Emerald Champagne-Loop

Fatality Review

Report of the Fatality Review Committee

December 21, 2004

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EXECUTIVE SUMMARY

This is a report on the circumstances surrounding the death of a 2 ½ year old child who was injured repeatedly over a brief period of time.

This final report of the Champagne-Loop Fatality Review Committee is the result of an extended investigation into the circumstances surrounding the death of Emerald Champagne-Loop. It includes our suggestions and recommendations to prevent such tragedies in the future.

Our review consisted of reading all of the available records and reports from Child Protective Services, law enforcement agencies, medical and other service providers who were involved with Emerald, her family and household members. Analysis and explanation of those records and reports was presented to our group by members with knowledge and expertise in specific areas.

Individual interviews were held in Bellingham and Everett with agency staff and service providers involved with the case; for the most part, individuals were cooperative and anxious to provide information. We did not attempt to interview the mother or other members of her household, feeling that additional criminal charges could be filed.

Our investigation revealed many areas of concern. Problems with communication and errors in judgment were apparent in this case beginning with the referral of May 25, 2002.

Documentation of injuries by the department was inadequate; no photographs of injuries were taken and written descriptions were insufficient to convey the seriousness of the bruising suffered by Emerald. In addition, attempts by outside agencies to emphasize the extent and seriousness of injuries were effectively ignored. There appears to be a pervasive lack of training in this area.

The local office environment did not support quality investigations. This condition was further demonstrated by the reluctance to pick up the children and file a dependency petition. There appeared to be an inappropriate shift in child protection responsibility from the department to outside agencies. This atmosphere facilitated control of the case by a manipulative mother who, at the very least, failed to protect her children from the abuse being inflicted upon them.

We do believe that our review has enabled us to provide a detailed analysis. To the extent possible, recommendations have been made for changes to improve the care and protection provided for the children who are victims of abuse.

Respectfully submitted,

Steven L. Robinson
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FINDINGS AND RECOMMENDATIONS

I INVESTIGATION

A. Screening Decisions

1. Risk tag and emergent/non-emergent classifications for 3 of 5 referrals received between 4-22-03 and 6-26-03 were downgraded by the Supervisor.

   - The second referral (#1420885, 5/28/03) regarding the child's bruises was interpreted as being part of the original referral.

   - The fourth referral (# 1424848, 6/10/03) assigned an emergent risk tag was downgraded based on law enforcement visit to the child's home.

   - The fifth referral (#1429244, 6/26/03) screened in with a high standard of investigation and a risk tag of 5 was downgraded to a low standard of investigation on the following day on the basis that the child's status was already under investigation.

   Recommendations

   a) **Each child abuse referral with a high risk tag or emergent intake classification should be regarded and investigated independently and should not be downgraded based on past history unless it can be clearly identified as a duplicate referral.**

   b) **Risk tags/response times should not be lowered based on law enforcement welfare checks.**

   c) **Daily practice should reflect full implementation of intake quality assurance processes.**

2. It is unclear from the documentation whether the supervisor performed a complete case review prior to downgrading the risk tag for referral # 1424848, 6/10/03.

   Recommendation

   Supervisors should document that a case review has been conducted and how it supports the decision to downgrade a referral.

3. The supervisor did not consult with his supervisor before downgrading the risk tag and response time.

Recommendations

a) **Once the referral is formally accepted (after the "snapshot"), if the risk tag and/or response time is changed, the intake worker, intake supervisor and area administrator should be automatically alerted. The supervisor and area administrator should review the evidence supporting the change.**

b) **If the supervisor is acting as the area administrator they will get approval from a pre-approved department designee, to change the risk tag and/or response time. This expectation should be applied to all situations needing supervisory approval.**

B. RESPONSE

1. Elements of the "High Standard of Investigation" were not followed, including:

   - the child's physical injuries were not documented by the Department in a timely manner;
   - there is no documentation that an initial face-to-face contact was made on the 6-10-03 referral;
   - there is no documentation that all alleged caregivers and subjects were interviewed;
   - there is no documentation that the Department took necessary steps to ensure the child received timely medical evaluations for her injuries;
   - expert medical opinion was not sought in evaluating the child's injuries and determining the child's level of risk; and,
   - medical providers involved in the case were not interviewed.

