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Office of the Inspector General

REDACTED REPORT

This report is being released by the OIG for teaching/training purposes. To ensure the confidentiality of all persons and service providers involved in the case, the names have been changed. All names, except for those of the professional references, are fictitious.

File No: 03-1865
Minors: Natasha Stewart DOB 3/03; DOD 5/03
Franklin Stewart DOB 9/90
Lamont Stewart DOB 3/02
Subject: Child Death

Introduction

Two-month-old Natasha Stewart died on May 2003. An intact family case was open at the time of her death. At 8:00 p.m. on May 14, Natalie Stewart, left her three children, 12 year-old Franklin, 14 month-old Lamont and two-month-old Natasha, in the one bedroom apartment of her paramour, Paul Fulton. The two infants slept on couch cushions on the floor of the bedroom on either side of the older brother Franklin who slept on the floor. Mr. Fulton slept on a pull out couch in the living room. At approximately 3:00 a.m. the next morning, Franklin awoke to find Natasha unresponsive next to him. He woke Mr. Fulton who told Franklin that Natasha appeared fine and they should go back to bed. Mr. Fulton left for work at 5:00 a.m. When Ms. Stewart arrived home at 5:30 a.m., she found Natasha unresponsive and went to her mother's home around the corner to call 911. When the paramedics arrived they found Natasha cold to the touch and transported her to the Arrington County Medical Examiner's Office, where she was pronounced dead. The Arrington County Medical Examiner's Office ruled the cause and manner of death as undetermined. An autopsy did not indicate a clear cause of death. The Office of the Inspector General (OIG) received notification of Natasha's death and initiated an investigation pursuant to its directive to investigate child deaths in which there was previous DCFS involvement.

Investigation

Sequence A Investigation

The Stewart family came to the attention of DCFS one year prior to the death of Natasha.[1] In March 2002, Ms. Stewart gave birth to her second child, Lamont, at Claiborne Park Hospital. The next day a hospital social worker reported to the State Central Register (SCR) that both mother and Lamont tested positive for cocaine. SCR opened an investigation for the neglect allegation Substance Misuse. That same day Child Protection Investigator (CPI), Graham Schultz, documented two in-person interviews at Claiborne Park Hospital. Mr. Schultz met with the reporter who told him that the baby did not show any signs of withdrawal. Mr. Schultz then spoke with a nurse assigned to the baby and observed Lamont in his incubator and appeared healthy. He offered no explanation in his note why the infant needed an incubator. The OIG reviewed Claiborne Park Hospital medical records and they did not corroborate Mr. Schultz's visit to the hospital on March 27.[2] Rather, hospital social work notes documented that staff contacted the SCR on March 29 because no one from DCFS had been to the hospital to see the baby or talk to staff. SCR staff stated that the investigator would be contacted. Claiborne Park Hospital discharged Ms. Stewart on March 29, 2002, but Lamont remained hospitalized until DCFS completed its investigation.

On April 4, 2002, Mr. Schultz met with the Stewart family at the maternal grandmother's residence. According to Mr. Schultz's notes, Ms. Stewart denied any previous involvement with DCFS. Ms. Stewart told the investigator that she did not receive prenatal care during her pregnancy. Mr. Schultz completed an Adult Substance Abuse Screen on Ms. Stewart and the maternal grandmother. Ms. Stewart reported she started using drugs a few years' earlier and used drugs a few times during her pregnancy. Ms. Stewart admitted to using more drugs than she intended to at times, using drugs or alcohol to get high, using drugs once or twice a week, having family members express concern about her drinking or drug use, and wondering if her drinking or drug use was becoming a problem. The maternal grandmother denied any use of drugs or alcohol. Mr. Schultz documented that the maternal grandmother had no knowledge of her daughter's drug use. Mr. Schultz interviewed Ms. Stewart's oldest child, 11 year-old Franklin who said everything at home was fine and he had never been abused or neglected. Franklin appeared to have appropriate height and weight, and had no observable scars or marks. Mr. Schultz completed the Child Endangerment and Risk Assessment Protocol (CERAP) and documented that the home contained clothes and milk for the baby and a crib in the front room. Mr. Schultz determined the home of the maternal grandmother was appropriate for Ms. Stewart and her children.

According to hospital records the reporter received a phone call from Mr. Schultz on April 5, 2002. Mr. Schultz gave verbal consent for Lamont to be released to his mother, Natalie Stewart.

[1] According to CYCIS, Natalie Stewart had an intact family case as a child. DCFS opened an intact family case for Jessica Stewart because of abuse. DCFS closed the intact family case on November 7, 1989, because the family did not participate in services. The documents relating to the specific nature of the abuse were expunged.

[2] Mr. Schultz's is no longer employed by the Department. The OIG was unable to locate him to arrange an interview.

On April 6, Claiborne Park Hospital discharged Lamont to his mother. The discharge plan included a referral for Lamont to be seen at Hoskins' High Risk Clinic for a heart murmur.

On April 10, Mr. Schultz conducted a LEADS and Soundex check for Ms. Stewart and the maternal grandmother. The results for both were negative. Mr. Schultz then contacted Ms. Stewart and informed her that the allegation of substance misuse had been indicated against her and an intact family case would be opened.

Intact Family Case April through August 2002

The Division of Child Protection referred the Stewart family to Lyndale Family Services for intact family services. According to CYCIS, Harriet Jacobs received the Stewart case on April 16, 2002. Over the next four months, Ms. Jacobs made ten visits to the home of the maternal grandmother to monitor the Stewart family. On three visits Ms. Stewart was not home and in one instance, the maternal grandmother told Ms. Jacobs that Ms. Stewart no longer lived there. At the last visit conducted by Ms. Jacobs, Ms. Stewart and her children lived with a friend.

Ms. Jacobs made her initial visit to the Stewart home the same day as case assignment. She wrote in a case note that while the living conditions with the maternal grandmother appeared safe and appropriate, Ms. Stewart needed assistance with housing. Ms. Jacobs did not document any discussion with Ms. Stewart about substance abuse assessment, drug treatment referrals, or urine drops. During her interview with the OIG, Ms. Jacobs said she did not know about Lamont's referral to Hoskins clinic for a possible heart murmur. Ms. Jacobs did not ask for or review the infant's discharge plan.

Ms. Jacobs noted that at the second visit, Ms. Stewart appeared anxious about starting a substance abuse program and receiving assistance with housing. Ms. Jacobs documented that she would not be able to assist Ms. Stewart with housing.[3] Ms. Jacobs told OIG investigators that Ms. Stewart had applied for Section 8 housing. Ms. Jacobs told Ms. Stewart that if she provided her with her Section 8 information then Ms. Jacobs could assist her because DCFS involvement would help speed up the housing process. However, Ms. Stewart never provided Ms. Jacobs with information about her application. Ms. Jacobs again discussed housing with Ms. Stewart during a visit on May 3, informing her that Lyndale Family Services could not assist with housing until Ms. Stewart completed her substance abuse assessment, which Ms. Stewart agreed to complete. During the OIG interview, Ms. Jacobs reported that the DCP worker recommended Ms. Stewart complete a substance abuse assessment. Ms. Jacobs stated that she referred Ms. Stewart to Midwest Alcohol and Substance Abuse (MASA) and that she focused on Ms. Stewart's need for substance abuse treatment.
During a home visit on May 24, Ms. Jacobs documented that Ms. Stewart missed her appointment for the drug assessment. The record did not reflect that Ms. Stewart gave a reason for missing the assessment or that Ms. Jacobs requested one. Ms. Jacobs rescheduled the assessment for June 14, 2002.

