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SN: 624

PC: 32



FILED

AUG 28 2024

**TIMOTHY W. FITZGERALD
SPOKANE COUNTY CLERK**

SUPERIOR COURT, STATE OF WASHINGTON, COUNTY OF SPOKANE

SIRINYA SURINA,
Petitioner

NO. 17-3-01817-0

And

**DECLARATION OF SIRINYA
SURINA IN SUPPORT OF
QUASHING 8-23-24 TRO**

AARON SURINA,
Respondent.

I, Sirinya Surina, am the Petitioner in the above captioned matter and declare as follows:

Respondent's motion for a Temporary Restraining Order is filled with untruths and outright lies. Respondent alleges that our son Andrew was hospitalized from a brutal attack rendering him unconscious. This is a blatant lie that Respondent is perpetuating and making false claims to Washington and Idaho CPS along with filing a similar motion in Kootenai County District Court against my significant other, Eric Brubaker. Washington CPS has received a number of complaints from Respondent alleging issues concerning my care and Mr. Brubaker's treatment of our sons. All of them have been unfounded. Most recently, Washington CPS sent me a letter that is attached dated 8/13/24, finding that reports made on or about 5/2/24 and 6/20/24 alleging that I abused or neglected a child in my care were unfounded. Similarly, Eric Brubaker received a letter from CPS dated August 13, 2024, finding that the reports made on or about 5/2/24 and 6/20/24 alleging that he had abused or neglected a child were unfounded. That letter is attached as Attachment A.

Respondent in his motion seeks under §16 that "Father retains custody – pending criminal proceedings in Washington and Idaho." There are no criminal proceedings in either state. Respondent also alleges that a video of an alleged incident in the Costco parking lot taking place on 6/15/24 had been altered. This video by Costco pursuant to a subpoena served on them and obtained by my attorney. The video has been never been altered.

STANLEY A KEMPNER, JR.

Attorney at Law
900 N. Maple St., Suite 200
Spokane, WA 99201
(509) 484-1104:voice
(509) 252-3295
sakempner@comcast.net

1 Respondent claims that our son Andrew was hospitalized as a result of what he alleges
2 to have occurred. Respondent did take Andrew to Sacred Heart Hospital for evaluation on
3 6/16/24. There is no reference in the hospital notes that Andrew was rendered unconscious
4 nor is there any concern about him having a concussion. In the history provided by
5 Respondent, he specifically stated to the medical provider. "There is no loss of consciousness
6 at the time of the injury." Attachment B

7 Because of the case pending in Idaho against Eric Brubaker, and the allegations
8 Respondent made in that case, the court ordered an investigation by the Idaho Department of
9 Health and Welfare. The investigation report is attached hereto as Attachment C. Of specific
10 note are that Respondent alleged that he had taken Andrew to the emergency room because he
11 had a laceration on his head. The report of the physical examination of Andrew specifically
12 states: "SKIN: No rashes or lesions." He also stated that Andrew had a concussion. The
13 hospital records show neither of those being presented to the hospital. More important in the
14 report is the by Melisa Voss, the Idaho investigator who reported that she viewed the video
15 Respondent alleges proved abuse by me and Mr. Brubaker. The report states of the video:

16 The mother is observed. Opening the door and talking
17 with Andrew for a short period of time her significant
18 other gets out also talks to Andrew and then is observed
19 getting back into the front seat of the truck. Mother and
20 David begin walking into Costco and then David returns
21 to the car and was talking to his brother. Andrew is seen
22 moving around inside the car. However, it is unclear
23 what he is doing. At one point David is standing by his
24 brothers door with it open and Andrew tumbles headfirst
25 out the door. Eric is observed walking around to the side
26 of the truck, standing Andrew up and shutting the door
27 and all three of them proceed into the store, at which
28 point the video concludes.

29 Ms. Voss spoke with Wednesday Bassett with Washington CPS who also viewed the
30 video of the alleged incident. Ms. Wednesday reported that Washington had several cases and
31 there had been alleged coaching by the children by dad. Also that the most recent allegations
32 were going to be closed as unfounded.

Respondent's motion is being brought for vexatious, unlawful and vindictive purposes
and the order that was entered on 8/23/24 should be quashed and the children should be

DECLARATION OF SIRINYA SURINA IN SUPPORT OF
QUASHING 8-23-24 TRO 2 of 3

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1 immediately returned to me. Because of Respondent's untruthful statements and motion, I
2 have incurred substantial attorney fees and am requesting that Respondent be required to pay
3 my attorney fees and as a further sanction be required to be prevented from bringing further
4 motions.

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

7 DATED this 23rd day of August, 2024 in Spokane, Washington.

8 DocuSigned by:
9 
10 D24E9B04F5F0442...
11 SIRINYA SURINA
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DECLARATION OF SIRINYA SURINA IN SUPPORT OF
QUASHING 8-23-24 TRO 3 of 3

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Attachment A



STATE OF WASHINGTON
DEPARTMENT OF CHILDREN, YOUTH, AND FAMILIES
316 W Boone Ave Suite 500
Spokane, WA 99201 - 2303

08/13/2024

Eric Brubaker
9120 Silver Ct.
Cheney, WA 99004

RE: Intake Number: 5347270, 5390645

Dear Eric Brubaker:

I am writing to inform you of the results of the Child Protection Services (CPS) Investigation conducted by the Department of Children, Youth, and Families (DCYF) and your rights concerning the results of this investigation. On or about 05/02/2024, 06/20/2024, CPS received a report alleging that you abused or neglected your child or a child in your care. CPS investigated this report, which included a discussion of the allegations with you. CPS has completed the investigation and made a finding that abuse or neglect did not occur or that there was insufficient evidence to conclude that the abuse or neglect happened.

What type of child abuse or neglect did you allegedly commit?

