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**SC Court of Appeals**

THE STATE OF SOUTH CAROLINA  
In The Court of Appeals

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APPEAL FROM CHARLESTON COUNTY  
Court of Common Pleas  
Diane S. Goodstein, Circuit Court Judge

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Case No: 2022-CP-10-03009  
Appellate Case No. 2025-001650

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**Philip Woschenko, .....** **Appellant,**

v.

**Sonya Kurien and Kyle Snouffer,.....** **Defendants,**  
**of whom Sonya Kurien is the respondent.**

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**SECOND AMENDED RECORD ON APPEAL**

---

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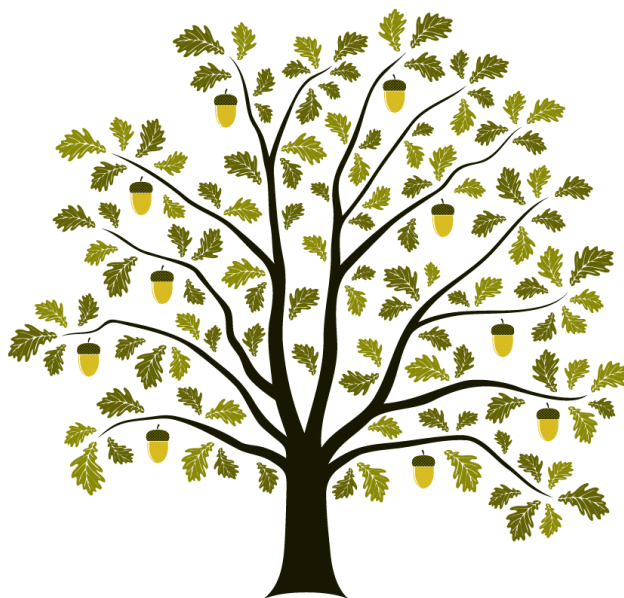
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Transcript of the Testimony of

**SONYA KURIEN**

March 18, 2024

PHILIP WOSCHENKO v. KURIEN AND SNOUFFER



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SONYA KURIEN - March 18, 2024

STATE OF SOUTH CAROLINA	COURT OF COMMON PLEAS
COUNTY OF CHARLESTON	9TH JUDICIAL CIRCUIT
PHILIP WOSCHENKO,	:
	:
Plaintiff,	:
	: CASE NO.
vs.	:
	: 2022-CP-10-03009
SONYA KURIEN and KYLE	:
SNOUFFER,	:
	:
Defendants.	:

---

DEPOSITION OF SONYA DORIS KURIEN

---

DATE TAKEN: Monday, March 18, 2024

TIME BEGAN: 10:01 a.m.

TIME ENDED: 1:51 p.m.

LOCATION: Office Evolution  
1501 Belle Isle Avenue  
Suite 110  
Mt. Pleasant, South Carolina

STENOGRAPHICALLY REPORTED BY:  
Marie H. Bruegger, RPR, CRR

\* \* \* \* \*

POST OFFICE BOX 21119  
CHARLESTON, SOUTH CAROLINA 29413

## SONYA KURIEN - March 18, 2024

2

## 1 APPEARANCES:

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23 - - -  
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(\*This transcript may contain quoted  
material. Such material is reproduced as read  
or quoted by the speaker.)

SONYA KURIEN - March 18, 2024

16

1 Q Can she have a conversation?

2 A She can speak, she can answer questions,  
3 not a conversation like you and I are having.

4 Q So she can have a conversation -- do you  
5 know any other children her age?

6 A Yes.

7 Q Can she have a conversation like  
8 children -- other children that are her age?

9 A Not like them.

10 Q How many words will she say in a sentence?

11 A I would have to think about a sentence  
12 that she says, but, I mean, it could be 12 or 15  
13 or --

14 Q Are you able to -- have you ever had any  
15 conversation with what age level she is at  
16 comparatively, as far as like any milestones? Have  
17 you ever been told that by any of her doctors?

18 A Not that I recall.

19 Q I just want to understand a little more.  
20 You say she won't have a conversation like we're  
21 having now, so what kind of conversation can she --  
22 describe a conversation with her, I guess.

23 A Describe a -- like the words, or the back  
24 and forth, or like what are you asking?

25 Q Sure, the words, the subject matter,

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SONYA KURIEN - March 18, 2024

17

1 the -- she understands what you say to her and --

2 A I can ask her, "What did you do today,"  
3 and she can tell me what she did.

4 Q Does she --

5 A You do understand that autism is a  
6 communication disorder, right?

7 Q Yes, and that's what I'm trying to  
8 understand.

9 A I wanted to make sure you were clear on  
10 that. Okay.

11 Q And I understand what level of -- how  
12 she's able to communicate.

13 Has that changed? Has she gotten better  
14 over recent years as far as her ability to  
15 communicate?

16 A I guess if you're asking verbally, yes.

17 Q Did she used to have a more limited  
18 ability to verbally communicate?

19 A Yes.

20 Q And let's focus on around 2018/2019. Was  
21 she more limited in her ability to verbally  
22 communicate back then?

23 A I would say probably she didn't know  
24 conjunctions, and so things would come out as  
25 shorter phrases.

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SONYA KURIEN - March 18, 2024

18

1 Q Can she write? Or let's keep it to  
2 2018/2019. So that's about six years ago. She was  
3 about ten years old. Could she write full sentences  
4 back then?

5 A Yes.

6 Q Could she speak full sentences?

7 A Yes, short.

8 Q Short sentences. And you're saying that  
9 you've never seen -- or you've never seen any  
10 documentation describing [REDACTED] as nonverbal. Is that  
11 your testimony?

12 A I'm not saying I've never seen it. I'm  
13 saying I don't recall particularly having seen  
14 anything to say she was nonverbal.

15 Q So maybe you have, maybe you haven't, but  
16 you just don't remember?

17 A I mean, it's possible that -- you know,  
18 school, educationally versus medically are two  
19 different ways they diagnose for autism, and so they  
20 call my son nonverbal too, but he speaks.

21 Q Let's talk about [REDACTED]. How old is he?

22 A He's 13, about to be -- well, 13.

23 Q And he's also your biological child with  
24 Mr. Woschenko, right?

25 A Yes.

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SONYA KURIEN - March 18, 2024

19

1 Q What is his diagnosis?

2 A All of them?

3 Q Sure.

4 A I might not get all of them. He has  
5 autism. He has apraxia, reflux, also referred to as  
6 GERD. I don't know how detailed -- you know, which  
7 things classify as true diagnoses under the DSM, but  
8 he gets constipation. He has IBS -- I can't say  
9 that word -- irritable bowel syndrome.

10 Q Any other psychological or cognitive  
11 diagnoses besides autism?

12 A Psychological or cognitive. I don't know  
13 where apraxia falls in that, because that is an  
14 issue between your brain and your ability to speak.  
15 I think he -- we've talked about him having anxiety.  
16 I'm not clear if it's in a record somewhere that  
17 somebody has technically diagnosed him with anxiety.

18 Q Is  able to communicate verbally?

19 A Sometimes.

20 Q Can you explain a little bit more about  
21 that?

22 A In which -- about -- what about it?

23 Q About his ability to communicate verbally.

24 A Like how he does it, or what level, or  
25 what are you asking?

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SONYA KURIEN - March 18, 2024

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1 Q Sure, what level.

2 A I mean, he can say he wants to go  
3 somewhere. He can say he wants you to come with  
4 him. He can say if he's happy or sad. But when his  
5 medical -- other medical issues are bothering him,  
6 he doesn't speak, or he doesn't speak as much.

7 Q How did you first meet Kyle Snouffer?

8 A He applied to be a behavior therapist for  
9 our children.

10 Q Had you posted a job listing somewhere?

11 A Yes, on I believe care.com.

12 Q Can you describe your initial meeting with  
13 Mr. Snouffer.

14 A What would you like me to describe about  
15 it?

16 Q Where did you first meet him?

17 A He came over to our house to interview.

18 Q Who was at that meeting?

19 A Who was at the house? I was there, I  
20 interviewed him, and my mom was there. She was  
21 helping out with the kids or visiting. I don't  
22 recall.

23 Q Was Mr. Woschenko at that meeting?

24 A No. He didn't normally participate in  
25 those things related to the kids.

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SONYA KURIEN - March 18, 2024

27

1 Q -- after that point?

2 A No.

3 Q Did you continue to have a relationship  
4 with Mr. Snouffer after March of 2019?

5 A Yes.

6 Q What kind of relationship?

7 A Again, definitionally, I don't know, but I  
8 guess you would say a romantic relationship.

9 Q When did you first have a romantic  
10 relationship with Mr. Snouffer?

11 A Again, who knows when those things are --  
12 like I guess it would be everyone's definition of  
13 that, but we talked about a romantic relationship  
14 somewhere in January of 2019.

15 Q Does Mr. Snouffer drink alcohol?

16 A Yes.

17 Q Did you drink alcohol with him?

18 A Have I ever? Yes.

19 Q Now, Mr. Woschenko moved out of the home  
20 on December 9th, 2018, right?

21 A I believe that's the date, yes.

22 Q And you say that that evening, [REDACTED] told  
23 you something about her dad abusing her, right?

24 A I don't think I said those words, but --

25 Q What did she say to you exactly?

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SONYA KURIEN - March 18, 2024

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1           A       I couldn't tell you exactly, because it's  
2       been, as we've just discussed, over five years, but  
3       the general gist of it was that he had hurt her, and  
4       discussing it with her and the way she discusses  
5       things, it became clear she was talking about  
6       physical, and then she -- you know, versus  
7       emotional, and she took my hand and put it on her  
8       crotch.

9           Q       So she wasn't able to -- she verbalized  
10      what he -- I'm trying to understand the exact nature  
11      of what -- exactly what she said, as best as you can  
12      tell us.

13          A       Yes. Best I can recollect of the words,  
14      or do you want the whole -- what are you asking me?

15          Q       The words, please.

16          A       So I'll try and -- she -- in response to  
17      me asking how she was, she said she was happy. I  
18      tried to clarify, you know, why she was happy, and  
19      she -- you know, and whether it was about -- I don't  
20      know how to say that the right way without saying  
21      the conversation back and forth, but I tried to  
22      clarify to her that I was just trying to check on  
23      her, given that Phil had left. And he had spoken to  
24      her privately before he left, and she said -- she  
25      indicated that, yeah, she was happy that he was

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SONYA KURIEN - March 18, 2024

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1 gone, not those words, but --

2           And then I asked her, you know, why, and  
3 she said that he hurt her. And I assumed she meant  
4 like she was upset that he left, and so I said again  
5 words that were too big for her at the time. I  
6 think I probably said something like emotionally or  
7 physically, and she didn't know what that meant, and  
8 so I asked her if she meant, you know, her body, her  
9 physical self, or her feelings, and so she said her  
10 body. And I asked -- I gave her my hand and said,  
11 "Show me," assuming that she would put it on her  
12 heart, because that's what she used to say about  
13 feelings, and she didn't, she put it on her crotch.

14           Q     Is there anything else that made you  
15 suspect -- other than this conversation, has there  
16 been anything else that made you suspect that  
17 Mr. Woschenko ever abused [REDACTED]?

18           A     Well, she proceeded to remove the bottom  
19 half of her clothing and put her finger inside  
20 herself and say, "Daddy."

21           Q     Other than this incident, that  
22 conversation on December 9th, 2018, any other  
23 conversation that ever made you suspect that  
24 Mr. Woschenko ever abused [REDACTED]?

25           A     Conversation with [REDACTED]?

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1 initiated anything. If DSS came to talk to me, and  
2 that came up, then that came up. Obviously, DSS has  
3 access to their own files, so --

4 Q Let's talk about July 31st, 2020.

5 A Sure.

6 Q Do you recall that evening?

7 A I do.

8 Q What do you recall about it?

9 A Sorry. It was fairly good weather. I had  
10 gone to have dinner, walked down to the center on  
11 Folly, and as I was returning, it was getting dark,  
12 and I saw that there were police vehicles ahead in  
13 the distance, and as I approached, I understood that  
14 they were at my house.

15 Q Who were you with that evening?

16 A Kyle Snouffer.

17 Q You went to dinner with him?

18 A I did.

19 Q Was he living with you at the time?

20 A No.

21 Q Mr. Woschenko had both children that  
22 night?

23 A He did.

24 Q Did you drink alcohol that evening?

25 A I did.

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1 BY MR. SLAVIN:

2 Q I'm not quoting. I'm saying express a  
3 concern, express this idea that Mr. Woschenko was  
4 abusive towards his son, did you say that during the  
5 visit?

6 A I don't believe I did.

7 Q So [REDACTED] had broken ribs, it was found out,  
8 during this visit, right?

9 A Correct.

10 Q And they were -- and this was the month  
11 after you got back from Disney World, right?

12 A Correct.

13 Q And he had to be taken out of the park by  
14 EMS, or you called EMS while you were in the park,  
15 right?

16 A Correct. I didn't call. I asked Disney  
17 to get somebody, yeah.

18 Q And he was taken to the hospital?

19 A I'm sorry. There's not a need for you to  
20 roll your eyes at me when I talk about how something  
21 occurred, because I'm not having my words twisted.

22 Q I apologize if my facial expression was  
23 disagreeable for you.

24 And he was taken to the hospital in  
25 Florida too?

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SONYA KURIEN - March 18, 2024

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1 A I'm sorry. Taken to the hospital?

