

Recommendations of Respective Children's Administration Fatality Review Committees by Issue	Lauria Grace DOD: February 18, 1995 Age: 3	Zy'Nyia Nobles DOD: May 27, 2000 Age: 3	Emerald Champagne-Loop DOD: July 4, 2003 Age: 2	Rafael Gomez DOD: September 9, 2003 Age: 2	Justice & Raiden Robinson DOD: November 14, 2004 Ages: 16 Months and 6 Weeks
Accountability / Case Management	A strong, well-publicized mechanism should be available for evaluating and resolving disputes when other avenues are not successful. It is recommended that an ombudsman or other independent unit be created to hold various systems accountable for the protection of children. <i>Legal</i>	A Continuous Quality Insurance team (CQI) should be initiated to strengthen objective decision making by social workers and supervisors with regards to case management. <i>Legal</i>	Daily practice should reflect full implementation of intake quality assurance processes. <i>Practice and Procedure</i>	Consequences should apply when social workers and supervisors fail to follow policy and protocols in practice manuals, policy, RCW and WAC. <i>Practice and Procedure</i>	Consideration should be made by Region 5 Administration to review and reiterate policy and practice expectations governing inactive case status at an upcoming Regional All Supervisor and Program Manager Staff Meeting. <i>Practice and Procedure</i>
		To maintain case continuity, a social worker or case aide with working knowledge (verbal communication and sharing written communication) of that case must be assigned to cover the case when the lead worker is not available. <i>Practice and Procedure</i>	A separate unit should be established to monitor cases, which require on-going agency services. <i>Practice and Procedure</i>	The Committee requests that the Department provide a response to the Committee on plans to follow or not follow recommendations. <i>Practice and Procedure</i>	
		Supervisors must take an active role in questioning the conclusions that social workers make about a given family, and in reviewing and challenging the social worker's case plan. <i>Practice and Procedure</i>	A separate unit should be established that only investigates child abuse and neglect allegations and does not perform service delivery. <i>Practice and Procedure</i>	The Department should report chemical dependency treatment providers who do not provide reports per the WAC to the proper monitoring and certification authorities. <i>Legal</i>	
		The Department should set up a tracking system to audit a percentage of the cases in each office on an ongoing basis to monitor any trends in compliance or non-compliance with mandated requirements. <i>Practice and Procedure</i>		The Department should ensure that a report to law enforcement or the prosecutor's office is made when they learn that a mandatory reporter has failed to report child abuse or neglect. <i>Legal</i>	

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Accountability / Case Management Cont'd		The Department must create a concurrent planning model that gives clear guidance to social workers on how to proceed in dependency cases in which concurrent planning is an appropriate option. <i>Legal / Practice and Procedure</i>			
		The Department should investigate the use of the Summary Assessments and assess why they are not being utilized. <i>Practice and Procedure</i>			
		We strongly recommend that DCFS hire sufficient clerical and paralegal staff to allow social workers to focus on case management and family contact. <i>Practice and Procedure</i>			
Caseload	Funding allocations for staff should be increased and realigned to bring caseloads more in line with the CWLA standard. The DSHS and Governor's budget should contain a well-documented request for a supplemental budget allocation to significantly reduce caseload , and the legislature should respond positively to such a budget request. <i>Practice and Procedure</i>	Social worker caseloads must be significantly reduced. The current average caseload of 29 far exceeds the national standards, and severely limits social workers' ability to thoughtfully manage each family's case. The state should move towards the Council of Accreditation practice standard of 20 cases per caseworker. <i>Practice and Procedure</i>	Social workers should not receive more than eight new referrals a month. <i>Practice and Procedure</i>		A "response to workload crisis" or some other "emergency plan" protocol needs to be developed, either regionally or statewide, to respond to surges in workload created by vacancies or increased referrals. <i>Legal / Practice and Procedure</i>
					Effort by CA to study workload should be continued. <i>Practice and Procedure</i>

