

**SIRITA SOTELO
FATALITY REVIEW**

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

August 25, 2005

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SUMMARY

Three weeks before she was born, Sirita¹ Sotelo was the subject of a Child Protective Services (CPS) referral, alleging prenatal substance abuse by her mother. After she tested positive for cocaine at birth on February 12, 2000, CPS filed for dependency and placed Sirita in foster care.

Over the next three years, the department made numerous attempts to reunite Sirita with her mother. Services were provided to address the mother's substance abuse and mental health issues. Four times Sirita was placed with her mother, only to again be removed due to allegations of abuse or neglect. During this period, Sirita experienced seven different placement episodes, alternating between foster care and placement with her mother. She spent over 25 months in foster care, in eight different foster homes,² and 19 months placed with her mother. Significant periods of placement with the mother lasted four months, five months and ten months. While efforts were being made to reunite Sirita with her mother, the child's father, who was notified of the dependency action, did not involve himself in the dependency process, or seek placement of Sirita.

In May 2003, the department filed for termination of parental rights, based on the length of time Sirita had been in state care, the failed reunification attempts with the mother, and the father's lack of participation in the dependency action or reunification efforts. However, after learning that the department was seeking to terminate parental rights, Sirita's father stepped forward and requested that she be placed with him and his wife. The department then conducted a home study, and developed a service plan for the father, which included a drug/alcohol assessment, parenting classes, weekly visits with Sirita and a psychological evaluation. The father successfully completed these services, and in November 2003, Sirita was placed with her father, stepmother and their four children.

Over the following 12 months, the department continued to supervise Sirita's placement with her father and provide case management services. Monthly visits to check on Sirita's health and safety occurred in December 2003, January 2004, February 2004 and the last visit occurred in May 2004. Although caseworkers identified a need for counseling, this service was not implemented. In November 2004, the dependency was dismissed, as the father had established a parenting plan gaining custody of Sirita.

On January 22, 2005, only two months after the dependency case was closed, CPS received a referral from law enforcement reporting a suspicious death of four year-old Sirita. The stepmother and another relative had been with Sirita the night of her death and reportedly called poison control stating that Sirita had gotten sick eating glue. Later that evening, the relative checked on Sirita and

¹ Case records list various spellings of the child's name, including Sereta, Sireta, and Serita.

² Length of placement in any one foster home ranged from one night, to 13 months.

found her dead, and then called 911. According to law enforcement, the child appeared gaunt, malnourished and pale. Medical examiners later determined she died as a result of blows to the head and body causing a fractured skull and severed liver. The stepmother later stated that she couldn't handle Sirita's fits and tantrums and admitted she threw her in a cold shower and beat her after the child wet her pants.

The Office of the Family and Children's Ombudsman conducted a case investigation of the Division of Children and Family Services' (DCFS) involvement with Sirita and her parents. The Ombudsman reviewed all records and reports from DCFS, treatment reports, professional evaluations, as well as applicable Children's Administration (CA) Policy and Procedure and state law. The purpose of the Ombudsman's investigation was to determine DCFS' compliance with department policy and procedure, and state law, and to identify changes in law, policy and procedure that will better protect children from abuse and neglect.

The Ombudsman identified the following areas of concern:

- Lack of services provided to Sirita, her father and stepmother, following her placement in their care.
- Delay in establishing permanency for Sirita.
- Frequency of health and safety checks did not comply with CA policy.
- The father's and stepmother's CPS referral history may not have been fully considered prior to placing Sirita in their home.
- Although the father completed both a psychological evaluation and drug/alcohol assessment prior to Sirita's placement, there was no similar evaluation of the stepmother.

Based on our review of this case, the Ombudsman developed several recommendations aimed at: strengthening case supervision following a child's return to a parent's care; assuring that appropriate services for successful reunification are provided; and improving assessment of other adult care-givers in the parent's home. These areas of concern and recommendations are discussed in greater detail below.