The allegation(s) are:

- Physical abuse
- Negligent treatment or maltreatment

Child abuse and neglect are defined in state law. CPS is required to use these definitions when investigating allegations of abuse and neglect.

What did CPS find?

CPS investigated the allegations. The investigation determined that the allegations of abuse and neglect against you are Unfounded. When an allegation is 'Unfounded,' it means that CPS investigated the allegation and, based on the information available, has determined that it was more likely than not that the alleged abuse or neglect did not occur, or that there was insufficient evidence to determine whether the alleged child abuse did or did not occur.

What happens to information about Unfounded CPS reports?

1. The Department of Children, Youth, and Families (DCYF) keeps this information in its computer

system. State law requires DCYF to destroy records about unfounded reports of child abuse or neglect after six years unless CPS makes a Founded report about you, your child or a sibling or half-sibling of your child.

2. DCYF cannot provide information about unfounded reports to anyone outside the department without your written permission.
3. An Unfounded report cannot be the reason for denying you a license or for disqualifying you from employment to care for children or vulnerable adults.
4. Prior to destruction of your records the information from this investigation can be used in:
 - Future CPS investigations; or
 - Legal actions related to child protection or child custody.

What are your rights?

1. You have a right to know the results of the CPS investigation. This letter is provided for this purpose.
2. You have the right to send CPS a written response about the allegation and finding. If you send a written response, it will be put in your CPS file. Send written responses to the address printed on top of this letter.
3. You have the right to see your CPS file. You may ask for access to your file in writing or by calling the number listed below.

Where can you find more information about CPS findings and your rights?

Washington Administrative Code (WAC) Chapter 110-30 and RCW 26.44.020 cover these issues. You can access it on line at <http://apps.leg.wa.gov/wac/default.aspx?cite=110> and <http://apps.leg.wa.gov/rcw/default.aspx?cite=26.44.020>.

Sincerely,

Alexandra Job

CPS Supervisor

(509) 818-1050

TELEPHONE NUMBER



STATE OF WASHINGTON
DEPARTMENT OF CHILDREN, YOUTH, AND FAMILIES
316 W Boone Ave Suite 500
Spokane, WA 99201 - 2303

08/13/2024

Sirinya Surina
9120 Silver Ct.
Cheney, WA 99004

RE: Intake Number: 5347270, 5390645

Dear Sirinya Surina:

I am writing to inform you of the results of the Child Protection Services (CPS) Investigation conducted by the Department of Children, Youth, and Families (DCYF) and your rights concerning the results of this investigation. On or about 05/02/2024, 06/20/2024, CPS received a report alleging that you abused or neglected your child or a child in your care. CPS investigated this report, which included a discussion of the allegations with you. CPS has completed the investigation and made a finding that abuse or neglect did not occur or that there was insufficient evidence to conclude that the abuse or neglect happened.

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Sincerely,



Alexandra Job

CPS Supervisor

(509) 818-1050

TELEPHONE NUMBER

Attachment B

AFTER VISIT SUMMARY

Andrew A. Surina DoB: 6/26/2016

6/16/2024 PROVIDENCE SACRED HEART MED CTR PEDIATRIC EMERGENCY 509-474-5690



Instructions

Thank you for the opportunity to care for Andrew today~

Andrew has a soft tissue injury strain to his neck. With these injuries, we need to rest. Ice, elevation and non-steroidal antiinflammatories such as ibuprofen can help. Please see Andrew Alex Surina's primary care provider in 2 weeks to recheck the injury. Please return to the emergency room with worsening of severe pain, numbness, tingling or blueness to the extremity.



Read the attached information

1. Neck Sprain or Strain (English)
2. Head Injury, Minor, Age >3 yrs, KidsHealth (English)



Schedule an appointment with Shane B. Carson, DO as soon as possible for a visit in 2 days (around 6/18/2024)

Why: For reassessment and ED visit follow-up
Specialty: Pediatrics
Contact: 1919 S GRAND BLVD
Spokane WA 99203
509-747-3081

What's Next

Your child currently has no upcoming appointments scheduled.

Providers seen during ED Visit

Today's Visit

You were seen by Stephanie Bowdish, ARNP

Reason for Visit
Assault

Diagnoses

- Minor head injury, initial encounter
- Strain of neck muscle, initial encounter



Imaging Tests

XR Cervical Spine 2 - 3 Vw



Medications Given

acetaminophen (TYLENOL) Last given at 2:14 PM



Blood Pressure
109/47



Temperature (Temporal)
98.6 °F



Pulse
88



Respiration
26



Oxygen Saturation
100%



Provider	Role	Specialty	Primary Office Phone
Attending Stephanie Margaret Bowdish, ARNP	Attending	Nurse Practitioner	☎ 509-474-3344

Allergies

No active allergies

Intolerance

No active intolerances/contraindications

Important Information

There may be times after you are discharged that your condition needs to be re-evaluated.
Call your doctor immediately, come to the **Emergency Department** or call **911** if you experience:

- Difficulty breathing or unusual shortness of breath
- Chest pain
- Excessive bleeding or drainage at the operative site
- Persistent nausea or vomiting
- Fever, chills, and/or increased pain that is not relieved by pain medication
- You should also call anytime you feel that your condition is an emergency.

Financial Assistance Info

We can help with your medical bills.

You may qualify for financial assistance

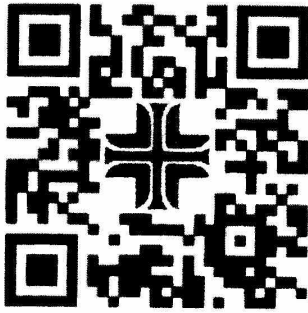
We offer:

- Free or low-cost care for those who are eligible
- Interest-free, long-term payment plans
- Assistance in securing health coverage

Learn more and apply today.

www.providence.org/FinancialHelp?

Or scan the QR code:

**Contact a Financial Counselor**

Find out what financial assistance options are available to you and get help from our team.

