



STATE OF ARKANSAS
OFFICE OF PROCUREMENT
ARKANSAS DEPARTMENT OF HUMAN SERVICES
700 Main Street
Little Rock, Arkansas 72203

RESPONSE PACKET
710-20-0012

CAUTION TO VENDOR

Vendor's failure to submit required items and/or information as specified in the *Bid Solicitation Document* **shall** result in disqualification.

SIGNATURE PAGE

Type or Print the following information.

| PROSPECTIVE CONTRACTOR'S INFORMATION | | | | |
|--|--|---|---|--|
| Company: | Libby Slatten, LCSW PA | | | |
| Address: | 550 S. Main Street | | | |
| City: | Malvern | State: | AR | Zip Code: 72104 |
| Business Designation: | <input type="checkbox"/> Individual <input type="checkbox"/> Partnership | <input type="checkbox"/> Sole Proprietorship <input checked="" type="checkbox"/> Corporation | <input type="checkbox"/> Public Service Corp <input type="checkbox"/> Nonprofit | |
| Minority and Women-Owned Designation*: | <input type="checkbox"/> Not Applicable <input type="checkbox"/> African American | <input type="checkbox"/> American Indian <input type="checkbox"/> Hispanic American | <input type="checkbox"/> Asian American <input type="checkbox"/> Pacific Islander American | <input type="checkbox"/> Service Disabled Veteran <input checked="" type="checkbox"/> Women-Owned |
| | AR Certification #: <u>N/A</u> | | * See Minority and Women-Owned Business Policy | |

| PROSPECTIVE CONTRACTOR CONTACT INFORMATION | | |
|--|----------------------------|---------------------------------|
| Provide contact information to be used for bid solicitation related matters. | | |
| Contact Person: | Elizabeth "Libby" Slatten | Title: owner |
| Phone: | (501) 732-6779 | Alternate Phone: (501) 229-1515 |
| Email: | libbyslattenlcsw@gmail.com | |

| CONFIRMATION OF REDACTED COPY |
|--|
| <input type="checkbox"/> YES, a redacted copy of submission documents is enclosed. <input checked="" type="checkbox"/> NO, a redacted copy of submission documents is <u>not</u> enclosed. I understand a full copy of non-redacted submission documents will be released if requested. |
| <p><i>Note: If a redacted copy of the submission documents is not provided with Prospective Contractor's response packet, and neither box is checked, a copy of the non-redacted documents, with the exception of financial data (other than pricing), will be released in response to any request made under the Arkansas Freedom of Information Act (FOIA). See Bid Solicitation for additional information.</i></p> |

| ILLEGAL IMMIGRANT CONFIRMATION |
|--|
| By signing and submitting a response to this <i>Bid Solicitation</i> , a Prospective Contractor agrees and certifies that they do not employ or contract with illegal immigrants. If selected, the Prospective Contractor certifies that they will not employ or contract with illegal immigrants during the aggregate term of a contract. |

| ISRAEL BOYCOTT RESTRICTION CONFIRMATION |
|---|
| By checking the box below, a Prospective Contractor agrees and certifies that they do not boycott Israel, and if selected, will not boycott Israel during the aggregate term of the contract. |
| <input checked="" type="checkbox"/> Prospective Contractor does not and will not boycott Israel. |

An official authorized to bind the Prospective Contractor to a resultant contract must sign below.

The signature below signifies agreement that any exception that conflicts with a Requirement of this *Bid Solicitation* will cause the Prospective Contractor's bid to be disqualified:

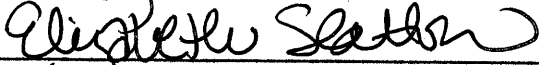
Authorized Signature: Elizabeth Slatten Title: owner
Use Ink Only.

Printed/Typed Name: Elizabeth Slatten Date: 01/20/2020

SECTION 1 - VENDOR AGREEMENT AND COMPLIANCE

- Any requested exceptions to items in this section which are NON-mandatory must be declared below or as an attachment to this page. Vendor **must** clearly explain the requested exception, and should label the request to reference the specific solicitation item number to which the exception applies.
- Exceptions to Requirements **shall** cause the vendor's proposal to be disqualified.

By signature below, vendor agrees to and shall fully comply with all Requirements as shown in this section of the bid solicitation. **Use Ink Only**

| | | | |
|-----------------------|---|--------|------------|
| Vendor Name: | Libby Statton LCSW PA | Date: | 01/20/2020 |
| Authorized Signature: |  | Title: | owner |
| Print/Type Name: | Elizabeth Statton | | |

SECTION 2 - VENDOR AGREEMENT AND COMPLIANCE

- Any requested exceptions to items in this section which are NON-mandatory must be declared below or as an attachment to this page. Vendor **must** clearly explain the requested exception, and should label the request to reference the specific solicitation item number to which the exception applies.
- Exceptions to Requirements **shall** cause the vendor's proposal to be disqualified.

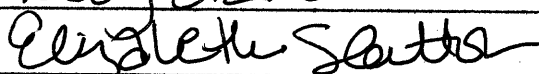
By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation. **Use Ink Only**

| | | | |
|-----------------------|-----------------------|--------|------------|
| Vendor Name: | Wobey Station LC&J PA | Date: | 01/20/2020 |
| Authorized Signature: | Elizabeth Slatten | Title: | owner |
| Print/Type Name: | Elizabeth Slatten | | |

SECTION 3,4,5 - VENDOR AGREEMENT AND COMPLIANCE

- *Exceptions to Requirements shall cause the vendor's proposal to be disqualified.*

By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation. **Use Ink Only**

| | | | |
|-----------------------|---|--------|------------|
| Vendor Name: | Wboy Slattin LCSW PA | Date: | 01/20/2020 |
| Authorized Signature: |  | Title: | owner |
| Print/Type Name: | Elizabeth Slattin | | |

PROPOSED SUBCONTRACTORS FORM

- Do not include additional information relating to subcontractors on this form or as an attachment to this form.

PROSPECTIVE CONTRACTOR PROPOSES TO USE THE FOLLOWING SUBCONTRACTOR(S) TO PROVIDE SERVICES.

Type or Print the following information

| Subcontractor's Company Name | Street Address | City, State, ZIP |
|------------------------------|----------------|------------------|
| Tisha Jenkins, LCSW | 14475 Hwy 9 | Malvern AR 72104 |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

PROSPECTIVE CONTRACTOR DOES NOT PROPOSE TO USE SUBCONTRACTORS TO PERFORM SERVICES.

By signature below, vendor agrees to and shall fully comply with all Requirements related to subcontractors as shown in the bid solicitation.

| | | | |
|-----------------------|--------------------------|--------|----------|
| Vendor Name: | Libby Statten, LCSW PA | Date: | 01/20/20 |
| Authorized Signature: | <i>Elizabeth Statten</i> | Title: | owner |
| Print/Type Name: | Elizabeth Statten | | |

INFORMATION FOR EVALUATION

• Provide a response to each item/question in this section. Vendor may expand the space under each item/question to provide a complete response.

| | Maximum RAW Score Available |
|--|-----------------------------------|
| E.1 MINIMUM QUALIFICATIONS | |
| A. Submit social work licenses for all staff identified to execute the Scope of Work. | 5 points |
| B. Describe your experience in social work and your history in child welfare, assessments of individuals and skills in record reviews. | 5 points |
| C. Submit an organizational chart displaying all staff that will execute the Scope of Work. Clearly show line of supervisory. | 5 points |
| D. Provide a minimum of three (3) letters of recommendation from three (3) different sources dated within the last six (6) months relating to the Scope of Work of this RFP. | 5 points |
| E.2 APPROACH TO SCOPE OF WORK | |
| A. Detail how you will complete an adoption summary using the information requested in 2.3A. | 5 points |
| B. How will the vendor ensure that the Adoption Summaries will be completed and submitted timely to the appropriate Adoption Supervisor? | 5 points |
| C. Submit a sample Adoption Summary demonstrating your approach to the requirements stated in 2.3c. | 5 points |
| D. Explain your quality assurance procedure for the Adoption Summaries and updates. | 5 points |
| E.3 ADDITIONAL CONTRACT REQUIREMENTS | |
| A. Explain how you plan to comply with the requirement to work nights and weekends. | 5 points |
| B. Describe your mode of transportation to be used in performing the requirements of the Scope of Work in the RFP. | 5 points |
| C. How do you plan to maintain sufficient staffing levels needed to complete the Scope of Work? | 5 points |
| E.4 REPORTING | |
| A. Describe how you will comply with the reporting requirements set forth in this RFQ | 5 points |
| B. Describe your experience in providing court testimony. | 5 points |

• Do not include additional information if not pertinent to the itemized request.

