SUPERIOR COURT OF CALIFORNIA,
COUNTY OF LOS ANGELES
JUVENILE DIVISION

In the Matter of: Los Angeles County Clients of Children's Law Center of California Minor(s).	DECLARATION OF SHARON ZONE IN SUPPORT OF CHILDREN'S LAW CENTER OF CALIFORNIA (CLC) MOTION FOR MODIFICATION OF PRESIDING JUDGE'S STANDING ORDER REGARDING VISITATION ISSUED 3/20/20

I, Sharon Zone, declare as follows:

1. I am a resident of the State of California. I am over the age of 18 and have personal knowledge of all the facts stated herein. If called as a witness, I could and would testify competently to the matters set forth below.

2. I obtained a Masters of Social Work in 1996 from California State University, Sacramento and have been a Licensed Clinical Social Worker since 2003. Additional post-graduate certification includes a Fellowship in the Napa Infant-Parent Mental Health Fellowship, a 15-month post-graduate program that contributes to my expertise in working with young children ages birth to five, along with their parent or caregiver. I have endorsement as a Specialist by both the California Center for Infant-Family and Early Childhood Mental Health, and by the Michigan Alliance for Infant Mental Health, indicating that I have a level of training and experience that meets or exceeds the standards for each state

organization. I am also a trainer in the Neurosequential Model by Bruce Perry, MD and a provider of other evidence-based interventions, supporting children in healing from trauma.

3. I am currently employed by the California Department of Social Services (CDSS) and for the past year have served as an Early Childhood Program Consultant in the Child Protection and Family Support Branch (CPFSB), one of five branches within the Children and Family Services Division of CDSS, where I support efforts to improve conditions for young children in child welfare services. Before returning to CDSS, I served as the Infant Mental Health Program Manager with the University of California Davis, Child and Adolescent Abuse Resource and Evaluation (CAARE) Diagnostic and Treatment Center. Over my 18 years with the CAARE Center, I developed the Infant Mental Health Program, and provided both direct services and oversight for clinical treatment services for young children (ages birth to five) along with their families and caregivers, and most of my work focused on infants, toddlers and preschool age children. I also currently hold a part time position on the faculty of the Napa Infant-Parent Mental Health Fellowship.

4. CDSS is one of sixteen departments and offices within the California Health and Human Services Agency and is responsible for the oversight and administration of programs serving California's most vulnerable residents. Our mission is to serve, aid, and protect needy and vulnerable children and adults in ways that strengthen and preserve families, encourage personal responsibility, and foster independence.

5. The CPFSB is responsible for pre-placement and in-home services policy components within child welfare services, including child abuse prevention, as well as statewide training and staff development activities of public child welfare service workers within a trauma-informed system of care. The Branch also administers a variety of intervention and treatment services designed to increase family strengths and capacity to provide children with a stable and supportive family environment, as well as strategies to reduce the number of young children needing child welfare services.

6. My duties as an Early Childhood Program Consultant focus on the experiences and needs of young children touched by child welfare services. I am engaged in direction, planning and goals to ensure effective, efficient and equitable delivery of services, and development of California policies for the integration of child welfare services and mental health. My duties require understanding the effects of trauma children experience due to adverse childhood experiences.

7. The separation of children from their families causes trauma to children. In the child welfare context, trauma can be inflicted even when the removal from the parent is necessary for the child's safety. Trauma can cause a change in attachment, bonding and brain development. In children under the age of five, the effect of trauma is compounded by the fact that they lack the developmental resources to understand and cope with the loss.

8. The effects of trauma can be heightened when intensive and individualized supports are not offered as soon as possible. Untreated trauma can result in serious long-term physical, emotional, psychological, and social problems. Family visitation when appropriate, including visitation with parents, siblings, and other family members, is a critical individualized service used to reduce or ameliorate trauma in a child welfare case.

9. Children, especially very young children, require responsive, predictable and consistent caregiving and experiences. The ability to manage their response to stress depends upon the comfort of familiar relationships. During the current health crisis, the families and communities surrounding children are in a state of disorganization as we seek normalcy among the unprecedented COVID-19 experiences. At a time of such uncertainty, the relationships a child maintains can either buffer adversity, or contribute to a sense of vulnerability and fear.

10. A child placed in foster care has already experienced the trauma of separation. When appropriate for the individual child welfare case, regular time with a familiar parent, sibling, or other family member, supports the child's bond, and offers reassurance that the family member has not disappeared. In the absence of visits or disruption in the frequency of

visits, young children experience grief and loss. Confusion and sadness are communicated through behaviors, which often are interpreted as misbehavior and lead to challenges in the child's relationships with others, and typical development in other domains may be affected.

11. For some older children, visits via technology may be a temporary solution, particularly if audio and video contacts are increased during this period. For young children who are very sensory in nature and need the tactile contact, the smells, the sounds, and movement of their family member, it is an inadequate substitute.

12. In recognition of these issues and the California State of Emergency, the CDSS issued All County Letter (ACL) 20-25 on March 21, 2020, on "Providing Optimal Child Welfare and Probation Services to Children and Families During Coronavirus (COVID-19) California State of Emergency." Especially for children under the age of 3, counties should work to maintain face-to-face visits, which allow the child to continue to develop critical early bonds with their parent, consistent with screening protocols and social distancing recommendations, including having visits outside. County caseworkers are in the best position to make an initial and individualized determination on whether face-to-face visits can proceed in each child welfare case.

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

DATED this 3rd day of April, 2020 at Sacramento, California.

Sharon Rea Zone

SHARON ZONE, MSW/LCSW
Early Childhood Program Consultant
Child Protection and Family Support Branch
Child and Family Services Division
California Department of Social Services