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JUSTICE AND RAIDEN ROBINSON
FATALITIES REVIEW

REPORT OF THE OFFICE OF THE FAMILY AND
CHILDREN'S OMBUDSMAN

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SUMMARY

On November 14, 2004, 16 month old Justice Robinson and six weeks old Raiden Robinson were found dead in their home. The children died of malnutrition and dehydration, despite food in the refrigerator and pantry. Police officers had been summoned to conduct a welfare check on the children, and a two year-old child assisted the officers in opening the front door. Uncooked food was scattered throughout the home, indicating that the two year-old child had been foraging for food for some time. The responding officers found the children's mother, Marie Robinson, intoxicated and passed out in a bedroom. Police officers also discovered over 300 empty beer cans in the mother's bedroom.

Ms. Robinson's history of alcohol abuse, and the related risk of harm to her children, was well known to Child Protective Services (CPS). Prior to the children's death, CPS received six referrals between 2002 and 2004, reporting chronic alcohol abuse by the mother and related physical neglect of the children.¹ Two referrals were accepted for CPS investigation, two referrals were referred to Alternative Response Services (ARS),² and two referrals were screened as "information only" and were not investigated.

The Office of the Family and Children's Ombudsman conducted a case investigation of CPS' involvement with this family, and the circumstances leading to Justice and Raiden's death.³ The Ombudsman reviewed all records and reports from CPS, available treatment reports from service providers, ARS records, as well as applicable Children's Administration (CA) Policy and Procedure, and state law. The Ombudsman also interviewed CA staff. The purpose of the Ombudsman's investigation was to determine whether CPS responded to reports of child neglect secondary to Ms. Robinson's alcohol abuse, in a manner consistent with department policy and state law, and to identify changes in law, policy and procedure that will better protect children from abuse and neglect.

Areas of concern identified by the Ombudsman fell within two categories: CPS Intake and Investigations, and CPS' attempts to provide services to the family.

CPS Intake and Investigations

- Inappropriate CPS intake screening decision.
- CPS investigation and case tasks were not completed in a timely manner.
- Failure to obtain collateral information and/or records.
- Case records contained inaccurate and misleading information.

¹ See Appendix A- Case Chronology

² Alternative Response Systems (ARS) "provide delivery of services in the least intrusive manner reasonably likely to achieve improved family cohesiveness, prevention of re-referrals of the family for alleged abuse or neglect, and improvement in the health and safety of children." These services are voluntary and are not intended to be investigative for purposes of determining whether child abuse or neglect occurred. RCW 74.14D.020

³ Shortly after deciding to conduct an investigation, several legislators contacted the Ombudsman requesting a case investigation.

- Inadequate factual basis for investigative finding.

CPS' Attempts to Provide Services to the Family.

- ARS services failed to effectively assess or address Ms. Robinson's needs.
- CPS service agreements failed to compel Ms. Robinson to engage in treatment.
- Ms. Robinson's mental health concerns were not adequately assessed.

Based on our review of this case and findings, the Ombudsman developed several recommendations, both as to CA practices, policy and procedure, as well as areas of state law, aimed at strengthening the state's protection of children by improving the quality of CPS investigations, accurately assessing a family's need, and effectively engaging parents with appropriate services. These recommendations address improving procedures for case reviews by CPS supervisors, implementing caseload standards for CPS workers and supervisors, modifying the statutory provisions governing CPS investigations and interventions, and requiring CPS to attempt to obtain mental health evaluations of a parent when mental health issues contribute to the alleged child abuse or neglect. These findings and recommendations are discussed in greater detail below.

FINDINGS

1. **CPS investigation and case activities were not completed in a timely manner.** CPS failed to complete an investigation within 90 days of a referral received on February 7, 2004.⁴ The referral stated that the mother was home alone with her two children for three to five hours. When a housemate arrived home the mother was in the bed sleeping and appeared to be intoxicated. A 22-month-old child was found playing in an unlit fireplace and ashes were found throughout the house. This referral was accepted for a high standard investigation, and remained open at the time of Justice and Raiden's death, nine months later.

On March 1, 2004, 23 calendar days and 15 working days after the referral was received, the CPS worker completed an initial face-to-face interview with the mother, father and two children. CA procedures require that in a high standard investigation, the assigned social worker must "interview child victims face-to-face within 10 working days from the date of referral."⁵

Other than a reference to a supervisor's case conference in May 2004, and a supervisory/administrative review in June 2004, there is no documentation of any substantive CPS activity between March 1st and November 16, 2004.

⁴ Children's Administration Practices and Procedures Guide, Section 2520 states: "The social worker shall complete an investigative risk assessment on all investigations of child abuse and neglect upon completion of the investigation and no later than the 90th day after the referral is received unless the requirement is waived by the supervisor"

⁵ Id. Section 2331(D)(2).

Additionally, CPS investigative activities were not always recorded in the Children’s Administration Case and Management Information System (CAMIS) in a timely manner. CA policy and procedure requires that: “CA staff must complete the SER [a narrative case recording] in CAMIS as soon as possible after an event, activity, or contact occurs to ensure accuracy of recording. In no case will the recording occur more than 30 calendar days from the date of the event or case activity”⁶ CAMIS records document that a Supervisory/Administrative Review occurred of a CPS investigation on May 21, 2004. Over five months later, and the day after the children’s death, the following text was added to this entry: “Discussed preparing case for closure per supe’s case notes from case conference.”

