**Initial Assessment – Primary**

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| Case Name | Case Number |
| Laura Chavez | 9226548 |
| Referral Date (mm/dd/yyyy) |
| 6/22/2022 |
| **CHILD / YOUTH INFORMATION** |
| Child / Youth Full Name | Birthdate (mm/dd/yyyy) |
| Jennae Chavez | 10/04/2014 |
| **PARENT INFORMATION** |
| Parental Role Full Name | Birthdate (mm/dd/yyyy) |
| Laura Chavez | 09/14/2085 |
| **I.** | **SAFETY ASSESSMENTS** |
|  | Document the most recent safety plan created, including the date, any threats identified, and any safety services put in place to mitigate the safety concern, and parent / caregiver protective capacities. |
|  | Date of Safety Assessment (mm/dd/yyyy): 07/01/2022 |
|  | [x]  | No adult in the home will perform parental duties and responsibilities in line with the child’s / youth’s individual developmental needs. |
|  | [ ]  | One or both parent’s / caregiver’s behavior shows a pattern of violence. |
|  | [x]  | One of both parents / caregivers has impulsive behavior that they cannot/will not control |
|  | [ ]  | One or both parents / caregivers have exaggerated, negative perceptions of the child / youth |
|  | [ ]  | Family does not use known, available, and accessible resources to assure the child’s / youth’s essential needs for food, clothing, and / or shelter are met |
|  | [ ]  | One or both parents / caregivers fear they will maltreat the child / youth and / or request placement. |
|  | [ ]  | One or both parents / caregivers intend(ed) to seriously hurt the child / youth. |
|  | [ ]  | One or both parents / caregivers lack parenting knowledge, skills, or motivation necessary to assure the child’s / youth’s basic needs are met. |
|  | [ ]  | The child / youth has exceptional needs which the parents / caregivers cannot or will not meet. |
|  | [ ]  | Living arrangements seriously endanger the child’s / youth’s physical health. |
|  | [ ]  | The child / youth is profoundly fearful of the home situation or people within the home. |
|  | [x]  Yes | [ ]  No | One or more factors that negatively affect safety are identified. |
|  | Parental Protective Capacities Identified:       |
| **II. FAMILY CONDITIONS** |
| **1.** | **Family** |
| The following family conditions are present within the household: |
| Supportive network, Using public financial resources |
| Describe any conditions selected above, and any additional relevant strengths, current stressors, and the family’s support network.Laura and Jennae identify as a family unit and appear to be bonded with each other. However, they have become more distanced since Mr. Jimmy Chavez’s death. Laura and Jennae appear to be isolated from each other on a daily basis. When Jennae is feeling lonely she finds solace with her grandparents, her maternal aunt, or her friend’s family. Alternatively, when Laura feels sad, hopeless, and overwhelmed, she retreats to her bedroom and will ‘numb’ herself with alcohol and prescription medication. Mr. Jimmy Chavez, Jennae’s father, has been deceased for approximately two years. Since his death, the paternal side of Jennae’s family has chosen to not engage with Jeanne or her mother. Laura’s parents, Wayne and Carletta Hancock acknowledged that their daughter, Laura, is still grieving the loss of her husband and they have made the choice to give her space. Laura and Jennae do have minimal resources to meet basic needs but there is no flexibility or cushion for month-to-month changes in spending. Following the death of her husband, Laura began receiving survivor’s benefits through Social Security Income (SSI), receives public assistance in the form of Food Share and medical insurance.Laura and Jennae also have supportive relationships with close relatives. Mr. and Mrs. Hancock have been intermittently involved in their lives and are mostly invested in Jennae’s safety and well-being. Mr. and Mrs. Hancock also express deep concern for their daughter who they now have committed to assisting her in whatever ways they can. Ms. Christine Dupree, maternal aunt to Jennae, said that she is upset by her sister’s behavior and how it has affected Jennae. Despite these feelings she is also very supportive and has expressed willingness to assist with whatever needs to be done to help them.  |
| Are there any parents living outside of the household?  | [ ]  Yes | [x]  No |
| **2.**  | **Adult(s)** |
| The following adult characteristics are present within the household: |
| Past trauma affects daily functioning, past trauma affects parenting, substance/medication misuse, does not understand child’s basic needs |
| Parent / Adult Full Name |
| Laura Chavez |