855-229-6466

Monday - Friday, 7 a.m. to 5:30 p.m. PT

Your Child's Medication List

Your child has not been prescribed any medications.

MyChart[®]

MyChart is an online portal that lets you communicate with your care team and access your electronic medical record. At your next visit, ask how you can sign up. It's free!

Neck Sprain or Strain

A sudden force that causes turning or bending of the neck can cause a sprain or strain. An example would be the force from a car accident. This can stretch or tear muscles called a strain. It can also stretch or tear ligaments called a sprain. Either of these can cause neck pain. Sometimes neck pain occurs after a simple awkward movement. In either case, muscle spasm is commonly present and contributes to the pain.

Unless you had a forceful physical injury (for instance, a car accident or fall), X-rays are often not ordered for the initial evaluation of neck pain. If pain continues and doesn't respond to medical treatment, X-rays and other tests may be done later.

Home care

- You may feel more soreness and spasm the first few days after the injury. Rest until symptoms start to improve.
- When lying down, use a comfortable pillow or a rolled towel that supports the head and keeps the spine in a neutral position. The position of the head should not be tilted forward or backward.
- Apply an ice pack over the injured area for 15 to 20 minutes every 3 to 6 hours. Do this for the first 24 to 48 hours. To make an ice pack, put ice cubes in a plastic bag that seals at the top. Wrap the bag in a thin towel or cloth before using it. Don't put ice or an ice pack directly on the skin. After 48 hours, apply heat (warm shower or warm bath) for 15 to 20 minutes several times a day. Or alternate ice and heat.
- You may use over-the-counter pain medicine to control pain, unless another pain medicine was prescribed. Non-steroidal anti-inflammatory drugs (NSAIDs) like ibuprofen or naproxen may work better than acetaminophen. If you have chronic liver or kidney disease, ever had a stomach ulcer or gastrointestinal bleeding, or take blood thinners, talk with your healthcare provider before using these medicines.
- If a soft cervical collar was prescribed, only wear it for periods of increased pain. It should not be worn for more than 3 hours a day, or for longer than 1 to 2 weeks.

Follow-up care

Follow up with your healthcare provider, or as directed. Physical therapy may be needed.

Sometimes fractures don't show up on the first X-ray. Bruises and sprains can sometimes hurt as much as a fracture. These injuries can take time to heal completely. If your symptoms don't improve or they get worse, talk with your provider. You may need a repeat X-ray or other tests. If X-rays were taken, you will be told of any new findings that may affect your care.

Call 911

Call 911 if you have:

- Neck swelling, difficulty or painful swallowing
- Trouble breathing
- Chest pain

When to get medical advice

Call your healthcare provider right away if any of these occur:

- Pain gets worse or spreads into your arms or legs
- Weakness or numbness in 1 or both arms or legs

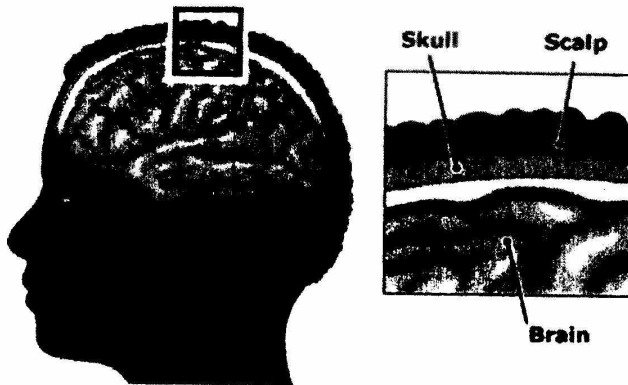
StayWell last reviewed this educational content on 2/1/2022

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Minor Head Injury: How to Care for Your Child

Most childhood falls or blows to the head cause only minor bruises or cuts to the scalp. If the skin is cut, you'll see bleeding. If the skin isn't cut, the blood will cause a swelling or bruise, sometimes called a "goose egg," which may take days or weeks to disappear. Lasting problems from minor head injuries in children are very rare. After a head injury, kids and teens may vomit (throw up), feel sick to the stomach, or have dizziness during the first few hours. This usually lasts a short time and kids return to normal quickly.



✓ Care Instructions

- Apply an ice pack or instant cold pack (wrapped in a washcloth or sock) to the injured area for up to 20 minutes every 3–4 hours for the first 1–2 days, or as directed by the health care professional.
- Offer clear liquids, ice pops, or gelatin if your child feels sick to the stomach or has vomited.
- If your child has a headache, pain medicine may help:
 - You can give acetaminophen (such as Tylenol® or a store brand) for pain if your health care provider says it's OK. **Do not give ibuprofen (such as Advil® or Motrin®) unless the health care professional tells you it's OK.**
- Let your child sleep. There's no need to keep a child awake after a minor head injury. After some types of head injuries, health care providers will advise checking children during sleep. If so, check to see that your child's breathing and skin color look normal. Touch your child to see that he or she responds like usual.
- If your child has a head wound, follow the instructions for washing your child's hair and/or changing the bandages.

Call Your Health Care Provider if...

Your child:

- is very cranky
- becomes very sleepy
- complains of dizziness
- becomes restless or confused
- complains of head or neck pain and stiffness
- vomits more than once

Go to the ER if...

Your child:

- develops a severe or worsening headache
- isn't speaking clearly
- is stumbling or not walking normally

If your child is hard to wake up, passes out, or has a seizure, call 911.

More to Know

Do children with a minor head injury need X-rays or a CT scan? No, most children with a minor head injury don't need X-rays or CT scans. The health care provider examined your child carefully and didn't find any cause for concern.

Does swelling of the scalp mean that there is swelling of the brain? No, swelling of the scalp does not mean there is any swelling of the brain. The skull bone separates the scalp from the brain and protects it from injury.



