

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 July 24, 2002														
2. REGION 3 & 4														
3. OFFICE Smokey Point & Seattle North														
4. SOCIAL WORKER Ken Kramer		5. SUPERVISOR Maureen Walum												
6. AREA MANAGER Jim Jones														
7. DECEASED'S NAME (LAST) (FIRST) (MIDDLE) Granquist, Tiffany Marie														
8. SEX F	9. DOB 3/1/91	10. DOD 3/16/02												
11. ETHNICITY American Indian		12. CASE STATUS AT TIME OF DEATH <input type="checkbox"/> OPEN <input checked="" type="checkbox"/> CLOSED <input type="checkbox"/> INACTIVE												
13. RESIDENCE AT TIME OF DEATH <input checked="" type="checkbox"/> Home <input type="checkbox"/> Foster Care <input type="checkbox"/> Relative <input type="checkbox"/> Other <input type="checkbox"/> On the Run														
14. STREET ADDRESS 903 21st Avenue East		15. CITY Seattle												
16. COUNTY King														
17. WHERE DID DEATH OCCUR? <input checked="" type="checkbox"/> Home <input type="checkbox"/> Licensed Care <input type="checkbox"/> Unlicensed Care <input type="checkbox"/> Relative's Home <input type="checkbox"/> Automobile <input type="checkbox"/> Hospital <input type="checkbox"/> Other Placement <input type="checkbox"/> Unknown <input type="checkbox"/> Other - Describe														
18. CAUSE OF DEATH Gunshot Wound of head		19. DETERMINED BY <input type="checkbox"/> Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Law Enforcement <input checked="" type="checkbox"/> Medical Examiner <input type="checkbox"/> Unknown												
20. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accidental <input checked="" type="checkbox"/> Homicide <input type="checkbox"/> Suicide		21. DETERMINED BY <input type="checkbox"/> Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Law Enforcement <input checked="" type="checkbox"/> Medical Examiner <input type="checkbox"/> Unknown												
22. WAS NEGLECT A FACTOR IN THIS DEATH? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES If yes, <input type="checkbox"/> DIRECTLY <input type="checkbox"/> INDIRECTLY EXPLAIN:														
23. WAS ABUSE A FACTOR IN THIS DEATH? <input type="checkbox"/> NO. <input checked="" type="checkbox"/> YES If yes, <input checked="" type="checkbox"/> DIRECTLY <input type="checkbox"/> INDIRECTLY EXPLAIN: Father allegedly murdered Tiffany by shooting her.														
24. PERPETRATOR, IF APPROPRIATE Harrold Granquist		25. RELATIONSHIP TO CHILD Father												
26. ARE THERE SURVIVING SIBLINGS UNDER AGE 18? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If yes, complete the following:														
<table border="1"> <thead> <tr> <th>NAME</th> <th>DOB</th> <th>RESIDENCE</th> </tr> </thead> <tbody> <tr> <td>[REDACTED] (not a blood relation to Harrold); half-brother to Tiffany</td> <td>[REDACTED] 87</td> <td>With mother, Marysville, Snohomish County</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			NAME	DOB	RESIDENCE	[REDACTED] (not a blood relation to Harrold); half-brother to Tiffany	[REDACTED] 87	With mother, Marysville, Snohomish County						
NAME	DOB	RESIDENCE												
[REDACTED] (not a blood relation to Harrold); half-brother to Tiffany	[REDACTED] 87	With mother, Marysville, Snohomish County												
27. OTHER CHILDREN IN HOUSEHOLD? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, complete the following:														
<table border="1"> <thead> <tr> <th>NAME</th> <th>DOB</th> <th>RELATIONSHIP TO DECEASED</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			NAME	DOB	RELATIONSHIP TO DECEASED									
NAME	DOB	RELATIONSHIP TO DECEASED												
28. ADULTS IN HOME (Including caretakers)														
<table border="1"> <thead> <tr> <th>NAME</th> <th>AGE</th> <th>RELATIONSHIP TO DECEASED</th> </tr> </thead> <tbody> <tr> <td>Harrold Granquist, Seattle</td> <td>52</td> <td>Father</td> </tr> <tr> <td>[REDACTED], Marysville</td> <td>40</td> <td>Mother</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			NAME	AGE	RELATIONSHIP TO DECEASED	Harrold Granquist, Seattle	52	Father	[REDACTED], Marysville	40	Mother			
NAME	AGE	RELATIONSHIP TO DECEASED												
Harrold Granquist, Seattle	52	Father												
[REDACTED], Marysville	40	Mother												
29. PRIOR SIBLING DEATHS - N/A														
<table border="1"> <thead> <tr> <th>NAME</th> <th>AGE</th> <th>CAUSE</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			NAME	AGE	CAUSE									
NAME	AGE	CAUSE												