| Laura Chavez, DOB 09/14/1985 is a 37-year-old Caucasian female. She is a widow and the single mother of one child, Jennae (8).Laura previously worked as a waitress, at a cleaning service, and managed an apartment complex. Her parents indicate that Laura was let go from her apartment management position for missing work and not performing her job responsibilities. Laura has not worked for the last eight months and has not had consistent employment for the last two years. Laura has had a difficult life wrought with trauma and difficult choices. Laura’s marriage to Mr. Jimmy Chavez has been described as volatile. Laura explained that she met her husband at a party and that their relationship became serious very quickly and she became pregnant soon after meeting Mr. Chavez. She was happy about the pregnancy and felt it was a second chance for her to be a mother because she had an abortion during her senior year of high school, which she still regrets. Mr. Chavez did not agree with having a baby as he did not want to have a child, but when he saw that Laura was not going to budge, he did agree to get married and raise Jennae together. Following Jennae’s birth, their life became more stressful. They began arguing more and their substance use increased. Mr. Chavez was known to drink regularly, often to the point of intoxication. During their marriage, Laura reports that she consumed substances less but did use with Mr. Chavez recreationally but as time went on, eventually their disagreements began to turn physically violent. Laura has felt isolated, anxious and less hopeful since Mr. Chavez was stabbed to death in a drunken altercation outside of a bar two years ago. Since then, Laura has been drinking more and feeling progressively worse. She is mourning his death and uninterested in romantic relationships.Laura feels sad, wants to be normal but does feel hopeless. She did discuss these feelings with her primary care physician, Dr. Phil Goode, and was prescribed Paxil 50mg/once per day in June of 2022. However, until her recent hospital stay, Laura was not formally diagnosed or monitored by any mental health professional. Her prescription medication will be monitored by a psychiatrist, Dr. Knoble at Revisions Therapy. Her current medication is Effexor, and she understands better the dangers of mixing alcohol with antidepressants and the risk of Serotonin Syndrome, which was the formal emergency diagnosis.Laura was honest and open about her alcohol use sharing she will usually drink by herself; she typically begins drinking early in the morning after Jennae is at school. Laura acknowledges that she drinks 2-3 times per week. She explained that her use of alcohol helps her to fell numb and says that the “escape” is temporary; more than anything she expresses wanting to forget about past hurts. Services for her alcohol use is recommended; however, she denies it is necessary. A recent AODA evaluation concluded that Laura has been compensating for her feelings of depression with the use of substances. Laura does not have a criminal history. but there are some small claims evictions and traffic CCAP entries. In the parent/child relationship, it appears that Jennae is commonly the caregiver both emotionally and practically. Laura stated that when Jennae comes home from school that she “she takes care of me” and Jennae reports that when her mom is sad or frustrated that she takes on the responsibility of consoling and comforting her mother. Laura appears to lack self-awareness regarding how her actions, thoughts and emotions affect Jennae. When brought to her attention, Laura does acknowledge this and expresses that it has not always been like this, but Laura appears to have no plan for this role reversal to change. Laura has minimally assured that adequate physical resources are available to Jennae, which include shelter, clothes and access to food. However, Laura appears to believe that Jennae is able to fend for herself; she does not see that her primary responsibility is to protect Jennae. For example, when the concerns regarding Jennae leaving at night when bored were brought up, Laura seemed ambiguous to the concern because nothing has ever happened to Jennae. She did admit that there are more “sketchy” people living there now but Jennae “is smart” and can get help if she needs it. Laura was asked about discipline and said she learned from her parents. She describes primarily using time outs and verbal explanations to correct Jennae’s behavior. At times, Laura describes feeling overwhelmed or frustrated with Jennae which causes her to overreact and yell. She gave an example saying that if Jennae spilled milk that she would yell and swear at her. Laura said that she does not feel Jennae needs to be corrected or redirected often because “she is a good girl” and “knows what she needs to do.” There are very minimal boundaries, rules or structure for Jennae. Laura is unable to describe what she expects of Jennae, and she acknowledges that she has not ever been able to be consistent with consequences.Jennae agreed that she does not get into trouble often. She denied any consistent physical discipline, but she reports that she has been slapped a few times when she has woken her mother up while checking on her. This does not sound like it was discipline. Most of the time, Jennae is sent to her room or yelled at. Other family members confirmed that Laura sets minimal boundaries for Jennae and that, overall, Jennae does not require much discipline or redirection. |
| **3.** | **Child(ren) / Youth** |
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| The following child / youth characteristics are present within the household: |  |  |  |
