95		<p>CSW contacted M & M Mrs Edwards Re: Johnisha after Confering with Mrs Pratt the Dean at Washington High School.</p> <p>Mrs Pratt stated that Johnisha approached her last year Counselor Mrs William and asked her to allow her to transfer to Fremont High School. Mrs William sent note to Mrs Pratt stating this and after Careful Consideration Mrs Pratt stated that she allowed minor to transfer out of Washington High School. mi Johnisha returned to Manuel Arts High School to get permission to attend Fremont High School. at that time Manuel arts told Johnisha that she had to attend a Continuation school until her grades were better.</p> <p>CSW contacted Maternal & M Mrs Edwards who stated that she</p>

* CT Codes: T/C/T for a telephone call made by CSW
 T/C/F for a telephone call received by CSW
 LTR for a letter
 FTF for a face-to-face contact with a collateral contact

CSW	Leola Raglin	FILE NO	PM 61	PAGE NO
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CASE ACTIVITY LOG: ER, FM, FR AND PP

CASE NAME	<i>Eunice Cain</i>	CASE NO	<i>5295254-9</i>
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DATE	CT*	CASE ACTIVITY
		<p>Now the minor Johnisha ask for opinion to be transferred to Fremont.</p> <p>CSW contacted Mrs William who stated that MAM and Johnisha asked for minor's removal. CSW again contacted Mrs Pratt the dean. Re: Minor inability to progress in a continuation school. Mrs Pratt agreed with CSW and stated that minor needed special help. Mrs Pratt reconsidered and asked CSW to tell minor to return to Washington High on 8-14-95.</p>
8-15-95		<p>On 8-14-95 Minor returned to Metropolitan Continuation School. CSW contacted Mrs Edward the MAM and stated to her that minor was to return to Washington High on 8-15-95. Minor was to go to Mr Hartfield's office where she would be able to put into a class where she will get</p>

* CT Codes: T/C/T for a telephone call made by CSW
 T/C/F for a telephone call received by CSW
 LTR for a letter
 FTF for a face-to-face contact with a collateral contact

CSW	<i>Leola Raglin</i>	FILE NO	<i>FM 61</i>	PAGE NO	<i>1</i>
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*000000 DEC 1995 10 3 31

DATE	CT*	CASE ACTIVITY
8-10-95		John Ladosky from SA U.S.D. returned CSW & Call re: Johniska and Eryniska's IEP. Mr Ladosky stated that he would be in touch with both schools Washington High & Manuel Art's to finish. He also stated that each sch had 15 days to get signature from Guardian or Mother, and 50 days to get IEP done. Mr Ladosky asked CSW to fax copy of Minute Order to SA U.S.D. as soon as possible. 310-515-3090 - Fax # 310 769-4984

* **CT Codes:** T/C/T for a telephone call made by CSW
T/C/F for a telephone call received by CSW
LTR for a letter
FTF for a face-to-face contact with a collateral contact

CSW	FILE NO	PAGE NO
<i>[Signature]</i>	<i>Pina!</i>	<i>6</i>

DATE	CIR*	CASE ACTIVITY
8-15-91		the help that she needs.
8-31-95		<p> Dr. Simon Psychologist will do testing on Phyllis White. Mrs. Simon must get signature from M.A.M. or Sig from Mr. Eunice Cain. </p>

*CT Codes: T/C/T for a telephone call made by CSW
T/C/F for a telephone call received by CSW
LTR for a letter
FTF for a face-to-face contact with a collateral contact

CSW	<i>Lesla Raghi</i>	FILE NO	<i>Pm 61</i>	PAGE NO
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CASE ACTIVITY LOG: ER, FM, FR AND PP

CASE NO.	Cunice Cain	CASE NO.	5295254-9
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DATE	CT*	CASE ACTIVITY
8-8-95		CSW spoke with Mr. Johnnisha's Counselor Mrs. Carter (713) 757-9281 ext 125. Counselor stated that she is new and has not met minor. She referred CSW to Mr. Bartfield Tutorial Coord. 754-6851 CSW also called Mr. Hood Special Ed Coordinator 757-9281 ext 126. Re: IEP for student CSW was referred to Mrs. Nichols ^{was out} who was out to lunch.
8-9-95		CSW spoke with Mrs. Edwards Re. Minors Eunisha and Johnnisha. CSW was informed that Mr. Johnnisha was kicked out of Washington High School on 8-9-95 & sent back to Manuel arts High School. (Court's ruling)
8-10-95		CSW contacted Mrs. Carter at Washington Prep Re. Mr. Johnnisha's walking papers. Mrs. Carter stated that she knew nothing about Mr. Johnnisha's return to Manuel arts.

* CT Codes: T/C/T for a telephone call made by CSW
T/C/F for a telephone call received by CSW
LTR for a letter
FTF for a face-to-face contact with a collateral contact

CSW	Debra Raglin	FILE NO.	JM61	PAGE NO.	7
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CASE ACTIVITY LOG: ER, FM, FR AND PP

CASE NAME <i>Eunice Cain</i>	CASE NO. <i>5295254-4</i>
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DATE	CT*	CASE ACTIVITY
<i>8/10/8</i>		<i>Mrs Carter Referred CSW to Mr Hartfield Hittord Coord. Who stated that Mrs Savanti gave him Canceled opportunity transfer because M & M requested that Johnisha return to Manuel arts High. & Mrs Savanti sent note to Mrs Pratt the Dean stating that a signature was needed in order for mi to return to Manuel arts Mrs Pratt stated that after checking minors grades and attendance she signed opportunity transfer.</i>
<i>8/1/85</i>	<i>(CSW informed)</i>	<i>CSW informed Mrs Pratt that M & M is devastated over the removal of Johnisha from Washington High. M & M stated that she did not request minors removal she did not ask for minor to return to Fremont High. She never wanted Eunisha or Johnisha to attend Fremont Mrs Pratt promise to get back w/CSW as soon as she followed up on M's removal from Washington High.</i>

* CT Codes: T/O/T for a telephone call made by CSW
T/C/F for a telephone call received by CSW
LTR for a letter
FTF for a face-to-face contact with a collateral contact

<i>Leila Raglin</i>	FILE NO. <i>PM 61</i>	PAGE NO. <i>2</i>
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CASE ACTIVITY VISIT LOG

1. CASE NAME <i>Bunice Cain</i>	3. DATE OF FACE-TO-FACE VISIT <i>6/17/95</i>	5. NAME(S) OF MINOR(S) SEEN <i>Bunisha</i> D. _____ <i>Johnisha</i> E. _____ C. _____ F. _____
2. CASE NUMBER	4. LOCATION OF VISIT <input type="checkbox"/> Parent(s) Residence <input type="checkbox"/> School <input type="checkbox"/> Placement Residence <input type="checkbox"/> CSW Office <input type="checkbox"/> Court (Content of court interview must be documented on form) <input type="checkbox"/> Other (Describe) _____	
6. ADULTS SEEN 6A. <input type="checkbox"/> Mother <input type="checkbox"/> Father (if more than one father on case, state name of father seen)	6B. CAREGIVER OR FACILITY NAME AND NAME OF REPRESENTATIVE SEEN <i>Mrs Edwards</i>	7. CONDITION OF HOME/FACILITY <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor (Explain corrective plan in No. 11)

PRIMARY TOPICS TO DISCUSS ON A FACE-TO-FACE VISIT (As applicable)

- Medical/Dental Care Update (Complete No. 10)
- Child's Functioning in the Home
- Child's Contacts with Siblings
- Parental Visits
- Grandparent Visits
- School Progress
- Progress on Service Plan Goals
- Verification of Changes in Address(es)/Telephone Number(s)

Any of the above that were discussed during this visit must be summarized in the Comments/Observations section (No. 11) below.

8. PURPOSE OF VISIT

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☐ Cont. on reverse

9. REASON FOR DCS INTERVENTION

To be completed only ONCE PER REFERRAL.

(Enter date and circle child identifier —

A through F, as applicable)

- ☐ The reason(s) for DCS intervention was explained by the CSW to the child(ren) identified below in an age-appropriate manner on _____.

A B C D E F

10. MEDICAL/HEALTH CARE UPDATE

(Check box(es) and circle child identifier — A through F, as applicable)

- ☐ DCS 562 picked up for:
A B C D E F
- ☐ Child(ren) identified below has not had any medical/health care visits since last CSW visit:
A B C D E F

11. COMMENTS/OBSERVATIONS (Summarize each primary topic discussed and any other topics)

<i>Johnisha 9th 16 yrs Washington High</i> <i>going to be fostered by teachers</i> <i>Dr. Diop 4-11-85</i> <i>617 N. Manchester</i> <i>L.A. Case 258-9715</i>	
<i>No of...</i> <i>Dentist: Call 6-22-95</i>	
CSW'S SIGNATURE <i>J. Roafin</i>	FILE # <i>pm 61</i> DATE FORM COMPLETED <i>6/17/95</i>

☐ Cont. on reverse

CONFIDENTIAL CASE RECORDS PURSUANT TO WIC SECTION 827 AND ORDER OF THE LOS ANGELES COUNTY JUVENILE COURT

Quynha 14 8th Grade
John Muir Jr High
Mi failed Science
Mrs William John Muir Jr High
Will be notebooks
medical same as (Sister)
appointment

Dr Dipp
trouble w back
back is ok as long as mi
do not exercise, no activities.

CSW will call for report card

Eunice Cain

(213) [REDACTED]

Mi's next dental visit 7-14-95

Dr. Monroe Bilingslea

600 W. Manchester Ave.

213-753-2361

Last visit for both Mi's 4-5-95

CSW counseled both Mi's failure to
do well in their studies.

SIGNATURE

FILE #

DATE FORM COMPLETED

/ /

[illegible]

CSW <i>Debra Raglin</i>	FILE NO <i>Om 61</i>	PAGE NO <i>1</i>
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CASE ACTIVITY VISIT LOG

1. CASE NAME <i>Eunice Cain</i>	3. DATE OF FACE-TO-FACE VISIT <i>12-21-94</i>	5. NAME(S) OF MINOR(S) SEEN A. <i>Jannah</i> B. <i>Eunsha</i> C. _____ D. _____ E. _____ F. _____	
2. CASE NUMBER <i>5295254-9</i>	4. LOCATION OF VISIT <input type="checkbox"/> Parent(s) Residence <input type="checkbox"/> School <input type="checkbox"/> Placement Residence <input type="checkbox"/> CSW Office <input type="checkbox"/> COURT (Content of court interview must be documented on form) <input type="checkbox"/> Other (Describe) _____	6. ADULTS SEEN 6A. <input type="checkbox"/> Mother <input type="checkbox"/> Father (if more than one father on case, state name of father seen) _____	
6B. CAREGIVER OR FACILITY NAME AND NAME OF REPRESENTATIVE SEEN _____		6C. OTHERS SEEN: NAMES AND RELATIONSHIPS _____	7. CONDITION OF HOME/FACILITY <input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor (Explain corrective plan in No. 11)

PRIMARY TOPICS TO DISCUSS ON A FACE-TO-FACE VISIT (As applicable)

- Medical/Dental Care Update (Complete No. 10)
- Child's Functioning in the Home
- Child's Contacts with Siblings
- Parental Visits
- Grandparent Visits
- School Progress
- Progress on Service Plan Goals
- Verification of Changes in Address(es)/Telephone Number(s)

Any of the above that were discussed during this visit must be summarized in the Comments/Observations section (No. 11) below.

8. PURPOSE OF VISIT

<i>Deliver Christmas gifts</i>

☐ Cont. on reverse

9. REASON FOR DCS INTERVENTION

To be completed only ONCE PER REFERRAL.

(Enter date and circle child identifier —

A through F, as applicable)

- ☐ The reason(s) for DCS intervention was explained by the CSW to the child(ren) identified below in an age-appropriate manner on _____

A B C D E F

10. MEDICAL/HEALTH CARE UPDATE

(Check box(es) and circle child identifier — A through F, as applicable)

- ☐ DCS 562 picked up for:
A B C D E F
- ☐ Child(ren) identified below has not had any medical/health care visits since last CSW visit:
A B C D E F

11. COMMENTS/OBSERVATIONS (Summarize each primary topic discussed and any other topics)

<i>Face to Face visit with minor and caretaker. Minor last day of school for Christmas vacation. Started on 12-21. Both girls stated that they are excited over all the gifts underneath the tree.</i>	
CSW SIGNATURE <i>Carolyn Anne Oyer</i>	DATE FORM COMPLETED <i>116 RT</i>

☐ Cont. on reverse

CASE ACTIVITY VISIT LOG

1. CASE NAME <i>Enrique Carr</i>	3. DATE OF FACE-TO-FACE VISIT <i>10/12/94</i>	5. NAME(S) OF MINOR(S) SEEN A. <i>Enrique</i> D. _____ B. <i>Shanika</i> E. _____ C. _____ F. _____
2. CASE NUMBER <i>5295254-9</i>	4. LOCATION OF VISIT <input checked="" type="checkbox"/> Parent(s) Residence <input type="checkbox"/> School <input checked="" type="checkbox"/> Placement Residence <input type="checkbox"/> CSW Office <input type="checkbox"/> Court (Contents of court interview must be documented on form) <input type="checkbox"/> Other (Describe)	
6. ADULTS SEEN 6A. <input type="checkbox"/> Mother <input type="checkbox"/> Father (If more than one father on case, state name of father seen)	6B. CAREGIVER OR FACILITY NAME AND NAME OF REPRESENTATIVE SEEN <i>San Edwards - mpm</i>	7. CONDITION OF HOME/FACILITY <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor (Explain corrective plan in No. 11)

PRIMARY TOPICS TO DISCUSS ON A FACE-TO-FACE VISIT (As applicable)

- Medical/Dental Care Update (Complete No. 10)
- Child's Functioning in the Home
- Child's Contacts with Siblings
- Parental Visits
- Grandparent Visits
- School Progress
- Progress on Service Plan Goals
- Verification of Changes in Address(es)/Telephone Number(s)

Any of the above that were discussed during this visit must be summarized in the Comments/Observations section (No. 11) below.

8. PURPOSE OF VISIT

<i>Bi Annual Check</i>

☐ Cont. on reverse

9. REASON FOR DCS INTERVENTION

To be completed only ONCE PER REFERRAL.

(Enter date and circle child identifier —

A through F, as applicable)

- ☐ The reason(s) for DCS intervention was explained by the CSW to the child(ren) identified below in an age-appropriate manner on _____.

A B C D E F

10. MEDICAL/HEALTH CARE UPDATE

(Check box(es) and circle child identifier —

A through F, as applicable)

- ☐ DCS 562 picked up for:
A B C D E F
- ☐ Child(ren) identified below has not had any medical/health care visits since last CSW visit:
A B C D E F

11. COMMENTS/OBSERVATIONS (Summarize each primary topic discussed and any other topics)

<i>Face to face visit with minors</i> <i>Enrique, Shanika and carter.</i> <i>Both minors are doing fine. Enrique</i> <i>Enrique had a cyst remove from his</i> <i>back in June. Minor stated that she feel</i> <i>better but still has a little pain where</i> <i>the cyst was removed. Minor reportedly</i> <i>is doing fine in school. Carter is to</i>		
CSW SIGNATURE <i>Carolyn Lane-Opri</i>	FILE # <i>PM05</i>	DATE FORM COMPLETED <i>10/27/94</i>

☐ Cont. on reverse

CONFIDENTIAL CASE RECORDS PURSUANT TO WIC SECTION 827 AND ORDER OF THE LOS ANGELES COUNTY JUVENILE COURT

attend John Main Middle School
Johnna is in tenth grade at
Manuel Arts High. Michon is doing
okay in school. Carsten feel she
can definitely improve her grades. Michon
stated that she plans to take dance
in school. Has boyfriend but isn't
allowed to date. Carsten is
in the process of moving but doesn't have
the new address as of yet.

CSW SIGNATURE

FILE #

DATE FORM COMPLETED

/ /

CASE ACTIVITY VISIT LOG

1. CASE NAME <i>Enrique Caden</i>	3. DATE OF FACE-TO-FACE VISIT <i>10/11/99</i>	5. NAME(S) OF MINOR(S) SEEN <i>Enrique</i> D. _____
2. CASE NUMBER <i>5295254-9</i>	4. LOCATION OF VISIT <input type="checkbox"/> Parent(s)' Residence <input type="checkbox"/> School <input type="checkbox"/> Placement Residence <input type="checkbox"/> CSW Office <input type="checkbox"/> COURT (Content of court interview must be documented on form) <input type="checkbox"/> Other (Describe) _____	B. <i>Johnnie</i>
6. ADULTS SEEN 6A. <input type="checkbox"/> Mother <input type="checkbox"/> Father (If more than one father on case, state name of father seen) _____	6B. CAREGIVER OR FACILITY NAME AND NAME OF REPRESENTATIVE SEEN <i>Jane Edwards - mom</i>	C. _____ F. _____
6C. OTHERS SEEN: NAMES AND RELATIONSHIPS		7. CONDITION OF HOME/FACILITY <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor (Explain corrective plan in No. 11)

PRIMARY TOPICS TO DISCUSS ON A FACE-TO-FACE VISIT (As applicable)

- Medical/Dental Care Update (Complete No. 10)
- Child's Functioning in the Home
- Child's Contacts with Siblings
- Parental Visits
- Grandparent Visits
- School Progress
- Progress on Service Plan Goals
- Verification of Changes in Address(es)/Telephone Number(s)

Any of the above that were discussed during this visit must be summarized in the Comments/Observations section (No. 11) below.

8. PURPOSE OF VISIT

<i>Bi Annual visit</i>

☐ Cont. on reverse

9. REASON FOR DCS INTERVENTION

To be completed only ONCE PER REFERRAL.

(Enter date and circle child identifier —

A through F, as applicable)

- ☐ The reason(s) for DCS intervention was explained by the CSW to the child(ren) identified below in an age-appropriate manner on 1/1.

A B C D E F

10. MEDICAL/HEALTH CARE UPDATE

(Check box(es) and circle child identifier —

A through F, as applicable)

- ☐ DCS 562 picked up for:
A B C D E F
- ☐ Child(ren) identified below has not had any medical/health care visits since last CSW visit:
A B C D E F

11. COMMENTS/OBSERVATIONS (Summarize each primary topic discussed and any other topics)

<i>An unannounced visit was made to the home of caretaker Jane Edwards. Mrs. Edwards phone has been disconnected again. Minor Enrique was home but Johnnie had walked to the corner to use the phone. Mom sent Enrique out to look for Johnnie. Neither one returned so Mom left and rescheduled for</i>		
CSW'S SIGNATURE	FILE #	DATE FORM COMPLETED <i>1/1</i>

☐ Cont. on reverse

CONFIDENTIAL CASE RECORDS PURSUANT TO WIC SECTION 827 AND ORDER OF THE LOS ANGELES COUNTY JUVENILE COURT

Continued from reverse side (please note the continued section).

10-12-94. While driving down Normandie
(Dy) saw both men get out talk for a
few minutes told them what has been
scheduled for 10-12-94 around 3:30pm.

CSW SIGNATURE

FILE #

DATE FORM COMPLETED

/ /

CASE ACTIVITY VISIT LOG

1. CASE NAME <i>Emilia PLACE Larkin HERE</i>	3. DATE OF FACE-TO-FACE VISIT <i>4/27/94</i>	5. NAME(S) OF MINOR(S) SEEN A. <i>Emilia</i> B. <i>Johanna</i> C. _____ F. _____
2. CASE NUMBER <i>5295254-9</i>	4. LOCATION OF VISIT <input type="checkbox"/> Parent(s) Residence <input type="checkbox"/> School <input type="checkbox"/> Placement Residence <input type="checkbox"/> CSW Office <input type="checkbox"/> Court (Content of court interview must be documented on form) <input type="checkbox"/> Other (Describe)	
6. ADULTS SEEN 6A. <input type="checkbox"/> Mother <input type="checkbox"/> Father (If more than one father on case, state name of father seen)	5B. CAREGIVER OR FACILITY NAME AND NAME OF REPRESENTATIVE SEEN	7. CONDITION OF HOME/FACILITY <input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor (Explain corrective plan in No. 10)
5C. OTHERS SEEN: NAMES AND RELATIONSHIPS		

PRIMARY TOPICS TO DISCUSS ON A FACE-TO-FACE VISIT (As applicable)

- Medical/Dental Care Update (Complete No. 9)
- Child's Functioning in the Home
- Child's Contacts with Siblings
- Parental Visits
- Grandparent Visits
- School Progress
- Progress on Service Plan Goals
- Verification of Changes in Address(es)/Telephone Number(s)

Any of the above that were discussed during this visit must be summarized in the Comments/Observations section (No. 10) below.

8. PURPOSE OF VISIT

<i>Bi Annual Visit</i>
<input type="checkbox"/> Cont. on reverse

9. MEDICAL/DENTAL CARE UPDATE (New Information since last CSW visit)

DATE OF MEDICAL/DENTAL VISIT <i>4/26/94</i>	HEALTH CARE PROVIDER'S NAME <i>Tower Health Plan</i>	DATE OF MEDICAL/DENTAL VISIT <i>4/29/94</i>	HEALTH CARE PROVIDER'S NAME <i>Tower Health Plan</i>
<i>Dr. Ricky</i>		<i>Mancheste</i>	
<i>Emilia, Johanna</i>			
<i>Complete physical exam</i>			
<input type="checkbox"/> Cont. on reverse			

10. COMMENTS/OBSERVATIONS (Summarize each primary topic discussed and any other topics)

<i>Face to Face visit with maternal grandmother and minors Emilia, Johanna. Both minors were seen by Dr. Ricky at Tower Health Plan for complete physical on 4-26-94. Emilia has a small bump on her lower back. Caretaker reports minor has been complaining of pain when she bends over.</i>	
CSW'S SIGNATURE <i>Chadley, Dore - Officer</i>	DATE FORM COMPLETED <i>4/29/94</i>

Continued from reverse side (please note the continued section).

Dr. Riker told caretaker to wait and see if the bump will grow larger before he decides to do an X-ray. (SW) told mom to take minor to another physician for a second opinion. Minor (Jahani) is complaining of the left side of her face paining. D. gave her Tylenol. Both muscular doing well in school. No behavior problems.

CSW SIGNATURE

Carolyn Lane - Ojur

FILE #

PMS5

DATE FORM COMPLETED

8-29-94

CASE ACTIVITY VISIT LOG

1. CASE NAME <i>Enrique Rios</i>	3. DATE OF FACE-TO-FACE VISIT <i>4/13/94</i>	5. NAME(S) OF MINOR(S) SEEN <i>Enrique</i>
2. CASE NUMBER <i>5295254-9</i>	4. LOCATION OF VISIT <input type="checkbox"/> Parent(s)' Residence <input type="checkbox"/> School <input type="checkbox"/> Placement Residence <input type="checkbox"/> CSW Office <input type="checkbox"/> Court (Content of court interview must be documented on form) <input type="checkbox"/> Other (Describe)	A. _____ D. _____ B. _____ E. _____ C. _____ F. _____
6. ADULTS SEEN 6A. <input type="checkbox"/> Mother <input type="checkbox"/> Father (If more than one father on case, state name of father seen)	6B. CAREGIVER OR FACILITY NAME AND NAME OF REPRESENTATIVE SEEN <i>Jane Edwards mgn</i>	7. CONDITION OF HOME/FACILITY <input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor (Explain corrective plan in No. 10)

PRIMARY TOPICS TO DISCUSS ON A FACE-TO-FACE VISIT (As applicable)

- Medical/Dental Care Update (Complete No. 9)
- Child's Functioning in the Home
- Child's Contacts with Siblings
- Parental Visits
- Grandparent Visits
- School Progress
- Progress on Service Plan Goals
- Verification of Changes in Address(es)/Telephone Number(s)

Any of the above that were discussed during this visit must be summarized in the Comments/Observations section (No. 10) below.

8. PURPOSE OF VISIT

<i>Bi-Annual Visit</i>
<input type="checkbox"/> Cont. on reverse

9. MEDICAL/DENTAL CARE UPDATE (New information since last CSW visit)

DATE OF MEDICAL/DENTAL VISIT / /	HEALTH CARE PROVIDER'S NAME	DATE OF MEDICAL/DENTAL VISIT / /	HEALTH CARE PROVIDER'S NAME
<input type="checkbox"/> Cont. on reverse			

10. COMMENTS/OBSERVATIONS (Summarize each primary topic discussed and any other topics)

<i>Jane to Jane visit with Enrique and mgn. Enrique seems to be doing well in school as well as placement. Caretaker reports she is a good student with no behavior problems. Johanna hadn't returned home from school.</i>		
<input type="checkbox"/> Cont. on reverse		
CSW SIGNATURE <i>Callyn</i>	FILE #	DATE FORM COMPLETED / /

CASE ACTIVITY VISIT LOG

1. CASE NAME <i>Enisha White</i>	3. DATE OF FACE-TO-FACE VISIT <i>10/6/93</i>	5. NAME(S) OF MINOR(S) SEEN A. <i>Enisha White</i> B. <i>Jhanisha White</i>
2. CASE NUMBER <i>529 5254-9</i>	4. LOCATION OF VISIT <input type="checkbox"/> Parent(s)' Residence <input type="checkbox"/> School <input checked="" type="checkbox"/> Placement Residence <input type="checkbox"/> CSW Office <input type="checkbox"/> Court (Content of court interview must be documented on form) <input type="checkbox"/> Other (Describe)	C. _____ F. _____
6. ADULTS SEEN 6A. <input type="checkbox"/> Mother <input type="checkbox"/> Father (If more than one father on case, state name of father seen)	6B. CAREGIVER OR FACILITY NAME AND NAME OF REPRESENTATIVE SEEN <i>maternal grandmother Jane Edwards</i>	7. CONDITION OF HOME/FACILITY <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor (Explain corrective plan in No. 10)

PRIMARY TOPICS TO DISCUSS ON A FACE-TO-FACE VISIT (As applicable)

- Medical/Dental Care Update (Complete No. 9)
- Child's Functioning in the Home
- Child's Contacts with Siblings
- Parental Visits
- Grandparent Visits
- School Progress
- Progress on Service Plan Goals
- Verification of Changes in Address(es)/Telephone Number(s)

Any of the above that were discussed during this visit must be summarized in the Comments/Observations section (No. 10) below.

8. PURPOSE OF VISIT

Bi Annual Case

☐ Cont. on reverse

9. MEDICAL/DENTAL CARE UPDATE (New information since last CSW visit)

DATE OF MEDICAL/DENTAL VISIT <i>10/2/93</i>	HEALTH CARE PROVIDER'S NAME <i>Shawna Dental Group</i>	DATE OF MEDICAL/DENTAL VISIT <i>10/13/93</i>	HEALTH CARE PROVIDER'S NAME <i>John Heath PA</i>
<i>Both minors complete physical exam.</i>			

☐ Cont. on reverse

10. COMMENTS/OBSERVATIONS (Summarize each primary topic discussed and any other topics)

Minors Jhanisha and Enisha seen face to face with mom Jane Edwards. Jhanisha is in eighth grade at John Muir middle. grades are mostly A's. Mom states that she enjoys modeling & choral class. Enisha also attends John Muir in seventh grade. These are well mannered & behaved young girls with no behavior problems.

CSW'S SIGNATURE *Carolyn O'Neil* FILE # *PM05* DATE FORM COMPLETED *10/16/93*

☐ Cont. on reverse

PRIMARY TOPICS TO DISCUSS ON A FACE-TO-FACE VISIT (As applicable)

- Any of the above that were discussed during this visit must be summarized in the Comments/Observations section (No. 10) below.

Follow up Unannounced visit

DATE OF MEDICAL/DENTAL VISIT	HEALTH CARE PROVIDER'S NAME	DATE OF MEDICAL/DENTAL VISIT	HEALTH CARE PROVIDER'S NAME
/ /		/ /	

☐ Cont. on reverse

Mom and Minors are doing well
Plenty food in the home - Minors
are always adequately dressed.
Minors states that they are happy
living with mom - the contact from
father since Easter 1993.

☐ Cont on reverse

CSWS SIGNATURE Dorothy Laine	FILE #	DATE FORM COMPLETED 9/23/93
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CASE ACTIVITY VISIT LOG

1. CASE NAME <i>Funnel White</i>	3. DATE OF FACE-TO-FACE VISIT <i>3/31/93</i>	5. NAME(S) OF MINOR(S) SEEN <i>Funnel White</i> <i>John White</i>
2. CASE NUMBER <i>5295254-9</i>	4. LOCATION OF VISIT <input type="checkbox"/> Parent(s)' Residence <input type="checkbox"/> School <input type="checkbox"/> Placement Residence <input type="checkbox"/> CSW Office <input type="checkbox"/> Court (Content of court interview must be documented on form) <input type="checkbox"/> Other (Describe)	6. CAREGIVER OR FACILITY NAME AND NAME OF REPRESENTATIVE SEEN <i>Jane Edwards mnm</i>
7. ADULTS SEEN 7A. <input type="checkbox"/> Mother <input type="checkbox"/> Father (If more than one father on case, state name of father seen)	8C. OTHERS SEEN: NAMES AND RELATIONSHIPS	7. CONDITION OF HOME/FACILITY <input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor (Explain corrective plan in No. 10)

PRIMARY TOPICS TO DISCUSS ON A FACE-TO-FACE VISIT (As applicable)

- Medical/Dental Care Update (Complete No. 9)
- Child's Functioning in the Home
- Child's Contacts with Siblings
- Parental Visits
- Grandparent Visits
- School Progress
- Progress on Service Plan Goals
- Verification of Changes in Address(es)/Telephone Number(s)

Any of the above that were discussed during this visit must be summarized in the Comments/Observations section (No. 10) below.

8. PURPOSE OF VISIT

<i>Be Annual Visit</i>
<input type="checkbox"/> Cont. on reverse

9. MEDICAL/DENTAL CARE UPDATE (New information since last CSW visit)

DATE OF MEDICAL/DENTAL VISIT / /	HEALTH CARE PROVIDER'S NAME -	DATE OF MEDICAL/DENTAL VISIT / /	HEALTH CARE PROVIDER'S NAME
<input type="checkbox"/> Cont. on reverse			

10. COMMENTS/OBSERVATIONS (Summarize each primary topic discussed and any other topics)

<i>John White is in grade seven at John Muir High School (minor states that she is doing well in school making average grades). Funnel continues to attend Bedford Elementary. Grades are average - Caretaker states both girls have pleasing personalities. John White however has a tendency to be defiant.</i>		<input type="checkbox"/> Cont. on reverse
CSW SIGNATURE <i>Carol Lowe Ofen</i>	FILE # <i>PM05</i>	DATE FORM COMPLETED <i>3/31/93</i>

CASE ACTIVITY LOG: ER, FM, FR AND PP

CASE NAME	Eunice Cain	CASE NO	52952549
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DATE	CT*	CASE ACTIVITY
12-9-92	W/C	attempted to [REDACTED]. Caretaker has moved - left no forwarding address.
1-20-93	T/C	20 E.W A101 E.W cannot be located CSW was informed that full is uncovered no one available to get lineup on missing.
1-29-93	T/C	E.W A101 Mrs. Nguyen stated that she can hold payee check for 3-15-93.
2-2-93	T/C	Building Elementary - spoke to Office Manager Elnora's post in school today Office does not have a new address or family.
3-20-93	T/C	Caretaker Jane Edwards stated that she move into an apartment down stairs in the same building. New address is [REDACTED].
	T/C	E.W request release check.

* CT Codes: T/C/T for a telephone call made by CSW
 T/C/F for a telephone call received by CSW
 LTR for a letter
 FTF for a face-to-face contact with a collateral contact

CSW	Cassidy Kone - Opini	FILE NO	Pm05	PAGE NO	
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SERVICES ACTIVITY LOG

CASE NAME:

STATE NO: 5295254-1

DATE	CT	PRB NO.	SERVICE ACTIVITY	FSID		
				P.R.	S.R.	SVC
6-4-72	7c		From maternal grandmother Jane Edwards stated that John was sentenced for 10 months at juvenile hall. on 2-28-72. Minor was in Worcester but called upon a few days ago and stated that he is moving to another facility.			

[illegible]

CSW Philip L. Blum
765366G DC5 1950 (Rev. 8/77)

FILE NO. 8005 QUARTER COVERED _____ PAGE NO. _____

CASE ACTIVITY LOG: ER, FM, FR AND PP

CASE NAME	<i>Eunice Cain</i>	CASE NO	<i>52952549</i>
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DATE	CT*	CASE ACTIVITY
12-9-92	VC	attempted to [REDACTED] Caretakers has moved - left no forwarding address.
1-20-93	TC	Do E.W A101 E.W cannot be located CSW was informed that full is uncovered no one available to give info on where.
1-29-93	TCT	E.W A101 Mrs. Nguyen stated that she can hold payee check for 3-15-93.
2-2-93	TCT	Building Elementary - spoke to Office Manager Elvira post it up school today Office do not have a new address or family.
3-20-93	TC, F	Caretaker Jane Edwards stated that she move into an apartment downstairs in the same building. New address is [REDACTED]
	TC	E.W request release check.