2 Q In Florida.

3 A Yes. Sorry.

4 Q And he had to be restrained at Disney  
5 also, correct?

6 A Yes.

7 Q Have you ever expressed to anybody that  
8 you were concerned Mr. Woschenko was physically  
9 abusive towards [REDACTED]?

10 A I don't -- again, definition of that, but  
11 I don't believe so. They may have interpreted it  
12 that way.

13 Q Who is "they"?

14 A I mean, again, like this, I've said  
15 restraint, right. We all have to restrain, and  
16 that's why there are reviews when children are  
17 restrained at schools or facilities or whatever  
18 else, because they can get hurt during it, so I have  
19 talked about methods of restraint.

20 Q Have you ever heard Mr. Snouffer repeat  
21 the allegation that Mr. Woschenko sexually abused  
22 his daughter?

23 A Again, I don't know that I heard it, but  
24 during the divorce proceedings, I had to watch a  
25 bunch of videos and things, so other than in talking

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SONYA KURIEN - March 18, 2024

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1 Q What was the subject of the arbitration?

2 A Distribution of assets and such.

3 Q So custody was not a primary goal for you  
4 in the divorce?

5 A I mean, you have to figure out custody, so  
6 when you say custody, a primary goal, that is one of  
7 the things that has to occur.

8 Q You didn't want sole custody of your  
9 children in the divorce?

10 A No.

11 Q You believe that your ex-husband sexually  
12 abused your daughter, but you didn't want sole  
13 custody. You were okay with him having custody of  
14 your daughter?

15 A I was of the belief at the time that in  
16 this state, I would not get sole custody.

17 Q You didn't want sole custody, even though  
18 you believed that your ex-husband sexually abused  
19 your daughter?

20 A No. If you go back and look at all the  
21 records, it shows that I wanted her to be able to  
22 make the decision of when to see him when she was  
23 ready.

24 Q And you didn't want sole custody of your  
25 son, even though you believed that your ex-husband

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SONYA KURIEN - March 18, 2024

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1 was capable of one of the worst crimes imaginable?

2 A Well, when you say it that way, it makes  
3 it sound like why didn't I, but at the time, no.

4 Q Did you ever think that your allegations  
5 against Mr. Woschenko about him abusing [REDACTED] or [REDACTED]  
6 would give you an advantage in your divorce?

7 A No.

8 MR. DeANTONIO: Object to the form of the  
9 question.

10 THE WITNESS: I'm sorry. Did you get the  
11 objection? No.

12 BY MR. SLAVIN:

13 Q So your testimony is that over the course  
14 of the entire divorce, it never occurred to you that  
15 accusing Mr. Woschenko of sexually abusing his  
16 daughter might help you or give you an advantage in  
17 the proceeding?

18 MR. DeANTONIO: Objection.

19 THE WITNESS: Was the question it never  
20 occurred to me? I mean, their side tried to  
21 say that was the reason, but that's when it  
22 came to like -- to my -- not knowledge. I  
23 don't know what you would call that. But no,  
24 that was never the intention.

25 BY MR. SLAVIN:

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Incident Supplement (Investigative)		Folly Beach Department of Public Safety ORI/NCIC: SC0100400		Incident No. 18-1109	
<b>Incident Information</b>					
Incident Start Date/Time 12/19/2018 14:00:00		Incident End Date/Time 12/19/2018 17:30:00		Reported Date/Time 12/19/2018 14:00:00	
<input type="checkbox"/> Stranger    Weapon Type(s)					
Incident Type				Count	Code
CRIMINAL SEXUAL CONDUCT IN THE FIRST DEGREE ( Felony )				1	16-3-652
<b>Incident Location</b>					
Address 406 W COOPER AV					Apt / Suite
City FOLLY BEACH		State SC	Zip 29439	County Charleston	
Zone FOLLY BEACH	Premise Type RESIDENCE/ HOME		Area of Crime OTHER		
<b>Complainant(s)</b>					
Name: (Last, First Middle) GUNN, ANNALISE					
Date of Birth	Age	Gender	Height	Weight	
		Female	0	0	
Race WHITE	Hair Color BLOND OR STRAWBERRY		Eye Color HAZEL		
Address					Apt / Suite
City		State	Zip	County	
DLN	DL State SC	ID Number	SSN		
<b>Contact Method(s)</b>					
Type	Contact	Details			
PHONE NUMBER					
EMAIL ADDRESS					
Name: (Last, First Middle) WOSCHENKO, SONYA KURIEN					
Date of Birth	Age	Gender	Height	Weight	
		Female	505	145	
Race WHITE	Hair Color BROWN		Eye Color BROWN		
Address					Apt / Suite
City		State	Zip	County	
				Charleston	
DLN	DL State	ID Number	SSN		
<b>Contact Method(s)</b>					
Type	Contact	Details			
PHONE NUMBER					
PHONE NUMBER					
EMAIL ADDRESS					



<b>Victim(s)</b>					
Name: (Last, First Middle) [REDACTED]					
Date of Birth [REDACTED]	Age [REDACTED]	Gender Female	Height 500	Weight 96	
Race WHITE	Hair Color BROWN		Eye Color BROWN		
Address [REDACTED]				Apt / Suite	
City [REDACTED]		State [REDACTED]	Zip [REDACTED]	County [REDACTED]	
DLN [REDACTED]	DL State	ID Number	SSN		
<b>Contact Method(s)</b>					
Type	Contact	Details			
PHONE NUMBER	[REDACTED]				
<b>Witness(es)</b>					
<b>Suspect(s)</b>					
Name: (Last, First Middle) WOSCHENKO, PHILIP EDWARD					
Date of Birth [REDACTED]	Age 50	Gender Male	Height 602	Weight 175	
Race WHITE	Hair Color BROWN		Eye Color BLUE		
Address [REDACTED]				Apt / Suite	
City [REDACTED]		State [REDACTED]	Zip [REDACTED]	County Charleston	
DLN [REDACTED]	DL State SC	ID Number	SSN		
Court Name	<input checked="" type="checkbox"/> Juvenile <input checked="" type="checkbox"/> Arrest <input checked="" type="checkbox"/> Primary Aggressor		Arrest Date/Time		
<b>Contact Method(s)</b>					
Type	Contact	Details			
<b>Vehicle(s)</b>					
<input checked="" type="checkbox"/> Property					
Related Incidents					
Clearance:		Clearance Date:		Disposition:	
<input checked="" type="checkbox"/> Narrative(s)					

On 12/19/2018 at 1405 I was dispatched to 106 West Cooper to take a report of a sexual assault. I responded in patrol vehicle 184 wearing body camera 0034.

Once I arrived on scene I spoke with Annalise Gunn, Therapist/Forensic Interviewer with Dee Norton Child Advocacy Center, on line 01 of the Folly Beach DPS phone system. She informed me [REDACTED] mother (Sonya Woschenko) came to Dee Norton this morning for a parent consult with her. Sonya Woschenko informed Mr. Gunn that on 12/9/18, [REDACTED] Father (Phillip Woschenko) left the home after they decided to separate. That night, the mother asked [REDACTED] (diagnosed with Autism), how she was feeling about her dad leaving the home and [REDACTED] said happy. Mom then asked why the daughter was feeling happy and [REDACTED] reportedly said that dad hurt her. When mom asked if Dad hurt her body or her feelings, [REDACTED] said her body. Mom gave [REDACTED] her hand and told [REDACTED] to tell her where on her body dad hurt her and [REDACTED] put mom's hand on her vagina. [REDACTED] then reportedly took her skirt off and inserted her own finger into her vagina and said, "daddy." Mom stated that [REDACTED] reported that it bled. [REDACTED] has seen her father in passing since then and has had strong reactions about seeing him. I asked Mrs. Gunn if the children and mother were safe in which she stated yes, the father was not at the house and that the mother and father had been separated since Dec 09, 2018. Mrs. Gunn then stated [REDACTED] had a forensic interview on Jan 08, 2019 at 1300 and a full body medical exam on Jan 11, 2019. (Her email to me is uploaded into this report)

I then called Mrs. Sonya Woschenko to request a meeting to speak with her and take a statement on the alleged sexual assault with her daughter [REDACTED]. She informed me that she would be able to meet with me at her home as soon as possible. I then departed 106 West Cooper Ave. enroute 406 West Cooper Ave. Once I arrived on scene I spoke with Mrs. Sonya Woschenko and received her written statement. (Her statement is uploaded into the report)

Mrs. Woschenko informed me that on Nov 20, 2018 [REDACTED] school, Murray Lasaine Elementary School (843-762-2765), and herself had a meeting about a picture that [REDACTED] had drawn of a man and women in a sexual position. Mrs. Woschenko made a copy of the picture and brought it home to ask [REDACTED] if she was finished drawing in which [REDACTED] said no and completed the drawing by drawing clothes on both the man and women. After this mother did not think much about the drawing or the thought that something was wrong.

Mrs. Woschenko then received a phone call from Julia Toumey, employee of Windwood Farm Home for Children, Inc (843-884-5342), stating that she received a phone call from DSS and needed to meet with the mother of [REDACTED]. On Nov 28, 2018 Julia Toumey meet with [REDACTED] Father, Mother [REDACTED] brother's therapist (Kyle) at their home to talk about [REDACTED] picture and violent outburst she has been going through.

Mrs. Woschenko stated then on Dec 8, 2018 her husband and herself got into a verbal fight about his heavy drinking. She informed him that she wanted him to move out of the house and she wanted to be separated for a while until she could figure out what was going on. The next evening Dec 9, 2018 her husband, Phillip Woschenko, departed the home with two suitcases and is currently staying at the Comfort Suites West of the Ashley (843-769-9850).

Dec 9, 2018 after Mr. Woschenko departed the home, the mother checked on her daughter to see how she was feeling about her dad leaving the home and [REDACTED] said happy. She then asked why the daughter was feeling happy and [REDACTED] reportedly said that dad was hurting her. When she asked if Dad hurt her body or her feelings, [REDACTED] said her body. Mrs. Woschenko stated that she gave [REDACTED] her hand and told [REDACTED] to tell her where on her body dad hurt her and [REDACTED] put mom's hand on her vagina. [REDACTED] then took her skirt off and inserted her own finger into her vagina and said, "daddy."

On Dec 13, 2018 Mr. Woschenko visited the home and tried to take [REDACTED] to the local park, Wave Watch Playground, directly down from the house in which [REDACTED] started screaming "No, I'm not going, No" and through violent fits. Mr. Woschenko departed the home with no confrontation. Mrs. Woschenko stated [REDACTED] continued to have extreme behavioral issues for the remainder of the day until she was physical exhausted. Mrs. Woschenko said after seeing all this she made an appointment with Dee North Child Advocacy Center.

On Dec 18, 2018 Julia Toumey, employee of Windwood Farm, returned to the house to discuss with Mrs. Woschenko therapist options with an understanding of the issues occurring with [REDACTED] and that she would contact Dee Norton and DSS as appropriate. Mrs. Woschenko stated to Mrs. Toumey she was considering pursuing with criminal charges against her husband, Phillip Woschenko, for the sexual assault against her daughter [REDACTED].

Today Mrs. Woschenko meet with Annalise Gunn, Therapist/Forensic Interviewer with Dee Norton, and told her all the above information. Mrs. Gunn informed Mrs. Woschenko she was mandated to report this to local police and DSS, in which she did. Mrs. Gunn also stated to Mrs. Woschenko she would help with filing a protective order and would be getting back in touch with her soon.

I then took a copy of her written statement and gave her a copy of her written statement.

I also requested through Folly Beach DPS Dispatch a property check on her residence 406 West Cooper Ave throughout the evening on her behalf.

This case has been forwarded to CID via email.

Case is to remain open for further investigation.

On 12/20/2018 Deputy Chief Burke and myself conducted a follow on this case by contacting Department of Social Service and Charleston Family Court.

I spoke to Department of Social Service - Child Protective Services Department, the Point of Contact was Mrs. McCray. Deputy Chief Burke and myself informed Mrs. McCray of the current alleged Criminal Sexual Assault case over Folly Beach DPS phone line. Mrs. McCray took the report over the phone then instructed me to FAX the: Incident Report, email and statement to her at 843-719-1107, in which I did.

I then spoke to Charleston Family Court, the Point of Contact was Mrs. Scott. Mrs. Scott instructed me to give Mrs. Woschenko a copy of the Incident Report and have her bring it to them at 100 Broad Street Suite 143, Charleston, SC. 29402 if she is wish to file for a Protective Order.

I then called Mrs. Woschenko and informed her that, for her to get a Protective Order for her children and herself she would have to go to Charleston Family Court. I also informed her of the instruction Mrs. Scott gave me for her. I also told her that I had called DSS and faxed all her paperwork to them.

Mrs. Woschenko came to Folly Beach DPS Head Quarters a retrieved: Incident Report, email from Dee Norton Child Advocacy Center and her statement all which pertain to this case.

Nothing further at this time.

12/20/2018 12:16:38 | Wheat, Robert

Supplemental report of Deputy Chief Rocky Burke:

On December 19, 2018, Sonya Woschenko, through the Dee Norton Children's Center reported to Folly Beach Department of Public Safety, an alleged sexual assault committed on her 11 year old daughter, [REDACTED]. A report was documented by PSO R. Wheat and an investigation initiated into this case.

On January 8, 2019, I, Deputy Chief Rocky Burke and PSO Wheat attended ,the forensic interview of [REDACTED] at the Dee Norton Children's center.

