

**Children's Administration Review
of Issues Raised by
Stevens County Prosecutor Regarding Colville Division of
Children and Family Services Office**

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Table of Contents

OVERVIEW.....3

SUMMARY OF INTERVIEWS.....3

COMMUNITY PROVIDERS.....3

CARE PROVIDER INTERVIEWS.....5

**STEVENS COUNTY COURT APPOINTED SPECIAL ADVOCATE (CASA)
OFFICE.....7**

CHILDREN’S ADMINISTRATION STAFF INTERVIEWS.....10

CASE SUMMARIES.....11

W FOSTER HOME.....12

CASE A.....14

CASE B.....15

CASE C.....16

CASE D.....17

CASE E.....19

CASE F.....20

ALLEGATIONS DCFS “SHOPS FOR MEDICAL OPINIONS”23

APPENDIX.....25

Overview

On March 18, 2009, Stevens County Prosecutor, Tim Rasmussen, wrote a letter to Governor Christine Gregoire, Attorney General Rob McKenna, numerous legislators and others summarizing his recent investigation of the Stevens County Children's Administration (CA) Office in Colville. Mr. Rasmussen stated his investigation was the result of a request by Representative Joel Kretz following complaints his office had received regarding CA's Division of Children and Family Services (DCFS) Colville office.

Mr. Rasmussen's letter stated his inquiry into several cases and information obtained from people he had contacted resulted in a conclusion that "*...a pattern of misconduct exists within the local office that has resulted in corruption of the meaning of statutes that are in place to protect dependent children. ...parents and foster parents are not well served by the Colville DSHS office.*"

Interim Children's Administration Assistant Secretary, Randy Hart, requested a review of practice in the cases referenced in Mr. Rasmussen's letter as well as an assessment of CA's community relationships in Colville. The review team consisted of three CA staff members; Marilee Roberts, Practice Consultant, Chris Parvin, Constituent Relations Program Manager and Laurie Alexander, Area Administrator, Region 3.¹

Mr. Rasmussen made reference to a number of cases in which CA was involved but did not identify any by name. With the assistance of staff from the Colville DCFS office, cases were identified based on the descriptive nature of the information in Mr. Rasmussen's letter. A thorough review of these cases was completed by the review team including a review of practice and procedures, service delivery, placement decisions, and case planning. In addition, the review team contacted and interviewed care providers (relative and foster parent); community services providers, and court officials.

The following is a summary of information gathered from a review of these cases and interviews conducted by the review team during two on-site visits to Colville in March and April 2009.

Summary of Interviews²

Community Providers

Several interviews were completed with local community providers (contracted therapists, child advocates, law enforcement, Child Protection Team members, and public health and court officials) to evaluate the working relationship between the Colville DCFS office and providers in Stevens County. Many of the providers interviewed

¹ Region 3 is in western Washington and Ms. Alexander has no supervisory relationship with the Colville DCFS office.

² The appendix at the end of the report provides a list of individuals interviewed during the course of this investigation.

acknowledged that regardless of the leadership employed by CA, it is the nature of the community to second guess their decisions merely because of the issues inherent in the work involved.

A general consensus of the community providers, with the exception of the Stevens County Court Appointed Special Advocate's (CASA) office, indicated the local office leadership has improved considerably over the last 12-18 months. Leadership stability, increased community outreach and education, particularly in the southern part of the county, have assisted in increasing communication and understanding the role of CA in the community. Many of the providers stated the work that has occurred recently by the Child Protective Services (CPS) and Child and Family Welfare Services (CFWS) supervisors has provided a more open venue to discuss cases regardless of professional viewpoint (i.e. agreement or disagreement with the case plan).³

Providers asserted CA should make a concerted effort on behalf of both local and regional management to foster positive community relations. The front line supervisors are trying to do this; however, their workload makes it difficult to sustain these efforts at a level that is recommended by the community. One provider stated *"CA must learn to 'positively manipulate' the community to ensure child health and safety. The leadership to negotiate and resolve is not sufficient at this time."* Another community partner said, *"Community relationships, which if developed appropriately, can enhance community partnerships and benefit all systems within the community."*

Additional issues addressed include systemic deficits which were identified as an area that is hindering the development of positive community relationships. Staff turnover, frequent policy updates, practice changes and reactive management from DCFS makes it difficult for CA staff and communities to adjust to constant changes.

Recommendations by providers centered on enhancing existing relationships by consistently communicating and being cognizant of the on-going need to foster and develop strong partnerships. Of utmost importance to providers was the need to increase information sharing to support children and families. Community education, communication and strong leadership were areas which several providers stated can improve the community's perception of CA. One provider said, *"Education and communication can affect the community's perception of CA and does not have to compromise a family's right to confidentiality."* Several strategies were recommended by providers:

- Recruit and establish a neutral Child Protection Team facilitator in the northern part of Stevens County⁴.
- Utilize prognostic and Child Protection Teams more to support service delivery and to guide key decision making on cases.

³ CPS and CFWS are units within the Colville DCFS office.

⁴ Currently a DCFS supervisor oversees and facilitates CPT in the northern part of the county. A community member serves as the chair of the CPT operated in the southern part of the county.

- Ensure all case file information is made available to Child Protection Team members during staffings.
- Educate the community as a whole on the role of Children's Administration through public education forums.
- Re-contact referents making reports of child abuse/neglect, particularly in cases where the referent is a mandated reporter.
- Network with local providers, particularly local medical providers and a child's primary care physician, to not only gather information for cases, but to establish and maintain positive working relationships. This would limit the perception CA 'shops for decisions' from providers outside the county as opposed to local professionals.
- Employ decision making strategies that represent shared decision making.

