

Department of Children and Family Services
2240 West Ogden Avenue
Chicago, Illinois 60612
(312) 433-3000
(312) 433-3032 fax

Office of the Inspector General

REDACTED REPORT

This report is being released by the OIG for teaching/training purposes. To ensure the confidentiality of all persons and service providers involved in the case, identifying information has been changed. All names, unless otherwise indicated, are fictitious.

File No: 974035
Minors: Jessica Brown (DOB 10/99, 08/00)
Subject: Death of Jessica Brown

Summary of Complaint

Jessica Brown died at age ten months in August 2000. She died at the home of her mother, Cheryl Brown, who lived with her boyfriend Stan Hollins. An autopsy was performed through the Office of the County Coroner and Jessica was determined to have died from asphyxiation because of an impacted paper-like mass that obstructed her upper airway. An investigation determined the manner of death to be homicide. Stan Hollins has been arrested for the murder of Jessica and has been charged with three counts of first-degree murder and he awaits trial. The Office of the Inspector General (“OIG”) investigated Jessica’s death pursuant to its directive to investigate the deaths of children whose family has had involvement with the Department of Children and Family Services (“DCFS”) within twelve months prior to the death. Jessica’s mother had an intact family case open with DCFS at the time of her death.

SUMMARY OF INVESTIGATION

Narrative

Background

Jessica Brown was born in October 1999 to twenty-four year old Cheryl Brown. The father of Jessica was not named on the birth certificate. Cheryl later told DCFS she thought the father was Joseph Brown but paternity was never established. According to Cheryl’s family, Cheryl

lived in a shelter during the final trimester of her pregnancy. After the birth of Jessica, Cheryl lived with her mother for a little while but eventually got her own apartment. The family believed that the shelter assisted her with housing. The county housing authority confirmed that they paid the rent for Cheryl through the shelter from September of 1999 through July 2000.

Stan Hollins and Cheryl Brown had known each other for several years and became reacquainted when Jessica was about two months. Family members recall that Stan moved in with Cheryl when Jessica was about four months old.¹ Stan was employed as a truck driver and was gone several days a week. Cheryl was working at the time the A sequence came in but quit after DCFS became involved. According to the family, she went back to work at a local fast food chain within the month before Jessica died. Cheryl used her family including her mother, her sister and her stepmother for caretakers while at work.

The A Sequence Investigation

On June 19, 2000, the State Central Register (“SCR”) received a call from a nurse at County Hospital. The nurse reported that the maternal grandmother had brought eight-month old Jessica Brown to the hospital. Jessica had bruising on her buttocks; three fingerlike four-centimeter bruises and a small dark bruise in the center of her buttocks. Her grandmother told the nurse that Stan Hollins admitted spanking Jessica when Cheryl Brown was not home, though the nurse told SCR she was unclear as to whom Stan had admitted the behavior. The nurse reported further that the grandmother said that Jessica has had bruises on her head and left ear in the recent past; Brown said the head bruise was from a fall but there was no explanation for the bruise on the ear. The nurse stated that Jessica was being released to the grandmother who was babysitting the baby until 3:00 a.m. SCR took the call as an A sequence report for investigation. SCR was not able to run a LEADS check because of no birthdates on Stan and Cheryl.

The reporter filled out a “Written Confirmation of Suspected Child Abuse/Neglect Report Medical Professionals,” containing the same information as the call. The nurse wrote more specifically that the grandmother told her the two weeks previous to the exam at the hospital she noticed bruising to her ear and one week previous she saw a bruise on the child’s forehead that the mother explained as from the child falling out of bed.

On June 20, 2000, Child Protective Investigator (“CPI”) Susan Green was assigned the investigation. Green began the investigation with a phone call to the grandmother. The grandmother reported that Cheryl had not picked up Jessica. She told Green that Cheryl had called her and said that she and Stan had been arguing and needed the grandmother to watch Jessica for her. Cheryl told her mother that Jessica had bruises and she was not sure how they got there. When Cheryl arrived she told her mother that Stan had whipped Jessica, causing the bruises and Stan was moving out. Later Cheryl told her mother that they were working things

¹ It never becomes clear when exactly Stan moved in with Cheryl. All people involved give conflicting answers including Cheryl and Stan. It seems as though he moved in sometime between Jessica being two months old and four months old.

out and Stan was not leaving. The grandmother told Green that she was worried. Green tried to call the reporter (nurse), but she was not at work that day. Green then went to visit Jessica at the grandmother's home.

Green arrived at the grandmother's at 9:45 a.m. She completed a body chart documenting an area on the right buttock noting there were 3 ½ inch long finger-like blue marks and another bruise in the center of the lower back just above the buttocks. The grandmother told Green that Cheryl worked 3:00 p.m. to 11:00 p.m. seven days a week and Stan drove a truck for a department store. She reported that Stan drank on a daily basis. The grandmother agreed to be a possible placement if necessary. The grandmother also gave the phone number of her sister, and an adult daughter. The grandmother provided names and birthdates of other household members for CANTS and LEADS checks.

Green next went to the Police Department and talked with an officer. The police officer found no record of any priors on either Stan Hollins or Cheryl Brown. Green went to the home of Brown and Hollins and spoke with Cheryl. Green noted that Cheryl initially was uncooperative and wanted the CPI to leave. Green explained that if she left she would return with the police and all she needed to do was ask her some questions. Cheryl admitted Green. Cheryl denied that Stan had, in any way, hurt Jessica. Green replied that she had already seen Jessica and witnessed prominent bruising on her buttocks. Cheryl became angry that Green had seen Jessica. Green explained that it was her obligation by law to see the child if abuse or neglect had been reported. Cheryl then broke down and told Green that she had spanked Jessica for scratching her in the face. Cheryl said she was stressed out and admitted that she was out of line for spanking Jessica adding that she had never spanked her before. She told Green that she thought her mother would care for Jessica for the time being and never thought her family would report her to DCFS. Green explained the paramour policy to Cheryl and told her that because of the presence of a paramour and Jessica's young age the case would be referred to a follow-up unit. Cheryl told Green that she had worked with Noreen Thompson in the past and requested that Thompson be her assigned caseworker. Green replied that she would see if it was possible for Thompson to become her assigned worker. Green completed a substance abuse screen and a domestic violence screen with Cheryl. Cheryl denied any substance abuse or domestic violence. Cheryl admitted that she and Stan had arguments but they never went beyond verbal disagreements. She described Stan as passive and herself as having a bad temper. Cheryl agreed to allow Jessica to stay with her grandmother as a safety plan. Cheryl then signed a written statement which read "I, Cheryl Brown, whipped my daughter, Jessica Brown, on her buttocks with my hand on Sunday 6/18/00 at [address redacted] thus causing bruising to Jessica's buttock area."

Green then spoke with Stan Hollins. Stan told Green that he has one daughter, Maya Hollins, DOB 7/96. She visits once in a while and he has a decent relationship with her mother. Stan denied that he spanked Jessica, adding that Cheryl usually cared for her. He had never seen Cheryl hit Jessica. He recalled that Cheryl had taken Jessica to her mother's on Sunday night but he was not aware of any bruises on her. He believed that Cheryl's family did not like him because he and Cheryl were independent, doing well and her family could not handle that idea.

He worked for a trucking company and is often on the road.

The following day, June 21, 2000, Green received a call from the grandmother. The grandmother related that Cheryl told her Jessica would be back with her at the end of the week. Green explained that the scenario might be true, that after the paperwork was completed and the case referred Jessica would go back to Cheryl and Stan. Green told the grandmother that she would let her know when Jessica could return to Cheryl. She explained that the goal was for Jessica to go back if Cheryl was cooperative. The grandmother reiterated that Cheryl had told her that Stan had bruised Jessica and she was extremely concerned. Green said that she had addressed that issue with Cheryl.

On June 22, 2000, Cheryl told Green that she had taken personal time from work for the next four days and wanted Green and Thompson to come to the house to discuss the situation and start the follow-up case. Green and Thompson agreed to be at the home later that afternoon. After the meeting, Green advised the grandmother that it was okay for Cheryl to take Jessica home.

On June 28, 2000 Green again attempted to reach the reporter but the nurse was not working. On June 30, 2000 Green went to the Cheryl and Stan's home to see Jessica. Cheryl was home, but Jessica was with her family and Stan was at work. Cheryl reported that they were doing well. Cheryl said that she was not called back to work so she had been staying with Jessica. Green checked with the Health Department on July 5, 2000 for Jessica's immunizations for Jessica but there were no records. The Health Department personnel suggested that Jessica may have gone to her own doctor for shots. Green attempted another home visit on July 6, 2000, but no one was there.