Between the dates of January 8, 2019 and February 8, 2019, I, Deputy Chief Rocky Burke, obtained several audio and video recorded statements from several people whom are currently working for or previously worked with the Woschenko family due to the special needs of the [REDACTED], [REDACTED], [REDACTED].

On January 18, 2019, I, Deputy Chief Rocky Burke, interviewed Phillip Woschenko obtaining both a audio and video recording. Phillip Woschenko's attorney, Jessica Patrian, was present at the interview with him.

Further between the dates of January 8, 2019 and February 8, 2019, I, Deputy Chief Rocky Burke, obtained several reports from the Department of Social Services and the Dee Norton Center related to this case. Further I obtained several supplemental videos taken by Sonya Woschenko of [REDACTED] in the home environment.

Upon review of the statements, reports and videos, it is determined there is no forensic evidence nor any direct or circumstantial evidence to substantiate the allegation reported on December 19, 2018, by Sonya Woschenko.

This case is to be closed as unfounded as of this date February 11. 2019.

02/11/2019 09:01:39 | Burke, Rocky

Reporting Officer Wheat, Robert	Badge 1006	Suffix	Signature
Approving Officer Gilreath, Andrew	Badge 839	Suffix	Signature

South Carolina Department of Social Services  
**NOTICE OF UNFOUNDED INVESTIGATIONS/ASSESSMENTS**

Date: February 6, 2019

To: Phillip Woschenko

Address: 406 West Cooper Ave

Folly Beach, SC 29439

\_\_\_\_\_

\_\_\_\_\_

Re: 0001259051

Dear: Mr. Woschenko

This is to inform you that the child protective services investigation/assessment involving you and the above referenced children initiated on 12/20/18, was determined unfounded on 02/01/19, and classified as a:

- Category I Unfounded Report** – Abuse and neglect was ruled out by the investigation/assessment.
- Category II Unfounded Report** – The investigation/assessment did not produce a preponderance of the evidence that the child is an abused or neglected child.
- Category III Unfounded Report** – An investigation/assessment could not be completed because the department was unable to locate the child or family or for some other compelling reason.

If classified as Category I or II, this means that the investigation/assessment has been concluded. Category III cases may be reopened if additional information is received which allows DSS to complete the investigation/assessment. The DSS investigative/assessment file will be destroyed not less than five years from the date of the case decision and information will be kept confidential pursuant to S.C. Code Section 63-7-930.

If you have any questions regarding this notice or the completed investigation/assessment, please contact the worker or supervisor listed below during normal working hours, Monday through Friday.

<u>Shawn Anthony</u>	<u>Beth Linares</u>	<u>843-953-9614</u>
Investigator	Supervisor	Telephone

CC: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**South Carolina Department of Social Services  
DETERMINATION FACT SHEET**

Case Name: Phillip Woschenko Case Number: 0001259051

Address: 406 West Cooper Avenue

Folly Beach, SC 29439

As of February 1, 2019, it is the decision of the department that the investigation/assessment  
Case Determination Date  
 initiated on December 20, 2018 has been unfounded for the following forms  
Intake Date Case Determination  
 of maltreatment: Sexual Abuse as supported by the facts and observations  
Maltreatment  
 recorded below and in the county investigative/assessment file.

Facts/Observations	Supporting Documentation/Evidence
On December 20, 2018 DSS received a report alleging that Phillip Woschenko may have sexually abused his 11 year old daughter, [redacted]. It was reported that [redacted] had pointed ot her vaginal area and said, "daddy" and then inserted her own finger into her vagina and there was blood. Phillip and Sonya Woschenko are the parents to [redacted] and [redacted], 8. They recently separated due to Mr. Woschenko's excessive alcohol abuse and Mrs. Woschenko's belief that he has sexually abused their daughter. Both of the children have significant developmental delays and are diagnosed with Autism Spectrum	DSS investigation, interviews with family          collateral

**For indicated investigations/assessments, check all that apply:**

- You have been identified as the person responsible for harm to a child. (See attached DSS Form 3089.)
- A child with whom you are involved has been identified as being abused and/or neglected by state statute. You have **not** been identified as being responsible for the maltreatment. This information is being provided to you solely because of your legal relationship to the child.
- A child for whom you are the caretaker has been determined to be abused and/or neglected.
  - Day Care Facility:** The matter will be referred to your employer and the DSS Division of Child Day Care Licensing and Regulatory Services for action. (See attached DSS Ltr. 3061.)
  - Foster Homes, Group Homes and Residential Facilities:** See the attached letter for additional information regarding appeal of this decision. (See attached DSS Ltr. 3061.)
- A child has been determined to have been harmed while at your child care facility. The DSS Division of Child Day Care Licensing and Regulatory Services will contact you regarding a corrective action plan and/or any other actions needed to insure the safety of children.

**For unfounded investigations/assessments:**

- See attached DSS Form 3065.

[Signature]  
 Worker's Signature

2-6-19  
 Date

[Signature] 020619  
 Supervisor's Signature Date

SOUTH CAROLINA DEPARTMENT OF SOCIAL SERVICES  
SUPPLEMENTAL DETERMINATION FACT SHEET

<b>CASE NAME:</b> Phillip Woschenko	<b>CASE NUMBER:</b> 0001259051
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FACTS	SUPPORTING DOCUMENTATION/OBSERVATIONS
Disorder. The children were seen at the Dee Norton Child	DNCAC records
Advocacy Center for forensic interviews and medicals. Due to the	
children's developmental abilities they were unable to complete	
an interview, even after special accommodations were made. There	
were no significant medical findings, though this does not rule	
out sexual abuse. Mr. Woschenko completed an alcohol screen and	
was negative. He completed a substance abuse assessment and	Charleston Center
was recommended for treatment which he has initiated.	
Mr. Woschenko has no criminal history.	

South Carolina Department of Social Services  
**DETERMINATION FACT SHEET**

Case Name: Phil Woschenko Case Number: 0001259051

Address: PO Box 1686  
Folly Beach SC 29439

As of 03/21/2019, it is the decision of the department that the investigation/assessment  
Case Determination Date  
 initiated on 02/06/2019 has been Unfounded CAT 2 for the following forms  
Intake Date Case Determination  
 of maltreatment: Sexual Abuse and Substantial Risk of Sexual Abuse as supported by the facts and observations  
Maltreatment  
 recorded below and in the county investigative/assessment file.

Facts/Observations	Supporting Documentation/Evidence
Sonya Woschenko and Phil Woschenko are the biological parents of [REDACTED] (11), and [REDACTED] (8). Sonya and Phil Woschenko are in the middle of a divorce and share 2 children in common, with special needs.	DSS investigation  Interview with family
[REDACTED] Woschenko was seen at Dee Norton and made no disclosures of Sexual Abuse. It was difficult to interview her due to her special needs. [REDACTED] had told DSS at one point that daddy had touched her, but was not able to give the context in which this occurred. It was also after she had been asked direct questions on paper (suggested by mother as a better means of communication).	Dee Norton Child Advocacy Center  Case Manager Observations

**For indicated investigations/assessments, check all that apply:**

- You have been identified as the person responsible for harm to a child. (See attached DSS Form 3089.)
- A child with whom you are involved has been identified as being abused and/or neglected by state statute. You have **not** been identified as being responsible for the maltreatment. This information is being provided to you solely because of your legal relationship to the child.
- A child for whom you are the caretaker has been determined to be abused and/or neglected.
  - Day Care Facility:** The matter will be referred to your employer and the DSS Division of Child Day Care Licensing and Regulatory Services for action. (See attached DSS Ltr. 3061.)
  - Foster Homes, Group Homes and Residential Facilities:** See the attached letter for additional information regarding appeal of this decision. (See attached DSS Ltr. 3061.)
- A child has been determined to have been harmed while at your child care facility. The DSS Division of Child Day Care Licensing and Regulatory Services will contact you regarding a corrective action plan and/or any other actions needed to insure the safety of children.

**For unfounded investigations/assessments:**

- See attached DSS Form 3065.

Charmaine G  
Worker's Signature

03-21-19  
Date

[Signature]  
Supervisor's Signature

3-21-19  
Date

SOUTH CAROLINA DEPARTMENT OF SOCIAL SERVICES  
SUPPLEMENTAL DETERMINATION FACT SHEET

<b>CASE NAME:</b> Sonya Woschenko	<b>CASE NUMBER:</b> 0001259051
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FACTS	SUPPORTING DOCUMENTATION/OBSERVATIONS
<input checked="" type="checkbox"/> has been questioned repeatedly by various interviewers,	Case Manager Observations
including her mother.	

South Carolina Department of Social Services  
**NOTICE OF UNFOUNDED INVESTIGATIONS/ASSESSMENTS**

Date: 03/21/2019

To: Phil Woschenko

Address: PO Box 1686

Folly Beach, SC 29439

\_\_\_\_\_

\_\_\_\_\_

Re: ████ Woschenko and █████ Woschenko

Dear: Phil Woschenko

This is to inform you that the child protective services investigation/assessment involving you and the above referenced children initiated on 02/06/2019, was determined unfounded on 03/21/2019, and classified as a:

- Category I Unfounded Report** – Abuse and neglect was ruled out by the investigation/assessment.
- Category II Unfounded Report** – The investigation/assessment did not produce a preponderance of the evidence that the child is an abused or neglected child.
- Category III Unfounded Report** – An investigation/assessment could not be completed because the department was unable to locate the child or family or for some other compelling reason.

If classified as Category I or II, this means that the investigation/assessment has been concluded. Category III cases may be reopened if additional information is received which allows DSS to complete the investigation/assessment. The DSS investigative/assessment file will be destroyed not less than five years from the date of the case decision and information will be kept confidential pursuant to S.C. Code Section 63-7-930.

If you have any questions regarding this notice or the completed investigation/assessment, please contact the worker or supervisor listed below during normal working hours, Monday through Friday.

<u>Charmaine Green</u>	<u>Karen Sams</u>	<u>843-214-1917</u>
Investigator	Supervisor	Telephone

cc: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

JULY 31, 2020 911 CALL RECORDING SUBMITTED DIGITALLY

JULY 31, 2020 911 POLICE BODYCAM VIDEO

STATE OF SOUTH CAROLINA	)	IN THE FAMILY COURT
	)	NINTH JUDICIAL CIRCUIT
COUNTY OF CHARLESTON	)	CASE NO. 2019-DR-10-146
	)	
SONYA K. WOSCHENKO,	)	
	)	
Plaintiff,	)	
	)	GUARDIAN <i>AD LITEM</i>
v.	)	FINAL REPORT
	)	
PHILIP E. WOSCHENKO,	)	
	)	
Defendant.	)	
_____	)	

This document shall serve as the Final Report of the Guardian *ad Litem*. I specifically reserve the right to change any portion of the report based upon additional evidence which may be offered or in furtherance of my investigation.

**Persons Interviewed**

- Sonya Woschenko, Plaintiff/Mother
- Philip Woschenko, Defendant/Father
- John Woschenko, Father’s brother
- Madeline Poisker, Father’s Aunt by Marriage – resides in Florida
- Julie Long, Former Therapist for Minor Children
- Kyle Snouffer, Mother’s paramour
- Meredith Wallace, Principal at Murray LaSaine Montessori School
- Tracey Fournier, Therapist for [REDACTED]
- Nataliya Alekseyenko
- Shelly Law, Former PCA for Minor Children
- Dr. Uteritz, Psychiatrist for [REDACTED]
- Kamisha Pruitt, Supervision Coordinator for Family Ties of the Lowcountry
- Elizabeth Bennett, Clinical Counselor at the Charleston Center
- Sol Rappaport, Ph.D., ABPP
- Cora Perry, Occupational Therapist for Children
- Dr. Kara Huncik, Pediatrician for Minor Children
- Allison Kopanski Nelson, Present Caregiver for Minor Children
- Katie Claire, [REDACTED]’s CCSD Special Education Teacher

**Documents Reviewed**

- Charleston Center - Father
- East Cooper Behavioral Health (Davis Henderson, PhD) – Child Custody Assessment
- Father’s dCDT Test Results (DeHaven) collected 2021/01/15

Father's dCDT Test Results (DeHaven) collected 2021-02-19  
 Father's dCDT Test Results collected 2021-02-19  
 Father's dCDT Test Results collected 2021-03-05  
 Father's dCDT Test Results collected 2021-03-12  
 Father's dCDT Test Results collected 2021-03-19  
 Father's dCDT Test Results collected 2021-03-26  
 Father's dCDT Test Results collected 2021-04-02  
 Father's dCDT Test Results collected 2021-04-09  
 Father's dCDT Test Results collected 2021-04-16  
 Father's dCDT Test Results collected 2021-04-22  
 Father's LFP collected 2021-02-19  
 Father's LFP collected 2021-02-26  
 Father's LFP collected 2021-03-05  
 Father's LFP collected 2021-03-12  
 Father's LFP collected 2021-03-19  
 Father's LFP collected 2021-03-26  
 Father's LFP collected 2021-04-02  
 Father's LFP collected 2021-04-09  
 Father's LFP collected 2021-04-16  
 Father's LFP collected 2021-04-22  
 Father's PEth Test Results (DeHaven) collected 2019-11-21  
 Father's PEth Test Results (DeHaven) collected 2021-01-15  
 Life Guidance Center (Howard M. Held, MSW, LISW-CP) – Mother  
 Mother's dCDT Test Results (DeHaven) collected 2021-01-14  
 Mother's PEth Test Results (DeHaven) collected 2021-01-14  
 Dee Norton – IRIS – CAFTA  
 SCDSS Safety Plan  
 Notice of Unfounded Investigations/Assessments 2019-03-21  
 Notice of Unfounded Investigations/Assessments 2019-02-06  
 Incident Report dated 2018-12-19  
 SCDSS Letter to Mother 2018-11-28 (photo image)  
 SAFY Empowering Families Network letter (photo image)  
 Walgreens Prescription Profile (01-01-2017 through 4-21-2019)  
 Father's emails with SCDSS  
 Text Messages between Mother and Kyle Snoffer  
 Child Custody Assessment by Davis Henderson, PhD  
 Coastal Pediatrics Records for [REDACTED]  
 MUSC Records for [REDACTED]  
 MUSC Records for [REDACTED]