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ED Provider Notes

Stephanie Bowdish, ARNP at 06/16/24 1245

Patient Name: Andrew Alex Surina
MRN: 60005141356
DOB: 6/26/2016
Age: 7 y.o. 11 m.o.
ED Encounter Date/Time: 6/16/2024 11:48 AM
PCP: Jeffrey M. Schilt, ARNP

ED ENCOUNTER

CC:

Chief Complaint

Patient presents with

- Assault

History is provided by bio-father.

HPI: Andrew is a 7 y.o. 11 m.o. male who presents to the emergency department with complaints of a head injury. Father reports that she picked the patient up from mother this morning at 9 AM, at that time patient is complaining of a headache. Upon asking what occurred, patient relates her father that he went to Costco yesterday with older brother, mother and mother's boyfriend/friend. Patient was reportedly not getting out of the car fast enough, so mother's boyfriend/friend pulled him out of the car and then dropped him causing him to strike his head on the concrete. Since then he has been complaining of a worsening headache and neck pain. States this occurred approximately 2 PM yesterday on 6/15/2024. States this is not the first time this person has demonstrated aggressive behaviors toward him. There is no loss of consciousness at the time of injury. There has not been any vomiting since injury occurred. Currently rating Headache 8 out of 10, no vision changes, no dizziness. He is able to walk without difficulty. He is complaining of neck pain. No medications have been given.

he is an otherwise healthy child without chronic medical conditions who is UTD on immunizations.

Past Medical History:

History reviewed. No pertinent past medical history.

Past Surgical History:

Past Surgical History:

Procedure

- CIRCUMCISION

Laterality

Date

Medications:

No current facility-administered medications on file prior to encounter.

No current outpatient medications on file prior to encounter.

Allergies:

No Known Allergies

Family History:**Family History**

Problem

Relation

Age of Onset

- Other (see comment)
no major medical hx
- Other (see comment)
no major medical hx

Mother

Father

Social History:**Pediatric History**

Patient Parents

- Surina, Sirinya (Mother)
- Surina, Aaron (Father)

Other Topics

Concern

- Not on file

Social History Narrative

The patient lives at home with split custody with mother and father. There are no cigarette smokers living in the home. The child does not attend daycare.

Immunizations:**Immunization History**

Administered

Date(s) Administered

- | | |
|--|--|
| • DTAP (INFANRIX) 5 DOSE | 09/13/2017, 11/17/2017, 01/02/2018, 10/04/2018 |
| • DTAP-IPV, 1 DOSE (PED) | 11/17/2020 |
| • HEP A, 2 DOSE (PED) | 08/11/2017, 06/27/2018, 07/10/2019 |
| • HEP B (PED, ADOLESCENT) 3 DOSE | 08/11/2017, 09/13/2017, 01/02/2018 |
| • HIB (PRP-T), 4 DOSE (PED) | 10/10/2017 |
| • INFLUENZA PF 6-35M QUADRIVALENT | 10/10/2017, 01/02/2018, 10/04/2018 |
| • INFLUENZA PF, QUADRIVALENT | 11/24/2020 |
| • MMR (M-M-R II) 2 DOSE | 10/10/2017 |
| • MMR-V (PROQUAD), 2 DOSE | 11/17/2020 |
| • PNEUMOCOCCAL CONJUGATE 13-VALENT (PCV13) | 09/13/2017, 11/17/2017 |
| • POLIO (IPV), 4 DOSE | 01/26/2017, 03/27/2017, 08/11/2017 |
| • VARICELLA (VARIVAX) 2 DOSE | 10/10/2017 |

REVIEW OF SYSTEMS

ROS

Constitutional: head injury headache.

HENT: neck pain.

Eyes: Negative.

Respiratory: Negative.

Cardiovascular: Negative.

Gastrointestinal: Negative.

Neurological: Negative.

PHYSICAL EXAM

VITAL SIGNS: (first vital signs): Temp: (I) 36.3 °C (97.3 °F) Heart Rate: 78 Resp: 24 SpO2: 100 % BP: (I) 124/64

Physical Exam

CONSTITUTIONAL: Alert, interactive, and non-toxic in appearance.

HEAD: Normocephalic, No hematomas, no palpable skull fractures.

NECK: Supple without meningismus, adenopathy, or masses. Full range of motion, (+) tenderness to palpation of trapezius muscles, (+) discomfort with forward flexion and extension.

EYES: Conjunctivae clear, sclera anicteric. Pupils equal, symmetric, and reactive to light.

EARS: Tympanic membranes are clear. External canals without discharge, redness, or swelling. Battle sign negative, no hemotympanum.

NOSE: No rhinorrhea. No epistaxis

MOUTH/THROAT: Mucus membranes moist without lesions or exudates. No dental injuries and fractures

RESPIRATORY: Lungs clear to auscultation without wheezes, rales or rhonchi

CARDIOVASCULAR: Regular rate and rhythm without murmurs, rubs, or gallops. Normal capillary refill centrally and peripherally.

GASTROINTESTINAL: Abdomen is soft, non-tender, and non-distended without organomegaly.

MUSCULOSKELETAL: No joint or extremity swelling. Moves all extremities symmetrically without pain.

SKIN: No rashes or lesions.

NEUROLOGIC: Pupils are equally round and reactive to light. Extraocular movements are full and conjugate without nystagmus. Facial sensation is equal to light touch over the forehead, cheeks bilaterally and chin. Cranial nerves II-XII intact. Facial movement is strong and symmetric with eye closure and smiling. Normal gross hearing to voice. Normal phonation with symmetric palatal elevation. Strong, symmetric flexion of the neck muscles and sternocleidomastoid muscles. Tongue movements are normal. 5 out of 5 strength in all extremities. Normal sensation. 2+ DTRs in upper and lower extremities. Normal finger to nose and rapid alternating movements. Normal mental status.