Ms. Jacobs completed a social history on May 27, 2002. Ms. Jacobs described Ms. Stewart as a 28-year-old African American woman who appeared 5'4" and weighed 170 pounds. She

[3] Ms. Jacobs did not document any specifics about the program referenced in the case note.

reported being the youngest of three girls. Her two older sisters resided in the area. She attended Mangan High School until she was expelled in her junior year. Ms. Stewart, 11 year-old Franklin and two month old Lamont resided with the maternal grandmother. The maternal grandmother and Franklin shared a bedroom and Ms. Stewart and Lamont slept in the living room. Ms. Jacobs told investigators that Lamont had a crib at the grandmother's home. Ms. Stewart received $248.00 a month in food stamps and reported being unemployed. Ms. Jacobs noted in the social history that Ms. Stewart wanted to keep her family together and agreed to cooperate in order to resolve her case with DCFS. She reported her drug of choice as marijuana laced with cocaine, but was trying to stay clean. Ms. Stewart planned to complete a substance abuse assessment and follow the recommendations.

Both children appeared appropriate for age and development. According to Ms. Stewart, eleven-year-old Franklin's chores included taking out the garbage, keeping his bedroom clean, washing the dishes, doing the laundry and ironing his own clothes. He attended the fifth grade and got C's and D's on his report card. Ms. Stewart stated that he did better when he applied himself. Ms. Stewart appeared bonded to her children and motivated to meet their basic needs.

Ms. Jacobs' assessment concluded that Ms. Stewart provided appropriate clothing and food for her family, and appeared capable of minimum parenting standards. Ms. Stewart agreed to cooperate with the agency in order to keep the family intact. Ms. Jacobs recommended that Ms. Stewart attend a substance abuse assessment and follow the recommendations, ensure an appropriate care plan for her children at all times and continue to meet the physical, educational, medical and emotional needs of her children.

The day before the drug assessment a colleague of Ms. Jacobs delivered bus passes to Ms. Stewart on June 13 for the assessment.

On June 28, 2002, Ms. Jacobs attempted to visit Ms. Stewart at the maternal grandmother's home. The grandmother informed Ms. Jacobs that Ms. Stewart no longer lived in her home and had moved in with a friend. The grandmother did not have an address for the friend. Ms. Jacobs told the OIG investigators that Ms. Stewart had a man she called her best friend and she went to stay with him. Ms. Jacobs stated that she usually left the children with the maternal grandmother.

Ms. Stewart phoned Ms. Jacobs on July 5 to report that she moved and missed her June 14 appointment with MASA. On July 10, Ms. Jacobs conducted a home visit with Ms. Stewart, Franklin and Lamont in the home of Ms. Stewarts' friend. She did not record the location of the home, composition of the household, or complete a background check on household members. The record did not reflect that Ms. Jacobs discussed a care plan for the children in the new home or the proximity of the residence to the maternal grandmother's.

By the following home visit on July 19, Ms. Stewart had moved back in with the maternal grandmother. During the visit, Ms. Stewart informed Ms. Jacobs that she could not remain with the maternal grandmother and she needed housing of her own. Ms. Jacobs documented that she told Ms. Stewart she was responsible for enrolling Ms. Stewart in drug treatment but not to assist with housing. On July 29, the maternal grandmother informed Ms. Jacobs that Ms. Stewart

moved in with a friend. Ms. Jacobs found Ms. Stewart at her friend's home and documented that Ms. Stewart appeared angry and stated that Franklin had problems at school, but Ms. Stewart refused any assistance from the worker in dealing with her son's school problems. Ms. Stewart agreed to attend a substance abuse assessment on August 2, 2002 at MASA. Again Ms. Jacobs did not complete an assessment regarding her living situation.

On July 31, 2002, Ms. Jacobs met with her supervisor to discuss the Stewart case. Ms. Jacobs documented that they planned to close Ms. Stewart's case if she did not attend her third appointment with MASA. Ms. Jacobs, during her interview with OIG investigators, said she did not feel that the children were at risk because they had the maternal grandmother for support. However, according to the file, the family did not live with the maternal grandmother at this time.

Ms. Stewart did not attend the substance abuse appointment scheduled for August 2. During Ms. Jacobs final home visit, she noted that the mother did not attend the assessment because her son had problems, she needed housing and she did not have time for services. At this point, Ms, Jacobs informed Ms. Stewart that her case would be closed with DCFS. On August 9, 2002, Ms. Jacobs completed a termination summary for case closure documenting that Ms. Stewart had not participated in services, missed all appointments with MASA, and did not follow through with treatment.[4] Ms. Stewart reported that she received financial assistance from a friend and that her substance abuse problem was under control. According to CYCIS, DCFS closed the intact family case of Natalie Stewart on August 12, 2002. Ms. Jacobs told the OIG investigators that she believed it was a good idea to close the case because Ms. Stewart did not cooperate with services. She did not consider screening the case in because she felt the children were safe with the maternal grandmother.

Sequence B Investigation

On September 4, 2002 an anonymous caller reported to SCR that Ms. Stewart left her children with 93 year-old Pearl Everett, who could not care for the two children because of her physical limitations. Additionally, the Department on Aging investigated Ms. Stewart for abusing Ms. Everett.[5] SCR accepted the report and opened an investigation for Inadequate Supervision (#74). On September 5, 2002, Child Protection Investigator Michelle Robbins attempted to visit Ms. Stewart at the home of Pearl Everett. Ms. Robbins interviewed 93-year-old Pearl Everett, Ms. Stewart's great, great paternal grandmother. Ms. Everett reported that Ms. Stewart and her two children moved in about three weeks ago, but were not home. Ms. Everett stated that Ms. Stewart could not live with her for long and she only took her in because she felt sorry for her. Ms. Everett described Ms. Stewart as disrespectful, had a bad temper and "on drugs bad." Ms. Everett recalled that on three separate occasions, Ms. Stewart left the crying baby with her overnight with no care plan. Ms. Everett reported that she never agreed to baby-sit Lamont because it was "too nerve wrecking." Ms. Stewart had not assisted with any expenses in the home including money for utilities or food. Ms. Robbins requested that Ms. Everett have Ms.

[4] The case record reflected the only service referral made by Ms. Jacobs was the substance abuse assessment at MASA.

[5] The OIG attempted to corroborate the investigation with the Department on Aging but was unable to confirm their involvement.

Stewart contact her. Later in the afternoon of September 5, Ms. Stewart contacted Ms. Robbins by telephone. Ms. Stewart reported that she planned on living with Ms. Everett temporarily, and agreed to meet with Ms. Robbins on September 9, 2002.

Ms. Robbins met with Ms. Stewart and her two children at Ms. Everett's home on September 9, 2002. During the visit, Ms. Robbins provided Ms. Stewart with information about the allegations and her rights as a named perpetrator. Ms. Robbins completed an Adult Substance Abuse Screen and a Domestic Violence Screen. Ms. Stewart denied any current substance use or any issues of domestic violence. Ms. Stewart admitted to leaving both of her children with Ms. Everett overnight. Ms. Robbins discussed housing issues and the Department's policy involving homeless families. Ms. Stewart did not have a stable source of income and did not want to live in a shelter. She reported to Ms. Robbins that she scheduled an appointment with the Department of Human Services (DHS) on September 11 for assistance. Ms. Stewart agreed to be transported to the fifth district police station for assistance with DHS emergency shelter.

Ms. Robbins interviewed two collateral contacts on September 9, 2002. Arnold Stewart, maternal grandfather, lived in the basement of the home of Pearl Everett. Mr. Stewart stated that his daughter could not stay with him at this time. Ms. Robbins then contacted Mrs. Pennington, a neighbor of Pearl Everett. Mrs. Pennington stated that Ms. Stewart abused Ms. Everett. On several occasions, Ms. Stewart shoved, pushed, threatened and cursed Ms. Everett. The police had been called at least four times to have Ms. Stewart removed from the home of Ms. Everett. Mrs. Pennington reported that she filed the report because Ms. Everett wanted Ms. Stewart to leave.[6] The investigator documented that Mrs. Pennington believed Ms. Stewart was a crack addict and would eventually assault Ms. Everett.