Similarly, the Ombudsman found that CPS failed to complete a safety assessment in a timely manner in response to a CPS referral received on October 8, 2003. This referral stated that the mother was drunk, and that the children were filthy, covered in urine and feces, had not been fed and were starving. The referral was accepted for investigation with a risk tag of 3.⁷ The assigned CPS worker conducted a face-to-face contact with the children and interviewed the mother on October 15, 2003. The safety assessment however, was not created until December 11, 2003.

CA Practices and Procedures Guide requires that the assigned social worker complete a safety assessment immediately following the initial face-to-face contact with the child, on all CPS referrals risk tagged 3, 4 or 5, in which the child is not placed in out-of-home care.⁸ The purpose of the safety assessment is to provide, at the initial stage of the investigation, a structured and consistent way to assess a child’s safety and to give the CPS worker information to help determine whether the child can safely remain in the home, if a safety plan is needed, or whether out-of-home placement is warranted.⁹

The Ombudsman also determined that CPS did not make efforts in a timely manner to determine if the children were Native American. In order to comply with State and Federal laws protecting the rights of Indian children, families and Tribes, the CA social worker must take steps to determine whether the subject child is of Indian ancestry. Efforts to discover a child’s ancestry must be documented in the child’s case file, and the CA social worker must continue to inquire about the child’s Indian status throughout the

⁶ CAMIS Policy and Procedure #25

⁷ The CPS intake social worker assigns a risk tag to referrals that are accepted for investigation. The six point scale for risk assessment is: 0 - No risk; 1 - low risk; 2 - moderately low risk; 3 - moderate risk; 4 - moderately high risk; and 5 - high risk. CA Practices and Procedures Guide, Section 2220(F)(1).

⁸ CA Practices and Procedures Guide requires: “[o]n all CPS referrals risk tagged 3, 4 or 5, in which the child is not placed in out-of-home care, the assigned social worker shall complete a Safety Assessment immediately following the initial face-to-face contact with the child. Id. Section 2331(D)(5).

⁹ For a full description of the safety assessment and its use in case planning, see The Practice Guide to Risk Assessment, Children’s Administration., Chapter Three, pages 19- 34.

life of the case.¹⁰ The social worker is required to obtain a completed Ethnic Identity Request form from each parent, and within 10 days of completion of this form, the social worker is to provide a copy of the form to the Local Indian Child Welfare Advisory Committee (LICWAC) liaison or the Indian Child Welfare compliance program manager.¹¹ Additionally, upon receipt of information that the child is of Indian ancestry, the social worker is required to immediately take necessary steps to identify and contact the child's Tribe to verify the child's Indian status and invite the Tribe to participate in the case.¹² During the CPS investigation in October 2003, the social worker obtained information from the mother stating Indian ancestry. CPS however, did not attempt to contact the identified Tribe until February 2004.

2. **CPS investigations were inadequate and insufficient.** In the course of its investigations, CPS did not obtain relevant collateral information from sources such as medical professionals, law enforcement, or service providers.¹³ For example, as discussed above, on October 8, 2003 CPS accepted for investigation a referral stating: the mother just completed drug/alcohol treatment 30 days ago and has now relapsed; the children were filthy, had feces all over and had urinated in their pants; and that they had not been fed and were starving.

Upon investigation, the CPS worker learned that on October 7, 2003 the mother was drunk, tried to drive to a store and ran her car into a ditch. Law enforcement responded, and took the mother to the hospital. There is no indication that CPS obtained law enforcement records of this incident.

The mother was released from the hospital on October 13, 2003. When interviewed by CPS on October 15, 2003, the mother admitted to relapsing, but stated she was hospitalized for potassium deficiency and not alcohol consumption. There is no record that CPS contacted hospital staff or obtained medical records to verify the reason for her hospitalization, or determine if potassium deficiency is symptomatic of alcohol abuse.

Ms. Robinson complied with a drug/alcohol evaluation on November 6, 2003. The facility later informed CPS that due to a medical condition, the mother was unable to enter treatment until she was cleared by her doctor. CPS did not contact Ms. Robinson's medical provider and confirm the existence of a medical condition that would disqualify her from alcohol abuse treatment.

¹⁰ CA Indian Child Welfare Manual, Chapter 03.20.

¹¹ Id.

¹² Id.

¹³ Id. Section 2331(D)(27) states: "The assigned social worker must: . . . Interview . . . professionals and other persons (physicians, nurse, school personnel, child day care, relatives, etc.) who are reported to have or, the social worker believes, may have first-hand knowledge of the incident, the injury, or the family's circumstances."

Most significantly, CPS failed to obtain the children’s medical records or interview medical providers, regarding allegations that the children were filthy and starving. A review of medical records¹⁴ shows that while CPS was conducting its investigations, Justice was seen by a pediatrician on October 29, 2003 for failure to thrive, that he had not gained weight in the past month, and that in the four months following his birth, he had dropped from the fiftieth to the tenth percentile in weight. Because no inquiries were made, this information was not known to CPS, and the correlation between the mother’s binge drinking and the child’s failure to thrive, was not addressed.