   Recommendations

   a) **Regular training and oversight on the "High Standard of Investigation" should be provided to ensure that all case workers understand and follow protocol.**

   b) **The "High Standard of Investigation" policy should eliminate ambiguities including clarification of the meaning of "If needed....." in the CPS chapter of the Practice & Policy Manual.**

2. Photographs of the child's injuries were not taken, nor were any detailed descriptions made of the injuries by the social worker.

   Recommendation:

   Standards for documentation of children's injuries should include photographs or detailed diagrams, with separate documentation of any new reportable injury. This should be done within 24 hours.

3. Input from mandatory reporters was disregarded and/or discounted. Neither the social worker nor the supervisor recognized this information as a pattern of abuse escalation.

   - A special education teacher reported "over the top" injuries to the child.
   - The child's physician added "there was blood testing that was normal" and that bruising is not more likely with this child.

   Recommendation:

   Any significant injuries that are suspicious of abuse and appear inconsistent with the explanation for the injury should be reviewed by the child abuse Statewide Medical Consultation Network team or another medical professional with expertise in child abuse.

4. According to social worker case notes, the child's disability lent credibility to the mother's explanations of accidental and self inflicted injuries. The disability was not considered to increase the child's level of risk.

   Recommendation:

   Vulnerabilities, such as the child's young age, inability to communicate with others, and the presence of developmental delay should be considered high risk factors when investigating allegations of child abuse/neglect and when considering removing the child from the home.

II. POLICY CHANGE

1. A social worker documented two face-to-face contacts with the child, once on 4/24/03 following the referral made on 4/22/03, and the second time, on 6/5/03 in response to the referral made on 5/28/03.

   Recommendations

   a) **New standards for frequency of contact with children should be developed based on risk factors: the higher the risk, the more frequent the contacts.**

   b) **For high standard referrals, a face to face contact with the child should occur within 72 hours from the time the referral was received. For emergent referrals, the face to face contact must be made within 24 hours.**

2. The Safety Assessment indicated a pattern of "neglect/incidents/injuries" that was escalating in severity.

   Recommendation

   In CPS investigation cases where a safety assessment is completed and "indicated" is noted, the safety plan should include a face-to-face contact with the child by the assigned social worker at least every two weeks.

3. CPS did not identify everyone living in the Champagne-Loop home.

   Recommendation

   In cases of suspected child abuse, every effort (ACES, Bar Code, home visits, collateral contacts, etc.) should be made to identify people living in the home. Background checks should be conducted on all adults living in the home.

4. The child was thoroughly examined for injuries by a social worker only on the first face-to- face contact.

   Recommendation

   In cases of suspected physical abuse, the social worker should thoroughly examine the child at each contact, to determine whether the child has received new injuries.

5. Both department staff and service providers indicated that the representatives of the department questioned whether they had enough information to file a dependency petition even though all involved believed that the case was high risk.

Recommendations

a) **Cases in which there are questions of legal sufficiency for filing a dependency petition should be staffed with Attorney General and parties involved with the case.**

b) **Filing for dependency should not be based on anticipated outcome of judicial process.**

6. The same social worker assigned to the case continued to staff it after the child's death.

Recommendations

a) **When a child fatality occurs on a social worker's case load, a new social worker should be immediately re-assigned to the case and crisis intervention and grief support for the staff involved should be immediately available.**

b) **After a child fatality, additional support and supervision should be available statewide to social workers as requested.**

7. The social worker assigned to the case was receiving an average of eleven referrals a month.

Recommendation

Social workers should not receive more than eight new referrals a month.

III Community/Communication

1. CPS did not sufficiently solicit input from community professionals, including medical providers, in working with this family.

   Recommendations:

   a) **Social workers and their supervisors in accordance with best practice should initiate timely and regular contact with community professionals, including medical providers, when they report incidents of child abuse.**

   b) **Social workers should be given adequate time and resources to solicit input.**

   c) **When there is a report of an unexplained injury, relevant medical records should be requested immediately and reviewed in a timely manner.**

2. The department's main sources of information regarding this child's abuse were community service providers who were mandated reporters. Their input was consistently minimized.