### **Pleadings**

Affidavit of Attorney's Fees (Partain) 2019-07-07  
 Affidavit of Attorneys Fees (Partain) 2019-03-20  
 Affidavit of Guardian ad Litem filed 2019-07-10  
 Affidavit of John Woschenko 2019-03-18

Affidavit of John Woschenko 2019-07-04  
Affidavit of Linda Toporek 2019-03-20  
Affidavit of Melissa Czyzewski 2019-07-07  
Affidavit of Philip E. Woschenko in Support of Motion for Emergency or Expedited Hearing filed 2019-06-21  
Affidavit of Philip E. Woschenko in Support of Motion for Expedited Hearing to Set Parent Scheduling with Minor Children  
Affidavit of Ronald Drost 2019-07-05  
Answer & Counterclaim filed 2019-02-19  
Certificate of Serve – Motion for Expedited Hearing to Set Parenting Schedule filed 2019-03-27  
Certificate of Service (Reply) 2019-03-22  
Certificate of Service- Answer & Counterclaim filed 2019-02-21  
Complaint filed 2019-01-14  
Confidential Reference List of Redacted Identifiers filed 2019-02-19  
Consent Order Resolving Defendant’s RTSC Against Plaintiff filed 2020-01-16  
Entry of Appearance filed 2020-02-05  
Father’s Financial Declaration  
Father’s Proposed Parenting Plan of Father  
Father’s Temporary Hearing Background Information  
Motion and Affidavit for Emergency Hearing (Protection from Domestic Abuse Act) filed 2019-01-02  
Motion and Affidavit for Emergency Hearing (Protection from Domestic Abuse Act) filed 2019-01-02  
Motion and Consent Order for Substitution of Counsel 2019-08-09  
New Temporary Order filed 2019-09-18  
Notice of Appearance filed 2019-02-06  
Notice of Motion and Motion as to Discovery Deficiencies filed 2019-06-05  
Notice of Motion and Motion for Ex Parte Relief and For an Expedited Hearing filed 2019-06-21  
Notice of Motion and Motion for Expedited Hearing to Set Parenting Scheduling with Minor Children and Order filed 2019-02-21  
Notice of Motion and Motion for Reconsideration of the September 18, 2019 Temporary Order filed 2019-09-30  
Notice of Motion and Motion for Temporary Relief filed 2019-01-14  
Order of Continuance filed 2019-03-07  
Petition for Order of Protection filed 2019-01-02  
Reply to Answer and Counterclaim filed 2019-03-22  
Request/Notice of Hearing filed 2019-09-24  
Subpoena to Emily Ayers dated 2019-10-01  
Summons Protection from Domestic Abuse Act filed 2019-01-04  
Supplemental Affidavit of Philip E. Woschenko 2019-07-08  
Temporary Order 2019-01-17  
Supplemental Affidavit of Philip Woschenko 2019-03-21  
Supplemental Order Appointing Guardian ad Litem by Consent filed 2019-04-09  
Temporary Consent Order filed 2019-03-21  
Verification (RTSC) 2019-04-09

### **Case History**

The parties were married in December 2001, and have two (2) children together. The children are [REDACTED] now age 13, and [REDACTED] now age 11. Mother and Father lived on Folly Beach in Charleston County. Mother and Father separated in December 2018, when Father moved from the marital residence at the request of Mother.

Mother filed for an Order of Protection in December 2018, which was denied. This action was filed by Mother on January 14, 2019, alleging that Father excessively consumed alcohol throughout their marriage and his alcohol abuse led to the deterioration of their marriage. Mother requested a divorce on the ground of habitual drunkenness.

At the time of the filing, there was a pending investigation regarding alleged sexual abuse of [REDACTED] by Father. Due to the pending investigation, Mother plead that she should be granted sole custody of the minor children and supervised visitation to Father.

Father filed his Answer and Counterclaim on February 19, 2019 and raised an affirmative defense of recrimination in response to Mother's claim of habitual drunkenness. Further, Father stated that Father had been cleared of the sexual abuse allegation and that DSS had closed its investigation. Father alleged that he was "historically," the primary caretaker during early childhood years, has been the co-caretaker during the most recent years and should be awarded sole, legal and physical custody, or, in alternating joint custody of the minor children.

The parties entered into a Temporary Consent Order in March 2019, wherein Carolyn Bone was initially appointed to serve as the Guardian ad Litem. Ms. Bone was unable to serve and A Supplemental Order Appointing Guardian ad Litem by Consent appointed me to serve.

Father filed for an Expedited Hearing in July 2019, which was granted and a New Temporary Order was issued on September 18, 2019.

Mother filed a Motion to Reconsider in September 2019, and a Consent Order Regarding Partial Resolution of Motion to Reconsider was issued in December 2019.

The parties participated in a Custody Evaluation with Davis Henderson, PhD in May 2020. The parties attended mediation in May 2020, but were unsuccessful.

The parties agreed to submit the issues of alimony and equitable distribution to arbitration with J. Todd Manley and are awaiting the issuance of the arbitration award.

Mother filed an Expedited Motion in February 2021, which was granted and an Order from Plaintiff's Motion for Expedited Temporary Relief was issued on March 19, 2021.

The issues of custody, visitation, and litigation expenses have been set for a four (4) day trial on July 26th – 29th.

### **Mother**

Mother is 51 years old and lives at [REDACTED] with [REDACTED] and [REDACTED]. Mother is employed virtually by United Technologies Corporation and works a flexible 40-hour schedule remotely. Mother's parents divorced when she was very young and she was raised primarily by her mother seeing her father every other weekend. Mother also has a brother. Mother herself was sexually assaulted over a period of time when she was 12 years old.

This is Mother's second marriage. The minor children of this action are her only children.

Mother reports that both children have autism as well as other medical needs and require special attention that is consistent and effective. She reports that Father has not been very involved in the "special care" however did help with some of the daily duties i.e. packing lunches, making meals, bathing, and some play time. Mother reports that the children's care is extensive, hard to maintain, and cause immense stress.

Mother reports that Father resorted to alcohol to deal with the high level of stress and unhappiness involved with raising two children with special needs. Mother reports that this resulted in Father's heavy alcohol usage over the years. Mother does not believe that Father recognizes he has an issue with alcohol.

Mother reports that shortly after Father moved out, [REDACTED] made indications of sexual abuse by Father. [REDACTED] reportedly disclosed this to DSS case worker Charmaine Green, a former therapist, and has made videos about it. Mother was concerned for [REDACTED]'s mental and emotional wellbeing if she was forced to visit Father.

Mother's concerns with Father post-divorce are that he will continue to drink while caring for the children and that Father doesn't always listen to what the medical professionals are recommending which negatively impacts the children – [REDACTED] specifically – when [REDACTED] is in Father's care the majority of the time.

### **Father**

Father is 52 years old and lives at [REDACTED]. Father was raised by his parents in Massachusetts and has an older brother. Father attended Boston University and then worked as a real estate appraiser. In 2011, Father began working at Costco Wholesale and typically works a 9:30am – 2:30pm schedule.

This is Father's first marriage and only children.

Father admits to increased drinking patterns in 2018, which he acknowledges were not healthy for his marriage. Father also reports that Mother began showing more and more interest in Kyle Snouffer the PCA that was hired by the family in September 2018. Father reports that the allegations of sexual abuse of [REDACTED] were fabricated in order to get Father out of the house so that Mother could pursue her relationship with Kyle.

Father was reported to DSS for sexual abuse allegations against [REDACTED] and was restrained from contact with the minor children. Father reported that both children were experiencing distress and were having increased behavioral and medical issues. Father believes that the children's lack of interaction with Father has contributed to this problem and that Mother was unwilling to allow communication and visitation due to the untrue allegations of sexual abuse.

Father's main concerns with Mother are that she has tried (and been successful in many ways) to push him out of the children's lives. Father reports that even though his relationship with [REDACTED] is better he still feels that he and [REDACTED] are strained. Father attributes this to Mother's actions at the onset of litigation and her desire to move Kyle into their home. Father reports that Mother's disparagement of him to the children's medical providers has been especially painful and that he is having to overcompensate for Mother's negative statements when he is interacting with the children's providers. Father reports that his biggest concerns post-divorce are Mother's ability to expose the children to Kyle Snouffer and Mother's ongoing campaign to diminish his ability to participate in decisions concerning the children.

### Children

[REDACTED] is now 13 years old and just completed the 7<sup>th</sup> grade at CE Williams Middle School. [REDACTED] is on the autism spectrum and has some verbal capabilities. [REDACTED] is a talented artist and has an active imagination. [REDACTED]'s room at both parent's homes is full of her artwork and the people that she loves to draw.

[REDACTED] receives homebound services with a teacher and therefore is home most days with the teacher and a PCA (personal care attendant). [REDACTED] is presently prescribed Guanfacine which is used to regulate her behavioral outbursts. Guanfacine works well for [REDACTED].

In the Fall of 2018, [REDACTED] drew a picture at school of two people without clothing (male was wearing underwear) standing in front of a bed. The picture was alarming to school personnel and a referral was made to DSS who assigned Windwood Farm Family Services to investigate. Mother did not agree that [REDACTED]'s picture was of concern and explained that [REDACTED] sometimes draws clothing on her characters at a later time. Mother felt that the picture was a "work in progress". Father reports being concerned at the time of the drawing but that he wasn't sure what was going on. Father now reports that he believes the male in the picture to be Kyle Snouffer and the female to be his wife, Sonya. Windwood Farms did not refer the case back to DSS for staffing and the investigation was closed.

[REDACTED] was 11 years old when the parties separated. Mother alleges that after she asked Father to leave the marital residence due to his alcohol abuse, [REDACTED] disclosed to her that she was "happy" Father was gone and that Father had "hurt her". Mother reports that [REDACTED] took Mother's hand and "put it on [REDACTED]'s] crotch". Mother reports that [REDACTED] also took off her skirt and [REDACTED] put her finger in her vagina during this same conversation.

Mother reports that she was in shock and after a few days when Father wanted to see the kids and showed up unexpected [REDACTED] was startled and would only give Father a “side-hug”. Mother also reports that in a second conversation Mother asked “how do you know Daddy hurt you?” and that [REDACTED] responded “there was blood”.

Father left the marital home on December 9, 2018. Mother alleges that she didn’t know what to do when [REDACTED] made the disclosure so she contacted law enforcement who reported the allegations to the Department of Social Services. DSS initially did not recommend a forensic interview as [REDACTED]’s ability to report was limited. However, Mother believed that [REDACTED] could participate in a meaningful interview and the caseworker made the referral to Dee Norton Children’s Advocacy Center.

The Dee Norton CAFTA states that the initial intake was conducted on December 19, 2018, and a follow up interview on January 8, 2019. Key points from these interviews:

- Mother was the main source of information
- Kyle Snouffer participated in the 2<sup>nd</sup> interview and was the only other source to provide information (besides DSS)
- Mother reported that [REDACTED] has difficulty with speech
- Mother reports that [REDACTED] was going through their old house and naming every room that she was “hurt in”
- Mother reported that [REDACTED] indicated that she was hurt with “something else besides Father’s hands”
- Mr. Snouffer provide some information about [REDACTED]’s limitations in being interviewed

Mother reported to me that the forensic interview did not go well – it was “botched” by Dee Norton. Mother reports that they had to wait over 2hours for [REDACTED]’s portion of the interview to begin, that [REDACTED] did not know the interviewer which was problematic, and that she wasn’t allowed to have Kyle there with her.

Overall, Dee Norton was not able to conduct a meaningful interview with [REDACTED] and no information was provided. DSS was unable to substantiate the allegations against Father and therefore the case was unfounded category II on February 6, 2019. A second DSS investigation was initiated on February 6, 2019, for the same allegations and was unfounded on March 21, 2019, for the same unfounded category II.

[REDACTED] participated in therapy with JSS Behavioral which unfortunately closed due to funding issues shortly after sessions commenced. [REDACTED] then attended counseling with Tracey Fournier, LPC in her private practice with the purpose of strengthening their relationship. In November 2019, Ms. Fournier informed the parties that she no longer needed to see [REDACTED] and Father together.

Both parties and the PCA are reporting that [REDACTED] is doing well now under Mother’s primary care and with [REDACTED] living primarily with Father. Alison Nelson, [REDACTED]’s primary PCA, reports that [REDACTED] has shown far less behavioral issues since [REDACTED] and [REDACTED] began living separately. Ms. Nelson

reports that the split has allowed for more control over [REDACTED]'s environment which has really calmed things down for everyone. Father reports that he still feels that his relationship with [REDACTED] is strained due to the allegations and separation that took place in 2018/2019.