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Caseworker Support			When a child fatality occurs on a social worker's caseload, 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. <i>Practice and Procedure</i>		
			After a child fatality, additional support and supervision should be available statewide to social workers as requested. <i>Practice and Procedure</i>		
Child Protective Teams		Child Protective Teams (CPTs) should be mandatory in all dependency cases established due to abuse and or neglect. This CPT should occur 30 to 60 days prior to court hearings where the recommended plan is return home. <i>Legal / Practice and Procedure</i>		When a review or consult is requested from an outside provider, one consistent source should be used to review all information. This consultation should then be available by speaker phone in the event the information is needed for CPT and/or other staffings. <i>Practice and Procedure</i>	
		If individuals such as mental health counselors, drug and alcohol counselors, domestic violence treatment professionals and others involved with the family cannot be present at Child Protection Team meetings (CPTs) or Prognostic staffings, their written reports should be submitted at the meetings or staffings. The CPT or Prognostic team should not rely on the social worker's summary of these reports. <i>Legal/Practice and Procedure</i>		Social workers should provide copies of CPS referrals, evaluations and any pertinent information related to the case on hand. CPTs should be fully informed of all circumstances, services and treatment provided, with progress reports from the providers, recommendations and evaluations from department contracted and non-contracted providers. Cont'd	

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Child Protective Team's Cont'd				Such information should be provided to the CPT members in advance of the CPT meetings so members can have the time to absorb and digest the information on which they would base their recommendations. <i>Legal / Practice and Procedure</i>	
		If the service providers involved with the family are not able to present their reports regarding the family directly to the CPT, their reports should be made available to the team as opposed to the interpretation of these reports by the presenting social worker. <i>Practice and Procedure</i>		The Department should ensure that when a child has a GAL that the GAL receives proper notice and are invited to CPTs. The team should not rely on the social worker's summary of these reports. <i>Legal / Practice and Procedure</i>	
				CA employees should not be members of the CPT. <i>Legal / Practice and Procedure</i>	
Community Partnering					CA should continue its work with community partners in developing protocols for intervening with families in which domestic violence is an issue. <i>Practice and Procedure</i>
Cultural	Region 4 should take steps to assure that conflicts related to culture and race are addressed. <i>Practice and Procedure</i>			Transition plans should include activities and services that assist children in moving from one cultural experience to another. These activities and services should address daily routines, food and diet, language, etc. Plans should also include how attachment will be transitioned. Cont'd	

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Cultural Cont'd				Children, particularly those placed at birth, need time to attach to their new caregivers (even when those caregivers are their own parents) and time to separate from their last caregiver. Attachment to biological parents upon reunification should not be assumed. Biological parents as well as foster parents should receive support and assistance as they negotiate the transition. <i>Legal / Practice and Procedure</i>	
	Region 4 should review and revise its current cultural competency training to assure that conflict resolution is a core concept of the curriculum. <i>Practice and Procedure</i>			The Department should vigorously pursue recruitment and retention of Hispanic foster parents in the Grant County area. <i>Practice and Procedure</i>	
				This fatality report should be made available in English and Spanish and be disseminated to the Department employees and stakeholders connected to this case. The report should be made easily accessible to any others who are interested in this case. <i>Practice and Procedure</i>	
Foster Parents	Foster parents and other individuals who have participated significantly in the growth and nurturance of a child should be notified of court proceedings and be given the opportunity to provide information to the judge. <i>Legal / Practice and Procedure</i>			The Department should ensure that foster parents are invited, with proper notice, to dependency hearings and that they understand their right to provide information to the court. <i>Legal</i>	

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Foster Parents Cont'd				Foster parents should receive proper training before being asked to care for special needs or drug-affected children. <i>Practice and Procedure</i>	
				The Department should ensure that foster parents are invited to participate when CPTs staff cases on the children living in their homes. Foster parents should receive proper notice of the CPT staffing time and place so that they can adjust their schedules as needed in order to attend. <i>Legal / Practice and Procedure</i>	
				The Department should ensure that foster parent liaisons are visible and a known resource for the foster parents. <i>Practice and Procedure</i>	
Funding		The Legislature, the Governor and the Judiciary need to review the recommendations contained in this report and seek ways to sufficiently fund or support their implementation. Furthermore, the State should continue to pursue grants and other funding options to increase resources for dependent children. <i>Practice and Procedure</i>			<i>Not stated as an explicit recommendation, but rather the report notes:</i> State budget limits have been a barrier to providing clients with immediate access to long-term [substance abuse and mental health] treatment. Failure of social service system to satisfactorily support substance abuse treatment and mental health treatment often impedes the ability of CA to serve families. <i>Practice and Procedure</i>