| Healthy relationships with other adults, Isolated |  |  |  |
| Describe the child’s / youth’s general functioning, including strengths and any applicable characteristics selected above. |  |  |  |
| Child / Youth Full Name |  |  |  |
| Jennae Chavez |  |  |  |
| Describe the child’s / youth’s general functioning, including strengths and any applicable characteristics selected above.Jennae Chavez, DOB 10/04/2014 is an 8-year-old Caucasian and Hispanic female child. Jennae is in the third grade and attends Dolores Gonzalez Elementary School. Jennae has a few close friends at school and does well in her classes. She explained that she has been to multiple schools, but that Dolores Gonzalez is her favorite school. Jennae explained that she is happy that she gets to speak both Spanish and English with her teachers. Jennae is very parentified, she is anxious and concerned for her mother’s wellbeing. Jennae explained that there are times she wonders if her mother will ever wake up, and it is has worried her that she will have no parents if her mother dies. Jennae knows that her mother will be ‘sleeping’ when she gets home from school; since this is her normal routine, it does not appear to have caused a noticeable change in Jennae’s behavior. While her mother is ‘sleeping’ Jennae tries to “be good” so as not to bother her mother. She will complete her homework, watch TV, play in her room, and make herself food. When Jennae prepares food, her favorite things to make are grilled cheese sandwiches and pasta. These are things she has learned by watching TikTok.Jennae has stated that she often feels lonely when her mother is sleeping. On numerous occasions, while her mother is ‘sleeping’ Jennae has left the apartment to “find friends” or to sleepover at a friend's apartment (she has several options in the building). She indicated that her mother “doesn’t care” that she leaves the apartment. Jennae informed her grandparents that she will sometimes eat over at a friend's house if her mother does not feel good and she does not feel like cooking for herself.Jennae loves her mother very much and believes that her mother loves her very much. She was not able to describe activities that she and her mother do together because her mother is tired a lot. They do some things together like take walks, watch TV and snuggle which are fun. It was noted by Jennae that typically her mother sleeps when they watch TV together. Jennae has noticed that things have changed between them since her father died. Jennae becomes visibly sullen when talking about her father. She expresses not having many vivid memories of him except that she remembers the arguing and fighting between her parents. Jennae is close with her grandparents, Wayne and Carletta Hancock, and her maternal aunt, Christine Dupree. Jennae expressed feeling safe and loved when she spends time with them. She enjoys spending the weekends at her grandparent’s home and likes visiting with her Aunt Christine when she comes over. |  |  |  |

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| **IV.** | DETERMINATIONS |
| Alleged Victim | A / N Code | Description | Maltreater Relationship to Alleged Victim | Determinations |
| Jennae Chavez | Neglect | Lack of Necessary Care, Lack of Supervision | Biological Parent | Substantiated |
| Description of Reported Concerns |
| The following information was received at Access. Please note: information gathered at the point of access may require follow-up to confirm information. |
| On 06/22/2022 at 1:30AM a call was received at Access alleging neglect of Jennae Chavez (8): Jennae was found looking for help for her mother, Laura, because she was “very sick.” A neighbor was returning home from work and found her wandering, upset and called 911 for her. When EMS and police arrived, Laura and Jennae were both transported to the hospital because Laura was minimally responsive and Jennae had no one to supervise her.The access report was screened in with a same day response due to identifying Present Danger Threats of: The child is currently being maltreated at the time of report or contact; Parent/caregiver is intoxicated (alcohol or other drugs) which is occurring now or consistently over time, impacting their ability to provide basic, necessary care and supervision; Child is unsupervised and unable to care for self; Parent/caregiver is not providing basic necessary case and supervision based on the child’s individual developmental needs.  |
| **Determinations and Surrounding Circumstances** |
| Describe what was learned about the reported concerns, any determinations made, and the surrounding circumstances. |