[REDACTED] is now 11 years old and just completed the 4<sup>th</sup> grade at Ashley River Creative Arts. [REDACTED] attends school in a self-contained classroom and has an IEP. [REDACTED] is non-verbal which can be frustrating and stressful for both [REDACTED] and his caregivers when he is unable to communicate his needs. [REDACTED] has struggled with gastrointestinal issues and migraines during the pendency of this litigation. [REDACTED]'s medical needs have been a source of disagreement between the parties.

When the parties' separated in December 2018, [REDACTED] stayed with Mother in the marital home and did not have regular contact with Father until April 2019. Text messages between Mother and Kyle Snouffer reveal that Mother believed [REDACTED]'s aggressive behavior at the time could have been attributed to him not having contact with Father. However, [REDACTED] was also having extreme constipation which caused him to become aggressive with caregivers. [REDACTED] was hospitalized in March 2019, due to the constipation.

There have been many days wherein [REDACTED] has had behavior at school and one of the parties or a PCA has needed to pick-up early. [REDACTED] rode the bus to school for 2019-2020 school year and there were issues some days with [REDACTED] not being able to get off the bus and transition to the classroom. More recently, [REDACTED] has been out of school after contracting COVID in January 2021, and being hospitalized in May 2021.

Mother reports that [REDACTED] takes over 22 medications. Father reports that the majority of these medications were not prescribed at the time the parties separated. The need for medication ranges from issues with constipation, allergies, migraines, and for sleeping. [REDACTED]'s care is complicated and can be frustrating at times for both parties. Mother has reported that she would be concerned for her physical well-being if [REDACTED] were to have an outburst while she was the only caregiver present. Mother is concerned as to what she would do to be able to keep both [REDACTED] and [REDACTED] safe in a situation wherein [REDACTED] became physically aggressive. Mother has indicated that she would not allow [REDACTED] to come to her home if his physical aggression escalated.

Father doesn't want [REDACTED] to continue on so many different medications and is looking to decrease the number of medications he is prescribed. Father's perspective is that many of the medications have side effects and that overall, [REDACTED]'s behavior and health in general is not satisfactory. Father reports that he is looking to improve [REDACTED]'s daily living by dialing back the amount of medical intervention.

[REDACTED] has been in Father's primary care since Fall 2020 (up until Summer 2021). Since that time, [REDACTED] has continued to be aggressive and have medical issues. It should be noted that a review of [REDACTED]'s Coastal Pediatrics' record reveals that [REDACTED] was seen in 2017, for "strange and inexplicit able behavior" and neurology referred [REDACTED] for a CT scan. [REDACTED]'s behavior is not new since litigation began but seems to have intensified.

█ has been prescribed Cyproheptadine for his GI issues since 2019. This was a medication he was initially started on when in Mother's care only. The purpose of the medication for █ was to help with constipation issues. Because █'s issues have not been alleviated entirely, Father had mentioned several times that he wanted to remove Cyproheptadine from the medication regimen. Mother and Father's reports as to what the GI recommended are different. The best that I can determine is that the parties were given the green light to reduce the medication and it was recommended that they monitor █'s reaction to titrating off the Cyproheptadine. Father would like to see █ come off some of the medications (if not all) to see how he would function when he is not medicated. Mother believes that the medications are helpful to █ and, while his health is not perfect, █ has good stretches of behavior (good behavior assumes he is not in pain) and therefore the medications should continue.

Father reports that Mother initially agreed to █ coming off of the Cyproheptadine so long as the weaning off period took place on Father's time. Father reports that when he inquired a second time as was ready to start the protocol, Mother was no longer in agreement. Father feels strongly that the regime of medications that █ receives causes an up and down effect in regards to appetite and cannot be helping the issues with abdominal pain.

In March 2021, the Court issued its Order on Plaintiff's Motion for Expedited Hearing wherein Father was given decision making authority over █. Mother reports that Father used this as an opportunity to take █ off the Cyproheptadine without notice to anyone else. Mother reports that for a full week, █ was in "holds" at school due to self-injurious behavior.

Mother reports that she took █ to Disney and while they were in the park, █ began screaming uncontrollably in pain. Mother reports that █ was removed from the park on a stretcher because there was no other way to get him out safely.

Mother reports that she believes Father took █ off the Cyproheptadine intentionally before her vacation with the children in order to set her up for failure. Mother reports that the only change in █'s routine was the removal of Cyproheptadine.

On May 7, 2021, about a month after Mother returned from Disney, it was discovered in a CT scan that █ had two fractured ribs and a fractured foot (the parties were previously aware of an injury to the foot). Both parties seem to agree that these injuries were self-inflicted and likely occurred while he was at school the week prior to the Disney trip.

Mother reports that while she agrees that █ should be in Father's primary care, she doesn't believe that Father should serve as the final decision maker. Mother reports that Father doesn't follow verbal instructions well and that she has, over the years, had to provide Father with written instructions following medical appointments. Mother reports that even then, Father has mis-dosed █ and/or made mistakes in the application of medical advice. Further, Mother points to this recent decision by Father to take █ off Cyproheptadine without consultation or notice as Father exercising poor judgement with decision making power

### **Professionals Working in the Home**

Julie Long. Former care provider for ABA in-home therapy for both children. Ms. Long last provided services for the family in October 2018, through her company Carolina Behavioral Specialists. Ms. Long reports that both parents were focused on working together in support of the children. Both parents were present for major meetings. Ms. Long reports that Mother was the primary coordinator of services and schedules. And that Father would participate as directed by Mother but Father was also very involved in the home. Ms. Long reports that none of her caregivers ever voiced a concern about Father. Ms. Long reports that the children both had aggressive problematic behavior which made it a stressful work environment. In the end, the situation became uncomfortable and she felt that her company was being asked to do things beyond their job description. Ms. Long reports that she or the caregivers were always on call and it turned into a negative workspace. Mother was controlling and Ms. Long compared it to a “walking on eggshells” environment. Mr. Long’s overall report to the GAL was that there were no “red flags” in either parent’s ability to properly care for the minor children – even in violent and stressful situations - that she or her employees observed.

Cora Perry with Perry Occupational Therapy, LLC. Ms. Parry has been working with the family since [REDACTED] was 2 years old. She presently provides occupational therapy to both children. Ms. Perry reports that when the parties separated Mother was the one to inform her that father wasn’t in the house anymore but was coming by that same day to spend time with both children. Ms. Perry reports that [REDACTED] has always had a preference for Mother and that after the parties separated she began expressing an extreme reaction to Father that was not typical. Ms. Perry remembers Father coming to the home (December 2018, post separation) and [REDACTED] refusing to go with Father and shouting “December 19<sup>th</sup>”. Ms. Perry speculated that maybe [REDACTED] just wasn’t prepared for the visit but whatever it was, [REDACTED] was definitely not okay with it. Ms. Perry is an excellent witness in regards to the behavior between [REDACTED] and [REDACTED]. Ms. Perry reports that [REDACTED] can be very loud and noisy which is hard for [REDACTED] because she is sensitive to noise. Ms. Perry reports that it is harder when only one parent is around caring for both children at the same time.

Ms. Perry reported when we first met in May 2019, that the children were naturally struggling with the separation. Ms. Perry reports that [REDACTED]’s “tummy troubles” began after the separation. Ms. Perry reported to me in May 2019, that she believed that [REDACTED] would benefit from her own therapist – not just family therapy.

Allison Kopanski Nelson. Ms. Nelson has been serving as a caregiver for the minor children since late April 2019. She has only known this family post-separation. Ms. Nelson is an asset to the Woschenko’s and the minor children especially. Ms. Nelson has maintained contact with me throughout the litigation and managed to remain as neutral as possible and focused on the needs of the children. Ms. Nelson serves in each parent’s home, sometimes on her own and also while the parents are home.

Kyle Snouffer. Mr. Snouffer began child care services for the family in August/September 2018, as Julie Long’s ABA therapists were phasing out of services. Mr. Snouffer at some point began a romantic relationship with Mother. When I interviewed him initially in May 2019, the romantic relationship had not come to light. Mr. Snouffer reported to me that his roles in the household were to take the children to therapy outside the home, pick up from school, and provide overall care for the children at home. Ms. Snouffer reported that he received some on the job training from the ABA therapists prior to their departure in October 2018. Ms. Snouffer reported that when he first began working, Mother coordinated

childcare/therapy and Father participated as directed by Mother. Father was working outside the home and the caregiver's day would generally end once Father was home and could take over. Ms. Snouffer also reported that some afternoons he would pick [REDACTED] up from school and they had downtime before he had to take her to an appointment so he would stop off at his house (lived with his parents and sister on James Island) and he and [REDACTED] would hang out with his dog, Penny.

Mr. Snouffer reported that [REDACTED] began having more behavior issues, he noticed a marked change in her behavior when the parties separated, and that behaviors escalated from there. Mr. Snouffer reported all behaviors. Mr. Snouffer reported that when [REDACTED] would see Father car she would sink down into her sink. Mr. Snouffer reported that there is a video wherein [REDACTED] implicates Father as hurting her with his penis and that Mother has access to this. But, Mr. Snouffer also reported that he never saw or heard anything that caused him any concern with Father while he was still living in the home. Mr. Snouffer reported that he quit working with the family because [REDACTED] had become very aggressive due to his GI issues and [REDACTED] had bitten him a few times and he no longer felt that he could provide quality care for them. Mr. Snouffer also reported that he has seen [REDACTED] a few times since terminating his employment because [REDACTED] enjoyed getting to see his Penny.

Dr. Uteriz at Angel Oak Counseling is [REDACTED]'s psychiatrist. Dr. U reports that [REDACTED]'s primary diagnosis is autism but he is treating her for a wide range of behaviors. Dr. U reports that [REDACTED] does not engage with him and has provided no real feedback for herself and therefore he relies heavily on the reports of her parents and the feedback as it is shared with him by the school.

### **Current Visitation Schedule and Summer 2021.**

Since separation, the parties have tried a few different visitation schedules to see what works best for the children. Only recently, with the Order on Plaintiff's Expedited Motion, did the Court formally affirm the schedule that the parties had been following. The Court also ordered that each parent would be named as the primary legal and physical custodial of the child that resided primary in their care. Father has [REDACTED] primarily and Mother has [REDACTED] primarily.

[REDACTED] is with Father during the school week and with Mother every other weekend.

[REDACTED] is with Mother during the school week and with Father every other weekend.

The children rotate weekends with the parties with Mother having [REDACTED] and [REDACTED] both, the following weekend Father has [REDACTED] and Mother has [REDACTED] and the next weekend Father will have both children.

Mother reports that the schedule is working well for [REDACTED]. [REDACTED] has shown less aggression and is self-reporting as being "happy". Mother, of course, reports that she misses [REDACTED] and wishes things were different but she also states that to move [REDACTED] back into her home "full time" would not be fair to [REDACTED]. Mother's concerns with having [REDACTED] live primarily with Father are in regards to Father's alcohol use and poor judgement that she believes stems from years of drinking.

Father reports that the current schedule is the best balance of time for the children. Father believes that even though [REDACTED] has had recent medical issues in Father's care, [REDACTED] and [REDACTED] being separated during the school week is better than them being together all the time. Father's concerns are that he has very limited time with [REDACTED]. Father would like to see the current schedule remain the same.

School dismissed for summer break on June 18, 2021. Because the family is short on care providers and with [REDACTED]'s recent aggression, the children have been together during the week at Mother's house. Mother reports that Father frustrates the situation with caregivers by either telling potential caregivers that they are at risk for being physically assaulted by [REDACTED] or by intentionally running off the caregivers that are working with the children because he asks too many questions. Father reports that Mother will not let go of the control over hiring caregivers to work in his home primarily and this leads to missed opportunities when caregivers take other positions due to the Woschenko's not being on the same page as to hiring. It is clear that the current set up for hiring caregivers to serve in Father's home seems to be an issue.

Having both children at Mother's house this summer has already caused an increase in [REDACTED]'s aggression towards [REDACTED] and overall behavior has seen an uptick. On June 30, 2021, Mother emailed Father to let him know that "today was a hard day" and [REDACTED] decided to bite [REDACTED] which lead to [REDACTED] getting upset and [REDACTED]'s behavior then escalated and as Mother reports "round and round it went". Mother did report that with the help of Alison, they were able to get the children calmed down without giving "extra meds".

The plan – from what I can tell – is to find a second care giver who is comfortable being with [REDACTED] on their own and then [REDACTED] can return to Father's house during the day. However, both parties acknowledge that finding someone who is reliable and comfortable taking care of [REDACTED] in the event that there is an outburst, is almost impossible.

It was previously discussed that [REDACTED] attend summer camp at Ashley River Creative Arts, but with the more recent medical issues Father did not think it was in his best interest and per an e-mail with [REDACTED]'s teacher, she agreed with Father. Mother disagreed and wanted [REDACTED] to be enrolled but that is no longer an option.

For now, [REDACTED] will be with Mother during the weeks and residing with her overnight in order to minimize the transitions. Otherwise, the regular schedule will continue.

### **Concerns with Alcohol.**

Mother initially filed this action citing concerns with Father's alcohol consumption specifically, "Husband's frequent alcohol abuse has led to the deterioration of the marriage to the extent that Wife can no longer remain within the marriage." Father's Answer and Counterclaim responds "both parties have been alcohol drinkers through the entirety of the marriage, and it is the [Mother] that regularly drinks to excess and causes marital strain."