Some providers identified the most contentious relationship in the community at this time is between the Colville DCFS office and the Stevens County CASA Program. The origin of the conflict was unclear; however, many acknowledged this was a pivotal relationship in their community that required significant rebuilding.

Care Provider Interviews

Review team members interviewed both relative care providers and foster parents. The families interviewed provided care to children involved in the cases Mr. Rasmussen referenced in his March 18, 2009 letter. Some care providers described tenuous relationships with either Stevens County CASA or DCFS. A significant number of families reinforced issues raised by community providers in that communication and information sharing were often the focal point of issues between them, the CASA and DCFS.

A relative care provider stated the initial placement of relative children in their care was often stressful because of both the CASA and DCFS staff. Initially their relationship with DCFS was not positive. Due to scheduling issues the relative care provider asked to change schools for one of the children in order to logistically cover all the bases with the children and their own respective work and school schedules. The relative stated DCFS staff were resistant to changing the child's school. She stated the stress of working with DCFS and trying to meet all their obligations made things very difficult and they believed they were given an ultimatum to keep the child in the same school or risk moving the children. All three children were later removed and placed in a foster home.

When the children were later removed from this foster home, the former relative care provider requested the children be placed again with them. The relative care providers were extremely frustrated in not being able to see the children while they were placed in the foster home despite repeated requests for visits. The relative care providers were eventually asked if they would be willing to provide care for one of the children, which they readily agreed. They repeatedly attempted to make contact or be allowed contact with the siblings (placed elsewhere); however, it took sometime for this to occur. The relative care provider stated issues have been resolved with DCFS and visits with siblings are positive and beneficial for all three children.

The relative care providers said their issues now are with the CASA who is not in favor of third party custody for the one child residing in their home. The relative care provider stated the CASA does not share information with them and has attempted to take the youth out of school without their knowledge to meet with her. The relative care provider stated the CASA states they are not in favor of the other children's placement despite how well they are doing. The relative care provider believes the CASA has attempted to sabotage the placement of the children and feels some actions by the CASA have been unprofessional and unwarranted. This relative care provider is currently pursuing third party custody with the support and assistance of DCFS and hopes to have some resolution soon.

Another family said they believed personal relationships amongst professionals have influenced professional judgment. The family acknowledged it is not uncommon in small rural communities, like Stevens County, for professionals to know one another socially. They stated in such circumstances it is imperative individuals are cognizant of their roles and diligently strive to ensure objectivity and professionalism within those roles. This particular family believed relationships became enmeshed, clouded professional objectivity, and did not allow for a fair and just evaluation of children in their home and their need for permanence.

Several families interviewed stated it is important that DCFS be open to sharing information as allowed. In particular, families referred to the sharing of any and all information DCFS has available regarding a child at the time of placement. They are aware additional information, based on the child residing in their home, will surface, but they believed oftentimes information was known to the social worker and not passed on to them. This affects their ability to prepare for possible emotional and behavioral issues, and to parent appropriately. Relative care providers advocated for DCFS to offer supports for children in their care to prevent removal from their home.

It was also stated by several care providers that their relationship with DCFS worked well as long as they did not challenge decisions or express disagreement with a course of action that could affect the care of a child in their home. Although aware that CA is required to work diligently with biological families for reunification purposes in dependency proceedings, some care providers believed reunification is not always in the best interest of the child which was contrary to efforts being pursued by the Colville DCFS office.

Several suggestions were made as a means to improve communication between care providers and DCFS:

- Provide all information known about a child at the time of placement, especially information known about primary care physicians, adjustment patterns, sexualized behavior, etc.
- Readily use Family Team Decision meetings to ensure quality of care and communication. Be open to developing a plan rather than presenting an established plan.

- Provide in-home support services to assist in parenting and preserving relative placements. Provide supports that offer insights into parenting techniques, understanding the effects of trauma on child development, behavioral modification plans, etc.
- Be open to alternative points of view and possible solutions that may be different than what the department is proposing. Consider creative options to ensure best interests of the child.
- Provide notification of a child's removal from a foster home as directed by policy, i.e., five day notification.
- Return phone calls and follow through on tasks and requests in a timely manner that affects a care provider's ability to provide care.

Stevens County Court Appointed Special Advocate (CASA) Office

Following interviews with several community providers, the CASA office, and DCFS staff it is clear there is a significant underlying issue in Stevens County in the relationship between the DCFS office and the CASA's Office.⁵

The director of the Stevens County CASA office said the relationship between DCFS and CASA began deteriorating in the last year. The CASA director stated up until approximately one year ago the relationship was positive; however, with the onset of a highly contentious case that highlighted differences between the CASA office and DCFS and changes in legal representation from the Office of the Attorney General (AGO), the relationship began to deteriorate and at this point is "*not in good standing*."⁶ She cited three areas which appear to have affected the working relationship: a lack of communication, perceived misunderstandings, and conflict of interest regarding a specific case.

According to the CASA director, one such issue arose when CASA notified DCFS that the daughter of a foster parent requested to complete her Masters in Social Work practicum with the CASA program and be supervised by one of two paid CASA employees. The CASA director said DCFS was aware of and agreed to support the young student's practicum with the knowledge that she was the daughter of a foster parent and under the age of 21. The CASA director stated they notified the Superior Court Judge, who at the time was the appointed supervisor of the CASA program, of the student's age, and with DCFS' agreement, the court approved the practicum placement.⁷ The CASA director stated the supervising CASA was not the assigned CASA for the children placed in the foster home where the practicum student resided. The CASA director contends when they learned CA had concerns regarding the practicum, the student changed her practicum and was no longer a party to any cases in Stevens County.