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Guardians Ad Litem / CASA		Guardians Ad Litem or Volunteer Court Special Advocates (CASAs) must be assigned to dependent children and must have adequate time to monitor their caseload. Pierce County currently has both paid Juvenile Court GALs and a volunteer GAL/CASA Program. Best practice indicates that Pierce County should aggressively seek to expand its volunteer program, perhaps using the current paid Juvenile Court GALs as supervisors for volunteers. This would lead to significant reduction in caseload ratios. The National CASA Association recommends three cases per volunteer and 30 volunteers per supervisor in order to properly represent children. <i>Legal / Practice and Procedure</i>		While it is recognized by the Committee that the Department cannot change the judicial system, the Committee recommends that the Department support the following recommendations. Court Appointed Special Advocates (CASA)/GAL caseloads need to meet the standards set by the National CASA Association and CASA/GALs need proper administrative supervision and support as recommended by the National CASA Association. <i>Legal / Practice and Procedure</i>	
Intake of Child Abuse and Neglect Referrals			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. <i>Practice and Procedure [CPS]</i>	The Department should ensure that social workers are trained to flag serious injury, near fatality, high profile referrals so that the appropriate chain of command is alerted. <i>Practice and Procedure</i>	

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Intake of Child Abuse and Neglect Referrals Cont'd	<p>The system of child abuse and neglect reporting must record all complaints made to CPS or SCW staff, whether founded or not, and provide a cumulative flagging mechanism.</p> <p><i>Practice and Procedure</i></p>		<p>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.</p> <p><i>Practice and Procedure</i></p>		
	<p>The relationship between CPS and the After Hours DCFS office needs to be strengthened so there is a tracking system for tracking requests. The Committee recommends that the proposal to centralize After Hours statewide be dropped.</p> <p><i>Practice and Procedure</i></p>		<p>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.</p> <p><i>Practice and Procedure [CPS]</i></p>		
			<p>Supervisors should document that a case review has been conducted and how it supports the decision to downgrade a referral.</p> <p><i>Practice and Procedure</i></p>		
			<p>New standards for frequency of contact with children should be developed based on risk factors: the higher the risk, the more frequent the contacts.</p> <p><i>Practice and Procedure</i></p>		
			<p>Risk tags/response times should not be lowered based on law enforcement welfare checks.</p> <p><i>Practice and Procedure</i></p>		

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Investigation / Assessment of Child Abuse and Neglect			<p>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.</p> <p style="text-align: right;"><i>Legal</i></p>	<p>CPS should be required to coordinate investigations with law enforcement at the earliest point possible on serious physical abuse cases. The Department should develop a protocol for serious physical abuse cases similar to the county protocols that define and describe coordination of investigations on sexual abuse cases. "Serious physical abuse cases" are defined by the Committee as those children who come to the attention of medical providers because of their injuries.</p> <p style="text-align: right;"><i>Legal / Practice and Procedure</i></p>	<p>Revise the directions provided to workers for completing the "History of CA/N" section of the CPS Investigative Assessment to clarify what information should be summarized in that section of the assessment.</p> <p style="text-align: right;"><i>Practice and Procedure</i></p>
			<p>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.</p> <p style="text-align: right;"><i>Practice and Procedure</i></p>	<p>Risk tags on CPS referrals accepted for investigation on any case already open to the Department should be assessed at a higher risk.</p> <p style="text-align: right;"><i>Practice and Procedure</i></p>	
			<p>In cases of suspected child abuse, every effort (ACES, Bar Code, home visits, collateral contact, etc.) should be made to identify people living in the home. Background checks should be conducted on all adults living in the home. Background checks should be conducted on all adults living in the home.</p> <p style="text-align: right;"><i>Practice and Procedure [CPS]</i></p>	<p>Medical records of all children in a family, whether they are the identified victim or sibling(s) should be obtained at the earliest point</p> <p style="text-align: right;"><i>Practice and Procedure</i></p>	

