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7 **COURT APPOINTED SPECIAL ADVOCATES
8 OF SANTA CRUZ COUNTY**

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14 **SUPERIOR COURT OF CALIFORNIA, SANTA CRUZ COUNTY**
15 **JUVENILE COURT**

16 **In the Matter of: CHILD**
17 **Age:** infant under 1 year

18 **DP No. XXXXXXXXXX**
19 **CASA REPORT AND**
20 **RECOMMENDATION**

21
22 **A Minor**

23 **COURT DATE: date**
24 **COURT TIME: 8:30 a.m.**

25 **REPORTING ADVOCATE: ADVOCATE**

26 **TOTAL HOURS ON THE CASE: 48**

27 **PERSONS CONTACTED:**

- 28 Social Worker
- 29 Dad
- 30 Mom
- Paternal Grandmother

1
2 **INTRODUCTION**

3 CHILD, aged X months, born DATE came to the attention of the court in January of 2016
4 when there was a concern brought forth because of his mother's mental health impacting her
5 ability to provide care and a safe environment for her newborn. There was also a concern over the
6 father's failure to protect CHILD from his mother's aggressive behavior. CHILD is in his parents'
7 care, living in the home of his paternal grandmother. I became CHILD's CASA on DATE.

8 CHILD is a delightful and sweet little baby. He is very attentive and curious and has always
9 been very personable with me. He maintains eye contact and babbles and coos. He is becoming
10 very mobile now and while not yet crawling can certainly get where he wants to go. His mom
11 and dad tell me that CHILD is up to date on all his well-baby visits and vaccinations. He is a long
12 and lean little boy and the pediatrician has suggested starting solids but it is slow going. His
13 nutrition is still primarily formula. During our visits, which usually are about one to one and a
14 half hours per week, I visit with CHILD, his mom, and most of the time his dad as well. We play
15 with CHILD in an area of the living room which is all set up for him (a play mat area, with toys,
16 books, stuffed animals) and we catch up about CHILD. I have only visited CHILD at the
17 grandmother's home. Both Mom and Dad are very interested and involved with what CHILD
18 needs and his ever changing growth.

19 **CURRENT STATUS**

20 **Extra-Curricular Activities:** Child attends a Mothers' Group picnic once a month.

21 **Relationships:** CHILD is very loving with both Mom and Dad. Both parents change diapers,
22 feed and clothe him during my visits. CHILD has a secure relationship with both Mom and
23 Dad and while they both provide daily care for him their roles do differ. Mom takes seriously
24 her job as a caretaker. She seems concerned for CHILD's well-being. I have noticed when
25 tensions run high that the situation takes the forefront. I have noticed that Dad just wants to
26 diffuse the situation and will remind Mom that it is not healthy for CHILD to be exposed to
27 the tension. Dad is also the happy/silly parent. He plays with CHILD and is the one to get him
28 to laugh a big belly laugh. Mom is more reserved.

29 I have only seen CHILD interact with his Grandmother once and she was very loving and
30 CHILD was very comfortable with her.

1 **Therapy & Medical Needs:** No identified needs. Parents report that CHILD's well-baby
2 exams and immunizations are on schedule. A referral for Stanford Assessment was made in
3 early March, but parental consent for the assessment has not yet been secured. Social Worker
4 is following up with parents.

5 **Placement:** Family Maintenance

6 **Permanency:** The permanent plan is for CHILD to remain with his parents

7 **ASSESSMENT**

8 CHILD is growing and thriving. He is a delightful baby with loving connections to both of
9 his parents. CHILD's development appears to be on track and he is hitting developmental
10 milestones. He has not yet had a Stanford Assessment. His grandmother's home is clean and his
11 parents have done a very good job at making it a safe home for him.

12 CHILD's parents both report that tensions remain high, that they recognize this is not healthy
13 for CHILD and that they could benefit from couple's counseling. They have both expressed
14 interest in continuing to learn about parenting, specifically parenting an infant. Mom's mental
15 health takes high priority in the family and they seem to understand it is an ongoing reality. Dad
16 shows an increased ability to be protective of CHILD and to try to diffuse situations as they
17 escalate when CHILD is present.

18 On my home visits with CHILD I have seen him grow from a tiny infant to a curious sweet
19 happy little baby. CHILD is hitting all of his developmental milestones such as grabbing/holding,
20 rolling/scooting, etc... and he is actively involved in cutting teeth.

21 I have seen CHILD's parents grow as well. There is still tension in the home, which I
22 experienced during one of my visits, which CHILD was present for. I have discussed this with
23 their Social Worker, and she is aware of the situation as well. Over the past six months, I have
24 seen dad embracing his role and being more protective of his son. Both parents acknowledge that
25 they are inexperienced parents and they do agree that it is damaging for CHILD to be present
26 during their outbursts.

27 I have discussed several community resources with mom in response to parental challenges
28 she has shared. When she was breastfeeding, mom received support from Visiting Nurses who
29 did visit once but she felt she didn't need any additional input. I know that she did see a Lactation
30 Consultant during CHILD's early months but I don't know how often. She is currently not

1 breastfeeding. Dad is only working in a part time job so I encouraged her to go sign up with WIC
2 for nutrition and financial support. I also gave her a little information on Early Head Start to
3 support her learning about her babies developmental stages. At this time mom has declined
4 applying for these services.

5
6 **RECOMMENDATIONS**

7 Therefore, I respectfully recommend:

- 8 1. Continued Family Maintenance Services
9 2. Infant/Toddler specific support – re-consider Early Head Start
10 3. A Stanford Assessment for CHILD

11 By: ADVOCATE Date: DATE

12 ADVOCATE

13 Court Appointed Special Advocate

14 **APPROVED:**

15 Jude Rose

16 JUDE ROSE

17 CASA Advocate Supervisor