On September 10, 2002, Ms. Everett called Ms. Robbins. She told the investigator that Ms. Stewart returned to her home three separate times on September 9 to get back in the apartment. The record did not indicate if Ms. Stewart also brought her children to Ms. Everett's home. Ms. Everett called the police and they transported Ms. Stewart somewhere. Ms. Everett confirmed that Ms. Stewart had pushed and cursed her before.

On September 11, Ms. Robbins spoke with Beth Davidson from DHS. Ms. Davidson reported that police from the fifth district brought Ms. Stewart, Lamont and Franklin to the shelter the night before. Shelter staff expressed concern about the mother's mental health and her ability to function.

On September 13, Ms. Robbins met with her supervisor, Tamika Buells, to discuss the Stewart case. According to the investigative note, Ms. Stewart sought an alternative shelter placement because she was unhappy with the conditions at the shelter. Ms. Buells advised Ms. Robbins to determine the mother's eligibility for Norman assistance and assess the needs of the family for appropriate services.

[6] Ms. Robbins did not document what type of report Mrs. Pennington made. The reporter that initiated the Sequence B investigation requested to remain anonymous.

Ms. Stewart left a voicemail message for Ms. Robbins on September 17, 2002 to inform her that she had moved back in with the maternal grandmother. She planned to stay with the maternal grandmother during the week and a shelter on the weekends.

Two weeks later (October 1, 2002) Ms. Robbins contacted the Muir Shelter regarding Natalie Stewart. The shelter worker told her that the Stewarts left the shelter on September 13, two days after their arrival, and never returned. The shelter worker reported that during her stay, Ms. Stewart disrupted occupants and did not cooperate with staff. Ms. Stewart left no forwarding address with shelter staff.

The following day, Ms. Robbins attempted to locate Ms. Stewart at the home of the maternal grandmother. Both children were staying there, but the maternal grandmother did not know Ms. Stewart's whereabouts. Ms. Robbins documented in her investigative note that Lamont and Franklin were being fed and properly cared for by the maternal grandmother. Ms. Robbins requested that the maternal grandmother have Ms. Stewart contact her when she came home.

On October 2, Ms. Robbins made three collateral contacts in an effort to locate Ms. Stewart. The Department of Human Services did not have an address for Natalie Stewart and informed Ms. Robbins that Ms. Stewart never followed through with re-applying for assistance. Ms. Robbins contacted Riboulet Elementary School staff to verify Franklin's school enrollment. Riboulet staff informed Ms. Robbins that Ms. Stewart picked-up documents to have Franklin enrolled in a different school. Lastly, Ms. Robbins spoke with Pearl Everett regarding the possible whereabouts of Ms. Stewart. Ms. Everett stated that Ms. Stewart had moved in with her sister in a neighboring town.[7] Ms. Everett did not have any further information.

Ms. Stewart contacted Ms. Robbins on October 3. Ms. Stewart informed Ms. Robbins that she and her children moved in with her sister in a neighboring town. She enrolled Franklin in school, but still required assistance with housing because her sister's husband told them they could not live there. Ms. Robbins documented that she would request that Ms. Stewart's relatives allow her to stay for two weeks so intact services could be initiated. Ms. Robbins followed up with Ms. Stewart's sister one week later, on October 8. Her sister stated that Ms. Stewart did not do enough to better her situation and she stayed out late at night with Lamont. The sister stated that Ms. Stewart had to move out of the home by October 11, 2002.

On October 9, 2002, Ms. Robbins closed the Sequence B investigation with an indicated finding of Inadequate Supervision against Ms. Stewart and forwarded the case to be opened for intact services. Ms. Robbins based her decision on Ms. Stewart's admission of leaving the children in the care of Ms. Everett while failing to secure a care plan for the children.

<u>Intact Family Case October 2002-May 2003</u>

[7] Ms. Robbins did not document any identifying information about Ms. Stewart's sisters in her investigative note.

On October 10, 2002, Whitcombe House Intact family program received the Stewart family case. According to CYCIS, Angela Sims received the Stewart case on October 11.[8] On October 15, Ms. Sims and Ms. Robbins met with Natalie Stewart in her sister's home. According to Ms. Sims' case note, Ms. Robbins discussed the case with Ms. Sims and then left the home. Ms. Sims completed a Child Endangerment Risk Assessment Protocol (CERAP) that documented Ms. Stewart provided her children with food and clothing and met their educational and medical needs. Ms. Sims did not see Franklin as he was at school. Franklin was in the sixth grade at Bective Elementary School. She noted that Ms. Stewart requested assistance with finding a job, finances, and housing. Ms. Sims made two subsequent visits with the Stewart family in October. On both visits she documented that the children appeared fine.

On October 24, 2002, Ms. Sims received a phone call from Ms. Stewart's sister. Ms. Stewart's sister did not feel that Ms. Stewart would do the right thing so she asked her to leave her home. The sister told Ms. Sims that Ms. Stewart moved in with the maternal grandmother.

Ms. Sims visited the home of the maternal grandmother on October 28. The maternal grandmother assured Ms. Sims that Ms. Stewart could reside in her home as long as necessary. Ms. Sims completed the CERAP and determined the home of the maternal grandmother safe for Ms. Stewart and her two children. The apartment's living room would be used as sleeping quarters for Ms. Stewart and Franklin, while Lamont would stay in the bedroom with the maternal grandmother. Ms. Sims noted in her case note that the home did not have a crib for Lamont, and requested that the family try to get one. One week later, Ms. Sims transported Ms. Stewart, Lamont and Franklin to the sister's home to retrieve their possessions. Ms. Sims noted that she had no room in her car to transport the baby bed and other arrangements would have to be made. Ms. Haynes told OIG investigators that the family had an infant carrier for Lamont to sleep in until they acquired a crib. Ms. Haynes stated that she did not consider Norman Funds for Ms. Stewart because the maternal grandmother worked and the family had resources. On November 7, Ms. Sims transported Ms. Stewart and her children to a doctor's appointment to update Lamont's immunizations. Ms. Stewart agreed to enroll her son in WIC the following day.

The case record contained a Client Service Plan dated November 10, 2002 with a goal of remain home. The narrative documented that the Stewart family came to the attention of DCFS because of inadequate supervision of Franklin and Lamont, severe drug use and homelessness. The family required assistance with housing, enrolling Franklin in school, enrollment with the Department of Human Services, employment, and enrollment in WIC. Ms. Sims noted that appropriate services would include Ms. Stewart attending counseling and drug treatment. Ms. Stewart's tasks included cooperating with DCFS, and providing proper care for her children. One task specifically pointed out Franklin's need for school enrollment. Ms. Stewart was to search for a school located in her neighborhood, register Franklin and comply with school recommendations. The worker would assist where needed. The service plan included for Ms. Stewart to attend counseling, "to be arranged." The plan did not require random urine screens or tasks for the worker regarding substance abuse treatment referrals.

[8] The Office of the Inspector General could not interview Angela Sims because Whitcombe House terminated her employment in July 2003. Gloria Haynes informed OIG staff that she did not know the current whereabouts or employment of Ms. Sims. Ms. Sims was not listed

During a home visit made by Ms. Sims on November 14, Ms. Stewart requested assistance with enrolling Franklin in school. Ms. Sims transported Ms. Stewart and her children to Musgrave Elementary. They enrolled Franklin in school under homeless status and he began school that day. Ms. Sims met with her supervisor, Gloria Haynes, later that day to discuss the Stewart case. Ms. Haynes recommended that the worker have Ms. Stewart drug tested, make a referral for substance abuse assessment, assist with employment and link her with a housing agency.