LABS

Results for orders placed or performed during the hospital encounter of 10/18/17
CBC with Differential

Result	Value	Ref Range
White Blood Cells	4.8 (L)	5.0 - 15.5 K/uL
Red Blood Cells	4.85	3.70 - 5.30 M/uL
Hemoglobin	12.5	11.5 - 13.5 g/dL
Hematocrit	37.2	33.0 - 39.0 %
MCV	76.7	70.0 - 86.0 fL
MCH	25.8	23.0 - 31.0 pg
MCHC	33.6	30.0 - 36.0 g/dL
RDW-CV	13.4	11.0 - 16.0 %
Platelet Count	237 (L)	250 - 600 K/uL
Differential Type	Automated	
% Neutrophils	27.8	14.0 - 59.0 %
% Lymphocytes	56.0	35.0 - 76.0 %
% Monocytes	15.0 (H)	1.0 - 9.0 %
% Eosinophils	0.7	0.0 - 7.0 %
% Basophils	0.5	0.0 - 2.0 %
Absolute Neutrophils	1.30 (L)	1.50 - 8.50 K/uL
Absolute Lymphocytes	2.70	2.00 - 10.50 K/uL
Absolute Monocytes	0.70	0.30 - 0.80 K/uL
Absolute Eosinophils	0.00	0.00 - 0.50 K/uL
Absolute Basophils	0.00	0.00 - 0.10 K/uL

Comprehensive Metabolic Panel

Result	Value	Ref Range
--------	-------	-----------

Na	141	135 - 145 mmol/L
K	3.9	3.2 - 5.7 mmol/L
Cl	103	99 - 109 mmol/L
CO2	25	20 - 28 mmol/L
Glucose	96	65 - 99 mg/dL
BUN	13	8 - 25 mg/dL
Creatinine	0.34	0.19 - 0.41 mg/dL
Calcium	10.4	8.9 - 10.5 mg/dL
Total Protein	6.9	5.2 - 7.4 g/dL
Albumin	4.8	3.9 - 5.6 g/dL
Bilirubin Total	0.2	<2.0 mg/dL
Alkaline Phosphatase	316 (H)	72 - 307 U/L
AST	42	20 - 60 U/L
ALT	21	10 - 65 U/L
Anion Gap	13	5 - 16 mmol/L
Estimated GFR	Cannot calculate.	>60 ml/min/1.73m2
PTT		
Result	Value	Ref Range
aPTT, Patient	31	31 - 41 sec
Protime INR		
Result	Value	Ref Range
Prothrombin Time	13.8	12.6 - 14.2 sec
INR	1.1	0.9 - 1.1

RADIOLOGY

No results found. XR Cervical Spine 2 - 3 Vw

Result Date: 6/16/2024

CERVICAL SPINE TWO OR THREE VIEWS CLINICAL INFORMATION: Neck pain following step parent pulling on patient's arm and falling to the ground.
COMPARISON: None **FINDINGS:** Alignment: Normal. Vertebrae: Normal. No fractures or vertebral deformity. Odontoid process is normal. Cervical Disc Levels: Normal. Facets and Posterior Spinal Elements: Normal. Prevertebral Soft Tissue Contours: Normal.

IMPRESSION Normal views of the cervical spine. Final Report Signed by: Seth Gillham, M.D. Inland Imaging, PS Sign Date/Time: 06/16/2024 2:10 PM PDT

PROCEDURES

COURSE & MEDICAL DECISION MAKING

Pertinent Labs & Imaging studies reviewed. Medication and Allergy list reviewed. Nurses note and pertinent old medical records reviewed. (See chart for details)

Andrew presents to the emergency department today for concerns regarding a head injury. After detailed discussion with family regarding head injuries in general, and more specifically Andrew's presentation and examination, and the risks/benefits of CT head including radiation, based on PECARN criteria I do not consider CT head to be medically indicated at this time.

PECARN Pediatric Head Injury/Trauma Algorithm

Age: 2+ years old

GCS < or = to 14 OR other signs of altered mental status OR Signs of Basilar Skull

Fracture: No

History of LOC, History of vomiting or severe headache, severe mechanism of injury: No (PECARN recommends no CT. Risk < 0.05%, "Exceedingly Low, generally lower than risk of CT-induced malignancies.")

In terms of the next pain, will obtain cervical spinal x-rays. Will also obtain tylenol.

Results reveal: no acute fractures or abnormal findings as reviewed by myself and the radiologist.

Patient was administered a dose of Tylenol prior to discharge.

Due to aggression or child, CPS report will be made by nursing staff. See nursing charting details.

I discussed at length the features of clinically important traumatic brain injury to watch out for at home. Recommend very close observation at home for the next 24 hours. Return to ER if worse or any new or concerning symptoms; CT may be indicated if Andrew's symptoms change.

I recommend follow up with primary care physician in the next 2 days to be reevaluated. They were instructed to return to the ER for altered mental status, persistent vomiting, behavior or gait changes, inconsolability or severe agitation or other concerns.

Medications

acetaminophen (TYLENOL) suspension 640 mg
(640 mg Oral Given 6/16/24 1414)

FINAL IMPRESSION

1. Minor head injury, initial encounter
2. Strain of neck muscle, initial encounter

DISPOSITION

Patient is discharged to home with father who states understanding, questions answered and concerns addressed.

Discharge Instructions

Thank you for the opportunity to care for Andrew today~

Andrew has a soft tissue injury strain to his neck.

With these injuries, we need to rest. Ice, elevation and non-steroidal antiinflammatories such as ibuprofen can help.

Please see Andrew Alex Surina's primary care provider in 2 weeks to recheck the injury.

Please return to the emergency room with worsening of severe pain, numbness, tingling or blueness to the extremity.

Discharge References/Attachments

Neck Sprain or Strain (English)

Head Injury, Minor, Age >3 yrs, KidsHealth (English)

There are no discharge medications for this patient.