CPS’ investigation in March 2004, determined that the children’s father was present in the mother’s home and had access to the children. Previous CPS referrals and CA records indicate that the father has a history of substance abuse, criminal activity, allegations of domestic violence against Ms. Robinson, and that his presence can trigger the mother’s binge drinking. Yet these issues were not fully investigated and considered in assessing the children’s safety or the service needs of the family. Although the investigative assessment completed on November 16, 2004 notes that the “mother [is] back in contact with father who has hx [history] of Dv [domestic violence] and substance abuse” it also describes the father’s presence in positive terms, stating “father when able works and supports family.”

3. **Inadequate factual basis to support CPS’ investigative findings.** CPS’ conclusion that the referral received on October 8, 2003 was “Unfounded”¹⁵ for child abuse or neglect, was not adequately supported by the information available to the CPS worker. Specifically, the allegation that the children were filthy, had feces all over and had urinated in their pants, had not been fed and were starving at the time of the mother’s relapse, was not refuted. Additionally, the mother admitted a history of alcohol abuse, treatment and relapse. Moreover, there was no independent information in support of CPS’ conclusion that the mother was hospitalized due to low potassium, not alcohol consumption, and no independent information regarding the health and welfare of the children.

¹⁴ The children’s medical records were obtained by CA after repeated requests by the Ombudsman in the course of the Ombudsman’s fatality review.

¹⁵ Id. Section 2540(A) provides: at the conclusion of a CPS investigation, “the worker must complete a CAMIS Investigative Risk Assessment (IRA) which includes: . . . a record of case findings regarding alleged abuse or neglect. [Findings are based on the following definitions:] (a) **Founded** means: Based on the CPS investigation, available information indicates that, more likely than not, child abuse or neglect as defined in WAC 388-15-130 did occur. (b) **Unfounded** means: Based on the CPS investigation, available information indicates that, more likely than not, child abuse or neglect as defined in WAC 388-15-130 did not occur. (c) **Inconclusive** means: Following the CPS investigation, based upon available information, the social worker cannot make a determination that, more likely than not, child abuse or neglect did or did not occur.”

4. **CPS case records contain several instances of inaccurate or misleading entries.** In each case, these statements minimize the gravity of the mother's history of alcohol abuse or the potential risk to her children. For example, an Investigative Assessment of December 11, 2003 erroneously states "No prior hx [history] with WA CPS." At that time however, the mother had two prior reports to CPS alleging alcohol abuse and related neglect, which were referred to ARS. This Investigative Assessment also states: "Mother appears to understand addiction process well and sees how she needs to maintain sobriety." The worker fails to record in this assessment that the mother's alcohol evaluation states that Ms. Robinson has not committed to treatment at this time, and that she failed to comply with an agreed Safety Plan. Similarly, a Transfer/Closing Summary dated December 16, 2003 also omits information that Ms. Robinson did not engage in recommended treatment.

Safety Assessments completed on October 15, 2003 and on March 1, 2004 marked boxes stating "Not Indicated" to all eight questions on the assessment, including questions such as:

- *Is there a pattern of neglect involving any child in the family which is escalating in severity?*
- *Have there been dangerous acts that have placed the child at risk of serious harm in the last 90 days?*
- *Is there a caregiver whose judgment or ability to parent is severely impaired at the present time due to substance abuse? [and]*
- *Is there any other concern that places a child in this home at risk of serious and immediate harm?*

An Investigative Assessment dated November 15, 2004¹⁶, states: "mother relapsed after **2+ years of sobriety** but appears guarded and would not sign agreement." (emphasis added). However, CPS referrals and records document reports that the mother relapsed in September 2002, October 2003, and February 2004.

5. **CPS Service Agreements failed to compel the mother to engage in services or reduce the risk to her children.** Twice CPS entered or offered a service agreement, requiring the mother to seek treatment for her alcohol abuse. When these attempts were unsuccessful, CPS did not take additional steps to compel the mother to seek treatment.

In October 2003, Ms. Robinson entered into a service agreement with CPS, in which she agreed to refrain from alcohol or drug use; complete an alcohol/drug evaluation, and comply with alcohol/drug treatment; and provide a clean urinalysis (UA) or breath analysis (BA) at the discretion of her counselor. As discussed above, Ms. Robinson completed the evaluation but did not engage in recommended treatment. CPS took no further action to

¹⁶ This Investigative Assessment was in response a referral received on February 4, 2004, and was completed after the children died.

encourage or compel the mother to engage in services. The mother's medical condition reportedly prevented her from entering treatment. Yet there is no indication that CPS explored an alternative service plan, such as requiring regular Alcoholics Anonymous attendance, and clean UA's or BA's at the discretion of the CPS worker.

In March 2004, Ms. Robinson, while not admitting or denying a relapse, refused to sign a proposed service agreement. Ms. Robinson stated she was not opposed to treatment but did not know when she would start again. The mother cited daycare issues as a barrier to treatment. There is no indication that CPS provided alternative daycare services for the mother in an effort to engage her in alcohol treatment.

6. **Alternative Response Systems (ARS) services failed to adequately assess or address the mother's needs.** In September 2002, CPS received two referrals concerning alcohol abuse, mental health, and child safety issues. Instead of opening these referrals for CPS investigations, they were accepted and referred to the Alternative Response System, which provides services but does not conduct investigations.