* CT Codes: T/C/T for a telephone call made by CSW
 T/C/F for a telephone call received by CSW
 LTR for a letter
 FTF for a face-to-face contact with a collateral contact

CSW	<i>Cathy Kone - Dym</i>	FILE NO	<i>PM05</i>	PAGE NO	
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CASE ACTIVITY VISIT LOG

Eureka PLACE LABEL HERE 5295254-9	3. DATE OF FACE-TO-FACE VISIT 6/24/92	5. NAME(S) OF MINOR(S) SEEN A. Eureka White B. Johnisha White E C. _____ F. _____	
	4. LOCATION OF VISIT <input type="checkbox"/> Parent(s)' Residence <input type="checkbox"/> School <input type="checkbox"/> Placement Residence <input type="checkbox"/> CSW Office <input type="checkbox"/> Court (Content of court interview must be documented on form) <input type="checkbox"/> Other (Describe) _____		
6. ADULTS SEEN 6A. <input type="checkbox"/> Mother <input type="checkbox"/> Father (If more than one father on case, state name of father seen) _____	6B. CAREGIVER OR FACILITY NAME AND NAME OF REPRESENTATIVE Jane Edwards		6C. OTHERS: NAMES AND RELATIONSHIPS mgm
			7. CONDITION OF HOME/FACILITY <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor (Explain corrective plan in No. 10)

PRIMARY TOPICS TO DISCUSS ON A FACE-TO-FACE VISIT (As applicable)

- Medical/Health Care Update (Complete No. 9)
- Child's Functioning in the Home
- Child's Contacts with Siblings
- Parental Visits
- Grandparent Visits
- School Progress
- Progress on Service Plan Goals
- Verification of Changes in Address(es)/Telephone Number(s)

Any of the above that were discussed during this visit must be summarized in the Comments/Observations section (No. 10) below.

8. PURPOSE OF VISIT

□ Cont. on reverse

9. MEDICAL/HEALTH CARE UPDATE (New information since last CSW visit.)

DATE OF HEALTH CARE VISIT / /	DATE OF HEALTH CARE VISIT / /	HEALTH CARE PROVIDER'S NAME(S)

□ Cont. on reverse

10. COMMENTS/OBSERVATIONS (Summarize each primary topic discussed and any other topics)

Minors Johnisha and Eureka seen at the home with mgm Jane Edwards. Johnisha will graduate from Buena Vista High School in September. Eureka passed to the sixth grade. Both minors are progressing well in school. John is in camp in Malibu. Custodian could not find _____		
CSW'S SIGNATURE C. Lane-Ogden	FILE # Pms	DATE FORM COMPLETED 6/24/92

□ Cont. on reverse

SERVICE ACTIVITY VISIT LOG

1. CASE NAME: Emilee Cain 2. DATE OF VISIT: 9.9.91
MONTH DAY YEAR

3. LOCATION OF VISIT

- ☐ Parent(s)' Residence ☐ Court (Content of court interview must be documented on form)
☒ Placement Residence ☐ CSW Office
☐ School ☐ Other (Describe) _____

4. NAME OF MINORS SEEN

A. John White
B. Johanna White
C. Emilia White
D. _____
E. _____
F. _____

ADULTS SEEN (Check or Enter Name)

- ☐ Mother
☐ Father (If more than one father on case, state name of father seen)

CARETAKER OR FACILITY NAME

Sara Edwards Ingram

OTHER/NAMES AND RELATIONSHIPS

[REDACTED]

5. CONDITION OF HOME/FACILITY

- ☐ Good ☒ Fair ☐ Poor

6. PURPOSE OF VISIT:

Regular visit

7. COMMENTS/OBSERVATIONS:

John is in 7th grade at
John Muir Johanna is 6th grade
Emilia is in 5th grade at Buena Vista.
(FOR ADDITIONAL COMMENTS, SEE REVERSE)

Carolyn L. Davis
CSW'S SIGNATURE

P.M.O.S
FILE #

9.9.91
MONTH/DAY/YEAR

SERVICE ACTIVITY VISIT LOG

1. CASE NAME: Eunice Cain 2. DATE OF VISIT: 5/16/91
MONTH DAY YEAR

3. LOCATION OF VISIT

- ☐ Parent(s)' Residence ☐ Court (Content of court interview must be documented on form)
☒ Placement Residence ☐ CSW Office
☐ School ☐ Other (Describe) _____

4. NAME OF MINORS SEEN

A. Sohn White
B. Sohanka White
C. Eunika White
D. _____
E. _____
F. _____

ADULTS SEEN (Check or Enter Name)

- ☐ Mother
☐ Father (If more than one father on case, state name of father seen)

CARETAKER OR FACILITY NAME

Jane Edwards

OTHER/NAMES AND RELATIONSHIPS

5. CONDITION OF HOME/FACILITY

- ☐ Good ☒ Fair ☐ Poor

6. PURPOSE OF VISIT: Regular visit

7. COMMENTS/OBSERVATIONS: Minor home today all doing well. Mother continues to visit off & on.

(FOR ADDITIONAL COMMENTS, SEE REVERSE)

Carolyn L. O'Neil
CSW SIGNATURE

PMDS
FILE #

5/16/91
MONTH/DAY/YEAR

SERVICE ACTIVITY VISIT LOG

1. CASE NAME: Eunice Cain 2. DATE OF VISIT: 14 91
MONTH DAY YEAR

3. LOCATION OF VISIT

- ☐ Parent(s)' Residence ☐ Court (Content of court interview must be documented on form)
☒ Placement Residence ☐ CSW Office
☐ School ☐ Other (Describe) _____

4. NAME OF MINORS SEEN

A. Johnnie White
B. Eunice White
C. John White
D. _____
E. _____
F. _____

ADULTS SEEN (Check or Enter Name)

- ☐ Mother
☐ Father (If more than one father on case, state name of father seen)

CARETAKER OR FACILITY NAME

Sara Edwards

OTHER/NAMES AND RELATIONSHIPS

5. CONDITION OF HOME/FACILITY

- ☐ Good ☒ Fair ☐ Poor

6. PURPOSE OF VISIT: Regular visit

7. COMMENTS/OBSERVATIONS:

Minors all clean appear healthy.
Eunice and Johnnie attend Bedford
Elementary. John attends Carter Junior High
(FOR ADDITIONAL COMMENTS, SEE REVERSE)

C. Quiri
CSWS SIGNATURE

Pmos
FILE #

14 91
MONTH/DAY/YEAR

SERVICE ACTIVITY VISIT LOG

1. CASE NAME: Dunne Cain 2. DATE OF VISIT: 10 / 29 / 90
MONTH DAY YEAR

3. LOCATION OF VISIT

- ☐ Parent(s)' Residence ☐ Court (Content of court interview must be documented on form)
☒ Placement Residence ☐ CSW Office
☐ School ☐ Other (Describe) _____

4. NAME OF MINORS SEEN

A. Eunha White
B. Schasha White
C. John White
D. _____
E. _____
F. _____

ADULTS SEEN (Check or Enter Name)

- ☐ Mother
☐ Father (If more than one father on case, state name of father seen)

CARETAKER OR FACILITY NAME

Jane Edwards

OTHER NAMES AND RELATIONSHIPS

5. CONDITION OF HOME/FACILITY

☒ Good ☐ Fair ☐ Poor

6. PURPOSE OF VISIT:

Jane to Jane visit with minor and
Mom. The family has moved into a
spacious 5 bedroom apt.

7. COMMENTS/OBSERVATIONS:

Minors are out of school now. Mom
will enroll them in new school on Nov. 1.

(FOR ADDITIONAL COMMENTS, SEE REVERSE)

C. Opair
CSW'S SIGNATURE

PM 16
FILE #

10-29-90
MONTH/DAY/YEAR

SERVICE ACTIVITY VISIT LOG

1. CASE NAME: Eunice Cain 2. DATE OF VISIT: 10 4 90
MONTH DAY YEAR

3. LOCATION OF VISIT

- ☐ Parent(s)' Residence ☐ Court (Content of court interview must be documented on form)
☒ Placement Residence ☐ CSW Office
☐ School ☐ Other (Describe) _____

4. NAME OF MINORS SEEN

A. Eunisha White
B. _____
C. _____
D. _____
E. _____
F. _____

ADULTS SEEN (Check or Enter Name)

- ☐ Mother
☐ Father (If more than one father on case, state name of father seen)

CARETAKER OR FACILITY NAME

Sara Edwards Ingram

OTHER/NAMES AND RELATIONSHIPS

5. CONDITION OF HOME/FACILITY

- ☒ Good ☐ Fair ☐ Poor

6. PURPOSE OF VISIT:

Face to Face new CSW

7. COMMENTS/OBSERVATIONS:

Ingram Mrs. Edwards seem to be a
courty and caring grand. The family has to
move so she had been out looking for housing.

(FOR ADDITIONAL COMMENTS, SEE REVERSE)

C. J. Ingram
CSW'S SIGNATURE

P.M. 16
FILE #

10-4-90
MONTH/DAY/YEAR

SERVICE ACTIVITY VISIT LOG

1. CASE NAME: Emilee Cain 2. DATE OF VISIT: 08 / 15 / 90
MONTH DAY YEAR

3. LOCATION OF VISIT

- ☐ Parent(s)' Residence ☐ Court (Content of court interview must be documented on form)
☒ Placement Residence ☐ CSW Office
☐ School ☐ Other (Describe) _____

4. NAME OF MINORS SEEN

A. John White
 B. Johnisha White
 C. Penisha White
 D. _____
 E. _____
 F. _____

ADULTS SEEN (Check or Enter Name)

- ☐ Mother
☐ Father (If more than one father on case, state name of father seen)

CARETAKER OR FACILITY NAME

Jane Edwards
 OTHER/NAMES AND RELATIONSHIPS

5. CONDITION OF HOME/FACILITY

- ☒ Good ☐ Fair ☐ Poor

6. PURPOSE OF VISIT:

John - 7th grade - career - average student -
seen his mother this morning - doesn't hear from father
often - still likes living with Mom - Emilee still at school - 4th grade
Johnisha - 5th grade - all kids look healthy, well
over

7. COMMENTS/OBSERVATIONS

Grandfather was concerned + kids
seen by Christine arranged him. Big, poor
family - has sanity though.
(FOR ADDITIONAL COMMENTS SEE REVERSE)

Bobby J. Lomax
 CSW'S SIGNATURE

PM 10
 FILE #

08-15-90
 MONTH DAY YEAR

SERVICES ACTIVITY LOG

CASE NAME: <u>Frankie Cain</u>			STATE NO.:								
DATE	CT	PRB NO.	SERVICE ACTIVITY	FSID							
				P.R.	S.R.	SVC					
10-15-90	Tc		Attempted to mgn Frankie answered. the phone stated she was taking care of John today because she had visitors.								
10-29-90	Tc		From mgn - moved new address to [REDACTED] 900 44								
10-31-90	Tc		to mgn								
9-18-91	Tc		From mgn state that her checks were stolen from mailbox mgn stated and payment said they will mail (for us oil per) reimbursement. CSW instructed mgn to walk forms through.								
10-25-91	Tc		Attempted to mgn - phone not in service								
2-18-92	Tc		From mgn Jane Edwards stated that John was arrested on 2-16-92 for robbery, CA threat and carrying a gun. mgn stated mgn was accompanied with a friend. Hearing is set for 2-21-92. Complete Juvenile Hall.								
PRIMARY RECIPIENTS			FSID	ELIG	REPORT TYPE	GOAL	A	B	C	D	
											mgn Jane Edwards [REDACTED]

SERVICES ACTIVITY LOG

CASE NAME

Eunice Can

STATENO

DATE	CT	PRB NO.	SERVICE ACTIVITY	FSID		
				P.R.	S.R.	SVC
			John - hardest is math - concept - reading - likes to read - does homework no problem - hobby - drawing and sports - seems to be a happy, adjusted boy - growing nice appearance			
			Johnnie - enjoyed reading math at - likes to play - housekeeper "little mother" really a neat little girl.			
			Eunice likes math - likes music - doing good in school. drums is one thing she likes.			
			Johnnie had a hair on her side - got medicine - now - cleared up in that			
			Kid's mom got them a dog - female angel Dad 6 more upset.			
10-290			Case rec'd by CSW Open			
10-340	70		So mom Jane Edwards - mom's case off track John is in after been class all (known) will be home after 3:30 pm on 10-4-90.			

C. Open PM 1.6

PRIMARY RECIPIENTS	FSID	ELIG	REPORT TYPE	GOAL	A	B	C	D

SERVICES ACTIVITY LOG

CASE NAME:

STATE NO:

CASE NAME			SERVICE ACTIVITY	FSID		
DATE	CT	PRB NO.		P.R.	S.R.	SVC
8-9-89			M.D.B.J. Sanner rec. case or mag. date			
8-22-89			John White - Ascott Ave School - 6 th grade - - reading & science best subjects - SSN medicine			
			Johanna White - " " 4 th grade math best			
			Eunasha White " 3 rd grade math best -			
			* - Call EW washer - re SSN + med card - medic - All kids in good shape - seem happy - like grandma - will take care of -			
8-23-89			rec. med card -			
8-24-89			Sent John White's med card - Share w grandma (med) -			
14-90			Face to face with John, Johanna, Eunice (son with Jane Edwards) All go to Ascott Ave. School Eunice - 3 rd - doing good in school Johanna - 4 th - doing okay - some asthma John - 6 th - doing okay play baseball V.P. Maguire - 53 rd + Compton Blvd. Contact - Dr. White Adams & Central - (2711 S. Central)			

[illegible]

SERVICES ACTIVITY LOG

CASE NAME: Eunice Cain STATE NO: 5295254-9

DATE	CT	PRB NO.	SERVICE ACTIVITY	FSID		
				P.R.	S.R.	SVC
6-14-89	TK		Ct. officer of Dept. 237 called regarding Ct. report due for hearing today. Due to an oversight CSW didn't prepare a report. Case continued to 7-11-89 for a PPH Review.			
7-7-89	HK		CSW hand delivered notices and copy of Court report to mother and maternal Grand mother. All minors present and doing well. Mother is currently enrolled in substance abuse counseling at Avalon Center Ct. 4920 S Avalon Blvd. L.A. CA. 90011 (213) 232-4391. Mother enrolled on 6-16-89.			
7-11-89	Ct.		Court ordered continued long-term foster care in the home of Maternal Grand, Jane Edwards, mother continued to 1-9-90 for PPH Review.			
7-31-89			CSW transferred case to PP.			

PRIMARY RECIPIENTS	FSID	ELIG	REPORT TYPE	GOAL	A	B	C	D

CSW M. Morley
76S366G DCS 1990 (Rev. 8/71)FILE NO. fmy QUARTER COVERED

PAGE NO.

SERVICES ACTIVITY LOG
STATE EXCEPTIONS FOR VISITATION

CASE NAME:

Eunice Cain

STATE NO:

5295254-9

NAME:

John White, John Shaw White, Eunisha White ☒ CHILD OR ☐ PARENT

I. FAMILY MAINTENANCE PROGRAM

- ☐ Face-to-face contact by CSW with child or parent(s) will be once every 30 calendar days during the first 90 days when ALL of the following conditions are met:
- ☐ Child/parent has no severe problems.
 - ☐ Child/parent has monthly contact with another service provider _____ who has agreed to provide reports to CSW.
 - ☐ The combination of contacts between service provider and CSW equals one contact each 15 days.

II. FAMILY REUNIFICATION PROGRAM

- ☐ Face-to-face contact by CSW with parent(s) will be once every _____ months because _____.
- ☐ Face-to-face contact by CSW with child will be once every _____ months as ALL of the following conditions are met:
- ☐ Child has no severe physical/emotional problems aggravated by placement and
 - ☐ Placement is stable. Current placement start date is _____ and
 - ☐ One of the following:
 - ☐ Child is placed with relatives, or
 - ☐ Child is under two years old and less visits to the child will facilitate more visits to the parents, or
 - ☐ Child has monthly contact with another service provider _____ who provides reports to CSW.
- ☐ Face-to-face contact between child and parent(s) will be less than monthly because _____.

III. PERMANENT PLACEMENT PROGRAM

- ☒ Face-to-face contact by CSW with child will be once every 6 months because:
- ☐ Child is in the home of legal guardian, or
 - ☒ Child is in ☒ foster/rel. home or ☐ group home and ALL following conditions exist:
 - ☒ Child has been in current placement at least six months.
 - ☒ Child has no serious emotional problems aggravated by the placement and the placement has stabilized.
 - ☒ Foster care provider(s) are cooperating with the service plan.
 - ☒ Child is attending school or is being assisted toward self-maintenance.

IV. NO CONTACT (Child: Out-of-county, courtesy supv. or ICPC; Parent: whereabouts unk., etc.)

- ☐ No face-to-face contact can be made by CSW because _____
Alternate visitation plan is _____

V. EXCEPTION RENEWAL

- ☒ This form was reviewed for renewal of this exception and is approved for the next 6 months. (Countersign and date below)

CSW

Stephen Hong Ki

Date

8-25-88

SCSW

Date

8-25-88

DRSA

Date

SERVICES ACTIVITY LOG

CASE NAME Eunice Cain STATE NO. 5295254-9

DATE	CT	PRB NO.	SERVICE ACTIVITY	FSID		
				P.R.	S.R.	SVC
12-5-88	HL		CSW made an unannounced home call today. Minors Johnisha and Eunisha were visiting w/ friends. Minor John was doing his home work. There has been no change for mother or father. Neither parent has made any efforts towards reunification. minor John still having problems w/ academics. He has a tutor but progress continues to be gradual. Otherwise care remains stabilized while minors are under the care of their maternal Grandmother.			
3-8-89	HL		Minors were seen today. Minor Eunisha had an ear infection. Otherwise all minors have maintained good health. CSW delivered med-card for minor John. Maternal Grandmother, Jane Edwards was unavailable. Minors left w/ their Aunt. Mother reportedly visits "mostly every day". Mother still in drug abuse counseling.			

PRIMARY RECIPIENTS	FSID	ELIG	REPORT TYPE	GOAL	A	B	C	D

CSW Lenny Mosley
765368G OCS 1950 (Rev. 8/77)FILE NO. 1487 QUARTER COVERED

PAGE NO. _____

SERVICES ACTIVITY LOG

CASE NAME: Eunice Cain

STATE NO: 5295254

DATE	CT	PRB NO.	SERVICE ACTIVITY	FSID		
				P.R.	S.R.	SVC
6-1-88	HK		All minors were seen in their grandmother's home. Mother also present during the visit. Mother appeared to be losing weight. She stated that she had been ill for approximately three weeks. Symptoms of the flu. Minors were very affectionate towards their mother. Father, John White, back in prison again. Minor John needs tutoring services to enhance academic performance.			
8-25-88	ct.		Ct. hearing held today. Minors' continued PP - long term foster care in home of their maternal Grandmother.			

PRIMARY RECIPIENTS	FSID	ELIG	REPORT TYPE	GOAL	A	B	C	D

SERVICES ACTIVITY LOG

CASE NAME: Eunice Cain

STATE NO:

DATE	CT	PRB NO.	SERVICE ACTIVITY	FSID		
				P.R.	S.R.	SVC
2-25-88	TIC		CSW received telephone call from E.W. regarding Youakin for maternal Grand mother, Jane Edwards. E.W. wanted to know if mother was receiving AFDC during the petition month. E.W. Indicated that youakin pmt would be discontinued if mat. Grandmother fail to have minor's mother contact her. CSW will notify mother and maternal Grand mother.			
3-1-88	HK		CSW meet w/ mother and maternal Grand mother. E.W. was contacted while CSW was present. E.W. to make the necessary changes and will notify CSW of the outcome.			
5-18-88	TIC		Mother contacted CSW and stated that she had enrolled in the House of Whurru's Substance abuse program. However, CSW attempted to confirm mother's enrollment and was informed that mother wasnt enrolled in their drug TX Clinic.			

PRIMARY RECIPIENTS	FSID	ELIG	REPORT TYPE	GOAL	A	B	C	D

CSW Barry M. Taylor
765366G DCS 1950 (Rev. 8/77)FILE NO. 1457 QUARTER COVERED

PAGE NO.

SERVICES ACTIVITY LOG

CASE NAME: Eunice Cain

STATE NO: 5295254

DATE	CT	PRB NO.	SERVICE ACTIVITY	FSID		
				P.R.	S.R.	SVC
10/13/87	HL		Minor, Eunice was seen today, minor not in school due to having the flu. CSW delivered medical for minor, John White. According to maternal Grandmother, Jane Edwards minor didn't receive a medical card for this month.			
12/28/87	HL		CSW interviewed minor's mother for court report/hearing on 12-16-87. mother still has not complied w/ court orders and DCS services plan. Father reportedly was released from prison in October, 1987. CSW recommendation to remain permanent placement for all minors. maternal Grandmother stated that she would pursue legal guardianship of minors if parents don't change their life style.			
12/16/87	CL		Court hearing held today Ct. ordered continued permanent placement services. parents appears to be comfortable having mt. Grandmo raise their children.			

PRIMARY RECIPIENTS	FSID	ELIG	REPORT TYPE	GOAL	A	B	C	D

CSW M. Forley
765366G DCS 1950 (Rev. 8/77)FILE NO. 2457 QUARTER COVERED

PAGE NO.

**SERVICES ACTIVITY LOG
STATE EXCEPTIONS FOR VISITATION**

CASE NAME: Eunice Cain STATE NO: 5295254
 NAME: John, Eunisha and Johnita ☒ CHILD OR ☐ PARENT

I. FAMILY MAINTENANCE PROGRAM

- ☐ Face-to-face contact by CSW with child or parent(s) will be once every 30 calendar days during the first 90 days when ALL of the following conditions are met:
- ☐ Child/parent has no severe problems.
 - ☐ Child/parent has monthly contact with another service provider _____ who has agreed to provide reports to CSW.
 - ☐ The combination of contacts between service provider and CSW equals one contact each 15 days.

II. FAMILY REUNIFICATION PROGRAM

- ☐ Face-to-face contact by CSW with parent(s) will be once every _____ months because _____.
- ☐ Face-to-face contact by CSW with child will be once every _____ months as ALL of the following conditions are met:
- ☐ Child has no severe physical/emotional problems aggravated by placement and
 - ☐ Placement is stable. Current placement start date is _____ and
 - ☐ One of the following:
 - ☐ Child is placed with relatives, or
 - ☐ Child is under two years old and less visits to the child will facilitate more visits to the parents, or
 - ☐ Child has monthly contact with another service provider _____ who provides reports to CSW.
- ☐ Face-to-face contact between child and parent(s) will be less than monthly because _____.

III. PERMANENT PLACEMENT PROGRAM

- ☒ Face-to-face contact by CSW with child will be once every 6 months because:
- ☐ Child is in the home of legal guardian, or
 - ☒ Child is in ☐ foster/rel. home or ☐ group home and ALL following conditions exist:
 - ☐ Child has been in current placement at least six months.
 - ☒ Child has no serious emotional problems aggravated by the placement and the placement has stabilized.
 - ☐ Foster care provider(s) are cooperating with the service plan.
 - ☐ Child is attending school or is being assisted toward self-maintenance.

IV. NO CONTACT (Child: Out-of-county, courtesy supv. or ICPC; Parent: whereabouts unk., etc.)

- ☐ No face-to-face contact can be made by CSW because _____
 Alternate visitation plan is _____

V. EXCEPTION RENEWAL

- ☐ This form was reviewed for renewal of this exception and is approved for the next _____ months. (Countersign and date below)

CSW

Sam Morley

Date

6-22-87

SCSW

Stephen King

Date

6-22-87

DRSA

Date

SERVICES ACTIVITY LOG

CASE NAME: Eunice Cain

STATE NO: 5295254

DATE	CT	PRB NO.	SERVICE ACTIVITY	FSID		
				P.R.	S.R.	SVC
6-22-57	HK		<p>minors John Johnista and Eunista were seen today. CSW informed minors that they would receive a new worker. Case to be transferred to P.P. All minors has maintained good health. minor John is experiencing difficulty in school. He has been provided a tutor. However minor appears to continue to decline academically.</p>			
6-22-57			<p>CSW Completed a state exception for visitation for minors now they are in permanency, planning.</p>			

[illegible]

CSW
76S366G DCS 1950 (Rev. 8/77)

FILE NO. 1457 QUARTER COVERED

PAGE NO.

SERVICES ACTIVITY LOG

CASE NAME			STATE NO	FSID		
DATE	CT	PRB NO.	SERVICE ACTIVITY	P.R.	S.R.	SVC
			hearing, mother is opposed to grandmother obtaining legal guardianship.			
4-10	CT.		All minors and mother seen in Ct. today. Case was continued due to father not being brought to Ct. for the hearing. CSW did In and out order. However, the Ct. failed to process the papers. Continued to 6-17-87. CSW to submit another In and out order.			
4-22	TK		Received a telephone call from Da white, pat. Grandmother for the minors, Mrs white stated that minors father informed for that he will be released from prison sometime in July of 1987.			
6-15-87	H/C		CSW obtained a Signed waiver of Court hearing. Father is incarcerated at chino men's Correctional Facility. Court hearing to be held 6-17-87.			
6-17-87	CT.		Permanent Placement Services Ordered for All minors.			

PRIMARY RECIPIENTS	FSID	ELIG	REPORT TYPE	GOAL	A	B	C	D

CSW *Suey Morley*

FILE NO. 1457 QUARTER COVERED

PAGE NO.

SERVICES ACTIVITY LOG

CASE NAME: Eunice Cain

STATE NO:

[illegible]CSW _____
765366G DCS 1950 (Rev. 8/77)

FILE NO. _____ QUARTER COVERED _____

PAGE NO. _____

SERVICES ACTIVITY LOG

CASE NAME:

STATE NO:

[illegible]

SERVICES ACTIVITY LOG

[illegible]

SERVICES ACTIVITY LOG

CASE NAME:

STATE NO

[illegible]CSW _____
76S366G DCS 1950 (Rev. 8/77)

FILE NO. _____ QUARTER COVERED _____

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PAGE NO.

SERVICES ACTIVITY LOG

CASE NAME Enrice Cain (White)

STATE NO:

DATE	CT	PRB NO.	SERVICE ACTIVITY	FSID		
				P.R.	S.R.	SVC
9/16/86	11C					
9/24/86	11C		from Shirley Bianca, Counselor. Exceptional Children Foundation 290-2000 Report minor's mother called Mrs. Bianca and said she was in hospital for asthma attack. Mrs. Bianca also says Enrice has not participated in their program and Enrice needs to go to counseling.			
10/14/86	11					

She is concerned about Enrice's living situation. Mrs. Bianca tries to encourage mother, Enrice to get into independent living placement.

Enrice has not contacted at all recently. Enrice would have an appointment and reschedule. She never showed up. She was out of staff at counseling or feels that she is under the influence. Mr. Cole will send a letter.

PRIMARY RECIPIENTS	FSID	ELIG	REPORT TYPE	GOAL	A	B	C	D	
									Recommendation regarding Enrice should focus on her drug abuse, mental retardation

SERVICES ACTIVITY LOG[illegible]

SERVICES ACTIVITY LOG

CASE NAME: Felicia Carter

STATE NO: 5295254

[illegible]

CSW _____
765366G DC5 1950 (Rev. 8/77)

FILE NO. _____ QUARTER COVERED _____

PAGE NO.

SERVICES ACTIVITY LOG

CASE NAME: Eunice Cain

STATE NO: 529525d

DATE	CT	PRB NO.	SERVICE ACTIVITY	FSID		
				P.R.	S.R.	SVC
8/17/86	7/c		To Marilyn Halt 293-3012 not in the office. Message left.			
8/19/86	7/c		Turn minor's mother. She called me in response to the CSW's request. She has not had drug testing since the last court hearing and said "I will let you know when I take it will be this week." She says she has been very busy looking for her own place. She further says "I could not call you because I have been very busy trying to get me situated."			
8/20/86	7/c		To Janice Cole 292-8336 Message left.			
8/21/86	7/c		To Marilyn Halt 293-3012. not in the office. Message left.			

PRIMARY RECIPIENTS	FSID	ELIG	REPORT TYPE	GOAL	A	B	C	D

CSW

765366G DCS 1950 (Rev. 8/77)

FILE NO.

QUARTER COVERED

PAGE NO.

SERVICES ACTIVITY LOG

CASE NAME: Eunice. Carin

STATE NO: 5295254

CASE NAME: <u>Christa Cole</u>			FSID		
DATE	CT	PRB NO.	SERVICE ACTIVITY		
			P.R.	S.R.	SVC
8/13/86	7/c				
To Janice Cole 292-8336 Message left for her to contact CSW.					
8/19/86	7/c				
To Janice Cole 292-8336. Message left for her to contact CSW					
8/19/86	7/c				
To Ann Edwards, [REDACTED] [REDACTED] .sgn. Reports mother comes to see me out on the average once a week. Ann Edwards has no knowledge of mother's whereabouts. Mr. White came by once a week or two weeks ago but he did not see them.					
8/19/86	7/c				
To Mr. Webb 290-2000. On vacation Spoke with Shirley Bianca, counselor. Shirley Bianca reports that Mimi mother contacted her the end of last week and at that time she said she was in car accident a week ago.					
The mother did get into project 2000 but she could not be put in a work placement because Regional Ctr. has not reactivated the case yet. Janice missed a few ^(Janice) appointments with the Regional Ctr. 293-3012 Contact person: Marilyn Ralt 292-0662. Regional Ctr. would not reopen the case if Janice misses one more appointment.					

[illegible]

SERVICES ACTIVITY LOG

CASE NAME: Eunice Cain

STATE NO: 52952567

[illegible]

CSW

FILE NO..

QUARTER COVERED

PAGE NO.

SERVICES ACTIVITY LOG

CASE NAME: Electric Rain

STATE NO: 529506 ✓

[illegible]

SERVICES ACTIVITY LOG

CASE NAME: Felrice Carter

STATE NO: 5295254

DATE	CT	PRB NO.	SERVICE ACTIVITY	FSID		
				P.R.	S.R.	SVC
5/22/86	71C		To Mrs. Edwards, [REDACTED] 1. Parents' minor's mother comes by to see children. Mother's whereabouts remain unknown. Minor is doing fine. Eunice is doing better. She is attending counseling.			
6/5/86	71C		Information received that father was released on 5-30-86.			
6/5/86	71C		Joseph Harper ^{DPO} 298-3550 Met in his office.			
6/5/86	71C		To Mrs. Edwards, again. She states [REDACTED] has not heard from Mr. White. Minors are doing fine. Mother is going to counseling.			
6/9/86	71C		To Mr. Harper. 298-3550 D.P.O. He states that Mr. White has not reported to him yet. The addresses he was supposed to stay were [REDACTED] 1st, Quail Lodge Hotel & [REDACTED] [REDACTED]			

[illegible]

SERVICES ACTIVITY LOG

CASE NAME: Elaine Carlson

STATE NO: 5295254

[illegible]

SERVICES ACTIVITY LOG

CASE NAME: Eunice Cain

STATE NO: 5295-254

[illegible]

SERVICES ACTIVITY LOG STATE EXCEPTIONS FOR VISITATION

CASE NAME: Eunice Cain STATE NO: 5295254

NAME: Eunice Cain ☐ CHILD OR ☒ PARENT

I. FAMILY MAINTENANCE PROGRAM

- ☐ Face-to-face contact by CSW with child or parent(s) will be once every 30 calendar days during the first 90 days when ALL of the following conditions are met:
- ☐ Child/parent has no severe problems.
 - ☐ Child/parent has monthly contact with another service provider _____ who has agreed to provide reports to CSW.
 - ☐ The combination of contacts between service provider and CSW equals one contact each 15 days.

II. FAMILY REUNIFICATION PROGRAM

- ☐ Face-to-face contact by CSW with parent(s) will be once every _____ months because _____.
- ☐ Face-to-face contact by CSW with child will be once every _____ months as ALL of the following conditions are met:
- ☐ Child has no severe physical/emotional problems aggravated by placement and
 - ☐ Placement is stable. Current placement start date is _____ and
 - ☐ One of the following:
 - ☐ Child is placed with relatives, or
 - ☐ Child is under two years old and less visits to the child will facilitate more visits to the parents, or
 - ☐ Child has monthly contact with another service provider _____ who provides reports to CSW.
 - ☐ Face-to-face contact between child and parent(s) will be less than monthly because _____.