CORRECTION

On pp. 6 and 9 of this report, as well as in the Chronology of Placement Episodes and Significant Events at the end of the report, the Ombudsman refers to and/or states that on November 12, 2003, DCFS conducted a Child Protection Team (CPT) staffing. This conclusion was based on information then available to the Ombudsman, including the CPT Case Presentation Summary dated November 12, 2003. On February 7, 2006, the Ombudsman was informed by the Department of Social and Health Services, Division of Children and Family Services, that although the CPT was scheduled, the CPT did not occur prior to Sirita Sotelo's placement with her father or prior to dismissal of the dependency a year later. Section 2562 of Children's Administration Practices and Procedures Guide then required a CPT "[i]n all cases prior to return home or dismissal of dependency, when the child is age six or younger and any risk assessment has resulted in a risk level of moderately high or high risk." Sirita's case was assessed as high risk; she was 3 years old at the time of placement with her father; and age 4 when the dependency was dismissed.

CASE BACKGROUND

Sirita Jimmina Sotelo was born on February 12, 2000. The child's mother is Patricia Sotelo and the biological father is John Ewell. At the time of Sirita's birth, Mr. Ewell was married to Heather Ewell. Mr. and Mrs. Ewell have four children from this marriage.

Initial CPS contacts regarding Sirita

On January 20, 2000, CPS received a referral alleging that Patricia Sotelo was 36 weeks pregnant and tested positive for cocaine. CPS concluded that this allegation was "founded"³ for prenatal injury, and attempted to engage Ms. Sotelo in chemical dependency treatment services. Twice however, Ms. Sotelo did not keep scheduled appointments for a drug/alcohol evaluation.

On February 13, 2000, CPS received a referral reporting that both Sirita and Ms. Sotelo tested positive for cocaine at birth and that Sirita was placed on an administrative hold⁴ by hospital staff. On February 14, 2000, CPS filed for dependency and Sirita was placed in foster care.

Services offered or provided to the mother

An agreed order of dependency as to the mother was entered on April 4, 2000 that returned Sirita to Ms. Sotelo's care and established a service plan. The dispositional order provided that Ms. Sotelo continue her substance abuse treatment, complete parenting classes, and obtain a psychological evaluation-parenting assessment.

A psychological evaluation-parenting assessment of the mother was completed on July 25, 2002. According to department records, the evaluation identified issues that adversely affected her ability to function as a reliable parent, and recommended that Ms. Sotelo complete long-term psychotherapy, continue in her relapse prevention treatment, submit to random UA testing, complete parenting classes and maintain visitation.

³"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." Children's Administration Practices and Procedures Guide, Section 2540A(4)(a).

⁴ RCW 26.44.056(1) provides: "An administrator of a hospital . . . may detain a child without consent of a person legally responsible for the child whether or not medical treatment is required, if the circumstances or conditions of the child are such that the detaining individual has reasonable cause to believe that permitting the child to continue in his or her place of residence or in the care and custody of the parent, guardian, custodian or other person legally responsible for the child's care would present an imminent danger to that child's safety: PROVIDED, That such administrator . . . shall notify or cause to be notified the appropriate law enforcement agency or child protective services . . . Such notification shall be made as soon as possible and in no case longer than seventy-two hours."

Services offered or provided to the father

An order of dependency as to the father was entered by default on June 6, 2000. The father's dispositional order required that Mr. Ewell establish paternity, and develop a service plan with the DCFS social worker. Genetic testing was completed and Mr. Ewell was identified as Sirita's biological father on June 14, 2000. Mr. Ewell was notified of the dependency proceedings, but did not attend hearings or contact the department to establish a service plan, arrange parent-child visits, or request placement of Sirita.

Attempts to reunite Sirita with her mother

Based on Ms. Sotelo's participation and reported progress in services, DCFS made numerous attempts to place Sirita in her mother's care.⁵ Four times during the dependency, Sirita was returned to Ms. Sotelo's care, only to be removed due to further incidents of abuse and/or neglect.

- On March 17, 2000, one month after CPS filed for dependency, Sirita was returned to her mother's care. She was removed from Ms. Sotelo's care on March 28, 2000 after the department received a report that the mother was involved in an assault occurring in the child's presence.
- Sirita was placed with the mother on April 6, 2000 and removed on August 3, 2000, following reports that the mother threatened to kill an acquaintance. Ms. Sotelo denied this allegation and Sirita was returned to her care on August 8, 2000.
- On January 10, 2001, Sirita was again removed from her mother's care after Ms. Sotelo tested positive for cocaine and admitted to a drug relapse. After Ms. Sotelo entered in-patient treatment, completed phases I & II, Sirita was again returned to her care on March 7, 2001.
- On January 9, 2002, Sirita was removed from Ms. Sotelo's care after admitting to her counselor that she "swatted Sirita on the butt." This was a violation of her treatment program and she was terminated from treatment.
- In March 2003, despite the department's opposition, the court granted the mother's motion to increase visits and transition Sirita home. During an extended visit in April 2003, the mother was seen physically abusing Sirita in a department store restroom. Ms. Sotelo reportedly struck the child in the face several times and shook the child, after Sirita soiled her pants. Sirita was returned to foster care, and the transition plan was terminated.