**DIVISION OF CHILDREN AND FAMILY SERVICES (DCFS)
HOME STUDY**

- *Please Check each area in which you are willing to provide the service.*
- *Do not include additional information if not pertinent to the itemized request.*
- *Please return with your response packet.*

AREA 1

AREA 2

AREA 3

AREA 4

AREA 5

AREA 6

AREA 7

AREA 8

AREA 9

AREA 10

State of Arkansas
DEPARTMENT OF HUMAN SERVICES
OFFICE OF PROCUREMENT
700 South Main Street
P.O. Box 1437 / Slot W345
Little Rock, AR 72203

ADDENDUM 1

DATE: January 3, 2020
SUBJECT: 710-20-0012 Adoption Summaries and Adoption Summary Updates

The following change(s) to the above referenced Competitive Bid for DHS has been made as designated below:

- Change of specification(s)**
- Additional specification(s)
- Change of bid submission/opening date and time**
- Cancellation of bid
- Other

BID OPENING DATE AND TIME

Bid opening date and time remains the same

CHANGE OF SPECIFICATION(S)

Delete 4.5 of Section 4. This is no longer required.

4.5 PERFORMANCE BONDING

A. ~~The Contractor shall be required to obtain performance bonds to protect the State's interest as follows:~~

- ~~1. The amount of the performance bonds shall be one hundred percent (100%) of the original contract price, unless the State determines that a lesser amount would be adequate for the protection of the State.~~
- ~~2. The State shall require additional performance bond protection when a contract price is increased or modified.~~
- ~~3. The performance bond must be delivered to the Arkansas Department of Human Services Chief Procurement Officer within fourteen (14) days of contract execution.~~
- ~~4. The contractor shall notify the State of any changes, modification, or renewals for the performance bond during the term of the contract. The performance bond documentation must be provided to the State with each required notice.~~
- ~~5. Failure to provide is a breach of contract and may result in immediate contract termination.~~

B. ~~The Contractor shall submit documentation to the satisfaction of the State that a performance bond has~~

~~been obtained. The contractor shall notify the State of any changes, modification, or renewals for the performance bond during the term of the contract.~~

Correct Bid Number in heading starting with page 2 thru 23.

Delete: Bid No. 719-17-1032 , Replace with: Bid No. 710-20-0012

The specifications by virtue of this addendum become a permanent addition to the above referenced Invitation for Bid.

FAILURE TO RETURN THIS SIGNED ADDENDUM MAY RESULT IN REJECTION OF YOUR BID.

If you have questions, please contact the buyer Margurite.al-ugdah@dhs.arkansas.gov or 501-682-8743.

Libby Statten, LCSW

Vendor Signature

01/21/2020
Date

Libby Statten, LCSW PA
Company

CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM

Failure to complete all of the following information may result in a delay in obtaining a contract, lease, purchase agreement, or grant award with any Arkansas State Agency.

SUBCONTRACTOR NAME: _____

Yes No

IS THIS FOR:

TAXPAYER ID NAME: Libby Station US&W PA Goods? Services? Both?

YOUR LAST NAME: Station FIRST NAME: Elizabeth M.I.: A

ADDRESS: 500 S Main Street

CITY: Malvern

STATE: AR

ZIP CODE: 72104

COUNTRY: USA

AS A CONDITION OF OBTAINING, EXTENDING, AMENDING, OR RENEWING A CONTRACT, LEASE, PURCHASE AGREEMENT, OR GRANT AWARD WITH ANY ARKANSAS STATE AGENCY, THE FOLLOWING INFORMATION MUST BE DISCLOSED:

FOR INDIVIDUALS *

Indicate below if: you, your spouse or the brother, sister, parent, or child of you or your spouse is a current or former: member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee:

| Position Held | Mark (✓) | | Name of Position of Job Held [senator, representative, name of board/ commission, data entry, etc.] | For How Long? | | What is the person(s) name and how are they related to you? [i.e., Jane Q. Public, spouse, John Q. Public, Jr., child, etc.] | Relation |
|----------------------------------|--------------------------|--------------------------|--|---------------|-------------|---|----------|
| | Current | Former | | From MM/YY | To MM/YY | | |
| General Assembly | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| Constitutional Officer | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| State Board or Commission Member | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| State Employee | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |

None of the above applies

FOR A VENDOR (BUSINESS) *

Indicate below if any of the following persons, current or former, hold any position of control or hold any ownership interest of 10% or greater in the entity: member of the General Assembly, Constitutional Officer, State Board or Commission Member, State Employee, or the spouse, brother, sister, parent, or child of a member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee. Position of control means the power to direct the purchasing policies or influence the management of the entity.

| Position Held | Mark (✓) | | Name of Position of Job Held [senator, representative, name of board/ commission, data entry, etc.] | For How Long? | | What is the person(s) name and what is his/her % of ownership interest and/or what is his/her position of control? | Ownership Interest (%) | Position of Control |
|----------------------------------|--------------------------|--------------------------|--|---------------|-------------|--|------------------------|---------------------|
| | Current | Former | | From MM/YY | To MM/YY | | | |
| General Assembly | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | |
| Constitutional Officer | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | |
| State Board or Commission Member | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | |
| State Employee | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | |

None of the above applies

Contract and Grant Disclosure and Certification Form

Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this contract. Any contractor, whether an individual or entity, who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the agency.

As an additional condition of obtaining, extending, amending, or renewing a contract with a state agency I agree as follows:

1. Prior to entering into any agreement with any subcontractor, prior or subsequent to the contract date, I will require the subcontractor to complete a **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM**. Subcontractor shall mean any person or entity with whom I enter an agreement whereby I assign or otherwise delegate to the person or entity, for consideration, all, or any part, of the performance required of me under the terms of my contract with the state agency.

2. I will include the following language as a part of any agreement with a subcontractor:

Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this subcontract. The party who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the contractor.

3. No later than ten (10) days after entering into any agreement with a subcontractor, whether prior or subsequent to the contract date, I will mail a copy of the **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM** completed by the subcontractor and a statement containing the dollar amount of the subcontract to the state agency.

I certify under penalty of perjury, to the best of my knowledge and belief, all of the above information is true and correct and that I agree to the subcontractor disclosure conditions stated herein.

Signature Elizabeth Statton Title owner Date 01/20/2020
Vendor Contact Person Elizabeth Statton Title owner Phone No. (501)7326079

Agency use only

Agency Number _____ Agency Name _____

Agency Contact Person _____

Contact Phone No. _____ Contract or Grant No. _____



Libby Slatton, LCSW PA
Mental & Behavioral Health Services

550 South Main Street
Malvern, AR 72104
(501) 732-6779

EEO POLICY

This employer provides equal employment opportunities to all employees and applicants for employment, without regard to race, color, religion, creed, gender, national origin, age, marital or veteran status, sexual orientation, or the presence of handicaps or disabilities, or any other basis protected by state or federal law.

