Children's Administration - DSHS

FACT FINDING REPORT OF CHILD FATALITY

To be used to report administrative review of death of child receiving DCFS services.
To be completed by 30th day following receipt of report of fatality
To be used also as chronology and case summary for community child fatality review team.

1. DATE OF REPORT	10/31/02
2. REGION	6
3. OFFICE	766

4. DECEASED'S NAME (LAST) (FIRST) (MIDDLE)
Cowan Hope Louise

5. SOCIAL WORKER	6. SUPERVISOR	7. AREA MANAGER
Eleni Martin	Leah Stajduhar	Mike Crowe

8. SEX	9. DOB	10. DOD	11. ETHNICITY	12. CASE STATUS AT TIME OF DEATH
FEMALE	7/9/00	5/22/02	Caucasian	☐OPEN ☐CLOSED ☒INACTIVE

13. RESIDENCE AT TIME OF DEATH ☒Home ☐Foster Care ☐Relative ☐On the Run ☐Other (Specify)

14. STREET ADDRESS	15. CITY	16. COUNTY
117 Arthur Lane	Toledo	Lewis

17. WHERE DID DEATH OCCUR? ☒Home ☐Licensed Care ☐Unlicensed Care ☐Relative's Home ☐Automobile ☐Hospital ☐Other Placement ☐Unknown ☐Other - Describe
If fatality occurred in a licensed facility, please complete Facility Fact Finding in addition to this form.

18. CAUSE OF DEATH	19. DETERMINED BY
Multiple blunt impacts to the head	☐Physician ☒Coroner ☒Law Enforcement ☐Medical Examiner ☐Unknown
20. MANNER OF DEATH	**21. DETERMINED BY**
homicide	☐Physician ☒Coroner ☒Law Enforcement ☐Medical Examiner ☐Unknown

22. WAS NEGLECT A FACTOR IN THIS DEATH? ☐NO ☒YES If yes, ☒DIRECTLY ☐INDIRECTLY

EXPLAIN: Mother left her child in the care of her husband who was intoxicated during the time he was caring for the child. Mother knew this man had a criminal history prior to marrying him but failed to inform the department of her involvement with him. Mother has witnessed incidents in the past of her husband being overly forceful in his dicipline of this child. Mother testified on stand that she had observed significant bruising of the child bottom a month prior to the child's death. Mother did nothing about this. Child was reported to have been reluctant to be around her step-father. This death was investigated by Lewis County law enforcement and charges have been pressed against the step father. This was also investigated by CPS and founded findings were made for physical abuse and death caused by abuse.

23. WAS ABUSE A FACTOR IN THIS DEATH? ☐NO ☒YES If yes, ☒DIRECTLY ☐INDIRECTLY

EXPLAIN: Law enforcement reports indicate child received multiple blunt impact injuries to the head. Injuries while she was in the care of her step-father. Step-father was seen slamming the child onto the hood of the car, where her head hit with such force that it left a dent in the hood of the car. Step-father was alone in the home with this child while her siblings attended a local church functions. Upon their return to the home they reported seeing the child in the parents bedroom where the step-father was changing her diaper. Each sibling reported that the child was breathing in a very odd manner. Their imitation of the the breathing was identical although they reported the accounts of the incident at different times. They also reported seeing bruising on her that was not there prior to them leaving the home that evening. One child reported wanting to call 911 but being afraid to make her step-father angry. This was investigated by CPS and founded findings were made for physical abuse and death caused by abuse.

24. PERPETRATOR, IF APPROPRIATE	25. RELATIONSHIP TO CHILD
Robert Paul Beecroft / Sandra Beecroft	step-father / mother

26. ARE THERE SURVIVING SIBLINGS UNDER AGE 18? ☒YES ☐NO *If yes, complete the following:*

NAME	DOB	RESIDENCE
[redacted]	[redacted]/90	[redacted] WA
[redacted]	[redacted]/93	[redacted] WA

27. OTHER CHILDREN IN HOUSEHOLD? ☐YES ☒NO *If yes, complete the following:*

NAME	DOB	RELATIONSHIP TO DECEASED

28. ADULTS IN HOME (Including caretakers)

NAME	AGE	RELATIONSHIP TO DECEASED
Beecroft, Sandra	[redacted]/70	**Biological Mother**
Beecroft, Robert	[redacted]/65	**Step Father**
[redacted]		**Maternal uncle**