On July 11, 2000, Green staffed the case with her supervisor. They determined that Stan would not be indicated and Green would not need to continue seeing the child weekly in line with the paramour policy. On July 14, 2000 she again attempted to reach the reporter, but the nurse was with a patient and unavailable to talk. She attempted another contact on July 18, 2000. Green called three times and spoke with the reporter in the afternoon. The nurse told Green that the baby was brought into the emergency room by her grandmother with bruising on her buttocks. Jessica was otherwise healthy, alert and responsive; the only negative sign was the bruising. Green informed the reporter that the case was being indicated and services offered.

Green completed a Child Endangerment Risk Assessment Protocol ("CERAP") safety determination form and the Family Assessment Factor Worksheet ("FAFW") assessing the level of risk in the family. On the CERAP, Green checked two safety factors as being present: "Caretaker caused moderate to severe harm or has made a threat of moderate to severe harm," and "Paramour living in the home with allegations pending". She marked the safety decision as unsafe and followed with a safety protection plan. The plan specified that Cheryl and Stan would not use physical discipline with Jessica. Jessica was to stay with her maternal grandmother until services could be opened with the family. The plan was to be implemented

by Cheryl and Stan and monitored by Cheryl and Stan, with an open investigation and a referral for follow up services. The CERAP, signed by Cheryl, Stan and Green, was dated June 20, 2000.

The FAFW gave the family an overall rating of high risk because of prominent bruising on an eight month old. The bruising caused the grandmother such concern that she took Jessica to the hospital, which reported the family to DCFS. The family assessment factors were rated low risk. Green noted that Cheryl had a decent relationship with her mother and family but appeared to have a history of negative interaction in the past because Cheryl reported abuse by her parents as a child. She wrote that the grandmother seemed to have the family's best interest at heart, but it was uncertain how the grandmother regarded Stan, as she believed he was the individual that harmed Jessica. In the Caretaker's Assessment Factors, Green reported that both Stan and Cheryl appeared able to care for Jessica but felt there was an issue of inappropriate means of discipline. Both caretakers seemed emotionally stressed with the demands of work and childcare. Cheryl reported that Jessica was very demanding and would not allow her mother out of her sight when they were at home. Both reported past drug and alcohol use but no current drug use. Current alcohol use was reported by Stan. Green wrote that both sounded as though they cared about Jessica. In the Child Assessment Factors section, Green observed that Jessica behaved as a responsive eight month old. Green had not observed Jessica with Stan or Cheryl. The child appeared bonded to her grandmother and aunts. Green wrote that the allegation of cuts, welts and bruises should be indicated on Cheryl because of visible bruises seen by grandmother, nurse and CPI and the admission that she spanked her daughter causing the bruises. The cuts, welts and bruises allegation on Hollins would be unfounded.

Green wrote that the parents seemed to have the ability to meet the minimum parenting standards in providing clothing, food and shelter to Jessica and they appeared to want the best for the child. She noted that Cheryl used excessive force on Jessica as discipline but told her mother that Stan had caused the bruises, which were inconsistent stories about the injury. Both Cheryl and Stan were cooperative and engaged in working with DCFS. The specific efforts made by the parents/Department to preserve the family were listed as: referral to follow-up services, explanation of appropriate means of discipline for an eight month old, anger management, marital counseling and investigation. The efforts that would allow the family to be maintained were listed as: counseling, cooperation with the safety plan, and possibly day care for Jessica to allow mother time for herself. Green wrote that the problems requiring immediate attention included the safety of Jessica, stress of a working mother, Cheryl's history of mental health issues and a paramour as a caregiver.

The Follow-Up Case

Noreen Thompson, LCSW, was the DCFS worker assigned to the family. Prior to her being employed by DCFS, Thompson had worked as a therapist in private practice. Cheryl had been referred to Thompson for therapy as part of her court supervision for a property crime. Thompson was Cheryl's therapist for about nine months during 1998. Because of their

previous relationship, Cheryl requested that Thompson be her worker. Thompson and her supervisor told OIG investigators that they had talked about whether having a previous relationship posed a problem. Both said that a previous relationship could be a negative and a positive. Thompson stated that because of the small size of the area the issue was likely to happen at some point, but she realized that one had to be able, as a professional, to build certain walls and she felt she could do so in this case. Thompson said that she did not feel as though she could share her previous knowledge about the family. She wanted to use the information she had to help the family but did not want to breach confidentiality.

Thompson completed a CERAP, a service plan and a social history on Cheryl and Stan. The CERAP was done on June 27, 2000, with an identified safety factor that the caretaker caused moderate to severe harm to the child because of the bruise Cheryl admitted to causing when she spanked Jessica. The safety decision was marked safe. The safety plan was described as Stan and Cheryl agreeing not to use physical discipline with Jessica. They also agreed to work with DCFS, to attend services in order to address parenting skills and anger management and cooperate with follow-up services.

The service plan, completed on July 17, 2000, identified the goal as remaining intact. The plan described the A sequence investigation as the problem that brought the family to the attention of DCFS. Thompson identified Cheryl as needing counseling to learn coping skills to deal with emotions and demonstrate the ability to discipline without spanking. Cheryl needed parenting classes to enhance her parenting skills. The plan noted that Cheryl and Stan needed couples counseling to learn communication and problem solving skills to reduce household stress. Task pages centered around referrals for the services and utilization of the services.

The social history offered general information that Thompson had gathered from Cheryl and Stan. Cheryl grew up in Illinois, her parents divorced when she was three. Cheryl lived with her mother but felt that her mother was physically and emotionally absent from her life much of the time. Cheryl reported that her mother's boyfriend had sexually abused her. Cheryl felt her mother had a mental illness but would not seek help. When Cheryl was five her father remarried and she moved in with him. Cheryl continued to visit her mother where she witnessed drug use and adult sexual behavior. Cheryl's stepmother became her primary care taker. Cheryl felt that her stepmother was rather strict and rigid. Cheryl thought that the differences in her mother and father's homes contributed to her rebelliousness after she graduated from high school and married. Cheryl had been married, but was divorced in July 1995. She cited drug and alcohol abuse as the reason for the divorce. After her divorce Cheryl began using drugs and was unable to care for her two children. She made a voluntary arrangement for her children to live with her father and stepmother until she could get her life in order. Cheryl was arrested on April 14, 1998, and charged with criminal damage to property. She was sentenced to twelve months supervision. Cheryl said the charge stemmed from a jealous incident involving her ex-husband and his girlfriend. She sought mental health service through the County Department of Health.

Cheryl expressed mixed feelings about her extended family. Cheryl had allowed her mother to babysit for Jessica because her mother had changed her life. Cheryl stated that she has an

emotional bond to her mother but regrets that she usually ends disappointed by trying to have a relationship with her mother. Cheryl cites her support system as being her stepmother and Stan.

Stan also grew up in Illinois. He was the oldest of four children and his parents are still together. Stan reported that he had a good childhood and his parents were never abusive, occasionally though they used spankings as punishment. Stan has two daughters, four-year old Maya who lives with her mother but visits Stan, and one-year old Alli lives with her grandmother and is not allowed any contact with Stan. He was married to Maya's mother but divorced in less than a year. Cheryl and Stan recently moved into a rental property approximately twenty miles west from where they had been living. Cheryl felt the move was important because it offered distance from her family of origin who, Thompson added, had caused problems for Cheryl in the past.

As part of the social history Thompson assessed their strengths and weaknesses. Cheryl was unemployed but was looking for a job. Stan was working as a truck driver. Both had completed classes at Community College. Thompson noted that both Stan and Cheryl had a work ethic and did not rely on government assistance.² Stan and Cheryl were raised in Christian households and were involved in the church at some point in their lives. They wanted to reconnect with a church and find a congregation near where they were now living. They hoped to marry in the future and have a home big enough to have Cheryl's older daughters with them. Cheryl's history of anger problems, criminal record, drug and alcohol use and the fact that she had not parented her children full time before were noted as weaknesses. To ameliorate those weaknesses, Thompson noted that DCFS was providing protective daycare for Jessica, had registered Cheryl for parenting classes and had made a referral for counseling for Cheryl to work on stress management and anger management.

Cheryl was the primary caretaker for Jessica, who Thompson described as a pleasant baby who smiled often and was friendly with strangers. Cheryl told Thompson that she had taken Jessica to the local health nurse for her shots. Cheryl and Stan stated that they disciplined with an occasional spanking but agreed that Jessica was too young to spank. Thompson noted that Cheryl appeared very connected and bonded to Jessica and Jessica appeared comfortable with Cheryl and Stan.