III. PERMANENT PLACEMENT PROGRAM

- ☐ Face-to-face contact by CSW with child will be once every _____ months because:
- ☐ Child is in the home of legal guardian, or
 - ☐ Child is in ☐ foster/rel. home or ☐ group home and ALL following conditions exist:
 - ☐ Child has been in current placement at least six months.
 - ☐ Child has no serious emotional problems aggravated by the placement and the placement has stabilized.
 - ☐ Foster care provider(s) are cooperating with the service plan.
 - ☐ Child is attending school or is being assisted toward self-maintenance.

IV. NO CONTACT (Child: Out-of-county, courtesy supv. or ICPC; Parent: whereabouts unk., etc.)

- ☒ No face-to-face contact can be made by CSW because Mother's whereabouts unknown.
Alternate visitation plan is to try to contact mother, mother is not cooperative

V. EXCEPTION RENEWAL

- ☐ This form was reviewed for renewal of this exception and is approved for the next _____ months. (Countersign and date below)

CSW Lacina Lee Date 1-31-86
SCSW M. Leffner Date 1-31-86
DRSA _____ Date _____

SERVICES ACTIVITY LOG

CASE NAME: Eunice Cain

STATE NO: 5295254

[illegible]

SERVICES ACTIVITY LOG

CASE NAME: Eunice CainSTATE NO: 5295254

DATE	CT	PRB NO.	SERVICE ACTIVITY	FSID		
				P.R.	S.R.	SVC
10/9/85	7/c		To John White, Spoke with John Williams, Counselor, Harbor Light 809 E. 5th St. L.A. 90013 626-4786. Mr. Williams says he will have Mr. White call CSW + sign release of information form.			
10/21/85	D/O		Mimor's mother came to the district office. She reports that she went to House of Chhura for enrollment in drug program. Spoke w Mr. Frank Banks 851-3152. She has been staying with her sister, Wanda Johnson, temporarily since one month ago. She is on SS due to her physical problems; i.e. asthma, problem with leg.			
11/12/85	D/O		Mimor's mother came to the district office. She reports she has an appointment tomorrow for drug counseling. She also will see Mr. Richard Well, Regional Ctr. to reopen her case. She is still at her sister's home, 5227 Long Beach Ave. L.A. CA			

PRIMARY RECIPIENTS	FSID	ELIG	REPORT TYPE	GOAL	A	B	C	D

SERVICES ACTIVITY LOG

CASE NAME: Elmi'ce Cash

STATE NO: 5295254

[illegible]

CSW _____ FILE NO. _____ QUARTER COVERED _____ PAGE NO. _____
76S366G PA 1950 (Rev. 8/77) PS 4-84

METROPOLITAN DISTRICT FAMILY SERVICES
CHILDREN'S SERVICES SECTION
DISTRICT 69
2707 SOUTH GRAND AVENUE
LOS ANGELES, CALIFORNIA 90007

PER OUR LAST CONTACT, I AM SENDING YOU SOME INFORMATION ON SEVERAL DRUG COUNSELING PROGRAMS. WHEN YOU TELEPHONE FOR INFORMATION AND TO MAKE AN APPOINTMENT, EXPLAIN THAT YOUR CHILD (CHILDREN) IS (ARE) UNDER THE JURISDICTION OF THE COURT AND YOU WERE ORDERED TO PARTICIPATE IN A DRUG COUNSELING PROGRAM.

I AM SENDING YOU A LIST OF PLACES. PLEASE FEEL FREE TO CHOOSE WHICHEVER ONE YOU LIKE.

HOUSE OF UNJES
8005 SOUTE FIGUEROA
LOS ANGELES

TELEPHONE: 778-5290

CASTLE OUTPATIENT PROGRAM
3021 SOUTH VERMONT AVENUE
LOS ANGELES

TELEPHONE: 732-9124

BRICKS KICK
1925 SOUTH TRINITY
LOS ANGELES

TELEPHONE: 232-4111 ext. 120 OR 125

JAMAA DRUG TREATMENT PROGRAM
101 WEST 89th STREET
LOS ANGELES

TELEPHONE: 753-1231

BRIDGE BACK
203 EAST VERMONT (OUT-PATIENT)
1730 WEST VERMONT (RESIDENTIAL)
LOS ANGELES

TELEPHONE: 232-2483

I HOPE THIS INFORMATION IS USEFUL AND HELPFUL. GOOD LUCK!

YOURS SINCERELY,

Eunice Camacho

9-26-85

**SERVICES ACTIVITY LOG
STATE EXCEPTIONS FOR VISITATION**

CASE NAME: Eunice White STATE NO: 5295254
 NAME: John Lee, Johnisha & Eunsha White ☒ CHILD OR ☐ PARENT

I. FAMILY MAINTENANCE PROGRAM

- ☐ Face-to-face contact by CSW with child or parent(s) will be once every 30 calendar days during the first 90 days when ALL of the following conditions are met:
- ☐ Child/parent has no severe problems.
 - ☐ Child/parent has monthly contact with another service provider _____ who has agreed to provide reports to CSW.
 - ☐ The combination of contacts between service provider and CSW equals one contact each 15 days.

II. FAMILY REUNIFICATION PROGRAM

- ☐ Face-to-face contact by CSW with parent(s) will be once every _____ months because _____
- ☒ Face-to-face contact by CSW with child will be once every 3 months as ALL of the following conditions are met:
- ☒ Child has no severe physical/emotional problems aggravated by placement and
 - ☒ Placement is stable. Current placement start date is 11-29-84 and
 - ☒ One of the following:
 - ☒ Child is placed with relatives, or
 - ☐ Child is under two years old and less visits to the child will facilitate more visits to the parents, or
 - ☐ Child has monthly contact with another service provider _____ who provides reports to CSW.
- ☐ Face-to-face contact between child and parent(s) will be less than monthly because _____

III. PERMANENT PLACEMENT PROGRAM

- ☐ Face-to-face contact by CSW with child will be once every _____ months because:
- ☐ Child is in the home of legal guardian, or
 - ☐ Child is in ☐ foster/rel. home or ☐ group home and ALL following conditions exist:
 - ☐ Child has been in current placement at least six months.
 - ☐ Child has no serious emotional problems aggravated by the placement and the placement has stabilized.
 - ☐ Foster care provider(s) are cooperating with the service plan.
 - ☐ Child is attending school or is being assisted toward self-maintenance.

IV. NO CONTACT (Child: Out-of-county, courtesy supv. or ICPC; Parent: whereabouts unk., etc.)

- ☐ No face-to-face contact can be made by CSW because _____
 Alternate visitation plan is _____

V. EXCEPTION RENEWAL

- ☐ This form was reviewed for renewal of this exception and is approved for the next _____ months. (Countersign and date below)

CSW Lagim Lee Date 9-12-85
 CFSW Maya Fagball Date 9-26-85
 DRSA Denise Kope Date 9-26-85

SERVICES ACTIVITY LOG STATE EXCEPTIONS FOR VISITATION

CASE NAME: Unice Oahn STATE NO: 5295256
NAME: Unice Oahn ☐ CHILD OR ☒ PARENT

I. FAMILY MAINTENANCE PROGRAM

- ☐ Face-to-face contact by CSW with child or parent(s) will be once every 30 calendar days during the first 90 days when ALL of the following conditions are met:
- ☐ Child/parent has no severe problems.
 - ☐ Child/parent has monthly contact with another service provider _____ who has agreed to provide reports to CSW.
 - ☐ The combination of contacts between service provider and CSW equals one contact each 15 days.

II. FAMILY REUNIFICATION PROGRAM

- ☐ Face-to-face contact by CSW with parent(s) will be once every _____ months because _____
- ☐ Face-to-face contact by CSW with child will be once every _____ months as ALL of the following conditions are met:
- ☐ Child has no severe physical/emotional problems aggravated by placement and
 - ☐ Placement is stable. Current placement start date is _____ and
 - ☐ One of the following:
 - ☐ Child is placed with relatives, or
 - ☐ Child is under two years old and less visits to the child will facilitate more visits to the parents, or
 - ☐ Child has monthly contact with another service provider _____ who provides reports to CSW.
 - ☐ Face-to-face contact between child and parent(s) will be less than monthly because _____

III. PERMANENT PLACEMENT PROGRAM

- ☐ Face-to-face contact by CSW with child will be once every _____ months because:
- ☐ Child is in the home of legal guardian, or
 - ☐ Child is in ☐ foster/rel. home or ☐ group home and ALL following conditions exist:
 - ☐ Child has been in current placement at least six months.
 - ☐ Child has no serious emotional problems aggravated by the placement and the placement has stabilized.
 - ☐ Foster care provider(s) are cooperating with the service plan.
 - ☐ Child is attending school or is being assisted toward self-maintenance.

IV. NO CONTACT (Child: Out-of-county, courtesy supv. or ICPC; Parent: whereabouts unk., etc.)

- ☒ No face-to-face contact can be made by CSW because mother's whereabouts is unknown
Alternate visitation plan is to locate mother, and she is not cooperative.

V. EXCEPTION RENEWAL

- ☐ This form was reviewed for renewal of this exception and is approved for the next _____ months. (Countersign and date below)

CSW Lacini Lee Date 7-31-85
SCSW M. Leggall Date 8-8-85
DRSA _____ Date _____

SERVICES ACTIVITY LOG

CASE NAME: Eunice Cain

STATE NO: 5295252

DATE	CT	PRB NO.	SERVICE ACTIVITY	FSID		
				P.R.	S.R.	SVC
8/2/85	u/c	(Cont)	Minor Johnish says his mother gives her a kiss and talks to her when she comes and she wants to live with her mother. Minor John says he also wants to stay with his mother. But he is happy staying with his grandmother.			
8/5/85	D/O		Minor's mother, Eunice Cain, came to the district office without appointment. She states she has been sharing money and she should have her own apartment no later than October. She asked for referral resources for drug counseling. CSW provided referral resources again. Mrs. Cain reports she contacted Regional Center, Richard Well, 290-2000, to open her case again. She wants to get into counseling at Regional Center. However, it will take one month. Mrs. Cain also reports she broke up with her husband last month and she stays in hotel in Inglewood area. Her husband never lived with her. He just "comes & goes."			

PRIMARY RECIPIENTS	FSID	ELIG	REPORT TYPE	GOAL	A	B	C	D

SERVICES ACTIVITY LOG STATE EXCEPTIONS FOR VISITATION

CASE NAME: Linice Cain STATE NO: 5295256
NAME: Linice Cain ☐ CHILD OR ☒ PARENT

I. FAMILY MAINTENANCE PROGRAM

- ☐ Face-to-face contact by CSW with child or parent(s) will be once every 30 calendar days during the first 90 days when ALL of the following conditions are met:
- ☐ Child/parent has no severe problems.
 - ☐ Child/parent has monthly contact with another service provider _____ who has agreed to provide reports to CSW.
 - ☐ The combination of contacts between service provider and CSW equals one contact each 15 days.

II. FAMILY REUNIFICATION PROGRAM

- ☐ Face-to-face contact by CSW with parent(s) will be once every _____ months because _____.
- ☐ Face-to-face contact by CSW with child will be once every _____ months as ALL of the following conditions are met:
- ☐ Child has no severe physical/emotional problems aggravated by placement and
 - ☐ Placement is stable. Current placement start date is _____ and
 - ☐ One of the following:
 - ☐ Child is placed with relatives, or
 - ☐ Child is under two years old and less visits to the child will facilitate more visits to the parents, or
 - ☐ Child has monthly contact with another service provider _____ who provides reports to CSW.
 - ☐ Face-to-face contact between child and parent(s) will be less than monthly because _____.

III. PERMANENT PLACEMENT PROGRAM

- ☐ Face-to-face contact by CSW with child will be once every _____ months because:
- ☐ Child is in the home of legal guardian, or
 - ☐ Child is in ☐ foster/rel. home or ☐ group home and ALL following conditions exist:
 - ☐ Child has been in current placement at least six months.
 - ☐ Child has no serious emotional problems aggravated by the placement and the placement has stabilized.
 - ☐ Foster care provider(s) are cooperating with the service plan.
 - ☐ Child is attending school or is being assisted toward self-maintenance.

IV. NO CONTACT (Child: Out-of-county, courtesy supv. or ICPC; Parent: whereabouts unk., etc.)

- ☒ No face-to-face contact can be made by CSW because mother's whereabouts is unknown
Alternate visitation plan is to locate mother and she is not cooperative.

V. EXCEPTION RENEWAL

- ☐ This form was reviewed for renewal of this exception and is approved for the next _____ months. (Countersign and date below)

CSW Loren Lee Date 7-31-85
SCSW _____ Date _____
DRSA _____ Date _____

SERVICES ACTIVITY LOG

CASE NAME: Eunice Carter

STATE NO. 5295252

[illegible]

SERVICES ACTIVITY LOG

CASE NAME: Eunice Cain

STATE NO: 5295254

[illegible]

SERVICES ACTIVITY LOG

CASE NAME: Eunice Cain (white)

STATE NO. 5295254

[illegible]

SERVICES ACTIVITY LOG

CASE NAME: Estnice Cash

STATE NO: 5295254

[illegible]

SERVICES ACTIVITY LOG

CASE NAME: Eunice Cain

STATE NO: 5295254-4

DATE	CT	PRB NO.	SERVICE ACTIVITY	FSID		
				P.R.	S.R.	SVC
3/25/85			Case assigned to K457			
4/1/85			Reviewed the case			
4/3/85	1/c		Minors' Mgm. Mrs. Edwards. Message left for her to contact CSW			
4/5/85	4/c		Minors Johnnisha and Eunisha and Mrs. Jane Edwards, Mgm. seen. Mrs. Edwards states minors John and Johnnisha are slow in school due to the fact that they did not go to school on a regular basis. They moved too many times from one place to another. Mrs. Edwards is taking care of her daughter, Pamela's 3 children too. Minors' mother visits minor with minors' father once a week. She does not know their address and says they don't stay one place long. Mrs. Edwards states she will give CSW business card to her daughters and tell her to call CSW for an appointment			

PRIMARY RECIPIENTS	FSID	ELIG	REPORT TYPE	GOAL	A	B	C	D

CSW _____ FILE NO. _____ QUARTER COVERED _____ PAGE NO. _____
 76S366G PA 1950 (Rev. 8/77) PS 4-84

SERVICES ACTIVITY LOG

CASE NAME: Q. A. E. E. E.

STATE NO:

[illegible][illegible]

CSW.

765368G PA 1950 (Rev. 8/77) P58-64

FILE NO. _____ QUARTER COVERED

PAGE NO.

SERVICES ACTIVITY LOG

CASE NAME: Cain EuniceSTATE NO: 1902-5295

DATE	CT	PRB NO.	SERVICE ACTIVITY	FSID		
				P.R.	S.R.	SVC
12-18	140		140 To assess current situation of the children. Children are now with 1 mother. Worker saw the children Johnny White, Eunice White, John'sa Cain. Mother alleges to be in the Hospital. Children appear very comfortable with grand mother. 1 mother ^{approx. 500.00} states she received for the children. Worker will continue services until the Court decides the disposition of the case.			
8/14			140 To assess current situation. Worker saw Johnny White, Eunice White and John'sa White. They are playing in the yard. Worker has not been able to resolve the worker doubts of the mother. The 140 mother. The 140 is providing adequate care for the means. Court Date 2-6-85. Worker will continue to provide services until Deposition.			

2

1.
PR

MARY PIANTS	FSID	ELIG	REPORT TYPE	GOAL	A	B	C	D

by A. Reyna 5-278

FILE NO.

QUARTER COVERED

PAGE NO.

*A 1960 (Rev. 8/77) PS 4-84

SERVICES ACTIVITY LOG

CASE NAME: Rain Eunice STATE NO: 1930-529524

DATE	CT	PRB NO.	SERVICE ACTIVITY	FSID		
				P.R.	S.R.	SVC
11-29	HC		Children Pick up & place in on act home full children with living in the a Group within will place children in Foster care when it is possible Family Reunion (3) 11-29-84			
12-6	TC		TC from Mrs. Ref are given 575-4410 She states she has a home for Eunice, she white will get - back her Wednesday 12-12-84			
12-10			Water Hand / mother Jane ED W A 100 1358 E 43-157 message released - at Rejection Henry Johnny white Eunice white John white Release TO Monday 12-11-84 E 853 Larena W. a. B. G. E. W. Mrs.			
12-11			Gene sent to E. W. Mrs.			
			W. a. B. G. Henry of Page to Mrs Jane ED W A 100 1358 E 43-157 12-11-84			

CSW Jack P. Reynolds FILE NO. 5-273 QUARTER COVERED _____ PAGE NO. _____

745166C PA 1950 (Rev. 8/77) PS 4-84

SERVICES ACTIVITY LOG

CASE NAME:

Can Europe

STATE NO: 1930-529 J 248

[illegible]CSW
7653

Jack Reynolds

FILE NO.

QUARTER COVERED

PAGE NO.

SERVICES ACTIVITY LOG

CASE NAME: *Carr*

Eu и се

STATE NO: 1930 - 5295244

DATE	CT	PRB NO.	SERVICE ACTIVITY	FSID		
				P.R.	S.R.	SVC
8-16	HC		2 hr supervised made Neigra Bos states children left alone H.C. worker saw the children Johnny White Joseph White and Fannie White White mother sister she was on the back yard worker consulted the mother supervision must be provided at all times. 8-21- Family re安置 was made	(2)		
9-24			Another refusal was made. on -the same case home's mother alleging living with her other H/mother does not have the resources to care for children worker will call H.C. to assess the situation Follow H.C. Blanton stated minor's mother has moved with her sister at [REDACTED] [REDACTED] and [REDACTED] H/mother stated another adult want to take the responsibility for her children. Worker made H.C. to [REDACTED] [REDACTED] worker were not able contact the mother Worker contact H/mother she stated			
10-1	HC					
10-2						

PRIMARY RECIPIENTS	FSID	ELIG	REPORT TYPE	GOAL	A	B	C	D	
									Mother was over
									with the children
									as she suppose get
									children in S.C. local

CSW Jack 1/16/77
76S366G PA 1950 (Rev. 8/77) PS 4-84

FILE NO. _____ QUARTER COVERED

PAGE NO. _____

SERVICES ACTIVITY LOG

Case Assigned
Booklet 7-25-54

CASE NAME:

STATE NO: 1430-5295214

DATE	CT	PRB NO.	SERVICE ACTIVITY	FSID		
				P.R.	S.R.	SVC
7-26	TC		Worker contacted Mrs. [redacted] [redacted] [redacted] [redacted]			
7-31	HC		HC made visit with Mrs. Holt Reg Center where counseled the mother concerning the allegation she denied the allegation worker made it clear she has the responsibility of providing supervision at all times for her minor children Mother stated she is process of getting a stone worker is aware of her mother, as she is providing care for her sister's children. Worker will make WV AS noted Home calls for review of the as well are in need of protect.			

G/Mother

Edwards

[illegible]

CASE ACTIVITY VISIT

1. CASE NAME <i>Case PLACE</i>	3. DATE OF FACE-TO-FACE VISIT <i>1/1/97</i>	5. NAME(S) OF MINOR(S) SEEN <i>John Doe</i>	
2. CASE NUMBER <i>1-1-1</i>	4. LOCATION OF VISIT <input type="checkbox"/> Parent(s) Residence <input type="checkbox"/> School <input type="checkbox"/> Placement Residence <input type="checkbox"/> CSW Office <input type="checkbox"/> Court (Content of court interview must be documented on form) <input type="checkbox"/> Other (Describe)	A. <i>John Doe</i>	D. _____
6A. <input type="checkbox"/> Mother <input type="checkbox"/> Father (If more than one father on case, state name of father seen)	6B. CAREGIVER OR FACILITY NAME AND NAME OF REPRESENTATIVE SEEN	B. <i>John Doe</i>	E. _____
		C. _____	F. _____
		7C. OTHERS SEEN: NAMES AND RELATIONSHIPS	7. CONDITION OF HOME/FACILITY <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor (Explain corrective plan in No. 11)

PRIMARY TOPICS TO DISCUSS ON A FACE-TO-FACE VISIT (As applicable)

- Medical/Dental Care Update (Complete No. 10)
- Child's Functioning in the Home
- Child's Contacts with Siblings
- Parental Visits
- Grandparent Visits
- School Progress
- Progress on Service Plan Goals
- Verification of Changes in Address(es)/Telephone Number(s)

Any of the above that were discussed during this visit must be summarized in the Comments/Observations section (No. 11) below.

8. PURPOSE OF VISIT

<i>Place</i>

☐ Cont. on reverse

9. REASON FOR DCS INTERVENTION

To be completed only ONCE PER REFERRAL

(Enter date and circle child identifier —

A through F, as applicable)

- ☒ The reason(s) for DCS intervention was explained by the CSW to the child(ren) identified below in an age-appropriate manner on 1/1.

A B C D E F

10. MEDICAL/HEALTH CARE UPDATE

(Check box(es) and circle child identifier —

A through F, as applicable)

- ☐ DCS 562 picked up for:

A B C D E F

- ☐ Child(ren) identified below has not had any medical/health care visits since last CSW visit:

A B C D E F

11. COMMENTS/OBSERVATIONS (Summarize each primary topic discussed and any other topics)

<i>CSW dropped off home folder to Enisha and Schriber. Schriber states that she wants to get out of children services so that she can get on A/RK. CSW told her that a SET on DCS would be initiated.</i>		
<p><input type="checkbox"/> Cont. on reverse</p>		
CSW'S SIGNATURE <i>[Signature]</i>	FILE # <i>6220</i>	DATE FORM COMPLETED <i>7/12/97</i>

CONFIDENTIAL CASE RECORDS PURSUANT TO WIC SECTION 827 AND ORDER OF THE LOS ANGELES COUNTY JUVENILE COURT

LILLIE M. WYCHE
INDEPENDENT LIVING PROGRAM
REGION II
2444 SOUTH ALAMEDA STREET
LOS ANGELES, CALIFORNIA 90058

Date 5/24/99

To: Darrick, CSW

_____, SCSW

Case Name: CAIN

Case Number: 42-5295254

I am please to inform you that EUNISHA White, age, 18 yrs
is eligible for ILP Services.

Eunisha was referred to Project Impact
~~Foundation~~ Independent Living Skills Program.

This agency will contact the youth when there is an opening in his/her area.

I contacted EUNISHA VIA on 5/21/99
(see remarks below) Telephone

OTHER ACTIONS TAKEN/REMARKS:

Forwarded referral to Project Impact. Hopefully
they will pick her up on June 9, 1999 for
their module

Should you have questions, please contact me @ (323) 846-2218.

Thank You

Lillie M. Wyche
Lillie M. Wyche, ILP Coordinator



068158 JANE EDWARDS

Enclosed is the receipt for the purchase of photographs for the following child:

5295254-05 EUNISHA WHITE

*** Contact Information ***

Shoemake, Derrick

04/15/1999

09:42am

04/15/1999

: am

Conduct Client Evaluation

In-Person

CMS Office

Completed

Participants	Age
White, Eunisha	18

In Behalf of Child	Case/Referral	Name
White, Eunisha	1561-0250-1257-8004404	White, Eunisha

Case Management Service Type

Contact Party Type
Staff Person/Child

04/15/1999 09:42am ***5-99 CSW AND EUNISHA MET AT DCFS OFFICES TO GENERATE SERVICE PLAN AND TO SIGN DOCUMENTS. STATING THAT SHE WILL UTILIZE ALL SERVICES OFFERED BY THIS DEPARTMENT, TO INCLUDE EDUCATIONAL, TUTORING AND JOB PLACEMENT TRAINING. SHE WILL BE TRANSPORTED BY THIS CSW TO ILP JOB SERVICES ON THIS DATE.

*** Contact Information ***

Shoemaker, Derrick

04/08/1999

01:31pm

04/08/1999

: am

Conduct Client Evaluation

In-Person

Home

Completed

Participants	Age
White, Eunisha	18
White, Johnnisha	19

On Behalf of Child	Case/Referral	None
White, Eunisha	1561-0250-1257-8004404	
White, Johnnisha	1320-2384-0854-6004404	White, Johnnisha

Case Management Service Type
Arrange Transportation
Perform Case Planning Activities
Plan Contact

Contact Party Type
Staff Person/Child
Staff Person/Parent-Guardia

ON 04-08-99 CSW DELIVERED BUS TOKENS TO BOTH JOHNNISHA AND EUNISHA. THEY WERE REFERRED TO TUTORING PROVIDED DCFS/STNEY WERE ALSO REFERRED TOTHE ALUMNI RESOURCE CENTER FOR TUTOR NG AND SUMMER JOBS.

CASE ACTIVITY LOG - LATE EXCEPTIONS FOR CONTACT REQUIREMENTS

CASE NAME <i>Carmine Cain</i>	CASE NUMBER <i>5295254-9</i>
----------------------------------	---------------------------------

I. APPROVED CASE PLAN FOR IN-HOME SERVICES — CHILD AND/OR PARENT VISITS

NAME		
BASIS FOR EXCEPTION (Enter alphanumeric code)	DATE OF LAST FACE-TO-FACE VISIT	NEXT VISITS DUE
	/ /	/ /
NAME		
BASIS FOR EXCEPTION (Enter alphanumeric code)	DATE OF LAST FACE-TO-FACE VISIT	NEXT VISITS DUE
	/ /	/ /

BASIS FOR EXCEPTION(S):

- A. CSW will have a face-to-face visit with the child(ren) and parent(s)/guardian(s) at least once every 2 calendar months because **ALL OF THE FOLLOWING EXCEPTION CRITERIA ARE BEING MET:**
1. Child(ren) has no severe physical/emotional problems caused or aggravated by remaining in his/her own home; and,
 2. Parent(s)/guardian(s) has no severe physical/emotional problems that affect his/her ability to parent the child(ren); and,
 3. Child(ren) and parent(s) is seen **at least once a week** by a **non-DCS** family preservation worker or a public health nurse as part of the case plan and there is documented agreement with such service provider(s) to furnish CSW with timely contact reports.

II. APPROVED CASE PLAN FOR OUT-OF-HOME — CHILD VISITS

NAME		
BASIS FOR EXCEPTION (Enter alphanumeric code)	DATE OF LAST FACE-TO-FACE VISIT	NEXT VISITS DUE
	/ /	/ /
NAME		
BASIS FOR EXCEPTION (Enter alphanumeric code)	DATE OF LAST FACE-TO-FACE VISIT	NEXT VISITS DUE
	/ /	/ /

BASIS FOR EXCEPTION(S):

- A. CSW will have a face-to-face visit at least once every 3 calendar months because **ALL OF THE FOLLOWING EXCEPTION CRITERIA ARE BEING MET:**
1. Child has no severe physical/emotional problems caused or aggravated by the placement; and,
 2. Placement is stable; and,
 3. Subsequent to development of the case plan and prior to any exception, the child has been visited monthly in 3 of the most recent 4 consecutive months; and,
 4. Case record documents that **AT LEAST ONE OF THE FOLLOWING APPLY:**
 - a. Child is placed with relatives; or
 - b. Child is placed with foster parent who has provided child with continuous care for a minimum of 12 months; or
 - c. Placement is voluntary an the parents/guardians identified in the case plan visit monthly; or
 - d. Child is visited once each calendar month by one or more service provider(s) as part of the case plan (i.e., other county social services staff, staff of another services agency, a physician or other health professional) and there is documented agreement with the service provider(s) to furnish the CSW with timely reports; or
 - e. Child is under age 2 and less frequent CSW-child visits facilitate reunification by permitting more CSW visits with parents/guardians.

III. APPROVED CASE PLAN FOR OUT-OF-HOME CARE & PERMANENT PLACEMENT SERVICES (IN ADDITION TO EXCEPTIONS LISTED IN SECTION II) — CHILD VISITS

NAME <i>Christina White</i>		
BASIS FOR EXCEPTION (Enter alphanumeric code)	DATE OF LAST FACE-TO-FACE VISIT	NEXT VISITS DUE
<i>A1, A-D</i>	<i>3/2/96</i>	<i>9/12/96</i>
NAME <i>Christina White</i>		
BASIS FOR EXCEPTION (Enter alphanumeric code)	DATE OF LAST FACE-TO-FACE VISIT	NEXT VISITS DUE
<i>A2, A-D</i>	<i>3/2/96</i>	<i>9/12/96</i>

BASIS FOR EXCEPTION(S):

A. CSW will have a face-to-face visit with the child(ren) at least once every 6 months because:

1. Child(ren) is in home of legal guardian or relative or group home or foster family home or adoptive home (including Foster/Adopt placements) and **ALL OF THE FOLLOWING CONDITIONS EXIST:**
 - a. Child(ren) has been in current placement for 6 or more consecutive months; and,
 - b. Child(ren) has no serious emotional problems aggravated by placement and placement has stabilized; and,
 - c. The out-of-home caregiver is cooperating with the case plan; and,
 - d. Child(ren) is attending school, day treatment, or a licensed day care facility regularly (if not school-age, child is seen at least once a week by responsible third parties besides caregiver, i.e., by a mandated reporter such as a preschool teacher, therapist, FFA social worker, Regional Center staff, etc.) or is being assisted toward self-maintenance as specified in written transitional independent living plan (not required for relative placements).
2. Child(ren) is visited at least monthly by one or more other service provider(s) as part of case plan (i.e., other county social services staff, staff of another services agency, a physician or other health professional) and there is documented agreement with the service provider(s) to provide CSW with timely reports.

NOTE: CSW must ensure the verbal or written reports are received and documented in the case record.

B. CSW may have a face-to-face visit with the child(ren) at least once every 6 consecutive calendar months because the child(ren) is receiving permanent placement services, is placed with a legal guardian, and dependency has been dismissed or child(ren) was never a dependent.

IV. APPROVED CASE PLAN FOR OUT-OF-HOME CARE — PARENT/GUARDIAN VISITS

NAME		
BASIS FOR EXCEPTION (Enter alphanumeric code)	DATE OF LAST FACE-TO-FACE VISIT	NEXT VISITS DUE
	/ /	/ /
NAME		
BASIS FOR EXCEPTION (Enter alphanumeric code)	DATE OF LAST FACE-TO-FACE VISIT	NEXT VISITS DUE
	/ /	/ /

BASIS FOR EXCEPTION(S):

A. CSW will have face-to-face visits with the parent(s)/guardian(s) NAMED IN THE CASE PLAN less frequently than once each month because _____

B. CSW will have monthly written or telephone contacts with the parent(s)/guardian(s) NAMED IN THE CASE PLAN in lieu of face-to-face visits because the following criteria are met:

1. Parent(s)/guardian(s) is unavailable for monthly face-to-face contacts but monthly written or telephone contact is maintained by CSW; OR
2. Parent(s)/guardian(s) has monthly face-to-face contact with other service provider(s) as part of the case plan (i.e., other staff of the county, staff of another services agency, a physician or other professional), there is documented agreement with the service provider(s) to furnish the CSW with timely reports and the CSW ensures that verbal or written reports are received and documented in the case record.

V. EXCEPTION RENEWAL

Next visits due ____/____/____ ____/____/____

(Check box, if applicable)

☐ Form has been reviewed for renewal of the exception(s) and is approved for the next _____ months.

(Countersign and date below)

EXCEPTION DOCUMENTATION (SUMMARIZE HOW CASE CONTINUES TO MEET EXCEPTION CRITERIA)

INITIAL APPROVAL SIGNATURES

CSW	DATE
<i>[Signature]</i>	3/12/96
SCSW	DATE
<i>[Signature]</i>	3/12/96

RENEWAL APPROVAL SIGNATURES

CSW	DATE
	/ /
SCSW	DATE
	/ /

CASE NAME

CASE NAME
Cunice Cain

CASE NO.

CASE NO
5295254-9

FILE NO

PAGE NO

CASE ACTIVITY LOG - DATE EXCEPTIONS FOR CONTACT REQUIREMENTS

CASE NAME <i>Cornice Cain</i>	CASE NUMBER <i>529 2254-9</i>
----------------------------------	----------------------------------

I. APPROVED CASE PLAN FOR IN-HOME SERVICES — CHILD AND/OR PARENT VISITS

NAME		
BASIS FOR EXCEPTION (Enter alphanumeric code)	DATE OF LAST FACE-TO-FACE VISIT	NEXT VISITS DUE
	/ /	/ /
NAME		
BASIS FOR EXCEPTION (Enter alphanumeric code)	DATE OF LAST FACE-TO-FACE VISIT	NEXT VISITS DUE
	/ /	/ /

BASIS FOR EXCEPTION(S):

A. CSW will have a face-to-face visit with the child(ren) and parent(s)/guardian(s) at least once every 2 calendar months because **ALL OF THE FOLLOWING EXCEPTION CRITERIA ARE BEING MET:**

1. Child(ren) has no severe physical/emotional problems caused or aggravated by remaining in his/her own home; and,
2. Parent(s)/guardian(s) has no severe physical/emotional problems that affect his/her ability to parent the child(ren); and,
3. Child(ren) and parent(s) is seen at least once a week by a non-DCS family preservation worker or a public health nurse as part of the case plan and there is documented agreement with such service provider(s) to furnish CSW with timely contact reports.