Father was asked by DSS to submit to an alcohol/substance abuse assessment with Charleston Center which appears to have taken place on January 7, 2019. Based on Father's disclosures and the pending DSS investigation, the Charleston Center diagnosed Father with alcohol use disorder – in remission and moderate tobacco use disorder. Charleston Center recommended that Father participate in both individual psychotherapy, weekly group substance abuse counseling for a period of 8 weeks, and to submit to random drug screens during treatment.

Father began treatment sessions and group with the Charleston Center on January 16, 2019.

Father submitted to urine drug screens on: January 7<sup>th</sup>, February 1<sup>st</sup>, March 1<sup>st</sup>, March 21<sup>st</sup>, and April 4<sup>th</sup>. Father completed services on April 10, 2019, and was release from care through the Charleston Center.

Father admitted to the Guardian that he had consumed too much alcohol in the past, however Father reported that he was able abstain from the use of alcohol without side effects and that he would refrain from using alcohol while the children were in his care.

The parties entered into a Temporary Consent Order on March 21, 2019, which restrains the parties from exposing the children to alcohol abuse. At the time of the Temporary Consent Order, Father had not yet completed treatment with the Charleston Center and was not having regular unsupervised contact with the children. The children were in the primary care of the Mother.

The Court's New Temporary Order issued September 19, 2019, further restrained the parties from the consumption of alcohol while one or both of the children were in their care.

Mother's drinking was not specifically discussed with the Guardian as Father did not initially report it as a major concern. However, Mother's PEth test dated November 22, 2019, shows 22 ng/ml which is considered "evidence of moderate to heavy ethanol consumption". Father's PEth from this same time period was below the 20 ng/ml cut off and considered negative. The parties had agreed to take these tests as Mother had reported a concern with Father's alcohol consumption in the Fall of 2019.

There is additional evidence of Mother drinking while caring for the children contained in Mother's text messages with Kyle Snouffer. There is some concern with Mother's drinking to excess while caring for the children.

In Fall of 2020, Mother again believed Father to be consuming alcohol while [REDACTED] was in his primary care. Mother hired a private investigator that did confirm that PW was drinking again although Father denied that he was drinking while he had [REDACTED] in his care. There are only 4 days a month wherein Father doesn't have one of the children in his care.

I requested that both parties submit to a PEth in Januay 2021, Mother submitted to testing on January 14<sup>th</sup> and Father on January 15<sup>th</sup>. Mother's test was negative. Father's test was 218 ng/ml which is well over the cut off of 20 ng/ml. This was a concern. Father further submitted to a dCDT test on January 16<sup>th</sup> which resulted in a 2.0% result. 1.6% is the cut off and a dCDT measures excessive drinking for the 2-3 weeks prior to the testing date.

Also in this time frame [REDACTED] tested positive for COVID and could not go to school. Mother and Father decided that despite the positive PEth test, Father and [REDACTED] would quarantine together so as to limit exposure to Mother and [REDACTED].

Mother filed a Motion for Expedited Relief requesting sole custody of birth children and for Father to immediately begin Soberlink and demonstrate 30 days of sobriety. Father submitted to a dCDT test on February 1, 2021, which had come down to a 1.4% result – a significant decrease in a 2 week period which indicated that Father had ceased consumption.

The Court issued its Order from Plaintiff's Motion for Expedited Motion on March 19, 2021, and ordered Father to submit to dCDT testing every week for a period of 10 weeks. Father submitted to testing on February 19<sup>th</sup>, March 5<sup>th</sup>, 12<sup>th</sup>, 19<sup>th</sup>, 26<sup>th</sup>, April 2<sup>nd</sup>, 9<sup>th</sup>, 16, and 22<sup>nd</sup>. Father submitted to a test on February 26<sup>th</sup> but he did not go to the MUSC lab as specified by Dr. DeHaven. Dr. DeHaven's office reports that they instructed Father that he could only use the lab downtown, but Father chose to go to the lab in West Ashley (because it was closer to his employer) and the West Ashley lab doesn't run dCDT testing. As a result, Father had blood drawn but there were no results for a dCDT issued. This of course was not realized until the following week when the test results never arrived. Other than missing a test on February 26<sup>th</sup>, Father completed 9 dCDT tests that were all complaint.

In a home visit with Father and [REDACTED] in June 2021, I observed there to be no alcohol in the home. I had Father open every cabinet and closet and while the home was well stocked with food, there was no alcohol present.

### **Adultery.**

Mother admitted to having an affair with Kyle Snouffer, the children's caregiver. Mother admitted that she began an inappropriate relationship with Mr. Snouffer before the parties' separated. There is a belief that if the allegations of [REDACTED] being sexually abused, that it could have been Mr. Stouffer instead of Father.

My concerns with Mother's adultery are that she exposed the children to her affair, allowed Mr. Snouffer to stay on as a caregiver for a period of several months during their adulterous relationship, and put her own desires above the well-being of the children.

By allowing Mr. Snouffer to continue to provide care (unsupervised) for [REDACTED] I believe Mother has established that either (1) there was no real concern that [REDACTED] had been sexually abused or (2) Mother exercised extremely poor judgement in failing to consider Mr. Snouffer as the perpetrator.

Had Mother genuinely been concerned with [REDACTED]'s safety, she would have eliminated all possible predators from having access to the child. Instead, Mother allowed Mr. Snouffer to continue to pick [REDACTED] up from school and take her to appointments just the two of them. Mother failed to act in a manner to provide appropriate protections for [REDACTED] while in Mother's sole care.

### **Communication and Co-Parenting Counseling.**

Communication between the parties is hostile. They are encouraged to send transition e-mails between one another at the time of an exchange. These emails are helpful and I believe necessary to exchange information about the well-being of the children however, I often observe the e-mails to "open the door" for one party to make accusations towards the other. Mother specifically drafts very accusatory and condescending emails to Father. It is unclear whether Mother does this intentionally to provoke Father or if she believes that her messages are more accurately documenting a series of events. Either way, the communication between the parties could improve if Mother would leave out the accusatory statements and just focus on the exchange of information when communicating with Father.

There is a concern that the parties are creating a situation wherein the children's medical professionals, and PCAs, are not going to be willing to work with the family if they continue to engage with one

another in this manner. Father specifically reports that Mother continues to disparage him to the children's medical providers by bringing up that he was investigated by DSS for sexual abuse.

It is imperative to the continued success of the minor children that the parties work to open the lines of communication and correspond with one another in a productive manner. The approach should be "no blame, no shame" when discussing the needs of the children with the other parent. Generally, I would recommend that the parties engage in co-parenting counseling, however, the parties have already made that attempt with Dr. Cassel and mutually they agreed to pause services while the litigation continued. Dr. Cassel reports that he is agreeable to seeing the parties for co-parenting sessions on an as needed basis and which seems to be the best option for this family at this time.

### **Dr. Henderson's Custody Evaluation.**

The full Custodial Evaluation is attached hereto. Dr. Henderson's pertinent findings are as follows:

- The children would benefit from one-on-one time with each parent in order to strengthen their overall bond.
- While neither parent has any psychological symptoms that would impair their ability to parent, Father's history of binge drinking does put him at risk for relapse given the special needs of the children.
- The parents would each benefit from continuing to engage in individual counseling.
- The parents would benefit from co-parenting counseling.
- The children would also benefit from ABA therapy.
- Mother presents as the stronger of the two parents as far as organizing services and daily activities for the children.
- The children would benefit from consistent custodial periods with limited transitions.

### **Observations and Recommendations:**

1. **Time Sharing.** The minor children would benefit from the continued arrangement of sharing time separately between the households with [redacted] living with Mother during the week and [redacted] living with Father during the week. The weekends would rotate on the following schedule: 1<sup>st</sup> weekend Father having both children (Mother's weekend alone), 2<sup>nd</sup> weekend [redacted] with Father and [redacted] with Mother, 3<sup>rd</sup> weekend Mother having both children (Father's weekend alone).
2. **Decision Making.** If the Court were to adopt the recommended time-sharing schedule it would be appropriate for Mother to serve as the primary custodian/final decision maker for [redacted] and Father to serve as the primary custodian/final decision maker for [redacted].
3. Both parties should be required to communicate with the other parent prior to making any major decisions in the areas of education, medical, or childcare. Of particular note, decisions regarding changes to medication or decisions for major medical treatment could be submitted to a co-parenting session with Sanford Cassel, PhD. Medical decisions seem to be a recurring issue of conflict for the parties and while we cannot foresee the next disagreement, we can put measures in place to guide the parties through the next obstacle.
4. **Exchanges.**

- a. The parties should continue to utilize a log book to document: name/time/amount of medication given; time/amount/type of food eaten; and behavior (and if known, the antecedent and consequence). The log book shall travel with the children for visitation exchanges.
  - b. Exchange times for visitation should take place in the mid-afternoon – not 6 p.m. – as to allow the children time to transition to the other parent’s home.
  - c. The parties should continue to send the “exchange e-mail” wherein they would have an affirmative duty to notify the other parent at the time of exchanges as to any concerns or changes to the child’s routine. Both parents are to be informed as soon as possible as to any emergencies or medical appointments made on the other parent’s time so as to allow both parents an opportunity to attend.
- 5. Alcohol Restraint.** The mutual restraint against excessive consumption of alcohol while caring for the minor children should remain in place. Due to the concerns with previous alcohol abuse and the recommended schedule which has each parent caring for one of the children full time, mutual testing for alcohol should be in place long-term. Testing should be conducted by Dr. Ruth DeHaven at Saint Andrew’s Medical Center and either parent may request the other to submit to a dCDT% test. An elevated result would indicate that the parties exposed the children to the excessive consumption so long as the parties are continuing with shared custody. In the alternative, the parties could submit to an ETG urine screen which would measure consumption of alcohol over a 2-3 day period wherein they were caring for one or both of the children.
- 6. Paramours.** A concern still remains with Mother’s paramour, Kyle Snouffer, and the allegations of sexual abuse concerning [REDACTED]. Although Mr. Snouffer has not been charged with or arrested for sexual misconduct against [REDACTED], [REDACTED] is an exceptional child who is more at risk for abuse than her peers. [REDACTED] and [REDACTED] are exceptional children and with that come exceptional circumstances. As the Guardian, I would be most comfortable with language restricting Mother from leaving either child in the care of Mr. Snouffer if she chooses to continue this relationship.
- 7.** Standard restraints to include no exposure to overnight guests of the opposite sex not related by blood or marriage.

Respectively submitted,

*Emily W. Ayers*  
 Emily W. Ayers  
 GUARDIAN AD LITEM

July 6 \_\_\_\_\_, 2021  
 Charleston, South Carolina

STATE OF SOUTH CAROLINA	)	IN THE FAMILY COURT
	)	NINTH JUDICIAL CIRCUIT
COUNTY OF CHARLESTON	)	CASE NO.: 19-DR-10-146
	)	
SONYA K. WOSCHENKO,	)	
	)	
Plaintiff,	)	
	)	
-VS-	)	<b>ARBITRATION AWARD</b>
	)	
PHILIP WOSCHENKO,	)	
	)	
Defendant.	)	
_____	)	

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<b>DATES OF ARBITRATION:</b>	<b>DECEMBER 14 and 22, 2020, APRIL 16, 2021, MAY 4, 2021, MAY 5, 2021</b>
<b>ARBITRATOR:</b>	<b>J. TODD MANLEY</b>
<b>PLAINTIFF’S ATTORNEY:</b>	<b>GREGORY FORMAN, ESQUIRE</b>
<b>DEFENDANT’S ATTORNEY:</b>	<b>JESSICA PARTAIN, ESQUIRE</b>

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THIS MATTER came before me for binding arbitration pursuant to this Court’s Consent Order for Arbitration dated October 14, 2020 (herein “Consent Order”).

At the call of the case for arbitration, the Plaintiff argued that the Defendant should be barred from requesting alimony as he did not plead for alimony in his original Answer and Counterclaim and only requested alimony in his amended Answer and Counterclaim. The Plaintiff argued that the amended Answer and Counterclaim was filed out of time without consent of the Plaintiff. The Defendant argued that the Plaintiff has long since been aware of his amended claim for alimony and yet remained silent. The Defendant further argues that alimony is one of the issues I am to decide by consent of the parties.

I find that the Plaintiff’s motion regarding the issue of alimony is denied. The parties both agreed to submit the issue of alimony to me for binding arbitration. The

Plaintiff was on notice of this amended pleading for over a year of time, yet did not raise this issue until the commencement of the arbitration hearing. The Plaintiff is on notice of the Defendant's alimony claim and clearly came prepared to defend it. Furthermore, the South Carolina Rules of Civil Procedure and case law provide a clear line that amendments to pleadings should be freely granted (if there is no real prejudice to the other party) and that matters should be heard and decided on their merits. I further find that substantial matters such as alimony in a long-term marriage should certainly be heard on the merits of the claim where there is no prejudice to the opposing party. The Plaintiff is not prejudiced by my hearing the issue of alimony. I do take judicial notice that the Defendant did not initially seek alimony in his Answer and Counterclaim. However, I find that the Defendant shall have the right to request alimony as part of his arbitration case.

Based upon the Consent Order, testimony of the parties and witnesses, exhibits introduced into evidence, the applicable law, and the record had herein, I make the following Findings of Fact and Conclusions of Law.

**FINDINGS OF FACT and CONCLUSIONS OF LAW**

1. The parties hereto and the subject matter herein are within my jurisdiction.
2. Pursuant to the terms of the Consent Order, I was appointed as the binding arbitrator on issues of alimony and equitable distribution of marital assets and marital debts.
3. The parties were married to one another on December 31, 2001. There were two (2) children born of the parties' marriage: [REDACTED] (born in 2007) and [REDACTED] (born in 2010).

all interest in the parties' marriage and was excluding him from outings she was going on with Mr. Snouffer and the minor children.