⁵ RCW 13.34.138(1)(a) states: "A child shall not be returned home at the review hearing unless the court finds that a reason for removal . . . no longer exists. The parents, guardian, or legal custodian shall report to the court the efforts they have made to correct the conditions which led to removal. If a child is returned, casework supervision shall continue for a period of six months, at which time there shall be a hearing on the need for continued intervention."

CPS history regarding the father and stepmother

On March 13, 2001, CPS received a referral stating that: one of the Ewell's children was on the verge of being terminated from pre-school due to attendance problems; the child appears to be afraid and does not speak; drugs are reportedly sold from the family's residence; there are two younger children in the home; and the parents are attempting to adopt another child. This referral was screened as "information only."⁶

On April 23, 2003 a CPS referral reported that Mr. Ewell was allowing his child to spend overnights with Ms. Sotelo and Sirita. The referral cited concerns about Mr. Ewell's parental judgment allowing the child to be spending overnights with an adult caregiver that has been physically abusive to her own child. This referral was screened as "low risk" and accepted for investigation.

The father seeks placement of Sirita

Based on the numerous unsuccessful attempts to return Sirita to her mother's care and the lack of any involvement in services by the father, DCFS filed a petition for termination of parental rights on May 8, 2003. Upon learning of the case plan for termination of parental rights and adoption, Mr. Ewell contacted the department and expressed interest in services and having Sirita placed in his care. Mr. Ewell stated he regretted his lack of participation in the dependency proceeding, and explained that until recently, he thought Ms. Sotelo would successfully resume care of Sirita and that he did not want to interfere with the mother's attempts to regain custody of the child.

DCFS approached Mr. Ewell's interest in gaining custody of Sirita with caution. The department expressed concerns that he had not involved himself in the dependency process for the past 3 years or sought placement of Sirita while she was in foster care, and also questioned his parental judgment in allowing one of his children to spend overnights with Ms. Sotelo who had been physically abusive to her own child.

On May 16, 2003, DCFS conducted a home study of Mr. and Mrs. Ewell. This home study recommended that Sirita begin home visits with the Ewells, and that placement of Sirita with Mr. and Mrs. Ewell be considered in the immediate future.

⁶ DCFS records indicate that this referral initially mistakenly identified the parents as "Lisa and Mike." However, this error was noted and corrected by April 2003, prior to Sirita's placement with Mr. Ewell.

The father engages in reunification services and Sirita is placed in his care

In June 2003, DCFS arranged weekly visits between the father and Sirita. DCFS reported that by November 2003, Mr. Ewell had complied with all ordered services. Specifically, he obtained a drug/alcohol evaluation in May 2003, completed a 6 hours parenting class in June 2003, and completed a psychological evaluation in September 2003.

The drug/alcohol evaluation determined that no significant problem with alcohol or drugs was present. The psychological evaluation concluded that Mr. Ewell is generally well functioning and does not appear to be in need of treatment. This evaluation did not identify any barriers regarding his ability to parent Sirita.

On November 12, 2003, DCFS conducted a Child Protection Team (CPT)⁷ staffing. The CPT Case Presentation Summary concluded there was a minimal level of risk based on “compliance with court ordered services, the father’s psychological evaluation results, and no apparent involvement with CPS concerning his own children.” On November 21, 2003, Sirita, age three, was placed with Mr. Ewell.

Agency support and supervision of Sirita’s placement with her father

Following Sirita’s placement with the Ewells in November 2003, DCFS kept this case open and provided caseworker services,⁸ until November 2004.⁹ Home visits to check on the child’s health and safety occurred on December 8, 2003, January 26, 2004, February 3, 2004 and May 14, 2004. Although there were no concerns regarding the Ewell’s home or their care for Sirita, the Ewells reported difficulty with Sirita’s behavior and her adjustment to living in their home.