The ARS case was opened on September 11, 2002. The ARS worker met with Ms. Robinson in the mother's residence once, for one hour. During this initial home visit, the ARS worker identified "Depression" as the sole, current concern, and "Counseling" as the only referral provided. Prior to closing this case on December 16, 2002, the ARS worker had three contacts by phone with the mother, totaling 45 minutes. ARS records indicate that it did not identify alcohol abuse, or mental health issues as areas of concern, despite a CPS referral stating that the mother had been hospitalized due to binge drinking, and that she started hearing voices telling her she should kill herself.

The ARS exit Summary states: "All services completed" but does not state, what if any services the mother completed. The Exit Summary also states: "Poor Parenting Skill -Resolved; and Mental Illness -Partially Resolved" but provides no information as to how Ms. Robinson successfully addressed these issues.

7. **Inappropriate Screening Decision by CPS Intake.** As discussed above, two CPS referrals received in September 2002 were referred to ARS, and were not investigated by CPS. The second referral, received on September 17, 2002 stated that the mother has been hospitalized for suicidal ideation, that she was discharged today and was still expressing concerns about hurting herself. The referral also stated that the mother reported there is no food in the home, and that the mother lives alone with her six month-old baby.

This referral was initially accepted for CPS investigation, with a risk tag of 5. After reviewing the referral, the CPS intake supervisor reduced the risk tag

from 5 to 2 stating: “ARS Wkr [worker] is involved with services and client is receptive to services.” CA Practices and Procedures permit the intake supervisor to change the risk tag and screening decisions when “additional information supports the change.”¹⁷ Here however, there is no documentation, either by the intake supervisor, or the ARS worker, that the supervisor obtained information from ARS regarding specific services provided to Ms. Robinson or the level of her compliance.

Ombudsman’s Recommendations

Recommendations Regarding Children’s Administration Policy

Improve Supervisory Reviews of CPS Investigations.

The Ombudsman identified numerous instances where CPS investigative tasks such as face-to face-interviews and safety assessments did not occur in a timely manner, or where collateral contacts were not made, and investigations were not completed and closed in a manner consistent with policy. OFCO also determined that there was little or no documentation of meaningful supervisory reviews of CPS investigations.¹⁸ High quality and timely supervisory reviews are essential to ensuring that investigations are conducted in a manner consistent with best practices and agency policy and procedure.

- CA should take steps to strengthen the supervisory review of CPS investigations. Specifically, CA should institute a standardized process for reviewing and documenting CPS investigations.
- CA should develop and implement an Investigation Master Checklist, designed to aid workers and supervisors to track investigative tasks and time requirements. Use of a checklist would assist supervisors to complete reviews in an efficient, consistent manner, verify tasks completed, and identify whether any further investigative action is required. Supervisors and workers should sign off on the checklist attesting that tasks have been completed.
- CA policy should also require that the substance of supervisory reviews, including the completed checklist, be entered in CAMIS.
- CA should develop and implement corrective/disciplinary action if supervisors or workers fail to comply with investigation standards.

¹⁷ Id. Section 2220(F)(2).

¹⁸ CA Practices and Procedures Guide requires that the supervisor review CPS cases open for 90 days to determine if: “the case record and CAMIS file are complete; the service is appropriate and effective; the 90 day rule requirement has been met; [and] the service may continue.” The CPS supervisor may refer the case back for further investigation. The CPS supervisor “must document the reasons for the 90 day review decision in the CAMIS SER.” Id. Section 2610

Case referral to Alternative Response Systems should not preclude investigation by CPS.

The Ombudsman found that ARS' involvement with Ms. Robinson failed to identify or address alcohol abuse, mental health and child safety issues that were raised in CPS referrals. These referrals were screened by intake as meeting minimum standards for CPS services, yet no investigation or assessment of child safety occurred.

- CA Policy should be amended to provide that in addition to providing ARS services, CPS may conduct investigations into allegations of child abuse or neglect.
- CA Policy should require CPS to review ARS exit summaries and determine whether ARS intervention adequately addressed issues described in the CPS referral.
- CA should improve oversight and quality assurance of contractors providing ARS services.
- A parent's participation with ARS alone, should not be used as a sufficient basis to reduce the risk tag or change a CPS intake screening decision on a subsequent referral

Implement Caseload Standards.

The Ombudsman determined that the caseload of the worker investigating referrals regarding the Robinson family ranged from 37 open cases in October 2003 to 49 open cases in February 2004.¹⁹ In order for CPS workers to conduct thorough and timely investigations, assess risk and child safety, engage families in essential services, and monitor case progress, CA must establish and implement reasonable caseload standards. While computing caseloads is an inexact science, the Child Welfare League of America (CWLA) recommends that CPS workers be limited to 12 active investigations per month.²⁰ CA should use this as a guide in determining and implementing caseload standards.

- CPS workers' caseloads should allow them to meet department policy and "best practices" standards.
- CPS supervisors should not carry cases and conduct CPS investigations in addition to their responsibilities as a supervisor. The quality of supervisory reviews suffers when supervisors are also handling case investigations, as it does not allow adequate time for meaningful case reviews and worker support.
- Area and Regional Administrators should be required to monitor caseloads of line workers, and develop a response plan when caseloads exceed an acceptable level.