Thompson's case notes document seven home visits, between June 22 and August 17, 2000.³ During the visits Jessica was checked for signs of abuse. There was one in which the family was not home. The first home visit was the hand-off from DCP. On July 28 Thompson informed Cheryl that she had registered her for parenting classes with Agency A starting on August 17, Cheryl agreed to attend.

² Cheryl's housing was being paid by the housing authority until July of 2000. However Cheryl led Thompson to believe that they were taking care of the bills without any assistance and Thompson cited this as a strength of the family.

³ The visits occurred on June 22, 27 and 28 for introductions and to gather social history. Thompson returned to the home July 13, 19 and 28 and August 10 and 17. No one was home at the last visit. Stan was present during the visit on June 28.

On July 24, 2000, Thompson's supervisor staffed the case with Thompson. The supervisor noted that the service plan and social history had been completed as had referrals for parenting classes. The supervisor wrote that the paramour policy was being followed, Jessica was seen every week for bruises and there had been no evidence of abuse. Thompson told her supervisor that she believed Stan was supportive and non-abusive.

On August 8, 2000, the B sequence investigation began. Although there was no case note documenting the visit, CPI Helen Peterson and Thompson told OIG investigators that Thompson came to Cheryl and Stan's home that evening, just as Peterson was leaving. On August 10, 2000, Thompson made an official home visit to follow-up on the new report. Cheryl told Thompson that her mother had told her stepmother that she reported Cheryl because the baby was covered with bruises, had a split lip and a black eye. Thompson noted that Cheryl spent time venting feelings because of her mother's attempt to hurt her. Thompson told Cheryl that DCFS could help with daycare and that Cheryl should not leave Jessica with her grandmother any more. Thompson gave her a list of licensed daycare providers and told her to find a provider and DCFS could pay for protective daycare while she worked. Thompson changed Jessica's diaper and checked her for marks or bruises but none were noted. Brown called Thompson later that afternoon with the name of a daycare provider. Thompson called the provider who had an opening and requested protective daycare for Jessica.

On August 15, 2000, Thompson informed Cheryl that the daycare provider had been approved. Thompson directed Cheryl to take Jessica to daycare daily while she looked for a job. Thompson attempted to reach Cheryl again on August 22 to arrange for a visit but had to leave a message on the answering machine. The daycare provider called Thompson on August 23 to report that Cheryl had only brought Jessica to daycare once in the past week and Jessica cried most of the time she was there. The provider was concerned that Jessica would not adjust to daycare and asked Thompson if she should suggest to the mother to bring Jessica in for at least a couple of hours each day until Jessica became accustomed to the environment. Thompson thought it was a good plan and told the provider that she wanted someone besides the family watching Jessica and letting her know if Cheryl was cooperative. Thompson attempted an unannounced visit to discuss the daycare plan, but no one was home. Thompson attempted to reach Cheryl by phone several times the following day but was unsuccessful. She had planned to attempt another visit, but Jessica died on a few days later.

The B Sequence Investigation

August 8, 2000, at 2:25 p.m. the hotline received a call from the maternal great aunt of Jessica. The great aunt stated that the child's maternal aunt had picked up Jessica on August 7 from Cheryl's home and the child was covered in blood. The aunt took Jessica to the maternal grandmother's home. The grandmother babysat for Jessica until Cheryl picked her up in the early morning hours of August 8. The great aunt said she observed the baby and noted a split lip, black eye, facial bruising and a bruise on her chest. The great aunt thought the marks were fresh and thought Stan and Cheryl were abusing Jessica. She said that Stan and Cheryl were

supposed to be going to counseling because of the report from June but she feared they were still abusing Jessica.

Two anonymous calls came in regarding the case. The first anonymous call came in on August 9, 2000, at 8:55 p.m. The reporter told SCR that the maternal aunt had picked up Jessica from Cheryl's home on August 7 and Jessica had cuts to her lip, left and right side, had a chest bruise and a black eye from Stan abusing her. The reporter said that Jessica was back at Cheryl's home but the reporter did not know the exact address. Stan was there also. The reporter added that Cheryl said she bruised Jessica in the first report but she lied and it was Stan who bruised Jessica in June. The reporter said that they would contact the CPI to answer any questions. The report noted that the reporter did not know that the injuries had already been reported. The second anonymous call, on August 10 at 2:40 p.m. confirmed the address of Cheryl and Stan.

Helen Peterson was assigned as CPI on August 8, 2000, immediately after the report was made. At 4:15 p.m. that afternoon Peterson and her supervisor went to the home of Cheryl to see Jessica. Peterson saw a dime size black and blue bruise on her right cheek. She noted a red insect bite under her right eye. Peterson did not find a bruise on her chest nor injuries to her lips. Peterson wrote that Jessica appeared happy and well cared for, able to walk and stand on her own and developmentally ahead of her age.

After the examination of the child, Peterson's supervisor left and Peterson stayed to talk with Cheryl and Stan. Peterson first interviewed Cheryl. They went over the substance abuse screen. Cheryl denied any drug or alcohol usage and then related what had happened. Cheryl explained that Jessica was in her crib upstairs while she, Stan and her sister were downstairs. Jessica started to cry so her sister brought her downstairs and said "She's got blood on her." Cheryl said they could not understand how it happened. Peterson asked if her sister was present when Jessica went to bed and Cheryl answered yes. Cheryl added that at times, Jessica shook the corner of her crib when she was in bed and did not want to sleep. Cheryl said that what could figure was that Jessica fell with the pacifier in her mouth. Cheryl showed Peterson a hard blue plastic pacifier and the crib. Peterson saw, in the front right hand corner, a round screw that matched the size of the bruise on Jessica's face. Cheryl told Peterson, "If I abused my baby, I wouldn't have brought her to my mother's house because my mother calls DCFS on me." Cheryl said her mother called her wanting to know how Jessica was bruised. Cheryl explained that Stan is a truck driver and home only two days per week. Peterson observed Jessica with Cheryl and wrote that Jessica seemed unafraid and happy with her mother. Cheryl denied that she hurt Jessica.

Peterson then interviewed Hollins. Peterson completed a substance abuse screen on Stan who denied any drug use and stated that he drinks a six-pack of beer per week. Stan denied that he hurt Jessica. He said that he, Cheryl and Cheryl's sister were at home. He put Jessica to bed, but she was fussing. The three adults were downstairs when they heard her crying. Jessica's aunt went up and brought her downstairs. Jessica had blood on her but they could not tell what she had done.

On August 9, Peterson staffed the case with her supervisor. Peterson told her supervisor that the baby may have fallen against a screw holding up the rail of the crib. Peterson advised that she still needed to talk to the maternal great aunt, the maternal aunt, the maternal grandmother, the caseworker and the Health Department.

CPI Peterson spoke with caseworker Thompson on August 9. Thompson told Peterson that her last date of contact was August 8. Peterson asked what services were provided and Thompson stated the following: counseling, parenting and weekly monitoring. Thompson related that the family had been very cooperative. In response to what risk factors had been a concern, Thompson stated that Cheryl continued to allow Jessica to go to the grandmother's home. Thompson's opinion of the current allegation was that people who wanted to cause trouble had set up Cheryl. Thompson's general assessment of the case was that she believed Cheryl was growing, learning and bonding to the baby. OIG investigators asked Peterson if Thompson had expanded on any of the answers such as why taking Jessica to her grandmother's was a risk factor and if she believed that the services Thompson described as provided meant Cheryl was participating in those services at present. Peterson responded that she wrote down whatever Thompson had said. They did not talk beyond her answers to the questions.

On August 10, Cheryl's stepmother called the DCFS field office and asked for a CPI. Green took the call. The stepmother told Green that she had heard from Cheryl's mother and other family members that a report had been called in on Cheryl because of injuries to Jessica. Green explained that she could not tell her anything but she could give the CPI information and Green would document it. Cheryl's stepmother said that she could not believe that DCFS had allowed Jessica to go home after the investigation in June. Cheryl's mother told her that they did not have her keep Jessica so she called the stepmother to see if she could get Jessica as she had Cheryl's other children. The stepmother wanted to know what was going on in the case. Green reiterated that she could not tell her anything because of confidentiality. The stepmother told Green "if anything happens to this child it will be on your head!" Green replied that was the nature of her job. The stepmother said she was going to see Jessica herself. Green then called Thompson to inform her that Cheryl's stepmother was going over to Cheryl's home.