For example, during a home visit on December 8, 2003, Mr. Ewell told a Catholic Community Services (CCS) worker that Sirita and his younger child tend to fight a lot. Court declarations by Mr. and Mrs. Ewell, dated December 12, 2003, state

⁷ RCW 74.14B.030 requires that the department establish and maintain multidisciplinary teams, consisting of at least four persons, selected by the department, from professions which provide services to abused and neglected children and/or the parents of such children. The teams shall be available for consultation on all cases where a risk exists of serious harm to the child and where there is dispute over whether out-of-home placement is appropriate. See also, CA Practices and Procedures Guide, Section 2562.

⁸ Case management and supervision was conducted by both DCFS and Catholic Community Services (CCS). CCS agreed to conduct at least one home visit a month, for the first three months, and have at least bi-weekly phone contact with the family.

⁹ RCW 13.34.145(7) requires that DCFS continue to supervise a case for a minimum of 6 months after a dependent child is returned home.

that Sirita was having a difficult time adjusting to their home. They attributed her behavior to weekly visits with the mother, stating that after these visits, Sirita comes home with a negative attitude -that she does not talk to Mr. or Mrs. Ewell, throws fits, and does not want to be around the other children.

Sirita's behavioral issues were also discussed in the Guardian Ad Litem's Report to the court dated January 5, 2004, which states: "due to Sirita's current acting out behavior, I strongly recommend counseling services be made available to John and Heather Ewell so that they are able to help Sirita adjust to her new surroundings and family and to adjust to visits with her mother."

Case notes from the CCS worker state that during a January 2004 home visit, Mr. Ewell stated that Sirita is still having some difficulties getting used to being in their home. Mr. Ewell reported that Sirita and his youngest child still tend to bully each other, although their fights were not as frequent as they had been.

Case notes from a home visit in February 2004, and a DCFS report in March 2004 describe Sirita "settling down" and state that her "behavior has improved." The DCFS report concludes that Sirita's behavior will be problematic as long as she has contact with her mother, and states that Mr. Ewell will look into the possibility of on-going counseling for Sirita to help her deal with this issue.

During a health and safety visit on May 14, 2004, Sirita appeared to be adjusting to the Ewell's home. The DCFS caseworker noted "Sirita appears to feel safe in this home" and commented that she is much more relaxed than she was during supervised visits with the mother. Sirita's behavioral problems however had not resolved. The caseworker's notes state that "Sirita lies excessively" and rages. Needed services identified by the caseworker were counseling for Sirita and the family, and a school assessment for Sirita. The case record indicates that Mr. Ewell was reminded to obtain the school assessment, and that the caseworker would look into resources and payment for counseling services.

After May 2004, no further visits by a caseworker to the Ewell's home occurred. DCFS apparently continued to keep this dependency case open in order to provide legal structure to the child's placement with the father and restrictions on the mother's visits with Sirita. In a court report submitted for a review hearing in August 2004, the caseworker states: "This placement has been successful and the Department does not have any concerns about Sereta (sic) that would warrant continued involvement in her life, except for the issue of visitation between Sereta and her mother." On November 15, 2004 the dependency case was dismissed, as Mr. Ewell had established a parenting plan obtaining custody of Sirita.

Circumstances of Sirita's death

On January 22, 2005, CPS received a referral from law enforcement reporting a suspicious death of 4 year-old Sirita Sotelo. The stepmother and another relative had been with Sirita the night of her death and reportedly called poison control stating that Sirita had gotten sick eating glue. Later that evening, the relative checked on Sirita and found her dead, and then called 911. According to law enforcement, the child appeared gaunt, malnourished and pale. Medical examiners didn't find any glue in her system, and determined she died as a result of blows to the head and body causing a fractured skull and severed liver.

Law enforcement described the condition of the home as "a pig sty." The carpets were filthy and stained with dog excrement, vomit, dirt, food and trash. The kitchen was dirty and cluttered with dirty dishes, pots, pans, and left out food. In all of the rooms, there were "stacks of stuff everywhere" such as papers, clean and dirty clothes, books, magazines, trash and garbage.

Mrs. Ewell later admitted she threw Sirita in a cold shower and beat her after the child wet her pants. Ewell stated that she couldn't handle Sirita's fits and tantrums and had no one to turn to for help. Mrs. Ewell was criminally charged with and pled guilty to manslaughter.