II. APPROVED CASE PLAN FOR OUT-OF-HOME — CHILD VISITS

NAME		
BASIS FOR EXCEPTION (Enter alphanumeric code)	DATE OF LAST FACE-TO-FACE VISIT	NEXT VISITS DUE
	/ /	/ /
NAME		
BASIS FOR EXCEPTION (Enter alphanumeric code)	DATE OF LAST FACE-TO-FACE VISIT	NEXT VISITS DUE
	/ /	/ /

BASIS FOR EXCEPTION(S):

A. CSW will have a face-to-face visit at least once every 3 calendar months because **ALL OF THE FOLLOWING EXCEPTION CRITERIA ARE BEING MET:**

1. Child has no severe physical/emotional problems caused or aggravated by the placement; and,
2. Placement is stable; and,
3. Subsequent to development of the case plan and prior to any exception, the child has been visited monthly in 3 of the most recent 4 consecutive months; and,
4. Case record documents that **AT LEAST ONE OF THE FOLLOWING APPLY:**
 - a. Child is placed with relatives; or
 - b. Child is placed with foster parent who has provided child with continuous care for a minimum of 12 months; or
 - c. Placement is voluntary and the parents/guardians identified in the case plan visit monthly; or
 - d. Child is visited once each calendar month by one or more service provider(s) as part of the case plan (i.e., other county social services staff, staff of another services agency, a physician or other health professional) and there is documented agreement with the service provider(s) to furnish the CSW with timely reports; or
 - e. Child is under age 2 and less frequent CSW-child visits facilitate reunification by permitting more CSW visits with parents/guardians.

III. APPROVED CASE PLAN FOR OUT-OF-HOME CARE & PERMANENT PLACEMENT SERVICES (IN ADDITION TO EXCEPTIONS LISTED IN SECTION II) — CHILD VISITS

NAME <i>Jahannisha White</i>		
BASIS FOR EXCEPTION (Enter alphanumeric code)	DATE OF LAST FACE-TO-FACE VISIT	NEXT VISITS DUE
<i>A1 a-d</i>	<i>6/12/95</i>	<i>12/17/95</i>
NAME <i>Cornisha White</i>		
BASIS FOR EXCEPTION (Enter alphanumeric code)	DATE OF LAST FACE-TO-FACE VISIT	NEXT VISITS DUE
<i>A2 a-d</i>	<i>6/12/95</i>	<i>12/17/95</i>



MANCHESTER MEDICAL GROUP, Inc.

617 W. Manchester Avenue

P.O. Box 44786

Los Angeles, CA 90044

Telephone: (213) 750-9715

December 5, 1994

Maggie Schwartz, PHN
Protective Services Child Health
Room 210
Department of Children's Services
2444 S. Alameda Street
Los Angeles, CA 90058

RE: WHITE, Eunisha
DOB: [REDACTED]
DCS CASE #5295254

On May 5, 1994 I surgically removed a small soft tissue growth from the lower mid-back. This tumor did not involve the spine.

Pathological report was consistent with a neurofibroma and a disperse tissue.

The post operative course was satisfactory with complete recovery.

Sincerely,

William N. Ricketts, M.D., F.A.C.S.

WNR:mh

encl: Copy of path report

BASIS FOR EXCEPTION(S):

A. CSW will have a face-to-face visit with the child(ren) at least once every 6 months because:

1. Child(ren) is in home of legal guardian or relative or group home or foster family home or adoptive home (including Foster/Adopt placements) and **ALL OF THE FOLLOWING CONDITIONS EXIST:**

- Child(ren) has been in current placement for 6 or more consecutive months; and,
 - Child(ren) has no serious emotional problems aggravated by placement and placement has stabilized; and,
 - The out-of-home caregiver is cooperating with the case plan; and,
 - Child(ren) is attending school, day treatment, or a licensed day care facility regularly (if not school-age, child is seen at least once a week by responsible third parties besides caregiver, i.e., by a mandated reporter such as a preschool teacher, therapist, FFA social worker, Regional Center staff, etc.) or is being assisted toward self-maintenance as specified in written transitional independent living plan (not required for relative placements).
2. Child(ren) is visited at least monthly by one or more other service provider(s) as part of case plan (i.e., other county social services staff, staff of another services agency, a physician or other health professional) and there is documented agreement with the service provider(s) to provide CSW with timely reports.

NOTE: CSW must ensure the verbal or written reports are received and documented in the case record.

B. CSW may have a face-to-face visit with the child(ren) at least once every 6 consecutive calendar months because the child(ren) is receiving permanent placement services, is placed with a legal guardian, and dependency has been dismissed or child(ren) was never a dependent.

IV. APPROVED CASE PLAN FOR OUT-OF-HOME CARE — PARENT/GUARDIAN VISITS

NAME		
BASIS FOR EXCEPTION (Enter alphanumeric code)	DATE OF LAST FACE-TO-FACE VISIT	NEXT VISITS DUE
	/ /	/ /
NAME		
BASIS FOR EXCEPTION (Enter alphanumeric code)	DATE OF LAST FACE-TO-FACE VISIT	NEXT VISITS DUE
	/ /	/ /

BASIS FOR EXCEPTION(S):

A. CSW will have face-to-face visits with the parent(s)/guardian(s) NAMED IN THE CASE PLAN less frequently than once each month because _____

B. CSW will have monthly written or telephone contacts with the parent(s)/guardian(s) NAMED IN THE CASE PLAN in lieu of face-to-face visits because the following criteria are met:

- Parent(s)/guardian(s) is unavailable for monthly face-to-face contacts but monthly written or telephone contact is maintained by CSW; OR
- Parent(s)/guardian(s) has monthly face-to-face contact with other service provider(s) as part of the case plan (i.e., other staff of the county, staff of another services agency, a physician or other professional), there is documented agreement with the service provider(s) to furnish the CSW with timely reports and the CSW ensures that verbal or written reports are received and documented in the case record.

V. EXCEPTION RENEWAL

Next visits due 12/17/95 12/17/95

(Check box, if applicable)

☐ Form has been reviewed for renewal of the exception(s) and is approved for the next _____ months.

(Countersign and date below)

EXCEPTION DOCUMENTATION (SUMMARIZE HOW CASE CONTINUES TO MEET EXCEPTION CRITERIA)

<u>Minor's placement is stable, Minor attend</u> <u>School Regularly. There are no behavior</u> <u>problems present.</u>
--

INITIAL APPROVAL SIGNATURES

CSW [Signature]
SCSW [Signature]

DATE 6/17/95
DATE 6/26/95

RENEWAL APPROVAL SIGNATURES

CSW _____ DATE / /
SCSW _____ DATE / /

CASE ACTIVITY LOG - STATE EXCEPTIONS FOR CONTACT REQUIREMENTS

CASE NAME <i>Funnel Cain</i>	CASE NUMBER <i>524 5254-9</i>
---------------------------------	----------------------------------

I. APPROVED CASE PLAN FOR IN-HOME SERVICES — CHILD AND/OR PARENT VISITS

NAME		
BASIS FOR EXCEPTION (Enter alphanumeric code)	DATE OF LAST FACE-TO-FACE VISIT / /	NEXT VISITS DUE / /
NAME		
BASIS FOR EXCEPTION (Enter alphanumeric code)	DATE OF LAST FACE-TO-FACE VISIT / /	NEXT VISITS DUE / /

BASIS FOR EXCEPTION(S):

A. CSW will have a face-to-face visit with the child(ren) and parent(s)/guardian(s) at least once every 2 calendar months because **ALL OF THE FOLLOWING EXCEPTION CRITERIA ARE BEING MET:**

1. Child(ren) has no severe physical/emotional problems caused or aggravated by remaining in his/her own home; and,
2. Parent(s)/guardian(s) has no severe physical/emotional problems that affect his/her ability to parent the child(ren); and,
3. Child(ren) and parent(s) is seen at least once a week by a non-DCS family preservation worker or a public health nurse as part of the case plan and there is documented agreement with such service provider(s) to furnish CSW with timely contact reports.

II. APPROVED CASE PLAN FOR OUT-OF-HOME — CHILD VISITS

NAME		
BASIS FOR EXCEPTION (Enter alphanumeric code)	DATE OF LAST FACE-TO-FACE VISIT / /	NEXT VISITS DUE / /
NAME		
BASIS FOR EXCEPTION (Enter alphanumeric code)	DATE OF LAST FACE-TO-FACE VISIT / /	NEXT VISITS DUE / /

BASIS FOR EXCEPTION(S):

A. CSW will have a face-to-face visit at least once every 3 calendar months because **ALL OF THE FOLLOWING EXCEPTION CRITERIA ARE BEING MET:**

1. Child has no severe physical/emotional problems caused or aggravated by the placement; and,
2. Placement is stable; and,
3. Subsequent to development of the case plan and prior to any exception, the child has been visited monthly in 3 of the most recent 4 consecutive months; and,
4. Case record documents that **AT LEAST ONE OF THE FOLLOWING APPLY:**
 - a. Child is placed with relatives; or
 - b. Child is placed with foster parent who has provided child with continuous care for a minimum of 12 months; or
 - c. Placement is voluntary and the parents/guardians identified in the case plan visit monthly; or
 - d. Child is visited once each calendar month by one or more service provider(s) as part of the case plan (i.e., other county social services staff, staff of another services agency, a physician or other health professional) and there is documented agreement with the service provider(s) to furnish the CSW with timely reports; or
 - e. Child is under age 2 and less frequent CSW-child visits facilitate reunification by permitting more CSW visits with parents/guardians.

III. APPROVED CASE PLAN FOR OUT-OF-HOME CARE & PERMANENT PLACEMENT SERVICES (IN ADDITION TO EXCEPTIONS LISTED IN SECTION II) — CHILD VISITS

NAME <i>Johanna White</i>		
BASIS FOR EXCEPTION (Enter alphanumeric code) <i>A.1a-d</i>	DATE OF LAST FACE-TO-FACE VISIT <i>10/12/94</i>	NEXT VISITS DUE <i>4/12/95</i>
NAME <i>Johanna White</i>		
BASIS FOR EXCEPTION (Enter alphanumeric code) <i>A.1a-d</i>	DATE OF LAST FACE-TO-FACE VISIT <i>10/12/94</i>	NEXT VISITS DUE <i>4/12/95</i>

BASIS FOR EXCEPTION(S):

A. CSW will have a face-to-face visit with the child(ren) at least once every 6 months because:

1. Child(ren) is in home of legal guardian or relative or group home or foster family home or adoptive home (including Foster/Adopt placements) and **ALL OF THE FOLLOWING CONDITIONS EXIST:**
 - a. Child(ren) has been in current placement for 6 or more consecutive months; and,
 - b. Child(ren) has no serious emotional problems aggravated by placement and placement has stabilized; and,
 - c. The out-of-home caregiver is cooperating with the case plan; and,
 - d. Child(ren) is attending school, day treatment, or a licensed day care facility regularly (if not school-age, child is seen at least once a week by responsible third parties besides caregiver, i.e., by a mandated reporter such as a preschool teacher, therapist, FFA social worker, Regional Center staff, etc.) or is being assisted toward self-maintenance as specified in written transitional independent living plan (not required for relative placements).
2. Child(ren) is visited at least monthly by one or more other service provider(s) as part of case plan (i.e., other county social services staff, staff of another services agency, a physician or other health professional) and there is documented agreement with the service provider(s) to provide CSW with timely reports.

NOTE: CSW must ensure the verbal or written reports are received and documented in the case record.

B. CSW may have a face-to-face visit with the child(ren) at least once every 6 consecutive calendar months because the child(ren) is receiving permanent placement services, is placed with a legal guardian, and dependency has been dismissed or child(ren) was never a dependent.

IV. APPROVED CASE PLAN FOR OUT-OF-HOME CARE — PARENT/GUARDIAN VISITS

NAME		
BASIS FOR EXCEPTION (Enter alphanumeric code)	DATE OF LAST FACE-TO-FACE VISIT / /	NEXT VISITS DUE / /
NAME		
BASIS FOR EXCEPTION (Enter alphanumeric code)	DATE OF LAST FACE-TO-FACE VISIT / /	NEXT VISITS DUE / /

BASIS FOR EXCEPTION(S):

A. CSW will have face-to-face visits with the parent(s)/guardian(s) NAMED IN THE CASE PLAN less frequently than once each month because _____

B. CSW will have monthly written or telephone contacts with the parent(s)/guardian(s) NAMED IN THE CASE PLAN in lieu of face-to-face visits because the following criteria are met:

1. Parent(s)/guardian(s) is unavailable for monthly face-to-face contacts but monthly written or telephone contact is maintained by CSW; OR
2. Parent(s)/guardian(s) has monthly face-to-face contact with other service provider(s) as part of the case plan (i.e., other staff of the county, staff of another services agency, a physician or other professional), there is documented agreement with the service provider(s) to furnish the CSW with timely reports and the CSW ensures that verbal or written reports are received and documented in the case record.

V. EXCEPTION RENEWAL

Next visits due

(Check box, if applicable)

☒ Form has been reviewed for renewal of the exception(s) and is approved for the next _____ months.

(Countersign and date below)

EXCEPTION DOCUMENTATION (SUMMARIZE HOW CASE CONTINUES TO MEET EXCEPTION CRITERIA)

<p><i>Minor placement is stable. Minor attend school regularly. There are no behavior problems present.</i></p>

INITIAL APPROVAL SIGNATURES

CSW *[Signature]*
SCSW *[Signature]*

DATE 12/27/94
DATE 12/27/94

RENEWAL APPROVAL SIGNATURES

CSW *[Signature]*
SCSW *[Signature]*

DATE 12/21/94
DATE 12/21/94

STATE EXCEPTIONS FOR CONTACT REQUIREMENTS

III. PERMANENT PLACEMENT PROGRAM (Check all applicable boxes)

NEXT VISITS DUE

4/1 1994 4/1 94

- ☒ Face-to-face contacts by CSW with child will be once every 6 months because:
- ☒ Child is in home of legal guardian/relative; OR
 - ☐ Child is in foster home or ☐ group home & ALL OF THE FOLLOWING CONDITIONS EXIST:
 - ☐ Child has been in current placement for 6 or more consecutive months; and
 - ☒ Child has no serious emotional problems aggravated by placement & placement has stabilized; and
 - ☒ Foster parent(s) is cooperating with service plan; and
 - ☒ Child is attending school regularly (if not school-age, child is seen at least once a week by responsible third parties besides caretaker, i.e., by a mandated reporter such as a preschool teacher, therapist, FFA social worker, Regional Center staff, or a licensed day care provider) or is being assisted toward self-maintenance; OR
 - ☐ Child has face-to-face contact at least monthly with other service provider(s) as part of service plan & there is documented agreement with the service provider(s) to provide CSW with timely reports.

EXCEPTION DOCUMENTATION (Summarize how case meets exception criteria)

IV. EXCEPTION RENEWAL (Check box, if applicable)

NEXT VISITS DUE

10/1 1994 10/1 94

- ☒ Form has been reviewed for renewal of this exception and is approved for the next 6 months. (Countersign & date below)

EXCEPTION DOCUMENTATION (Summarize how case meets exception criteria)

INITIAL APPROVAL SIGNATURES

CSW <i>[Signature]</i>	DATE 10/6/93
SCSW <i>[Signature]</i>	DATE 10/1/93

RENEWAL APPROVAL SIGNATURES

CSW <i>[Signature]</i>	DATE 4/29/94
SCSW <i>[Signature]</i>	DATE 4/29/94

I. FAMILY MAINTENANCE PROGRAM (Check all applicable boxes)

- EXCEPTION DOCUMENTATION** (Summarize how case meets exception criteria)

NEXT VISITS DUE	
/ /	/ /

II. FAMILY REUNIFICATION PROGRAM (Check all applicable boxes)

- ☐ Face-to-face contact by CSW with child will be at least once every 3 months (per DCS policy) because **ALL OF THE FOLLOWING ARE MET:**
- ☐ Child has no severe physical/emotional problems aggravated by placement; and
 - ☐ Placement is stable; and
 - ☐ Case record documents that **at least one** of following apply:
 - ☐ Child is placed with relatives; or
 - ☐ Child is placed with foster parent who has provided child with continuous care for 12 months or more; or
 - ☐ Placement is voluntary & parents/guardians visit monthly; or
 - ☐ Child has monthly contacts with other service provider(s) as part of service plan & there is **documented agreement** with the service provider(s) to furnish the CSW with timely reports; or
 - ☐ Child is under age 2 & less frequent contacts facilitate reunification by permitting more CSW contacts with parent/guardian; **OR**
- ☐ Face-to-face contact by CSW with parent(s)/guardian(s) will be at least once every 3 months (per DCS Policy) because:
- ☐ Parent(s)/guardian(s) is unavailable for monthly face-to-face contacts but monthly written or telephone contact is maintained by CSW; **or**
 - ☐ Parent(s)/guardian(s) has monthly face-to-face contact with other service provider(s) as part of service plan, there is **documented agreement** with the service provider(s) to furnish the CSW with timely reports and the CSW maintains monthly written or telephone contact with the parent(s)/guardian(s); **OR**
- ☐ Face-to-face contacts between child & parents will be less than monthly because _____

EXCEPTION DOCUMENTATION (Summarize how case meets exception criteria)

NAME: <u>2 Johnna, Fonda White</u> <u>nuns</u>	<input checked="" type="checkbox"/> CHILD <input type="checkbox"/> PARENT/GUARDIAN/RELATIVE CARETAKER/FOSTER PARENT
NEXT VISITS DUE: / / / /	

I. FAMILY MAINTENANCE PROGRAM (Check all applicable boxes)

- ☐ Face-to-face contact by CSW with child or parents/guardians will be once every 30 calendar days during first 90 days & at least once every month thereafter when **ALL OF THE FOLLOWING ARE MET:**
- ☐ Child/parent/guardian has no severe physical/emotional problems; and
 - ☐ Child/parent/guardian has monthly face-to-face contacts with other service provider(s) as part of service plan & there is **documented agreement** with the service provider(s) to furnish CSW with timely reports; and
 - ☐ The combination of contacts by the CSW & the service provider(s) equals two face-to-face contacts every 30 days during the first 90 days case is open; **OR**
 - ☐ The case was recently transferred from the Family Reunification or Permanent Placement program & the case plan indicates there is no need for face-to-face contact more often than monthly.

EXCEPTION DOCUMENTATION (Summarize how case meets exception criteria)

NEXT VISITS DUE:	/	/	/	/
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II. FAMILY REUNIFICATION PROGRAM (Check all applicable boxes)

- ☐ Face-to-face contact by CSW with child will be at least once every 3 months (per DCS policy) because **ALL OF THE FOLLOWING ARE MET:**
- ☐ Child has no severe physical/emotional problems aggravated by placement; and
 - ☐ Placement is stable; and
 - ☐ Case record documents that **at least one** of following apply:
 - ☐ Child is placed with relatives; or
 - ☐ Child is placed with foster parent who has provided child with continuous care for 12 months or more; or
 - ☐ Placement is voluntary & parents/guardians visit monthly; or
 - ☐ Child has monthly contacts with other service provider(s) as part of service plan & there is **documented agreement** with the service provider(s) to furnish the CSW with timely reports; or
 - ☐ Child is under age 2 & less frequent contacts facilitate reunification by permitting more CSW contacts with parent/guardian; **OR**
 - ☐ Face-to-face contact by CSW with parent(s)/guardian(s) will be at least once every 3 months (per DCS Policy) because:
 - ☐ Parent(s)/guardian(s) is unavailable for monthly face-to-face contacts but monthly written or telephone contact is maintained by CSW; or
 - ☐ Parent(s)/guardian(s) has monthly face-to-face contact with other service provider(s) as part of service plan, there is **documented agreement** with the service provider(s) to furnish the CSW with timely reports and the CSW maintains monthly written or telephone contact with the parent(s)/guardian(s); **OR**
 - ☐ Face-to-face contacts between child & parents will be less than monthly because _____

EXCEPTION DOCUMENTATION (Summarize how case meets exception criteria)

III. PERMANENT PLACEMENT . JGRAM (Check all applicable boxes)

NEXT VISITS DUE

9/19/93 9/1/93

- ☒ Face-to-face contacts by CSW with child will be once every 6 months because:
- ☒ Child is in home of legal guardian/relative; OR
- ☒ Child is in foster home or ☐ group home & ALL OF THE FOLLOWING CONDITIONS EXIST:
- ☒ Child has been in current placement for 6 or more consecutive months; and
- ☒ Child has no serious emotional problems aggravated by placement & placement has stabilized; and
- ☒ Foster parent(s) is cooperating with service plan; and
- ☒ Child is attending school regularly (if not school-age, child is seen at least once a week by responsible third parties besides caretaker, i.e., by a mandated reporter such as a preschool teacher, therapist, FFA social worker, Regional Center staff, or a licensed day care provider) or is being assisted toward self-maintenance; OR
- ☐ Child has face-to-face contact at least monthly with other service provider(s) as part of service plan & there is documented agreement with the service provider(s) to provide CSW with timely reports.

EXCEPTION DOC

Margie -

criteria)

This family has
9 minors -
2 are under my
supervision
names listed on 1950
date 3-31-93

NEXT VISITS DUE

10/1/93 10/1/93

V. EXCEPTION RENEWAL (Check box, if applicable)

- ☐ Form has been reviewed for renewal of this exception and is approved for the next 6 months. (Countersign & date below)

EXCEPTION DOCUMENTATION (Summarize how case meets exception criteria)

INITIAL APPROVAL SIGNATURES

CSW	<i>[Signature]</i>	DATE	3/31/93
SCSW	<i>[Signature]</i>	DATE	3/31/93

RENEWAL APPROVAL SIGNATURES

CSW	<i>[Signature]</i>	DATE	4/23
SCSW	<i>[Signature]</i>	DATE	4/23

TO	Mrs. Jane Edwards	FROM	Candyn Lane - Opini
-----------	-------------------	-------------	---------------------

Subject

Jehnnasha
Eunussha

Date

12-4-92

No.

Mrs. Edwards I have attempted to phone
you at [REDACTED] this number has
been disconnected. I need to schedule
a home visit with you and the girls.
Please call me as soon as possible
at (213) 846-2354

NAME	CASE NUMBER	DATE OF LAST FACE-TO-FACE CONTACT
Ernie Coni	5295251 - 9	6/24/92
Ernesta White, Johanna White	<input type="checkbox"/> CHILD	<input type="checkbox"/> PARENT/GUARDIAN/RELATIVE CARETAKER/FOSTER PARENT

I. FAMILY MAINTENANCE PROGRAM (Check all applicable boxes)

NEXT VISITS DUE

/ / / /

- ☐ Face-to-face contact by CSW with child or parents/guardians will be once every 30 calendar days during first 90 days & at least once every month thereafter when **ALL OF THE FOLLOWING ARE MET:**
- ☐ Child/parent/guardian has no severe physical/emotional problems; and
 - ☐ Child/parent/guardian has monthly face-to-face contacts with other service provider(s) as part of service plan & there is **documented agreement** with the service provider(s) to furnish CSW with timely reports; and
 - ☐ The combination of contacts by the CSW & the service provider(s) equals two face-to-face contacts every 30 days during the first 90 days case is open; **OR**
 - ☐ The case was recently transferred from the Family Reunification or Permanent Placement program & the case plan indicates there is no need for face-to-face contact more often than monthly.

EXCEPTION DOCUMENTATION (Summarize how case meets exception criteria)

NEXT VISITS DUE

/ / / /

EXCEPTION PROGRAM (Check all applicable boxes)

Camp Kilpatrick
P.O. Jack Sims Wilson
818 - 889-1353
FAX 818 707-4352
Sun - Mon + Tue
J# 0926577
Ct# TJD2272D

... 3 months (per DCS policy) because **ALL OF THE**
y placement; and

with continuous care for 12 months or more; or
or
as part of service plan & there is **documented agreement** with the
or
ification by permitting more CSW contacts with parent/guardian; **OR**
at least once every 3 months (per DCS Policy) because:
contacts but monthly written or telephone contact is maintained

other service provider(s) as part of service plan, there is
sh the CSW with timely reports and the CSW maintains monthly
OR

n monthly because _____

ception criteria)

427 So. Encinal Canyon Rd
Malibu 90265

PP: SERVICE PLAN

Check one: ☐ Initial Service Plan
☐ Modified Service Plan (MSP)

Complete within 30 calendar days of placement if the case is transferred from ER or FM; or 67 calendar days from the date of the court order if case is transferred from FR; or when the current service plan no longer meets the child's needs.

1. CASE NAME (Last, first) <u>Cain, Eunice</u>	2. CASE NUMBER <u>5295254</u>	3. SERVICE PLAN DATE <u>7/9/91</u>
---	----------------------------------	---------------------------------------

If a court report completed in a current or prior month is to be used to partially satisfy the service plan requirements, reference that court report in the relevant section; e.g., see court report dated _____. [MPP 30-434.21(a)] A prior service plan may also be updated on this form to partially satisfy this requirement.

DCS policy mandates that all information gathered in the assessment/service plan process be presented to the court, carefully weighed and incorporated in making the recommendation, and set forth clearly in the reasons for the recommendation.

4. PERMANENT PLACEMENT PLAN [MPP 30-476.131(b)]

A. Enter child's name and check appropriate boxes.

CHILD	PERMANENT PLACEMENT PLAN			CURRENT CAREGIVER IS PROSPECTIVE:		
	ADOPTION	LEGAL GUARDIAN	LONG-TERM FOSTER CARE	ADOPTIVE PARENT	LEGAL GUARDIAN	LONG-TERM FOSTER CARE
<u>John White</u>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
<u>Jonisha White</u>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
<u>Eunisha White</u>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>

B. If current caregiver is not a prospective permanent placement option, explain why: _____

5. COURT INSTRUCTION [MPP 30-476.131(a)] For Juvenile Court cases only.

The Juvenile Court's instructions regarding the development of the Permanent Placement Plan, including the activities to be completed before the next 6 month review hearing, must be described. This requirement shall be met by referencing the minute order issuing those instructions. Enter date of the minute order and each child's name in the spaces provided below.

See minute order dated 7/9/91 for John

See minute order dated 7/9/91 for Jonisha

See minute order dated 7/9/91 for Eunisha

6. OBJECTIVES [MPP 30-476.131(c)]

List and number service plan objectives (based on the assessment) for each child.

CHILD	OBJ NUMBER	OBJECTIVES
<u>John</u>		<u>See Court Report 7-9-91</u>
<u>Jonisha</u>		<u>See Court Report 7-9-91</u>
<u>Eunisha</u>		<u>See Court Report 7-9-91</u>

☐ continued on reverse
PAGE 1 OF 5

PP: SERVICE PLAN

7. SERVICE ACTIVITIES [MPP 30-476.131(c)]

Describe service activities planned to achieve each objective (specified by objective number), designating responsibilities of the CSW, other individuals and community agencies, etc. Consider the health care, drug assessment/treatment/testing, availability of day care, financial support/income, etc..

OBJ NUMBER	RESPONSIBLE PARTY	ACTIVITY	PROJECTED COMPLETION DATE
	CSW	support caretaker in parenting minor	ongoing
	CSW	H/E - mon. once every 6 mos	ongoing
		minor's needs educational needs & medical services	ongoing
			/ /
			/ /
			/ /

☐ continued on reverse

8. OUT-OF-HOME PLACEMENT [MPP 30-476.131(c)]

The type of out-of-home placement which best suits the child's needs and which would facilitate accomplishment of service plan objectives must be described. This requirement shall be met by referencing the current DCS 708, Child Placement Needs Assessment. Enter date and each child's name in the space provided below.

See DCS 708, Child Placement Needs Assessment, dated _____ for _____.

See DCS 708, Child Placement Needs Assessment, dated _____ for _____.

See DCS 708, Child Placement Needs Assessment, dated _____ for _____.

9. TRANSITIONAL LIVING PLAN FOR CHILDREN 16 YEARS AND OLDER [MPP 30-476.131(a)]

A. Describe the child's progress toward emancipation. Identify the services needed and provided to enable the child to successfully transition to living independently. If the child cannot benefit from these services, document the child's inability to function independently. Consider school or training needs, employment, socialization, health, finances, housing, reading and writing skills and other independent living skills.

CHILD	PROGRESS/SERVICES

☐ continued on reverse

B. Check one:

- ☐ DCS 414, Assessment/Referral of Youth for Independent Living Program, completed and forwarded to regional ILP Coordinator or
- ☐ Documentation of the youth's inability to benefit from ILP services in the TILP is recorded on this form.

PP: SERVICE PLAN

10. REUNIFICATION PLAN

To be completed if plan is to return child age 0-4 years home and the allegations were physical, sexual, or substance abuse or failure to thrive due to parental neglect. Consider criminal and abuse histories, previous risk assessments, medical/psychological/police reports, the condition of the home, availability of day care, parenting skills, parent's substance abuse, any environmental or family stress including pregnancy, court reviews, the child's vulnerability and the caregiver's input.

- A. Complete DCS 180, Assessment Guide, or DCS 181, Assessment Guide for Infants Prenatally Exposed To Drugs.
B. Describe for each child the specific problems/factors which required intervention.

☐ continued on reverse

- C. Describe how the endangerment has been eliminated and the reasons for the recommendation to return the child home. Address each problem/endangerment listed above.

☐ continued on reverse

PP: SERVICE PLAN

11. CASE TERMINATION OR PROGRAM TRANSFER [MPP 30-454, 30-455, 30-456]

Complete this section only if case is to be terminated or transferred to another service program.

TERMINATION

CHILD	TERMINATION DATE	TERM. CODE
	/ /	
	/ /	
	/ /	
	/ /	
	/ /	
	/ /	

CASE TERMINATION CODES

- A. The child is placed in an adoptive home, the adoption is finalized, and dependency is dismissed. The case shall remain under DCS supervision until this process is completed.
- B. A relative guardian is appointed for the child and court orders termination.
- C. The child is emancipated or is no longer eligible for AFDC-FC, whichever occurs last.

TRANSFER

CHILD	TRANSFER DATE	TRAN CODE
	/ /	
	/ /	
	/ /	
	/ /	
	/ /	
	/ /	

CASE TRANSFER CODES

PP TO FM

- A. Court orders FM services for child.
- B. The child has returned to the parent/guardian home on a trial visit which has lasted 60 days.

PP TO FR

- C. Court orders FR services for the child.

12. PARENT/GUARDIAN/FOSTER CAREGIVER NOTIFICATION [MPP 30-434.3, 30-442.62, 30-454.2, 30-455.2]

The plan was explained to parent(s)/guardian(s)/foster caregiver(s) and they are aware of any changes. ☒ Yes ☐ No

If No, explain Verbal

☐ continued on reverse

If the parent(s) is still involved, signature(s) must be obtained.

I/We agree to the plan and will participate in service activities.

PARENT'S SIGNATURE	DATE / /	PARENT'S SIGNATURE	DATE / /
--------------------	-------------	--------------------	-------------

The parent(s) has not signed because _____

13. CSW SIGNATURE <u>Carolyn Ojeda</u> <i>POB</i>	14. FILE NUMBER <u>PM05</u>	15. DATE <u>7/19/19</u>
--	--------------------------------	----------------------------

PP: SERVICE PLAN

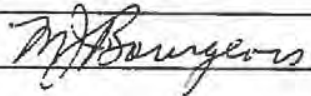
16. SCSW STATEMENT:

MPP 30-234, 30-334 and 30-434 require *all initial service plans* to have SCSW approval. The SCSW shall document the need for ongoing services, make a determination of the actions necessary to close the case, review current risk based on the child's age and severity of the original allegation and identify any need for a modified service plan.

SCSW Statement: I have reviewed this case as required and (select A or B):

<p>A. <input type="checkbox"/> This case must remain open because:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>B. <input type="checkbox"/> I agree with the CSW's decision to close this case.</p>

In reviewing this case, I have considered risk assessment, criminal history, abuse, medical reports, psychological reports, and other assessments, condition of home, family stress — including pregnancy, court reviews, child vulnerability, caregivers' input, and parenting skills.