⁵ Court Appointed Special Advocates (CASAs) are volunteer guardian ad litem appointed by the court to represent the best interests of children in dependency proceedings. The court refers the case to the CASA program which selects the individual CASA for a particular case.

⁶ Legal representation for the Colville DCFS office in juvenile court proceedings is provided by Assistant Attorneys General from the Spokane Office of the Attorney's General's Office.

⁷ On February 9, 2009, Judge Baker announced the Juvenile Court Administrator would now oversee the CASA program and she would no longer be the assigned supervisor.

The CASA director also stated the foster parent whose daughter was initially assigned to complete her practicum with their office was a licensed therapist and overseeing the practicum of one of the paid CASA staff. Again, the director stated DCFS was aware of the relationship and initially did not object to the arrangement.

The CASA director stated that shortly after the issue of the practicum supervision emerged, CA received several referrals regarding this same foster home and the care and treatment of the seven dependent children placed in the home. Allegations regarding withholding food, inappropriate discipline and not reporting changes in their household initiated several licensing and Child Protective Services (CPS) investigations. It was when issues related to the practicum student's family arose that DCFS objected to the student's practicum placement with the CASA office.

The resulting Division of Licensed Resources (DLR) CPS and licensing complaint investigations resulted in action revoking the foster home license⁸ and removal of five foster children from the home. Two other children in a guardianship were not removed. Based on the decisions by CA (both Spokane DLR and Colville DCFS), the CASA said communication deteriorated significantly. The CASA office opposed removal of the children from the foster home and questioned the method by which DLR interviewed the children and arrived at their findings.

The removal of the children from this home and the current case plans regarding these children continue to be a source of conflict between DCFS and CASA. Decisions regarding one sibling group in particular have been the source of significant conflict. The CASA office contends communication deteriorated even more when they began having difficulty seeing the children in their new placement. The CASA director said DCFS intended a respite placement to more likely be a permanent placement for two children without benefit of the CASA's input as to what was in the best interest of the children. The director stated the CASA had difficulty accessing the children in their new placement and believed the new foster parents were controlling and unreasonable as they wanted the CASA to make appointments to see the children. However, in the CA review it was determined that records retained by the foster family and DCFS indicate the children were seen by the CASA in their placement ten times in eight months.

The CASA director said DCFS did not intervene or assist the CASA in seeing the children in their new placement. The CASA director believed the department sabotaged the CASA's relationship with the children and the foster parents thereby affecting the value of any input they would have in decisions regarding the children. The rift between CASA and DCFS became so significant that in February 2009, CASA filed a temporary restraining order in Spokane County Superior Court to attempt to prevent the adoption of

⁸ Revocation as been appealed by the foster family and a hearing before the Administrative Law Judge is scheduled for the third week of July 2009.

the two children after the children's new foster parents had filed for adoption in that court.⁹

Following a recent hearing regarding the adoption stay (April 20, 2009) the attorney representing the CASA's office stated in an e-mail to the Assistant Attorney General, *"Stevens County CASA will not endorse nor will they contest the adoption of the children. For the record, it is our opinion that the CASA access to these children has been so sabotaged by the department that it is futile to pursue any further attempts to find out their true wishes and be of any support for them. That is the basis for our neutrality. We are appalled the department has led these children to believe the CASA removed them from the previous placement and intend to pursue whatever is necessary to clear this record."*

Another issue the CASA director cited as creating a rift between their office and CA is access to documents in case files. The director said until recently they were able to go to the office and inspect and copy case files as needed for court proceedings, visit with children, families and providers, etc. Recently the DCFS office no longer allow them to inspect the files or make copies as needed because files contain some confidential medical information that may not be shared and attorney client privileged documents. DCFS administrative staff completes all copying for the CASA. The director stated this change in practice adds to the tension and implies trust has deteriorated between the two offices.

When asked what action or measures have been taken to remedy issues between CA and the CASA office, the director stated it was recommended they participate in the program entitled *Table of Ten*¹⁰. This program (facilitated by the University Of Washington School Of Law) focuses on assisting court officers and participants (judges, attorneys, CASA, and CA staff) in developing and enhancing working partnerships. The director stated the initial meetings were positive and seemed to provide a good start to resolving issues. However, it has stalled because either there does not seem to be a commitment to continue working on the issues or time constraints have become a factor. No one has scheduled additional sessions to date.

The CASA director said they continue to be invested in meeting with CA and resolving issues as a means to move forward and partner in ensuring child health and safety.

Children's Administration Staff (Division of Children and Family Services (DCFS) and Division of Licensed Resources (DLR)

In response to Mr. Rasmussen's allegations about the Colville DCFS office, the review team met with CA staff (DCFS staff in Colville and DLR staff in Spokane). Spokane

⁹ Once children are legally free and placed in an appropriate home for adoption, it is the adoptive parents and not CA who retains an attorney for the purpose of finalizing the adoption.

¹⁰ Tim Jaasko-Fisher of the University of Washington defines Table of Ten as "... a community focused on developing local leadership in a way that emphasizes a data driven, systems approach to improving outcomes for children and families involved in the child welfare legal system."

DLR staff investigate allegations of licensing violations and child abuse/neglect allegations in foster homes and other DSHS licensed facilities that care for children. DCFS staff investigate allegations of abuse or neglect in non-licensed families and provide services to families involved in voluntary service agreements, dependencies and adoptions.