ISSUES

Delay in establishing permanency for Sirita

Ideally, a safe, stable and permanent home for a dependent child should be achieved before the child has been in out-of-home care for 15 months.¹⁰ In this case, Sirita was the subject of a dependency action for over three and a half years before a permanent placement with Mr. Ewell was established. Before she was placed with her father, Sirita experienced seven different placement episodes, alternating between foster care and placement with her mother. During this time, Sirita spent a total of over 25 months in foster care, and 19 months placed with her mother. Periods of placement with Ms. Sotelo lasted four months, five months and ten months. Prior to placement with Mr. Ewell, Sirita was placed in eight different foster homes. The delay in identifying and implementing the permanency planning goal of placement with the father, was due to the multiple, unsuccessful attempts to unite Sirita with her mother and Mr. Ewell's failure to engage in the dependency process in a timely manner.

The department is required to develop a service plan for parents to enable them to resume custody of their child, and offer or provide all necessary services, reasonably available, and capable of correcting the parental deficiencies within

¹⁰ RCW 13.34.145(1)(c)

the foreseeable future.¹¹ Here, the department's efforts to unite Sirita with Ms. Sotelo were reasonably based on her reported compliance and progress in services. While pursuing reunification with Ms. Sotelo, the department did not ignore its responsibility to establish permanency for Sirita. In March 2002, after Sirita was removed from Ms. Sotelo's care for the fourth time, the department recommended a primary plan of termination of parental rights and adoption. However in March 2003, despite the department's opposition, the court granted Ms. Sotelo's request to significantly increase her visitation and transition Sirita to her mother's care.

The department's efforts to establish a permanent placement for Sirita were further complicated by Mr. Ewell's failure to participate in the dependency process in a timely manner. As previously noted, Mr. Ewell did not participate in services or request placement until a petition for termination of parental rights was filed in May 2003 -over three years after Sirita entered state care. As a result, the department was unable to assess the father's ability to care for Sirita, develop an appropriate service plan, and engage in timely, concurrent planning of reunification with either the mother or the father.

The father's and stepmother's CPS history may not have been considered

The screening decision not to investigate the CPS referral received in March 2001, regarding one of the Ewell's children was not clearly inappropriate or unreasonable under the circumstances.¹² Although the referral stated concerns regarding the child, and alleged drug related criminal conduct in the home, the information provided did not specifically allege the abuse or neglect of a child.

As a result of this screening decision, concerns regarding substance abuse and criminal conduct in the home were never investigated. Additionally, consideration of Mr. Ewell as a potential caregiver for Sirita, erroneously concluded he had a clean slate with CPS. Although the CPT presentation summary briefly mentioned the March 2003 CPS referral regarding the father allowing Ms. Sotelo unsupervised access to his child, the summary states that there was a minimum level of risk in placing Sirita with her father, in part because he had "no apparent involvement with CPS concerning his own children." It is unclear if information regarding the 2001 referral was presented to the CPT.

¹¹ See, RCW 13.34.136(1)(b)(i); RCW 13.34.180(1)(d).

¹² Children's Administration Case Services Policy Manual, Section 2131(C) states: "The department shall investigate complaints of any recent act or failure to act on the part of a parent or caretaker that results in death, serious physical or emotional harm, or sexual abuse or exploitation, or that presents imminent risk of serious harm, and on the basis of the findings of such investigation, offer child welfare services in relation to the problem to such parents, legal custodians, or persons serving in loco parentis, and/or bring the situation to the attention of an appropriate court, or another community agency: Provided, that an investigation is not required of non-accidental injuries which are clearly not the result of a lack of care or supervision by the child's parents, legal custodians, or persons serving in loco parentis." See also RCW 74.13.031.

Pre-placement assessment and evaluation of the father and stepmother

The department did not fail to evaluate Mr. Ewell and his capacity to provide adequate care for Sirita prior to placing her in the Ewell's home. Mr. Ewell complied with a psychological evaluation, drug and alcohol assessment, and a home study, and no barriers were identified as to his ability to parent and provide care for Sirita.