While Green was talking to the stepmother, CPI Peterson was in the field interviewing the reporter at her home. The great aunt stated that on Monday, August 7, the grandmother brought Jessica to her home and asked her to look at the baby. The great aunt said she told the grandmother to report it but she would not call the hotline. The great aunt said the baby had a black eye, bruises around the mouth and a cut lip on both sides of her mouth. She said the baby's lip was swollen and there was a bruise on her chest. The great aunt said it was the second time Jessica had bruises. She told Peterson that "Cheryl is a manipulator," but her main concern was the baby. Cheryl's sister told her how Stan had put the baby to bed and let Jessica cry until the aunt went and got Jessica. Peterson asked how Jessica got to the grandmother's house? The great aunt said Cheryl's sister had been babysitting and brought Jessica to the grandmother's home.

Peterson went to the home of Cheryl's sister. The aunt said she was downstairs with Cheryl and Stan. Cheryl was holding Jessica. Stan decided it was past Jessica's bedtime and he put her to bed. The aunt said Stan wanted Jessica to start sleeping in her crib instead of in their bed. She said Jessica cried for a long time than became quiet. Jessica then started crying again. The aunt said she could not stand the crying any longer and she went up to get Jessica. The aunt found Jessica on her hands and knees in the crib. When she picked Jessica up she saw blood on her face and ran downstairs with her. The next day Jessica had a bruise. Because of the prior report she thought it might be abuse. She said Jessica was fine so she took Jessica to the grandmother's house.

Peterson attempted to call the grandmother but there was no answer. Peterson went to the home of Cheryl and Stan. Peterson took pictures of Jessica and pictures of the crib. Peterson informed Cheryl that the case would be unfounded. Cheryl told Peterson she felt the case was harassment and signed the papers to have the investigation retained. Thompson came to the home while Peterson was there and the CPI informed Thompson that the case would be unfounded.

Peterson called the County Health Department. She left a message for a return call in regard to Jessica Brown. The Health Department returned the call and told Peterson that the August 2 appointment was rescheduled but there was a "no show". The nurse said that Jessica was behind two series of shots. Peterson called Thompson to inform her of the immunization status. Peterson wrote that Thompson called Cheryl and told her to get to the health department for Jessica's shots. Peterson then reviewed the A sequence report from June 19 and noted the case was indicated for cuts, welts and bruises on the mother.

That afternoon Peterson went to the home of the grandmother. The grandmother told Peterson that when her daughter brought Jessica over last week Jessica had bruises around her mouth. She said that Jessica also had a bruise on her chest but it may have been dirt and Jessica had a scratch on her eye. The grandmother talked to Jessica's aunt who told her she went to get Jessica out of her crib and Jessica had blood all over her. The grandmother asked Cheryl about the bruises. Cheryl told her Jessica may have hit the crib.

On August 15, 2000, CPI Peterson discussed the case with her supervisor. The supervisor waived notification of law enforcement because of a lack of credible evidence of abuse. Peterson spoke with caseworker Thompson who told Peterson that she was making weekly contact with the family. The last contact in the investigation was on August 16. Peterson called the great aunt. The great aunt said that she had nothing more to add to the case.

The C Sequence Investigation

SCR was notified of the death of Jessica in August 2000 at 10:10 p.m. A detective of the local Police Department reported that Jessica was discovered dead earlier that night. The detective said that the cause of death was possibly choking but an investigation had been initiated. The detective did not have details as to the exact time of death but reported that Stan Hollins was

the caretaker at the time. Stan reported that Jessica was choking and he tried to dislodge what was choking her. Jessica was supposedly last seen alive at 6:30 p.m. when Cheryl left for work. The detective also reported that Stan's daughter, Maya Hollins, was at the home when Jessica died and but was picked up by her paternal grandparents following the incident. The detective told the SCR operator that he felt Hollins' explanation was suspicious. SCR took the call as a report for investigation based on the prior history with DCFS.

A second call reporting suspicions about the death of Jessica came into the hotline on August 30, 2000. A woman who identified herself as a cousin called and reported that family members had concerns about Stan and Cheryl and wanted to share the following with the CPI:

“during the funeral Cheryl appeared to faint but the (cousin) saw her put her hand on Cheryl's back and motion for Stan... (Cheryl) was very descriptive when talking about what (Stan) had to do- sticking his fingers down (Jessica's) throat...”

The cousin stated that Jessica had cried for three days before her death and she did not believe Jessica's death was an accident. She added that Stan and Cheryl threw Jessica around, cussed Jessica and did not provide any nurturing toward the baby.

Velma Smith was the CPI assigned the case. The day after Jessica's death, Smith completed a CERAP regarding the safety of four-year old Maya. Smith identified that Stan had caused moderate to severe harm to a child and therefore Maya was unsafe. She noted that Maya did not have any visible marks or bruises but a safety plan had to be implemented. Maya was in the care of her mother. The safety plan was that Maya's mother agreed that Maya would have no contact with Stan or Cheryl pending the outcome of the DCFS and police investigations into the death of Jessica. Maya's mother signed the agreement, as did Smith and her supervisor. Following the arrest of Stan Hollins the plan was modified that if Stan was released from jail any visits with Maya would be supervised by Maya's mother. If Stan were to be found innocent visits with Maya would be allowed with the approval of Maya's mother.

Smith completed a Family Assessment Factor Worksheet. Smith gave an overall risk rating of low and individual factors were rated as either low or none, with the exception of the age of the child, which was rated high risk. In the family assessment factors Smith noted that Stan and Cheryl had some relationship problems. Stan may have been searching for another companion and he was having problems dealing with Jessica, but Cheryl was in denial of any problems. Cheryl told Smith that she did not believe that Stan hurt Jessica, rather Stan tried to save her life. Stan also stated that he did not harm Jessica that he tried to save her by getting the “Kleenex” like substance out of her throat. In the caretaker assessment section, CPI Smith reported no known developmental problems or reported mental health problems but wrote that there did appear to be some stress in the relationship and regarding Jessica. Further, although Stan related only moderate consumption of alcohol he did have a DUI in another state and his former spouse reported that he was an alcoholic. Others reported excessive alcohol use and angry outbursts at the time of alcohol use. Cheryl had a past history of substance misuse but neither was known to be using drugs at the time of the incident. In the child assessment factor

section Smith observed that besides the age of Jessica as being high risk, Jessica had been teething and was fussy. Cheryl reported that Jessica was a spoiled child. Smith wrote that Jessica was reportedly fearful of Stan

Smith spoke with several people in the course of the investigation. The detective said both Stan and Cheryl admitted to spanking Jessica last night but they also said that Maya had put her hand over the mouth and nose of Jessica and has put a pillow over her face. He gave Smith a name of someone who they said had witnessed the behavior. The detective had an appointment to meet with Stan Hollins that day.

Cheryl's stepmother called Smith. She told the CPI that she has Cheryl's two other children, one whom she has had since she was three months old, now was 2 ½ years old and the other whom she has raised since she was a year old and now was six years. She said Cheryl had called her and she went to the hospital and the police department with Cheryl and Cheryl was standing up for Stan. Cheryl, she said was not around the daughters much and neither she nor Stan will be allowed around them at the present.

The coroner reported that they would get the preliminary results that day. Jessica had a red bruise mark on her right temple and Cheryl said she had been crying for two days because she was cutting teeth. A full pathologist report would be ready in two to three weeks and an inquest conducted in four to six weeks. He would provide a copy of the emergency room report to Smith. The coroner said that Cheryl's stepmother told him that Stan had shook Jessica.

The detective reported to Smith that Stan had gotten an attorney and the polygraph was cancelled until after the autopsy. Stan was staying with his parents. The detective was planning to interview Maya and her mother that afternoon. Smith called and spoke briefly with Cheryl and Stan at his mother's home. She noted they were emotional and Stan's mother came on the phone and said they could not talk any more. She said she would relate to Stan anything from the CPI. Smith told Stan's mother that Maya was not to be around Stan and Cheryl until the investigation was completed. They asked if they would be advised of the autopsy results but the CPI did not know. Smith advised that the agreement not to see Maya could change depending on the results of the investigation and autopsy.

Smith spoke with caseworker Thompson. Thompson said she had been seeing Jessica weekly and saw no sign of abuse. They have been cooperative with services, attended parenting classes and one day of daycare. She discussed spanking with them and they felt spanking was okay as long as it was not abusive. Thompson advised them that spanking an eight or nine month old was not appropriate.

Smith interviewed Maya's mother at the local Police station. She repeated what Maya had told her adding that Maya also said that Stan was pounding on Jessica's back and blood was coming out. She said that when she was married to Stan he would push her and grab her leaving bruises on her arms. She had gone to the Sheriff's office but there were no arrests or orders of protection. About three years ago, Stan drank a lot and that's when the abuse

occurred. He had a bad temper and nearly had a physical fight with his father and often fought with his siblings. As to Maya, she was always the main caretaker, when Stan cared for her it was usually when she was ready for bed or asleep already.