17. SCSW SIGNATURE 	18. DATE 7/9/91
--	---------------------------

19. DCSA APPROVAL

DCSA approval and signature are required if the plan is to return a child age 0-4 home, and the allegations were physical, sexual, or substance abuse or failure to thrive due to parental neglect. The DCSA is to check the following applicable box(es):

- ☐ I have reviewed this case and considered the reunification plan prior to approving the return home of a child age 0-4 years. (Complete A or B).
- ☐ I have approved extended emergency shelter care. (Complete A).

A. DCSA SIGNATURE (FOR NON-COURT CASES)	DATE / /
--	-------------

B. For court cases, see court report dated ____/____/____ signed by the DCSA.

1. CASE NAME (Last, first) Cain, Eunice	2. CASE NUMBER 5295234	3. DATE OF LAST (RE)ASSESSMENT 1 1	4. DATE OF THIS ASSESSMENT 7 19 91
--	---------------------------	---------------------------------------	---------------------------------------

DCS policy mandates that all information gathered in the assessment process be presented to the court, carefully weighed and incorporated in making the recommendation, and set forth clearly in the reasons for the recommendation.

Provide update since initial/previous PP (re)assessment, including a brief narrative of each child's problems/progress. Describe the extent of parent/guardian compliance with the written service plan and progress towards achievement of each service plan. If applicable, document on this form that information regarding case progress, problems, and service plan status was provided to the parent/guardian and indicate the date it was given. Comment on child-specific case activities, e.g., services for Regional Center children, services for potential SSI recipients, referrals to the Independent Living Program, counseling, etc.

[illegible]

PAGE 1 OF 3

204
AA09789

6. TRANSITIONAL INDEPENDENT LIVING PLAN FOR CHILDREN 16 YEARS AND OLDER (MPP 30-442.5)

[illegible]

B. ☐ DCS 414, Assessment/Referral of Youth For Independent Living Program, completed and forwarded to regional ILP Coordinator; or,
☐ Documentation of the youth's inability to benefit from ILP services in the TILP is recorded on this form.

Plan remains appropriate; Refer to court
report: 7-9-91

PAGE 2 OF 3

PP: REASSESSMENT

8. CHDP INFORMATION [MPP 30-476.155(a)]

The initial CHDP informing is due within 30 days of the date of placement. Thereafter, CHDP informing must occur annually.

Date of CHDP informing 1/1

☐ DCS 39, CHDP Documentation Checklist, completed.

9. ICPC CASES [MPP 30-486.1]

- ☐ ICPC 100A/Home Study and ICPC 100B on file
- ☐ Current progress report from supervising state on file
- ☐ Progress report requested from supervising state

10. SERVICE PLAN STATUS [MPP 30-486.1]

Should the current service plan dated 7/9/91 be modified?

☐ Yes. Complete DCS 707, PP: Service Plan. Check Modified Service Plan box and briefly explain below.

☒ No.

Explain:

Plan remains appropriate

11. CSW SIGNATURE <u>Carolyn Dhuri</u>	12. FILE NUMBER <u>PMOS</u>	13. SCSW <u>M. Bourgeois</u>	14. DATE <u>7/9/91</u>
--	---------------------------------------	--	----------------------------------

SERVICES ACTIVITY LOG STATE EXCEPTIONS FOR VISITATION

CASE NAME: Enrica Cain CASE NUMBER: 5295254 DATE OF LAST FACE-TO-FACE CONTACT: 9.9.91
 NAME: Enrica Cain, John ☒ CHILD ☐ PARENT/GUARDIAN

I. EMERGENCY RESPONSE PROGRAM		NEXT VISITS DUE: <u>MO</u> <u>DAY</u> <u>YR</u>	
<input type="checkbox"/> Face-to-face contact with child by CSW will be twice during first 21 days after initial response because: <input type="checkbox"/> Child is under age 2 & temporarily placed with relative or licensed foster family; or <input type="checkbox"/> Child is receiving in-patient care from professional medical staff in licensed health facility & there is a documented agreement with facility staff to furnish CSW with timely progress reports; or <input type="checkbox"/> All of the following are met: 1) child remains in own home & has no severe problems; 2) child has face-to-face contact at least 3 times every 21 calendar days with other service provider(s), as part of service plan; 3) documented agreement exists with service provider(s) to furnish CSW with timely reports.			
II. FAMILY MAINTENANCE PROGRAM		NEXT VISITS DUE: <u>MO</u> <u>DAY</u> <u>YR</u>	
<input type="checkbox"/> Face-to-face contact by CSW with child or parents/guardians will be once every 30 calendar days during first 90 days & at least once every month thereafter when all of the following are met: <input type="checkbox"/> Child/parent/guardian has no severe physical/emotional problems; <input type="checkbox"/> Child/parent/guardian has monthly face-to-face contact with other service provider(s) as part of service plan & there is documented agreement with the service provider(s) to furnish CSW with timely reports; <input type="checkbox"/> The combination of contacts by the CSW & the service provider(s) equals two face-to-face contacts every 30 days during first 90 days case is open.			
III. FAMILY REUNIFICATION PROGRAM		NEXT VISITS DUE: <u>MO</u> <u>DAY</u> <u>YR</u>	
<input type="checkbox"/> Face-to-face contact by CSW with child will be once every 3 months because all of the following are met: <input type="checkbox"/> Child has no severe physical/emotional problems aggravated by placement & <input type="checkbox"/> Placement is stable & <input type="checkbox"/> Case record documents that one of the following apply: <input type="checkbox"/> Child is placed with relatives; or <input type="checkbox"/> Placement is voluntary & parents/guardians visit monthly; or <input type="checkbox"/> Child has monthly contact with another service provider as part of service plan & they provide the CSW with reports. <input type="checkbox"/> Child is under age 2 & less frequent contacts facilitate reunification by permitting more CSW contacts with parent/guardian. <input type="checkbox"/> Face-to-face contact by CSW with parents/guardians will be once every _____ months because _____ <input type="checkbox"/> Face-to-face contact between child & parents/guardians will be less than monthly because _____			
IV. PERMANENT PLACEMENT PROGRAM		NEXT VISITS DUE: <u>3</u> <u>92</u> <u>YR</u>	
<input checked="" type="checkbox"/> Face-to-face contact by CSW with child will be once every <u>6</u> months because: <input type="checkbox"/> Child is in home of legal guardian; or <input checked="" type="checkbox"/> Child is in foster/relatives home or <input type="checkbox"/> group home & all of the following conditions exist: <input checked="" type="checkbox"/> Child has been in current placement for 6 or more consecutive months. <input checked="" type="checkbox"/> Child has no serious emotional problems aggravated by placement & placement has stabilized. <input checked="" type="checkbox"/> Foster care provider(s) are cooperating with service plan. <input checked="" type="checkbox"/> Child is attending school or being assisted toward self-maintenance.			
V. NO CONTACT (Child: Out-of-county, courtesy supervision or ICPC; Parent: Whereabouts unknown, etc.)			
<input type="checkbox"/> No face-to-face contact can be made by CSW because _____ Alternate visitation plan is _____			
VI. EXCEPTION RENEWAL		NEXT VISITS DUE: <u>7</u> <u>92</u> <u>YR</u>	
<input type="checkbox"/> Form has been reviewed for renewal of this exception & is approved for next _____ months. (Countersign & date below)			

INITIAL APPROVAL SIGNATURES

CSW Carolyn X. Quinn DATE: 9-9-91SCSW M. Harrison DATE: 9-9-91

DCSA _____ DATE: _____

785903 DCS 110 (Rev. 7/90)

RENEWAL APPROVAL SIGNATURES

CSW Carolyn X. Quinn DATE: 12-31-91

SCSW _____ DATE: _____

DCSA _____ DATE: _____

**SERVICES ACTIVITY LOG
STATE EXCEPTIONS FOR VISITATION**

CASE NAME: Eunice Cain CASE NUMBER: 595254-9 DATE OF LAST FACE-TO-FACE CONTACT: 08-15-90
 NAME: John, Juanita & Eunice White ☒ CHILD ☐ PARENT/GUARDIAN

I. EMERGENCY RESPONSE PROGRAM	NEXT VISITS DUE: <u> </u> / <u> </u> / <u> </u>
<input type="checkbox"/> Face-to-face contact with child by CSW will be twice during first 21 days after initial response because: <input type="checkbox"/> Child is under age 2 & temporarily placed with relative or licensed foster family; or <input type="checkbox"/> Child is receiving in-patient care from professional medical staff in licensed health facility & there is a <u>documented agreement</u> with facility staff to furnish CSW with timely progress reports; or <input type="checkbox"/> All of the following are met: 1) child remains in own home & has no severe problems; 2) child has face-to-face contact at least 3 times every 21 calendar days with other service provider(s), as part of service plan; 3) documented agreement exists with service provider(s) to furnish CSW with timely reports.	
II. FAMILY MAINTENANCE PROGRAM	NEXT VISITS DUE: <u> </u> / <u> </u> / <u> </u>
<input type="checkbox"/> Face-to-face contact by CSW with child or parents/guardians will be once every 30 calendar days during first 90 days & at least once every month thereafter when <u>all</u> of the following are met: <input type="checkbox"/> Child/parent/guardian has no severe physical/emotional problems; <input type="checkbox"/> Child/parent/guardian has monthly face-to-face contact with other service provider(s) as part of service plan & there is documented agreement with the service provider(s) to furnish CSW with timely reports; <input type="checkbox"/> The combination of contacts by the CSW & the service provider(s) equals two face-to-face contacts every 30 days during first 90 days case is open.	
III. FAMILY REUNIFICATION PROGRAM	NEXT VISITS DUE: <u> </u> / <u> </u> / <u> </u>
<input type="checkbox"/> Face-to-face contact by CSW with child will be once every 3 months because <u>all</u> of the following are met: <input type="checkbox"/> Child has no severe physical/emotional problems aggravated by placement & <input type="checkbox"/> Placement is stable & <input type="checkbox"/> Case record documents that <u>one</u> of the following apply: <input type="checkbox"/> Child is placed with relatives; or <input type="checkbox"/> Placement is voluntary & parents/guardians visit monthly; or <input type="checkbox"/> Child has monthly contact with another service provider as part of service plan & they provide the CSW with reports. <input type="checkbox"/> Child is under age 2 & less frequent contacts facilitate reunification by permitting more CSW contacts with parent/guardian. <input type="checkbox"/> Face-to-face contact by CSW with parents/guardians will be once every <u> </u> months because <u> </u> <input type="checkbox"/> Face-to-face contact between child & parents/guardians will be less than monthly because <u> </u>	
IV. PERMANENT PLACEMENT PROGRAM	NEXT VISITS DUE: <u>02-91</u> / <u> </u> / <u> </u>
<input type="checkbox"/> Face-to-face contact by CSW with child will be once every <u> </u> months because: <input type="checkbox"/> Child is in home of legal guardian; or <input checked="" type="checkbox"/> Child is in foster <u>relatives home</u> or <input type="checkbox"/> group home & <u>all</u> of the following conditions exist: <input checked="" type="checkbox"/> Child has been in current placement for 6 or more consecutive months. <input checked="" type="checkbox"/> Child has no serious emotional problems aggravated by placement & placement has stabilized. <input checked="" type="checkbox"/> Foster care provider(s) are cooperating with service plan. <input checked="" type="checkbox"/> Child is attending school or being assisted toward self-maintenance.	
V. NO CONTACT (Child: Out-of-county, courtesy supervision or ICPC; Parent: Whereabouts unknown, etc.)	
<input type="checkbox"/> No face-to-face contact can be made by CSW because <u> </u> Alternate visitation plan is <u> </u>	
VI. EXCEPTION RENEWAL	NEXT VISITS DUE: <u>4-91</u> / <u> </u> / <u> </u>
<input type="checkbox"/> Form has been reviewed for renewal of this exception & is approved for next <u> </u> months. (Countersign & date below)	

INITIAL APPROVAL SIGNATURES

CSW

SCSW

DCSA

76S903 DCS 110 (Rev. 7/90)

RENEWAL APPROVAL SIGNATURES

CSW

SCSW

DCSA

DATE:

DATE:

DATE:

SERVICES ACTIVITY LOG STATE EXCEPTIONS FOR VISITATION

CASE NAME:

NAME:

STATE NO:

☒ CHILD OR ☐ PARENT

I. FAMILY MAINTENANCE PROGRAM

- ☐ Face-to-face contact by CSW with child or parent(s) will be once every 30 calendar days during the first 90 days when ALL of the following conditions are met:
- ☐ Child/parent has no severe problems.
 - ☐ Child/parent has monthly contact with another service provider _____ who has agreed to provide reports to CSW.
 - ☐ The combination of contacts between service provider and CSW equals one contact each 15 days.

II. FAMILY REUNIFICATION PROGRAM

- ☐ Face-to-face contact by CSW with parent(s) will be once every _____ months because _____.
- ☐ Face-to-face contact by CSW with child will be once every _____ months as ALL of the following conditions are met:
- ☐ Child has no severe physical/emotional problems aggravated by placement and
 - ☐ Placement is stable. Current placement start date is _____ and
 - ☐ One of the following:
 - ☐ Child is placed with relatives, or
 - ☐ Child is under two years old and less visits to the child will facilitate more visits to the parents, or
 - ☐ Child has monthly contact with another service provider _____ who provides reports to CSW.
 - ☐ Face-to-face contact between child and parent(s) will be less than monthly because _____.

III. PERMANENT PLACEMENT PROGRAM

- ☒ Face-to-face contact by CSW with child will be once every 6 months because:
- ☐ Child is in the home of legal guardian, or
 - ☒ Child is in ☐ foster/rel. home or ☐ group home and ALL following conditions exist:
 - ☒ Child has been in current placement at least six months.
 - ☒ Child has no serious emotional problems aggravated by the placement and the placement has stabilized.
 - ☒ Foster care provider(s) are cooperating with the service plan. *due again 8-90*
 - ☒ Child is attending school or is being assisted toward self-maintenance.

IV. NO CONTACT (Child: Out-of-county, courtesy supv. or ICPC; Parent: whereabouts unk., etc.)

- ☐ No face-to-face contact can be made by CSW because _____
Alternate visitation plan is _____

V. EXCEPTION RENEWAL

- ☐ This form was reviewed for renewal of this exception and is approved for the next _____ months. (Countersign and date below)

CSW

SCSW

DRSA

Date

Date

Date

ATTORNEY (1)		ATTORNEY (2)		FA OCCUPATION	MO OCCUPATION
ADDRESS		ADDRESS		PLACE OF WORK	PLACE OF WORK
PHONE	TYPE	PHONE	TYPE	\$/MONTH	\$/MONTH
PRESENT TODAY	DECLARED	Continued to:	Non App	HEARING:	
Minor	<input type="checkbox"/> None		<input type="checkbox"/> App	<input type="checkbox"/> Arraignment <input type="checkbox"/> Adjudication <input type="checkbox"/> Judicial Review <input type="checkbox"/> Other:	
Mother	<input type="checkbox"/> 300	Ordered Detained at:		REMARKS: (Enter any amendments)	
Father	<input type="checkbox"/> a				
CSW	<input type="checkbox"/> 300	PETITION		DISPOSITION	
C. C.	<input type="checkbox"/> b	Amended		<input type="checkbox"/> H. O. P.	
Atty 1	<input type="checkbox"/> 300	Sustained		<input type="checkbox"/> Suitable Placement	
Atty 2	<input type="checkbox"/> c	Dismissed: 330 Supervision		<input type="checkbox"/> SP rel. to relative	
Others	<input type="checkbox"/> d	Dismissed		<input type="checkbox"/> Trans. to County of:	
	<input type="checkbox"/>	Case Dismissed		<input type="checkbox"/>	
				<input type="checkbox"/> See Other Side Signature of Court Officer	
Dept.	Date	App/Non-App		Hearing Officer	
237	07-10-90	APP			

IN THE MATTER OF:

Minor's Name	Sex	D.O.B.
JOHN WHITE	M	-78
Siblings		
JOHNNISHA WHITE	F	-79
EUNISHA WHITE	F	81
Petition Status	Current Whereabouts	
CSW	Location	
BOBBY SONNIER	2444 S. ALAMEDA STREET	
Recommendation		

COURT NO:

J954082

RESULTS OF JUVENILE
COURT HEARING: DEPENDENT

FAMILY DATA		# Siblings	DCS #	Legal Custody	Natural Par. Marital Status	
Father	Address			Phone	Soc. Sec. #	Age
JOHN LEE WHITE	LOS ANGELES, CA. 90011			213-		
Mother	Address					
EUNICE CAIN	LOS ANGELES, CA. 90011					
Guardian or Relative	Address					
JANE EDWARDS (MGM)	LOS ANGELES, CA. 90011			213-		

PRESENT PLACEMENT				ESC	Phone
For Minor Line #	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	For Minor Line #
Foster Parent or Institution	Address			Foster Parent or Institution	Address

REFERRAL INFORMATION AND RECENT COURT ACTION			
Referred by	Date Referred	Date Pet. Filed	Allegations:
Det. Hearing Date	Order Detained?	Judicial Days Det.	
Adj. Hearing Date	Heard By	Sustained By	Petition Amended?
Disposition Date	Heard By	Court Order	

SUPERIOR COURT OF THE STATE OF CALIFORNIA
FOR THE COUNTY OF LOS ANGELES
JUVENILE COURT

DEPT. 237
DAY TUESDAY 07-10-90
IN THE MATTER OF WHITE MINORS

APPEARANCE
☒ YES ☐ NO
DATE

CHILDREN'S SERVICES WORKER'S REPORT
JUDICIAL REVIEW

☐ PERMANENCY PLANNING HEARING
DCS-REGION II
BOBBY JO SONNIER, CSW II
FILE#: PM-10

JOHN WHITE	AGE: 12 YEARS	DOB: [REDACTED]-78	J954082
JOHNNISHA WHITE	AGE: 11 YEARS	DOB: [REDACTED]-79	"
EUNISHA WHITE	AGE: 09 YEARS	DOB: [REDACTED]-81	"

a minor

1 WHEREABOUTS OF PARTIES:

2 MINORS JOHN, JOHNNISHA, AND EUNISHA RESIDE IN THE HOME OF THEIR MATERNAL GRAND-
3 MOTHER, JANE EDWARDS, AT [REDACTED], LOS ANGELES, CA. 90011. TELEPHONE:
4 (213) [REDACTED].

5 MOTHER, EUNICE CAIN'S MAILING ADDRESS IS [REDACTED] LOS ANGELES, CA. 90011.

6 FATHER, JOHN LEE WHITE, RESIDES AT [REDACTED] LOS ANGELES, CA. 90011.
7 TELEPHONE: (213) [REDACTED].

8 LEGAL HISTORY:

9 THIS MATTER IS ON CALENDAR FOR JUDICIAL REVIEW OF DEPENDENCY STATUS.

10 THE MINOR WAS DECLARED A DEPENDENT CHILD OF THE COURT UNDER SECTION 300, SUBDIVISION(S)
11 A OF THE JUVENILE COURT LAW. THE SUSTAINED PETITION ALLEGED THAT MINORS PARENTS
12 FAILED TO PROVIDE MINORS WITH THE BASIC NECESSITIES OF LIFE, INCLUDING BUT NOT LIMITED
13 TO, ADEQUATE FOOD, SHELTER, AND CLOTHING. PARENTS HAVE A HISTORY OF DRUG ABUSE WHICH
14 LIMITS THEIR ABILITY TO CARE FOR THE MINORS.

15 AND ON 02-25-85 THE COURT ORDERED

16 ☐ HOME OF PARENT FOR MINOR _____
☒ SUITABLE PLACEMENT/RELATIVE FOR MINOR ALL MINORS
☐ SUITABLE PLACEMENT/DCS FOSTER CARE FOR MINOR _____

17 ☒ THE ORIGINAL ORDER OF THE COURT REMAINS IN FULL FORCE AND EFFECT.
18 ☐ THE ORIGINAL ORDER OF THE COURT WAS CHANGED ON _____ AND THE CURRENT
19 ORDER IS _____

1 ☐ A SUPPLEMENTAL (WIC 387) PETITION WAS FILED ON BEHALF OF THE MINOR _____
 2 ON _____, THE PETITION ALLEGED:

3 THE DISPOSITION ORDER DATED _____ ORDERED _____

4 ☒ A PERMANENCY PLANNING HEARING WAS HELD REGARDING THE MINOR ON 2-24-86, 4-22-86, 1-8-87
 5 ☐ NO PERMANENCY PLANNING HEARING HAS BEEN HELD.

6 RECOMMENDATION:

7 ☐ IT IS RESPECTFULLY RECOMMENDED THAT JURISDICTION OVER THE MINOR(S) _____
 8 _____ BE TERMINATED.

9 ☒ IT IS RESPECTFULLY RECOMMENDED THAT MINOR(S) ALL MINORS
 10 REMAIN A DEPENDENT CHILD OF THE COURT UNDER SECTION 300, SUBDIVISION(S) _____
 11 OF THE JUVENILE COURT LAW;

12 ☐ THAT THE PREVIOUS ORDER OF HOME OF PARENT FOR MINOR(S) _____
 13 _____ REMAIN IN FULL FORCE AND EFFECT;

14 ☒ THAT THE PREVIOUS ORDER OF SUITABLE PLACEMENT DATED 02-25-85
 15 ☐ AS TO MINOR(S) _____ BE TERMINATED AND
 16 MINOR(S) BE ALLOWED TO RESIDE IN THE HOME OF MOTHER, FATHER _____;

17 ☐ AS TO MINOR(S) _____ BE MODIFIED TO ALLOW
 18 A VISIT NOT TO EXCEED 60 DAYS IN THE HOME OF THE MOTHER, FATHER _____;

19 ☒ AS TO MINOR(S) ALL MINORS REMAIN IN FULL FORCE
 20 AND EFFECT;

21 ☒ THAT THE COURT ORDER DCS TO PROVIDE
 22 ☐ FAMILY MAINTENANCE SERVICES FOR MINOR(S) _____
 23 ☐ FAMILY REUNIFICATION SERVICES FOR MINOR(S) _____
 24 ☒ PERMANENT PLACEMENT SERVICES FOR MINOR(S) ALL MINORS

25 ☒ THAT VISITS TO THE MINOR(S) ALL MINORS BE AT DCS DISCRETION;
 26 ☒ THAT VISITS TO THE MINOR(S) ALL MINORS BE AS FOLLOWS:
 27 ☒ MONITORED VISITS FOR PARENTS, EUNICE CAIN & JOHN WHITE BE MONITORED
 28 BY CARETAKERS
☒ NO VISITS BY ANYONE UNDER THE INFLUENCE OF ANY CHEMICAL SUBSTANCE
 PENDING FURTHER ORDER OF THE COURT;

☒ THAT MOTHER, EUNICE CAIN BE ORDERED TO PARTICIPATE IN A
 PROGRAM OF COUNSELING AS APPROVED BY DCS; ☒ THAT SUCH COUNSELING BE WITH
DRUG COUNSELING AND RANDOM TESTING

☒ THAT MINOR(S)' SCHOOL RECORDS BE DISCLOSED TO DCS UPON REQUEST PURSUANT TO
 EDUCATION CODE SECTION 49077;

1 ☐ THAT THE WARRANT OF ARREST ISSUED FOR MINOR _____
 2 PARENT _____ ON _____ REMAIN IN FULL FORCE AND EFFECT;
 3 ☐ THAT MINOR(S)' MOTHER/FATHER _____
 4 BE PERMITTED TO OBTAIN LEGAL CUSTODY OF MINOR(S) _____;
 5 ☐ THAT THE MINOR(S) _____ BE REFERRED FOR
 6 ADOPTIVE PLANNING;
 7 ☐ THAT MINOR(S)' RELATIVE/FOSTER PARENT/OTHER PARTY _____
 8 BE PERMITTED TO PURSUE LEGAL GUARDIANSHIP FOR MINOR(S) _____;
 9 ☒ THAT MINOR(S) ALL MINORS BE ORDERED TO LONG TERM FOSTER CARE;
 10 ☐ THAT, IF THE COURT FINDS THE RESIDENCE OF THE MINOR TO BE _____
 11 COUNTY, THE ENTIRE CASE BE ORDERED TRANSFERRED TO THE JUVENILE COURT OF SAID
 12 COUNTY, WITH ALL FILES AND PAPERS CONTAINED THEREIN;
 13 ☒ ADDITIONAL RECOMMENDATIONS:
 14 LONG TERM FOSTER CARE WITH MATERNAL GRANDMOTHER, JANE EDWARDS
 15 ☐ THAT THE MATTER BE CONTINUED TO THE NONAPPEARANCE CALENDAR OF _____
 16 IN DEPARTMENT _____ FOR REPORT ON _____
 17 ☒ THAT THE MATTER BE CONTINUED TO THE APPEARANCE CALENDAR OF 01-15-90
 18 FOR ☒ JUDICIAL REVIEW ☐ PERMANENCY PLANNING HEARING AND REPORT FROM
 19 THE DEPARTMENT OF CHILDREN'S SERVICES.
 20 FAMILY REASSESSMENT:
 21 EVALUATION OF PROGRESS AND REASON FOR RECOMMENDATION
 22 MINORS APPEAR TO BE HEALTHY AND HAPPY, AND TO RECEIVE MORE THAN ADEQUATE CARE IN
 23 HOME OF MATERNAL GRANDMOTHER, JANE EDWARDS. MOTHER, EUNICE CAIN, VISITS MINORS
 24 OFTEN, BUT IS NOT IN A POSITION TO CARE FOR THEM. MINORS INDICATE THEY WANT TO
 25 REMAIN IN HOME OF MATERNAL GRANDMOTHER. MOTHER CONTINUES TO IGNORE EFFORTS OF CSW
 26 TO TALK WITH HER PERSONALLY, BUT HAS INDICATED SHE IS SATISFIED WITH CARE OF
 27 MINORS.
 28 MINORS ATTEND ASCOTT AVENUE SCHOOL. MINOR JOHN IS DOING WELL. HIS BEST SUBJECTS
 ARE MATH AND READING. MINOR JOHNNISHA'S READING SKILLS HAVE IMPROVED AND MATH IS
 ALRIGHT. MINOR EUNISHA'S FAVORITE SUBJECTS ARE MUSIC AND MATH. MINORS' MOTHER
 BOUGHT MINORS A DOG NAMED ANGEL, AND MINORS ARE LEARNING TO CARE FOR IT PROPERLY.
 ALTHOUGH MOTHER VISITS MINORS, SHE HAS NOT PRESENTED EVIDENCE OF COMPLETION OF
 COUNSELING NOR HAS SHE PRESENTED CSW WITH ANY PERSONAL PLANS FOR MINORS CARE AND
 SUPERVISION. THEREFORE DCS RESPECTFULLY RECOMMENDS THAT MINORS REMAIN UNDER COURT
 SUPERVISION AND REMAIN SUITABLY PLACED WITH RELATIVE.

1 PAST PLAN/SERVICES OFFERED:

2 THE SERVICES PLAN FOR THE FAMILY DURING THE PAST PERIOD OF SUPERVISION HAS BEEN

3 ☐ FAMILY MAINTENANCE SERVICES FOR MINOR _____

4 ☐ FAMILY REUNIFICATION SERVICES FOR MINOR _____

5 ☒ PERMANENT PLACEMENT SERVICES FOR MINOR ALL MINORS

6 PREVIOUS OBJECTIVES AND TIMETABLES

7 PARENTS TO ATTEND DRUG COUSELING WITH RANDOM TESTING.

8 PARENTS TO CONTACT CSW ON REGULAR BASIS.

9 MOTHER TO OBTAIN ADEQUATE HOUSING AND MAINTAIN CONSISTANT CONTACT WITH MINORS.

10 SERVICES/ACTIVITIES COMPLETED: CSW

11 MONITORING OF MINORS' CARE AND SUPERVISION.

12 MONITORING OF MINORS' ACADEMIC PROGRESS.

13 PARENTS

14 TO ATTEND DRUG COUNSELING AND RANDOM TESTING.

15 TO ATTEND PARENTING CLASSES.

16 TO CONTACT CSW.

17 OTHER PARTIES (i.e. CARETAKER, MINOR)

18 CONTINUE TO PROVIDE CARE AND SUPERVISION TO MINORS.

19 ☒ THE PREVIOUS SERVICES PLAN CONTINUES TO BE APPROPRIATE AND WILL REMAIN IN EFFECT

20 ☐ THE PREVIOUS SERVICES PLAN WILL BE DISCONTINUED FOR THE FOLLOWING REASONS:

21 THE VISITATION PLAN ARRANGED FOR THE PARENTS WITH MINOR(S) IN PLACEMENT HAS BEEN:

22 MONITORED BY CARETAKER, NO VISITS WHILE UNDER THE INFLUENCE.

23 THE PARENTS'/GUARDIAN'S COOPERATION WITH THE ARRANGED VISITATION PLAN HAS BEEN

24 ☒ SATISFACTORY ☐ NOT SATISFACTORY

25 EVALUATION OF VISITATION PLAN:

26 MOTHER'S VISITS BECAME MORE REGULAR.

27 MINORS DID SEE FATHER, NOT CONSISTENT.

28

1 CURRENT PLAN/SERVICES TO BE OFFERED:

2 THE SERVICES PLAN FOR THE FAMILY DURING THE NEXT PERIOD OF SUPERVISION WILL BE

3 ☐ FAMILY MAINTENANCE SERVICES FOR MINOR

4 ☐ FAMILY REUNIFICATION SERVICES FOR MINOR

5 ☒ PERMANENT PLACEMENT SERVICES FOR MINOR ALL MINORS

6 OBJECTIVES AND TIMETABLES

7 1. PARENTS TO PRESENT EVIDENCE OF COUNSELING OVER NEXT SIX MONTHS.

8 2. PARENTS TO CONTACT CSW.

9 PROPOSED SERVICES/ACTIVITIES:
10 CSW WILL

11 CONTINUE TO MONITOR MINORS CARE AND SUPERVISION.

12 CONTINUE TO TRY TO GET MOTHER TO PRESENT A PLAN FOR MINORS.

13 PARENTS WILL

14 ATTEND COUNSELING.
15 CONTACT CSW.

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19 OTHER PARTIES (i.e. CARETAKER, MINOR) WILL

20 CONTINUE TO PROVIDE QUALITY CARE AND SUPERVISION TO MINORS.

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23 THE VISITING SCHEDULE FOR PARENTS WITH MINORS IN PLACEMENT WILL BE:

24 AT DISCRETION OF DCS AND CARETAKER.
25 CARETAKER MONITORED.

PERMANENCY PLANNING FOR MINORS IN PLACEMENT:

☐ THERE IS A LIKELIHOOD OF FAMILY REUNIFICATION WITHIN THE NEXT SIX MONTHS FOR MINOR(S)

☐ THERE IS NO LIKELIHOOD OF FAMILY REUNIFICATION WITHIN THE NEXT SIX MONTHS FOR MINOR(S) _____, AND THE MINOR(S) WILL BE REFERRED FOR ADOPTION PLANNING SERVICES.

☐ THERE IS NO LIKELIHOOD OF FAMILY REUNIFICATION OR ADOPTION FOR MINOR(S) _____, AND THE POSSIBILITY OF LEGAL GUARDIANSHIP BY _____ WILL BE EXPLORED.

☒ THERE IS NO LIKELIHOOD OF FAMILY REUNIFICATION OR ADOPTION OR LEGAL GUARDIANSHIP FOR MINOR(S) ALL MINORS AT THIS TIME, AND THE PLAN FOR MINOR(S) IS LONG TERM FOSTER CARE. THE LONG TERM FOSTER CARE PLAN FOR EACH MINOR IS:

LONG TERM FOSTER CARE, RELATIVE.

☐ THE PLAN FOR MINOR(S) _____ IS TERMINATION OF JURISDICTION WITHIN THE NEXT SIX MONTHS BECAUSE
☐ MINOR WILL BECOME INELIGIBLE FOR FOSTER CARE DUE TO AGE
☐ MINOR WILL BECOME EMANCIPATED
☐ OTHER

ADOPTION ASSESSMENT:

☒ AN ADOPTION ASSESSMENT OF THE MINOR(S) ALL MINORS WAS HELD ON 02-24-86

☐ ASSESSMENT ATTACHED TO THIS REPORT.