¹⁹ This was a caseload of Indian Child Welfare (ICW) cases, and per department policy each ICW case is weighted as 1.3. Under this weighted standard, the worker's caseload was 48 open cases in October 2003 and 64 open cases in February 2004.

²⁰ CWLA Guidelines for Computing Caseload Standards, <http://www.cwla.org>

State Law Recommendations

Modify the statutory definition of child abuse and neglect and allow CPS to intervene earlier in an investigation to protect children at risk of abuse or neglect.²¹

Although the pattern of behavior described in CPS referrals received between 2002 and 2004, indicated ongoing child neglect secondary to Ms. Robinson's alcohol abuse, no one referral rose to a level that would necessarily have permitted court intervention by CPS. Under current state law, in order for CPS to base a dependency action on allegations of child neglect, CPS must establish that a "clear and present danger" exists to a child's health, welfare, or safety.²² Moreover, in order to obtain a court order temporarily removing a child from the home, CPS must establish reasonable grounds to believe that the child's health, safety and welfare will be seriously endangered if not taken into custody" and that the child is at "risk of imminent harm."²³ As discussed above, CPS did not take further action to compel Ms. Robinson to engage in treatment as set forth in proposed service plans. Under the circumstances, CPS may have concluded that it lacked a factual basis to seek a dependency.

- The legislature should consider amending the definition of child neglect, to recognize the harm that may result from an act or omission, or pattern of conduct, that constitutes a substantial danger to the child's health, welfare or safety, and allow earlier CPS intervention.
- The legislature should consider changes to statutory provisions regarding child abuse and neglect, permitting the court to establish an in-home dependency for the purpose of implementing appropriate service and safety plans. A parent's failure to comply with a service plan or safety plan is a relevant factor which should be considered when determining whether conditions present a substantial threat of harm to the child.

Require CPS to attempt to obtain an evaluation when it is determined that mental health issues are a contributing factor to the alleged child abuse or neglect.

Ms. Robinson's CPS records indicate that mental health issues were a contributing factor to her alcohol abuse and the allegations of child neglect. However, there is no indication that CPS assessed or attempted to address concerns regarding Ms. Robinson's mental health in relation to her ability to care for her children.

- When substance abuse is a contributing factor to alleged child abuse or neglect, state law requires CPS to cause a comprehensive chemical dependency evaluation to be made.²⁴ Similar statutory requirements should exist to identify and treat mental health issues contributing to the neglect or abuse of a child.

²¹ The Ombudsman previously made this recommendation in the Office of the Family & Children's Ombudsman 2000 Annual Report. This issue has also been the subject of legislative attention. (For example, see House Bill 1482, 2005 Regular Session.)

²² RCW 26.44.020(12), (15); RCW 13.34.030(5)(b)

²³ RCW 13.34.050(1)

²⁴ RCW 26.44.170

CONCLUSION

CPS' involvement with Ms. Robinson from 2002 to 2004, did not significantly increase the safety or protection of the children. During this time, CPS accepted two referrals alleging child neglect for investigation, and two other CPS reports of neglect were referred to ARS. Investigations that were conducted failed to obtain relevant collateral information regarding the allegations of neglect and the welfare of the children. Attempts to engage Ms. Robinson voluntarily in services failed, and the children remained at risk of neglect secondary to Ms. Robinson's substance abuse and apparent mental health issues.

Several factors contributed to CPS' inability to facilitate positive change and address child safety concerns.

- The number of open cases assigned to the CPS worker far exceeded standards established by the Council on Accreditation,²⁵ and likely adversely affected the caseworker's ability to thoroughly investigate these referrals.
- CPS investigations did not adequately identify and assess parental deficiencies and child safety issues. Most notably, these investigations failed to: identify concerns regarding the child's failure to thrive; assess Ms. Robinson's mental health issues; or address the extent of her alcohol abuse.
- Supervisory reviews failed to assure that investigations were conducted and completed in a manner consistent with policy and procedure.
- CPS proposed Service Agreements contained provisions regarding Ms. Robinson's alcohol abuse, but did not address mental health issues, or concerns regarding the child's failure to thrive.
- Under the circumstances, CPS concluded that it had no recourse or means to compel compliance with the proposed Service Agreements and as a result, CPS investigations were closed without any resolution of parental deficiencies.

Individuals reporting concerns of child abuse or neglect to CPS, the parents and children who are the subject of these referrals, and society at large all have a right to expect that CPS investigations will be conducted in a thorough, professional manner consistent with state law, department policy and recognized best practices, and that when appropriate, CPS will effectively intervene to protect children and strengthen families. In order to fulfill this expectation, caseworkers must receive appropriate training, support and supervision. Meaningful supervisory reviews are essential to accountability and should incorporate an objective, standardized procedure for reviewing case investigations. Caseloads must be manageable and consistent with professional standards. To the greatest extent possible, CPS interventions should be tailored to address the specific needs of each family. State law should recognize the harm that may result from a pattern of conduct, that constitutes a substantial danger to the child's health, welfare or safety, and allow earlier CPS intervention.

²⁵ The Council on Accreditation (COA) is an international, independent, not-for-profit, child- and family-services and behavioral healthcare accrediting organization. Founded in 1977 by the Child Welfare League of America and Family Service America.