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Investigation / Assessment of Child Abuse and Neglect Cont'd			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. <i>Practice and Procedure [CPS]</i>		
			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. <i>Practice and Procedure [CPS]</i>		
			Social workers should be given adequate time and resources to solicit input. <i>Practice and Procedure [CPS]</i>		
			When there is a report of an unexplained injury. Relevant medical records should be requested immediately and reviewed in a timely manner. <i>Legal/ Practice and Procedure [CPS]</i>		
			Follow up should occur with mandatory reporters who made referrals, informing them of the case status and the name and contact information of assigned social worker. <i>Legal/ Practice and Procedure [CPS]</i>		
			Law enforcement officers who respond to child welfare checks need adequate training in assessing risk for imminent harm. <i>Practice and Procedure</i>		

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Investigation / Assessment of Child Abuse and Neglect Cont’d			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. <i>Legal/ Practice and Procedure [CPS]</i>		
			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 <i>Legal/ Practice and Procedure [CPS]</i>		
			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. <i>Legal/ Practice and Procedure [CPS]</i>		
			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. <i>Legal / Practice and Procedure</i>		

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Judicial System		<p>Juvenile Dependency cases should be assigned to one specific judicial officer at the time of filing. The same judicial officer assigned at the time of filing should hear all proceedings in the case, to the extent possible. When this is not possible, subsequent judicial officers should consider all prior judicial rulings.</p> <p style="text-align: right;"><i>Legal</i></p>		<p>Judicial rotations should be extended to allow for the continuity of judicial oversight on dependency cases.</p> <p style="text-align: right;"><i>Legal</i></p>	
		<p>Continuances must be kept to a minimum; a limit should be set at 2 continuances that the Assistant Attorneys General can request for the termination trial.</p> <p style="text-align: right;"><i>Legal</i></p>		<p>Judges should be alert to a pattern of non-contested agreed orders and consider the value of having an in-court hearing so that evidence, recommendations, agreed-upon services and the status of the case can be reviewed on the record.</p> <p style="text-align: right;"><i>Legal</i></p>	
		<p>Courtrooms must be made available to hear termination trials. <i>Legal</i></p>			
Permanence	<p>Permanency planning and implementation for young children should be expedited so that determinations can be made and completed by or before 12 months of placement. <i>Legal</i></p>				
Placement	<p>The length of time a child has been in placement and its impact on the emotional and psychological well being of that child should be given greater weight by the court in determining whether a parent should reassume custody. <i>Legal</i></p>				

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Placement Cont'd	State law should be modified to provide Juvenile Court authority to prescribe conditions of placement including the responsibilities of unrelated members of the household (e.g. boyfriends, live-in relatives). <i>Legal</i>				
Reasonable Efforts / Services	State law should be modified to allow for a full fact finding hearing 6 months after placement to determine if DSHS has made reasonable efforts to unify the family. Once a determination has been made that services have been offered and not accepted, the Department's responsibility for providing services would cease. <i>Legal</i>	The Washington State legislature should enact a law requiring a hearing before the court twelve months after the Dependency Petition is filed to determine if DSHS has made reasonable efforts to reunify the family. <i>Legal</i>	Filing for dependency should not be based on anticipated outcome of judicial process. <i>Practice and Procedure</i>	Department needs to contract with qualified providers for specific violence risk assessment (VRA) in cases where child injury is an element of the case. Content of VRAs should be contractually defined with specific tests or instruments identified. This should be updated or reviewed annually. Department will need to establish specific provider credentials for contractors providing VRAs. <i>Legal/Practice and Procedure</i>	
				Referrals to service providers from department social workers should always include information of greatest concern and include source documents for provider review. Protocols should be developed for social workers that reflect which source documents should be provided for the service being requested. <i>Practice and Procedure</i>	

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Reasonable Efforts / Services Cont'd	<p>Clear direction and family background information must be provided to all contractors before services commence.</p> <p><i>Practice and Procedure</i></p>	<p>Procedures must be implemented to insure that information flows more freely between treatment providers and the Department social workers and is distributed in a more timely manner.</p> <p><i>Practice and Procedure</i></p>	<p>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.</p> <p><i>Practice and Procedure</i></p>	<p>The Department should eliminate the option for contractor self-referral.</p> <p><i>Legal</i></p>	
	<p>Monitoring of substance abuse should be given priority in the management of any CWS or CPS case where chemical dependency has been identified as an issue:</p> <ul style="list-style-type: none"> a) Clearly establish who has responsibility for monitoring drug and alcohol compliance. b) Chemical dependency treatment should be required before other services are utilized. c) Random UAs should be scheduled and administered by appropriate community agencies or medical facilities. <p>An on-premises or accessible experienced chemical dependency professional should be responsible for reviewing all cases involving known or suspected chemical dependency.</p> <p>Consistent terminology should be developed and made available regarding chemical dependency issues.</p> <p><i>Practice and Procedure</i></p>	<p>The Department should develop a way to monitor and verify progress in court ordered services as well as compliance with court ordered services.</p> <p><i>Practice and Procedure</i></p>			