   Recommendation

   Follow-up should occur with mandatory reporters who made referrals, informing them whether the case status and the name and contact information of assigned social worker.

3. On some occasions mandatory reporters observed that the child had significant suspicious injuries. Referrals were made by some of the reporters in compliance with current requirements. The child was allowed to leave with the mother before these referrals were made.

   Recommendations

   a) **Mandatory reporting guidelines and training should be changed to emphasize immediate reporting when there is evidence of significant injuries indicating imminent harm.**

   b) **Training in mandatory reporting should be a required every two years for all mandatory reporters.**

4. Law enforcement responded to the emergent referral on 6-10-03 to perform a child welfare check. It is not clear what the investigating officer knew regarding the history of the case, nor is it clear how thorough an investigation was performed.

Recommendations

a) **Law enforcement officers who respond to child welfare checks should be given the pertinent information regarding the case, including the relevant case history prior to providing the check.**

b) **Law enforcement officers who respond to child welfare checks need adequate training in assessing risk for imminent harm.**

5. Child protection workers, law enforcement, medical providers, and other community professionals believed the mother's stories of how the child was being injured even though she was not credible.

Recommendations

a) **Professionals should be trained to use their expertise to determine suspected abuse.**

b) **A separate unit should be established that only investigates child abuse and neglect allegations and does not perform service delivery.**

c) **A separate unit should be established to monitor cases which require on-going agency services.**

Chronology

11-30-98 [redacted] She is pregnant --has just left grandmother's home, is living with her boyfriend, who is a truck driver, and is seldom home.

04-02-99 A[redacted] is born. No complications, normal delivery and baby.

04-07-99 [redacted]

04-15-99 A[redacted] taken for her first medical exam, it is normal, no concerns noted.

04-28-99 April becomes employed full time, Larry Loop (child's father) attending college. Family has moved to new address.

08-04-99 April misses A[redacted] well baby visit

10-29-99 April misses A[redacted] well baby visit

11-03-99 A[redacted] is seen by physician for a well baby visit. No concerns noted.

02-02-00 April misses A[redacted] well baby visit

04-11-00 A[redacted] is seen for her one-year well baby visit. No concerns noted.

08-07-00 [redacted]

01-09-01 April and her partner apply for benefits; April is pregnant, due this month.

01-13-01 Emerald Champagne-Loop is born. No complications, normal delivery and baby.

01-17-01 April comes to CSO for interview [redacted]. Request to add new-born to medical benefits.

02-02-01 April hopes to qualify for income-based housing. She is two months behind on rent at current apartment.

02-07-01 CSO authorizes emergency money: $1500 to landlord, to prevent eviction. Medical assistance continues.

03-07-01 At 23 months, A[redacted] has a well baby exam with [redacted]. No concerns documented.

03-02-01 Emerald is admitted to St. Joseph's Hospital for RSV bronchiolitis, requires no oxygen, discharged the next day.

03-07-01 Emerald is seen for a two-month well baby visit at Associates in Family Practice. No concerns documented.

06-06-01 A and Emerald have their first appointment with physician. He refers her for a hearing evaluation,

Emerald is demonstrating normal growth and development; this is her four-month well baby check-up.

06-26-01 Hearing evaluation for A

06-28-01 April's family to move on 07-01-01.

07-02-01 April is certified for Medicaid through 01-02-02.

12-06-01 .

Emerald has her well baby check. No problems were identified, other than a diaper rash and a notation that she is "unsteady"

01-02-02 April visits CSO to add Rhonda Beardslee to her household.

01-14-02 Speech evaluation at for A . .

02-04-02 Emerald is referred to the CNP because, by phone report, she is "not standing well."

02-13-02 April signs application for Division of Developmental Disabilities (DDD) services for A .

02-13-02 .

02-19-02 Motor evaluation of A

02-22-02 A

03-12-02 DDD determines A[redacted] is eligible for services. A case manager is assigned.

03-22-02 A[redacted] Individualized Family Service Plan (IFSP) is completed. [redacted]

04-03-02 [redacted] School District completes A[redacted] evaluation summary. [redacted]

05-22-02 April asks the speech pathologist about discipline. Notes only refer to a discussion, no details.