29. PRIOR SIBLING DEATHS

NAME	AGE	CAUSE
[redacted]	**3 months**	**SIDS**

30. PRIOR TERMINATIONS OF PARENTAL RIGHTS

CHILD'S NAME	DATE	LOCATION	CAUSE
N/A			

31. WERE SURVIVING SIBLINGS PLACED OUT OF THE HOME AFTER CHILD DIED?
☒YES ☐NO ☐N/A *If yes, check all applicable and give current placement status:*
☐Receiving Home ☐Institution ☐Group Home ☐Foster Home ☒Relative ☐Friend
☐Protective Custody ☒Voluntary Placement ☐Court Order ☐Other (Specify)
If no, **EXPLAIN:**

32. HAS THIS CHILD BEEN IN OUT OF HOME CARE? ☐YES ☒NO *If yes, check all applicable:*
☐Receiving Home ☐JRA Institution ☐Parental Placement with Relative ☐Parental Placement with Friend ☐Foster Home
☐ Relative Placement (DCFS) ☐Group Home ☐Mental Health Facility ☒Other (Specify)Born while mother was in treatment facility for alcohol and drug rehabilitation. Remained with mother during her treatment.

33. HAS A SIBLING BEEN IN OUT OF HOME CARE? ☒YES ☐NO *If yes, check all applicable:*
☐Receiving Home ☐JRA Institution ☐Parental Placement with Relative ☐Parental Placement with Friend ☒Foster Home
☒ Relative Placement (DCFS) ☐Group Home ☐Mental Health Facility ☐Other (Specify)

34. CARETAKER CHARACTERISTICS
List caretakers and describe characteristics of each caretaker.

CARETAKERS:	Sandra Beecroft	Robert Beecroft		
CRIMINAL HISTORY	☒YES ☐NO	☒YES ☐NO	☐YES ☐NO	☐YES ☐NO
ASSAULTIVE BEHAVIOR	☐YES ☒NO	☒YES ☐NO	☐YES ☐NO	☐YES ☐NO
MENTAL ILLNESS	☐YES ☒NO	☐YES ☐NO	☐YES ☐NO	☐YES ☐NO
DOMESTIC VIOLENCE	☐YES ☒NO	☐YES ☐NO	☐YES ☐NO	☐YES ☐NO
HISTORY OF CA/N	☒YES ☐NO	☒YES ☐NO	☐YES ☐NO	☐YES ☐NO
SUBSTANCE ABUSE	☒YES ☐NO	☒YES ☐NO	☐YES ☐NO	☐YES ☐NO

FAMILIAL/ENVIRONMENTAL STRESSERS	☒YES ☐NO	☒YES ☐NO	☐YES ☐NO	☐YES ☐NO
OTHER (SPECIFY)	☐YES ☐NO	☐YES ☐NO	☐YES ☐NO	☐YES ☐NO

Rcw 13.50.100

35. CHILD CHARACTERISTICS						
	DECEASED			SIBLINGS		
SUICIDAL IDEATION	☐YES	☒NO	☐U/K	☐YES	☒NO	☐U/K
PHYSICAL, MENTAL, OR DEVELOPMENTAL DELAYS OR PROBLEMS	☒YES	☐NO	☐U/K	☐YES	☒NO	☐U/K
MEDICALLY FRAGILE	☐YES	☒NO	☐U/K	☐YES	☒NO	☐U/K
BEHAVIORAL PROBLEMS (INCLUDE SUBSTANCE ABUSE, CRIMINAL ACTIVITY, WEAPONS)	☐YES	☒NO	☐U/K	☐YES	☒NO	☐U/K
OTHER (SPECIFY)	☐YES	☐NO	☐U/K	☐YES	☐NO	☐U/K

36. NUMBER OF REFERRALS PRIOR TO DEATH:6

37. DATE OF FIRST REFERRAL1/15/93 | **38. DATE OF LAST REFERRAL12/21/99**

39. SUMMARIZE REFERRAL PATTERN PRIOR TO MOST RECENT TEN REFERRALS:

40. CHRONOLOGY OF MOST RECENT TEN REFERRALS:

REFERRAL DATE	ALLEGATION (CONCERN)	ACTIONS TAKEN
1/15/93	[redacted]	[redacted]
1/20/95	[redacted]	[redacted]
11/24/98	[redacted]	[redacted]
7/6/99	Child Death	Information only
11/4/99	[redacted]	[redacted]

	[redacted]	[redacted] Rec'd 13.50.100
12/21/99	Drug use by mother when pregnant	Information only
5/28/02	Child Death by Abuse, PA, PN, EA	removal of children from home.

41. SERVICE HISTORY

Check box A if service was offered and accepted.
Check box B if service was offered and refused.