Follow-up Information

Shane B. Carson, DO. Schedule an appointment as soon as possible for a visit in 2 days.

Specialty: Pediatrics

Why: For reassessment and ED visit follow-up

Contact information:

1919 S GRAND BLVD

Spokane WA 99203

509-747-3081

Medications prescribed: There are no discharge medications for this patient.

Stephanie Bowdish, ARNP

Emergency Department

Sacred Heart Children's Hospital

Portions of this chart may have been created with Dragon voice recognition software. Occasional wrong-word or "sound-alike" substitutions may have occurred due to the inherent limitations of voice recognition software. Please read the chart carefully and recognize, using context, where these substitutions have occurred. Please note, this history and physical is generated with the input / support of many medical staff members to the best of their knowledge and ability at that present time. As such, may not be comprehensive and is focused on the pertinent issues pertaining to the reason for the visit today.

CC to Jeffrey M. Schilt, ARNP

Stephanie Margaret Bowdish, ARNP

06/20/24 1326

ED Notes

Nurse Lindsay S, RN at 06/16/24 1436

Nursing Discharge Note

Room# EDP101/EDP101

Patient medically appropriate for discharge.

RN Comments:

Pt alert and talking w/ family.

Vitals:

	06/16/24 1141	06/16/24 1418
BP:	(I) 124/64	109/47
Pulse:	78	88
Resp:	24	26

Temp:	(I) 36.3 °C (97.3 °F)	37 °C (98.6 °F)
TempSrc:	Temporal	Temporal
SpO2:	100%	100%
Weight:	(I) 58.6 kg (129 lb 3 oz)	

Discharge Destination:	Home
Discharge Mobility:	Independent
DME Ordered: Equipment and supplies ordered by a health care provider for everyday or extended use. DME may include: oxygen equipment, wheelchairs, crutches, wound vacs, breast pumps, etc.	No
DC to Facility? :	No, not applicable
AVS Given to Pt/ Pt. Family/Pt Representative or Sent in Facility Packet	Yes
Verbal handoff at discharge to:	Patient Family

Nurse Tenaha H, RN at 06/16/24 1318

CPS called at this time. Long que wait, option to leave number and name for call d/t long que at this time

ED Triage Notes

Nurse Melissa D, RN at 06/16/24 1152

Andrew was in the car at Costco yesterday and not getting out of the car fast enough. Mom's boyfriend grabbed Andrew and dragged him out of the car, Andrew fell onto the pavement with his head. Andrew c/o headache now. Pain 8/10 in head and neck. In Dad's care today, dad states that this aggression towards Andrew is not new.

Discharge Instructions

Stephanie Bowdish, ARNP at 06/16/24 1301

Thank you for the opportunity to care for Andrew today~

Andrew has a soft tissue injury strain to his neck.

With these injuries, we need to rest. Ice, elevation and non-steroidal antiinflammatories such as ibuprofen can help.

Please see Andrew Alex Surina's primary care provider in 2 weeks to recheck the injury. Please return to the emergency room with worsening of severe pain, numbness, tingling or blueness to the extremity.

Discharge Attachments

Neck Sprain or Strain (English)

Head Injury, Minor, Age >3 yrs, KidsHealth (English)

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Visit Details (David)

ED After Visit Summary

Some of this information might have changed since your visit. This is what your chart included on the day of your visit.

Attachment C

IN THE DISTRICT COURT OF THE FIRST JUDICIAL DISTRICT OF THE
STATE OF IDAHO, IN AND FOR THE COUNTY OF KOOTENAI

In the matter of:

Andrew Surina

ID#: 2784159

DOB: 6/26/2016

David Surina

ID#: 2784240

DOB: 8/12/2012

Child(ren) under 18 Years of Age

STATE OF IDAHO)

County of KOOTENAI)

**REPORT OF INVESTIGATION
COURT ORDERED INVESTIGATION**

CASE # CV28-24-4151

CHILD INFORMATION

Name: Andrew Surina Age: 8 Gender: Male: ☒ Female: ☐ US Citizen: Y: ☒ N: ☐
Unknown: ☐
Ethnicity: Non-Hispanic Race: Filipino

CHILD INFORMATION

Name: David Surina Age: 12 Gender: Male: ☒ Female: ☐ US Citizen: Y: ☒ N: ☐
Unknown: ☐
Ethnicity: Non-Hispanic Race: Filipino

CHILD'S MOTHER

Name: Sirinya Surina DOB: 4/24/1985 Deceased: Y: ☐ N: ☒ US Citizen: Y: ☒ N: ☐
Unknown: ☐
Address: 9120 W Silver St. Cheney WA 99004

CHILD'S FATHER

Name: Aaron Surina DOB: 4/20/1977 Deceased: Y: ☐ N: ☒ US Citizen: Y: ☒ N: ☐
Unknown: ☐
Address: 1200 North Dr. Hayden, ID 83835
Identified as child's father by: Listed on Birth Certificate

SAFETY ISSUES

Extent of Maltreatment

The severity of extent of maltreatment, specific events, impacts to child, and disposition.

On 7/5/2024, the Department received an order for a court-ordered investigation for David (11) and Andrew (8). The concerns stated Andrew received a laceration to the top of the head and a neck sprain due to physical abuse by adult male living with mother. Concerns the adult male has hit Andrew and David, including hitting with clothing hangers.

History: Washington CPS opened a case on 06/20/2024 for concerns Andrew was injured by mother's boyfriend (Eric Brybaker) in a Costco parking lot. Washing case #5390645 and the case is still open. History for Aaron Surina: One report on 12/04/2020 was I&R: David (8) Andrew (4): Concerns for dad's mental health, dad may be coaching the children, and dad has made multiple Washington CPS reports that have been unfounded. There are concerns dad could harm the children to help with his claims. Sirinya has child protection history in the state of Washington related to concerns for physical abuse.