On March 25, 2009, the review team met with the CPS and CFWS supervisors in Colville. Both supervisors stated they believed they have positive relationships with most agencies and partners in the community. They spoke directly of law enforcement (all jurisdictions), the Kids First (Child Advocacy Center), the Health Department, Domestic Violence Advocates, Child Protection Team members, etc. They are aware that some relationships may become strained due to the difficult decisions they must often make, but they are optimistic they are creating a culture that supports discussion and promotes consensus. The supervisors expressed frustration that Mr. Rasmussen, while conducting his investigation, had not directly contacted them about his concerns or to request information from them.

Both DCFS supervisors stated they are diligently working on building community relationships and strive to be open to learning about the community's perception of their work. They acknowledged increasing community awareness and education opportunities regarding DCFS' role in the community has occurred, but that more must be done.

The supervisors report they have provided information to law enforcement and the school districts about mandated reporting and hope these training sessions are helpful to both entities. They recently attended the Criminal Justice Training Center's sponsored training on updating and enhancing county protocols for investigating child abuse and neglect. They stated community participation at the three day training included several agencies; however, the Stevens County Prosecutor's office was apparently not able to attend.¹¹

The DCFS supervisors believe it is the current relationship with the Stevens County Court Appointed Special Advocate (CASA) office that is the most contentious at this time. They believe disagreement over several cases and the course of action taken on them, intervention regarding a specific foster home and other related issues has blurred professional boundaries.

Several cases were discussed which they believe were cited in Mr. Rasmussen's letter. The supervisors believe a thorough review of the cases would provide insight into the decisions on each case and demonstrate the office's efforts to ensure child safety, well-being and permanence. The supervisors were open to suggestions on improving practice, developing local leadership and improving community relationships.

¹¹ In 1999, the Legislature required that each county develop a protocol for investigation of allegations of child sexual abuse. Required participants are the prosecuting attorney, law enforcement, CA and victim's advocate organizations. In 2007, the Legislature further required that the protocols be updated to include physical abuse and neglect cases. RCW 26.44.185. The Criminal Justice Training Center has recently been providing multi-disciplinary training on updating and enhancing the county protocols.

DLR staff were interviewed by the review team on April 3, 2009 in Spokane. The meeting primarily addressed issues related to the licensing and CPS investigation of the W foster home.

DLR staff stated given the nature of the allegations (health and safety issues, inappropriate discipline, and medical neglect) they consulted with medical professionals as a means to determine if the children in the W home were at risk of harm medically or emotionally. DLR interviewed and obtained written information from Dr. Alan Hendrickson¹² and Theresa Forshag, ARNP who completed well child examinations on the children removed from the home. In addition, they consulted Dr. Mary Dietzen, Child Psychologist, who reviewed case records of the children removed from the home as well as investigative interviews of the children and foster parents.

DLR staff believed the information they received from medical professionals supported the decision to proceed with revocation of the W's foster home license. (Affidavits and reports submitted by Dr. Alan Hendrickson, Theresa Forshag, ARNP and Dr. Mary Dietzen, Child Psychologist, were among the documents supporting DLR's decisions on CPS findings and licensing actions.)

Case Summaries

Mr. Rasmussen's letter cited several cases that led him to believe the Stevens County DCFS office was not serving children or families well. In his investigation, Mr. Rasmussen did not request records from the department and did not ask to interview any CA staff.

Mr. Rasmussen's letter referred to a case involving a foster family that resulted in the removal of five dependent children. Mr. Rasmussen states, "*The court characterized this removal as being on a very questionable basis...*" "*The court found that the removal by the department was done primarily for financial reasons...*" "*...the court notes its displeasure and sense of outrage at the department's having operated the way it did in removing the children...*" "*...speaks of the department having done a grave disservice to the children.*"

The Colville DCFS staff identified the cases Mr. Rasmussen referenced in his letter as the W foster home and the children in Cases A, B and C. Brief summaries follow.

W Foster Home

Mr. Rasmussen references the removal of five children from this foster home in his letter as "*very questionable*" and as a "*draconian solution.*" DCFS removed five foster children from the home after DLR received and investigated several licensing and CPS intakes regarding the care of the children in the home. The action by DCFS was met by significant resistance in the community alleging decisions made were not in the best interest of the children and without the benefit of involved parties, i.e. CASA, child's attorney, and therapists.

¹² Dr. Alan Hendrickson is a board certified pediatrician and Child Protection Medical Consultant for DCFS.

The Ws were originally licensed in May 2001 for three children aged 0-18. They continued to be relicensed for seven years prior to the license revocation proceedings. In May 2007, their license was updated to reflect the ability to care for seven children, 5 to 17 years of age. An administrative waiver was approved for seven children based on the fact the Ws were caring for three sibling groups and the waiver supported keeping the siblings together. The waiver was established for the three sibling groups placed in their home, and the waiver was active for the duration the sibling groups remained in their home.

Prior to 2008, records reflect two licensing complaints were received regarding the W foster home. One licensing complaint was received in April 2004 regarding inappropriate discipline of a foster child in their home. This complaint was determined valid. A compliance agreement was developed which stipulated no physical discipline was permissible in regard to foster children placed in the home. The Ws agreed to use other methods of discipline. In March 2007, a complaint regarding supervision was determined not valid.