Mrs. Ewell participated in the home study, and complied with a criminal background check, however the department did not seek further assessment or evaluation of her ability to care for Sirita. This was not clearly unreasonable under the circumstances, as the department lacked specific information or concerns that would have warranted further evaluation.

However, information presented during Mrs. Ewell's criminal proceedings described events from her personal history that clearly would have justified further assessment regarding her ability to care for Sirita. Specifically, Mrs. Ewell was reportedly abandoned by her own mother, abused by her drug-addicted father and raped as a child. Mrs. Ewell had her first child while in the ninth grade and by age 25, she was raising four of her own children, and 4-year old Sirita. Mrs. Ewell reportedly suffered from depression, post-traumatic stress syndrome and other mental difficulties.¹³ This information regarding Mrs. Ewell's own history of neglect, abuse and victimization as a child was not known by the department or explored prior to Sirita's placement in the Ewell's home.

Frequency of health and safety checks did not comply with existing policy

Although both CCS and CWS caseworkers conducted home visits after Sirita was returned home, these visits did not occur with the frequency or consistency required by then existing department policy. Sirita was placed in her father's and stepmother's home in November 2003. The CCS caseworker visited the home in December 2003, January 2004 and February 2004, in order to check on Sirita's health and safety. The CWS caseworker visited the home in May 2004. No further health and safety checks occurred after May 2004, even though the department was responsible for supervising this case for an additional 6 months.

Children's Administration Policy, in effect in 2003 -2004, required that during the first 120 days of a child being placed back in the home, contact with the child must occur at least twice a month for children age birth through five. These contacts must occur in the home and include a review of the physical environment, the child's sleeping arrangements, as well as observation of the parent-child interaction, and monitoring for problems with the child's physical development and injuries. One of the two contacts must be made by the caseworker. The second contact may include visits by a contracted service provider or other professional involved with the safety plan. After the first 120

¹³ Stepmother gets 8-1/2 years in girl's death, by Peyton Whitely, June 29, 2005, The Seattle Times; Woman Admits to Killing Little Sirita Sotelo, by April Zepeda, June 28, 2005, www.komotv.com/news/

days, children in this age range will be visited at least monthly. These contacts will include observation of the parent-child interaction and monitoring for problems with the child's physical development and injuries.¹⁴

Lack of services provided to Sirita and her father and stepmother

Based on our case review, the predominate area of concern was the lack of services to Sirita, her father and her step-mother following Sirita's placement in the Ewell's care. Caseworkers noted that support services were needed to assist the father and stepmother to address Sirita's behavior issues. These services, however, were not provided.

Sirita's different caregivers -foster parents, Ms. Sotelo, Mr. and Mrs. Ewell, all reported various behavioral problems. For example, case narratives from foster placement health and safety checks state: "The child is biting and scratching the other children and the foster parents. The child will throw her food to the floor. The child has pulled the hair of other children. She is throwing her toys as well. The child also has been throwing herself to the floor, banging her head on the wall. The child yells when the foster mother or father leaves the room." "Foster parents report difficult to manage behaviors after the child visits with her mother. The child is defiant"

A May 2003 CCS quarterly progress report describes Sirita as "a very shy child that doesn't do well with change. . . . Sirita is strong willed (sic) and wants everything her way and how she wants it. . . . Sirita is unyielding in her endeavors and is willing and able to test everyone around her."

Court declarations submitted by Ms. Sotelo describes numerous instances of Sirita's oppositional behavior, and her own frustration and difficulty coping with the child. As previously discussed, this culminated in a report of physical abuse of Sirita by Ms. Sotelo, in a department store restroom.

After Sirita was placed with the Ewells, the DCFS caseworker, the CCS caseworkers, and the guardian ad litem all documented the child's ongoing behavioral problems and the father's and stepmother's need for services. Specifically, counseling for Mr. and Mrs. Ewell, as well as a school assessment and counseling for Sirita were recommended. Case narratives indicate that the DCFS caseworker would explore counseling resources and funding, and that Mr. Ewell would seek a school assessment. There is no documentation that counseling services were provided, or that Sirita completed a school assessment. At her sentencing hearing, Mrs. Ewell stated that during the 14 months she cared for Sirita, conditions became more difficult for her day by day, and that she "asked multiple times for counseling, but it was never granted."¹⁵

¹⁴ Children's Administration Policy 01-02, Section IV (G)(1). (This policy went into effect on May 1, 2001 with a sunset review date of October 31, 2004. This policy has remained in effect.)