30. PRIOR TERMINATIONS OF PARENTAL RIGHTS N/A			
CHILD'S NAME	DATE	LOCATION	CAUSE

31. WERE SURVIVING SIBLINGS PLACED OUT OF THE HOME WHEN CHILD DIED?
 YES NO *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
If no, EXPLAIN: Death occurred in Harrold's home. [REDACTED] lives with the Mother in Marysville and was not at risk.

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

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

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

CARETAKERS:	Harrold	[REDACTED]		
CRIMINAL HISTORY	Two robbery convictions, in 1973 and 1977			
ASSAULTIVE BEHAVIOR				
MENTAL ILLNESS				
DOMESTIC VIOLENCE		Victim by other partner(s)		
HISTORY OF CA/N				
SUBSTANCE ABUSE	Claimed to be sober since 1988			
FAMILIAL/ENVIRONMENTAL STRESSERS	Single parent with contentious custody situation; recent deaths of father and two brothers; daughter with behavior problems	Single parent, custody issues, problems with teenage son, daughter with behavior problems		
OTHER (SPECIFY)				

00034

35. CHILD CHARACTERISTICS						
	DECEASED			SIBLINGS		
	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> U/K	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> U/K
SUICIDAL IDEATION	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> U/K	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> U/K
PHYSICAL, MENTAL, OR DEVELOPMENTAL DELAYS OR PROBLEMS	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> U/K	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> U/K
MEDICALLY FRAGILE	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> U/K	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> U/K
BEHAVIORAL PROBLEMS (INCLUDE SUBSTANCE ABUSE, CRIMINAL ACTIVITY, WEAPONS)	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> U/K	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> U/K
OTHER (SPECIFY)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> U/K	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> U/K
36. NUMBER OF REFERRALS PRIOR TO DEATH 10						
37. DATE OF FIRST REFERRAL 10/21/91			38. DATE OF LAST REFERRAL 11/26/2001			
39. SUMMARIZE REFERRAL PATTERN PRIOR TO MOST RECENT TEN REFERRALS: Not Applicable						
40. CHRONOLOGY OF MOST RECENT TEN REFERRALS:						
REFERRAL DATE	ALLEGATION (CONCERN)		ACTIONS TAKEN			
11/26/01 1267722	Possible 3rd party Physical Abuse		Information Only			
05/11/01 1210795	Neglect→older brother beats her up		Accepted→Inconclusive			
01/30/01 1179541	Physical Abuse – Dad		Accepted→Inconclusive			
06/05/00 1113354	Told peers she was raped in Marysville		Information Only			
03/03/00 1079435	Sexualized behavior at school		Information Only			
08/12/99 1019243	FA reports MO had PA'd Tiffany in past		Information Only			
07/27/99 1014665	Sexualized behavior with peers		Information Only			
02/23/99 970126	MO reports FA PA'd Tiffany-bruises		Accepted→Founded			
07/27/93 390125	Possible Sex Abuse		Accepted→Unfounded			
10/21/91 184999	FA claims MO neglects infant		Accepted→LRS w/ letter to mother			
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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DOMESTIC VIOLENCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUBSTANCE ABUSE TREATMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PUBLIC HEALTH NURSE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PARENTING CLASS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HOME SUPPORT SPECIALIST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHILD CARE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MEDICAL SERVICES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FRS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IFPS/FPS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
THERAPEUTIC CHILD CARE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LICENSING/ DLR TRAINING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADOPTION/ADOPTION SUPPORT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ARS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OTHER (SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Read
13.50.100

42. SUMMARY OF FAMILY'S SOCIAL HISTORY

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

Tiffany Granquist was born on 3/1/91 to [REDACTED] and Harrold Granquist. [REDACTED] claimed to be an enrolled member of the Oneida Tribe. [REDACTED] and Harrold never married and Tiffany lived off and on with both of them. She had most recently been living with her father in Seattle to attend a Catholic school, while visiting her mother on weekends and other times.