One week later, Ms. Sims picked up Ms. Stewart for a random urine test and she tested positive for cocaine. This was the only time that Whitcombe House referred Ms. Stewart for a urine drug test. After the test, Ms. Sims took Ms. Stewart to the WIC office to enroll Lamont. Ms. Stewart exclaimed to Ms. Sims "this was too much and that I can't do it alone." When Ms. Sims returned Ms. Stewart home, she visited separately with Franklin who reported everything as fine. Over the next three weeks, Ms. Sims attempted to visit Ms. Stewart each week. On each visit, the maternal grandmother informed Ms. Sims that Ms. Stewart was not at home. Ms. Sims requested that Ms. Stewart contact her when she returned home. The file did not indicate if Ms. Sims saw the children during these visits.

On December 10, 2002, Ms. Sims returned to the maternal grandmother's home.[9] During the visit, Ms. Stewart informed the worker that she was pregnant and had been hiding it from her. Ms. Stewart admitted that she had not planned to keep the baby. Ms. Stewart told her worker that she could not provide for the two children she had and that she had been using drugs. At this point, Ms. Sims informed Ms. Stewart that if she gave birth to a substance-exposed infant, it was likely that the children would be removed from her care. Ms. Sims suggested locating a treatment program that would admit her during her pregnancy. Ms. Stewart agreed and stated that she needed to do something, "I really feel like I don't want to live." Ms. Sims documented in her case note, that she told Ms. Stewart "this (pregnancy) is a blessing." Ms. Sims agreed to locate a program and made Ms. Stewart promise, "not to do anything drastic." This is the first time that Ms. Sims documented a conversation with Ms. Stewart regarding drug treatment. Ms. Sims did not explore with Ms. Stewart the identity of the father.

Ms. Sims made a visit three days later (December 10) to check on Ms. Stewart. Ms. Stewart related that she just "did not know if her kids would be better off without her." Ms. Sims encouraged Ms. Stewart to continue to work (on recovery) and that if she got into treatment things would change. Ms. Sims found a treatment center for pregnant women, but did not have the information with her that day. She planned to bring the information to the next visit.

One week later on December 20, 2002, Ms. Sims visited the maternal grandmother's home. Ms. Stewart and Lamont were present for the visit. Lamont appeared healthy and active. During the visit, Ms. Sims discussed the pregnancy with Ms. Stewart and recommended prenatal care. Ms. Stewart stated she did not want another boy and she did not know if she wanted to keep the baby. Ms. Sims documented in her case note that "I informed her that I was believing in God that it was going to be a girl." Ms. Sims documented that she felt that her statements provided Ms. Stewart with hope and that Ms. Stewart may change her mind about her plans to give up the child. The record did not indicate that Ms. Sims ever discussed alternatives with Ms. Stewart. In her interview with the OIG, supervisor Gloria Haynes told investigators that Ms. Sims did not

[9] Ms. Sims had not seen the family in the last 30 days.

inform her of Ms. Stewart's pregnancy until just prior to her giving birth. Additionally, if Ms. Haynes had been aware of the severity of Ms. Stewart's suicidal ideation, she told OIG investigators she would have instructed Ms. Sims to take Ms. Stewart to an emergency room for hospitalization. Ms. Haynes stated that she did not always review Ms. Sims' case notes. After the death of Natasha, she reviewed Ms. Sims' notes and found that the worker was enmeshed with her client and had withheld information about the seriousness of Ms. Stewart's mental health and cooperation with services.

Three days later, Ms. Sims made another visit to the home to gather information for a social history. During the visit, Ms. Stewart informed Ms. Sims that the medical card came in the mail and she planned to go to the doctor for prenatal care. Franklin had been in three fights at school and needed tutoring. The sleeping arrangements for the family included Franklin sleeping on one couch in the living room and Ms. Stewart and Lamont sleeping on the other couch.[10] Ms. Stewart reported that she disciplined her children by taking away toys, making Franklin do homework and spanking. Ms. Stewart completed the eleventh grade and had previously been employed as a cashier. Ms. Stewart admitted to having a problem with severe depression and using drugs to deal with depression. Ms. Stewart reported using marijuana laced with cocaine and described her use as social. The tasks outlined in the social history for Ms. Stewart included getting updated medicals for her children, applying for DHS assistance, prenatal care, enrollment in WIC, participation in drug treatment and counseling. Once financial assistance became available, the worker would assist with housing. Ms. Sims completed and signed the social history that day. She also updated the client service plan adding a task to address Ms. Stewart's pregnancy. Ms. Stewart would maintain the appointments scheduled by doctor and take prescribed medication for the baby. The worker would monitor appointments.

At a supervision meeting on December 26, Ms. Sims reported to her supervisor that she transported Ms. Stewart to get birth certificates and shot records for both children. Ms. Sims' supervisor instructed her to stop transporting the mother, and to encourage Ms. Stewart to use her own resources. Ms. Haynes noted that Ms. Stewart tested positive for illegal drugs and had not obtained prenatal care. The supervision notes did not contain any discussion regarding drug treatment for Ms. Stewart or the need for additional random urine screens. Later that day, Ms. Sims made a visit to see Ms. Stewart. Ms. Stewart informed her that she had not seen the doctor because of insurance difficulties.[11] Ms. Sims attempted to schedule an appointment for Ms. Stewart at the Board of Health, but wrote she could not get her an appointment because of her lack of income.

On January 8, 2003, Ms. Sims made a home visit. Both children were home and appeared to be doing fine. Ms. Sims encouraged Ms. Stewart to get into drug treatment. Ms. Stewart stated, "the struggle was too hard and (she) could not take much more." Ms. Stewart admitted to needing drug treatment, but did not know where to start. Ms. Sims gave her contact information for the Mother's Assistance and Training Program (MATP). Ms. Stewart stated that it would be difficult for her to call because she did not always have money to use the phone. Later that day,

[10] The social history did not discuss the family's need for a crib or why the sleeping arrangements for Lamont changed. Lamont had been sleeping in his grandmother's room.
[11] Ms. Stewart had Medicaid benefits for healthcare.

Ms. Sims contacted the MATP on behalf of Ms. Stewart. According to staff, Ms. Stewart needed to call so a phone interview could be completed.

Ms. Sims reported to her supervisor on January 17, 2003 that the home of the maternal grandmother was clean, safe and appropriate. Ms. Sims "transported Ms. Stewart to the doctor despite the supervisors instructions not to." Ms. Stewart had not seen a physician for prenatal care, or contacted MATP for a phone interview or transferred her public aid benefits to an office in the city. Ms. Haynes noted that she instructed Ms. Sims to continue to monitor Ms. Stewart's treatment progress and prenatal care and "worker by no means should assist mother with switching her public aid."

Ms. Sims next spoke with Ms. Stewart on February 7, 2003, during a home visit. On four previous home visits (January 15, 22, 29 and February 3), Ms. Stewart was not at home. Ms. Stewart had not yet seen a doctor for prenatal care. Ms. Sims recommended that Ms. Stewart go to the emergency room at Arrington County because the referral from her primary care physician took too long. Additionally, Ms. Stewart had not followed through with contacting MATP for a phone interview. Ms. Sims again encouraged the mother to enroll in drug treatment. Ms. Stewart admitted to depression and drinking alcohol two nights ago. Ms. Sims gave Ms. Stewart the contact information for MATP again and stated, "this is serious now." The file did not reveal what had changed to suggest Ms. Stewart could make a phone call for help.