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Reasonable Efforts / Services Cont'd	Additional therapeutic childcare options should be developed to offer alternatives to parents requiring this service. <i>Practice and Procedure</i>	The providers responsible for monitoring the placement of the children must immediately alert social workers when the parent is not following through with court ordered services, or when they are not present for scheduled visits, court ordered services, or when they are not present for scheduled visits. Contracts for service providers should include specific requirements for reporting non-compliance. <i>Legal / Practice and Procedure</i>		Childcare should be put in place when preschool children are reunifying with their families. This provides the child with additional care from a caregiver who can independently monitor the child's safety and development. <i>Practice and Procedure</i>	
		Psychological assessments should be utilized more frequently in dependency cases in which mental health issues are indicated. <i>Practice and Procedure</i>		The Department should clarify the distinction between psychosocial and psychological evaluations and ensure that social workers and supervisors understand the difference between the two so that they may make better informed choices about the evaluation they recommend. <i>Practice and Procedure</i>	
		There should be consistency and continuity in the Individual Service and Safety Plans (ISSPs), that the Department submits to the court. Services should not be deleted from an ISSP without a reason given as to why the service is no longer needed. <i>Legal/Practice and Procedure</i>		Children who are dependent should have one primary medical provider who should be consistent throughout transitions home or in the event of a return to placement. If this is not a viable plan due to distance and location, the Department should ensure that medical records follow children as they change providers for continuity of care and that one medical consultant reviews all medical records. <i>Legal / Practice and Procedure</i>	

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Reasonable Efforts/ Services Cont'd		<p>Parenting assessments should be utilized in dependency cases in which children have been separated from their parents for extended periods in order to objectively assess the bonding and attachment between the child(ren) and their parents or caregivers.</p> <p><i>Practice and Procedure</i></p>			
		<p>When developing the transition plan, the case management team put in place to monitor the progress of the family should involve the family and friends who will be involved in insuring the well being of the child(ren). A contract should be made with all parties involved to insure accountability with regards to the implementation of the plan. The developers of the plan should take into consideration:</p> <ul style="list-style-type: none"> a) The length of time that the child(ren) has been out of the home and the age of the child(ren). b) The parents' history, the child's history, and the level of attachment and bonding between the parent(s) and child(ren). c) The level of participation in services of the parents during the time the children were out of their care and how these services have impacted the risk factors with regards to their ability to care for their child(ren). <p style="text-align: right;">Cont'd</p>			

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Reasonable Efforts/ Services Cont'd		d) The quality and extent of services that will be in place during the transition period both prior to the child(ren) being returned home and after the children are reunified with their parents. <i>Practice and Procedure</i>			
Risk Assessment	Factors on the Risk Assessment Matrix need to be made more specific with criteria established for assigning different levels of risk. <i>Practice and Procedure</i>	In addition to the already established times when a Summary Assessment is required, it should also be performed when the risk in a case changes substantially. <i>Practice and Procedure</i>			
				The Department should implement a protocol for staffing cases when a family has a case open in two or more CA programs. <i>Practice and Procedure</i>	
Staffings by DCFS	Cases must receive a team review including involved service providers from outside "the agency" . Supervisors and managers must be responsible for assuring that needed reviews are conducted, and that outcomes are clearly documented and implemented. <i>Practice and Procedure</i>	A team of DSHS staff and other involved professionals (herein referred to as the case management team) should be developed around a case within the first 60 days that the child is in placement. As much as possible this team should manage the case throughout the time that the children are in care. <i>Practice and Procedure</i>			
		The Department should reassess the need for Prognostic Staffings in light of the above recommendation. <i>Practice and Procedure</i>			