The Ombudsman's proposed recommendations are designed to improve the quality of CPS investigations by strengthening the role of the supervisor, reducing caseloads, and assessing mental health issues when relevant to allegations of child abuse or neglect. These recommendations also heighten CPS' ability to engage families with needed services, by allowing CPS to conduct an investigation concurrent with providing ARS, and by providing for earlier court intervention under circumstances of chronic neglect or a parent's failure to comply with a Service Agreement.

CASE CHRONOLOGY

This chronology summarizes Children’s Administration’s involvement with Ms. Robinson, and her three youngest children. Specific information detailing case activities is from records released to the public by Children’s Administration on November 19, 2004 and updated on December 22, 2004.¹

Date	Activity	Description
03/13/02	Childbirth	Robinson, “Baby A” born
09/10/02	CPS Referral	Ref is SW at Harrison Hosp. Ref is reporting that mother has been into Harrison due to binge drinking for the past 7 days. She was discharged yesterday but came back claiming she started hearing voices telling her she should kill herself. Mother has a 6 month child. Mother was admitted to RTC. Child is staying with mother friend, [who] is willing to care for child until she and mother can come up with a plan. Ref is concerned as she has heard that [redacted] has a 7 y.o. daughter who has violent tendencies. [redacted] has admitted that her 7 y.o. is already jealous of the baby. [redacted] and Marie know each other because Marie is [redacted] respite worker. Ref is concerned that [redacted] is taking on too much caring for her 7 y.o. and the baby. The father of the baby is currently in jail for raping the mother in 5/02. He is due to be released soon. Ref stated that mother started binge drinking when she learned that he would be released.
09/11/02	CPS Screening Decision	CPS Intake Supervisor changes screening decision from “Information Only” to “Referred to ARS.”
09/13/02	ARS TC	SW left a message for mother to call as soon as possible.
09/16/02	ARS TC	SW left another message for mother to call as soon as possible.
09/17/02	CPS Referral	Ref stated mother has been in Harrison Hospital. Mother reported that the father of the baby is incarcerated for raping mother. Mother also reported there is no food in the home, however mother is connected with WIC services. Mother’s plan at discharge was to take [her child] from the paternal grandparents home and return to her own apartment with the baby. Ref was told that the paternal grandparents have been caring for [redacted] since mother has been hospitalized. Mother also stated her other children live with their bio-father in [redacted] county. Mother did not indicate if she has contact with her other children. Mother expressed concerns about hurting herself. The concern is mother lives alone with the baby. Mother was discharged from the hospital today and was still expressing concerns about hurting herself.
09/18/02	CPS Screening Decision	Referral accepted for investigation and assigned a risk tag of 5.
09/18/02	ARS HV	ARS social worker made a Drop-In visit. ARS worker reports: mother was there and so was the baby. Marie stated the reason for the breakdown was she had started to remember being raped/molested and had never dealt with those issues. Marie stated that the family she worked for is very supportive. The ARS social worker states the apt.

¹Division of Children and Family Services case records are available at: <http://www1.dshs.wa.gov/ca/general/robinson.asp>

		was clean and neat and so was her son and his room. Mother welcomed any help she can get and stated that she was willing to have the ARS worker come back. She is looking at counseling and her family will take care of her son.
09/20/02	CPS Screening Decision	CPS Intake Supervisor changes screening decision from accepted for investigation to referred to ARS, and reduced risk tag from 5 to 2. Intake supervisor writes: "ARS Wkr is involved with services and client is receptive to services."
09/20/02	ARS TC	SW talked with mother about setting up another appointment, she is willing but wasn't sure when, because she is going to her parents house this weekend, her father is dying of cancer and isn't sure what will happen. Marie will call me back next week about setting up another appointment.
09/24/02	ARS TC	Marie called ARS worker stating she will be staying with her parents for awhile because her dad is dying of cancer and it could be any time.
10/08/02	ARS TC	ARS called mother to see how things are going and left message for her to call when she can.
10/30/02	ARS TC	Marie called ARS worker and stated her father had passed away. ARS worker set up a meeting for 11/08/02 at 1pm.
11/8/02	ARS HV	ARS worker was late for appointment and Marie was not at home. ARS worker left card.
11/15/02	ARS TC	ARS worker called and left message for Marie to call back.
12/16/02	ARS Summary	ARS worker writes: "Mother was very interested in getting help for the "break down she appears to have had." She also said that her son was never in any danger nor would she allow him to be in any danger. Mother welcomed help, but due to her father's death I believe she is currently over whelmed with family responsibilities and her job. SW hopes mother followed through with counseling for her previous molestation and rape. Mother appeared to recognize she needed the help and wanted help." Exit Summary lists current concerns as "Depression/Suicidal Ideation" and Past History also as "Depression. The worker states: "All services completed" and notes ARS referrals for "Counseling/ Sexual Assault ctr." Problems Identified and Service Outcomes are listed as follows: Food-services offered- resolved Poor parenting skills- services offered- resolved Caregiver Mental Illness- services offered- partially resolved Employment- family engaged in services- resolved Rape/Molestation- services offered- partially resolved Summary notes 5.5 hrs spent on case.
07/03/03	Childbirth	Robinson, Justice born