Licensing complaints and CPS intakes increased beginning in February 2008. Over the course of the next nine months CA received nine licensing complaints and four DLR/CPS intakes. Of the nine licensing complaints received after February 2008 findings were made on eight¹³. Valid findings were made on seven of the eight complaints for issues related to discipline, supervision, health and sanitation, failure to report, character, and nurture/care. Complaint information was received from statements made by the children in the W home to DCFS social workers and a foster parent. As the initial investigation proceeded social workers and the foster parent reported new information received from the children in the W home. This information was then called in and new licensing complaints and CPS investigations were generated by DCFS social worker.

Upon receipt of the four DLR/CPS intakes and given the nature of the allegations DCFS removed five foster children pending the outcome of the investigations. Several months later, the department requested to remove two children that were in a dependency guardianship with Ws, but the court denied this request. Of the four DLR/CPS intakes, founded findings were made on two and unfounded on two others. One founded finding was made on an intake related to dietary restrictions placed on children in the home and is supported by a review of the medical records and medical professionals' (Dr. Alan Hendrickson and Theresa Forshag, ARNP) opinion after examining the children.

During a Multi-Disciplinary Team staffing regarding this intake, Dr. Hendrickson and Ms. Forshag both expressed concern about the weight loss of a child (76 pounds to 65 pounds) while in the care of the Ws. Dr. Hendrickson is reported to have stated he had concerns the diet restrictions employed by the Ws disrupted some of the child's natural growth patterns.

¹³ One complaint was noted as a duplicate of a DLR/CPS intake and no finding was made.

Communication became a central issue in this case and many of the concerns were played out through declarations to the court by CASA, DCFS and the attending physician. It is well documented the CASA supported returning the children to the W home, however, CA did not agree given the open DLR/CPS investigation in the home.

The CASA filed declarations supporting the nutritional care the Ws exercised while the children were in their home and refuted that the diet restricted their development in any way. A subsequent declaration filed by Dr. Hendrickson dated July 29, 2008 stated he considered the child's weight loss *"to be unhealthy and that it is not recommended for a child to lose this much weight unless morbidly obese."*

The other founded finding is related to having children eat bugs and snails. This form of discipline was based on the foster parents' belief that if you kill something you must be prepared to eat it. Mary Dietzen, Ph.D. provided a report to DLR after her review of the records (includes both child interviews and foster parent interviews) regarding several issues related to the W home. Dr. Dietzen states, *"When a child is forced to eat bugs and insects (which is not an acceptable form of discipline) he/she will feel humiliated and feel a sense of helplessness with regard to the caretaker who is supposed to protect him/her."* Dr. Dietzen's assessment that Ms. W rationalizes her behaviors and ineffective parenting techniques concluded that *"she appears to be devoid of insight regarding how these methods of discipline can be detrimental to children."*

Additional information from Dr. Dietzen's report to the department during the course of the DLR investigation cited concerns regarding disciplinary practices, dietary restrictions and medical neglect regarding two other children. Dr. Dietzen stated, *"With regards to the records there are numerous examples of child maltreatment involving restrictive eating patterns, medical neglect, emotional abuse, and inappropriate discipline."* Specifically she said one child *"complained of menstrual cramping which was later discovered to be ovarian cysts. She disclosed she revealed this to Ms. W for several months. Ms. W then told the investigating social worker she thought the child had sympathy pains and she believed the complaints were for attention. This is an example of minimizing the child's medical and physical needs."*

In regard to the discipline techniques used to address one of the children's emotional outbursts, Dr. Dietzen states, *"The discipline described regarding.... 'fits' is also inappropriate. Sending a child out to the garage or outside for extended periods of time is not an effective discipline technique, especially if it is dark and scary. This type of intervention will most likely increase the acting out behavior. Additionally it is never okay to take the child's favorite book or toy and throw it out the window or destroy it. This is an example ofdestroying something very special to him or her."*

Mr. Rasmussen's letter also refers to a Stevens County court decision from July 2008 referencing DCFS' action to vacate the dependency guardianship of two of the children placed in the W home. The department's motion to the court to vacate the guardianships was based on the concerns listed above regarding the treatment and care of the foster children in the W home.

The judge considered affidavits submitted by therapists, child's legal counsel, and the CASA supporting continued placement and denied the department's request. The judge's ruling implied "*removal of these children from this long standing home would amount to 'child abuse'*" and found a basis to deny the department's request to vacate the guardianship. The judge felt, based on her review of available documents and assorted declarations "*the removal of five children seems a draconian solution to a problem correctable by oversight and counseling from the caseworkers.*" The judge's ruling did require the foster parents to allow the department and the CASA to visit the children without the foster parents' legal counsel present and allowed for unannounced visits by either party.

Based upon the findings related to the licensing complaints and CPS intakes, DLR revoked the foster home license effective September 9, 2008. Revocation of the license precluded DCFS from returning the children removed from the home in early March 2008.

In October 2007 the foster family filed a motion to stay the department's Summary Suspension and Revocation of a Foster Care license. The hearing was held before an Administrative Law Judge (ALJ) and the interim order on the stay was denied. The family continues to appeal both founded findings and the revocation of their license. An administrative hearing is scheduled in July 2009.

A brief case summary and update regarding the children placed in the W home follows.

Case A

The children in this case were children removed from the W home that was referenced in Mr. Rasmussen's letter.

The three children (ages 6, 8 and 12)¹⁴ referenced in this case came into care in April 2005 as a result of sexual abuse and parental neglect and substance use. Following attempts to engage and support the parents in remediating their parenting issues, termination of parental rights was filed referencing two of the children. In March 2006, the mother of the two youngest children relinquished her parental rights. Subsequently in May 2007 their father's parental rights were terminated. The primary permanent plan for these children was identified as adoption in February 2006. Parental rights for the oldest child were not terminated as she is reportedly a Native American child. The permanent plan for her has been identified as guardianship.