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	<p>Appoint an independent, outside panel separate from the CPT to review the death of a child in complex cases. Cases in which it becomes apparent that agency management of policy may have had a role in a death will be best handled by an outside panel.</p> <p><i>Practice and Procedure</i></p>	<p>The case management team should be developed around the child within 60 days of out of home placement. As much as possible, this team should manage the case throughout the time that the children are in care.</p> <p><i>Practice and Procedure</i></p>			
		<p>Cases in which a Dependency is established, or 90 days after the pick-up order is issued, which ever comes first, should be viewed by the Department as high risk cases with regards to returning the child home. The team managing the case should be required to document why the risk is no longer viewed as high prior to the children being returned.</p> <p><i>Practice and Procedure</i></p>			
		<p>Family Group Conferences should occur frequently in dependency cases to assure family and community members share responsibility for the care and protection of dependent children.</p> <p><i>Practice and Procedure</i></p>			
Technical Assistance				<p>The Department should develop and administer supervisory training on bias and critical thinking. This training should include stressing the importance and value of a "devil's advocate" or dissenting opinion and how to accept challenges to pre-conceived or developed beliefs.</p> <p><i>Legal / Practice and Procedure</i></p>	<p>The CA Case and Management Information System (CAMIS) and its Graphic User Interface (GUI) are fraught with problems and difficult to use. The effort to implement a different computer data base system should continue as currently planned by CA.</p> <p><i>Practice and Procedure</i></p>

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Training	All management personnel within Region 4 should be assessed on their ability to assist staff in managing conflict; special training and technical assistance should be given to those supervisors and managers who are deficient in this area. <i>Practice and Procedure</i>	The Department should develop a uniform core curriculum for all mandated reporters. <i>Practice and Procedure</i>	Mandatory reporting guidelines and training should be changed to emphasize immediate reporting when there is evidence of significant injuries indicating imminent harm. Training in mandatory reporting should be required every two years for all mandatory reporters. <i>Legal / Practice and Procedure</i>	The Department needs to re-examine the application of the KCF concepts and the use of KCF tools by CA social workers. The tools may be in need of revision or strengthening in order to be effective. Ongoing training on the concepts of safety as the priority, safety and risk assessment should be required for any worker and supervisor handling cases, particularly when children are being reunified with their families. Additional training is needed for social workers on the issue of the competing interests of safety and family preservation. <i>Practice and Procedure</i>	CA should consider requiring all social workers to attend substance abuse training periodically and these trainings should include guidance as to engaging substance abusing clients in treatment and holding clients accountable. Additionally, while binge drinking problems are not frequently identified in CPS investigations, consideration should be given that any training offered by the department on substance abuse includes a segment on binge substance abuse. <i>Practice and Procedure</i>
				Annual training of service providers on safety and risk assessment should be required and written into contracts with service provider. <i>Practice and Procedure</i>	Consideration should also be made to do more cross-training with mental health providers in Kitsap County. <i>Practice and Procedure</i>
	Intensive, high quality comprehensive training on chemical dependency should be provided to all CWS and CPS staff. <i>Practice and Procedure</i>		Professionals should be trained to use their expertise to determine suspected abuse. <ul style="list-style-type: none"> Regular training and oversight on the "High Standard of Investigation" should be provided to ensure that all caseworkers understand and follow protocol. <i>Practice and Procedure</i>	The Department must ensure that CWS social workers understand that assessing safety and risk is part of their job and that they do not focus solely on permanency and reunification. The department must examine the content of training delivered specifically to CWS social workers and ensure that there is proper emphasis on safety and risk assessment. <i>Practice and Procedure</i>	

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				Judges should receive training on child welfare issues and dependency practice from the Office of the Administrator of the Courts (OAC). <i>Legal</i>	
				Supervisors should ensure that social workers receive basic academy training prior to carrying cases or when changing positions into programs that they have not worked in prior. <i>Practice and Procedure</i>	
				Social workers need training to learn and understand how to best hold substance using clients accountable to their treatment program. The Department should develop joint treatment plans with chemical dependency providers which would assist CA social workers in assessing their clients' sobriety v. their recovery. The Department should explore establishing or strengthening partnerships with chemical dependency providers or perhaps the Division of Alcohol and Chemical dependency (DASA) in order to increase the availability of expertise and the accessibility of chemical dependency professionals (CDPs) to department social workers. This partnership could include the out stationing of CDPs in CA offices. If this is a challenge due to funding, the Department should bring this issue before the legislature. <i>Practice and Procedure</i>	