10/08/03	CPS Referral	“Mother just completed drug/alcohol treatment 30 days ago and has now relapsed. The Ref received a call from the neighbor that the mother was drunk and someone needed to come get the kids. They were filthy, had feces all over and had urinated in their pants. They had not been fed and were starving. When Ref arrived she asked the Mother for diapers and formula. Mother was staggering around the house.”
10/08/03	CPS Screening Decision	Information Only
10/09/03	CPS Referral Modified	Intake allegations modified
10/12/03	CPS Screening Decision	CPS Intake Supervisor changed screening decision from Information Only to Accepted.
10/13/03	Addendum to CPS Referral	CSO worker called to report information that paternal grandmother currently has the children. The grandmother went over to Ms. Robinson’s home and reports that Ms. Robinson relapsed and started drinking again. Justice was covered in feces and the oldest child was covered in urine. There was no food in the home. The grandmother contacted law enforcement after she was unable to reach Ms. Robinson by phone. Law enforcement took Ms. Robinson to the hospital. Her potassium was low and she was covered with bruises. This is allegedly a result of her alcohol consumption. The grandmother may need child care assistance.
10/13/03	CPS Referral	Referrer requested C.W.S. Services. Referrer stated that mother had gotten so drunk from drinking alcohol, she had bruises on her body from falling around in the home. Mother is currently in Harrison Hospital, her potassium level keeps dropping. Father is incarcerated for 6 months for 2 D.U.I’s at Port Orchard Adult Facility in Port Orchard WA. Referrer stated that the 2 infant children need day care. Referrer stated that she is also caring for her mother who currently needs to be taken to the hospital regularly. Referrer stated that she notified CPS on 10/08/03, there was no response. Referrer stated that she can take care of the children, she is requesting some help.
10/13/03	CPS Screening Decision	Information Only
10/14/03	CPS Relative Contact	CPS worker calls, great grandmother who has children. She said [other relative] should not have the children, she lives with a drug user and is not reliable. Also reported that mother, Marie gets out of Harrison this evening and Marie plans to pick up the children tomorrow, once she gets her house cleaned up. Great grandmother reports that Marie was in detox last month also, but has not had alcohol treatment. She is a "good mother" when not drinking.

10/15/03	CPS Home Visit/ Face-to-Face Interview	CPS social worker completed face to face with mother, 3 month old and 19 month old children. Mother stated she had not been to detox last week and had not been in tx [treatment] within the last thirty days but rather had completed inpatient tx and had 2 years and 9 months of sobriety until the relapse occurred the day before she was hospitalized for low potassium. Mother states she has scheduled appointment for intake. Mother feeding infant when SW came to home, 19 month old sleeping in bedroom. Home tidy, food in frig and things looked in order both inside and outside of the home. Mother not in continuing relationship with the father. Mother states "he drinks too much and doesn't work." Father is currently incarcerated for DWI for six months. Mother signed service plan agreeing to participate in assessment and random UA's per counselor discretion.
10/15/03	CPS Relative Contact	SW spoke with paternal great grandmother. GM stated on Oct 7th she received a call from the neighbors who told her that her granddaughter Marie Robinson had the 3 month and 19 month old children and was drunk. GM went over and got the children. Mother ran out of alcohol and tried to drive to store. She got in her van but went into the ditch. GM called LE as she started to worry about her granddaughter. Law enforcement responded and the mother was taken to hospital, she was not charged with anything as she had walked back to house and was no longer in a car. Mother was released from hospital on 10/13/2003. Grandmother stated she told Mother when house was clean and if she was sober she could come and get children back. Grandmother provides care for her 95 year old mother so care of small children is difficult. Grandmother states she has good relationship with the mother Marie and she would anticipate mother would cooperate with CPS. Grandmother called SW back and let SW know she had had contact with mother and mother will call SW in afternoon.
10/15/03	CPS Service Agreement	Written Service Agreement signed by mother and CPS worker. Mother agreed to: No alcohol or drug use; Alcohol/drug evaluation and treatment; provide a clean UA or BA time(s) per week- discretion of counselor; follow through with all scheduled appointments; and provide a release of information form for all service providers to give/obtain information with DCFS. CPS worker agreed to: provide supportive casework services; assist as possible with financial support for above services; and conduct home visits and telephone contact.
10/23/03	CPS Supervisory review	No text.
11/17/03	CPS letter re evaluation	CPS received a letter regarding Ms. Robinson's assessment.
11/26/03	CPS Supervisory Review	No text.