On February 11, Ms. Sims arrived at the home of the maternal grandmother to transport Ms. Stewart to the doctor for prenatal care. The maternal grandmother told Ms. Sims that her daughter was sleeping and told her to come back another time. Ms. Sims planned to return next week to take Ms. Stewart to the doctor on February 17. However, review of the case record showed that Ms. Sims never transported Ms. Stewart to the doctor. That same day, Ms. Sims had supervision regarding the Stewart case. Franklin's report card reflected that he did well in school. Ms. Stewart had not completed any of her tasks regarding prenatal care, enrollment in drug treatment or transfer of her public aid benefits. The supervisor instructed Ms. Sims to explore prenatal care at South Shore Clinic and to continue to monitor the mother's progress.

The next home visit by Ms. Sims occurred on February 14, 2003. She documented that both minors appeared to be doing well. Ms. Stewart had not followed through with obtaining prenatal care. Ms. Stewart continued to state that she did not know if she wanted to keep her baby. Ms. Stewart told the worker that she felt like she was being punished for disobedience and "I know what I doing is wrong it like the devil is just riding me [sic]." Ms. Sims documented that she encouraged Ms. Stewart to use common sense and make good decisions.
On February 20, Ms. Sims attempted a home visit, but no one answered the door. She made a visit to the home one week later. At the visit, Ms. Stewart informed the worker that she had seen a doctor and could be due in a couple of weeks. Ms. Sims did not ask Ms. Stewart for information about her doctor to corroborate information. Ms. Stewart said "I can't do much now, especially since I know that I can drop this load at any time." Ms. Sims encouraged Ms. Stewart to get into a substance abuse treatment program.

Ms. Sims made a home visit on March 5, 2003 noting that both children appeared fine. Ms. Stewart told the worker that she had been using and she did not know if she wanted to have the

baby. Ms. Sims offered to locate professional counseling for Ms. Stewart and encouraged her not to use drugs as a crutch and to comply with treatment. Ms. Sims informed Ms. Stewart that her supervisor instructed her to screen the case if she gave birth to a substance exposed infant. On a home visit one week later Ms. Stewart reported having run out of food stamps and being more than certain her baby would be born substance exposed. Ms. Sims told her it was not too late to go into treatment. Ms. Stewart resisted the idea of in-patient treatment and wanted to know if outpatient treatment would be an option. Ms. Sims told Ms. Stewart that outpatient treatment would not be appropriate.

During a home visit on March 14, the maternal grandmother reported Ms. Stewart could not remain in her home. Ms. Stewart said that her mother wanted her out because she did not provide food stamps. Ms. Stewart refused to go to a shelter or inpatient drug treatment. Ms. Sims requested the family inform her of the date when the maternal grandmother wanted Ms. Stewart and the children out of her home.

Ms. Sims staffed the Stewart case with her supervisor on March 17, 2003. Ms. Haynes documented the mother admitted to drug use in the past, but reported not using recently. Ms. Stewart had medical cards, but no source of income for the family. The supervisor recommended that if she gave birth to a substance-exposed infant, temporary custody should be taken. The supervisor instructed Ms. Sims to explore the whereabouts of the natural father and possible relative placements for the children.

On March 19, Ms. Sims made a visit to the home of the maternal grandmother. Franklin answered the door and informed her that his mom had a baby girl. Ms. Sims documented that the maternal grandmother's paramour informed her that Ms. Stewart had the baby at Claiborne Park Hospital, but to call the maternal grandmother for verification.[12] The following day Ms. Sims contacted Claiborne Park Hospital, which had no record of Ms. Stewart. Ms. Sims returned to the maternal grandmother's home. Ms. Stewart was home and informed Ms. Sims that DCFS would not release the baby to her because she was born drug exposed. The worker encouraged Ms. Stewart to enroll in substance abuse treatment. Ms. Stewart agreed to because "I can't lose my kids, they are all I have."

Sequence C Investigation

On March 19, 2003, a social worker from Claiborne Park Hospital called SCR to report that Ms. Stewart and her baby girl tested positive for cocaine. Ms. Stewart admitted to drug use four days prior to birth. The Division of Child Protection assigned CPI Antonio Foley, who visited the hospital the following day. The hospital social worker reported that mother and baby tested positive for marijuana and cocaine. The mother admitted to smoking marijuana laced with cocaine four days prior to the birth of her daughter. According to the social worker, the hospital discharged Ms. Stewart the previous day. The baby was not medically ready for discharge. Mr. Foley noted that the child appeared to be alert and exhibited no signs of discomfort. The reported gestation was 39 weeks. During the visit, Mr. Foley spoke with the infant's nurse, who reported the baby did not exhibit any withdrawal symptoms, and had a good appetite with good

[12] The case record did not contain any information regarding the identity of the maternal grandmother's paramour or if he lived in the home.

sleep patterns. She weighed 5lbs. 14 oz. at birth. That same day the investigator attempted a visit at the address Ms. Stewart provided to the hospital and that appeared on the public aid screen. No one answered the door.

The following day, March 20, CPI Foley made a visit to the home of Pearl Everett for information on the whereabouts of Ms. Stewart and her children. Ms. Everett confirmed the address Ms. Stewart gave the hospital, which was the home of the maternal grandmother. The investigator made a second attempt to visit the mother at her residence. A woman, who identified herself as Ms. Stewart's sister, would not let the investigator into the home. She did confirm the home as the residence of Ms. Stewart and her children. The investigator left a sealed envelope with information in the door of the home.

Later that afternoon, Mr. Foley spoke with Ms. Sims. He informed the worker that Ms. Stewart gave birth to a substance-exposed infant. Ms. Sims reported that she referred Ms. Stewart to drug treatment two weeks prior to the birth of the infant. The mother admitted to Ms. Sims that she used drugs during her pregnancy. Ms. Sims informed him that she had a good rapport with the mother and knew she wanted help. The worker and the investigator agreed to meet at the home of the maternal grandmother that day.

At the home of the maternal grandmother, Ms. Stewart told the investigator that she used marijuana laced with cocaine at least once a week during her pregnancy, once four days prior to the birth of her baby. Ms. Stewart also stated that she used drugs four days ago, after being released from the hospital. She reported being depressed that she had "two children and one on the way." She identified the maternal grandmother as her support system and agreed to go into treatment. In Ms. Sims' case note she documented that Mr. Foley stated the only chance Ms. Stewart had to maintain custody of her children would be to enroll in inpatient substance abuse treatment. However, Mr. Foley did not even know if that would prevent Ms. Stewart's children from being taken into DCFS custody. After Mr. Foley left, Ms. Sims contacted Mother's Assistance and Training Program and Ms. Stewart completed the phone interview. The intake worker at MATP informed Ms. Stewart that if she planned to bring her children with her, all of their shots needed to be up to date and she should bring the infant's discharge papers from the hospital.

On March 24, CPI Foley met with Franklin's teacher, who reported that he did well in school, had no behavior problems and appeared to be in good spirits. He reported to his teacher that his mother had a baby and he was excited. During his visit to the school, Mr. Foley interviewed Franklin. He reported that things at home were going well, he liked living with his mother, grandmother and brother and he looked forward to his new baby sister coming home from the hospital. He told the investigator that his mother took care of him. The investigator documented that Franklin was dressed appropriately and appeared to be healthy and in good spirits.

The following day Mr. Foley met with the maternal grandmother. She reported that she knew her daughter had a drug problem and that she used during her pregnancy. The maternal grandmother reported being willing to assist her daughter and to care for the children until Ms. Stewart got back on her feet.

On March 26 Ms. Sims spoke to CPI Foley. She informed him that Ms. Stewart qualified for inpatient treatment. The program allowed children, so if the hospital discharged the baby to Ms. Stewart, she could take her to the program. The maternal grandmother agreed to care for the children if it was not possible for them to go to MATP.