	DECEASED		CARETAKERS		SIBLING(S)	
	A	B	A	B	A	B
MENTAL HEALTH	☐	☐	☒	☐	☒	☐
DOMESTIC VIOLENCE	☐	☐	☐	☐	☐	☐
SUBSTANCE ABUSE TREATMENT	☐	☐	☒	☐	☐	☐
PUBLIC HEALTH NURSE	☒	☐	☒	☐	☐	☐
PARENTING CLASS	☒	☐	☒	☐	☐	☐
HOME SUPPORT SPECIALIST	☒	☐	☒	☐	☒	☐
CHILD CARE	☒	☐	☒	☐	☐	☐
MEDICAL SERVICES	☒	☐	☐	☐	☒	☐
FRS	☐	☐	☐	☐	☐	☐
IFPS/FPS	☐	☐	☐	☐	☐	☐
THERAPEUTIC CHILD CARE	☐	☐	☐	☐	☐	☐
LICENSING/ DLR TRAINING	☐	☐	☐	☐	☐	☐
ADOPTION/ADOPTION SUPPORT	☐	☐	☐	☐	☐	☐
ARS	☐	☐	☐	☐	☐	☐
OTHER (SPECIFY)	☐	☐	☐	☐	☐	☐

42. SUMMARY OF FAMILY'S SOCIAL HISTORY

This section should be a short narrative summary of the case.

The Department had minimal involvement with this family until November 1999. During the investigation of the referral in November of 1999 it became necessary for the social worker to have mother enter into a contract. Mother was not able to remain clean and sober and there continued to be concerns for neglect of the children. A dependency petition was filed on 2/18/00 and an in home dependency was established on 3/3/00. Mother went to inpatient treatment in April of 2000 and girls were then placed in care due to not being able to attend treatment with their mother. Mother gave birth to HC during her [redacted] and this child remained with her the entire time. Mother successfully completed [redacted] in December of 2000. She continued to work on her services and the older two children were returned to her home in August of 2001. HC's dependency was dismissed in January of 2002 and the other two siblings were dismissed in February of 2002.

Since Hope's death dependency's have been established on her two older sisters. They are currently placed in relative care.

Charges have been filed against Rober Beecroft. His trial is set for February of 2003.

Rev 72.02.020

This entire page may be detached before report is submitted to the community review team.

43. PARTICIPANTS IN REVIEW PROCESS

NAME	TITLE	NAME	TITLE
Mike Crowe	**Area Administrator**		
Edith Hitchings	**Regional Program Administrator**		
Eleni Martin	**Social Worker**		
Dawn Burgett	**Social Worker**		
Leah Stajduhar	**Supervisor**		
Frank O'Dell	**Supervisor**		
Juli Stewart	**Social Worker**		

44. SOURCES OF INFORMATION USED IN THE REVIEW PROCESS:

SOURCE (AS APPROPRIATE)	**AVAILABLE?**
DCFS CASE FILE/SUMMARY OF FILE	☒YES ☐NO
AUTOPSY REPORT	☐YES ☒NO
LAW ENFORCEMENT REPORT(S)	☒YES ☐NO
PROSECUTOR'S OFFICE REPORT(S)	☐YES ☒NO
CORONER'S/MEDICAL EXAMINER'S REPORT	☐YES ☒NO
MEDICAL RECORDS	☒YES ☐NO
RECORDS OF CONTRACTED PROVIDER	☒YES ☐NO
DEATH CERTIFICATE	☐YES ☒NO
OTHER (SPECIFY) SW has had verbal conversations with Coroner and Law Enforcement regarding this case.	☒YES ☐NO

45. FINDINGS AND RECOMMENDATIONS OF ADMINISTRATIVE FACT FINDING TEAM

WERE DCFS POLICIES AND PROCEDURES IN EFFECT AT THE TIME OF SERVICE FOLLOWED IN THIS CASE? *Describe in FINDINGS below.*

WERE "GOOD PRACTICE" PROCEDURES FOLLOWED IN THIS CASE? *Describe in FINDINGS below. Be sure to note work deserving of special recognition.*

THE FOLLOWING AREAS SHOULD BE CONSIDERED WHEN ANSWERING THE ABOVE QUESTIONS: Intake policies and procedures; required time frames; required contacts; staffing and shared decision making requirements; supervisory reviews; legal authorities and requirements; risk assessment policies and procedures; documentation; other policies and procedures appropriate to the case.

FINDINGS	**RECOMMENDATIONS**
In home visitation policy was not followed.	**Meet the in home policy requirements. Corrective Action taken.**