54. The Defendant became concerned about the relationship between the Plaintiff and Mr. Snouffer starting in October 2018. He testified that the Plaintiff seemed very interested in socializing with Mr. Snouffer in a way that she never had with other nannies and therapists. He was suspicious that the Plaintiff was having an affair prior to the date of the parties' separation. He testified that the text messages and depositions prove that the Plaintiff and Mr. Snouffer began an adulterous relationship before the parties separated from one another.

55. The Defendant was concerned in approximately 2012 that the Plaintiff had had a sexual encounter with a third party due to finding bruising on the Plaintiff. In 2013, the Defendant was concerned when the Plaintiff attended a bachelorette party and ended up with a stick-on tattoo near her butt check.

56. The Plaintiff testified that there was no adultery by her prior to the date of the parties' separation.

57. Text messages between the Plaintiff and Mr. Snouffer clearly indicate a personal relationship between them on the date of the parties' separation. The Plaintiff looked to Mr. Snouffer for support on the night of the parties' separation. The text messages certainly show the Plaintiff and Mr. Snouffer interested in one another at or around the time of the parties' separation. However, the text messages, do not evidence a sexual relationship between the Plaintiff and Mr. Snouffer on the date of the parties' separation. The text messages appear to indicate their sexual relationship started on

December 14, 2018 or December 15, 2018. The Plaintiff admits to a sexual relationship that started on December 15, 2018.

58. The Defendant testified that the Plaintiff also drank alcohol to excess. The Plaintiff did have a slightly elevated PEth test result in November 2019.

59. The Plaintiff testified that she drank very little during the marriage. Historically, she stated that she drank alcohol about one (1) time every three months or so. She admits that she drank a little more than usual at and around the time of the parties' separation due to the stress she was feeling at that time.

60. Ultimately, I find that the Plaintiff's consumption of alcohol was not problematic during the parties' marriage and was not a reason for the breakdown of the parties' relationship.

61. The parties argued and had communication issues. They also had stressors related to finances and raising two (2) children with special needs. They had been in counseling for quite a while trying to work out marital issues. Ultimately, however, I find that the Defendant's excessive alcohol consumption was a primary factor in the breakdown of the parties' marriage. The Plaintiff's mother would visit the parties every couple of months. She testified that the Defendant was a heavy drinker, with the heaviest drinking occurring during the last four (4) years of the parties' time together. She saw the Defendant passed out from alcohol consumption on two occasions. The parties' housecleaner, Lorinda Feist, testified that the Defendant would drink 6 to 8 beers at a sitting. The Defendant minimizes the impact of his drinking on the parties' marriage, which has been part of the problem. The Defendant regularly bought excessive amounts of Yuengling beer at Harris Teeter, as the receipts provided clearly show. The Defendant



Name: [REDACTED] | Woschenko | DOB: 6/9/2010 | MRN: 003691410 | PCP: KARA HUNCIK, MD

## Note From Your Admission on 05/07/21 [REDACTED]

### Consults by JOHN D MELVILLE, MD at 5/10/2021 3:54 PM

#### Referral Background

**Referral Source:** Emergency Department at SJCH Referral / Intake Date:5/8/2021

DSS Agency: Contact:

LE Agency: Contact:

#### Reason For Referral

From the ED HPI:

"10 yo male with history of Constipation, Autism, GERD who presents from radiology after outpatient KUB revealed rib fractures and possible rectal FB. Did miralax clean out 2 weekends ago (4/24)- father states so solid stool but mostly liquid came out- only stooled 4 times after. No fever, no vomiting, no cough/congestion.

No recent car accidents, no major injuries; however, pt often has to be restrained during behavioral outbursts and kicks and hits things. throws himself when having a tantrum. Recently had bruised left foot after (told to dad by school) kicking pipe. Had negative Xrays at Doctor's Care.

Minimally verbal but points to abdominal or head When asked about pain. Father states pt gets significantly more violent/aggitated when in pain.

attends in person school. Lives with dad- spends 2 weekends a month with mother. Has 13 yo sibling who is also autistic.

decreased appetite x 1 month. Father concerned for significant weight loss. Review of records shows approx 8 lb weight loss since 4/8/21.

Did not take daily meds today in anticipation of anaesthesia. "

I was originally called on this patient on Saturday, 5/8/2021. I suggested an outpatient workup. When I noted this morning that the patient was still an inpatient I opted to complete the evaluation today. When I arrived at the patient's room mother and father were both present, but father needed to go to work immediately. I got father's phone number, and parents agreed that I would speak to mother alone and complete the evaluation and that subsequently I would call and speak to father.

#### Clinical History

Child Brought By: Sonya Woschenko Relationship to Child: Mother

Living at Home With:

Primary Secondary

Biological Mother

Biological Father

The patient lives with father during the week and the patient's sister lives with mother. Each parent takes care of both children on alternate weekends.

Stepmother

Stepfather

Adoptive Mother

Adoptive Father

Paramour

- Adult Relative  
  Adult Non-Relative

## DSS Voluntary Safety Plan

- Relative / Kinship Placement  
 Nonrelative Placement  
 Informal / Private Arrangement

## DSS Involuntary Placement

- Foster Care  
 Kinship Foster Care  
 Group Home  
 Department of Juvenile Justice

## Household Members: (In addition to patient)

Name: Sonya Woschenko, Relationship: Mother, Age or Birthdate: 10/29/1969

Name: Philip Woschenko, Relationship: Father, Age or Birthdate: 9/30/1968

Name: [REDACTED] Woschenko, Relationship: Sister, Age or Birthdate: 9/21/2007

[REDACTED] has a [personal care assistant Mon-Fri after school and on Saturday. [REDACTED] has a personal care assistant Monday - Saturday. [REDACTED] does not attend school.

## Caregiver Historian: Relationship to Child: Mother

Mother reports that the patient came for a CAT scan on 5/7/2021 because the patient had been smashing his head and mother was worried about a behavior change. The patient has autism and is a verbal.

Mother reports that the patient has had GI issues and head banging for years. It goes up and down through cycles. In the March 2021 timeframe the head banging got worse at the patient had bruises all over his forehead. These behaviors were documented at school. The patient also had bruises on the sides of his face and his body. At the end of March father took the patient off of cyproheptadine. The patient, sister, mother, maternal grandmother, and two personal care assistants went to the Magic Kingdom on April 2. The second day of the visit (first day at the park) they went on one ride and then the patient began covering his face with his sweatshirt and hitting himself in the head. Mother got the patient to a quiet area. The patient got very aggressive and had to be restrained. Mother restrained the patient and mother asked Disney employees to call EMS to get the patient out of the park. EMS restrained the patient to a stretcher and the patient was taken to the emergency room. (The patient went to Horizon West emergency room.) Mother had given the patient medication, so by the time they got to the ED the patient was calm. After the mother spoke to the ED the ED physician recommended restarting the cyproheptadine. However, father, who has medical custody, declined to restart the medication.

Mother told the ED that she had a prescription from the patient's psychiatrist for Guanfacine, which had not yet been filled. (Psychiatry had prescribed it in November, but it had not yet been filled.) Mother started the Guanfacine at that time.

Mother reached out to the pediatrician who added some additional medications to help the family make it home safely. The patient has had a history of similar issues requiring medical support. The patient has previously been hospitalized for aggression. The pediatrician recommended adding Cyproheptadine and Ativan. They came home the following Wednesday. On Thursday they were back in the MUSC emergency room for aggression after mother called to Foley beach police for aggression. The patient went back to father's house after that.

On Friday 5/7/2021 the patient was scheduled for a CT scan and abdominal x-ray to try and explain his behaviors. They x-rays revealed rib fractures and an item in the rectum but a second x-ray did not show the same issue.

Mother does not know how the patient broke his ribs. Mother reports that the PCAs have told mother that father restrained the patient "too hard." The PCAs told mother that father has sat on the patient. Mother checked with the school who did not report any injuries except that the patient kicked something on April first, which may have caused the tarsal fracture.

Mother reports that the patient is big and gets very aggressive and that sometimes you have to "use all your energy" to stop the patient from getting hurt and the parent from getting hurt. Mother is not aware of a specific mechanism for the rib injuries.

The patient used to only require restraint once a week or so, but his behavior has been escalating recently. Now the patient requires restraint on most days.

Mother reports that the patient lashes out when he is in pain, so maybe his recent behaviors are due to pain from one of his fractures.

I called the patient's father at 843-824-4970 at about 11:48 am on 5/10/2021.

Father reports that the patient has had issues ongoing where as doctors have not been able to figure out what has been going on. Father has been very worried about the patient's constipation issues. The patient had also been banging his head at school and had some bruising. The patient was scheduled to have a head CT based on doctor's recommendations. The patient also kicked something at school. An x-ray in early April did not show anything. When the CT was done, father asked for a abdominal x-ray [to check for constipation.] The chest x-ray showed fractured ribs.

The patient has had chronic problems with constipation and no medications worked. The patient has been more aggressive, but this may be due to his rib fractures and a fracture in his foot. The original injury was on April 1st at school. As far as the rib fractures, father does not know how it happened, but would have a hard time thinking anyone would hurt him. Father reports they have been unable to fix the constipations.

Father reports they are not allowed to go into the school and witness things, but there are multiple people there, so father doubts that anyone hurt the patient intentionally. Father does not think that mother would intentionally hurt the patient.

The patient had an ED visit in Florida for behaviors from Disney World to Horizon Health west on April 3.

#### Child's Statement

Forensic Interview

#### Medical Interview With Child:

People Present:

Child is a verbal and unable to complete the forensic interview.

## Medical History

Yes  No An adult is present to provide historical information.

Prenatal / Birth History:

Yes  No Twin or multiple gestation?

PMH: Autism, Apraxia, GERD, IBS, migraines or head pain (depending on who you talk to.) He has been on anxiety meds, but he is not right now.

Primary Care Provider: Dr. Huncik at Coastal Pediatrics.

Immunizations:  Up to Date  Not Up to Date  Unknown Family does not do flu shots.

Hosp: Aggression (multiple, 2x in 2019)

All of his hospitalizations are at MUSC.

Surg: Hernia exploration Age 9. Circumcision at birth. No bleeding problems.

Meds: Mother reports that father and mother have "a drastic difference of opinion about the description of how things have happened on his medications". Mother reports that the psychiatrist suggested guanfacine and that the parents could either stop the cyproheptadine and then start the guanfacine, or they could start the guanfacine and then stop the cyproheptadine. Mother wanted to do one order and father wanted the other so nothing happened. In March 2021 the court gave father custody of the patient and mother custody of the patient's sister. When father got legal custody father stopped the cyproheptadine without starting the guanfacine first which was not the plan mother preferred. Mother also thinks father tapered the cyproheptadine too quickly.

Guanfacine, dicyclomine (not used very often), famotidine, Ativan prn. "Pre and probiotic." melatonin

Allergies: NKDA

#### Prior Injuries

Yes  No Burn, age:

Yes  No Fracture, age:

Yes  No Head Injury, age: 6 year(s)

Bangs his head frequently. Never required medical care.

Yes  No Oral Injury, age: 10 year(s)

Not that long ago some ulcers in his mouth per the pediatrician

Yes  No Laceration, age:

Yes  No Animal Bite, age:

Yes  No Ingestion, age: 1 month(s)

Yes  No Other Significant Injuries:

Yes  No Were of the above injuries discussed with a medical provider?

Yes  No Anogenital Procedures, age: 0 month(s)

Neonatal circ without bleeding problems.

## Family History

Yes  No  Unk Hearing Problems MGM and MGP had old age onset hearing difficulty.

Yes  No  Unk Multiple Fractures

Yes  No  Unk Brittle Bones MGM has old age onset osteoporosis.

Yes  No  Unk Easy Bruising MGP is on blood thinners.

Yes  No  Unk Bleeding Too Much

Yes  No  Unk Metabolic Disorders

Yes  No  Unk Seizures

Yes  No  Unk Birth Defects Maternal cousin with 2 holes in her heart at birth.

Yes  No  Unk Unexplained Deaths

## Developmental History

Patient Age: 10 yr

Yes  No  Unknown Doing well in school in regular classes.

Yes  No  Unknown No behavioral concerns.

Yes  No  Unknown Physical activity similar to peers.

Yes  No  Unknown No prior developmental concerns or therapy.

School Name: Ashley River Creative Arts Location: West Ashley Grade: 4th

Autism only classroom. -- Is doing better than he was years ago but still not at grade level.

School Performance:  Excellent  Good  Average  Fair  Poor

## Review of Systems

Psychiatric

Yes  No Difficulty Sleeping Takes melatonin

Yes  No Hyperactive or impulsive

Yes  No Fearful of being alone The patient wants someone there when he falls asleep. If he wakes up at night he will go get a parent to put him back to sleep.

Yes  No Sad or crying easily.

Yes  No Quiet or withdrawn.

Yes  No Angry Outbursts See HPI

Yes  No Hitting or biting See HPI

Yes  No Difficulty making or keeping friends Autism

Yes  No Ran away from home

Yes  No Thought about hurting self.

Yes  No Tried to hurt self. Bangs head.

Yes  No Sexualized behavior Will yank on his penis and tuck it backward. The patient "adjusts himself a lot" per mother.

Yes  No Other behaviors See HPI. Recently the patient has had some urinary accidents. In late 2018 the patient had some enuresis.