On March 27, 2003 Ms. Sims made a visit to the home of the maternal grandmother. During the visit, Ms. Sims spoke with CPI Foley. He stated the mother could pick-up infant Natasha from the hospital. The investigator requested that the worker call him when the mother entered treatment. Ms. Sims took Ms. Stewart to Claiborne Park Hospital to pick-up Natasha. Then Ms. Sims transported the family to a clinic to update Lamont's immunizations. The following day Ms. Sims followed up with Ms. Stewart to ensure that Lamont's immunizations had been updated. The shot records did not have a physician's signature, so Ms. Sims took them back to the clinic for the appropriate signatures. Ms. Sims then faxed the documents to MATP. Later that afternoon, MATP called Ms. Sims and informed her that Ms. Stewart could come to inpatient treatment on Monday morning at 6:30 a.m. Ms. Sims arranged to pick up Ms. Stewart on Monday morning at 5:45 a.m.

On March 28, Mr. Foley and his supervisor conducted a conference call with the intact family supervisor, Ms. Haynes, and expressed their concern about the mother never completing a task without the worker's assistance. They concluded that Ms. Stewart could enter treatment with Natasha and Lamont. Franklin would remain with the maternal grandmother who agreed to the care plan. If Ms. Stewart did not comply with treatment or the client service plan then the CPI would screen the case with the State's Attorney's Office and request temporary custody be granted to DCFS.

Mother's Assistance and Training Program

When Ms. Sims arrived at the maternal grandmother's home on Monday morning, Ms. Stewart was not at home and the children were asleep. Natasha slept with the grandmother and not in a crib. The worker informed the maternal grandmother of the dangers of sleeping with an infant and stated she would look into funds for a baby bed. In the meantime, the worker suggested the family have Natasha sleep in the infant carrier. Ms. Sims awoke the children and began to get them ready. Ms. Stewart arrived home and told her worker that she still wanted to get into treatment. Ms. Sims informed Ms. Stewart that if she could not get into treatment today, the children would be taken into protective custody. Ms. Sims transported Ms. Stewart, Natasha and Lamont to MATP. MATP staff informed Ms. Sims that Ms. Stewart could not have visitors the first week and anything that needed to be dropped off could be left with staff and they would get it to Ms. Stewart.

On April 8, 2003, one week after Ms. Stewart entered treatment, Ms. Sims spoke with a worker from MATP. The worker informed Ms. Sims that Ms. Stewart did not want to stay in treatment. MATP requested that Ms. Sims attend a staffing. Ms. Stewart told staff that treatment was too much for her and she wanted to know about her options. Ms. Sims documented in her case note that she would staff this case with her supervisor for direction. However, the case record did not indicate that Ms. Sims spoke with her supervisor regarding the matter.

Ms. Sims attended the staffing for Ms. Stewart on April 10 to discuss the problems Ms. Stewart had with the program. Ms. Stewart refused to follow rules and allowed her children to sleep with her. MATP's policy did not allow mothers to sleep in the same bed as their children because of the danger associated with this practice. Ms. Stewart did not want to stay in treatment for 90 days and failed to complete her assignments. Ms. Stewart would not allow her children to go to daycare, so she did not have any time to herself to complete her tasks. Ms. Sims stated that Ms. Stewart has always slept in the same bed as her children and she knows that she can be a handful, but she was a "good kid" and needed some help. At the end of the meeting, Ms. Stewart agreed to not sleep with her children. Ms. Stewart questioned the need for her to be in treatment for 90 days. Ms. Sims and MATP staff agreed to allow Ms. Stewart to remain in the facility for 30 days and then to re-staff the case.

Ms. Sims made her next visit to Ms. Stewart at MATP on April 17 to transport her and the children to the doctor. During the visit to the doctor, Ms. Stewart informed Ms. Sims that MATP wanted to discharge her because she had an altercation with a staff member. When they arrived back at MATP, Ms. Sims met with staff to discuss Ms. Stewart's case. The MATP counselor stated they seriously considered discharging Ms. Stewart. Ms. Sims convinced staff to continue to allow her to stay because Ms. Stewart wanted help.

On April 22, Ms. Sims visited Franklin in the home of the maternal grandmother. Ms. Sims had attempted a previous visit three weeks ago, but Franklin was not home. He appeared well groomed and stated he missed his mother, but knew that he was not allowed to visit his mother at MATP. Ms. Sims told him that she would see what she could do about arranging a visit with the family.

On April 24, Ms. Sims transported Ms. Stewart to the DHS office to check on the status of her public aid case. She then took the mother to Franklin's school for a visit. The following day, Ms. Sims staffed the case with her supervisor. Ms. Haynes documented that Ms. Stewart did well in treatment. The record did not reflect that Ms. Haynes knew about Ms. Stewart's problems at MATP. Ms. Stewart's public aid case had been transferred to the city and she would receive food stamps and TANF.

On May 4, 2003, Ms. Sims received a message from staff at MATP that Ms. Stewart would be discharged that day. The worker discussed the situation with the MATP counselor who reported that Ms. Stewart cursed at staff, which was not allowed. Ms. Sims then spoke with the Program Director who reiterated that they planned to discharge Ms. Stewart. The Program Director requested a staffing with the worker and her supervisor. MATP would supply Ms. Stewart with bus passes for transportation home. Ms. Sims then contacted her supervisor and told her about MATP's plan to discharge Ms. Stewart that day. The supervisor instructed Ms. Sims to document her conversation with MATP staff and "we could deal with this when Ms. Sims returned from vacation." Ms. Sims told her supervisor that she felt Ms. Stewart would be okay for a week. Ms. Haynes informed the OIG investigators that she spoke to the maternal grandmother who reported that she picked up Ms. Stewart and the children from MATP. Ms. Haynes stated that they did not assess the children at risk because they believed that Ms. Stewart and the children would stay with the maternal grandmother. Ms. Haynes and Ms. Sims did not

arrange a care plan with the maternal grandmother after Ms. Stewart left MATP. Ms. Haynes told the OIG investigators that she felt the children would be safe with the grandmother because they always had been in the past.

After returning from vacation, Ms. Sims attempted to visit Ms. Stewart on May 12, 2003, eight days after her discharge from MATP. No one answered the door at the maternal grandmother's home. Ms. Sims made another attempt to visit Ms. Stewart two days later. The maternal grandmother's paramour informed the worker that Ms. Stewart and her three children were out. Natasha Stewart died the next day, May 15, 2003, at the home of Ms. Stewart's paramour, 11 days after her mother left treatment.

Sequence D Investigation

The Police Department made a hotline call on May 15, 2003 to report the death of two-month-old Natasha. According to the police officer, Ms. Stewart appeared under the influence of something during their conversation. The SCR accepted the report and Cheryl Phillips began the investigation that day by seeing Lamont at the home of the maternal grandmother. Ms. Phillips found Lamont home alone with a wet diaper and a runny nose. The maternal grandmother reported that she left the child home alone for a little bit while she went to make a telephone call. According to the investigative note, the maternal grandmother had slurred speech and reported being diagnosed as manic-depressive.[13] The investigator contacted her supervisor regarding the situation. The child protection manager instructed the investigator to take protective custody of both children. Ms. Phillips removed Lamont from the home and went to the police station where she interviewed Ms. Stewart and Franklin. Ms. Stewart reported that she last used cocaine on May 14, 2003. Ms. Phillips informed her that DCFS planned to take protective custody of her children and asked for relative information for placement. Ms. Stewart provided two names to the investigator. On May 19, Ms. Phillips presented the case to the State's Attorney's office and the court granted DCFS custody of Lamont and Franklin. Lamont and Franklin were placed in the shelter. On May 20 Franklin was placed in the home of a relative and his brother was placed with another relative one day later.