In addition to the report of her death on 3/16/02, DCFS received ten referrals on Tiffany, from October 1991 through November 2001. Region 3 founded one report of physical abuse in 1999 as to Harrold. Region 3 and Region 4 kept two different case files, one on Roxanne and one on Harrold. The files portray two separate families. [REDACTED]

[REDACTED] She is in conflict with Harrold about who should have custody of Tiffany, but agrees to allow her to live with Harrold and attend private school in Seattle. She seeks out family counseling resources on several occasions.

Harrold, a CPA, had problems with the law and substance abuse earlier in his life. He had continual conflict with Roxanne about Tiffany's welfare in her home, and the two of them did report to CPS against each other. He also sought counseling assistance and was very willing to participate in Intensive Family Preservation Services through CCS March-June 2001. He enrolled Tiffany in a Catholic elementary school.

Tiffany apparently had some behavior and social skill problems. She was reported to be physically and at times sexually aggressive toward peers. Some professionals described her as having an obsessive-compulsive disorder, but DCFS does not have any health records to corroborate that.

Apparently distraught when St. Therese School asked that Tiffany attend another school, Mr. Granquist did not seek any of the helpful resources he had in the past. Instead, he allegedly sedated his daughter, then shot her in the head. Police found him the next day, intoxicated, wandering in a park without shoes, in the snow. He is charged with First Degree Murder.


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

43. PARTICIPANTS IN REVIEW PROCESS

NAME	TITLE	NAME	TITLE
Patti Turner	R3 Program Mgr.		
Paula Oppermann	R3 AA		
Jeff Norman	R4 Program Mgr.		
Jim Jones	R4 AA		
Ken Kramer	R4 CPS		
Charlene Ramirez	R3 Program Mgr.		

44. SOURCES OF INFORMATION USED IN THE REVIEW PROCESS:

SOURCE (AS APPROPRIATE)	AVAILABLE?
DCFS CASE FILES	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
AUTOPSY REPORT - Verbal	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
LAW ENFORCEMENT REPORT(S) - Verbal	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
PROSECUTOR'S OFFICE REPORT(S)	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
CORONER'S/MEDICAL EXAMINER'S REPORT - Verbal	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
MEDICAL RECORDS	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
RECORDS OF CONTRACTED PROVIDER - IPFS (CCS)	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
DEATH CERTIFICATE ON-LINE #2002-9509	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
OTHER (SPECIFY)	<input type="checkbox"/> YES <input type="checkbox"/> 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? <input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO <i>If no, describe in FINDINGS below.</i>	
WERE "GOOD PRACTICE" PROCEDURES FOLLOWED IN THIS CASE? <i>Describe in FINDINGS below. Be sure to note work deserving of special recognition.</i>	
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
There was no information available to the CPS worker or any other professional involved with the case that indicated Mr. Granquist posed a serious threat to Tiffany's safety. Her death was not foreseeable.	
Roxanne Granquist reported she is a Native American and an enrolled member of the Oneida Tribe.	
Region 3 sent an initial inquiry to the Oneida Tribe regarding the child's Indian status but did not follow up beyond the initial inquiry.	Complete all the steps regarding verification of Indian status, per Indian Child Welfare policy.
Region 3 and Region 4 kept separate case files and case ID's for Roxanne and Harrold. There was little communication between the regions about the families.	Clerks and social workers should review new referrals in GUI to see if there are cases in other regions. Using Person ID's in the future may mitigate this problem.
The families received services from several medical and mental health providers, but DCFS did not have any records except for IFPS.	Obtain releases from clients and request health and counseling records from providers. This can provide us valuable information about health and safety, and risk and protective factors.
CPS screened out three reports indicating Tiffany may have been abused by third parties. She never had a sex assault exam.	Intake should check with LE and/or send letters to the parents with resource information, so that the parent can obtain a sex assault evaluation. At least one of these could have been referred back to CPS as a sexually aggressive youth case.