Smith met with the coroner, pathologist, an Illinois State Police (“ISP”) detective, local police detective and an emergency medical technician. The group met at the hospital to discuss facts and share background information. An autopsy was performed following the meeting, which Smith stayed to observe. She wrote that a firm wad of paper-like material, saturated with blood, was seen in Jessica’s esophagus.

On August 29, 2000, the DCP supervisor spoke with the States’ Attorney. The States’ Attorney would be interviewing the mother the next day and he wanted copies of the prior DCFS investigations. He informed the DCP supervisor that Hollins’ other child was Alli and he thought there may be a pending report on her mother. He asked that DCFS make all contacts through his office. The DCP supervisor called another DCP supervisor about the pending report involving Alli. This supervisor confirmed that there was an indicated report on Alli’s mother, but there was no indication that Stan was involved in the report. The DCP supervisor shared the information with Smith. He also instructed her to see the other children in the next week and get the autopsy report.

Cheryl’s stepmother again called Smith. The stepmother stated she had been around Stan twice when he came to visit Cheryl’s children. The stepmother agreed to not let Stan and Cheryl around the children. Smith told her that she could use the extended family program⁴ by calling the hotline since she had Cheryl’s children.

Smith went to the police station on August 30, for an interview with Cheryl, but she did not come as her attorney advised her not to talk to the police. Smith proceeded to the hospital where she spoke with the physician. The physician believed mom’s response in the emergency room was normal, she said she had been at parenting classes. Jessica was dead on arrival. Her tongue was black, her pupils dilated and there was no air in her lungs indicating an obstruction. He pulled out some of what appeared to be paper towel. He stated that there was too much material, that someone had shoved something in her throat because the baby could not have done that.

Smith talked with the relative who had called in the related information report. The relative stated that she thought the behavior of Stan and Cheryl at the funeral was staged. Cheryl had been talking freely about what Jessica did, that Jessica had been crying for three days prior to the death. Cheryl told everyone “Pray for us because everyone thinks we done it”. Cheryl was getting flowers and saying that now the funeral was over she can go home and sleep. Stan did not look at anyone at the funeral. The relative said she was told that when Jessica would cry Cheryl or Stan would get frustrated, cuss at her and toss her around. The relative said she was

⁴The extended family program assists relatives who are caring for children in getting public aid benefits and pursuing legal guardianship when appropriate. The child(ren) do not have to be involved with DCFS in order for the relative to receive assistance from the program.

very upset over the situation.

On September 12, CPI Smith spoke with caseworker Thompson. Thompson said she had spoken with Cheryl who was defending Stan. Cheryl was emotionally upset so Thompson referred her to a doctor for mental health assistance. Thompson said she would be closing the case as there were no children left in the home.

Smith called Stan and Cheryl who agreed to come to DCFS for an interview on September 15. Smith and her supervisor met first with Cheryl, and completed a substance abuse screen. All of the factors were marked no. Medication was listed as a type of non-prescription pills and it was noted that she has asthma. Cheryl related that she believed her daughter choked and Stan tried to save her. She was at a parenting class. She left the apartment around 6:40 p.m. to get cigarettes; returned home and left for class about 6:50 p.m. Maya and Jessica were playing with Barbie dolls in Maya's room. Cheryl could not recall if there was anything in the crib, she had just done laundry and thought maybe an antistatic sheet was left on a blanket. She had used a tissue or toilet paper to wipe blood from the corners of her mouth earlier in the day, which she thought was from teething. Stan told her it was a white glob of something Jessica choked. She recalled Jessica once having a tampon in her mouth, Cheryl noticed the string hanging out and figured Jessica had gone into her purse. She thought Stan handled Jessica's crying better than she did. Stan had been with her since Jessica was two months old. Stan told Cheryl he put Jessica to bed and defrosted the freezer. He checked on Jessica and saw nothing in her mouth except the pacifier. There was nothing in the crib when he laid her down. When he checked later he saw something in her mouth, a huge amount of material and the more he tried to get it out the further down it went. He was sorry because he may have made it worse. The police took the mattress and blankets. She thought the possibilities included mattress stuffing,⁵ a dryer sheet or stuffing from a toy animal. During the interview, Cheryl asked if she could have a supervised visit with her two girls. Smith said she would talk to Thompson about a visit. Smith arranged for Thompson to bring the girls to the office for a visit on September 25.

Stan completed the substance abuse screen. All of the factors were marked no, no medications were listed and under additional comments it said "maybe once a week". On the night Jessica died Stan recalled that Cheryl went to a parenting class about 7:00 p.m. She had left earlier to buy cigarettes, dropped them off and then went to class. He was defrosting the refrigerator and the girls were playing in the bedroom. He checked on them, they were playing with Barbie dolls. Jessica was whining that night, not crying. Cheryl had given her Tylenol for her teething. He put Jessica to bed around 7:15 p.m. with a pacifier and checked on her regularly. Maya stayed downstairs playing and watching television. Stan could not recall what was in the crib, but there were generally blankets and toys in the bed. As he went to check on her it sounded like she was sucking hard on the pacifier. He turned on the light and saw something white in her throat and he panicked. He tried to get it out, but it was slick and he could only get a small piece. He grabbed her out of the crib and laid her on their bed to see better. She looked at him and he thought she had tears in her eyes. He was not sure of the exact time he found her. It

⁵ Smith inspected the mattress on September 21, 2000. It was a one-piece foam rubber with a plastic covering and no chunks or pieces out of the mattress.

was starting to get dark out. He did not notice any stuffing coming from the mattress, the blankets or the toys. Earlier in the day he and Cheryl had noticed some blood trickling from the corner of her mouth. He pinned her down and opened her mouth to try to see where the bleeding was coming from but they could not tell. Stan appeared to be visibly upset through the interview telling them, "Jessica may not have been my blood but she was my daughter." He admitted to spanking Jessica but said her crying never bothered him.

On September 20, Cheryl told Smith that her stepmother was trying to get full custody of her daughters and she had been served with a restraining order. She had a court date on October 11. Smith's supervisor advised Smith to accompany Cheryl to court in October and assist her in asking for supervised visits. At that court date the stepmother's attorney and Cheryl agreed on supervised visitation. After the court proceedings Cheryl spoke privately with Smith. Cheryl continued to believe that Stan did not hurt Jessica rather had tried to save her. Smith asked if blood samples had ever been taken from Stan. Cheryl replied that their attorney had advised against it.

Stan was arrested and charged with Jessica's murder. He was denied bond. Smith visited Stan at the County Jail. She informed Stan that she was recommending indicating the death allegation, adding a bruise allegation and indicating a risk of physical harm on Maya as she was present at the time of the death.

The DCP supervisor instructed Smith to discuss with Cheryl the bruises on Jessica, specifically bruises behind her ear, on her elbow, her forehead and her mouth. Smith met Cheryl at work. Cheryl explained that she had been staying with her friend and husband although she believes the husband may be the father of Jessica, the result of a one-time liaison between them. He does not think he is the father. Her friend knows about the situation but she allowed her to stay with them because of their strong friendship and Cheryl's lack of support.

Cheryl said she and Stan were no longer together. She was having nightmares about Stan hurting Jessica. After they broke up, the nightmares stopped. She reflected on their relationship and Stan's interaction with Jessica. Stan had never done anything to Jessica in front of her. She covered for Stan because she thought that if Stan was blamed, DCFS would not allow Stan to stay in the home and she had no other way of supporting herself and Jessica.

Cheryl recalled the other injuries of Jessica for Smith. The bruise on the forehead, she explained, came from Jessica falling and hitting the coffee table, adding that Jessica fell often. Cheryl was unable to explain the bruise on the elbow, except to reiterate that Jessica often fell. Jessica was always pulling on her ear and she noticed the bruising. She suspected Stan might have been flicking Jessica on the ear but she never saw it. Cheryl thought the injuries on her mouth came from her falling on her pacifier.

On the day of Jessica's death, Cheryl and Stan had an argument early in the morning. She considered leaving him but thought everything would be okay, Stan was gone a lot, Jessica called him daddy and Stan acted like he loved her. Stan complained about the crying so she

wrote a note to Stan about the crying that morning. Cheryl felt that she had dreams that were premonitions of Jessica dying and that there was evil in the house. The evil was too much for Stan. Cheryl insisted that Stan should have a psychological evaluation to see if he has a split personality. He told her there were about fifteen minutes where he does not know what happened. She believes that Stan killed Jessica, but vacillated between wondering if he knew what he was doing and saying she could “make him crack.” She told Smith she was printing out enlarged pictures of Jessica’s eyes and sending to them to Stan in jail with the word “why?” written on the page.