| Due to the nature of the reported concerns, law enforcement responded first along with Ryan Emergency Services to render aid to Laura at the apartment. When it was determined that Laura needed immediate medical attention, she was transported to Mercy Regional Medical Center and Deputy Mike Johnson transported Jennae to the hospital until CPS could assist. The following information is a summary from Deputy Mike Johnson’s report: at the apartment, Laura was going in and out of consciousness and appeared incoherent. She was unable to hold a conversation and appeared to be heavily under the influence of some type of substance or substances. Deputy Johnson observed an empty wine bottle on the nightstand next to the bed where Laura was found and described that Laura smelled of alcohol. He also observed an open bottle of Paxil on the nightstand with the directions to take 50mg/once per day. The prescription was made to Laura and current as of 06/17/2022 in the amount of 60 pills. Deputy Johnson noted that despite being filled only four days prior, the bottle was estimated to contain only 5-7 pills. At that time, Deputy Johnson could not discern if Laura had consumed the majority of the pills that evening or if she had done something else with them, but it was apparent that she had taken them and consumed the wine. Deputy Johnson waited for paramedics who transported Laura to the hospital.During the contact with Deputy Johnson, the neighbor suggested contacting Laura’s family for help and further explained this being necessary because “right now Laura has no business being a mom.”Given the timing and need for help, Deputy Johnson transported Jennae to the hospital to wait for the after-hours CPS Professional to meet them. Deputy Johnson released Jennae to the care of the CPS after-hours professional. There are no criminal charges pending for Laura at this time. The following is a summary of the CPS after hours initial face-to-face contacts:Dr. Jeffrey Jaroski, Mercy Regional Medical Center, cared for Laura in the Emergency Department and explained the toxicology findings and the impact on behavior. He stated that Laura arrived in the ED having overdosed on her prescription medication and alcohol. Her blood alcohol level was at 0.16 and it was suspected (based on the open pill bottle and recent prescription information) that she had consumed about 55 of the Paxil pills. Dr. Jaroksi explained the combination of Paxil and alcohol increases Paxil’s side-effects including dizziness, sleepiness, and trouble concentrating; however, in Laura’s case, she experienced a severe side effect of the medication and alcohol interaction. She was diagnosed with Serotonin Syndrome and was held for further medical intervention. Per the doctor, given the diagnosis and required medical intervention, it is impossible for Laura to independently function without close monitoring and safe detox. The doctor stated that Laura would not be released, and she would not be able to care for Jennae due to needing to detox, requiring observation for a few days and relying on oxygen. The CPS Professional also conducted an initial interview with Jennae, please note that her maternal aunt was present for the interview. Jennae reported that Laura had been “sick” most of the evening. Jennae had made dinner for them and tried to make Laura eat. Jennae reported that she usually makes dinner for herself, and she uses the gas stove to make things like grilled cheese sandwiches and pasta. Jennae reported that she arrived home around 4pm and that her mother was already in her bedroom with the door closed. Jennae explained that this is normal behavior. She did state, however, that tonight was different because usually her mother comes out about a half hour to an hour after she gets home from school but tonight, she did not. Around 6pm Jeanne went into her mother’s room to offer her food and noticed that she was “really tired” and “sick”. Jennae was worried and kept checking on her, trying to get her to eat and drink and making sure that she could still wake her up. This continued through the night until about 1:15am when Jennae saw that her mother was really sweaty and not responding with words anymore, so she left the apartment to get help. Notably, Jennae did not call 911 or use her mother’s cell phone to call for help stating that was unsure of whom to call which was why she left the apartment and wandered around until someone found her and then asked for help. It was but luck that it was a safe person. Jennae said she was worried when she could not find help right away but was “really happy” when she found the helpful neighbor. She knows her mother is “fine” now that her aunt is with her and said she wishes she could have found help sooner. When asked for clarification, she said “other times.”Laura was not interviewed until a few days after the incident when she was medically stable and able to talk about the evening’s events. She stated that she began drinking on the 22nd after taking Jennae to school. Throughout the course of the day, she estimated that she consumed 10 of her Paxil pills and drank a full bottle of wine, probably more. Laura was unable to specifically account for the missing pills; leaving approximately 40 pills unaccounted for; however, the medical opinion is that she consumed more than her self-report due to the Serotonin Syndrome. The impact on her functioning that day included her admitted inability to hear Jennae arrive home from school and her lack of awareness that anyone else had ever even been in the apartment. She does not recall the medical intervention; she does not know what time she “went to sleep” and doesn’t remember much about how she arrived at the