06-28-02 Rhonda visits CSO to apply for food assistance but is turned down because she is listed as part of April's assistance unit. [redacted]

06-28-02 April visits CSO. She says she quit her job on 6-21-02 because she lost her childcare provider/nanny; the household is splitting up due to eviction. April says her household includes her, Larry Loop (children's father) and April's friend Rhonda, who is also the children's nanny. April says Larry will be moving out as of 7-1-02. She also reports that at least one of her children, and possibly both, are special needs. She says A[redacted] The other child has walking/speech delays. The CSO worker makes a referral to the Public Health Nurse for an evaluation of the children, to determine any special needs that would affect child care if April were to return to work. April also signs an Individual Responsibility Plan to resolve her homelessness and initiate a special needs evaluation/child care availability for the children.

07-02-02 Note from Public Health Nurse to April, to set up a visit for children's special needs evaluation, per CSO worker's referral of 06-28-02.

07-11-02 April informs CSO that Larry Loop is no longer in the home. [redacted] April requests that Brian Smith (Rhonda's boyfriend) be added [redacted]

07-12-02 April phones CSO to report she has appointments with the Public Health Nurse for both girls' special needs evaluation. They are scheduled for 07-18 and 07-26; she will then know what her child care eligibility will be.

07-26-02 Public Health Nurse completes A[redacted] evaluation. [redacted]

[redacted]

07-29-02 Public Health Nurse phones the CSO to confirm she has received the referral on A[redacted] and Emerald and will be meeting with the family on 08-18-02. She will be assessing Emerald.

08-15-02 [redacted]

09-2002 A[redacted] starts developmental preschool in the [redacted] School District.

09-16-02 April phones the CSO to report Brian will be moving out of her home by the end of this month. She requests that he be removed from her [redacted] unit; he is removed on this date and a letter of confirmation is sent to her.

09-23-02 Physician recommends that A[redacted] be assessed [redacted]

09-27-02 Emerald has a hearing evaluation at Western Washington University. Her hearing is found within normal limits in right ear, abnormal tympanogram in left ear. She is to have a medical follow-up for left ear, then return for another hearing test of the left ear. No evidence the latter happened.

09-30-02 April meets with DDD case manager to complete Individual Service Plan (ISP) for A[redacted]. Worker places A[redacted] on the waiting list for DDD Family Support Program.

10-05-02 A[redacted] sustains a greenstick clavicle fracture, reportedly from a fall.

10-07-02 [redacted].

10-10-02 Emerald has a speech evaluation at CNP. Her receptive language is moderately delayed at the 8-month level and her expressive language is a borderline delay at the 16-month level. Recommendations: speech therapy every other week, hearing follow-up (no evidence it took place), language/play group, home programming and Family Resources Coordination (FRC).

10-11-02 Emerald undergoes cognitive and motor evaluations at CNP. Significant delays are noted in both areas. Her cognitive skills are assessed to be at 13 months. Her motor skills are assessed to be at 10 months. Recommendations: physical therapy

every other week; referral for service coordination and development of a home program to promote motor and cognitive development.

10-11-02 Emerald has an eye exam. She is found to have normal vision.

10-25-02 Emerald's physical therapy begins at CNP. In all, she will have received 15 sessions of PT.

10-28-02 Emerald begins speech therapy at CNP. She will have had 15 sessions of speech therapy.
Emerald also has a visit with her physician on this date. In his chart notes she is noted as significantly developmentally delayed and receiving various therapies to address her needs. Her growth is noted to be normal.

11-12-02 April signs the application for DDD services for Emerald.

11-12-02 An Individualized Family Service Plan (IFSP) is completed for Emerald. In addition to the therapy services provided at CNP, the plan calls for speech therapy by Whatcom Center for Early Learning (WCEL) twice monthly in her home, monitoring by WCEL OT, in-home monitoring by WCEL Educator, and a weekly 90-minute parent/child group at WCEL.

11-15-02 Emerald and A[redacted] have appointments at Children's Hospital and Medical Center Developmental Pediatrics Outreach Clinic. Emerald's report from this visit indicates delayed developmental milestones. Recommendation for both girls is for a genetics evaluation to explore the possibility of Fragile X diagnosis.