Cheryl said she had known Stan for thirteen years and she loved him. She could recall only one previous instance of him being violent when he was thirteen years old. He had since learned to control his anger. On the day of Jessica’s death she thought she saw a flash of rage cross Stan’s face because the WebTV had been hit by lightening and she had not sent in the warranty. She believed that if Stan was angry with her he might hurt Jessica because he knew her life revolved around Jessica. Stan also knew that she might leave or ask him to leave and he loved Jessica so maybe he did not want Jessica to be with her if she could not be with him too. Cheryl said she blamed herself for Jessica’s death because her instincts told her that things were not right with Stan but she ignored them. The interview ended and Cheryl asked that any mail or communications be sent to her stepmother’s home.

Cheryl was indicated for risk of harm for leaving Jessica in the care of Stan when though she was aware of at least one earlier incident when Stan had harmed Jessica. Cheryl’s two older children remain with Cheryl’s father and stepmother, who have gone to court to get legal guardianship of the girls.

ANALYSIS

DCFS did not live up to its duty to protect Jessica Brown. The work performed in this case met child protection/intact family basic policy and procedure guidelines in form, but missed the substance of child protection intervention. The intervention did not center around the protection of Jessica. Rather it seemed guided by the theory that the primary client in need was the mother, Cheryl, and not the baby Jessica.

The Investigations

The A and B sequence investigations uncovered the minimal amount of information to indicate the case. The A sequence investigation identified risk factors but failed to explore if a pattern of abuse existed. The mandated reporter, a nurse, reported that in addition to the bruising on Jessica’s buttocks, the grandmother had noticed other bruises in the weeks prior to the reported incident. There was no inquiry by a child protection investigator of the other bruising incidents. A determination that the child had prior facial bruising would further support the indicated abuse status and heighten risk factors. Thorough abuse investigations make for more meaningful safety plans. As stated in earlier OIG reports⁶ establishing if a pattern of abuse exists is important in determining the present and future risk to the child. A pattern or series of injuries indicates a

⁶ See OIG reports #950225 June 1996; #971513, April 2000; and # 972925, June 2000.

need for more extensive safety plans to be put in place quickly. In an interview with OIG investigators, the grandmother had greater concern for Jessica's well-being because of the child's previous bruising. The grandmother accepted that a previous bruise on Jessica's forehead was the result of Jessica's accidental falling as her youngest daughter saw Jessica fall at Cheryl's house. The bruises that concerned the grandmother were small round bruises by Jessica's ear. When Cheryl brought Jessica over with the "spanking" bruises on Jessica's buttocks, the grandmother's worries about Jessica's safety heightened and she brought Jessica to the hospital.

The B sequence investigation lacked a solid assessment of risk factors. CPI Peterson hastily determined how the injury likely happened. Although the scenario of how the injury likely occurred was possible it was not necessarily how it happened. The investigator was not sufficiently careful in determining other ways the injury could have happened. An in depth investigation and assessment of risk factors should have been made as this was the second investigation of harm to a toddler within a span of two months. A mitigating factor in the investigation was the intervening intact family child welfare worker's position on the case. Clearly, the child welfare caseworker felt family members were attempting to cause problems for Cheryl. The child protection investigator accepted this perception as the operating hypothesis of the investigation. The end result was minimal investigative probing into the family's observation of Jessica's injuries. The investigator never clearly determined when Jessica was injured. No timeline was established. Peterson told OIG investigators she thought it was probably the day before the call came into the hotline (Sunday), but she never directly asked anyone when the incident occurred. Peterson stated that she saw the bruise and bruises, she knows, are visible for two weeks. Thus, if other injuries had occurred in the two weeks prior she would have seen them. The investigator was handicapped by the inaccurate information supplied by the child welfare caseworker who reported to Peterson that she saw the infant weekly. The last case worker home visit was July 28th. Twelve days had lapsed since her last visit. The intact worker was vehement in her opinion that Cheryl's family was "setting her up."

The nineteen year-old maternal aunt who was present at the time of Jessica's injuries told OIG investigators that while she could not recall exactly she thought the incident occurred the Friday before the hotline call, perhaps earlier.⁷ Jessica's aunt was painfully shy and reticent. She was not comfortable talking about the situation. She did not want to have to draw a conclusion and one had to probe her for a description of what she saw and when. She wished to leave the conclusion of whether Jessica was abused to the CPI. She had a suspicion that Stan had done something to Jessica. When questioned by the police after Jessica died the aunt stated that the injuries happened to Jessica several days before the hotline call. Other family members corroborated that injuries appeared on Jessica several days before child protection investigator Peterson saw the baby. In Peterson's interview with the maternal grandmother, the grandmother stated that she had seen bruises in the week prior to the hotline call.

The injuries on Jessica were minimized. The research on bruising in children indicates some

⁷ The call to the hotline was received on a Monday.

bruises in children do not necessarily last for two weeks. It was possible by the time Peterson saw Jessica some of the bruises may have metabolized and dissipated. Because some of the injuries were no longer visible the investigation did not give much credence to the original story. Pictures that the family took of Jessica in the week before the second investigation showed several small fingertip size bruises around Jessica's mouth. Small round, fingertip size bruises can indicate someone grabbing a child around the mouth to force them to be quiet. A bruise mark may also develop when a child is forced to eat by squeezing their cheeks.⁸ Child abuse and pediatric literature note that bruising is not developmentally uncommon in toddlers or ambulatory children. The most common sites are the chins, forehead, knees and scalp. Bruises on the back, chest, forearms and face (excluding forehead and prominent bony protrusion below the eye) are extremely rare and occurred in only 2% of walkers. Abused children often have bruising on their head and face (Sugar, Taylor, Feldman & Puget Sound Pediatric Research Network, 1999).⁹ Peterson noted Jessica was ambulatory. Jessica's facial bruising, given the previous substantiated abuse, should have prompted a more intense investigation.

OIG investigators asked Peterson if she considered other explanations for the bruise and facial scratches. Peterson replied that it seemed obvious that the bruise came from her falling into the screw on the crib, she did not see any other injuries so there was no other explanation to consider.

Some of the information uncovered by the C sequence investigation could have been discovered during the course of the two previous investigations had child protection workers diligently probed for more knowledge. Stan's ex-wife, the mother of his child, was not interviewed in the A or B investigations. During the C sequence investigation, she told Smith about Stan's problems with anger and his substance abuse history. Cheryl's stepmother, who was raising Cheryl's two older daughters was never contacted and asked why the children lived with her and not the mother and what was Cheryl's role with them. Cheryl was not questioned as to who provided daily daycare for Jessica prior to the investigations so those caretakers could be interviewed. No healthcare provider was located and interviewed about Jessica.

The Safety Plan

The safety plan consisted of self-monitoring by the caretakers and weekly home visits by the intact worker. Concrete services in the form of parenting classes started the day of Jessica's death. Cheryl and Stan signed a statement that they would not physically discipline Jessica. Thompson visited the family twice between the second and third investigation, though Cheryl was home during only one of those visits and there was seven days between the visits. Cheryl, although she told Thompson on more than one occasion that she was starting a new job, did not go back to work after the first investigation, but was staying home with Jessica full-time. Cheryl, who had told the CPI that she hit Jessica because she was stressed out and that Jessica was a very demanding child, was now the only person caring for Jessica on a daily basis. The intact family worker, believing that she and Cheryl had a therapeutic relationship relied on

⁸ Found in Specialized Core Training for Child Protective Investigators for IDCFS. Prepared by the American Humane Association, Englewood, Colorado.

⁹ For more extensive information about research of bruising see OIG Report # 010128, March 2001.

Cheryl's self reports. Reliance on self-reports yields low validity. Self-reporters give socially accepted reports.