12/10/03	CPS Collateral Contact	Communication regarding Ms. Robinson's assessment and treatment recommendations.
12/11/03	CPS Safety Assessment	Assessment date listed as 10/15/03. "Not Indicated" Box checked for all eight questions on assessment form.
12/11/03	CPS Investigative Assessment	Investigative Assessment states: "Allegations unfounded. Mother has had a low potassium incident and had been hospitalized. When SW interviewed at home home was sparse but very clean, children were clean and dressed appropriately," Assessment also notes: "No prior hx <i>[history]</i> with WA CPS."
12/16/03	CPS Closing Summary	SW notes: assigned case 10/14/2003, non-emergent high standard 3-moderate. allegations included mother relapsing, children filthy, "starving", mother hospitalized due to alcohol use. Sw met with mother and children on age 6 months and age 19 months. Children were dressed appropriately and were clean. Home was tidy but sparse, not much furniture etc. Mother was cooperative but angry at family for making referral and giving mixed messages to her. Mother still able to see them as resource etc. Mother was hospitalized due to low potassium not alcohol consumption although allegations of relapse were accurate. Mother had not just gotten out of treatment approximately two years, nine months ago. Mother agreed to complete substance abuse assessment (had already made appointment before CPS involvement), follow recommendations of assessment, negative UA. Little to no risk, allegations unfounded. Mother enrolled member of Chumash Tribe in CA.
12/24/03	CPS Supervisory Review	No text
01/28/04	CPS Referral	Relative called CPS, "REF <i>[referent]</i> is concerned that the mother may be drinking again. REF reports this family has previously been involved with CPS in the past and she's wondering if anyone is checking in with the family. REF further reports that Christopher's mother was in a car accident and the parent's have been taking care of her also. REF reports that Christopher's mother has made comments to other family members that there's no food in the house. She will be leaving the family home on 2/8/04. REF saw the children last Tuesday 1/20/04 and they looked good but, the REF states that it was 6:15 pm and the mother was in bed with a blanket over her head. The grandmother was taking care of the children and "she shouldn't be doing that while she's recovering.""
01/28/04	CPS Screening Decision	Information Only

02/07/04	CPS Referral	Relative called CPS, "Referent heard the mother was home alone with her two children for 3-5 hours. When a housemate arrived home the mother was in the bed sleeping and appeared to be intoxicated. <i>[oldest child]</i> (22 months) was found playing in the fireplace (which was unlit) and ash was found throughout the house. It is unknown where Justice (9 months) was at this time."
02/07/04	CPS Screening Decision	Accepted/ High Standard Investigation/Non-emergent
02/09/04	CPS Addendum to allegations	Referrer called back and stated while doing a home visit around 10:30 a.m. Marie was still in bed. There were 4 empty cases of beer in the closet. Marie is also taking prescription medication. Referrer stated not being able to get Marie out of the bed. Another adult was at the residence and was able to care for the children.
02/17/04	CPS Relative Contact	SW spoke with paternal grandmother, who was staying at the home when the mother was drinking and child got into fireplace. Grandmother stated she had just been released from hospital and was recovering at Marie's home. Grandmother stated she was unable to care for her grandchildren at that time because she was recovering from surgery. Grandmother stated that mother is a good mother but has begun to drink again and it is happening more frequently. There is not always another adult in the home when she is drinking so there is not always an adult to care for children. Grandmother stated her son father of <i>[oldest child]</i> and possible father to Justice is currently in jail at KCJ. Grandmother stated when he is not drinking he is a good father and good son but he too is impaired by his alcoholism. SW encouraged grandmother to call with concerns etc. SW called number from internet for Chumash Indian Council and e-mailed tribal attorney requesting assistance with case.

03/01/04	CPS Home Visit/ Face-to-Face Interview	<p>“SW completed initial f-f [<i>face-to-face</i>] with mother Marie Robinson, the children's father Chris Bone and the two children Justice Robinson age 10 months and [<i>oldest child</i>] age 22 months. Children were up and playing in front room with parents when SW arrived. Mother was open and responsive to visit, father was, at first, guarded then became more responsive and open. SW went over referral with mother. Mother was calm but upset about referral being made stating that during this time of allegations re drinking the father's mother had been staying with them while she recuperated from surgery. Mother stated she had been transporting her boyfriend's mother back and forth to Seattle and could not continue with counseling. Mother did not state one way or another whether she had had a relapse or not. Mother stated she was not opposed to tx [<i>treatment</i>] but did not know when she would start again. Mother cited day care as a problem as she did not like the day care facility at [<i>treatment facility</i>]. Mother did not want to sign agreement plan but did sign release of information for [<i>treatment facility</i>]. Chris Bone stated he did not have any concerns re Robinson's care of the children stating "she is a good mother." SW stated other collaterals that SW had talked to stated that also, but there was some concerns re her alcoholism and the risk her drinking posed to the children. Mother confirmed she is indeed Chumash. Father was unwilling to sign ethnic identity form but stated to SW he was not Native American. Father is out of jail and looking for work or hoping to get retrained, he used to work at shipyard. SW recommended mother call [<i>treatment facility</i>] and let them know she was involved with CPS and SW would fax release to them. Sw left card and thanked family.”</p>
03/01/04	CPS Safety Assessment Form	“Not Indicated” Box checked for all eight questions on assessment form.
03/01/04	CPS Service Agreement	Service Agreement proposed, but not signed by parents.
03/18/04	CPS Supervisory Review	No text
05/21/04	CPS Supervisory Review	No text on date of review of 05/21/04 “ADDENDUM: 11/15/2004 - 5:55:06 PM - WIJU300 - WILLOTT, JUDY Discussed preparing case for closure per supe's case notes from case conference”
06/22/04	CPS Supervisory Review	No text
09/27/04	Childbirth	Robinson, Raiden

11/14/04	CPS Referral	Referrer was told that father went to the mother's home this afternoon, and no one answered the door. Somehow, 2 1/2 y.o. <i>[oldest child]</i> managed to open the door. The father went in, and found the other two children, Justice, 16 months old and Raiden, 6 weeks old, dead. Mother was passed out - drunk in the house. Father called the police who are currently investigating the situation.
11/14/04	CPS Screening Decision	Accepted/High Standard Investigation/ Emergent