11-18-02 Intake assessment [redacted] April made contact with this provider because [redacted] recommended therapy for A[redacted]

11-20-02 April requests additional financial assistance [redacted]

11-25-02 DDD determines Emerald is eligible for services.

11-26-02 April receives $437.95 to cover her outstanding power bill and give her a clean slate in preparation for her housing assistance through HUD.

12-16-02 DDD home visit by case manager to determine A[redacted] eligibility for services [redacted]

[redacted] Case manager has also taken along Emerald's file to discuss her needs at the same time. April wants Emerald to participate in the early intervention program at Whatcom Center for Early Learning (WCEL). The authorization for WCEL is written and sent.

12-23-02 April's Individual Responsibility Plan (IRP) at the CSO needs to be renewed. [redacted]

01-10-03 DDD sends A[redacted] Comprehensive Assessment to April.

01-14-03 April requests that her IRP appointment be re-scheduled because she has an appointment for one of her children on 1-15-03.

01-17-03 April signs a new IRP that allows for 1/4 time job search and caring for a child with special needs.

02-10-03 CSO worker organizes case staffing to discuss possible Work First deferral due to child health concerns.

02-11-03 CSO worker receives letter from April requesting an exception to policy for additional assistance. She explains she is being forced to leave her home by 03-01-03 after losing an "unlawful detainer" hearing on 02-07-03. The household has been living in a foreclosed residence rent free for the past several months. Another exception cannot be granted.

04-01-03 Emerald is accepted into WCEL. Attendance records show she will have participated in 8 playgroups between this date and 07-01-03.

Sometime Between 04-01-03 & 04-10-03 DDD case manager attempts to phone family for Medicaid Personal Care (MPC) update but the phone is disconnected

04-10-03 DDD case manager receives phone message from April stating she is homeless

04-15-03 A[redacted] School District Individualized Education Plan (IEP) for A[redacted]

04-22-03 Whatcom County Health Department (WIC) referral to CPS #1409367:

- Emerald and sister A[redacted] are Special Needs - developmentally delayed
- Observation of mother's fiancé, Travis, treating A[redacted] roughly
- Emerald's cheek is bruised
- Dietary concerns - mother allows children to eat everything she does, including caffeine products

CI Risk tag: 3 - Moderate
Case assigned to CPS Social Worker

04-24-03 CPS Social Worker (SW) has face-to-face visit
Safety assessment shows all questions marked "not indicated"

05-01-03 Worker from [redacted] sends note to April indicating that she can resume services when April has completed her move and contacts her.

05-05-03 SW's SER on 4-24 visit: finds mother appropriate, explanation for bruising is plausible, mother says she is the only person who disciplines the children, Travis denies treating children roughly

Investigative Assessment completed.
Finding: Unfounded
Disposition: End Service, little to no risk

05-06-03 April sends a Change of Circumstances form to the CSO stating she has moved to Old Guide Road.

05-14-03 CSO receives April's landlord form and shared living form which states she purchases and prepares food separately from her roommate Travis Brann, who pays no shelter costs. April wants to know how she can receive the assistance.

05-16-03 April visits the CSO to complete a review she missed and apply for food assistance. The worker records that April is on TANF and both children receive SSI. Her rent and heat bill come to $500. She is eligible for $9 in food assistance.

05-28-03 Physician from Madrona Medical referral to CPS #1420885:

- Emerald brought for care, has unexplained swelling and bruises around left eye, left cheek and chin & evidence of older bruises, including 8 small, round bruises on the left side of the child's chest. Staff running tests to rule out medical conditions.
- Mother tells the doctor that Travis reported seeing A[redacted] hit Emerald
- Physician's notes say he is planning to contact CPS about the injuries.

Central Intake Risk tag: 5, Emergent

05-29-03 CPS Supervisor removes "Emergent" tag: note says that previous investigation exists for same injury, and child is receiving medical services

New CPS SW assigned to case.

06-02-03 Coordination between CNP and WCEL: Emerald's physical therapist, calls about the child's injuries caused by her alleged fall from her crib.