The Extended Family

Social support is poorly understood and difficult to access because different people perceive both stress and support in different ways. There are problems in assessing kin support. Yet, problems in the reliability of parents' self reports when a child is harmed have to be countered by using various collateral sources of information. Extended family members are a critical source of information. In this case the maternal grandmother had reliable behaviors. She acted responsibly when she saw the injuries inflicted on Jessica. She had been cautious with her fears when she observed bruises on Jessica prior to seeing the bruises on her buttocks that prompted DCFS involvement. Contrary to Thompson's speculation, she did not appear "out to get" her daughter. In fact, she offered to watch Jessica because she believed Cheryl had overcome previous substance abuse problems and that her daughter was on the right track. Both she and Cheryl's stepmother hoped that Cheryl could care for Jessica and were willing to support her. The grandmother's suspicions were aroused because Jessica began having bruises after Stan moved in with Cheryl. Also, her daughter told her Stan had spanked Jessica. Yet, extended family members, whose presence and intervention helped to assure Jessica's safety before DCFS intervened and hopefully would have helped after DCFS was out of the mother's life, were discounted by DCFS creating more isolation for a vulnerable child who needed a broader safety net. Services were geared for the benefit and convenience of the mother.

In 1997, the Department began training workers on the program known as "Permanency Initiative". The training outlined the legislative changes and concepts that led to changes to increase permanency planning when children are in the care of DCFS. One concept highlighted in the initiative was "The Role of Extended Family and Others as Significant in the Change Process." The following is taken from a handout for a permanency initiative training:

"The caseworker should encourage the family to look to its own resources—those important to the family, relative church members and neighbors. Often, the family's social network can be more effective in the change process than formal systems. The worker, caregiver, providers and formal community supports the need to work as a team with the family and those most significant to them."

Once a child is in placement the Department encourages and works to involve extended family. For intact family cases the role of extended family is less clear. In the case of Cheryl and Jessica, extended family participation was not pursued and in fact it was discouraged.

There are several reasons for this isolationist approach: concerns about confidentiality and a bias against the family based on the self reports of the mother to her previous therapist who now wore the hat of a child welfare intact family worker. Both investigators and the intact worker cited confidentiality as a reason that the extended family was not questioned more or involved more in the case. Susan Green spoke with a relative when she called during the B sequence

investigation. Green said that she could not tell the relative anything about the investigation but she could take a statement from her. What became lost in the confusion about confidentiality is that while investigators may not be able to give out information as to the specific nature of the hotline report they can ask questions of the relatives, neighbors or anyone they believe may have information. Child protection investigators are not limited to only taking the information volunteered by a relative or collateral contact. Indeed when the OIG spoke with the Council on Accreditation about confidentiality limiting the scope of investigations COA answered that child abuse and neglect investigations were the exception to strict confidentiality rules.

In addition in this case there was a subtext that played out to keep extended family out of the case. While in therapy with Thompson, Cheryl self-reported problems with her family, such as being abused as a child, as an issue she needed to address. During the course of therapy, Thompson came to agree with the view that Cheryl's family was partially responsible for Cheryl's difficulties. Consequently their continued presence in her life was problematic. Thompson inevitably brought this knowledge of familial discontent into her conception of the problems in Jessica's case. Thompson told OIG investigators that she could build a wall between her being Cheryl's therapist and being her intact family caseworker. She believed that having an already established relationship with Cheryl would help to engage Cheryl in services. While that may be true, what happened is that neither Thompson, nor her supervisor, anticipated the extent to which her previous knowledge and bias about Cheryl would drive her actions in the case. Because of concerns about confidentiality, and not requesting a signed consent from Cheryl to share the information, Thompson did not tell her supervisor of her awareness or view of the family situation. Thompson saying she could build a wall between her roles was an artificial separation. The sensitive nature of mental health records may explain the reticence in asking for a release of information, but does not excuse it. Further, Thompson was in a position to judge the importance of the records since she knew the content. The knowledge of Thompson is another matter. The human mind is not designed to simply forget information for the sake of ethics or convenience. The follow-up worker had a therapeutic alliance with the mother, which directed her activities and planning in the case. Her actions in the case went beyond what she was documenting and telling her supervisor.

There are two clear examples of previous knowledge directing the conduct in this case. During his interview with OIG investigators, the DCP supervisor was asked why such little credence was given to the family, especially regarding their concerns in the B sequence. The supervisor answered that Cheryl had several problems with her family, that they were only supportive when Cheryl did exactly as they wanted. He cited the example that her stepmother and father kept Cheryl's older daughters away from her, not allowing visits and this had been a problem for years. When asked how he knew of the problems he explained that he knew Thompson had worked with Cheryl, she knew Cheryl's family situation so the investigators deferred to her. The second example is from the actions of Thompson herself. During the B sequence, Thompson told Peterson that one of the continuing risk factors was Cheryl allowing her mother to babysit Jessica. When OIG investigators asked Thompson to elaborate and she said that when she visited the Cheryl on August 8, the day the report was called in, they had discussed the possibility that Cheryl's family was trying to set her up by hurting Jessica and then calling the

hotline.¹⁰ Thompson led Cheryl to the conclusion that by allowing her relatives to babysit they could hurt Jessica and then say that Cheryl caused the injury.¹¹ The grandmother told OIG investigators that she received a disconcerting telephone call from Cheryl on the night the second DCP investigation began. Cheryl told the grandmother that she would no longer be allowed to babysit Jessica. Cheryl said she and her caseworker had discussed it and her caseworker was with her now. She accused the grandmother of setting her up. Thompson did not record this in her case notes, nor share this with her supervisor. Telephone records¹² show a short phone call from Cheryl's home to her mother's on the evening of August 8 about the time that Thompson and Peterson said Thompson would have been there.

The role and the nature of the relationship with the extended family was not fully assessed in either of the investigations nor in the intact follow-up case. It may have been true that tension existed between Cheryl and her family, but she still was involved with them and depended upon them for support. Clearly she had delegated some of the responsibility for raising Jessica to her family. Her mother and sister often babysat for Jessica, her sister lived with her for a period of time and when Jessica was taken to the hospital Cheryl was met there by her stepmother. Extended family members told OIG investigators that Cheryl would often leave Jessica with her maternal grandmother overnight, sometimes for a few days at a time. DCFS could have utilized these relationships and assisted in improving them. Cheryl counted on her family. Predictable support systems lower what Milner and Wilberly (1979) listed as one risk of maltreatment—"not knowing who to rely on."

The fact that the family had reported Cheryl to DCFS as evidence that they were worried about Jessica was ignored. Rather the calls were interpreted as relatives trying to sabotage Cheryl instead of trying to protect a ten-month old baby. If there was evidence to suggest that the relationships were harmful to Cheryl and Jessica a family conference would have been useful in determining how to improve the relationships or phase them out through the use of other supportive services. For the Department to decide that extended family should be out of the client's life when the client shows through her actions or behavior that they are involved in her life is paternalistic social work practice.

These remarks are not to say that extended family should always be involved in trying to ease the stresses that come with raising a family. Rather the option should be explored. Thompson made a decision that the extended family posed a threat or a problem to Cheryl and her ability to raise Jessica. Thompson based this decision on information learned from Cheryl, while a therapy client, that Cheryl had been the victim of physical and emotional abuse as a child. Cheryl felt that her family was manipulative and controlling. Yet Thompson did not discuss

¹⁰ This visit was never documented by Thompson. The OIG learned of the visit from Helen Peterson's notes and interview. Peterson wrote that on August 10, 2000, Thompson said her last visit to the home was August 8. While talking with OIG investigators Peterson said Thompson came to the home in the evening around 5:00 p.m. as Peterson was leaving.

¹¹ Thompson told OIG investigators that she did not directly tell Cheryl that Cheryl's relatives could cause bruises on Jessica and then call the hotline to report that Cheryl had done it. Rather she asked Cheryl questions to lead Cheryl to that conclusion.

¹² Telephone records for Cheryl's home telephone number were subpoenaed from the phone company.

these details with her supervisor to review the knowledge and clinical decisions. Further, at the time that Cheryl offered the information about her family, only Cheryl was the client and the information she gave did not have to be explored for truthfulness. As a DCFS caseworker, Thompson's client was not just Cheryl but Jessica and Stan as well. Because extended family members had been caring for Jessica, Thompson needed to explore the validity of her understanding of the family, as much to determine if they pose a risk to Jessica as to decide the level of support they can offer in preserving the family unit.

The DCFS Worker

Though it is not likely to happen often the issue of a therapist being involved in a former client's DCFS case poses a unique dilemma. On the surface one can surmise the supposed benefits of having a former therapist become your DCFS worker. A helping relationship has already been established and prior knowledge can assist in the assessment of needed services and measurement of progress towards change. The sum total of those benefits should optimally translate to a safer environment for the child and a faster establishment of services. Yet there are differences between being someone's individual therapist and their DCFS caseworker. For many therapists the therapeutic relationship or alliance is considered central if not paramount to a "potentially corrective experience". (Wachtel, 1993) A therapist works with the abilities of the individual and their individual issues. In child welfare what is central to preserving a family or reunification is the best interests and safety of the child. One could argue that a mother's sound mental health is in the best interests of a child but that is only one of the factors to consider. Time lines and demonstrable changes in behavior are among others. Further if it is better for the mother to have her child back with her but not safe for the child, the child's interests must dictate the decisions of DCFS workers.