¹⁵ Stepmother gets 8-1/2 years in girl's death, by Peyton Whitely, June 29, 2005, The Seattle Times.

Moreover, other services, such as daycare or respite care, that could have assisted the Ewells and relieved stress on the child's caregiver, were not implemented.

RECOMMENDATIONS

Heightened assessment of non-parent adult caregivers in the home

After spending significant time in foster care and periods of reunification with her mother, Sirita was placed with a father and stepmother who had never provided for her care. Prior to this placement, the department conducted a home study, criminal background checks of both the father and stepmother, and a psychological evaluation of the father. There was no psychological or parenting assessment conducted of the stepmother even though it was reasonably expected that she would be a significant, if not primary, caregiver for the child.

Policymakers should require greater assessment of other adults in a parent's home, if it is likely that such person will be providing care for a dependent child on a regular basis. Stepparents or partners of a parent may be thrust into a position of providing daily care for a child with whom they are neither bonded nor related.¹⁶ Their ability to care for a child and their family background is relevant to assessing the child's safety and welfare in the home. A criminal background check of other adult caregivers, and a general home study are not sufficient to fully address these issues. At the very least, current home studies should specifically address in detail, the extent and nature of care provided by other adults in the home, examine bonding/attachment issues between the child and such adults, and explore whether further evaluation/assessments of an adult caregiver is warranted.

Revise and implement policy requiring regular health and safety checks for children returned to a parent's care

Children's Administration Practices and Procedures Guide establishes standards requiring caseworkers to conduct health and safety checks of children residing in out-of-home care.¹⁷ However, the current edition of the Practices and Procedures Guide is silent as to whether health and safety checks are required once a child is returned to a parent's care.

For children placed in out-of-home care, the Practices and Procedures Guide requires the assigned social worker to interview the child in face-to-face visits in the out-of-home care facility at least once every 90 days.¹⁸ The social worker must inquire of the child's caretaker about the health, safety, and emotional

¹⁶ Lack of attachment between child and caregiver, and a caregiver's ambivalence towards the child, are factors identified in previous fatality reviews. See, ZyNia Nobles Fatality Review, Rafael Gomez Fatality Review and Justice and Raiden Robinson Fatalities Review.

¹⁷ CA Practices and Procedures Guide, Section 4421

¹⁸ CA Practices and Procedures Guide, Section 4421(A)

wellbeing of the child. With non-verbal children, the social worker must particularly check and document the following areas of concern: how the child appears to be developmentally, physically, medically; how the caretaker responds to the child; whether the caretaker has appropriate in-home assistance, respite, and support; whether the caretaker appears attached to the child; and if there are others besides the primary caretakers with close contact with the child capable of appropriate behavior with the child.¹⁹

In 2001, Children's Administration implemented policy²⁰ requiring in-home contact with the child, twice a month, during the first 120 days of in-home placement, for children age birth to five. After the first 120 days, visits must occur at least monthly. Although this policy has remained in effect since 2001, these requirements have not been incorporated into either the Practices and Procedure Guide, or the Case Services Policy Manual. The absence of these requirements creates confusion as to whether health and safety checks for dependent children placed in a parent's home, are required.

Children's Administration reports that it is currently addressing policy issues regarding health and safety checks of dependent children in a parent's care, and is in the process of revising department manuals. The department should expedite these efforts and assure that caseworkers and supervisors are aware of existing requirements regarding health and safety visits. Moreover, requirements for in-home health and safety checks of dependent children returned to a parent's care incorporated in the revised manuals, should at least be as stringent as the current standards set forth in CA Policy 01-02.

Increase efforts to provide services once a child is returned to a parent's care

In addition to requiring regular and consistent, in-home contact between the caseworker and the child and parent, the department should increase efforts to provide services to a child and family once a child is returned home. Existing tools, such as safety plans and service contracts should be utilized to assure that families engage in appropriate services. The case record should specifically document steps taken to provide services.

State law requires that DCFS continue to supervise a case for a minimum of six months after a child is returned home before dismissing a dependency.²¹ This period provides the department with an opportunity to identify areas of concern regarding either the child or parent, and arrange appropriate services to strengthen family reunification/preservation. This case remained open with the department for 12 months after Sirita was placed in her father's care. As previously discussed, counseling services and a school assessment were identified, yet neither service was provided. Other services, such as respite care

¹⁹ Id. Section 4421(E)

²⁰ CA Policy 01-02. See Attachments.