When Ms. Phillips interviewed Mr. Fulton, Ms. Stewart's paramour, he reported that he felt Natasha breathing through her nostrils when Franklin woke him up. When he left the home around 5:00 a.m. he observed two- month-old Natasha drinking a bottle. Mr. Fulton admitted to leaving the children home alone.

Ms. Phillips completed her investigation on December 9, 2003. The investigation indicated Ms. Stewart for substantial risk of physical injury to Lamont and Franklin, and death by neglect to Natasha. The investigation indicated Mr. Fulton for inadequate supervision of Lamont, Franklin and Natasha and death by neglect to Natasha. The maternal grandmother was indicated for inadequate supervision of Lamont.

[13] There was no indication in the intact family case records of either agency that workers had ever found the grandmother under the influence of substances or mentally unstable.

Analysis

Parents with substance abuse problems engage in a lifestyle that places their children at increased risk for neglect, emotional and behavioral problems, abuse and sometimes death (Elstein, 2001). A National Institute of Mental Health study published in 1994 performed a community-based survey of 11, 622 individuals in five geographic areas across the United States. The authors Kelleher, Chaffin, Hollenberg, and Fischer found that adults with a diagnosable substance abuse problem[14] were nearly three (2.7) times more likely to report abusive behavior[15] towards children and four times more likely to report the neglect[16] of children then their matched counterparts. Addiction can lead to drug seeking behaviors that prevent a parent from meeting the basic needs of their family. Such lifestyles are accompanied by family instability, inadequate supervision of children, poverty, social isolation, and failure to protect children from accidents and violence. Parental addiction interferes with steady employment and housing. Parents tend to rely on public aid and community programs for assistance. Additionally, children that grow up in a home with parental substance abuse experience problems with depression, low self-esteem, and anxiety (Elstein, 2001). Assessment and services for drug-affected families should reflect an understanding of the increased risks present to children.

During the course of Ms. Stewart's involvement with DCFS, she gave birth to two substance-exposed infants (SEI), reported drug use during her pregnancy to the worker, and tested positive for cocaine and marijuana. However, Lyndale Family Services and Whitcombe House case management staff failed to recognize the severity of Ms. Stewart's substance abuse or the associated risk to her children.[17] Substance abuse issues rarely exist in a vacuum and failing to evaluate all aspects of a client's life for assistance and services does not meet the expectations of intact family services. Both private agencies concentrated on Ms. Stewart's need for substance abuse treatment as the main goal for service provision, but in doing so failed to recognize the needs of the children who remained in Ms. Stewart's care throughout her continued substance abuse. Child welfare professionals who provide intact family services to substance abusing families should not overlook the need for stability and nurturance that cannot always be provided by a substance-using parent. If a parent's main focus remains with their substance abuse, the Department and it's contractual agencies have a responsibility to intervene on behalf of the child.

During the first intact family case with Lyndale Family Services Ms. Stewart refused to attend a substance abuse assessment and reported that she had a handle on her drug use. She had no stable housing or income and had moved in with an unidentified person. Lyndale Family Services failed to answer several key questions prior to closing the intact family case. Ms. Jacobs believed Ms. Stewart's statements about her handle on her drug use and did not recognize that Ms. Stewart continued to use drugs perhaps to the extent that the drug lifestyle placed the children at risk. The children remained in a home the agency knew nothing about with a parent who was not able to protect and provide for the needs of 11-year-old Franklin and newborn

[14] The substance abuse problem was diagnosed through the use of NIMH's Diagnostic Interview Schedule.
[15] Abusive behavior was defined as a positive response to a question about serious physical abuse of a child resulting in bruises, bed days or medical care.
[16] Neglect behavior was defined as a positive response to a question about neglectful behaviors that included leaving young children unattended for extended periods, inadequately feeding or caring for children, or having a healthcare professional state that children were being neglected.
[17] For similar issues see Tyreke Roundtree OIG #973186, June 30, 2002.

Lamont. The case record did not document why or how the children would remain safe in such a home.

In Ms. Stewart's second intact family case with Whitcombe House, child welfare staff failed to adequately perceive the risks to the Stewart children in remaining with a mother who continued to use drugs. Ms. Stewart had no stable housing or source of income. Whitcombe House knew little about the people involved in Ms. Stewart's life. They ran a background check on the maternal grandmother, but failed to ever adequately assess her or her interactions with the children. Ms. Sims failed to document what made the maternal grandmother an adequate caretaker for the children outside of her relationship to the family.

Whitcombe House failed to assess the appropriateness of the homes Ms. Stewart lived in when she moved out of the maternal grandmother's home on two occasions. Whitcombe House allowed for the children to be cared for by individuals literally unknown. The case record contained no identifying information regarding the inhabitants of the home. It was not until the sequence D investigation for Natasha's death that any identifying information regarding Paul Fulton, Ms. Stewart's friend was ever documented. Yet, Mr. Fulton was the only adult home on the evening of Natasha's death. Both agencies failed to conduct background checks when the composition of the household changed as required by DCFS Administrative Procedure #6 LEADS Protocol.

While intact family cases generally mean the services are voluntary, agencies cannot close a case simply when a parent refuses services. Although workers felt the presence of the maternal grandmother assured the safety of the children, the mother often took them out of the home, was unable to become self-sufficient, refused to engage in services, and showed poor judgment. The intact family worker ignored positive urine tests, lack of food stamps and income and lack of stable housing. All factors which can place children of a substance-abusing parent at risk.

The manner in which Ms. Jacobs (Lyndale Family Services) and Ms. Sims (Whitcombe House) handled the Stewart family case suggests that neither worker had the skills necessary to effectively engage and service the parent. Both workers ignored critical information and both failed to take necessary steps to ensure the children's safety ranging from sleeping arrangements to childcare. Ms. Sims' failure to document that she informed her supervisor of significant information and critical events (i.e. mother's suicidal ideation and pregnancy) compromised the integrity of the record. Both workers and then supervisors exercised poor judgment that prohibited timely and appropriate action. In this case both intact family providers did not meet their obligation under the contract to address the family's presenting problems of drug use, housing, and appropriate care for the children. Both workers chose to take a passive role in their responsibility to the Stewart family. However neither worker received adequate supervision and direction.

Failure to engage the extended family in planning and monitoring

During both intact family cases Ms. Stewart relied on other individuals such as the maternal grandmother, the maternal aunts and others to care for her children. When Ms. Stewart left her children with relatives and friends, these were not planned decisions, but rather actions of convenience. Ms. Stewart repeatedly identified her mother as her main source of support and

often left the children in her care, but the worker never discussed or documented the maternal grandmother's interactions and perceptions of the children or in what specific ways the maternal grandmother supported her daughter. When the maternal grandmother informed the worker her daughter and grandchildren could no longer live with her there was no discussion about other relatives lead by the intact family worker. When Ms. Stewart returned to the maternal grandmother's home, Ms. Sims did not explore what had changed to make the placement viable. During the 30 days Ms. Stewart remained in treatment, the worker documented two visits with Franklin. One of those visits was also with his mother and siblings. The decision to leave Franklin with the maternal grandmother was not based on a sound assessment by Ms. Sims. She failed to discuss what the responsibilities would be in caring for the child, including financial responsibility, visits with his family, school attendance and health care. It was later revealed during the sequence D investigation of Natasha's death that the maternal grandmother suffered from mental illness and possibly had a substance abuse problem of her own. The maternal grandmother's paramour was never identified.

While the maternal grandmother and sisters agreed to care for the children, a safety plan could have been implemented as a tool to ensure the safety of Ms. Stewart's children. Another step that would have assisted in the management of this case would have been to engage the extended family in case planning and monitoring. Extended family can be a vital source of support for families in times of crisis and should be utilized when appropriate. It is imperative for child welfare workers to identify family members and assess their ability and willingness to support the family. Involving the extended family requires facilitating regular communication and explaining expectations for the mother. Further discussing ramifications if the mother did not correct the conditions.