☒ ASSESSMENT PREVIOUSLY REPORTED TO COURT ON: 02-24-86

1 PLACEMENT HISTORY FOR MINOR(S) IN OUT-OF-HOME CARE:

2 THE MINOR ALL MINORS HAS BEEN IN OUT-OF-HOME CARE
3 SINCE 11-29-84. DURING THIS TIME THERE HAVE BEEN ONE PLACEMENTS FOR
4 THE MINOR (EXCLUDING SHELTER CARE). THE MINOR ☐ HAS ☒ HAS NOT BEEN MOVED
5 SINCE THE LAST HEARING. IF THE MINOR WAS MOVED, STATE THE REASON:

6 SPECIFIC PROBLEMS FOR WHICH GROUP HOME PLACEMENT IS REQUIRED

8 SPECIFIC GROUP HOME TREATMENT PROGRAM WHICH WILL MEET MINOR'S NEEDS

11 IF PLACEMENT IS TO BE OUT OF COUNTY, OUT OF STATE, OR IN A HOME CERTIFIED PENDING
12 LICENSE, STATE THE REASONS FOR THIS PLACEMENT

15 THE MINOR _____ HAS BEEN IN OUT-OF-HOME CARE
16 SINCE _____. DURING THIS TIME THERE HAVE BEEN _____ PLACEMENTS FOR
17 THE MINOR (EXCLUDING SHELTER CARE). THE MINOR ☐ HAS ☐ HAS NOT BEEN MOVED
18 SINCE THE LAST HEARING. IF THE MINOR WAS MOVED, STATE THE REASON:

19 SPECIFIC PROBLEMS FOR WHICH GROUP HOME PLACEMENT IS REQUIRED

21 SPECIFIC GROUP HOME TREATMENT PROGRAM WHICH WILL MEET MINOR'S NEEDS

24 IF PLACEMENT IS TO BE OUT OF COUNTY, OUT OF STATE, OR IN A HOME CERTIFIED PENDING
25 LICENSE, STATE THE REASONS FOR THIS PLACEMENT

1 STATEMENTS OF PARENT(S), MINOR(S), INTERESTED PARTIES:

2 MINOR, JOHN WHITE, SAYS HE LIKES SPORTS AND IS HAPPY WITH MATERNAL GRANDMOTHER.

3 MINOR, JOHNNISHA WHITE, SAYS SHE STILL WANTS TO LIVE WITH MATERNAL GRANDMOTHER
4 AND BECOME A MOTHER SOME DAY.

5 MINOR, EUNISHA WHITE SAYS SHE LOVES "BIG MAMA" (MATERNAL GRANDMOTHER) AND IS
6 GOING TO STAY WITH HER.

7 FATHER, JOHN WHITE, DID NOT MAKE HIMSELF AVAILABLE FOR STATEMENT, BUT HAS IN-
8 DICATED THROUGH RELATIVES THAT HE IS GLAD CHILDREN ARE BEING CARED FOR.

9 MOTHER, EUNICE CAIN'S VISITS INDICATE SHE IS BECOMING MORE ORGANIZED AND THOUGHT-
10 FUL REGARDING MINORS, BUT SHE DID NOT MAKE HERSELF AVAILABLE FOR STATEMENT.

11 MATERNAL GRANDMOTHER, JANE EDWARDS, AGREES THAT EUNICE IS DOING BETTER. MATERNAL
12 GRANDMOTHER SAYS SHE WILL CARE FOR HER GRANDCHILDREN FOR AS LONG AS IT TAKES, AND
13 THAT SHE LOVES THE MINORS.
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RESPECTFULLY SUBMITTED,
ROBERT L. CHAFFEE, DIRECTOR
DEPARTMENT OF CHILDREN'S SERVICES

THE FOREGOING RECOMMENDATION IS
APPROVED AND IT IS SO ORDERED

BY *Bobby Jo Sonnier*
BOBBY JO SONNIER PM-10
CHILDREN'S SOCIAL WORKER
DEPARTMENT OF CHILDREN'S SERVICES
2444 S. ALAMEDA STREET
LOS ANGELES, CA. 90058
(213) 846-2359

DATE

APPROVED BY *M. Bourgeois*
MARGIE BOURGEOIS, SUPERVISING
CHILDREN'S SOCIAL WORKER
(213) 846-2353

JUDGE OR REFEREE

SERVICES ACTIVITY LOG STATE EXCEPTIONS FOR VISITATION

CASE NAME:

Eugene Cain

STATE NO:

5245254-4

NAME:

John, Barbara, Barbara White☒ CHILD OR ☐ PARENT

I. FAMILY MAINTENANCE PROGRAM

- ☐ Face-to-face contact by CSW with child or parent(s) will be once every 30 calendar days during the first 90 days when ALL of the following conditions are met:
- ☐ Child/parent has no severe problems.
 - ☐ Child/parent has monthly contact with another service provider _____ who has agreed to provide reports to CSW.
 - ☐ The combination of contacts between service provider and CSW equals one contact each 15 days.

II. FAMILY REUNIFICATION PROGRAM

- ☐ Face-to-face contact by CSW with parent(s) will be once every _____ months because _____
- ☐ Face-to-face contact by CSW with child will be once every _____ months as ALL of the following conditions are met:
- ☐ Child has no severe physical/emotional problems aggravated by placement and
 - ☐ Placement is stable. Current placement start date is _____ and
 - ☐ One of the following:
 - ☐ Child is placed with relatives, or
 - ☐ Child is under two years old and less visits to the child will facilitate more visits to the parents, or
 - ☐ Child has monthly contact with another service provider _____ who provides reports to CSW.
- ☐ Face-to-face contact between child and parent(s) will be less than monthly because _____

III. PERMANENT PLACEMENT PROGRAM

- ☒ Face-to-face contact by CSW with child will be once every 6 months because:
- ☐ Child is in the home of legal guardian, or
 - ☐ Child is in ☒ foster/rel. home or ☐ group home and ALL following conditions exist:
 - ☐ Child has been in current placement at least six months.
 - ☐ Child has no serious emotional problems aggravated by the placement and the placement has stabilized.
 - ☐ Foster care provider(s) are cooperating with the service plan.
 - ☐ Child is attending school or is being assisted toward self-maintenance.

IV. NO CONTACT (Child: Out-of-county, courtesy supv. or ICPC; Parent: whereabouts unk., etc.)

- ☐ No face-to-face contact can be made by CSW because _____
Alternate visitation plan is _____

V. EXCEPTION RENEWAL

- ☐ This form was reviewed for renewal of this exception and is approved for the next _____ months. (Countersign and date below)

CSW

SCSW

DRSA

Date

Date

Date

SUPERIOR COURT OF THE STATE OF CALIFORNIA
FOR THE COUNTY OF LOS ANGELES
JUVENILE COURT

DEPT 237
APPEARANCE ☒ YES ☐ NO
DAY DATE
TUESDAY JANUARY 9, 1990

IN THE MATTER OF

WHITE MINORS (SEE BELOW)

CHILDREN'S SERVICES WORKER'S REPORT
JUDICIAL REVIEW

☒ PERMANENCY PLANNING HEARING
REVIEW

DCS-REGION II
BOBBY JO SONNIER, CSW II
FILE#: PM10

JOHN WHITE	AGE: 11 YEARS	DOB: [REDACTED]-78	J954082
JOHNNISHA WHITE	AGE: 10 YEARS	DOB: [REDACTED]-79	"
EUNISHA WHITE	AGE: 08 YEARS	DOB: [REDACTED]-81	"

minor

WHEREABOUTS OF PARTIES:

MINORS' JOHN, JOHNNISHA AND EUNISHA RESIDES IN THE HOME OF THEIR MATERNAL GRANDMOTHER, JANE EDWARDS AT [REDACTED], LOS ANGELES, CA., 90011. (213) [REDACTED].

MOTHER, EUNICE CAIN'S MAILING ADDRESS IS [REDACTED], LOS ANGELES, CA., 90011.

FATHER, JOHN LEE WHITE RESIDES AT [REDACTED], LOS ANGELES, CA., 90011. (213) [REDACTED].

LEGAL HISTORY:

THIS MATTER IS ON CALENDAR FOR JUDICIAL REVIEW OF DEPENDENCY STATUS.

THE MINOR WAS DECLARED A DEPENDENT CHILD OF THE COURT UNDER SECTION 300, SUBDIVISIONS A OF THE JUVENILE COURT LAW. THE SUSTAINED PETITION ALLEGED THAT MINORS PARENTS FAILED TO PROVIDE MINORS WITH THE BASIC NECESSITIES OF LIFE, INCLUDING BUT NOT LIMITED TO ADEQUATE FOOD, SHELTER AND CLOTHING. PARENTS HAVE A HISTORY OF DRUG ABUSE WHICH LIMITS THEIR ABILITY TO CARE FOR THE MINORS.

AND ON 02-25-85 THE COURT ORDERED

☐ HOME OF PARENT FOR MINOR _____
☒ SUITABLE PLACEMENT/RELATIVE FOR MINOR ALL MINORS
☐ SUITABLE PLACEMENT/DCS FOSTER CARE FOR MINOR _____

☒ THE ORIGINAL ORDER OF THE COURT REMAINS IN FULL FORCE AND EFFECT.

☐ THE ORIGINAL ORDER OF THE COURT WAS CHANGED ON _____ AND THE CURRENT ORDER IS

1 A SUPPLEMENTAL WRIT PETITION WAS FILED ON BEHALF OF THE MINOR
2 ON _____ THE PETITION ALLEGED

3 THE DISPOSITION ORDER DATED _____ ORDERED _____

4 ☒ A PERMANENCY PLANNING HEARING WAS HELD REGARDING THE MINOR ON 2-24-86, 04-22-86, 01-08-87
5 ☐ NO PERMANENCY PLANNING HEARING HAS BEEN HELD.

6 RECOMMENDATION:

7 ☐ IT IS RESPECTFULLY RECOMMENDED THAT JURISDICTION OVER THE MINOR(S) _____
8 _____ BE TERMINATED

9 ☒ IT IS RESPECTFULLY RECOMMENDED THAT MINOR(S) ALL MINORS
10 REMAIN A DEPENDENT CHILD OF THE COURT UNDER SECTION 5 SUBDIVISIONS A
11 OF THE JUVENILE COURT LAW

12 ☐ THAT THE PRESENT WRIT PETITION FOR MINOR(S) _____
13 _____ REMAIN IN FULL FORCE AND EFFECT

14 ☒ THAT THE PRESENT WRIT PETITION FOR MINOR(S) 02-25-85
15 ALL MINORS BE TERMINATED AND
16 MINOR(S) BE PLACED IN THE HOME OF MOTHER ALL

17 ☐ AS TO MINOR(S) _____ BE MODIFIED TO ALLOW
18 ALL MINORS TO _____

19 ☒ AS TO MINOR(S) ALL MINORS REMAIN IN FULL FORCE
20 AND EFFECT

21 ☒ THAT THE COURT ORDER _____ PROVIDE
22 FAMILY MAINTENANCE SERVICES FOR MINOR(S) _____

23 ☐ FAMILY REUNIFICATION SERVICES FOR MINOR(S) _____
24 ☒ PERMANENT PLACEMENT SERVICES FOR MINOR(S) ALL MINORS

25 ☒ THAT VISITS TO THE MINOR(S) ALL MINORS BE AT DCS DISCRETION

26 ☒ THAT VISITS TO THE MINOR(S) ALL MINORS BE AS FOLLOWS

27 ☒ MONITORED VISITS FOR MOTHER, EUNICE CAIN TO BE MONITORED
28 BY CARETAKERS

29 ☒ NO VISITS BY ANYONE UNDER INFLUENCE OF ANY CHEMICAL SUBSTANCE
30 PENDING FURTHER COURT ORDER

31 ☒ THAT MOTHER, EUNICE CAIN BE ORDERED TO PARTICIPATE IN A
32 PROGRAM OF COUNSELING AS APPROVED BY DCS. ☒ THAT SUCH COUNSELING BE WITH
33 DRUG COUNSELING, RANDOM TESTING

34 ☒ THAT MINOR(S)' SCHOOL RECORDS BE DISCLOSED TO DCS UPON REQUEST PURSUANT TO
35 EDUCATION CODE SECTION 49077.

THE ABOVE ORDER IS ORDERED FOR MINOR _____
REMAIN IN FULL FORCE AND EFFECT

THE COURT HAS ORDERED THAT THE _____
COURT OF MINORS

THE COURT HAS ORDERED THAT THE _____
ADDITIONAL PLANNING

THAT MINOR(S) RELATIVE FOSTER PARENT OTHER PARTY _____
BE PERMITTED TO PERSUAD ETCAL GUARDIANSHIP FOR MINOR(S)

THE MINOR(S) _____ BE ORDERED TO COMPLY WITH

THE COURT HAS ORDERED THAT THE _____
COURT OF MINORS

THE COURT HAS ORDERED THAT THE _____

THE MATTER BE COMING TO THE NON APPEARANCE OF MINORS
IN DEPARTMENT

X THAT THE MATTER BE COMING TO THE NON APPEARANCE OF MINORS
FOR X (L) DEPARTMENT PLANNING AND SERVICE
IN DEPARTMENT

07-15-90

FAMILY REASSESSMENT

EVALUATION OF PROGRESS AND REASON FOR RECOMMENDATION

DURING THIS PERIOD OF COURT SUPERVISION, MINORS REMAINED IN HOME OF MATERNAL GRANDMOTHER, JANE EDWARDS. MINORS APPEAR TO BE HEALTHY AND HAPPY AND TO BE RECEIVING ADEQUATE CARE AND SUPERVISION. MINORS' MOTHER OCCASIONALLY HELPS MGM IN CARE OF MINORS, BUT MINORS CONTINUE TO WANT TO REMAIN IN HOME OF MGM.

MOTHER, EUNICE CAIN CONTINUES TO LACK SUFFICIENT TIME IN COUNSELING, AND NO QUARTERLY PROGRESS REPORTS HAVE BEEN RECEIVED BY CSW. MGM INDICATED THAT MOTHER WAS NOT YET IN A POSITION TO CARE FOR MINORS. MOTHER HAS NOT RESPONDED TO REQUEST BY CSW FOR MOTHER TO CONTACT CSW REGARDING PLANS MOTHER MIGHT HAVE REGARDING MINORS' FUTURE CARE AND SUPERVISION.

MINORS ATTEND ASCOTT AVENUE SCHOOL. JOHN IS SIXTH GRADE, JOHNNISHA IS IN FOURTH GRADE, AND EUNISHA IS IN THIRD GRADE. MINORS ATTEND SCHOOL ON A REGULAR BASIS, AND APPEAR TO HAVE ADAPTED QUITE WELL TO LIVING WITH MGM. THEREFORE, IT IS RESPECTFULLY RECOMMENDED THAT MINORS CONTINUE UNDER COURT SUPERVISION AND REMAIN SUITABLY PLACED WITH RELATIVE.

PAST PLACEMENT REVIEW

THE SERVICES PLAN FOR THE FAMILY DURING THE PAST PLACEMENT SUPERVISION PERIOD
FAMILY MAINTENANCE SERVICES FOR MINOR(S)
FAMILY REUNIFICATION SERVICES FOR MINOR(S)
☒ PERMANENT PLACEMENT SERVICES FOR MINOR(S) ALL MINORS

PREVIOUS OBJECTIVES AND TIMETABLES

PARENTS TO COMPLETE DRUG ABUSE AND COUNSELING WITHIN SIX MONTHS.
MGM TO PROVIDE LONG-TERM FOSTER CARE TO ALL MINORS.

SERVICES AND ITEMS COMPLETED: CSW

MONITORING OF MINORS' SCHOOL PROGRESS.
MONITORING OF MINORS' CARE IN MGM'S HOME.
PARENTS REFERRED TO DRUG COUNSELING.
PARENTS PROGRESS, OR LACK OF PROGRESS, MONITORED.

COMPLETE DRUG COUNSELING AND SUBMIT TO RANDOM DRUG TESTING.
TO MAINTAIN MONTHLY CONTACT WITH CSW.
MOTHER TO OBTAIN SUITABLE HOUSING.

OTHER PARTIES (CAPABLE OF CARRYING MINOR)

MGM, JANE EDWARDS TO PROVIDE CARE AND SUPERVISION TO MINORS.

☒ THE PREVIOUS SERVICE PLAN CONTINUES TO BE APPROPRIATE AND WILL REMAIN IN EFFECT
THE PREVIOUS SERVICE PLAN WILL BE DISCONTINUED FOR THE FOLLOWING REASONS:

THE VISITATION PLAN ARRANGED FOR THE PARENTS WITH MINOR(S) IN PLACEMENT HAS BEEN:
MONITORED VISITATION FOR PARENTS, NO VISITS BY ANYONE UNDER THE INFLUENCE OF ANY
CHEMICAL SUBSTANCE.

DOES PARENT(S) COOPERATE WITH THE ARRANGED VISITATION PLAN? YES/NO

☒ SATISFACTORY NOT SATISFACTORY
EVALUATION OF VISITATION PLAN

SATISFACTORY, ALTHOUGH SPORODIC IN NATURE.
MOTHER VISITS QUITE OFTEN, NO NEGATIVE INCIDENTS REPORTED.

1 CURRENT PLAN/SERVICES TO BE OFFERED:

2 THE SERVICES PLAN FOR THE FAMILY DURING THE NEXT PERIOD OF SUPERVISION WILL BE

3 ☐ FAMILY MAINTENANCE SERVICES FOR MINOR _____

4 ☐ FAMILY REUNIFICATION SERVICES FOR MINOR _____

5 ☒ PERMANENT PLACEMENT SERVICES FOR MINOR ALL MINORS

6 OBJECTIVES AND TIMETABLES

7 PARENTS TO ATTEND DRUG COUNSELING WITH RANDOM TESTING.

8 PARENTS TO CONTACT CSW ON REGULAR BASIS.

9 MOTHER TO OBTAIN ADEQUATE HOUSING AND MAINTAIN CONSISTANT CONTACT WITH MINORS.

10 PROPOSED SERVICES/ACTIVITIES:

11 CSW WILL

12 MONITOR MINORS' ACADEMIC PROGRESS.

13 MONITOR CARE AND SUPERVISION OF MINORS BY MGM.

14 PARENTS WILL

15 ATTEND DRUG COUNSELING AND SUBMIT TO RANDOM DRUG TESTING.

16 ATTEND PARENTING CLASSES.

17 CONTACT CSW REGARDING THEIR PLANS FOR MINORS.

18 OTHER PARTIES (i.e. CARETAKER, MINOR) WILL

19 WILL CONTINUE TO PROVIDE CARE AND SUPERVISION TO MINORS.

20 THE VISITING SCHEDULE FOR PARENTS WITH MINORS IN PLACEMENT WILL BE

21 MOTHER TO VISIT OR CONTACT MINORS ON A WEEKLY BASIS, WITH VISIT MONITORED BY
22 MGM.

23 FATHER TO VISIT OR CONTACT MINORS AT LEAST TWICE A MONTH, WITH VISITS MONITORED
24 BY MGM.

1 PERMANENCY PLANNING FOR MINORS IN PLACEMENT

2 ☐ THERE IS A LIKELIHOOD OF FAMILY REUNIFICATION WITHIN THE NEXT SIX MONTHS FOR MINOR(S) _____

3
4 ☐ THERE IS NO LIKELIHOOD OF FAMILY REUNIFICATION WITHIN THE NEXT SIX MONTHS FOR
MINOR(S) _____, AND THE MINOR(S) WILL BE
5 REFERRED FOR ADOPTION PLANNING SERVICES.

6 ☐ THERE IS NO LIKELIHOOD OF FAMILY REUNIFICATION OR ADOPTION FOR MINOR(S) _____, AND THE POSSIBILITY OF
LEGAL GUARDIANSHIP BY _____ WILL BE EXPLORED.

7
8 ☒ THERE IS NO LIKELIHOOD OF FAMILY REUNIFICATION OR ADOPTION OR LEGAL GUARDIANSHIP
FOR MINOR(S) ALL MINORS AT THIS TIME.
9 AND THE PLAN FOR MINOR(S) IS LONG TERM FOSTER CARE
THE LONG TERM FOSTER CARE PLAN FOR EACH MINOR IS

10 MINORS TO REMAIN IN HOME OF MGM, JANE EDWARDS UNDER LONG-TERM FOSTER CARE PLAN.

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19 ☐ THE PLAN FOR MINOR(S) _____
IS TERMINATION OF JURISDICTION WITHIN THE NEXT SIX MONTHS BECAUSE
20 ☐ MINOR WILL BECOME INELIGIBLE FOR FOSTER CARE DUE TO AGE
21 ☐ MINOR WILL BECOME EMANCIPATED
☐ OTHER

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24 ADOPTION ASSESSMENT

25 ☒ AN ADOPTION ASSESSMENT OF THE MINOR(S) JOHN, JOHNNISHA AND EUNISHA
WAS HELD ON 02-24-86
26 ☐ ASSESSMENT ATTACHED TO THIS REPORT.
27 ☒ ASSESSMENT PREVIOUSLY REPORTED TO COURT ON 02-24-86

1 PLACEMENT HISTORY FOR MINOR(S) IN OUT-OF-HOME CARE

2 THE MINOR JOHN, JOHNTISHA & EINTISHA WHITE HAS BEEN IN OUT-OF-HOME CARE
3 SINCE 11-29-84 DURING THIS TIME THERE HAVE BEEN ONE PLACEMENTS FOR
4 THE MINOR (EXCLUDING SHELTER CARE). THE MINOR ☐ HAS ☒ HAS NOT BEEN MOVED
5 SINCE THE LAST HEARING. IF THE MINOR WAS MOVED, STATE THE REASON:

6 SPECIFIC PROBLEMS FOR WHICH GROUP HOME PLACEMENT IS REQUIRED

8 SPECIFIC GROUP HOME TREATMENT PROGRAM WHICH WILL MEET MINOR'S NEEDS

10 IF PLACEMENT IS TO BE OUT OF COUNTY, OUT OF STATE, OR IN A HOME CERTIFIED PENDING
11 LICENSE, STATE THE REASONS FOR THIS PLACEMENT:

13 THE MINOR _____ HAS BEEN IN OUT-OF-HOME CARE
14 SINCE _____. DURING THIS TIME THERE HAVE BEEN _____ PLACEMENTS FOR
15 THE MINOR (EXCLUDING SHELTER CARE). THE MINOR ☐ HAS ☐ HAS NOT BEEN MOVED
16 SINCE THE LAST HEARING. IF THE MINOR WAS MOVED, STATE THE REASON:

18 SPECIFIC PROBLEMS FOR WHICH GROUP HOME PLACEMENT IS REQUIRED

20 SPECIFIC GROUP HOME TREATMENT PROGRAM WHICH WILL MEET MINOR'S NEEDS

22 IF PLACEMENT IS TO BE OUT OF COUNTY, OUT OF STATE, OR IN A HOME CERTIFIED PENDING
23 LICENSE, STATE THE REASONS FOR THIS PLACEMENT:

1 STATEMENTS OF PARENT(S), MOTHER(S), INTERESTED PARTIES:

2 MINOR, JOHN WHITE, SAYS ~~HE~~ HE LIKES LIVING WITH HIS GRANDMOTHER.

3 MINOR, JOHNNISHA WHITE ~~SHE~~ SHE DOESN'T WANT TO LIVE ANYWHERE ELSE-MEANING OTHER
4 THAN GRANDMOTHERS.

5 MINOR, EUNISHA WHITE ~~STAD~~ SHE LIKES AT GRANDMOTHER'S HOUSE CAUSE MY BIG MAMA
(MEANING GRANDMOTHER) ~~LOVE~~ US.

6 FATHER, JOHN WHITE DID ~~NE~~ MAKE HIMSELF AVAILABLE FOR STATEMENT.

7 MOTHER STATES, ACCORDING ~~TO~~ MS. EDWARDS, THAT SHE IS GRADUALLY GETTING IT TOGETHER
8 AND PLANS TO GET HER KID ~~BACK~~ EVENTUALLY. MOTHER HAS NOT, TO DATE, CONTACTED CSW.

9 MGM, JANE EDWARDS STATES ~~THAT~~ SHE LOVES HER GRANDCHILDREN AND WILL PROVIDE A HOME
10 FOR THEM AS LONG AS IS ~~NECESSARY~~. SHE SAYS THAT MOTHER, EUNICE, DOES APPEAR TO BE
11 DOING BETTER.

12 AVALON-CARVER CENTER HAS ~~NOT~~ SUBMITTED FURTHER REPORTS ON CASE NUMBER 05105-9, EUNICE
13 CAIN, FOLLOWING INTAKE ~~REPORT~~ OF 06-20-89.

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RESPECTFULLY SUBMITTED,
ROBERT L. CHAFFEE, DIRECTOR
DEPARTMENT OF CHILDREN'S SERVICES

THE FOREGOING RECOMMENDATION IS
APPROVED AND IT IS SO ORDERED

BY *Bobby J. Sornier*
BOBBY JO SORNIER PM-10
CHILDREN'S SOCIAL WORKER
DEPARTMENT OF CHILDREN'S SERVICES
2444 SOUTH ALAMEDA STREET
LOS ANGELES CA 90058
(213) 846-2359

DATE

APPROVED BY *M. Bourgeois*
MARGIE BOURGEOIS, SUPERVISING
CHILDREN'S SOCIAL WORKER
(213) 846-2353

JUDGE OR REFEREE

FOR THE COUNTY OF LOS ANGELES
JUVENILE COURT

NOTICE OF HEARING TO FOSTER CARETAKER

In the Matter of

_____, a minor

Court No. J

To:

Name:

Address:

Pursuant to Section 366.2(b) of the Welfare and Institutions Code this Notice is to inform you that a hearing will be held at 8:30 a.m. on _____ in the Juvenile Court at 240 W. Temple Street, Los Angeles, California regarding the above named child(ren) in your care.

P 556 325 822

placement and visitation will be:

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

Sent to	John Edwards
Postage	\$
Certified Fee	✓
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	12-11-89

care facilities (institutions and large group homes) to file a report with the courts for the minor(s). Foster caretakers, including proprietors of small family businesses with the Court, but they may do so if they wish.

Comments to the Court about the placement or visitation plans, please follow the instructions.

I served the foregoing Notice to the copy thereof in a sealed envelope and depositing same in the United States mail.

COUNTY OF LOS ANGELES, SECTION II
DEPARTMENT OF CHILDREN'S SERVICES
2444 S. ALAMEDA ST.
LOS ANGELES, CA. 90058

Name, address, phone number of
Children's Services Worker
76N896H DCS 4368 (4/84)

SUPERIOR COURT OF CALIFORNIA
COUNTY OF LOS ANGELES
JUVENILE COURT

In the Matter of

JOHNATHAN WHITE

, a minor

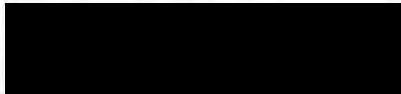
No. 7954062

NOTICE OF HEARING
REQUIRED BY SECTION 366.2 WIC

To:

Name: JOHNATHAN WHITE

Address:



☐ THIS NOTICE IS FOR A
PERMANENCY PLANNING HEARING
PURSUANT TO 366.25 WIC

Please take notice that:

1. The above entitled proceeding in which a minor was heretofore declared a Dependent child of the court has been set for hearing on the _____ day of _____, 19____, at _____ M., in the

Criminal Courts Building, 210 W. Temple St.
Los Angeles, California 90012

RECEIVED
CLERK OF SUPERIOR COURT
COUNTY OF LOS ANGELES
JUL 17 1989
12-11-89

2. At said hearing, said minor and his parent or guardian or adult relative are entitled to be present, to be heard and to show cause, if they have cause, why the jurisdiction of the court over the minor

P 55b

RECEIPT FOR CE
NO INSURANCE COVL
NOT FOR INTERNA
(See Rev.)

Sent to	<i>Johnathan White</i>
Sent to	[Redacted]
P.O. State and ZIP Code	LA 90011
Postage	
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom Date and Address of Delivery	
TOTAL Postage and Fees	
Postmark or Date	12-11-89

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

STICK POSTAGE STAMPS TO ARTICLE TO COVER FIRST CLASS POSTAGE. (See Item)
STICK POSTAGE STAMPS TO ARTICLE TO COVER FIRST CLASS POSTAGE. (See Item)
STICK POSTAGE STAMPS TO ARTICLE TO COVER FIRST CLASS POSTAGE. (See Item)

FRANK S. ZOLIN, County Clerk/
Executive Officer of the Superior Court

By *Bobbie J. Suncu*
Deputy

30011 70-1000000 000
(118) 149-1357

See Proof of Service on Reverse Side
NOTICE OF HEARING

COUNTY OF LOS ANGELES, REGION II
DEPARTMENT OF CHILDREN'S SERVICES
2444 S. ALAMEDA ST.
LOS ANGELES, CA. 90053

SUPERIOR COURT OF CALIFORNIA
COUNTY OF LOS ANGELES
JUVENILE COURT

In the Matter of _____

, a minor

No. _____

NOTICE OF HEARING
REQUIRED BY SECTION 366.2 WIC

To:

Name: _____

Address: _____

☐ THIS NOTICE IS FOR A
PERMANENCY PLANNING HEARING
PURSUANT TO 366.25 WIC

Please take notice that:

1. The above entitled proceeding in which a minor was heretofore declared a Dependent child of the court has been set for hearing on the _____ day of _____, 19_____, at _____ M., in the

Criminal Courts Building, 210 W. Temple St.
Los Angeles, California 90012

2. At said hearing, said minor and his parent or guardian or adult relative are entitled to be present, to be represented by counsel and to show cause, if they have cause, why the jurisdiction of the court over the minor should be terminated.

P 556 325 820

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

19_____

FRANK S. ZOLIN, County Clerk/
Executive Officer of the Superior Court

By _____
Deputy

See Proof of Service on Reverse Side
NOTICE OF HEARING

COUNTY OF LOS ANGELES, SECTION II
DEPARTMENT OF CHILDREN'S SERVICES
2444 S. ALAMEDA ST.
LOS ANGELES, CA. 90058

U.S.D.P.O. 1989-234-555

Sent to <u>J. L. White</u>	
P.O., State and Zip Code <u>LA 90011</u>	
Postage	\$
Certified Fee	✓
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom Date and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date <u>12-11-89</u>	

PS Form 3800, June 1985

SUPERIOR COURT OF CALIFORNIA
COUNTY OF LOS ANGELES
JUVENILE COURT

In the Matter of

John, Johnnie & Eusebia
White, a minor

No. 5954082

NOTICE OF HEARING
REQUIRED BY SECTION 366.2 WIC

To:

Name:

Address:

Eusebia Cain
[Redacted]
Los Angeles, CA
90011

☒ THIS NOTICE IS FOR A
PERMANENCY PLANNING HEARING
PURSUANT TO 366.25 WIC

Please take notice that:

1. The above entitled proceeding in which a minor was heretofore declared a Dependent child of the court has been set for hearing on the 9th day of January, 19 90, at 8:30 A.M., in the

Criminal Courts Building, 210 W. Temple St.
Los Angeles, California 90012

2. At said hearing, said minor and his parent or guardian or adult relative are entitled to be present, to be represented by counsel and to show cause, if they have cause, why the jurisdiction of the court over the minor should be terminated.

P 556 325 821

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

, 19 89

FRANK S. ZOLIN, County Clerk/
Executive Officer of the Superior Court

By /

Deputy

See Proof of Service on Reverse Side
NOTICE OF HEARING

COUNTY OF LOS ANGELES, SECTION 11
DEPARTMENT OF CHILDREN'S SERVICES
2444 S. ALAMEDA ST.
LOS ANGELES, CA. 90058

Sent to	<u>Eusebia Cain</u>
Street and No.	[Redacted]
P.O. State and ZIP Code	<u>LA, CA 90011</u>
Postage	\$
Certified Fee	<input checked="" type="checkbox"/>
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom Date and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	<u>12-11-89</u>

76N636C2 DCS 4302 (REV. 2/83)

SUPERIOR COURT OF CALIFORNIA
COUNTY OF LOS ANGELES
JUVENILE COURT

In the Matter of

_____, a minor

No. _____

NOTICE OF HEARING
REQUIRED BY SECTION 366.2 WIC

To:

Name: _____

Address: _____

☒ THIS NOTICE IS FOR A
PERMANENCY PLANNING HEARING
PURSUANT TO 366.25 WIC

Please take notice that:

1. The above entitled proceeding in which a minor was heretofore declared a Dependent child of the court has been set for hearing on the _____ day of _____, 19 _____, at _____ M., in the

Criminal Courts Building, 210 W. Temple St.
Los Angeles, California 90012

2. At said hearing, said minor and his parent or guardian or adult relative are entitled to be present, to be represented by counsel and to show cause, if they have cause, why the jurisdiction of the court over the minor should be terminated.