All three children had several placements including two relative placements for the first two years in care and three foster homes, one of which was a 10-month stay in the W foster home. Following removal from the W foster home in February 2008, the children were placed in an interim placement for several months pending a permanent home. The two youngest children are now in a foster/adopt placement awaiting adoption and their

¹⁴ Ages of the children in this report reflect their ages at the time of removal from the W home.

older sister is in a relative placement awaiting establishment of a third party guardianship. Both families support unlimited contact and visitation between siblings.

Case B

In the letter submitted by Mr. Rasmussen he states *“some actions of the department have had a direct and potentially injurious effect on dependent children. Children have been subject to forensic examination when no allegations of sexual molestation exist to justify such an examination.”*

The two siblings, ages 9 and 13, referenced in this case first came to the attention of DCFS in July 1996 when the oldest of the siblings was placed in out of home care due to physical abuse and neglect. Following an attempt to reunify this child with his parents he was removed again in October 2001 along with his younger sibling. An older half sibling had also been removed from the home and remains in out of home care, however, not in the same placement. The thirteen-year-old and the nine-year-old were placed in the W home in July 2003. In May 2004 family members agreed to a dependency guardianship as long as the children remained in the care of the W family. Due to the legal status (guardianship) of the children they continued to reside in the W home after the five foster children were removed in March 2008.

Contacts with the Ws regarding these children proceeded as required by the guardianship order. Visitation with the biological parents was restricted to approval by the Ws and not to exceed three times a year excluding notification of any school or extra curricular activity in which the children were participating.

In May 2007, due to concerns related to sexualized behaviors exhibited by the youngest child, a safety plan was developed as a means to ensure the safety of the other children residing in the W home. The safety plan was developed and signed by the Ws.

As a matter of course following receipt of CPS allegations in the W home in February/March 2008, DCFS requested the children have well child exams. The foster parents agreed and the children were examined by Dr. Alan Hendrickson in Spokane. In preparation for the examination, Dr. Hendrickson was informed of the nine-year-old's history of sexualized behavior which was disclosed by the foster parent and DCFS. In addition, recent allegations were received by DCFS regarding this young child possibly perpetrating on another child. Based on this information the attending physician proceeded to conduct a sexual abuse exam to rule out possible sexual abuse. A nurse was present in the room during the examination. Ms. W. believed the examination was extremely traumatic for the child and did not feel there was sufficient information to suggest the need for the exam. Ms. W stated the attending medical professional disagreed.

These children continue to reside in the W home and health and safety visits have occurred as required.

Case C

Mr. Rasmussen does not reference this case specifically in his letter. However, the summary is provided as these children were two of the five children removed from the W home in March 2008. Dr. Dietzen's statements regarding "isolation and humiliation" are a reference to the intervention methods employed by the Ws in an attempt to address one of the children's emotional and behavioral issues.

The children (ages 9 and 12) referenced in this case came to the attention of DCFS in July 2001. Given the nature of the issues, parental neglect and substance abuse, the children were placed into protective custody and in out of home care for approximately one year. In July 2002 the dependency action was dismissed, and the department had no further contact with the family until January 2006.

In January 2006, the maternal grandmother, who had become the guardian of the children, took them to school, told school officials that she was no longer able to provide care for them and refused to pick them up after school. She included a suitcase of clothing for the girls and had no further contact with school officials. As a result, the children were once again placed in protective custody and a dependency proceeding was initiated by DCFS. The court placed the children in CA custody for placement in out of home care.

The children's father was incarcerated at the time of their placement and the case record reflects an extensive criminal history related to violence and drug related crimes. His expected release was to be sometime in late 2007. Upon release, contact between the children and their father was slowly re-introduced.

In late March 2009, following increased contact with her father, the nine-year-old was reunited with him. Family Preservation Services and family counseling were initiated into the home to assist with the transition and a health and safety visit was conducted on April 7, 2009. Several days later DCFS was notified of an incident in which the child was behaviorally out of control in public and despite attempts to calm her, law enforcement was contacted. It was believed one of the precipitating causes regarding the outburst was a recent change in medication. A Family Team Decision Meeting (FTDM) was held to discuss placement options for her and it was agreed that an out of home therapeutic setting would be in her best interests. The team also recommended preparing a Behavioral Rehabilitative Services (BRS) referral for a possible therapeutic group home placement if necessary.

Both of these children remain in out of home care at this time. They continue to have contact with their father.

The following case summaries reference cases Mr. Rasmussen alluded to in his March 18, 2009 letter and were identified by the Colville DCFS office.

Case D

Mr. Rasmussen's letter asserts DCFS has misled the parents of dependent children on several occasions. Specifically he stated, "*There exists documentation of department Team meetings where department personnel mislead parents of dependent children by expressing their intentions about a particular child when the parent was present and then expressing directly the opposite view after the parent left the meeting.*" It is believed the case Mr. Rasmussen is referring to is that of a child who is now seven years old.

The child was first known to the department following a referral in April 2003 with concerns that she was failure to thrive. A second referral was received on February 2004 when she was two alleging substance abuse and lack of supervision. The outcome of that referral resulted in the child being removed from the parents care in March 2004. The investigation found that both parents were involved in the use of methamphetamine and prescription drugs and used regularly in the presence of their child. The mother transported and distributed illegal drugs, and the parents chronically neglected their child.