In addition, this policy of equal opportunities applies to all terms and conditions of employment. This includes, but is not limited to, hiring, placement, promotion, termination, layoff, recall, transfer, and leaves of absence, compensation and training.

Documentation of Social Work Licenses



Arkansas Social Work License Card

License No.

5663-C

Elizabeth Anne Slatton, LCSW

102 Raintree Court

Hot Springs AR 71901

Expiration Date:

6/30/2020

Card bearer is licensed and in good standing with the Arkansas
Social Work Licensing Board

Handwritten signature of the Chairman of the Arkansas Social Work Licensing Board.

Chairman

Libby Slatton, LCSW (Owner)

License 5663-C Exp. 06/30/2020



Arkansas Social Work License Card

License No.

4482-C

Tisha R. Jenkins, LCSW

14475 Hwy 9

Malvern AR 72104

Expiration Date:

10/31/2020

Card bearer is licensed and in good standing with the Arkansas
Social Work Licensing Board

Handwritten signature of the Chairman of the Arkansas Social Work Licensing Board.

Chairman

Tisha Jenkins, LCSW (Subcontractor)

License 4482-C Exp. 10/31/2020

Information for Evaluation

B. Social Work Experience

My career in social work began in 1994 when I was placed as a Family Service Worker Intern for Hot Spring County Division of Children and Family Services. I was a stipend student and after graduation with my Bachelor's Degree in Human Services, I was placed in a Family Service Worker position for Garland County Children and Family Services. In this position, I primarily worked in the Investigative Unit and held a foster care caseload. I was required to attend court on a weekly basis and keep adequate documentation on my clients. After leaving this position, I went to work for MidSOUTH Training Academy as a trainer for twelve years. During this time, I provided training and home studies to foster and adoptive parents. I developed and presented continuing education trainings for Area III and Area IV foster and adoptive parents. I also had the opportunity to speak at the National Foster Parent Conference twice during this position. While I was a trainer, I also became a kinship provider for my nephew. Due to his past trauma and being a relative placement, this was challenging, but also rewarding. I believe it has given me insight into the struggles that relatives often face and has made me more skilled in my ability to be supportive of them.

After leaving my training position in 2010, I obtained employment with Community Counseling as a school based therapist. I worked in the alternative setting with children that had severe behavioral challenges. I had to assess, diagnose and treat my patients. I also worked closely with parents on learning skills to manage their child's behaviors. I was in this position for five years prior to entering private practice. I have been in private practice since 2015. During this time, I have had the opportunity to provide mental health counseling to adults that are adoptees. I have also continued learning more about trauma and its impact on child development and share this information with foster and adoptive parents through continuing educations to The Call in Saline and Garland Counties, and local DCFS employees.

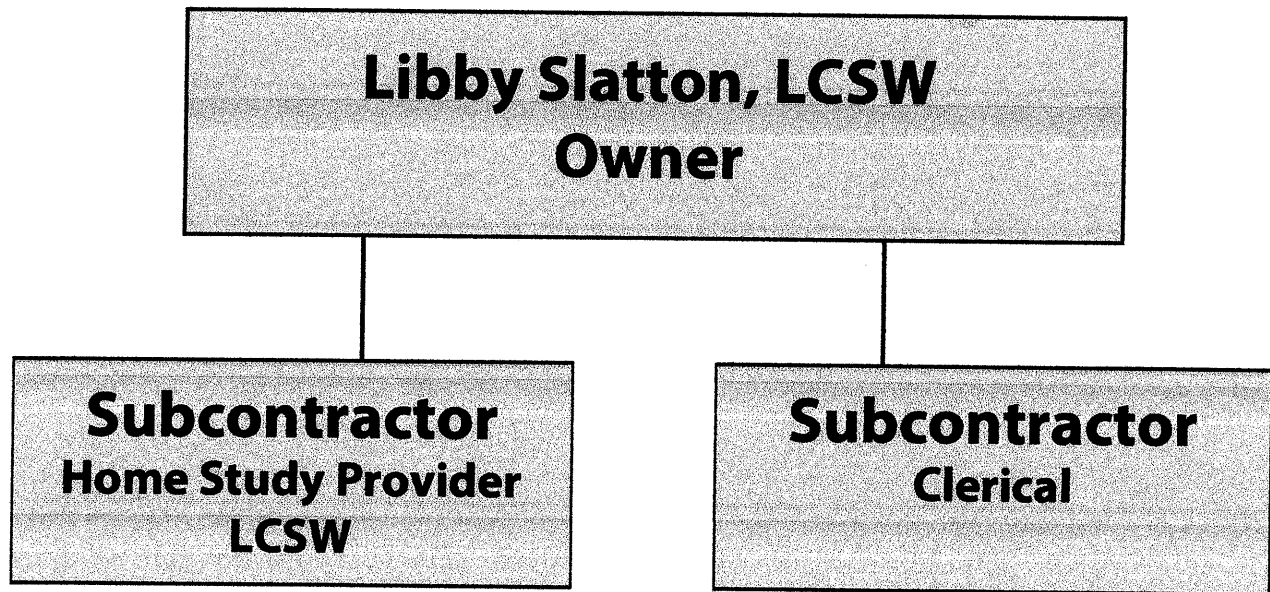
We adopted our daughter, Anna Kate in 2011 through Arkansas Department of Human Services. She had been in multiple placements and had severe behavioral issues. It has been challenging, however perseverance has paid off. She is thriving. In 2015, I was awarded the contracts to do the adoption home studies for Area III, The CALL home studies in Saline and Garland Counties and the adoption summaries. This has been a very rewarding experience. I have had the opportunity to share resources and provide hope to families that are struggling. It is more than completing a document, it is about educating families and making recommendations that can help them have a successful placement.

Throughout my child welfare experience, whether it be professional or personal, I have recognized the importance of thorough documentation. When I complete an adoption summary, I recognize it is important to look objectively at the child's past and recognize it is not the recipe for the future. I have recently visited several families that were frustrated they have not been matched with a child. We looked at their preferences and assessed their expectations and their understanding of medical and emotional challenges. I spent time educating and providing resources for them to look at while they are waiting for a placement. I feel my experience as a Family Service Worker, trainer, kinship provider, therapist and adoptive parent has given me a well-rounded perspective that helps me connect with families.



Libby Slatton, LCSW PA
Mental & Behavioral Health Services

Organizational Chart



Dennis P. Berry
113 Crews Lane
Pearcy, Arkansas, 71964
(501) 590-3290

January 16, 2020

Arkansas Department of Human Services
700 Main St.
Little Rock, AR 72201

Dear DHS,

I would like to provide you my recommendation of Mrs. Libby Slatton, LCSW to provide adoption summary services for the State of Arkansas.

My experience with DHS, DCFS and the child welfare system in Arkansas dates back to 2008 when my family and I became a foster family in Lonoke County. We fostered for 3 years, then moved out of state. When we moved back to Arkansas we immediately reopened our home. We were opened through The CALL both times. I am a PRIDE Trainer for The CALL. I have trained/assisted every new foster home recruited by The CALL in Garland and Hot Spring Counties through the training and approval process since 2015. I am a speaker for The CALL and partner with the DCFS to provide presentations to churches, civic groups and other organizations on the ongoing need for an increase in foster homes. I have been a member of the statewide board of The CALL for 3 years, and am currently serving as the Chairman of the Board of The CALL. I interact with foster families, DCFS team members on the state and local level, and many other contract providers for the state in many areas of the state.

I have known Mrs. Slatton for several years. Mrs. Slatton completed the home study on my family as we re-opened our home for foster care. Her leadership and compassion makes her a valuable partner of DCFS. She has the ability to partner with families from any background and is able to provide the state a thorough and in-depth report on the home. She is willing to, and often assists in situations where timing is critical. She is very professional and punctual as she meets deadlines. I believe her process and work product provides the level of understanding needed to assist DCFS when considering new safe and nurturing foster and adoptive homes.