P 556 325 823

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

19 _____

FRANK S. ZOLIN, County Clerk/
Executive Officer of the Superior Court

By _____
Deputy

See Proof of Service on Reverse Side
NOTICE OF HEARING

COUNTY OF LOS ANGELES, REGION II
DEPARTMENT OF CHILDREN'S SERVICES
2400 S. ALAMITA ST.
LOS ANGELES, CA. 90008

PS Form 3800, June 1985

Sent to _____	
Postage _____	
Certified Fee	✓
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom Date and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date 12-11-89	

76N636C2 DCS 4302 (REV. 2/83)

INFORMATION FOR COURT OFFICER (DEPENDENT)

NAME OF MINOR JOHN LEE WHITE JOHNNISHA WHITE EUNISHA WHITE	CT. NO. J954082	CT. DATE AUGUST 26, 1985
CHILDREN'S SERVICES WORKER LAE-IN LEE	UNIT M. LEFPALL	

PARENTS AND GUARDIANS (CIRCLE):

TO BE PRESENT FA MO ST.FA ST.MO OTHER _____
name and relation

INTERPRETER

YES ☐ NO ☐ LANGUAGE _____

ATTORNEY (NAME AND TELEPHONE NO.) _____

INSTRUCTIONS ("LAST-MINUTE" INFORMATION - SPECIAL INSTRUCTIONS):

MINORS' MOTHER, UNICE CAIN, CAME TO THE DISTRICT OFFICE ON 8-5-85

AND STATED THAT SHE STAYED AT HOTEL IN LAKEWOOD AND SHOULD HAVE HER

OWN APARTMENT NO LATER THAN OCTOBER OF THIS YEAR. EUNICE ALSO STATES

THAT SHE WILL ENROLL IN DRUGS AND PARENTING PROGRAM. EUNICE BROKE UP

WITH HER HUSBAND, JOHN WHITE, IN JULY BUT SHE KNOWS WHERE HE WAS AND

WOULD TELL HIM TO CONTACT CSW. HOWEVER, THERE IS NO RESPONSE FROM HIM.

CSW or SCSW who is to be contacted if information needed at time of court hearing.

NAME LAE-IN LEE	PHONE NO. 744-4962	EXT.
--------------------	-----------------------	------

IN THE MATTER OF

JOHNNY LEE WHITE AGE: 7 $\frac{1}{2}$ YRS. #J954082 DCS-REGION II(M.J.JONES) COURT DATE: 12-26-84
JOHNNISHA WHITE AGE: 5 $\frac{1}{2}$ YRS. #J954082 DCS-REGION II(M.J.JONES) COURT DATE: 12-26-84
EUNISHA WHITE AGE: 3 $\frac{1}{2}$ YRS. #J954082 DCS-REGION II(M.J.JONES) COURT DATE: 12-26-84

a minor

REASON FOR HEARING:

THIS MATTER IS ON CALENDAR FOR

☒ PRE-ADJUDICATION SOCIAL STUDY

☐ PERMANENCY PLANNING HEARING

☐ DISPOSITION SOCIAL STUDY

☐ ACCEPTANCE OF INTERCOUNTY TRANSFER

A PETITION WAS FILED ON BEHALF OF THE MINOR(S) ON DECEMBER 3, 1984 UNDER SECTION 300,
SUBDIVISION(S) A, B & D OF THE JUVENILE COURT LAW AT THE REQUEST OF LOS ANGELES POLICE DEPARTMENT.

☒ THE PETITION HAS NOT BEEN ADJUDICATED. IT ALLEGES MINORS RESIDE W/ MO. & FA. & AUNT PAMELA
CAIN. PARENTS DID NOT PROVIDE MINORS W/ BASIC NECESSITIES. FOR 1 YEAR, MIS. HAVE LIVED IN
A GARAGE, NO PLUMBING OR HEATING. ON DATE OF DETENTION, GARAGE WAS FOUL W/ HUMAN WASTE.
MIS' PARENTS & AUNT USE DRUGS/ALCOHOL TO EXCESS. MINORS ARE DESTITUTE, NO NECESS. & NO HOM.
MINORS' HOME UNFIT FOR MINORS DUE TO THE NEGLECT, CRUELTY AND DEPRIVITY OF PARENTS, EUNICE
CAIN & JOHN WHITE, AND OF AUNT, PAMELA CAIN.

☐ THE PETITION WAS SUSTAINED ON _____ BY ☐ PLEA ☐ EVIDENCE
THE SUSTAINED PETITION ALLEGATIONS ARE

☐ THE MINOR _____ REMAINS RELEASED TO _____
☒ THE MINORS, JOHNNY, JOHNNISHA & EUNISHA WAS RELEASED ON DECEMBER 11, 1984
TO MAT. GRMO., JANE EDWARDS, [REDACTED], LOS ANGELES, CALIFORNIA 90011 tel;
☐ THE MINOR _____ IS CURRENTLY DETAINED IN _____ (MES)

RECOMMENDATION:

☐ IT IS RESPECTFULLY RECOMMENDED THAT THE PETITION FILED ON BEHALF OF THE MINOR(S)
_____ BE DISMISSED WITHOUT PREJUDICE.

☒ IT IS RESPECTFULLY RECOMMENDED THAT THE MINOR(S) JOHNNY, JOHNNISHA, AND EUNISHA
_____ BE DECLARED A DEPENDENT CHILD OF THE COURT
UNDER SECTION 300, SUBDIVISION(S) A, B & D OF THE JUVENILE COURT LAW;

☐ THAT THE MINOR(S) _____ RESIDE IN THE HOME OF
MOTHER/FATHER _____ UNDER THE SUPERVISION OF
THE DEPARTMENT OF PUBLIC SOCIAL SERVICES PENDING FURTHER ORDER OF THE COURT;

- 1 ☐ THAT THE CUSTODY OF THE MINOR(S) _____ BE TAKEN
2 FROM THE PARENTS AND GUARDIANS AND THE MINOR(S) BE COMMITTED TO THE CARE, CUSTODY
3 AND CONTROL OF THE DEPARTMENT OF PUBLIC SOCIAL SERVICES FOR SUITABLE PLACEMENT,
4 AS DETAILED IN THE JUVENILE COURT'S DEPENDENCY DISPOSITION MINUTE ORDER FORM,
- 5 ☐ THAT MINOR _____ BE DETAINED AT _____
6 _____ PENDING PLACEMENT, EXCEPT FOR PRE-PLACEMENT VISITS;
7 ☐ THAT MINOR _____ BE RELEASED TO _____
8 _____ PENDING PLACEMENT;
- 9 ☒ THAT DPSS HAVE DISCRETION TO PLACE THE MINORS, JOHNNY, JOHNNISHA AND EUNISHA
10 IN THE HOME OF THE FOLLOWING RELATIVE MAT. GRMO: JANE EDWARDS
11 UNDER THE SUPERVISION OF THE DEPARTMENT OF PUBLIC SOCIAL SERVICES;.
- 12 ☐ THAT MINOR _____ REMAIN AS PLACED UNDER THE
13 SUPERVISION OF THE DEPARTMENT OF PUBLIC SOCIAL SERVICES;
- 14 ☒ THAT THE COURT ORDER THE DEPARTMENT OF PUBLIC SOCIAL SERVICES TO PROVIDE
15 ☐ FAMILY MAINTENANCE SERVICES FOR MINOR _____
16 ☒ FAMILY REUNIFICATION SERVICES FOR MINORS, JOHNNY, JOHNNISHA AND EUNISHA.
17 ☐ PERMANENT PLACEMENT SERVICES FOR MINOR _____
- 18 ☒ THAT VISITS TO THE MINOR(S) JOHNNY, JOHNNISHA & EUNISHA BE AT DPSS DISCRETION;
19 ☐ THAT VISITS TO THE MINOR(S) _____ BE AS FOLLOWS:
20 ☐ MONITORED VISITS BY _____ AS ARRANGED BY DPSS
21 ☐ NO VISITS BY _____ PENDING FURTHER ORDER OF THE COURT;
- 22 ☒ NO VISITS BY PARENTS OR AUNT IF UNDER INFLUENCE.
23 ☒ THAT MOTHER AND FATHER BE ORDERED TO PARTICIPATE IN A PROGRAM
24 OF COUNSELING AS APPROVED BY DPSS. ☒ THAT COUNSELING BE WITH AGENCIES PROVIDING DRUG
25 ABUSE COUNSELLING, PARENTING COUNSELLING AND ABUSE COUNSELLING. ;
- 26 ☒ THAT PURSUANT TO SEC. 49077 ED.C. MINOR'S SCHOOL RECORDS BE DISCLOSED TO DPSS; FOR JOHNNY IE
- 27 ☐ THAT THE COURT ACCEPT JURISDICTION OF CASE NO. _____ FROM
28 _____ COUNTY, CALIFORNIA;
- 29 ☐ THAT, IF THE COURT FINDS THE MINOR'S RESIDENCE TO BE _____
30 COUNTY, THE ENTIRE CASE BE TRANSFERRED TO THE JUVENILE COURT OF SAID COUNTY,
31 WITH ALL FILES AND PAPERS CONTAINED THEREIN;
- 32 ☒ OTHER RECOMMENDATION: THAT CONSIDERATION OF MINORS' RETURN HOME TO PARENTS BE
33 GIVEN ONLY AFTER BOTH PARENTS HAVE SUCCESSFULLY COMPLETED ALL RECOMMENDED COUNSELLING
34 AND HAVE BEEN ABLE TO SHOW THAT THEY ARE CAPABLE OF ESTABLISHING AND MAINTAINING AN
35 APPROPRIATE HOUSEHOLD.
- 36 ☐ THAT PURSUANT TO SEC. 362 & 365 W.I.C. THE MINOR BE PLACED WITH THE DEPARTMENT
37 OF ADOPTIONS FOR ADOPTIVE PLANNING, AND THAT CDA PROVIDE ALL PLACEMENT SERVICES
38 AND SUBMIT ALL REQUIRED REPORTS; AND THAT THE MATTER BE CONTINUED TO THE
39 APPEARANCE CALENDAR OF _____ FOR JUDICIAL REVIEW/PERMANENCY PLANNING
40 HEARING AND REPORT FROM THE DEPARTMENT OF ADOPTIONS.
- 41 ☒ THAT THE MATTER BE CONTINUED TO THE
42 ☐ NONAPPEARANCE CALENDAR OF _____ IN DEPARTMENT _____ FOR REPORT
43 ☒ APPEARANCE CALENDAR OF 6-26-84 FOR JUDICIAL REVIEW/PERMANENCY
44 PLANNING HEARING AND REPORT FROM THE DPSS CHILDREN'S SERVICES WORKER.

1 ASSESSMENT:
2 PERSONAL HISTORY

3 PARENT	MARITAL STATUS	EDUCATION	EMPLOYMENT/INCOME	CRIMINAL HISTORY
4 EUNICE CAIN WHITE	MARRIED	TO 11th GRADE, SPECIAL EDUCATION.	SSI FOR SELF	ON PROBATION
5 JOHN WHITE	MARRIED	UNKNOWN	SSI	UNKNOWN

6 EUNICE CAIN, AGE 25, HAS DROPPED OUT OF SIGHT. SINCE THE TIME THAT HER CHILDREN WERE DE-
7 TAINED, HER WHEREABOUTS, AND THOSE OF MR. WHITE, HAVE BEEN UNKNOWN. A WEEK AGO IT WAS LEA-
8 SHE HAD BEEN BRIEFLY HOSPITALIZED AT CALIFORNIA HOSPITAL FOR A RESPIRATORY PROBLEM AND THE
9 WORKER CONTACTED HER THERE ON FRIDAY AFTERNOON, DECEMBER 21, TO MAKE ARRANGEMENTS TO
10 INTERVIEW HER EITHER THERE OR AT HER MOTHER'S HOME ON MONDAY MORNING, DEC. 24th. BY THE
11 MOTHER HAD DISAPPEARED AGAIN AND NO FAMILY MEMBERS HAVE ANY KNOWLEDGE OF HER WHEREABOUTS.
12 DPSS FEELS CERTAIN THAT MOTHER IS FULLY AWARE OF THE NEED TO HAVE CONTACT WITH INVESTIGA-
13 AND, ALONG WITH MR. WHITE, IS DELIBERATELY AVOIDING DPSS INVESTIGATION.

14 MOTHER'S FAMILY INFORMS THAT SHE IS THE 4th OF 7 SIBLINGS BORN TO MRS. JANE EDWARDS. SHE
15 ATTENDED SPECIAL CLASSES IN SCHOOL AND WENT TO THE 10th GRADE. MGM, MRS. EDWARDS STATED
16 THAT MRS. WHITE WAS NOT A PROBLEM DURING HER GROWING-UP YEARS. SHE MARRIED JOHN WHITE WHEN
17 SHE WAS 17 YEARS OLD, AND BORE JOHNNY LEE WHEN SHE WAS 18.

18 MGM STATES THAT MR. WHITE USED TO BEAT MRS. WHITE. THEY SEPARATED FOR A WHILE BECAUSE OF
19 THIS BUT ARE BACK TOGETHER NOW. GRANDMOTHER ALSO STATES THAT HER DAUGHTER DOES NOT READ
20 WRITE, AND SOMETIMES HAS DIFFICULTY MAKING APPROPRIATE DECISIONS. SHE ASKED FOR HELP FROM
21 REGIONAL CENTER IN HANDLING HER AFFAIRS OVER A YEAR AGO, AND THEN REJECTED THEIR ASSISTANCE
22 BECAUSE SHE FELT SHE FELT INTERRUPTED UPON AND FELT SHE WANTED TO HANDLE HER OWN LIFE HERSELF.
23 COPIES OF LETTERS FROM REGIONAL CENTER IN REGARD TO THEIR ATTEMPTS TO ASSIST MOTHER TO STABILIZE
24 HERSELF, AND HER REJECTION OF THEIR HELP ARE INCLUDED IN THIS PACKET. IT IS ALSO IMPORTANT
25 TO NOTE THAT MOTHER IS ALSO UNDER ORDER FROM THE CRIMINAL COURT SYSTEM TO ENGAGE IN DRUG
26 ABUSE COUNSELLING, AND HAS NOT FOLLOWED THROUGH.

27 MRS. EDWARDS HAS STATED SHE HAS HAD EUNICE AND THE CHILDREN WITH HER IN THE PAST FOR PRO-
28 LONGED PERIODS OF TIME. HOWEVER SHE SAYS THAT MOTHER REFUSES TO COOPERATE WHEN THERE, SHE
WITHDRAWS FROM EVERYTHING AND SABOTAGES GRANDMOTHER'S ATTEMPTS TO WORK WITH AND CARE FOR
THE CHILDREN. SHE ALSO REFUSES TO HAVE ANYTHING TO DO WITH SENDING THE OLDEST TO SCHOOL

LITTLE JOHNNY, AGE 7½, STATES HE WANTS TO REMAIN WITH HIS GRANDMOTHER, AND SO DOES
JOHNISHA, AGE 5½. HE LIKES HIS MOTHER BUT DOES NOT WANT TO LIVE WITH HER. HE SAYS HIS
MOTHER AND HIS FATHER HAVE BEEN "MEAN TO ME" IN THE PAST. THEY YELL AT ALL THREE OF THEM
HE SAYS, AND BOTH BEAT HIM WITH A BELT WHEN THEY GET MAD. THEY HIT THE TWO YOUNGER MINORS
WITH THEIR HANDS WHEN THEY GET MAD. JOHNNY SAYS THAT HIS PARENTS HIT THEM ON ANY PART OF
THE BODY THEY CAN REACH, OFTEN ON THE HEAD. HE SAYS HE DOES NOT UNDERSTAND WHY THEY GET
MAD ALL THE TIME. HE DOES NOT KNOW WHAT HE HAS DONE WRONG MOST OF THE TIME.

JOHNNY IS EMBARRASSED BY THE FACT THAT HE HAS MISSED NEARLY THE ENTIRE FIRST 1½ YEARS OF
EDUCATION. HE CANNOT READ AND WRITE YET.

BOTH JOHNNY AND JOHNISHA ARE BEDWETTERS.

BOTH SAY IT HAS BEEN VERY HARD FOR THEM IN THE PAST AND THEY ARE VERY GLAD TO BE WITH GR
MOTHER.

THE ABOVE INFORMATION HAS BEEN VERIFIED BY OTHER MATERNAL FAMILY MEMBERS.

1 **ASSESSMENT:**

2 **REASON FOR RECOMMENDATION - PROBLEMS, PROBABLE CAUSES, FAMILY STRENGTHS**

3 INDICATIONS ARE THAT MANY ATTEMPTS HAVE BEEN MADE IN THE PAST BY REGIONAL CENTER
4 PERSONNEL AND ALSO BY FAMILY MEMBERS TO HELP THIS FAMILY UPGRADE THE CARE OF THEMSELVES
5 AND THE MINORS, WITHOUT SUCCESS. BY THE TIME THE MINORS WERE DETAINED THE FAMILY WAS
6 LIVING IN A GARAGE WITHOUT UTILITIES UNDER THE MOST DEPRIVED OF CIRCUMSTANCES. THIS WAS
7 DESPITE AN EXTRAORDINARY AMOUNT OF INCOME COMING INTO THE HOME: BOTH PARENTS ON SSI,
8 AND AFDC FOR THE MINORS. INDICATIONS ARE THAT THE MONIES WERE SPENT ON DRUGS/ALCOHOL
9 BY THE PARENTS.

10 PROBLEMS, CAUSES: MOTHER HAS AN I.Q. of 61, AND IS GIVEN TO PERIODS OF DEPRESSION AND
11 TANTRUMS. DPSS HAS NOT BEEN ABLE TO LEARN WHY THE MINORS' FATHER RECEIVES SSI; HE IS
12 IS KNOWN TO HAVE ABUSED BOTH HIS WIFE AND HIS CHILDREN. BOTH PARENTS APPEAR UNABLE TO
13 ASSUME THE RESPONSIBILITY OF PARENTHOOD. BOTH SEEM NOT TO ACKNOWLEDGE THEIR PROBLEMS.

14 **FAMILY STRENGTHS:**

15 MINORS APPEAR TO BE SURVIVORS.

16 MATERNAL FAMILY MEMBERS CAN BE COUNTED ON TO PROVIDE CARE AND NURTURING FOR THE MINORS
17 AS LONG AS THE PARENTS DO NOT INTERVENE AND SABOTAGE THESE EFFORTS.

1 PREVIOUS REMEDIAL SERVICES

- 2 ☐ THIS FAMILY WAS UNKNOWN TO SERVICES AGENCIES PRIOR TO THE PETITION REQUEST
3 ☒ THIS FAMILY HAS RECEIVED SOCIAL SERVICES IN THE PAST FROM REGIONAL CENTER SERVICES.

4 PROVIDER	SERVICE	YEAR
5 REGIONAL CENTER	TRAINING IN BUDGETING AND MONEY MANAGEMENT, ASSISTANCE TOWARD DRUG ABUSE COUNSELLING	ALL OF 1984
6 DCS PROTECTIVE SERVICES	MOTHER IN STREETS EXIBTING BIZARRE BEHAVIOR, DRUG PROBLEMS, UNCOOP. W/ HEALTH WORKERS.	7/20/84

7
8 SERVICES WERE FOR CURRENTLY IDENTIFIED PROBLEMS ☒ YES ☐ NO

9 AS THE RESULT OF THE PETITION REQUEST, DPSS HAS PROVIDED THE FOLLOWING REMEDIAL
10 SERVICES BASED ON THE PROBLEMS IDENTIFIED IN THE REQUEST

11 PROBLEM	SERVICE/RESOURCE	DATE GIVEN/REFERRED
12 care/PROTECTION OF MINORS	MACLAREN	9-24-84
13 RELEASE OF MINORS TO REL. M ATERNAL GRMO., JANE EDWARDS		12-11-84

14
15
16
17
18 ☐ THE INITIAL SERVICES OFFERED HAVE BEEN EFFECTIVE IN PREVENTING OR
ELIMINATING THE NEED FOR OUT-OF-HOME PLACEMENT

19 ☒ THE INITIAL SERVICES OFFERED HAVE NOT BEEN EFFECTIVE IN PREVENTING OR
20 ELIMINATING THE NEED FOR OUT-OF-HOME PLACEMENT BECAUSE:

21 PARENTS REFUSE TO RESPOND TO DPSS EFFORTS TO INTERVIEW THEM.
22 THEY ALSO REFUSE TO RECOGNIZE THE PROBLEMS.
23
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1 PLAN FOR SERVICES:

2 THE SERVICES PLAN FOR THE FAMILY FOR THE NEXT PERIOD OF SUPERVISION WILL BE

- 3 ☐ FAMILY MAINTENANCE SERVICES
4 ☒ FAMILY REUNIFICATION SERVICES
5 ☐ PERMANENT PLACEMENT SERVICES

6 OBJECTIVES AND TIMETABLES

7 IF MOTHER AND FATHER HAVE NOT TAKEN CLEAR STEPS TO CHANGE THEIR LIFESTYLES AND
8 GOTTEN INVOLVED WITH ALL THE RECOMMENDED COUNSELLING BY THE END OF 6 MONTHS TIME, THIS
9 WORKER RECOMMENDS THAT PERMANENT PLANNING FOR THE MINORS BEGIN.

10 PROPOSED SERVICES ACTIVITIES

11 CSW WILL

12 ASSIST PARENTS TOWARD WHATEVER COUNSELLING HAS BEEN RECOMMENDED.

13 MAINTAIN MONTHLY CONTACT WITH MINORS IN HOME OF MATERNAL GRANDMOTHER.

14 IF PARENTS ENTER COUNSELLING, WORKER WILL MAINTAIN MONTHLY CONTACT BY PHONE WITH
15 ALL COUNSELLORS IN REGARD TO PARENTS' ATTENDANCE AND PROGRESS IN THE PROGRAMS.

16 GSW WILL INSURE THAT PARENTS DO NOT SABOTAGE GRANDMOTHER'S CARE OF THE MINORS IN AN
17 WAY.

18 PARENTS WILL

19 COMPLY WITH ALL COURT ORDERS FOR COUNSELLING, AND WILL ENROLL IMMEDIATELY.

20 WILL NOT VISIT MINORS IF UNDER THE INFLUENCE, AND VISIT ONLY AS APPROVED AND SET UP
21 WITH MRS. EDWARDS BEFOREHAND.

22 REFRAIN FROM ANY AND ALL ILLEGAL DRUG/ALCOHOL ABUSE.

23 OTHER PARTIES (i.e. CARETAKER, MINOR) WILL

24 GRANDMOTHER WILL MAINTAIN CONTACT AS NECESSARY WITH CSW AND WILL INFORM CSW OF ANY
25 CHANGES OR PROBLEMS THAT MAY ARISE IN REGARD TO THE MINORS.

1 COMPLETE THIS PAGE FOR MINOR(S) IN PLACEMENT

2 PERMANENCY PLANNING:

3 ☐ THERE IS A LIKELIHOOD OF FAMILY REUNIFICATION WITHIN THE NEXT SIX MONTHS
4 FOR MINOR(S) _____

5 ☒ THERE IS NO LIKELIHOOD OF FAMILY REUNIFICATION WITHIN THE NEXT SIX MONTHS
6 FOR MINOR(S) JOHNNY LEE, JOHNNISHA AND EUNISHA, BUT REUNIFICATION
7 IS EXPECTED BY 1 YEAR IF AT ALL.

8 DCS SHOULD KNOW WITHIN SIX MONTHS TIME WHETHER PARENTS PLAN TO COOPERATE WITH COURT
9 ☐ THERE IS NO LIKELIHOOD OF FAMILY REUNIFICATION FOR MINOR(S) _____ ORDERS.

10 ☐ MINOR(S) _____ WILL BE REFERRED FOR ADOPTIVE PLANNING

11 ☐ MINOR(S) _____ WILL BE EMANCIPATED OR REACH ADULTHOOD
12 WITHIN THE NEXT 12 MONTHS

13 ☐ OTHER LONG TERM PLAN:

14 PLACEMENT PLANNING.

15 TYPE OF HOME OR FACILITY IN WHICH MINOR IS TO BE PLACED

16 SPECIFIC PROBLEM FOR WHICH GROUP HOME PLACEMENT IS REQUIRED

17 SPECIFIC GROUP HOME TREATMENT PROGRAM WHICH WILL MEET MINOR'S NEEDS

18 IF PLACEMENT IS TO BE OUT OF COUNTY, OUT OF STATE, OR IN A HOME CERTIFIED
19 PENDING LICENSE, STATE REASONS FOR THIS PLACEMENT

1 STATEMENTS OF PARENT(S), MINOR(S), INTERESTED PARTIES:

2
3 MOTHER, EUNICE CAIN WHITE, AGREED TO BE INTERVIEWED, BUT FAILED TO APPEAR. FAMILY
4 MEMBERS INDICATE THAT BOTH PARENTS SEEM UNABLE TO ACCEPT THAT THEY HAVE DONE ANYTHING
INAPPROPRIATE.

5 MGM JANE EDWARDS HAS BEEN QUOTED IN THE ASSESSMENT SECTION OF THIS REPORT.
6 GREAT MATERNAL GRANDMOTHER, NORA WEST, AND MRS. EDWARDS BOTH STATE THAT THEY TRIED TO
7 PERSUADE THE WHITES TO TURN THE MINORS OVER TO THEM TO CARE FOR SO THAT THEY (THE PAR-
ENTS) COULD GET THE KIND OF HELP THEY NEEDED, PRIOR TO THE DATE OF THE MINORS' DETENTION,
BUT THE PARENTS CONTINUED TO REFUSE.

8 MINOR, JOHNNY LEE WHITE, 7 $\frac{1}{2}$, HAS BEEN QUOTED IN THE ASSESSMENT SECTION. HE IS IN GRADE
9 2 AT ASCOT ELEMENTARY SCHOOL AND IS WORRIED ABOUT THE FACT HE HAS MISSED MOST PRIOR SCHOOL
AND HAS NOT LEARNED TO READ AND WRITE. HE IS HAPPY TO BE WITH GRANDMOTHER AND HE AND HIS
10 SIBLINGS WANT TO STAY THERE

11 MARILYN HOLT, CLIENT PROGRAM COORDINATOR FOR SO. CENTRAL REGIONAL CENTER, 734-1884,
12 TELLS OF MOTHER'S REJECTION OF VERY BROAD ASSISTANCE OVER THE PAST YEAR. LETTER COPIES
FROM HER HAVE BEEN INCLUDED WITH THIS REPORT.

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17 RESPECTFULLY SUBMITTED,
18 EDDY S. TANAKA, DIRECTOR
DEPARTMENT OF PUBLIC SOCIAL SERVICES

THE FOREGOING RECOMMENDATION IS
APPROVED AND IT IS SO ORDERED

19
20 BY Mary Jane Jones
21 MARY JANE JONES, CSW, I485
22 DCS-DEPENDENCY INVESTIGATION
23 2707 SOUTH GRAND AVENUE
LOS ANGELES, CALIFORNIA 90007
TELEPHONE: (213)744-4905

DATE

24
25
26 APPROVED BY Ramona M. Rombach (U.S.S.)
27 RAMONA M. ROMBACH, SCSW
28 TELEPHONE: 744-4901

JUDGE OR REFEREE

EXHIBIT 143

EXHIBIT 143

6/6/00

Maxine....David...Here's a report for Donte Johnson, as well as my billing. I have forwarded the report to Dr. Matthews, and hope to talk with him this morning.

Maxine...thank you for all your help while I was in Las Vegas. It was a pleasure working with you. Good luck at trial.

A handwritten signature in cursive script, appearing to read "Cynthia Lynn". The signature is written in dark ink and is positioned in the center-right of the page.

MYLA H. YOUNG, Ph.D., ABPN

Diplomate - American Board of Professional Neuropsychology
PSY 11916

CONFIDENTIAL NEUROPSYCHOLOGICAL EVALUATION

Name: Donte Johnson

Date of Birth: [REDACTED]

Dates of Evaluation: 6/3/00; 6/4/00

Age at time of Evaluation: 23 years 7 days

Education: Completed 8th grade

Handedness: Right

REASON FOR REFERRAL

Donte Johnson (Dante) was referred for Neuropsychological evaluation by his defense attorney David Figler, Attorney at Law. Reason for referral was provide description of Donte's intellectual, academic, Neuropsychological, and emotional functioning.

DOCUMENTS REVIEWED

Juvenile Offense Records

Victims Statements

Youth Authority Records

Confinement Statements

Juvenile Probation Records

Superior Court of California -- Statement of Charges

School Records

Psychiatric Evaluation

Social History

Adult Offense Records

Life History Chronology

CONFIDENTIALITY

While Investigator, Maxine Miller, was in attendance, limits to confidentiality were explained to Donte. He indicated his understanding of these limitations, and willingly agreed to evaluation.

CURRENT OFFENSE

Donte is a 23 year old African American male who is currently housed at Clark County Detention Center, Las Vegas, Nevada, on charges of murder, kidnap, and robbery. In this offense, four individuals were found with their hands and feet bound behind their backs, and shot in the back of the head.

PRIOR ADULT OFFENSE

This the only adult offense for which Donte Johnson has been charged.

JUVENILE OFFENSE RECORD

Donte became a gang member when he was 14 years old. His first juvenile offense occurred when he was 15 years old, and was for Armed Robbery for which he served time in Camp Community Placement (Camp Kilpatrick). His second juvenile offense occurred when he was 16 years old, and was for having a Weapon (Gun) on School Grounds. His third juvenile offense also occurred when he was 16 years old and was for Reckless Driving and Taking a Motor Vehicle.

BACKGROUND INFORMATION

Donte Johnson is a 23 year old African American male. He is the first child born to his mother (Eunice Cain) and father (John Lee White, Sr.). His mother was 18 years old at his birth. Donte's birth is described as without complication. He weighed 7 lbs 11 oz.

Donte's mother has a long history of severe, chronic polysubstance abuse. Although I have not reviewed documents which confirm, there is indication that she is currently diagnosed as Mentally Retarded. Although she is known to have a long history of polysubstance abuse, Donte's mother denies using drugs and/or alcohol during her pregnancy with Donte. Donte's first 7-8 years of life are characterized by severe neglect, witnessing severe persistent violence between his parents, and suspected physical abuse. Following one particularly violent incident between his parents, Donte and his sisters were left alone for an extended period of time. Police went to the place (described as a shack behind his grandparents home) they were living and found the home to have furniture stacked all around, no place to sit or sleep, no running water, a bucket which was used for a toilet, a single hot plate for food preparation, and electricity supplied by extension cords going from a second residence ((Grandmother's home) to the place where Donte was living. Donte was 7 years old at the time. He and his siblings were removed from the parents and placed in Foster Care. Approximately 6 months later, Donte's maternal grandparents (Jane and Samuel Edwards) obtained custody and provided care as foster parents. Donte remained in his grandparents' home until he was 16 years old. His mother apparently visited the home sporadically. The purpose of the mother's visits was not clear, but there is reason to believe that these visits were predominantly to obtain money from the grandparents. Although the grandparents apparently made substantial efforts to provide a stable home for Donte, the neighborhood they lived in was plagued with gang activity and ensuing violence and drug traffic. Donte reported was "jumped" into gang activity (62 Brim) when he was 14 years old.

DRUG HISTORY

Dante reports that he started using Marijuana when he was 13 years old. Marijuana is the only drug use reported.

PROCEDURES COMPLETED

Interview with Donte Johnson

Test Taking Attitude
15 Item Test

Test of Malingering Memory (TOMM)

Intellectual Functioning

Wechsler Adult Intelligence Scale III (WAIS-III)

Test of Nonverbal Intelligence (TONI3)

Academic Functioning

Wide Range Achievement Test (WRAT3)

Reading

Spelling

Arithmetic

Neuropsychological Functioning

Motor Functioning

Finger Tapping

Grooved Pegboard

Attention and Concentration

Conners' Continuous Performance Test (CPT)

Trail Making A and B

Seashore Rhythm Test

Stroop Color-Word Test

Memory and Learning

California Verbal Learning Test (CVLT)

Trials

Immediate Recall

Cued Immediate Recall

Delayed Recall

Cued Delayed Recall

Recognition

Wechsler Memory Scale (WMS-R)

Logical Memory I

Logical Memory II

Rey Complex Figure Test

Immediate Recall

Delayed Recall

Recognition

Language

Aphasia Test

WRAT3

WAIS-III Verbal Comprehension

Psychomotor

Rey Complex Figure Copy Trial

WAIS-III Perceptual Organization

Executive Functioning
Wisconsin Card Sorting Test
Category Test

Emotional Functioning
Rorschach Test

RESULTS OF TESTING

Test Taking Attitude: Donte's attitude towards testing was evaluated using the 15 Item Test, the TOMM, evaluation of the consistency of his test performance both within and across tests, and behavioral observations. All indications are that Donte was cooperating with this evaluation, was expending his best effort to complete tests to the best of his ability, and that this evaluation is a valid representation of Donte's functioning.