Following court proceedings and the completion of a relative home study, DCFS placed this child in the care of the paternal grandmother and her live-in boyfriend. To support the grandmother in caring for her granddaughter, the child was evaluated by Dr. Robin McCoy, Developmental Pediatrician, at Sacred Heart Hospital in Spokane. Dr. McCoy notes that the child was making significant progress since placement with her grandmother by participating in the Birth to Three Program and a therapeutic playgroup.

Within seven months of placement (October 2004), DCFS notified the grandmother of the intent to file a petition to terminate parental rights as neither of the child's parents had engaged in services. The grandmother asked to be the adoptive placement for her grandchild at which time DCFS agreed. In December 2004 the grandmother requested assistance from DCFS in addressing the child's behavioral issues of self-inflicted injury and uncontrollable rages. The assigned social worker also witnessed the child's self-injurious behavior.

As a result of incidents in her grandmother's home, the child was placed in the G foster home in August 2005. Shortly after placement in the foster home, the foster parents expressed concern about her relationship with her grandmother and requested that on-going contact be restricted. During health and safety visits to the G foster home between November 2005 and January 2006 the social worker notes that the child was making tremendous gains in the care of the Gs but still escalated and resorted to self-harming behavior, pulling out eyelashes, and pinching herself. The Gs attributed visits with the grandmother as one of the causes of the child's continued outbursts. In early 2006, both the foster parents and the grandmother expressed interest in adopting the child.

In March 2008, Ms. G called the department and stated they could no longer care for the little girl as the child had assaulted Ms. G who was still suffering pain from the inflicted injury. A FTDM was convened and it was decided she would be moved from the Gs and

placed in a new foster home while a permanent home that could meet her high level of needs could be located and an application for Washington Adoption Resource Exchange (WARE) would be made. At this same time the grandmother petitioned the court to be allowed to intervene and begin a reunification process with her granddaughter.

In May 2008 the Gs notified the department they wanted the child returned to their care given she appeared to be doing so well on her medication.

As a means to assess permanent placement for this child the department arranged for the grandmother and the Gs to engage in a series of evaluations with the Same Page Infant Team in Spokane. The evaluations started during the summer of 2008 and concluded in October 2008. The process involved several psychologists conducting relational evaluations, psychological evaluations, videotaped parent-child interactions/visits and interviews with each person.

Conflict over the child's placement continued and in September 2008 a FTDM was convened in an effort to resolve issues and determine placement. The team agreed visits between the child, the foster parents and her grandmother would begin once the social worker had the approval of the Same Page Infant Team. The placement decision was to continue her placement with her grandmother as she appeared to be the adult most able to meet the child's needs. The team stated that it was their belief that the Gs should continue to play a critical role in the child's life but that it would be unwise to uproot her one more time. They stated that she saw her grandmother as "family" and that they believed the grandmother was able to put the child's needs before her own as well as work with the Gs and other adults to support her in developing a secure view of the world.

In November 2008, the G's attorney wrote that his clients did not believe that the Infant Team made a decision that was based on the child's best interest but was more in tune with what they were requested to find by DCFS. He stated that the G's did not believe that the child's grandmother would be able to adequately parent the child and that their home would be the most appropriate and best placement for her. The letter states that the G's believed they were misled by the Department and did not believe the majority of the Department's recommendations were in the child's best interest.

The G's attorney stated that the G's do not believe the child's grandmother can be trusted and feel that, since they cannot trust her or the department, they are concerned that having contact with the child may lead to accusations and allegations that might impact their ability to adopt another child in the future. He said that the G's understood that these allegations have caused extreme damage to good foster parents and because of their concern regarding DSHS and the grandmother, they did not feel that having contact with the child would be in their family's best interest.

The child was adopted by her grandmother on February 3, 2009 and is reported to be doing well.

Case E

Mr. Rasmussen states, "*CPS workers have engaged in maintaining a plan to unite an abused child with an abusive father even though the child's therapist strongly advised against reunification. After the therapist made this recommendation, the department sought a different counselor. When this effort was resisted by the CASA, the department cancelled the therapist's contract as a provider.*"

The children referenced in this case were placed in out of home care in October 2008. Placement in protective custody by law enforcement was precipitated by an intake referencing bruising to a nine-year-old child, who disclosed his father hit him repeatedly leaving injury. His three-year-old twin siblings (no injuries were detected on the twins) were also placed into care pending an investigation into the allegations and the 72-hour mandated court hearing. All three children were placed in the same home and the oldest child was able to continue to attend his school of origin. Visitation with parents began almost immediately as did recommendations for other services.

In late November 2008, a domestic violence incident was reported to DCFS by the children's mother and investigated by law enforcement. The incident was sparked by the father of the children missing a telephonic visitation with his children. No charges resulted from this incident. In February 2009, the father pled guilty to the assault on his son in October 2008. His sentence included no jail time as long as he continued to participate in DCFS services.

Over the course of the next six months services continued for this family to include substance abuse assessments, random urinalyses, domestic violence assessment and services, parenting classes and instruction, and counseling.

Based on assessments it was recommended that DCFS refer the nine-year-old to individual counseling to address his behaviors of "*bullying, acting out in school, threatening behavior, etc.*" in the home and that his siblings receive developmental assessments. He was referred to counseling and the family maintained active participation in services and visitation.