One of our recent foster care cases led to termination of parental rights. Mrs. Slatton was very prompt and timely as she took on the task of completing the adoption summary on the children. She spent as much time with the children as needed so she could completely understand the situation and needs of each of the children individually. This adoption summary was thorough, personal and compelling for possible matches.

I highly recommend Mrs. Slatton for work with DHS and DCFS. She has the resources, knowledge and experience to exceed expectations, while maintaining effective relationships in this difficult arena of child welfare services.

Please contact me at 501-590-3290 with any questions or if you would like more detailed information.

Sincerely,


Dennis P. Berry

Jody W. Carter, MS, CEM[®], NRP

2215 Tower Drive
Little Rock, Arkansas
(501) 231-9307
jodycarter@writeme.com

9 January 2020

Department of Human Services
Office of Procurement
Attn: Margurite Al-Uqdah
PO Box 1437, Slot 345
Little Rock, Arkansas 72203

Re: Libby Slatton, LCSW Letter of Recommendation for "Home Studies" RFP

To Whom It May Concern,

My wife and I began the journey towards adoption in the summer of 2017, which included the completion of our Home Study by Libby Slatton, LCSW in December of that year. During this visit, she identified some opportunities for us to better understand the process of emotional trauma, and how to deal with kids who had experienced such. Libby kindly but directly recommended some resources for us to better understand how trauma affects the brain and the resulting behaviors. Following up in the months after the Home Study concluded, she helped us realize that all children in foster care have experienced traumatic loss from which they must recover.

Additionally, my wife and I were undecided if we wished to pursue a focus on foster care or adoption. Libby was able to speak from experience and explain the "pros and cons" of each scenario, and help us realize that adoption was the end goal we both desired.

In the summer of 2018, we experienced a failed adoption. Two precious girls had several overnight visits in our home before the casework team and we came to the agreement to end the process. Libby was one of the people we leaned on the most for emotional support during that horrible decision.

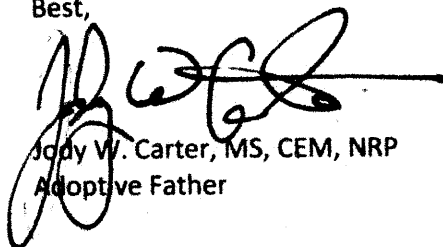
In early 2019, Libby completed our annual reevaluation. As experienced previously, her interview style was conversational, her SAFE report was quickly completed, and her findings were accurate and insightful.

Through 2019, we were again matched with a sibling group and were blessed to finalize that adoption the week before Christmas. Libby was gracious enough to be present in the courtroom during that amazing day, continuing to support us just as she had done during our first Home Study.

I could not more strongly recommend Libby Slatton, LCSW to continue serving DHS DCFS, the children in our care, and the families who open their homes. Her honesty, availability, kindness, and support were one of the major driving factors in our continued pursuit to find, and adopt, our daughters.

Please feel free to reach out if I could further dole on Libby and tell you how much we love her!

Best,



Jody W. Carter, MS, CEM, NRP
Adoptive Father



501-332-5236

1615 MLK Blvd. | Malvern, AR 72104

7 January 2020

To Whom It May Concern:

This letter is in reference to Libby Slatton and her outstanding work in foster care, adoption and overall work with children and families. Libby Slatton has been a previous coworker, colleague and personal friend for approximately 12 years. She is a great clinician and shows her colors as a social worker through her passion for the family system. She has a complete understanding of the legal, social and economic aspects of adoption and foster care. I have known her to be dedicated and passionate about helping foster families and the adoption process. I have gone to her for advice as I was personally in the adoption process and have known of her work with foster families. She is well versed in the struggles families face in the foster care system and can understand the side of reunification as well as termination. She is well informed and amazing in her ability to help families to problem solve and explore different ways to manage the process.

Libby shines brightly when she talks about foster care and adoption. She is not afraid of a challenge and has helped multiple families who have been confused or worried about being foster or adoptive parents. She finds a way to help them find their strengths as a family and work through obstacles. She is easy to approach for families and provides informative but very easy to understand tools and strategies to build forever families. She provides fair and accurate evaluations of foster and adoptive families and is always seeking to ensure the best outcomes for those involved.

It is with great pleasure that I offer my recommendation for Libby Slatton. She is an amazing person, clinician and overall advocate and resource for foster care and adoption.

If you have questions, please feel free to contact me on my personal cell 501-413-1610. You may also email me at michellek@obhaw.org

Sincerely,

A handwritten signature in black ink that reads "Michelle R. Kveum". The signature is fluid and cursive.

Michelle R. Kveum

Associate Clinical Director

A Healthy Community. One Life at a Time.

www.OBHAW.org | facebook.com/OBHAW | (501) 332-5236

Theresa A. Broom
2701 Valley Forge Drive
Benton, AR 72015
theresa.broom@yahoo.com

Re: Mrs. Libby Slatton, LCSW, PA


I have known Mrs. Slatton for twenty years. I met her through a MidSouth training class for foster and adoptive families in 1998. Mrs. Slatton was very professional and had high expectations for her families in the area of homework, team work, and creating a support network. Mrs. Slatton's knowledge of procedures, strategies, and laws was impressive. She was able to provide scenarios and case studies to assist families with empathy for children's situations and provide strategies to diffuse those situations. Her counseling insight and teaching were invaluable tools for foster families.

I had the pleasure of having Mrs. Slatton perform a home study for one of my adoptions. Again, her professional demeanor and ability to assess a home, individual, and family were impeccable. Mrs. Slatton has an innate ability to address difficult questions without expressing judgment. She possesses the same ability to see potential dangers and red-flags. Mrs. Slatton always has the child's best interest in mind which is paramount.

Mrs. Slatton is an excellent problem-solver and resourceful individual. She is always willing to share information that may help families and children get the assistance they need or desire. Mrs. Slatton's own personal experience with adoption allows her to be empathetic when resources are needed.

Mrs. Slatton is a genuine advocate for children. Her ability to be objective and nonjudgmental are essential in her work. Mrs. Slatton continues to educate herself on topics that are relevant to fostering, adoption, trauma, and new methods to assist in her counseling practice.

Mrs. Slatton's continued education goals, career, and experience with counseling are all centered around meeting the needs of children. Mrs. Slatton would be an asset in any position advocating for children and families.


Theresa Broom
Educator, MSE, Reading Diagnostician

Theresa Broom
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Vendor: Libby Slatton, LCSW PA

Owner: Elizabeth Slatton, LCSW

Date: January 20, 2020

Information for Evaluation

E.2. Approach To Scope Of Work

A. Once I receive a referral from the Adoption Specialist, I make contact with the family (usually within 24 hours) and schedule a visit with the foster parent and the child. If the child is able to be interviewed, I will ask them their likes, dislikes, preferences in a family and discuss their expectations. (The child's ability to be interviewed is based on their chronological and developmental age). I will also document information from the family including the child's routine, medical history and other pertinent information and follow the DCFS guidelines. If the child is being adopted by their foster parent, I observe the interaction between them and document. I combine this with the medical information provided by the Adoption Specialist. I make recommendations based on interview, records received and observation of the child. A final report is submitted to the Adoption Specialist/Adoption Supervisor.

B. Once a referral is received, I keep a time log of the referral date and when it is due. I reside in Hot Springs and the Adoption Supervisor is housed in this county. They are emailed to her and the Adoption Specialist and hand delivered to the Adoption Supervisor.

C. Sample Adoption Summary (Please see attached- the child's name and birthdate have been deleted to protect the confidentiality of the child).

D. I complete the majority of the adoption summaries for Area 3. If my subcontractor completes a summary, I review it prior to submitting it to the Adoption Specialist/Adoption Supervisor. I ask for continual feedback from the Adoption Specialist/Supervisor to ensure that the quality meets their standards.