hospital.Laura is minimally able to accept responsibility for her substance use. At this time, it appears that a history of trauma influences her substance use and substance use is a logical precursor to heavy alcohol and drug abuse. She also has a heavy childcare responsibility as a single mother, which is stressful. Her husband was murdered in a fight outside a bar and since that time Laura has experienced depression and anxiety, both of which have become progressively worse. Jennae explained that since her father died, her mother has been ‘sleeping’ most of the time. Jennae states that she doesn’t typically go into her mother’s room because she doesn’t want to wake her up and knows that if she waits a few hours her mother will come out for bit before it is bedtime. Jennae did admit that sometimes she peeks in to check that her mother is breathing, and she states that there have been times when she has tried wake her mother up, but that her mother could not be roused but nothing like what happened on June 22nd.Jennae appears to be unable to determine safe and unsafe situations as she described that when bored and her mother is sleeping, she leaves the apartment and goes to door to door looking for friend. She also reported not knowing how to call 911 or get help if she needed it. Jennae reported that her aunt comes to check on them sometimes and she likes with she is there. When Aunt Christine was brought up and Laura was confronted by Jennae’s statement Laura really did not want to talk about it but stated that Christine has been more involved and concerned for them lately. Christine was interviewed and shared that she witnessed Laura’s depression symptoms and has had suspicions that Laura was drinking more. Christine was not aware of Laura’s prescription drug abuse. Christine did state that she has begun visiting Laura and Jennae more and would check in on Jennae during the late afternoon/early evening hours on weekdays on her way home from work. She noted that during these times Laura was often ‘sleeping hard’ and estimated that this has been going on for about three months. Laura Chavez has been substantiated for neglect of Jennae. On 06/22/2022 Laura overdosed on a combination of Paxil and alcohol which was confirmed by Dr. Jaroski, witnesses and toxicology tests. When Laura overdosed, she was unable to care for her daughter, Jennae. Laura was unable to remain conscious and when she was awake, she was incoherent. It was determined that Jennae, who was found wandering the apartment complex looking for help was left in a precarious position due to Laura’s substance abuse, which left her unable to provide the necessary care and supervision for Jennae placing her at substantial risk of harm.  |
| **V.** | DISPOSITION |
| Describe the agency’s efforts to respond to any safety concerns, including in-home planning, out of home placements, or collaboration with community partners, such as law enforcement or medical professionals. Describe any interventions put in in place, service referrals made, and recommendations for future services. |
| At the hospital the after-hours CPS professional was able to contact Jennae’s maternal aunt, Christine Dupree, who agreed to care for Jennae for the night. Christine was helpful in calming Jennae upon her arrival.  |
| Protective action in place at completion of IA |
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| [ ]  | **Case Closed** |
|  | [ ]  | Child(ren) / youth safe |
|  | [ ]  | Child(ren) / youth safe – referred to community services |
|  | [ ]  | Clients unavailable or cannot be located |
|  | [ ]  | Family refuses services – no court jurisdiction |
| [x]  | **Case Opened** |
|  | [ ]  | Case opened for on-going CPS services: Voluntary |
|  | [x]  | Case opened for on-going CPS services: Petitioned |
|  | [ ]  | Case opened for non-CPS services |
|  | [ ]  | Case currently open for on-going CPS services: Voluntary |
|  | [ ]  | Case currently open for on-going CPS services: Petitioned |
| **VI.** | **CONTACT** |
| **First Contact** |
| Date (mm/dd/yyyy) - First face-to-face contact with family member  | Time - First face-to-face contact with family member |
| 6/22/2022 | 2:15am |
| **Contacts** (Include first contact listed above) |
| Date / Time (mm/dd/yyyy) | Participant | Note Type | Location | Result | Case Note ID |
| 6/22/2022 | Laura Chavez | Initial Face-to-Face | Hospital/Clinic | Occurred | 9230456 |
| **VII.** | CORRESPONDENCE |
| Mandated Reporter |
| [ ]  | Not applicable (non-mandated reporter) |
|  | Date mandated reporter given feedback (mm/dd/yyyy): 7/1/2022 |
| Relative Reporter |
| [x]  | Not applicable  |
|  | [ ]  | Documented request for information received from relative reporter:       |
|  | [ ]  | Date Letter Sent (mm/dd/yyyy):       |
|  |  OR |
|  | Date of Court Order Barring Disclosure (mm/dd/yyyy):       |
| **VIII.** | **SIGNATURES** |
|  |       |  |  |  |
|  | Full Name – Child Welfare Professional |  |  |  |
|  |  |  |  |  |
|  | **SIGNATURE** – Child Welfare Professional |  | Date Signed  |  |
|  |       |  |  |  |
|  | Full Name – Supervisor |  |  |  |
|  |  |  |  |  |
|  | **SIGNATURE** – Supervisor |  | Date Signed |  |