In a sense a therapist becomes an advocate for a client; affirmation of the client and being able to empathize with the client are central to the therapeutic alliance. Yet therapy is also meant to produce change. A balance must be kept between the advocacy and the encouragement of transformation. A therapist (and a DCFS worker) must not be so appreciative of the patient's view of the situation that they fail to help the (client) to reflect and make changes. (Wachtel, 1993). Thompson, having previously worked with Cheryl knew Cheryl's view of her situation. The problem was that the main client in need of advocacy was Jessica, not Cheryl exclusively. Thompson told Peterson during the B sequence that she believed mom was growing, learning and becoming bonded to the baby. The limited time that Thompson spent with Cheryl gives little basis for the statement. Could previous experiences with mom be the basis for the current belief outside of observations to demonstrate that? Objectively looking at the case, Thompson seemed to ignore contradictory information about the progress of Cheryl. On July 28 Cheryl had told Thompson she was starting a job the next week but never started and no explanation was documented. During both the A and B sequence investigations the CPI's called the health department and found no records of Jessica's immunizations. Cheryl told Green, Jessica received her shots at the doctor. She told Peterson she went to the local health department. Upon discovering that Jessica was behind in shots, Thompson called and told her to go to the health department immediately. Cheryl did not go and Thompson never followed up further. Had Thompson gotten a release of information from Cheryl she could have, and should have,

discussed the case further with her supervisor and perhaps discerned more about Cheryl's behavior and abilities as a mother versus Cheryl as a client in need of Thompson's advocacy and guidance.

Both Thompson and her supervisor said they considered the problems that may come from her previous involvement, but decided Thompson would be able to work with Cheryl. Certainly, neither of them acted in a malicious way, but this situation could have been handled better by having Thompson assist in the initial handoff – going with another worker to help the introductions and support in engaging Cheryl. In such a way Thompson uses the positive aspects of having already established a relationship with Cheryl but helps to take away the bias that may come from their earlier relationship.

Ethics Code Violations

Thompson's actions in the case violated sections of the Code of Ethics for Child Welfare Professionals especially in the areas of Conflict of Interest¹³ and Responsibilities to the Client.¹⁴

Section 2.0 of the Code of Ethics for Child Welfare Professionals describes responsibilities to clients and advises child welfare professionals that the client may be the child, the parent or another family member. A child welfare professional often serves many people but the service centers on the safety of the child. The child becomes the client when their basic needs have been compromised. Cheryl and Stan compromised Jessica's basic need of staying safe. Thompson served Cheryl to assist her in taking care of Jessica to assure Jessica's safety not to serve Cheryl's needs exclusively. The responsibility to the parent is to help the parent, if they are willing and able, meet the basic needs of the child. The responsibilities to the parent may change over time depending upon "the parent's response to the intervention." Thompson made a referral to parenting classes as part of general service plan in which most parents involved with DCFS are offered parenting classes. Thompson saw her weekly visits as more to show that Cheryl was not harming Jessica and was therefore a fit parent than to assure that Jessica had not been harmed. A referral for daycare was made so Cheryl could look for a job. The fact that daycare was not implemented until a month and a half after that case had been referred to intact confirms that Jessica's safety was not the main reason for a need for daycare. Thompson focused on Cheryl as the client instead of Jessica.

In section 1.07 (a) titled "Multiple Relationships" child welfare professionals are advised to take into consideration the "potential harm" that non-child welfare contacts and relationships can have on the professional relationship and on their ability of objective judgment and performance. This is achieved through avoiding conduct that would "lead a reasonable person" to believe that the caseworker may be motivated by personal interest. The Code of Ethics advised that child welfare professionals should, when possible should avoid a caseworker relationship when there was a previous relationship. The previous relationships should be discussed thoroughly with the supervisor to determine how they can be resolved. The foremost problem with the multiple

¹³ Section 1.07 of General Responsibilities, Code of Ethics for Child Welfare Professional published by the Illinois Department of Children and Family Services.

¹⁴ Section 2.0 titled Responsibilities to Clients

relationships in the case is that such a situation could mislead the client. Cheryl would likely assume that she and Thompson would have the same type of relationship as when Thompson was her therapist. Second having a previous therapeutic relationship would give at the appearance of not being able to be objective. Neither Thompson nor her supervisor thoroughly discussed the possibility of a conflict. Her failure to ask for a release of information demonstrated her lack of understanding that a conflict could exist and that she needed her supervisor to discuss the past mental health and discern the potential vulnerability of viewing Cheryl through the lens of the therapeutic alliance. Thompson's lack of objectivity drove not only her own decisions but those of her colleagues as well.

Confidentiality, section 2.04 of the Code of Ethics, requires that child welfare professionals respect the confidentiality rights of their clients and should be used for professional purposes only. Thompson did not violate confidentiality but misused confidentiality by keeping Cheryl's mental health information confidential but relying on that information to make decisions. She over-relied on the term confidential without doing a complete analysis of ethical concerns or discussing the concerns with her supervisor. Further she should have discussed the requirements and limitations of confidentiality when she began working with Cheryl. Using confidential information for professional purposes means utilizing the information in a way to assist in assuring child safety. For the child welfare professional ethics dictate that child safety must trump confidentiality.

Regional Issues

Most certainly there are regional differences that affect how cases are handled. The lack of resources is more problematic in the Southern Region than anywhere in the state. Drug and alcohol assessment and rehabilitation services are provided by a single agency in most cases and may not be easily accessible because of the geographic area that a field office covers. There also seems to be a dearth of mental health resources in this geographical area. As a result there are few providers and DCFS workers are relied upon to provide more direct services to families. Thompson, an LCSW, is a valuable asset to DCFS because of her mental health experience and her ability to provide a wide range of services. Yet that forces DCFS to be vigilant in assisting these workers with good supervision so the workers can remain as objective as possible.

Some of the problems noted in this case have been noted in others: questions about the restraints of confidentiality, the role of intact workers and preservation of the family. Policies, like the paramour policy, have been put in place to guide workers on providing a more comprehensive safety net for children in an intact home. As the activities defined in the policies are put in place they must also be examined for their effectiveness – better protection for the children and better services for the family. The addition of tasks for workers does not guarantee better service to families. The mere presence of the change in policy is only one part. As Lipsky wrote, changes in policy are “subject to the danger that illusions of difference will be taken for the reality of significant reform.” (Lipsky, 1980).

Throughout the case, DCFS relies heavily on the self-report of the mother and her boyfriend.

This is not uncommon, as many workers feel restricted by confidentiality and time constraints and do not verify with other collateral contacts and sources. We do not do our families a service by using only self-report as the basis of information that directs the case. Information may need to be shared with others in order to check its reliability. The Report of The Legislative Committee on Juvenile Justice made the following recommendation in regard to sharing information:

Information sharing should be based upon the guiding principles of relevancy and reliability. Care should be taken to ensure that the accuracy of information can always be challenged. The sharing of information should be based upon the best interests of the minor and the protections of confidentiality should not be abridged unless necessary for the best interests of the minor as well as relevant and reliable.

Cheryl and Stan said they were not using drugs and Stan only would occasionally drink alcohol. People who abuse substances are rarely truthful about their use. Previous behavior, especially on the part of Cheryl, indicates a problem with drugs. Yet her report that she was no longer using was enough. DCFS would require nothing further from her in that area. Checking with friends, family members and especially the pediatrician of the family can provide DCFS with a larger framework for deciding the family's needs and behaviors. At no time during the case did DCFS ask for the name of Jessica's doctor or her next appointment. After the B sequence would have been an appropriate time for a doctor's visit, not only to catch up on her shots but also to assure that there were not other injuries. DCP is not constricted by confidentiality during an investigation. The Follow-up division need only get releases of information including mental health information. As DCFS balances its child protection duty with its family preservation goals accurate, reliable information about a family is the proper, most efficient way to serve our families and measure progress.

Recommendations

1. DCFS should work to include extended family, when possible, in working with an intact family. If legislative change is necessary for DCFS to include extended family in working with intact families in indicated cases, the changes should be pursued.
2. DCFS should review whether the expansion of the Department of Alcohol and Substance Abuse ("DASA") initiative is sufficient to meet the demands of the growing substance abuse problem of the Southern Region.
3. *This recommendation addresses personnel issues.*
4. *This recommendation addresses personnel issues.*