E.3. Additional Contract Requirements

A. The majority of families are unavailable during normal business hours. They also often have church or recreational activities scheduled for the children placed in their home. Prior to hiring, I assess a subcontractor's ability to be flexible. Fortunately, my subcontractor is able to offer a lot of her time and completes things quickly while maintaining the integrity of her work. I and my current subcontractor both have the flexibility to work nights and weekends.

B. A requirement of subcontracting for my company is having their own vehicle with appropriate insurance. Both I and my contractor have our own transportation.

C. I currently have one subcontractor. Between the two of us, we have managed the workload and met the time requirements. Due to our history of being prompt, we have occasionally been asked by the DCFS staff and other contractors to help in other areas. We have been able to help them while meeting our

own deadlines. If there is a need for additional staffing, I have access to two additional Licensed Clinical Social Workers that are SAFE trained that are willing to help.

E.4 Reporting

A. A report will be submitted to the Adoption Supervisor with the names of the referral, adoption summaries and adoption summary updates. In this past and moving forward, this has been provided by email and a hard copy delivered in person. If there is a barrier to completion by the deadline, the Adoption Specialist and Adoption Supervisor will be notified immediately.

B. As a former DCFS Family Service Worker, I was in court on a weekly basis. I also have extensive court experience as a therapist testifying on behalf of my clients. My current subcontractor also has court experience in her past employment history. In 2018, she was subpoenaed on a home study she completed which adds to her child welfare in court.

Adoption Summary

**Health, Social, Educational, and Genetic History
Summary Completion Date: December 9, 2019**

A. Identifying Data

Name of the Child: XXXXXX

Date of Birth: XX/XX/XXXX

Sex: Male

Race: White

B. Birth Information

Time of Birth: 9:08 a.m.

Type of Birth: Vaginal, spontaneous

Perinatal, labor, and delivery information/complications:

The patient is a preterm newborn born at 35 weeks gestation to a 14-year-old mother. The father of this baby is the mother's twin brother. Mom with intellectual disability. He was affected by compression of umbilical cord. He initially had hypotonia and hypoxia, both resolved. Feeding problems which are improving, and continued temperature instability requiring isolette care. Blood type O-Negative. Birth weight 5 lbs. 6 oz. length 21 inches, head circumference 12.5 inches. APGAR 6/8. Passed newborn hearing screening. Social Services was obtained due to maternal age and incest.

C. Physical Description:

Height: Unknown

Weight: 28 lbs.

Hair Color: Brown

Eye Color: Blue

Complexion: light skin

Birthmarks: None

D. Previous Developmental, Medical and Psychological Health Evaluations and Assessments were provided by the following entities:

XXXXXX received three UAMS PACE evaluations due to placement in foster care. The first one is as follows (Medical Evaluation):

The University of Arkansas Medical Sciences (UAMS), the Department of Pediatrics, and the Project for Adolescent and Child Evaluations (PACE) of Arkansas Foster Care

Evaluators:

Joan Hamilton MS CCC SLP

Donna Robinson, APRN CPNP

Jennifer Petray MS LPEI

Date of evaluation: 08/21/2018

UAMS PACE evaluation (Medical)

The patient is a 2-year, 3-month old male who was referred for a comprehensive evaluation due to placement into foster care. Complaints/concerns: Per informant, concerns for developmental delays, per foster parent. This child was placed in foster care on 07/23/2018 due to alleged neglect, and child of teenager parent in foster care.

Medical Assessment:

General examination including skin, head, eyes, ears, nose and throat (HEENT), neck, respiratory, cardiovascular, gastrointestinal, female genitourinary, musculoskeletal, neurological, psychiatric, endocrine, hematology are all negative unless specified below:

Past medical history:

Allergies: No known drug allergies.

Primary care physician: Dr. Jana Martin at Hot Springs Pediatric Clinic (child has been followed since birth and continues while in foster care).

Specialty Care: Arkansas Children's Hospital Cardiology in 09/2016 to evaluate heart murmur. Arkansas Children's Hospital Neurology in 09/2017 to evaluate possible seizures (after several missed appointments per Arkansas Children's Hospital records). Arkansas Children's Hospital Genetics in 09/2016 (attended appointment after being referred as a newborn, DNKA recommended follow up appointments). Holt Eye Clinic for strabismus evaluation (unknown if attended).

Other Providers Involved: Child has an upcoming developmental evaluation scheduled at First Step in Hot Springs starting on 09/29/2018. (Primary care physician records indicate referrals for concerns of delayed milestones in the past but child appears to have not attended evaluations after referrals given in 08/2017 and 12/2017).

Hospitalizations: None listed in available medical records.

Strabismus: 12/2017; referred to Holt Eye Clinic but unknown if child attended appointment.

History of Ear Infections: 08/03/2018; 06/27/2018; 04/2018; 02/2018; 01/2018; 05/2017 x 2.

History of Allergic Rhinitis: With use of Loratadine; 08/2018.

History of Heart Murmur: Arkansas Children's Hospital Cardiology work up in 09/2016 with likely functional in nature without any physiological consequences.

Consanguinity: Infant product of.

Elevated Lead Level: Level 6.5 on 07/24/2018; plan for follow up in 3 months with primary care physician.

Developmental Delay: Global; has evaluation set up on 08/28/2018 at Kids First of Hot Springs, per foster parent's report.

History of prematurity: 35 weeks.

Family History:

Summary: Per records: Mother with history of intellectual disability, seizure disorder and depression. Father with a history of delayed milestones, depression. Grandfather with history of syncope, Chiari malformation, per Arkansas Children's Hospital records.

Social History:

Sleep history: No significant concerns; reported by foster parent currently.

Nutrition & Diet: Reportedly eats a variety of foods and textures. Drinks from a sippy cup primarily. No current concerns for coughing, choking or reflux.

Immunizations History:

Up to date; per immunization record; up to date until 4-years of age.

Pregnancy/Birth:

Summary: Per birth records: Child was born at National Park Medical Center in Hot Springs to a 14-year-old mother, G1P1, female as a 35 week, 3 day preterm newborn via vaginal delivery with APGAR 6/8/8. Infant is a product of consanguinity (mother and father are twin siblings). Other diagnoses during nursery course include: Congenital hypotonia, cephalhematoma due to birth injury, newborn affected by compressed umbilical cord (tight nuchal cord), prematurity, hypoxia and poor feeding (required NGT). Maternal laboratories include: Hepatitis B negative, HIV negative, GBS unknown s/p antibiotics, RPR nonreactive. Rubella immune. Urine drug screen negative. Late prenatal care reported. Infant passed newborn hearing screening and CCHD screenings. State metabolic newborn screening is not available in records. Birth weight 5 lbs. 6 oz. length 21 inches. Infant remained in the nursery for two weeks with discharge on 05/16/2016.

Past surgical history:

Circumcision: 05/23/2015 with primary care physician.

Diagnostic studies:

Newborn hearing screening: Passed bilaterally, per birth records.

State Newborn Metabolic Screen: Results are not available in medical records.

Echocardiogram: 09/2016 at Arkansas Children's Hospital reported as structurally normal heart, trivial mitral valve insufflate, normal left ventricular cavity size and systolic function, normal right ventricular cavity size and systolic function.

Electrocardiogram: 09/2/16 at Arkansas Children's Hospital reported as normal.

Electroencephalogram: 09/2017 at Arkansas Children's Hospital reported as normal with no focal slowing and no epileptiform discharges.

Blood Tests: 07/24/2018 with primary care physician; elevated lead 6.5. On 05/09/2017 with primary care physician lead was 3.7. On 07/24/2018 with primary care physician; child's complete blood count was unremarkable with white blood cell count of 8.4, hemoglobin 11.5, hematocrit 35 and platelets 433.