Ms. Stewart reported living with a friend who provided her with housing and financial support during both intact family cases. Neither worker made an effort to assess the relationships. Again, assessment and involvement of other people in Ms. Stewart's life could have provided an opportunity to solidify a care plan for the children. When clients are involved in personal relationships on-going assessment should take place as the children come into contact with new people. The case record did not document the type of relationships Ms. Stewart had with these friends. It is unknown if they were a source of support for sobriety or a link to her substance abuse lifestyle. Additionally, both agencies should have assessed how the person dealt with the children. What were their actions towards the children, could they care for them, and how did the children feel about them? Understanding of the home, the inhabitants and the relationships is essential for determining the appropriateness of placement and safety for children. In the case of Ms. Stewart, who had a history of leaving her children with different caregivers, knowledge of personal relationships may have guided the workers to make better plans for the safety of the children.

Assessment of Children

Older children in families with a substance-abusing parent often act as a surrogate parent to their younger siblings (Hayes and Emshoff, 1993 and Tomison, 1996, Grisham and Estes, 1986). When Ms. Stewart left her children alone on the evening prior to the death of Natasha, 12-year-old Franklin took on the task of providing supervision and putting his younger siblings to bed. The unusual incident reports noted that when Ms. Stewart returned the next morning, Franklin

was holding his dead sister rocking her and had been doing so for some time. Because of his mother's drug lifestyle Franklin was left to carry burdens too heavy for his young shoulders. He assisted the Arrington County Medical Examiner's Office in a scene investigation following Natasha's death. Franklin remains with a relative caregiver and is a resilient young man.

Assessment of the children in the case file consisted of cursory statements made by the workers that they were "free from signs of abuse or neglect" and "appeared healthy and happy." Neither intact family worker did an adequate job of obtaining medical information on the children. Workers should always identify pediatricians, the last visit, special medical conditions, and obtain a release of information to confirm information with the doctor. Child welfare staff interviewed Franklin only once separately and did not use Franklin as a source for information regarding his mother's substance abuse and the conditions of the homes in which the family lived. School age children (7 or 8) have developed accurate perceptions of the role of substance abuse in their parents' lives and are able to provide information in response to simple questions regarding their parent's behaviors. Older children and adolescents are able to express concern about a family members substance abuse (Werner, Joffe, Graham, 1999). Throughout Ms. Sims' management of the Stewart case, she did not establish a relationship with the older child. Child welfare professionals have a responsibility to the child as well as the parent and should take every opportunity to connect with the children. Such relationships can provide the child an additional source of support along with a sense of security when parental figures may not always be available.

<u>Whitcombe House</u>

Ms. Sims' work with Ms. Stewart clearly demonstrated a worker who became enmeshed with her client and did not conduct herself professionally. Professionals who work with families in need of services walk a tenuous line between compassion and enabling. Throughout the case Ms. Stewart relied on her worker to complete each and every task. Ms. Haynes recognized Ms. Stewart's inability to complete tasks without her worker and instructed Ms. Sims to stop completing tasks for Ms. Stewart. Neither professional recognized the mother's inability to complete tasks as a lack of progress towards correcting the conditions that brought DCFS involvement to the family. Both professionals overlooked a middle ground to working with clients such as Ms. Stewart. Drug addiction often interferes with a person's ability to complete day-to-day tasks, which became evident with Ms. Stewart. Often when these parents come to the attention of DCFS they have no ability to complete these tasks on their own, especially if they have an extensive history with drug abuse that reaches into their own childhood. Involvement with drugs and alcohol can stunt an individual's learning to the point where they do not know and are not capable of doing things for themselves. In such cases they do not need rehabilitation, but rather habilitation. Addiction interfered with the procurement of basic skills and knowledge. Further their needs to be an assessment of what tasks must be completed in a timely manner for the safety of the children.

Mental Health Issues

Because of Ms. Stewart's limited interaction and cooperation in the first intact family case, it would have been difficult for Ms. Jacobs to assess for any mental health issues. However, during the onset of the second intact family case, issues regarding Ms. Stewart's mental health became apparent. Staff at the shelter expressed concerns regarding her mental health status.

However, the DCP investigator overlooked these statements and failed to explore issues of mental illness with the staff, and with Ms. Stewart or pass this information on to Ms. Sims when she accepted the case.

During Ms. Sims' documentation of the events of the case, her notes revealed issues regarding Ms. Stewart's mental health. Ms. Stewart reported early in the case that she experienced feelings of depression and often turned to drugs because of these feelings. Ms. Sims further overlooked Ms. Stewart's depression when she made many statements to her regarding her pregnancy and suicidal ideation. Ms. Haynes told the OIG that after reviewing Ms. Sims' notes after the death of Natasha, she realized the worker's enmeshment with the client and the seriousness of Ms. Stewart's mental health issues.

Communication

Ms. Sims' inability to accurately communicate Ms. Stewart's statements and progress to her supervisor, the child protection investigator and later Mother's Assistance and Training Program staff gravely affected the outcome of this case. Ms. Sims had two opportunities to convey information about Ms. Stewart that may have changed the course of this family. When Ms. Stewart gave birth to substance exposed Natasha, she failed to accurately represent Ms. Stewart's lack of involvement with agency requested services. The CPI relied on Ms. Sims's information for decisions about the safety of the children if they were to remain with Ms. Stewart.

A second pivotal point of intervention in this case happened when Mother's Assistance and Training Program discharged Ms. Stewart from their in-patient substance abuse program. MATP's Director contacted Ms. Sims to report Ms. Stewart's behaviors and their decision to discharge her. Ms. Sims in turn contacted her supervisor to discuss the case. However, the picture she painted for her supervisor did not accurately reflect the seriousness of Ms. Stewart's needs. Somehow Ms. Sims and Ms. Haynes agreed that the family did not need to be seen immediately. Rather, they assumed the maternal grandmother would assure the safety of the children. Ms. Haynes told the OIG that she felt the family would be safe because they always went to the maternal grandmothers home. Unfortunately this time, Ms. Stewart did not return to that home, but rather the home of Paul Fulton where her child died two weeks after discharge. Whitcombe House should have recognized that it was not good child welfare practice to base critical decisions on what a client might do. While Ms. Stewart did have a pattern of living with the maternal grandmother, they did not recognize the competing hypothesis that she often lived in the homes of unidentified friends. Someone from Whitcombe House should have recognized the seriousness of a mandated client being discharged from treatment unsatisfactorily and made a visit to the family within 24 hours to ensure the safety and well being of the children and consider making a hotline report if they could not ensure the safety. Further, they should have told the maternal grandmother to contact the agency should the mother take the children out of the home.

Ms. Sims provided her supervisor with limited detailed information in her case notes and in her supervision. Child welfare supervisors depend on accurate and timely information from field workers in order to guide practice and critical decision-making. However, when Ms. Sims did not communicate Ms. Stewart's statements regarding her pregnancy and her suicidal ideation, she compromised the quality of direction from her supervisor. The supervisor's reliance solely

on the workers verbal reports, as this case suggests, has serious consequences for supervisory knowledge and therefore direction of the case.

Recommendations

1. The OIG strongly reiterates the recommendation made in January 2003 that mothers with substance-exposed infants who are referred to intact family services must receive intensive specialized intact services designed to safeguard children from harm while providing effective substance abuse treatment. (See OIG report # 020161)

2. The Department should not assign intact family cases involving substance-exposed infants to Lyndale Family Services or Whitcombe House.

3. A copy of the OIG's Infant Sleep Safety Report (OIG #032162 June 2003) should be shared with Whitcombe House and Lyndale Family Services and all private agencies with an intact family services contract.

Date:

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Denise Kane
Inspector General