06-03-03 Physical Therapist sends physician a note. She asks if a neurological workup would be appropriate due to Emerald's slow motor progress, her balance difficulties, and her atypical response to pain.

06-03-03 Home visit by WCEL Educator as a result of the call the previous day from the PT. She discusses removing the crib and having Emerald sleep on the floor. She also suggests that Emerald sleep with April for monitoring and safety. The latter does not happen.

06-03-03 CNP issues a physical therapy progress summary on Emerald after 14 visits, and the addition of shoe inserts and a soft protective helmet due to her frequent falls. The report cites many reasons that Emerald's movement and safety are compromised including delayed balance reactions, low muscle tone and decreased safety awareness. Also noted are increased fussiness in therapy, increased signs of fear of fast movement and fear of difficult tasks. Recommendations are for continued therapy, assessment of protective safety needs, participation in peer group motor activities, and completion of a daily home program.

06-04-03 Worker from Whatcom Center for Early Learning (WCEL) referral to CPS #1422808:

- Reports Emerald arriving at school with "deep bruising on her head and face area" - describes serious bruising on face, both cheeks and chin, child has lost a tooth

Central Intake (CI) Risk tag: No tag, Information Only
Report references Referral #1420885 from 05-28-03: "a doctor calling regarding same incident."

06-05-03 CPS SW conducts face-to-face visit

06-09-03 Emerald has a follow-up visit with her physician and again the multiple bruises are noted, as well as blisters on the ankles and insoles of the feet, and a new, linear reddish abrasion on the lower back. A head CT scan is ordered for 06-12-03.

06-09-03 Safety Assessment: questions 3 (pattern of N/A) and 8 (other concerns that place child at risk) are marked *Indicated*. SW's explanation notes state the mother's stories "do not jive (*sic*) all of the time."

06-10-03 Emerald is seen by a dentist at Pediatric Dental Center for three loose teeth and one missing tooth. The dentist refers Emerald to an oral surgeon to rule out a jaw

fracture. Instead, April takes her to the emergency room on 06-19-03, requesting an x-ray to rule out a fracture. The x-ray was negative.

06-10-03 Emerald's teacher describes swelling and severe bruising to the chin and surrounding neck area and a bruise to the right side of the child's mouth. She describes these injuries as the "most severe bruises I have ever seen." She is concerned about the mother's "casual and relaxed manner" in relating the story of the injuries.

06-10-03 Whatcom Center for Early Learning referral to CPS #1424848:
Reports Emerald came to the Center with "over the top injuries," describes facial bruising and loose tooth. Says these are new bruises, reports Emerald has seen physician and gives his contact information.
Central Intake worker phones physician and Law Enforcement (LE) to request a welfare check.

- Central Intake worker confirms with physician that he recently made a referral with concerns about bruising. Physician says he didn't see a broken tooth, so new allegations are very concerning; based on blood testing, bruising is not more likely with this child.
- Officer reports back after welfare check, notes very dark bruise covering most of Emerald's chin, spreading to her cheeks and down her throat, and two missing lower front teeth. Mother's explanations and documentation regarding child's condition convince him child is not in imminent danger

Risk Tag: 5, Emergent

06-10-03 CPS Supervisor signs off on Investigative Assessment completed on 5-5-03

06-10-03 IFSP review meeting. In attendance: the FRC, the WCEL educator, an Occupational Therapist, SLP, and April. Copies of this report go to the participants and to DDD, CNP, and physician.

06-11-03 CPS Supervisor reviews 6-10-03 CI report: removes "Emergency" tag, based on results of LE welfare check on Emerald.

06-12-03 Emerald has the head CT scan ordered by physician. It is interpreted as normal. Physician notes in the medical record that he has made a phone call to CPS advising to check on child immediately, with possible removal from her home.

06-12-03 Collateral contact: phone call from teacher at WCEL to report she has visited April and discussed safety in crib at night. Teacher confirms Emerald falls a lot and is unsteady on her feet. Also confirms there is strong possibility Emerald has a high threshold of pain. Says April and her boyfriend come to the center once a week, there are two home visits a month for speech therapy, and two home visits a month for occupational therapy, as well as one visit per month for cognitive,

emotional and social education. All totaled, the family has contact with professionals no less than six times per month.