Weight: 27 lbs. 1 oz.

Height: 35 inches

Weight/Height: 43rd percentile. Child was afebrile during medical evaluation.

Body mass index: 15.53 kg

Head circumference: 18.5 inches

Diagnoses:

- Suspected child neglect, initial encounter.
- Immunizations reviewed and up to date.
- Developmental delay.
- Otitis media.
 - Problem story: Current ear infection in both ears; recently completed a course of Cefdinir on 08/13/2018, afebrile.
- Rhinitis.
 - Problem story: Clear runny nose, currently on Claritin.
- Dry skin.
- Elevated Blood Lead Level.
 - Problem story: Child had a lead level of 6.5 on 07/24/2018; follow up with primary care physician planned.
- Strabismus.
 - Problem story: Mild, intermittent; unknown if child has attended past recommended vision examination.

Assessment and Plan:

- Share this report with the primary care physician, caregivers, OCC Attorney, and Attorney Ad Litem and place in the child's medical passport (other).
- For all children age 3-years and older, confirm that the child has been seen by a dentist within the past six months, and schedule a dental appointment as necessary (dental).
- Ensure child attends well child/EPSTD appointments according to schedule. At each well child appointment perform age appropriate vision and hearing screenings. For all children, including babies age 6 months and older, perform oral health screenings at each visit, with dental referral as indicated (medical).
- See primary care physician for evaluation of current ear infection (medical).

- Ensure child attends 2-year-old well child examination with primary care physician (medical).
- Ensure child attends follow up appointment on elevated lead level with Hot Springs Pediatric Clinic (medical).
- Ensure child attends all scheduled appointments with Kids First in Hot Springs for his complete assessment of developmental delay including Physical Therapy/Occupational Therapy/Speech Therapy/Cognitive. Please ensure the PACE reports are provided to Kids First therapist to ensure continuity (medical).
- Please ensure that child begins and continues to receive all eligible developmental therapies (medical).
- Please determine if child attended his recommended appointment at Holt Eye Clinic for strabismus as recommended by primary care physician (“lazy eye”). If child does not attend a formal eye examination, please see primary care physician for a new referral or have child attend recommended appointment (medical).
- Please ensure child attends his scheduled appointment with Arkansas Children's Hospital Neurology on 09/25/2018 at 9:30 a.m. Consider discussing with primary care physician or Arkansas Children's Hospital Neurology if child will need an MRI appointment scheduled as well since this has been previously discussed (medical).
- Ensure child attends all recommended Arkansas Children's Hospital Neurology Clinic appointments until child is medically discharged from their medical care (medical).
- Recommend trying to move up child’s scheduled Arkansas Children's Hospital Genetics appointment earlier, if able, to ensure child attends this appointment. Please ensure child attends this follow up appointment as he has missed several in the past (medical).
- Continue current medication (Loratidine/Claritin) as prescribed; do not stop medication unless directed by physician (medical).
- Caregivers to apply unscented, hydrating lotion daily after bathing to dried areas. Should areas that child has been scratching appear infected in the future, please see primary care physician (medical).
- Please consult with DCFS specialist, Velma Defee, to determine the appropriateness of a DDS waiver (other).

The second one is as follows (Psychological Evaluation):

The University of Arkansas Medical Sciences (UAMS), the Department of Pediatrics, and the Project for Adolescent and Child Evaluations (PACE) of Arkansas Foster Care

Evaluators:

Joan Hamilton MS CCC SLP

Donna Robinson, APRN CPNP

Jennifer Petray MS LPEI

Date of evaluation: 08/21/2018

UAMS PACE evaluation (Psychological)

The patient is a 2-year, 3-month old male who was referred for a comprehensive evaluation due to placement into foster care. Complaints/concerns: Developmental delay (says papa and has said mama but is not referring to a person; his feet turn out and he is wobbly). This child was placed in foster care on 07/23/2018 due to alleged neglect and child of teenager parents in foster care. Per DCFS case plan, the child visits with his mother (who is a teenager in foster care) and entire family. The number of siblings in foster care custody is none. Current residence is in a foster home. The child has had no previous removals. Daycare/Preschool: Kiddie Park, enrolled after entering foster care. Note for "FC reason for visit CHS": XXXXXX is scheduled to be evaluated at First Step on August 29th.

Previous Testing:

Requested documentation of any previous assessment results was not located in the patient's records. It is suspected that no previous testing has been conducted. XXXXXX is scheduled to be evaluated through First Step on August 29th.

Behavior Observations:

XXXXXX was evaluated by the psychological examiner while seated on XXXXX's lap. He was alert during the evaluation. He looked at the examiners when they spoke to him, and he looked at toys when shown to him. A few brief smiles were noted. When anything was handed to him, he immediately threw it (he was not in distress, this seemed to be his play style). He did not explore the object before throwing it. XXXXXX, who has been with him on several occasions, reported this is the only play she has observed from him (throwing things); she noted that during family visits, his family brings a ball which he enjoys throwing.

During the medical evaluation, additional play skills were observed (though still delayed for his age). XXXXXX banged toys together. He handed toys to the nurse. He rolled a big toy truck in imitation.

The obtained results are considered somewhat of a low estimate of XXXXXX's skills. If he had demonstrated during testing the play skills observed during the nursing evaluation, his score would have been somewhat higher (though still would have been delayed compared to others his age).

Tests Administered:

Cognitive:

Bayley Scales of Infant and Toddler Development-Third Edition (Bayley-III)

Cognitive Composite Score: 55 (51-67)

Approximate Developmental Age Equivalency: 2 months, 20 days.

Informal Trauma Assessment:

Young children need consistent and loving caregivers to learn to trust others and feel valuable. Traumatic events are events that threaten safety (which, for young children and even infants, can include their basic needs not being met on a consistent basis as well as exposure to domestic violence or actual abuse). Potentially traumatic events to which XXXXXX has been exposed include alleged neglect leading to foster care placement. Per the affidavit, XXXXXX is the child of a teenage mother who is in foster care. It appears her parents were actually the caretakers of XXXXXX. It is also noted that XXXXXX has had prior referrals to address medical concerns and developmental delay with inconsistent follow up.

Impression/Diagnoses:

Cognitive: Early nonverbal cognitive develop assessed in the extremely low range.

Academic Achievement: Not assessed.

Behavior: Not assessed. Deficits in adaptive behavior are suspected.

At-risk-for: Neglect and developmental delay.

Suspected victim of neglect in childhood, initial encounter.

Developmental delay.

Recommendations:

- Share this report with the primary care physician, caregivers, OCC Attorney, and Attorney Ad Litem and place in the child's medical passport (other).
- Continue with plans to have XXXXXX assessed and receive early intervention special education services through First Step; share this report with them (today's scores were written on the summary sheet sent with him today so they can be shared with First Step at his initial evaluation scheduled on 08/29) (educational/speech).
- Consult with the DCFS specialist, Velma Defee, to determine the appropriateness of a DDS waiver (other).

The third UAMS appointment is as follows (Speech Evaluation):

The University of Arkansas Medical Sciences (UAMS), the Department of Pediatrics, and the Project for Adolescent and Child Evaluations (PACE) of Arkansas Foster Care

Evaluators:

Joan Hamilton MS CCC SLP

Donna Robinson, APRN CPNP

Jennifer Petray MS LPEI

Date of Evaluation: 08/21/2018

UAMS PACE evaluation (Speech):

The patient is a 2-year, 3-month old male who was referred for a comprehensive evaluation due to placement into foster care. Complaints/concerns: Minimal speech, poor balance. This child was placed in foster care on 07/23/2018 due to alleged neglect and child of a teenager parent in foster care. Per DCFS case plan, the child visits with the biological mother and grandparents. The number of siblings in foster care custody is none. Current residence is in a foster home. Daycare/Preschool: Kiddie Park, enrolled after entering foster care.