#### Constitutional

Yes  No Change in Appetite Per mother, the patient eats better for mother than for father.

Yes  No Takes Vitamins Not ad his dads. Patient takes gummy vitamins at father's house.

Yes  No Weight Loss Recently lost about 10 lb.

Yes  No Failure to Thrive Ever

#### HEENT

Yes  No Vision Problems

Yes  No Hearing Problems

#### Dental

Yes  No Problems With Teeth Gets a lot of cavities and has been sedated for dental work twice,

#### Cardiovascular

Yes  No Heart Murmur

Yes  No Heart Problems

#### Pulmonary

Yes  No Wheezing

Yes  No Breathing Problems

#### Gastrointestinal

Yes  No Constipation See HPI

Yes  No Diarrhea When treating constipation.

Yes  No Frequent Vomitting / GERD Dx of GERD

Age frequent vomitting first noted.

Yes  No Frequent Stomachaches Frequently indicates stomache pains.

#### Genitourinary

Yes  No Dysuria

Yes  No Urinary Retention

Yes  No Hematuria

Yes  No Urinary Frequency Has seen a urologist for incontinence and has normal urinary function.

Yes  No UTI

Yes  No Bed Wetting

Day  Night  Day & Night

Yes  No Soiling underpants

Yes  No Genital Itching

Yes  No Genital Lesions

Yes  No Genital Bleeding

Yes  No Genital Pain

Yes  No Penile Discharge

Yes  No Anal Itching Pinwroms and hemorrhoids.

Yes  No Anal Pain

Yes  No Anal Lesions

Yes  No Anal Bleeding

#### Neurologic

Yes  No Frequent Headaches HPI

Yes  No Problems Moving or Talking Does not talk.

Yes  No Seizures The school thought he was having seizures, but the school thought differently. A neurologist said no seizures.

#### Skin

Yes  No Bruises, cuts, or sores. None now -- but he has had them before. His cuts do not seem to heal as quick as his sisters. In the past the patient has a bruise over his whole back that father said was from rug burn. Mother says you cannot tell if it is self injury or someone else because the patient does punch himself in his head. Mother showed

me a photo of a bruise beneath the left eye, and another on the right forehead. Mother admits they might be self injury. The patient does a thing where he pinches himself and twists, which can cause injury. Mother also showed me an image of some bruising to the helix of the ear

Yes  No Rashes

Hematologic

Yes  No Bleeding Problems

Yes  No Clotting Problems

Allergy

Yes  No Allergies or Immune Problems

Other

Yes  No Other Concerns

## Social History

Parents' Relationship: Mother and father met In 1999. Mother and father started libing together in 2001 and married about 3 months later. Theys topped living together in 2018, but are "technically still married" Theyhave a trial date for their divorce proceeding.

Child Care: Mother, father, per2sonal care assistants, and school.

Discipline: Redirection. Applied behavior analysis. He would get spanked for running out in the road, but does not get spanked for non safety issues.

Yes  No  Unk Current Tobacco Use in Home

Father smokes.

Yes  No  Unk Current Substance Abuse in Home

Neither parent is supposed to drink when they have the children. Father moved out because of his drinking. Mother reports that father is supposed to get alcohol testing every week and had a 'significant fail" in January.

Yes  No  Unk Firearms Kept in Home

Yes  No  Unk Prior Mental Health Diagnosis in Caregivers

In Treatment  Prior Treatment  No Treatment  Unknown

Mother has "autism" and sees her counselor for a "high stress divorce." Mother reports that father has been prescribed medication for anxiety but mother does not think that father was taking it.

Yes  No  Unk Current Domestic Violence in Home

Yes  No  Unk Prior History of Child Abuse in Caregivers

Mothe was raped at age 12.

Yes  No  Unk Prior report to DSS regarding any of of the caregiver's children?

Mother reports that the patient's sister was seen at Dee Norton in 2019. The sister "said that her dad had done something" leading to concerns about sexual abuse. Mother reports that "it was unfounded, but ..." This patient was also evaluated at Dee Norton at that time.

Yes  No  Unk Prior Report to DSS related to this child?

Yes  No  Unk Open DSS Case At Time of Referral

Yes  No  Unk History of out of home placement for any of the caregiver's children?

Yes  No  Unk Current CPBS Participation

Yes  No  Unk Prior CPBS Participation

Yes  No  Unk Termination of Parental Rights

Yes  No  Unk Prior Law Enforcement Involvement

Yes  No  Unk Deportation of Primary Caregiver

Prior history, involvement, or report of child abuse or neglect.

Child fatality due to abuse or negelct

Hazardous Conditions In Home

Exposure to Domestic Violence

Exposure to Caregiver's Substance Abuse

Exposure to Drug Manufacturing In Home

Failure to Thrive

Lack Of Supervision

- Medical Neglect
- Physical Abuse
- Physical Neglect
- Sexual Abuse
- Pregnancy
- Sexually Transmitted Infection
- Other

## Physical Examination

People present: John Melville, MD, Kathy Kurowski, RN, Sonya Woschenko

Relationship: Physician, Nurse, Mother.

Vital Signs: T: 97.3 C P: 73 R: 16 SpO2: BP: 95 / 41

Wt: 36.288 kg (54.3%) Ht: 147.3 cm (72.4%) BMI: 16.7(41.7%)

General Appearance:

- Well Developed, Well Nourished  Thin  Overweight
- Cooperative  Shy  Crying  Apprehensive  Hostile
- Clean  Poor Hygiene
- Active  Withdrawn

Wnl  Abnl Development: Patient has behaviors commonly associated with Autism including not talking, repetitive behaviors, and not responding when addressed.

Wnl  Abnl Eyes: Pupils equal, round. No Scleral hemorrhages, Sclera white.

Wnl  Abnl Ears, Mouth, Nose, Throat: No trauma to external ears. Nares are patent. Nose shows no evidence of trauma, Mouth is normal without evidence of trauma. Frenula are intact.

Wnl  Abnl Lung: Clear to auscultation, bilaterally.

Wnl  Abnl Heart: Regular in rate and rhythm without murmurs, clicks, or rubs. S1 and S2 are audible.

Wnl  Abnl Abdomen: Soft, neither tender nor distended.

Wnl  Abnl MSK: Moves all extremities well without apparent pain. No deformity noted.

Wnl  Abnl Neuro: Extraocular movements normal. No focal deficits noted. Obvious behavioral deficits suggestive of autism as documented above.

Wnl  Abnl Anus: No trauma noted on a limited examination.

Wnl  Abnl Skin: Multiple bruises as noted on the traumagram.

Photos Taken

Genital:  Patient refused genital exam.

Documentation:  Photos  Video  Photos & Video  No imaging

Positioning:  Supine  Prone KC

Tanner Stage: Pubic Hair  1  2  3  4  5  Shaved/Waxed

Genital  1  2  3  4  5

Penis: Normal penis without lesions, discharge, or evidence of trauma.

Circumcised  Uncircumcised

Testes: Descended and symmetrical bilaterally without masses.

## Additional Information Reviewed

Radiology: Abdominal Xray 5/7/2021

IMPRESSION:

1. Healing right posterolateral 8th and 9th ribs. Correlate with any known mechanism of injury.
2. 9.1 cm linear opacity projects over the pelvis. Reportedly, no bladder or rectal catheter was placed for sedation performed for the imaging studies today, and no external structure is present on the patient's stretcher. While this could represent a mask wire overlying the pelvis given current mask precautions, findings could also be seen with foreign body given patient's history of autism.

3. Mild to moderate amount of stool.

Findings were discussed with Dr. Ryan Southard by Meryle Eklund, MD on 5/7/2021 1:14 PM.

I, Meryle Eklund, MD, have reviewed the study and agree with the findings in this report. 5/7/2021 1:32 PM

Abdominal XRay 5/7/2021

1. Foreign body over the pelvis has been removed since earlier today and likely represented an external artifact (such as a mask).

2. Unchanged right posteriolateral eighth and ninth rib fractures.

3. No acute abdominal abnormality.

Dictated by: Megan Mercer, MD. 5/7/2021 3:08 PM

I, Meryle Eklund, MD, have reviewed the study and agree with the findings in this report. 5/7/2021 3:16 PM

Bilatera rib films 5/7/2021

Redemonstrated subacute healing fractures of the right posterolateral eighth and ninth ribs. No other acute or healing fracture. No pneumothorax.

I, Meryle Eklund, MD, have reviewed the study and agree with the findings in this report. 5/7/2021 3:13 PM

Subacute nondisplaced impaction type fracture of the fifth metatarsal head.

Findings were discussed with nurse practitioner Christie Corley by Meryle Eklund, MD on 5/7/2021 4:19 PM.

I, Meryle Eklund, MD, have reviewed the study and agree with the findings in this report. 5/7/2021 4:19 PM

Ct Head 5/10/2021

Unremarkable CT of the head.

Dictated by: Benson Langdon, MD. 5/7/2021 12:20 PM

I, Justin A. Chetta, MD, have reviewed the study and agree with the findings in this report. 5/7/2021 3:51 PM

Skeletal Survey 5/10/2021

Bones: No evidence of acute or remote fracture separate from the rib and metatarsal fractures demonstrated 5/7/2021. There is normal bony mineralization.

...

IMPRESSION:

No evidence of acute or remote fracture aside from the kwon rib and metatarsal fractures demonstrated 5/7/2021.

I, Meryle Eklund, MD, have reviewed the study and agree with the findings in this report. 5/10/2021 2:39 PM

I spoke with Dr. Eklund by telephone and confirmed her belief that the x-ray appearance of the bones is normal despite her knowledge of the vitamin D and PTH results noted below.

Labs: WBC: 6.69 Hgb 12.9 Hct 39.1 Plt 312

Ca 9.7 Mg PO4 5.4 Alk Phos 197.0

PTH 132.1 Vitamin D 14.4

AST 19 ALT 10

UA: Unremarkable

Medical Records: The patient was previously evaluated by MUSC CAP on 1/24/2019.

"1. Sexual Abuse-indeterminate

Discussion: [REDACTED] Woschenko is an 8 year old autistic male child who is being seen for allegations of sexual abuse by his NF. The concern is that NM believes that the NF has sexually touched his sister and [REDACTED] used to sleep with his NF.

Child had a normal anogenital exam. A normal anogenital exam does not indicate that child was not sexually abused as the majority of children who experience sexual abuse have normal or non-specific anogenital exams. The concern is that NM stated that this child's minimally verbal autistic sister indicated to NM that NF hurt her and NM asked the sister some questions and NM believes that the sister indicated that NF touched the sister's private area. This child is not able to complete a forensic interview due to his limitations related to his autism. During the medical assessment the child was noted to have no communication skills and therefore unable to relay any information. NM reports that child is aggressive and has hit, choked and scratched people. NM also reports that child has had urine and fecal accidents in the past 6 weeks. Per review of MUSC EPIC NF took child to Pediatric GI & Nutrition in North Charleston March 2018 where he was assessed for failure to potty train for stool. NM also reports that child has pulled his pants down 2 times in public. This medical provider cannot determine the cause of these behaviors but these behaviors are not diagnostic for sexual abuse. Sexual abuse is indeterminate based on child's normal exam and his inability to communicate if he was sexually touched. "

Photos: I briefly review photos from the prior visit and ascertained that they did not contribute to the current evaluation.

Discussed With:

Other:

## Diagnosis and Conclusions

Physical Abuse

Physical Abuse Strongly Indicated

Physical Abuse Indicated

Physical Abuse Undetermined

The observed injury could be the result of accidental or inflicted injury.

Risk factors identified below suggest a significant risk of future abuse or neglect.

Case presentation suggests a low risk for future abuse or neglect.

Physical Abuse Not Indicated

Risk factors identified for:  Sexual Abuse  Physical Abuse  Neglect  Sex Trafficking

Sexually intrusive behavior in a prepubertal child.

This is a 10 year old male patient with autism and a significant history of autism and disruptive behavior. The patient was noted to have two lateral rib fractures. Neither father no mother provides a specific injury history to explain the rib fractures. The patient is frequently restrained for his disruptive physical behavior.

This case is indeterminate for physical abuse. Rib fractures are strongly concerning for abuse in infants and young toddlers, where they typically result from grasping an infant around the chest. This child is too large for that to be a plausible mechanism. Rib fractures in the absence of significant trauma are rare at this age. I am unable to differentiate between abuse and restraint as a cause of these rib fractures.

The history that the child kicked something at school is a plausible explanation for a metatarsal fracture.

The patient's vitamin D is low and PTH is high. This is consistent with vitamin D deficiency. The radiographic appearance of the bones is normal and specifically does not show radiographic stigmata of rickets. In the absence of radiographic findings, I do not believe that the patient's vitamin D deficiency contributed to his fractures.

Despite these fractures being indeterminate for physical abuse, the presence of two unexplained fractures is sufficiently concerning to meet the intentionally low standard to justify a mandated report to DSS. I concur with the mandated report made on 5/8/2021.

## Recommendations

1. This case has been reported to DSS. Please coordinate discharge with MAP social worker.
2. Discuss with multidisciplinary SCAN team.

3. Follow up with MUSC CAP is not anticipated.

### **Enhanced Reimbursement**

12 min Talk to team and prep for visit

21 min Talk to social worker

12 min Chart review and work on note

49 min Chart review and work on note

17 min Lab and radiology review.

32 min Literature review

Billed to SCCAMRS due to patient no having SC Medicaid

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