Intellectual Functioning: Donte's intellectual functioning was evaluated using the WAIS-III, and the less culturally affected test of nonverbal intelligence, TONI3. His performance on the WAIS-III demonstrates intellectual functioning in the Borderline-Low Average Range (FIQ=80 - 9th%ile) (VIQ=79 - 8th%ile; PIQ=85 - 16%ile). Donte's performance on the TONI3 was even lower, and in the Borderline Range (FIQ=73 - 4th%ile).

It is important to note that although Donte's performance on information which requires simple visual perception was quite good (Picture Completion SS=13), his performance on WAIS-III tasks which require complex visual perception was significantly impaired (Block Design SS=4), raising concern for possible brain damage associated with the right brain hemisphere.

Academic Functioning: Donte's academic functioning was evaluated using the WRAT3. His performance on this test demonstrates Reading Recognition at the 8th grade level, Spelling at the 12th grade level, but Arithmetic at the 4th grade level. This pattern further supports concerns for impaired right hemisphere brain functioning.

Neuropsychological Functioning: Donte's neuropsychological functioning was evaluated using a series of tests selected to evaluate his motor, attention, memory, language, psychomotor, and executive functioning. Specifics of his Neuropsychological function are as follows:

Motor: Donte's sustained fine motor functioning was evaluated using the Finger Tapping and Grooved Pegboard Test. Although his dominant (right) hand performance was generally within normal ranges, his non-dominant (left) hand performance on both these tests was mildly impaired, providing further suggestion of impaired right hemisphere brain functioning.

Attention: Donte's attention and concentration were evaluated using Trail Making Test, Stroop Color Test, Conners' Continuous Performance Test, and Seashore Rhythm Test. His performance on Trail Making A, Trail Making B, and Stroop Color, Word, and Color-Word was mildly impaired. His performance on Seashore Rhythm was within normal ranges. His overall performance on CPT was within normal ranges, with the exception of impaired ability to alter the rate of his responding when the rate of stimuli presentation changed. This suggests that although Attention Deficit Disorder would not be a primary target of treatment for Donte, attention deficit would interfere with his functioning. His responses suggest a level of impulsivity such that Donte would have difficulty consistently sustaining his attention, and would have difficulty responding to cues in the environment when those cues changed without prior warning.

Memory and Concentration: Donte's memory and concentration were evaluated using CVLT, WMS, and Rey Complex Figure Immediate and Delayed Recall. His performance across all tests of memory was impaired, including both auditory and visual recall of information. Of particular relevance, Donte's recall of visually presented information was severely impaired (Rey Complex Figure Recall = <1%ile).

Language: Donte's language was evaluated using the Aphasia Test, WAIS-III Verbal Comprehension Index, and WRAT3 Reading and Spelling Test. His performance on language measures was a relative strength. It is important to note that although Donte's performance on WRAT3 Reading (8th grade equivalent) and Spelling (HS grade equivalent) was consistent, or better than, his educational experience, his performance of WRAT3 Arithmetic was significantly impaired, and at a 4th grade equivalent.

Psychomotor Functioning: Donte's Psychomotor functioning was evaluated using the Rey Complex Figure. His performance on this measure was severely impaired (Rey Copy=<1%ile). This impaired performance, combined with his impaired performance on WAIS-III subtests which require complex visual-perceptual-motor abilities, provides further support for impaired right brain hemisphere.

Executive Functioning: Donte's ability to think, reason, and problem solve was evaluated using the Wisconsin Card Sorting Test and Category Test. His performance on Wisconsin Card Sorting Test was, overall, within normal ranges. It is important to note, however, that Donte's initial performance on this tests was impaired. The process of his functioning was such that it took him a significantly long time to initially problem solve. Once he figured out what was needed, however, his performance was within normal ranges. Donte's performance on Category Test was mildly impaired. This suggests that, when faced with a new situation, Donte would be impaired in his ability to figure out what is going on, evaluate alternative ways of dealing with the problem, and select the most effective solution.

Emotional Functioning: Donte's emotional functioning was evaluated using the Rorschach Test. His response to this test is a valid representation of Donte's emotional functioning.

Donte's Rorschach responses are important both for what they do, and what they do not, suggest. His responses do not suggest that Donte experiences a major mental disorder (psychosis or depression). His responses also do not suggest that his personality is characterized by either Narcissistic or Borderline features. And his Rorschach responses do not include those which are significantly provided by individuals who are Psychopathic.

Donte's Rorschach responses do, however, provide understanding of his functioning. His responses suggest that although Donte does not grossly distort reality, he predominantly "misperceives" reality. Donte's misperceptions would lead him to misinterpret events, likely resulting in unexpected behaviors which would not make sense to others, and which even Donte may later question as to why. His responses also suggest that Donte's perception of himself is predominantly characterized by feelings of inadequacy, damage, a sense of failure, and pervasive sadness which is both current and long-standing. This type of responding is seen in the records of children who, like Donte, have histories of abuse. Although Donte's outward presentation may appear to be one of self assuredness, his Rorschach responses suggest that underneath that façade is a sad, immature, "damaged" sense of self.

SUMMARY

In summary, Donte Johnson is a 23 year old African American man who is currently awaiting trial on four charges of murder, kidnap, and robbery. Description of his intellectual, academic, neuropsychological, and emotional functioning was requested by his defense counsel for use in preparing legal defense.

Donte's intellectual functioning is most representatively in the Borderline-Low Average Range. His Reading and Spelling are academic strengths (8th and 12th grades respectively), but Arithmetic is a significant weakness for Donte (4th Grade). His performance across Neuropsychological functioning demonstrates mildly impaired non-dominant hand motor functioning, mildly impaired attention and concentration, moderate-severely impaired memory--particularly for information presented visually--and mildly impaired executive functioning. This pattern of performance indicates limited intellectual ability, with accompanying impaired ability to process information in the right brain hemisphere.

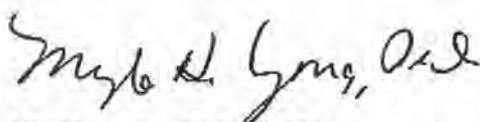
Individuals who experience right hemisphere brain impairments are vulnerable to a number of behavioral difficulties. They cannot simultaneously consider a whole situation, but rather focus on small, often irrelevant details. Consequently, when they find themselves in a new or complex situation, they act in unexpected and seemingly irrational ways. Their focus on one detail, at the expense of the whole situation, leads them to draw wrong conclusions about what is occurring, consequently acting in wrong ways. Individuals who experience right hemisphere brain impairments are also vulnerable to impulsive acts, acting before thinking. Although they are often able to "look back" on their behaviors and understand their errors or think of alternate ways of responding, when in the situation they act first, without being able to "think through" the situation. Individuals who experience right hemisphere brain impairments also are

unable to detect normal "social cues" that others easily and without thinking just "know." Consequently these individuals often act in ways that are considered "odd" to others. They frequently "misread" social cues, drawing conclusions about others actions which are wrong. To make things even worse for the individual who experiences right hemisphere brain impairment, their strength—their language ability—often works against them. Because these individuals have language skills that are significantly better than their non-verbal skills, their language "masks" the fact that they experience brain impairment, and consequently act in ways which they cannot control. As children, these individuals are often seen as "behavior problems" or as "emotionally disturbed" and often isolated by their peers. As adults, they are seen as "odd", unpredictable, and impulsive.

In working with Donte Johnson, his performance on testing strongly indicates right hemisphere brain impairment. Additionally, for Donte, he experiences an additional burden—his overall intellectual functioning is significantly lower than that of most individuals, and is in the Borderline-Low Average Range. Right hemisphere brain impairment, for Donte, would present an additional burden to his already compromised brain functioning.

Reason for Donte's brain impairments are not known. The pattern of his performance, however, is often demonstrated by children who are prenatally exposed to drugs, and the drug of exposure is other than alcohol. Although Donte's mother denies drug use during pregnancy, her history of chronic, severe polysubstance abuse, combined with Donte's performance on Neuropsychological testing suggests that prenatal drug exposure is a distinct possibility.

Although Donte demonstrates limited intellectual ability and specific brain impairment, it is important to re-emphasize that his response to testing does not suggest that he experiences a major mental disorder or a personality disorder characterized by either Narcissistic or Borderline features.



Mia H. Young, Ph.D., ABPN
Clinical Neuropsychology

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MYLA H. YOUNG, Ph.D., ABPN**Diplomate - American Board of Professional Neuropsychology
PSY 11916**

June 6, 2000

David Figler, Attorney at Law
Office of the Special Public Defender
Clark County Nevada
309 South Third Street, 4th Floor
P. O. Box 552316
Las Vegas, NV 89155-2316

Reference: **Donte Johnson**

For Professional Services:

Date of Service	Service Provided	Hours/Hourly Fee	Fee
6/3/00	Travel & Document Review	4 hours/\$100.00/hr	\$400.00
6/3/00	Neuropsychological Evaluation	6.5 hrs/\$250.00/hr	1625.00
6/3/00	Data Score & Interpretation	4.0 hrs/\$250.00/hr	1000.00
6/3/00	Consultation-Attorneys	3.0 hrs/\$250.00/hr	750.00
6/4/00	Data Score & Interpretation	1.0 hrs/\$250.00/hr	250.00
6/4/00	Travel & Report Writing	4.0 hrs/\$100.00/hr	400.00
6/5/00	Report	3.0 hrs/\$250.00/hr	750.00
6/6/00	Consultation - Dr. Matthews	.5 hrs/\$250.00/hr	125.00
Total Fee			\$5300.00

Please remit to:
Myla H. Young, Ph.D., ABPN
350 St. Augustine Court
Benicia, CA 94510
(650) 301-1638

Tax ID: 261 68 8619

EXHIBIT 144

EXHIBIT 144



Contemporary Living Center

A Psychological Corporation

3761 Stocker Street, Suite 208 Los Angeles, California 90007

(213) 290-3300

FRANK T. PRICE

PSYCHOLOGICAL EVALUATION

Name: Eunice Cain
D.O.B.: [REDACTED]

Evaluator: Frank T. Price, Ph.D.
Evaluated: 4-25-88

Identifying Information

The client is a 28 year-old female who was referred for psychological evaluation to help determine the client's current levels of cognitive and social functioning.

Background Information

The client was previously evaluated but the results of that evaluation are not known. The client reports that she uses rock cocaine on an infrequent basis although she is attempting to stop. In the past, she used Phencyclidine (PCP). Her drug usage resulted in her losing custody of her 3 children who currently reside with the client's mother, Mrs. Jane Edwards. The removal of her children occurred after authorities found that she and her children were living under unsanitary conditions. Her drug usage then became known.

The client states that she has a large number of friends but that she does not spend much time with them. It is reported that the client spends much of her time watching television and being with her children. Currently, the client does not work, attend school or a workshop program. She was previously involved in a workshop program but was terminated because of irregular attendance. The client currently is described as having asthma and arthritis. She does not currently receive any psychotropic medications.

The client currently resides in an apartment alone and receives SSI benefits. She states that she cashes her own check, pays her rent, buys and cooks her food and cleans her apartment and clothes.

Re: Eunice Cain/D.O.B. 8-5-59/Evaluated 4-25-88

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Evaluation Procedures

Clinical Interview

Wechsler Adult Intelligence Scale-Revised (WAIS-R)

Wide Range Achievement Test-Revised (WRAT-R)

Bender Motor Gestalt Test

Vineland Social Maturity Scale

Draw-A-Person Test (DAP)

Behavioral Observations

The client, who is ambulatory, was cooperative during the evaluation session. She appeared to be motivated and attended well to the various tasks she was performing. The client appeared to have adaptive use of her hands and appeared to have adequate vision to complete required tasks. The client spoke in complete sentences. Her verbalizations were distinct and generally could be easily understood by this evaluator. The client was able to correctly provide the current date, her current age and the date of her birth. On the WRAT-R, the client was able to identify all of the letters of the alphabet and was able to read some basic words.

Test Results

On the WAIS-R, the client obtained a full scale IQ score of 60, based on a verbal IQ score of 66 and a performance IQ score of 58. The client's scaled subtest score were:

<u>Verbal</u>		<u>Performance</u>	
Information	4	Picture Completion	3
Digit Span	5	Picture Arrangement	4
Vocabulary	3	Block Design	3
Arithmetic	4	Object Assembly	1
Comprehension	3	Digit Symbol	2
Similarities	4		

On the WRAT-R, the client obtained a reading grade level equivalent score of below grade 3 and an arithmetic grade level equivalent score of 3B (beginning of grade 3).

The client's performance on the Bender was characterized by distortions and major difficulties with angulations. Consequently, based on this evaluation procedure, it appears that the client currently experiences perceptual-motor difficulties.

On the Vineland, using the client as the informant, the client obtained an age-equivalent score of 11.7 years. The client buys her own clothing, performs responsible routine chores, makes telephone calls and goes about her

Re: Eunice Cain/D.O.B. 8-5-59/Evaluated 4-25-88

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home town freely. The client does not, however, tell time to the quarter hour, read on her own initiative or perform simple creative work.

The DAP produced a drawing of a human figure with low levels of bodily and sexual differentiation.

Diagnostic Impressions

Mild mental retardation.

Summary and Recommendations

The client, a 28 year-old female, appears to currently fall within the mild mental retardation range of intellectual functioning. This diagnostic impression includes a consideration of the client's overall levels of cognitive, academic, self-help and perceptual-motor skills.

It is recommended that the client should continue residing in her present home. It is further recommended that the client should continue involvement in a workshop and vocational training program which emphasizes the acquisition of basic vocational, social, communication and self-help skills. The client might also benefit from involvement in counseling and a substance abuse program.

Frank T. Price, Ph.D.
FRANK T. PRICE, Ph.D.
Licensed Psychologist

FTP:els

EXHIBIT 145

EXHIBIT 145

DEPARTMENT OF THE YOUTH AUTHORITY

SOUTHERN RECEPTION CENTER AND CLINIC

13200 SOUTH BLOOMFIELD AVENUE
NORWALK, CA 90650

(310) 868-9979

AMENABILITY DETERMINATION

Judge: Honorable Richard Neidorf

Defendant: WHITE, John Lee

DOB: [REDACTED]

Court No.: SA01438

DP#: 4787

REASON FOR REFERRAL

John Lee White was referred by the Superior Court, County of Los Angeles, on September 17, 1993, for an evaluation and report concerning his amenability to the training and treatment offered by the Youth Authority. (Section 707.2, Welfare and Institution Code).

PROCEDURE

This report has been prepared after study of the defendant by members of an interdisciplinary team and review of the following documents:

Court Referral dated: September 17, 1993.
Probation Report dated: August 26, 1993.

Key participants in this process then shared the results of their evaluations through a staffing. The amenability determination contained in this report is the Youth Authority's finding concerning whether the defendant can be materially benefited by training and treatment that may be provided by the Department.

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AMENABILITY DETERMINATION FINDINGS (Cont'd)
WHITE, John Lee, D4787

Findings concerning amenability are based on the guidelines contained in Title 15, California Administrative Code 4157 and 4168, as follows:

1. A person is amenable when there is a reasonable possibility that his likelihood to commit criminal behavior can be significantly reduced or eliminated within the confinement time and jurisdiction time available. These questions are considered when making this judgment: (a) does that person have the capacity to change, and (b) is the person's criminal behavior so firmly established that there is little likelihood that it can be changed by commitment to the Youth Authority.
2. A person is amenable when there is a reasonable possibility that his criminal behavior would be exacerbated more by the other disposition alternatives available to the court when compared with the likely outcome if committed to the Youth Authority.

EVALUATION

John Lee White has been referred to the California Youth Authority from Los Angeles County Superior Court for a diagnostic evaluation to determine his amenability to treatment and training services provided by the California Youth Authority. The defendant has pled guilty to the charge of second degree robbery/principal armed with a shotgun. According to the probation/police report, the defendant participated in a fairly sophisticated bank robbery. Apparently, the robbery was pre-arranged by an older fellow gang member who supplied the defendant and his co-offenders with a rented getaway vehicle and a weapon. The defendant claims he participated in the bank robbery because he was afraid he would be labeled a "coward" if he had refused to go along with the plans to commit the robbery with his co-offenders. The offense was a very serious act that could have resulted in serious injuries or death to numerous victims. Nevertheless, the defendant has expressed a willingness to change his anti-social behavior, which suggests he would be tractable.

AMENABILITY DETERMINATION FINDINGS (Cont'd)
WHITE, John Lee, D4787

The suggestion of tractability is supported by the clinical team. The defendant is assessed as a young man of average intelligence who accepts his role in the instant offense. The defendant has expressed a willingness to change and shows some limited insight into his behavior. He does not appear to be totally entrenched in his anti-social behavior and value system. He displays some motivation to change in overcoming his delinquent behavior. The prognosis for the defendant appears to be guarded, but, with extensive counseling and training, it may improve to favorable.

According to Dr. Harold H. Kates, MD., Staff Psychiatrist, "In summary, although the minor's past history is inconsistent with interest in educational or vocational pursuits, he may, at this time, benefit from educational and vocational programs at the Youth Authority, as well as avoiding the negative influence of older, hardcore criminals in an alternate facility at this juncture."

According to Diane Lubeck, LCSW, Parole Agent I, "Given the current Superior Court charges, California Youth Authority jurisdiction over John's case would extend to age twenty-five. John appears to be capable of materially benefiting from California Youth Authority programs of continuing education, counseling, and participation in work experience/vocational training. Commitment to the California Youth Authority, as opposed to housing in the California Youth Authority pursuant to Section 1731.5(c) WIC, would require John to appear before the Youthful Offender Parole Board on an annual basis to assess his progress in program and to assess his readiness for parole. Sufficient time remains in the jurisdiction and confinement time available to effect needed attitudinal and behavioral changes."

The unit staff reports that the defendant has made a satisfactory adjustment to the living unit program. The defendant has been observed as getting along well with staff and other youths and experiencing no significant problems following and understanding instructions. The defendant is viewed as being somewhat immature, impressionable, impulsive, and a follower.

It is the impression of the clinical team that the defendant has the mental and physical capacity to benefit from rehabilitation. The defendant has displayed some remorse for his anti-social behavior, and it is felt that he has some motivation to change. The prognosis appears to be favorable, if treatment is provided.

It is concluded that there is a reasonable possibility that the defendant's likelihood to commit criminal behavior can be significantly reduced or eliminated within the confinement time and jurisdiction time available.

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AMENABILITY DETERMINATION FINDINGS (Cont'd)
WHITE, John Lee, D4787

The defendant has been described as an impulsive, impressionable, immature, and easily manipulated young man who would be vulnerable to the influences of older and more criminally sophisticated, as well as aggressive, individuals.

In view of the above, there is a reasonable possibility that the defendant's criminal behavior would be exacerbated more by the other disposition alternatives available to the court.

FINDING

John Lee White is amenable to the treatment and training offered by the California Youth Authority.

Date: December 28, 1993

For the Youth Authority:


Joe Kraics, LCSW
Supervising Casework Specialist I

jar

INTRODUCTION

John Lee White is a sixteen year-old African-American male convicted in Los Angeles County Superior Court of charges of second degree robbery/principal armed with a shotgun. John is an unfit juvenile. He has been referred to the California Youth Authority for a diagnostic evaluation to determine his amenability to training and treatment services offered by the California Youth Authority.

According to the accompanying probation report, John and three co-offenders entered the Sanfed Bank and committed an armed robbery.

John has a prior record of arrests for armed robbery, possession of a weapon on school grounds, and unlawful taking of a motor vehicle. He has had the benefit of probation supervision in the community and one previous commitment to junior probation camp. John is an admitted gang member (62 Brim Bloods Gang). John became a gang member at age fourteen. His moniker is "Deko." John's gang activity has interfered with his ability to attend school on a regular basis. He has become increasingly dependent on his gang for most of his social activities. According to John, the bank robbery was arranged by an older fellow gang member who supplied the boys with a rented getaway vehicle and a weapon. John stated he committed the bank robbery even though he knew it was wrong because he did not want to get a "jacket" as a coward with the other gang members. Her also stated that, if he had declined to go along with the plan to rob the bank, he would have been punished by his fellow gang members.

John's previous performance on a grant of juvenile probation was considered marginal to unsatisfactory, noting that he was not attending school, continued to have contact with law enforcement, and was out of control at home.

John does not appear to have benefited from efforts on his behalf by the courts and the probation department.

SOCIAL HISTORY

FAMILY BACKGROUND

John is one of three children born to his mother. John's natural parents were never married and John's natural father, Michael Walton, is deceased. John stated he last saw his natural father when he was six years old. John and his two sisters (ages fourteen and nine) have resided with his maternal grandmother and grandfather for most of their lives. According to John, his mother is a cocaine addict who cannot care for herself or her children and who has a history of arrests. John's grandmother has stated that she cannot control John at home, noting that he is difficult and

WHITE, John Lee

D4787

SRCC

SOCIAL HISTORY

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uncooperative and that he will not attend school. John's grandmother is aware that John is a gang member, although she cannot confirm or deny that he used narcotics. (John admitted that he used marijuana on a daily basis.) John denied a history of abuse or neglect in his grandparents' home. He believes his grandmother will allow him to return to her home when he is referred to parole. However, John stated that his grandparents are not visiting him during the time he is incarcerated and he doubts he will have any contact with them throughout his custody time.

PEER ASSOCIATES

John has admitted to membership in the "62 Brims (Bloods) Gang." He has been a gang member since age fourteen. John is heavily dependent upon his gang. His gang has become a sort of extended family. John's loyalty to his gang exceeds his obligation to obey the law or to abide by his grandparents' efforts to supervise or structure his behavior. In the instant offense, John would rather have risked death or jail than to have appeared cowardly to his fellow gang members.

COMMUNITY BACKGROUND

Records reflect that John was born and raised in Los Angeles, California. His grandparents live in an inner-city neighborhood noted for high rates of crime, gang activity, and drug trafficking.

ACADEMIC EDUCATION

Probation records indicate that John last completed the ninth grade. John admitted to chronic truancy. He claimed that pressure from rival gang members have interfered with his ability to attend school on a regular basis. John's grandmother has indicated that John refused to attend school.

Academic testing at the Southern Reception Center and Clinic reveals that John is reading at the 6.4 grade-level, performing math at the 4.7 grade-level, and understanding language at the 3.3 grade-level, for an overall total battery for basic academic skills equivalent to a 4.9 grade-level.

John denied he has ever been a special education student. Apparently, his poor academic showing is the result of infrequent attendance in a regular school program.

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VOCATIONAL EDUCATION/WORK EXPERIENCE

John's only work experience has been selling candy. He has yet to set vocational goals for himself. His response to the vocational interest and aptitude assessment reveals an interest in mechanics. In whatever program John is eventually placed, he would benefit from participation in work experience/vocational training and employability skills training.

ALCOHOL/DRUG USE AND ABUSE

John admitted to the use of marijuana on a daily basis. Probation records also indicate that John drank alcohol occasionally. John stated he believes he was able to conceal his drug use from his grandmother by using eye drops so she would not observe his eyes being red. He denied he was under the influence of drugs or alcohol when he committed the instant offense.

CORRECTIONAL EXPERIENCE

John was initially arrested on February 20, 1992 by the Los Angeles Police Department on charges of armed robbery. The petition was sustained on February 20, 1992 and John was ordered to the probation department's camp community placement program. According to John, he spent seven months in Camp Kilpatrick. Probation records indicate that John performed satisfactorily in the camp community placement program. However, once he was released back into the community, John was not attending school; he continued to have contacts with law enforcement; he continued to associate with gang members; and he continued to defy his grandparents' efforts to supervise him.

On January 4, 1993, John was arrested by the Los Angeles Police Department and charged with being in possession of a weapon on school grounds. John claimed this was a case of mistaken identity and that he was not in possession of a weapon.

On April 10, 1993, John was arrested and charged with reckless driving and unlawful taking of a motor vehicle. John's story is that a friend of his let him drive a stolen car. John denied he knew the vehicle was stolen.

WHITE, John Lee

D4787

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SOCIAL HISTORY

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From the records, it appears that John's criminal activity is increasing in frequency and severity. Camp community placement and home on probation have proven ineffective in modifying his behavior. The instant offense is extremely serious. The victims were severely traumatized and it is a matter of pure luck that no one was injured. John does not appear to have any guilt, concern, or remorse regarding his behavior. In fact, he claimed that, although he knew robbing banks was wrong, he did not consider it serious.

SELF PERCEPTIONS

John does not regard himself as a danger to the community. He does not believe he is as seriously delinquent as his record would indicate. According to John, he did not believe participating in a bank robbery was a "serious" crime and, furthermore, he believed he and his co-offenders would be successful in getting away. He related that he went along with the robbery because he did not want the other gang members to think he was a coward. He acknowledged that he gave no thought to the possibility that the victims might be injured or traumatized or that he himself may have been injured during the arrest procedure. John believes that an appropriate disposition in his case would be commitment to the California Youth Authority. He believes he would benefit from participation in a California Youth Authority program of continuing education, counseling, and work experience or vocational training. John believes that what he needs most to turn his life around is to be given "another chance."

CLINICAL IMPRESSIONS

In the clinical interview, John Lee White was polite, cooperative, and respectful. He is a thin, small young man who appears to be even younger than his stated chronological age of sixteen. John is an inarticulate, quiet, and shy-appearing individual who demonstrates marked immaturity. John does not impress as highly sophisticated or hardcore in a criminal sense. Rather, he impresses as a careless, naive, passive, and easily led young man. Needless to say, John's judgment is extremely poor. John's immaturity, poor judgment, and dependence upon his gang have combined to make him a dangerous individual in the community. He does not appear to understand or appreciate the serious nature of the charges against him. John acknowledges that he knew what he was doing was wrong, but that he went along anyway because he did not want to disappoint his co-offenders.

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John's pattern of behavior is common to many delinquent youths. Coinciding with the onset of adolescence, John joined a youth gang, began to ditch school and defy authority, and involved himself in repeated violations of the rights and property of others. Probation supervision in the community and referral to the probation department's camp community placement program have proved ineffective. John appears to be content to drift aimlessly through life in a hedonistic fashion seizing whatever opportunity comes up, including criminal activity, with no thought of the consequences. He has made little to no effort to obtain job skills or to prepare himself to live independently as an adult. John's immaturity and need for approval from older gang members have led directly to his involvement in the instant offense.

John does not appear to be an appropriate candidate for commitment to state prison. He is, after all, only sixteen years old. There have been minimal prior rehabilitative efforts. John's small stature, immaturity, and passive nature would make him a vulnerable target for older, more hardcore inmates in a state prison setting.

Given the current Superior Court charges, California Youth Authority jurisdiction over John's case would extend to age twenty-five. John appears to be capable of materially benefiting from California Youth Authority programs of continuing education, counseling, and participation in work experience/vocational training. Commitment to the California Youth Authority, as opposed to housing in the California Youth Authority pursuant to Section 1731.5(c) WIC, would require John to appear before the Youthful Offender Parole Board on an annual basis to assess his progress in program and to assess his readiness for parole. Sufficient time remains in the jurisdiction and confinement time available to effect needed attitudinal and behavioral changes.

Date: December 20, 1993

Approved: Joe Kraics Prepared: Wanda L. Lubeck
By: Joe Kraics, LCSW, By: Diane Lubeck, LCSW
Supv. Casework Specialist I Parole Agent I

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WHITE, John Lee

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SOCIAL HISTORY

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VOCATIONAL EDUCATION/WORK EXPERIENCE

John's only work experience has been selling candy. He has yet to set vocational goals for himself. His response to the vocational interest and aptitude assessment reveals an interest in mechanics. In whatever program John is eventually placed, he would benefit from participation in work experience/vocational training and employability skills training.

ALCOHOL/DRUG USE AND ABUSE

John admitted to the use of marijuana on a daily basis. Probation records also indicate that John drank alcohol occasionally. John stated he believes he was able to conceal his drug use from his grandmother by using eye drops so she would not observe his eyes being red. He denied he was under the influence of drugs or alcohol when he committed the instant offense.

SELF PERCEPTIONS

John does not regard himself as a danger to the community. He does not believe he is as seriously delinquent as his record would indicate. According to John, he did not believe participating in a bank robbery was a "serious" crime and, furthermore, he believed he and his co-offenders would be successful in getting away. He related that he went along with the robbery because he did not want the other gang members to think he was a coward. He acknowledged that he gave no thought to the possibility that the victims might be injured or traumatized or that he himself may have been injured during the arrest procedure. John believes that an appropriate disposition in his case would be commitment to the California Youth Authority. He believes he would benefit from participation in a California Youth Authority program of continuing education, counseling, and work experience or vocational training. John believes that what he needs most to turn his life around is to be given "another chance."

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WHITE, John Lee

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SOCIAL HISTORY

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John's pattern of behavior is common to many delinquent youths. Coinciding with the onset of adolescence, John joined a youth gang, began to ditch school and defy authority, and involved himself in repeated violations of the rights and property of others. Probation supervision in the community and referral to the probation department's camp community placement program have proved ineffective. John appears to be content to drift aimlessly through life in a hedonistic fashion seizing whatever opportunity comes up, including criminal activity, with no thought of the consequences. He has made little to no effort to obtain job skills or to prepare himself to live independently as an adult. John's immaturity and need for approval from older gang members have led directly to his involvement in the instant offense.

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RISK ASSESSMENT

John denies suicidal ideation or intent. There is no indication that he is assaultive or aggressive toward others. John is extremely small-statured and quite slender. He could easily become a victim of larger more predatory inmates. It is also noted that he suffers from asthma.

There is no history of escape from an institutional setting. John is quite unsophisticated in a criminal sense.

WHITE, John Lee

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SOCIAL HISTORY

BEST CORE PROGRAM

Juvenile/Adult

Swing: Importance Rating 1

Work/Academic/Vocational

Elementary/High School: Importance Rating 2

Treatment/Management

Regular/General: Importance Rating 3

Custody/Security

Moderate: Importance Rating 4

Age/Maturity

Late Adolescence: Importance Rating 5

RECOMMENDED ALTERNATIVE AVAILABLE PROGRAMS

Priority: 1 Number: 10 Title: Nelles-Regular Urgency Rating B

Priority: 2 Number: 35 Title: Paso Robles Urgency Rating B

It should be noted that John is extremely small physically and institutionally unsophisticated. He could easily be victimized if placed with older, more mature, or physically aggressive wards.

RECOMMENDED LONG-RANGE PLAN

John is expected to return to the home of his grandmother upon referral to parole. He should be encouraged to continue his education and obtain some type of trade or vocational training.

Date: March 2, 1994

Approved Joe Kraics Prepared Diane Lubeck
By: Joe Kraics, LCSW, By: Diane Lubeck, LCSW
Supv. Casework Specialist I Parole Agent I

jar/Typed: March 24, 1994

WHITE, John Lee

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BEST CORE PROGRAM

PSYCHIATRIC EVALUATION

REASON FOR REFERRAL

This evaluation is part of a court-ordered 90-day diagnostic study. Defendant was informed of my identity and the purpose of the interview. He was, furthermore, told that the information he provided me might be used in the report, and could have significant bearing on the disposition of his case.

PRIOR PSYCHIATRIC/PSYCHOLOGICAL EVALUATIONS

No prior psychiatric evaluation was recorded in the file.

METHOD OF EVALUATION

One-hour clinical interview with the defendant and review of records in file, including the Probation Officer's Report.

BACKGROUND INFORMATION

Family and background information are detailed in the social history (q.v.). Briefly, according to the defendant, he was born and raised in the Los Angeles area. He is the oldest of three children. He has two younger sisters, ages 11 and 14. The defendant stated that his parents separated when he was 7 years old. He said that presently he has no contact with his mother or father, and does not know where they are living. According to the referral documents, his mother lost custody of the minor, due to her drug usage (rock cocaine).

At the time of his arrest, he said that he was living with his grandmother, grandfather, and two younger siblings. He said that his grandfather is a retired security guard. When asked about conflicts with his grandparents, he said that problems at home relate to his not going to school, and staying out with gang members from 24 hours up to three days. His grandmother had stated that she "does not have any control over him. He is difficult and uncooperative at home. He will not attend school." She had also stated that she was aware that the defendant is a gang member.

According to the defendant, he completed the 9th grade while in camp. He said that he was not attending school at the time of his arrest "because I had too many enemies (gang related)." He said that he had been expelled from school in the 8th grade for truancy. He was not employed and has no work history. Medical history is unremarkable, except for bronchial asthma since early childhood for which he is taking Theodor, and some residual effects of a fractured ankle sustained when he was 9 or 10 years old.

When asked about the use of drugs or alcohol, he stated that he "tried beer last year--didn't like it. Was using marijuana for 6 or 7 months, about 3 times a week." According to the information in the Fitness Report, he had told