Previous Testing:

Requested documentation of any previous assessment results was not located in the patient's records. It is suspected that no previous testing has been conducted.

Behavior Observations:

XXXXXX willingly accompanied the clinician to the testing room and was content to sit on Ms. Crockett's lap during the evaluation. He offered appropriate eye contact and smiled on one occasion. There was no verbal output. Foster father was available for a short interview prior to the testing session; he related that XXXXXX has approximately three words but does not appear to use these words in a meaningful way. XXXXXX threw all presented stimulus items. He did point to an item he had thrown from the table. Ms. Crockett noted that while in the waiting room, he consistently threw toys rather than playing with the items appropriately, and during visits with family, he is typically observed to throw a ball. She related that she has seen XXXXXX feed himself solid food and has seen him drink from a sippy cup.

The obtained results are considered to be a valid indication of his current skills and abilities.

Tests Administered:

Language:

The Preschool Language Scale-Fifth Edition (PLS-5) Screening Test

Auditory Comprehension Standard Score: 54 (51-62)

Auditory Comprehension Percentile: 1

Auditory Comprehension Age Equivalency: 0-years, 11-months

Expressive Communication Standard Score: 64 (61-75)

Expressive Communication Percentile: 1

Expressive Communication Age Equivalency: 1-year, 0-months

Total Language Standard Score: 56 (53-63)

Total Language Percentile: 1

Total Language Age Equivalency: 0-years, 11-months

The Total Language Score is 56, which is significantly below the average performance range (2.9 standard deviation of the mean of 100). The above scores indicate severely delayed receptive and expressive language skills.

Impression/Diagnoses:

Receptive and Expressive Language: Severely delayed receptive and expressive language skills.

Articulation: Informally assessed to be significantly below age-level expectations.

Voice and Fluency: Deferred status due to no vocalizations.

Oral-Motor: Largely adequate for speech and feeding.

Dental: Limited view of dentition indicated age-appropriate dentition.

Hearing: Within functional limits by observation. Currently with bilateral otitis media, refer to medical evaluation for additional details.

Vision: Within functional limits by observation.

Mixed receptive-expressive language disorder

Suspected victim of neglect in childhood, initial encounter

Recommendations:

- Share this report with the primary care physician, caregivers, OCC Attorney, and Attorney Ad Litem and place in the child's medical passport (other).
- Consult with the DCFS specialist, Velma Defee, to determine the appropriateness of a DDS waiver (other).
- See the primary care physician and request a referral for a speech-language evaluation and therapy. Share this report with the primary care physician, continue with plans to have XXXXXX evaluated through First Step to determine additional beneficial early intervention services. Share this report with personnel at First Step. See the UAMS: PACE Psychological and Medical Evaluation reports dated this same date for other important recommendations (educational/speech).
- Schedule dental appointment for cleaning, examination, caregiver education, and treatment as needed at age 3-years, or sooner if concerns arise (dental).
- Screen vision at age 3-years (vision).
- Screen hearing at age 4-years (hearing).

Other Medical:

05/18/2016: Hot Springs Pediatric Clinic

Reason for visit: Newborn follow up.

Active Problems: Maternal history of intellectual disabilities – per grandmother, mother reads at a 2nd grade level. Father reads at a 5th grade level.

Weight: 5 lbs. 15 oz.

Length: 20 inches.

Head circumference: 32.5 centimeters.

Plan: Refer to Arkansas Children's Hospital Genetics due to parent's 14-years-old with a low IQ.

05/23/2016: Dr. Jeremy Porter, Primary care physician

Procedure: Circumcision.

05/31/2016 through 01/26/2018: Hot Springs Pediatric Clinic

Reason for visits: Well child checks, fever, rash on both hips. Discuss about seizures.

09/28/2016: Arkansas Children's Hospital – Genetics Clinic Note

Problems: Family history of consanguinity. Muscle tone poor.

Recommendations: Referral to Neurology, based on assessment, consider genetic testing. Early Intervention referral. Follow up in 4 months.

09/22/2017: Arkansas Children's Hospital – Neurology Clinic Note

Reason for visit: Concern for seizure.

Plan: Follow up with the Neurology Clinic in 12 months. Mother/family to contact clinic if problems develop in the interim.

Procedure: Electroencephalogram. Impression: No focal No focal or epileptiform abnormalities were seen. Normal electroencephalogram does not exclude diagnosis of epilepsy. Clinical correlation is advised.

02/19/2018 through 08/03/2018: National Park Medical Center

Reason for visits: Cough, croup, runny nose, pulling at ears,

07/24/2018: Arkansas Department of Human Services

Reason for visit: DHS Intake, Health Screening

Weight: 26 lbs.

Height: 35 inches

Head circumference: 47 centimeters

Nutritional status: Good

Assessment: 2-year-old baby boy with global developmental delays, product of consanguinity.

Referral to First Step for evaluation. Follow up with Neurology and Arkansas Children's Hospital Genetics. Referral to eye doctor.

09/20/2018: First Step

Reason for referral: XXXXXX was referred by foster parent for a developmental evaluation.

Tests Administered:

- **The Battelle Developmental Inventory – Second Edition (BDI-II)**
- **The Early Learning Accomplishment Profile (E-LAP)**

Developmental Impressions & Informed Clinical Opinion

According to the evaluation results, XXXXXX is exhibiting a score of 25% or greater delay in at least two of five domains (motor, social, cognitive, self-help/adaptive, or communication) on both the BDI and the E-LAP in the following domains: Adaptive, Social, Cognitive, Communication, and Motor. According to the BDI-II, XXXXXX is functioning within the significantly delayed range as compared to same-age peers.

It is the evaluator's opinion that XXXXXX attend First Step to work on his developmental delays. XXXXXX is able to stoop to the floor to pick up a toy, place a cube in a cup, line up cube in one hand with one in the other hand, shakes his head no-no, says three words, uses spoon with some spilling, and smiles and reaches for a familiar person. XXXXXX has difficulty running without falling, insert shapes into board, build a tower of 2 or more cubes, follows simple instructions, says more than 5 words, places only edible food in his mouth, and pick, up and put toys away.

Speech Therapy Test Results

XXXXXX was tested for speech therapy on 09/19/2018.

Tests administered:

- **The Rossetti Infant-Toddler Language Scale**
- **The Preschool Language Scale-Fifth Edition (PLS-5) Screening Test**

Strengths:

- Demonstrates functional play with ball and car.
- Responds to an inhibitory word (no).
- Uses representational gestures (claps and waves).
- Babbles two syllables together.

Weaknesses:

- Following routine, familiar directions with cues.
- Identifying familiar objects/pictured objects from group.
- Using 5 words.
- Imitating a word/words.

Occupational Therapy Test Results

XXXXXX was tested for occupational therapy on 09/20/2018.

Tests Administered:

- **The Peabody Developmental Motor Scale (PDMS-2)**
- **The Mullen Scales of Early Learning**

Strengths:

- Scribbles
- Pincer grasp
- Pellets into a bottle

Needs

- Imitate lines
- Stacks blocks
- Complete inset puzzles
- Turn pages in a book

Informed Clinical Opinion

According to test scores, XXXXXX qualifies for therapy. Test results indicate a severe delay in acquisition of fine motor skills, visual perceptual, sensory processing, and self-care skills. XXXXXX qualifies for and would benefit for Occupational Therapy intervention to address these delays. It is my informed clinical opinion that if XXXXXX does not show improvement in fine motor, visual perceptual, self-care, and sensory processing skills, he will not be able to gain the skills necessary for independence.

Physical Therapy Test Results

XXXXXX was tested for occupational therapy on 09/20/2018.

Tests Administered:

- **The Peabody Developmental Motor Scale (PDMS-2)**
- **The Mullen Scales of Early Learning - AGS Edition**

Strengths:

- Able to throw a tennis ball using an overhanded pattern.
- Able to kick a playground ball without loss of balance.
- Able to creep up and down steps independently.