Nature of Maltreatment and History

Summary of surrounding family circumstances accompanying maltreatment including child protection history.

Aaron Surina and Sirinya Surina are the parents to Andrew and David. The parents are divorced. Aaron resides in Idaho and Sirinya resides in Washington. Sirinya's significant other, Eric, was previously residing with her, but is not any longer when the boys are home due to the protection order. There are no additional caregivers or temporary child residents. Initial contact with the family was announced. A home visit was completed to Aaron's home. There were no concerns for the condition of the home and no safety hazards were observed. Interviews with caregivers and children were conducted face to face and separately, with the exception of Sirinya, who was spoken to over the phone by the Idaho worker however, she was interviewed in person by the Washington CPS worker. This worker provided the caregivers with a Parent Guide Brochure. This worker inquired about Native American ancestry and military affiliation. There is no Native American ancestry or military affiliation for this family. This worker assessed for human trafficking and there were no concerns.

Case Details: Worker Voss contacted Aaron and scheduled a home visit. During the home visit, Aaron explained he recently moved to the state of Idaho. He stated his co-parenting relationship with Sirinya is not great. He stated he picked his children up from his mother's care and Andrew stated his head and neck hurt. Andrew reported to his father that his mother's boyfriend picked him up from the pick up and dropped him on the ground head first. **Aaron stated he took Andrew to the emergency room, as he had a laceration. Aaron stated Andrew had a concussion.** Aaron reported historically, he has had concerns for physical abuse by Sirinya and her boyfriend. Sirinya was cited for child abuse in Washington in 2018, but this was later dismissed, according to Aaron. Aaron stated his concerns began when the children were very young. He showed the worker several documented instances of bruises and injuries on his children. However, most of these historical pictures appeared to be from typical child play. Aaron explained when the children are visiting one parent, the children are not able to speak to the other parent as ordered by the court in Washington. Aaron does not feel it is fair that he cannot have contact with his children while they are with their mother. Aaron stated he did continue to have contact with the children via video games. Aaron feels his children are being spanked by their mother or the mother's boyfriend when the children have contact with their father. Aaron stated he filed for a protection order in the state of Idaho.

Worker Voss visited with the children privately. Worker Voss observed a linear cut on Andrew's head that seemed to be roughly 1-2 centimeters long. Andrew reported he cannot remember what happened as far as the injury on his head. When asked about Eric, his mother's boyfriend, Andrew stated Eric spans him when Andrew talks to his father. Andrew stated he is sad when he cannot talk to his father while at his mother's home. Andrew talked about being spanked with a hanger at his mother's home. Andrew stated this was a long time ago, and he gets spanked with an open hand now. David reported they had all gone to Costco. David stated his brother was being his "brother" and did not want to get out of the vehicle. David stated his mother was frustrated and went inside the store. David stated his brother jumped in the front seat and then to the back seat. Eric opened the door, and David was not sure if Eric grabbed Andrew, or if Andrew fell. Andrew then fell head first and Eric picked Andrew up and sat him on his feet. David stated he does not like that he cannot contact his father while in his mother's care. David stated he feels he should be able to contact his father if he wants to. David stated Eric oftentimes yells and is mean. David stated he feels safe in his mother's home if Eric is not in the home. Both children denied that Eric has been in the home while the children are there since the protection order. David described feeling a significant amount of

stress due to his parents' lack of co-parenting. David stated if Eric were to come to his mother's home, then David would have to call law enforcement, which he feels is a lot of pressure. David stated he would prefer to reside with his father because he feels he can express what he wants to his father.

Worker Voss spoke with Sirinya over the phone. Sirinya stated they had gone to Costco and Andrew wanted to stay in the car and play games. Sirinya said no, and David tried to help get Andrew out of the vehicle. Andrew was jumping around in the vehicle and he fell out of the car because the vehicle door was left open by David. Eric got out of the vehicle and helped Andrew. She denied there being any physical abuse towards the children in her home. Sirinya denied having any concerns for Eric around the children. Sirinya stated she feels Aaron is abusive and mentally manipulative. Sirinya stated she feels Aaron is having the children lie.

Worker Voss attempted to speak with Eric, however, the worker was not successful in contacting him.

Collateral Contact: Worker Voss spoke with Wednesday Bassett, worker with Washington child protection. Wednesday reported there was an open cps case. She reported that the children were initially seen by her coworker at Stateline due to the children being in their father's care. She reported when the children was seen no injuries were observed. Wednesday reported a home visit was completed to Sirinya's home and the home in very clean and well cared for she noted no safety concerns for the home. She reported that she interviewed mom and that mom was not present when the incident occurred.

Wednesday reported she had interviewed mom and mom's boyfriend, who is the alleged suspect. She reported that mom provided a video of the incident when it occurred. She reported in the video the mother can be seen talking to the child and then leaving. Then she can observe the child jumping in the front to the back and then the child falls out of the door. According to Wednesday, the stepfather is not observed outside the car grabbing the child or pulling him out of the car. She reports Washington has had several cases and there has been alleged coaching of the children by dad. She reported the case will be closing unfounded. She has interviewed the children multiple times and any accusations of abuse or neglect have been historical. Wednesday stated Washington has closed their case as unfounded. She stated historically, there appears to be disagreements and custodial issues between the parents. She did not find any imminent safety concerns for the children while in their mother's care.

Mother was able to provide the video to the worker who reviewed the footage. There is no audio but the incident can be seen. The mother is observed opening the door and talking with Andrew for a short period of time her significant other gets out also talks to Andrew and then is observed getting back into the front seat of the truck. Mother and David begin walking into Costco and then David returns to the car and is talking to his brother. Andrew is seen moving around inside the car however, it is unclear what he is doing. At one point David is standing by his brother's door with it open and Andrew tumbles head first out the door. Eric is observed walking around to the side of the truck, standing Andrew up and shutting the door and then all three of them proceed into the store at which point the video concludes.