²¹ RCW13.34.145(7)

may well have been appropriate under the circumstances. The department should continuously assess the need for and implement appropriate services, as long as a case remains open for supervision,

CONCLUSION

Sirita Sotelo was a dependent child, under state supervision for all but the last two months of her life. She entered state care after testing positive for cocaine following her birth. During the next three years, the department made several attempts to return Sirita to her mother's care. Although ultimately unsuccessful, these attempts at reunification appeared reasonable based on the mother's participation and progress in services, and were consistent with state law and agency policy.

For the first three years of this case, the father neither requested that Sirita be placed in his care, nor engaged in services or the case process. This created a significant delay in assessing his ability to care for Sirita and hampered the department's efforts to establish a permanent placement.

After conducting a reasonable assessment of the father, including a home study, criminal background check, drug/alcohol assessment and psychological evaluation, Sirita was transitioned into her father's and stepmother's home. The stepmother participated in the home study, but was not required to participate in a psychological evaluation or parenting assessment. The focus of a dependency action obviously falls on the child and parents. However, child safety concerns presented by other adults living in the parent's home may go undetected. In this case, the stepmother had a troubled past including her own abandonment and abuse as a child, yet these issues were unknown to the department. Policymakers should consider requiring greater scrutiny- such as a parenting assessment or psychological evaluation, when an adult, living in the parent's home, will be providing on-going care for the child.

Four home visits, in which the caseworker checked on Sirita's health and safety, occurred during the first six months of her placement with her father, and no in-home, health and safety checks occurred during the last six months of the department's supervision of this case. Department policy however, required twice a month contact during the first 120 days of her return home, and monthly visits thereafter. Although this policy has been in effect since 2001, it has not been incorporated in department manuals. Children's Administration is currently reviewing requirements for in-home health and safety checks for all dependent children. The department should expedite its efforts to revise and implement policy governing health and safety checks. Special attention should be given to health and safety checks following a child's return home as this is a critical period, and at a minimum, the department should incorporate the standards set forth in current CA policy.

Following Sirita's placement with her father, caseworkers identified a need for counseling to address Sirita's behavior issues and a school assessment. These services never occurred even though this case remained open with the department for a year after Sirita was placed in her father's care. Greater efforts should be made to engage families in appropriate services following a dependent child's return home. The period of case supervision following reunification provides an opportunity to identify child safety issues, stress or difficulties encountered by the child's caregivers, and implement services to strengthen families and protect children.

SIRITA SOTELO
CHRONOLOGY OF PLACEMENT EPISODES AND SIGNIFICANT
CASE EVENTS

DATE	PLACEMENT	CASE EVENT
02/12/00		Sirita Sotelo is born.
02/13/00		CPS referral received reporting that both mother and baby tested positive for cocaine.
02/14/00		Dependency petition filed.
02/15/00- 03/17/00	Foster Care	
03/17/00- 03/28/00	<i>Placed with mother</i>	
03/28/00- 04/06/00	Foster Care	
04/06/00- 08/03/00	<i>Placed with mother</i>	
08/03/00- 08/08/00	Foster Care	
08/08/00- 01/10/01	<i>Placed with mother</i>	
01/10/01- 03/07/01	Foster Care	
03/07/01- 01/09/02	<i>Placed with mother</i>	
01/09/02-11/21/03	Foster Care	
04/12/03		CPS referral received alleging physical abuse of Sirita by mother. Plan for increased visitation/transition to mother's care fails.
05/15/03		Petition for termination of parental rights filed.
05/2003		Father requests reunification services/placement.
05/16/03		Favorable home study completed of father and step-mother.
06/2003		Father completes Parenting classes.
09/15/03		Psychological evaluation of father completed.
11/12/03		CPT staffing held.
11/21/03	<i>Placed with father</i>	
12/08/03		Health and Safety home visit
01/26/04		Health and Safety home visit
02/03/04		Health and Safety home visit
05/14/04		Health and safety home visit
11/15/04		Dependency dismissed.
01/22/05		CPS referral received from law enforcement reporting suspicious death of 4 year old Sirita Sotelo.