Needs:

- Improved gait pattern.
- Improved stair skills.
- Jumping skills.

Recommendations:

- It is recommended that XXXXXX attend a structured developmental treatment program that provides enriched educational and social experiences in order to address delays identified by this evaluation.
- XXXXXX receive developmental treatment 25 hours per week.

- XXXXXX receive individual speech therapy services two times 45 minute sessions weekly to address receptive and expressive language delays.
- XXXXXX receive individual occupational therapy services two times 45 minute sessions weekly.
- XXXXXX receive physical therapy services for 90 minutes weekly, which averages to 2 x 45 minute sessions weekly, dependent on the individual's tolerance and attendance.
- The physical and/or occupational therapist suggest home activities that would benefit XXXXXX's acquisition of gross/fine motor skills.
- The physical, occupational, and/or speech therapist consult with parent/guardians, classroom personnel, and other healthcare professionals, as needed, regarding XXXXXX's individualized plan.
- The physical and/or occupational therapist monitor for any equipment needs.
- They physical and/or occupational therapist suggest home activities that would benefit XXXXXX's acquisition of gross motor, fine motor, self-help skills, and sensory processing functioning.

01/18/2019: Arkansas Children's Hospital Eye Clinic

Reason for visits: Eye examination, new patient; Hyperopia of both eyes with astigmatism, developmental delay.

02/04/2019: Arkansas Children's Hospital Genetic Clinic

Reason for visits: Delayed milestones, foster home of inbreeding (primary), foster home of intellectual disabilities, child in foster care.

Procedures: Autism/ID Xpanded Panel.

Developmental/Social History: Per DHS worker, he "doesn't do much". Currently able to walk, able to feed self (per report to DHS worker), will babble and maybe say individual words rarely (ball, mama), he does recognize people and will be excited to see grandparents. He will throw a ball but does not play. Current in preschool at First Step. He is in Occupational/Speech/and Physical Therapies at First Step in Hot Springs. Patient lives at home with a foster family, is expected to be returned to biological mother shortly. Biological mother is also in foster care currently and once she is settled into a foster home, he will be returned to her.

Clinical Indication: Male with global developmental delays, hypotonia, and mild facial dysmorphism in the setting of inbreeding.

08/13/2019: Dawson Educational Services Cooperative Early Childhood Education Evaluation Report

Reason for referral: XXXXXX was referred by First Step to determine eligibility for special education services with Dawson Cooperative. He attends First Step where he receives developmental, speech, occupational and physical therapy. He has been living with foster

parents for a little over a year. Because of this, there is limited information on the prenatal/birth history and early development.

Tests administered:

- **The Behavior Assessment System for Children, 3 (BASC-3)**

Summary/Recommendations:

Based on the evaluation results, XXXXXX demonstrates severe delays in cognitive skills and gross motor skills. Fine motor skills are moderately delayed. Adaptive skills were moderately to severely delayed. Social/emotional development severely delayed on the Battelle but within normal limits on the BASC-3. Special education instruction is recommended for 30 minutes per week to address delays in cognitive, fine motor, gross motor, and adaptive skills. Direct instruction is not recommended for social/emotional development because the most recent assessment showed this area to be within normal limits and these skills are addressed daily in the preschool classroom.

Other Medical:

XXXXXX sees Dr. Sara Hardy at Hot Springs Pediatric Clinic. He is diagnosed with developmental delays. He is also considered small for his age. He is receiving speech, occupational therapy, developmental therapy and physical therapy through First Step School. He is up to date on his immunizations. XXXXXX is a product of incest. His mother and father are twin siblings.

E. Personality:

XXXXXX's personality is described as cheerful and happy the majority of the time. He is usually reserved around people. He is getting familiar with people at church and becoming more open. He is generally fairly laid back. When he first came into the home, he seemed anxious. However, the family reports that this has resided.

Relationships:

XXXXXX has not seen his parents since October 07, 2019. Prior to this, he had visited his grandparents, however those visits ended when they were considered unequipped to take care of him. He is closest to the foster daughter that is aged thirteen. He is also close to his foster father.

Behavioral Concerns:

He does not have any behavioral concerns that are of a concern to the foster family. When you ask him to do something, he will usually follow directions. He is very routine oriented.

Personal Habits:

XXXXXX's appetite is good. He eats well at school. However, at home he can be picky. He loves McDonald's and Sonic. His favorite food is chicken nuggets. He likes them to be out of a fast food

bag or a box. He does like spaghetti or lasagna. He does like fruit. His sleep is good. He will generally sleep throughout the night. The family usually rocks him briefly before he lays down. He has a weighted blanket. He usually doesn't keep it on him. He is in the process of being potty trained. He does wear a pullup. His favorite toys are playing with any kind of ball.

Interview with the Child:

XXXXXX was unable to be interviewed due to his focus and developmental level. However, he was observed interacting with his foster parents. He smiled, engaged in "show and tell" and was physically affectionate towards them.

Daily Schedule:

6:20 am- He wakes up.

6:50 am- Goes to daycare (he rides the bus)

5:15 pm- Leaves daycare and goes to his after school and is picked up

5:45 pm- Arrives home and plays

6:00 pm- Eats dinner

7:00 pm- Goes to bed

Clothing:

Clothing Size: 3T top 2T bottom

Shoe Size: 8

F. Discipline:

He knows the word "No" and appears to comprehend things. He is still learning to talk and will try and communicate with you. He can get frustrated if he is not understood.

G. School Experiences:

XXXXXX attends First Step's early intervention program. He does very well at school and receives all of his therapies. After school, he attends daycare at Charlie's Angels. He does well and gets along well with other children.

Special Education: None

Special Resource Classes: None

Extracurricular Activities: None

Foster Care Experiences:

This is XXXXXX's only placement. He came into the home in July 15, 2018. When he first came into the home he screamed all the time. He had bad ear infections and could not talk at all. He was anxious. The family reports that he has made a lot of progress. He appears happy and settled.

Current Foster Home:

The current foster home placement consists of the foster father and mother, their thirteen year old daughter, eleven year old son, eight year old daughter and another foster child that is fifteen months old.

H. Birth Parents:

Birth Mother:

Mother and father of baby are twin siblings. Maternal history of intellectual disabilities – per grandmother, mother reads at a 2nd grade level. Father reads at a 5th grade level. Height is 5' 6". Depression. She has asthma. Epilepsy and recurrent seizures – her last seizure was at 7-years-old.

Birth Father:

Mother and father of baby are twin siblings. Per grandmother, father reads at a 5th grade level. Height 6'. He has depression and is currently in a psychiatric facility. He has attempted suicide several times, reportedly due to the incest between him and his twin sister.

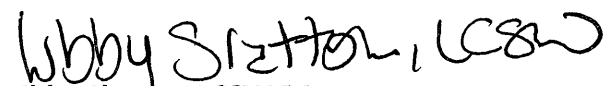
I. Preparation of Child for Adoption:

His foster family reports that they feel he will have some separation issues, however they are willing to help a family with transition. It will be important that the family, the future adoptive parents and DCFS.

J. Recommendations:

XXXXXX is a sweet, engaging child. As mentioned, XXXXXX is a product of incest He is developmentally delayed. Due to his age, it is hard to gauge his needs long term. He could struggle with independent living skills as he gets older. Therefore, he needs a family that is able to understand that he will have a need for services long term. His family will need to be proactive in his education and advocate for him to get the services that he needs. He will need opportunities for socialization and growth. The family will need to recognize that his chronological age will not match his developmental age and set their expectations accordingly. The family should be willing to educate themselves about developmental resources at the local and state level. With the right family, XXXXXX has the ability to progress and have a successful placement.

Adoption Specialist: Contracted Social Worker


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