Family Functioning Statement: There appears to be significant amount of tension within Aaron and Sirinya's co-parenting relationship. This appears to be negatively impacting the children. At this time, there is lack of evidence to provide physical abuse occurred in Sirinya's care. It appears both parents are able to meet the children's basic and immediate needs.

Disposition: This case will be closed as unsubstantiated due to insufficient evidence.

PARENT/GUARDIAN ASSESSMENT

MOTHER:

Adult Functioning

The overall daily functioning of the adult. Includes mental health, physical health, and substance abuse.

Sirinya operates her own restaurant. She reported being physically healthy and denied having any mental health issues. She denied having any criminal history or substance abuse history. Sirinya identified her mother as her support system. For stress management, Sirinya enjoys getting her nails done and going shopping. She appears to be average functioning and is able to meet her needs.

Parenting Practices

The overall typical parenting practices used by the parent.

Sirinya and Aaron share 50/50 custody of their children. Sirinya and Aaron seem to have different approaches to their parenting practices. Sirinya appears to be structured and does not allow the children to play video games. Aaron reports being a hands-on parent and enjoys playing games with his children. Sirinya and Aaron have significant tension in their co-parenting relationship, which is negatively impacting the children. Sirinya and Aaron seem to be meeting the children's basic and immediate needs.

Disciplinary Practice

The overall disciplinary approaches used by the parent.

Sirinya will restrict access to privileges. Aaron stated he does not have to discipline the children often, will talk to them when needed. The methods of discipline appear to be appropriate, given the children's age and level of development.

Protective Capacities

Personal and caregiving behavioral, cognitive, and emotional characteristics that specifically and directly can be associated with being protective.

The caregiver is physically able and capable of meeting her children's needs. Sirinya does not seem to understand how her custody issues are negatively impacting her children.

FATHER:

Adult Functioning

The overall daily functioning of the adult. Includes mental health, physical health, and substance abuse.

Aaron is employed full time. He recently moved to the state of Idaho. He reported being physically healthy. Aaron denied having any criminal history or substance abuse history. Aaron identified his parents as his support system. For stress management, Aaron enjoys spending time with his children. Aaron appears to be average functioning and is able to meet his needs.

Parenting Practices

The overall typical parenting practices used by the parent.

Sirinya and Aaron share 50/50 custody of their children. Sirinya and Aaron seem to have different approaches to their parenting practices. Sirinya appears to be structured and does not allow the children to play video games. Aaron reports being a hands-on parent and enjoys playing games with his children. Sirinya and Aaron have significant tension in their co-parenting relationship, which is negatively impacting the children. Sirinya and Aaron seem to be meeting the children's basic and immediate needs.

Disciplinary Practice

The overall disciplinary approaches used by the parent.

Sirinya will restrict access to privileges. Aaron stated he does not have to discipline the children often, will talk to them when needed. The methods of discipline appear to be appropriate, given the children's age and level of development.

Protective Capacities

Personal and caregiving behavioral, cognitive, and emotional characteristics that specifically and directly can be associated with being protective.

The caregiver understands his children's developmental needs and is able to take action to protect his children. Aaron does not seem to understand how his custody issues are negatively impacting his children.

CHILD(REN) ASSESSMENT

CHILD:

Child Functioning

The overall daily functioning of the child. Includes mental health, physical health, and substance abuse.

David (12): David is reported to do well academically. He is physically healthy. He appears to be a very-well spoken and articulate child. He is struggling with his parents' co-parenting relationship and seems to be experiencing a significant amount of stress. David is on track developmentally and appears to be average functioning.

Andrew (8): Andrew is reported to do well academically. He is a very soft spoken and introverted child. Andrew is physically healthy. He does not have any diagnosed mental health issues. Andrew is on track developmentally and appears to be average functioning.

Safety Threat(s)/Decision

SAFE

SAFTY THREAT:

13. One or more caregivers will not/cannot control their behavior, and/or are acting violently and/or dangerously.

SAFETY THRESHOLD:

No Severity: At this time, both parents are able to meet the basic needs of the children and based upon the observations in the video it does not appear Eric directly caused an injury to the child.

No Will Likely Occur in the Immediate to Near Future: At this time, the child are safe in the care of their father.

No Observable: There appears to be significant amount of tension within Aaron and Sirinya's co-parenting relationship. This appears to be negatively impacting the children. At this time, there is lack of evidence to provide physical abuse occurred in Sirinya's care. It appears both parents are able to meet the children's basic and immediate needs.

Yes A Vulnerable Child: Both children are young and require a active caregiver to help meet their needs.

No Out of Control: While the caregivers are struggling to coparent there is no evidence that either parent is unable to meet the needs of the children.

Child is: SAFE. No Safety Plan Needed.

RECOMMENDATIONS

The Department respectfully recommends the children be able to have contact with their respective parent while visiting the other parent. The Department also recommends individual counseling for the children, as the tension between the parents seems to be negatively impacting their emotional wellbeing.

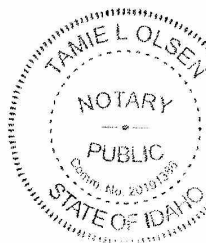
I, Melisa Voss, certify under penalty of perjury, pursuant to the law of the state of Idaho, that I am the assigned worker to the case, employed by the Idaho Department of Health and Welfare, and that the statements contained therein are true and correct to the best of my knowledge.

Respectfully Submitted this 16th day of August 2024,



Melisa Voss, MSW

SUBSCRIBED AND SWORN TO before me, a Notary Public, in and for the State of Idaho, this 16TH day of August 2024



STATE OF IDAHO)
County of Boone)
NOTARY PUBLIC for the State of Idaho
Residing in Boone County
Commission expires 07-15-2025