06-12-03 CPS SW's case note: visit with mother and children at Senior Center

06-16-03 Physical Therapist completes Emerald's cognitive evaluation. Child tests at 19-month level (CA = 29 months). This date is Emerald's last session of physical therapy.

06-19-03 DDD case manager has phone conversation with CPS SW: a community staffing is scheduled for 06-24-03

06-23-03 DDD case manager receives phone message from April requesting a return call on 06-25-03

06-24-03 Community staffing takes place. In attendance DDD, the PT and Speech Pathologist from CNP, WCEL, and CPS SW . Suggestions include getting a gate for the door and leaving lights on. A therapist reports that Emerald's balance is not getting worse, the CT scan is normal, and wonders if the child might have a depth perception problem.

06-25-03 DDD case manager schedules a home visit with April for MPC update on 7-7-03

06-26-03 Occupational Therapist visits the home, reports to CPS Emerald's left eye has dark purple bruise, referral #1429244. Referral is screened in for investigation with high standard, but on 6-27-03, screen was changed to low standard of investigation, based on the case being currently under investigation.

06-26-03 Emerald's last speech therapy session at CNP.

07-01-03 Travis Bran (mother's boyfriend) sees Brian Smith (Rhonda's boyfriend) slap Emerald on the back of the head, knocking her forward, and her head hits a shipping trunk used as coffee table (reported to LE later).

07-01-03 CPS Supervisor receives a phone call from WCEL's director regarding Emerald's injuries. A letter written this day describing the center's staff's observations and concerns is faxed to the supervisor on 07-02-03. The letter lists additional details regarding Emerald's condition that do not appear in CPS referrals, such as four lower teeth missing, one being "knocked out" and other teeth chipped, missing "quite a bit of hair from the top of her head," apparent thrush on her tongue, a dirty diaper the mother made no move to change even though she was offered a clean one and staff assistance, and a chronically infected thumb.

07-02-03 Referral #1430440: A social worker at St. Joseph's Hospital reports Emerald has arrived to the emergency room with life threatening injuries, transported by private car with her mother, sister and mother's boyfriend. Emerald has decreased

responsiveness, is in full respiratory arrest on arrival, and noted to have fixed and dilated pupils. She is intubated and stabilized for airlift transport to Harborview Medical Center.

07-02-03 Law Enforcement begins investigation of child abuse. Brian Smith admits to shaking Emerald in the past, as well as the incident on 07-01-03 described by Travis Bran. Brian is arrested on Suspicion of Assault of a Child 1st Degree.

07-04-03 Emerald dies of her injuries.

07-05-03 Referral #14301004: King County Medical Examiner reports to CPS that Emerald died the previous day and that an autopsy will be conducted on 07-07-03. Examiner requests history of referrals and child's family's information.

07-09-03 A[redacted] undergoes x-ray bone survey, interpreted as normal.

07-10-03 A[redacted] has an ophthalmology exam, no retinal hemorrhages found.

07-11-03 A[redacted] undergoes a bone scan that is interpreted as showing "possible non-accidental trauma" with two or possibly three sites showing increased uptake consistent with healing fractures.

07-15-03 Notes from foster parent indicate A[redacted] is unstable on her feet but appropriately cautious, like's books, feeds herself, is afraid of men, will not answer questions, and on two occasions tried to "choke" people at the foster home.

07-15-03 [redacted]

07-22-03 KIDSCREEN summary by Children's Administration [redacted]

07-31-03 Speech therapist calls physician inquiring about a new mental health referral "given recent events and the follow-up that did not occur when Mom refused services at [redacted]." Physician indicates he will consider this suggestion.

08-13-03 [redacted]

08-29-03 Notes from foster mother (after less than two months in care): A[redacted] sits at the table at mealtime, uses silverware, enjoys age-appropriate computer games,

[redacted]

09-08-03 [redacted]

09-16-03 [redacted]

09-18-03 [redacted]

10-06-03 [redacted]

10-06-03 [redacted]

10-07-03 [redacted]

10-19-03 [redacted]

10-22-03 [redacted]

11-13-03 [redacted]