In January 2009 a Family Team Decision Meeting regarding the children's placement and the family's compliance and progress in services was convened. Discussion regarding possible return home occurred given the children were scheduled to change foster homes as a result of the first care providers not being able to continue providing care. The team decision was the children would transition to a new foster home, supervised visitation with parenting support would continue, verification of a domestic violence assessment would be completed and unsupervised visitation would start shortly with parenting assistance occurring in the home during visits.

In February 2009, the assigned CASA notified DCFS they had learned of DCFS' intent to change the nine-year-old's therapist. The CASA stated the plan developed in court expressly identified the counselor that the child was to see and they wanted to ensure DCFS was complying with the established court ordered plan. In response to CASA's

concern, DCFS confirmed that the intended therapist was seeing him, as well as his younger siblings. Several scheduling difficulties occurred which included no one to supervise the twins while the older child was in session, extreme weather conditions making travel unsafe, and a family crisis regarding the therapist's own family. Several cancellations resulted; however, it was the DCFS' intent that counseling would continue with the same therapist.

In March 2009, DCFS learned the assigned therapist for the children was notified she would no longer be eligible to provide services. Issues related to her billing practices had developed and the CA Region 1 Business Manager was not in support of continuing her contract. This unavoidable action by the Region 1 business office in Spokane prompted a change in therapists for the children.

Despite the change, therapy services continued and the family began unsupervised in-home visits with the nine-year-old in April 2009. On one visit home, while four-wheeling with the child, his father was involved in an assault with a neighbor in front of him. The father was arrested and charged with Assault 4 Domestic Violence as a result of the incident. DCFS immediately stopped unsupervised in-home visitation which had previously not been supported by the CASA.

At this time the children remain in out of home care and their mother remains engaged in services with a permanent plan for them to return to her if her husband is no longer residing in the home. His criminal charges and prosecution regarding the April 2009 incident are pending.

The nine-year-old has recently been evaluated by Dr. Lisa Christiansen, Child Psychologist, who recommended continued therapy. A new therapist has been identified and is scheduled to meet with him within the week. In addition, it was recommended by Dr. Christiansen that the therapist who will be working with him should assess the need for therapy for his younger siblings.

Case F

In this particular case Mr. Rasmussen reported the following in his March 18, 2009 letter about CA's Colville office. *"I have attached a letter from a physician to Mr. Kretz that documents a very troubling situation. Apparently CPS personnel conveyed information that an infant was born addicted to methamphetamine and other drugs when the workers had a good basis for knowing that such information was false. This misinformation was passed on to medical providers of the infant and ultimately resulted in the infant being placed on a morphine drip. This baby was not addicted to drugs at birth but became addicted as a result of misinformation supplied by DSHS."*

In October 2005, DCFS received an allegation of possible methamphetamine use by both parents of four children. The condition of their home was also a concern to the health and safety of the children residing there. Intervention by DCFS began the day after receiving the report and despite denials by both parents they were using methamphetamine, both tested positive for the drug. In addition, the mother of the

children also stated she had no intention of stopping the pain medication or marijuana she was using for Fibromyalgia and Lyme disease.

Records reflect that CPS investigators spoke with her doctor who denied prescribing medical marijuana to this patient; however, he did state it could benefit her symptoms. He also stated that if his patient was using marijuana and it was not present in urinalyses, the urine she was providing for testing may not be hers. This was generated by a concern that the patient's prescribed medication for Lyme disease was not present in her urinalyses. The patient later admitted to a chemical dependency evaluator she used marijuana and methamphetamine, but these drugs were not present in testing and this further supported that the urine being tested might not be hers. The record does not reflect if information regarding substance use by this patient was ever provided to her doctor.

Her daughter was born in June 2006 and the Mt. Carmel Hospital (Colville) nursing staff noted concerns following her birth. The child was documented by nursing staff as vomiting, fussy, having difficulty nursing, and a nurse said the child "may be experiencing signs and symptoms of nicotine withdrawal." Her doctor said the child was "urpie" and felt she was fine.

DCFS staffed the case with a Stevens County Child Protection Team who recommended out of home placement. A Stevens County Superior Court Judge signed an order to remove the baby from her mother's care the day after she was born, and she was placed in foster care. The foster care provider experienced difficulty with the child keeping down formula and it was agreed the child should return to the hospital.

The baby was transported back to the hospital. The attending physician, Dr. Barry Bacon, believed that the child should have the mother's breast milk. Mt. Carmel Hospital stated they could not facilitate this unless someone stayed in the room with mother and child or if the child was returned to the custody of her mother. The CPS investigator questioned if the baby should be sent to Sacred Heart Hospital in Spokane. The nursing supervisor contacted the doctor and was told he did not agree to the child's transfer to Spokane. However, given the child's condition, DCFS opted to seek a pediatrician's assessment¹⁵ and the decision was made to transport her to Sacred Heart Hospital where she was admitted into the Neonatal Intensive Care Unit upon arrival.

On June 9, 2006, the CPS investigator spoke with a nurse at Sacred Heart Hospital. She was informed that the baby was in active withdrawal and they started a morphine drip. Hospital staff also stated they do not allow mothers to breast feed children who are going through withdrawal.

Sacred Heart Hospital medical records noted that the mother used prescription narcotics, in addition to methamphetamine, marijuana and nicotine during pregnancy. Oral morphine was given to the baby when she was two days old. The hospital put the child on a morphine drip due to her increasing Neonatal Narcotic Abstinence Scores, sporadic

¹⁵ The Colville medical community does not include a physician specializing in pediatrics as this time.

heart rate, and physical symptoms of “crying and jittery” at the time of intake at Sacred Heart Hospital.

Dr. Barry Bacon’s letter to Representative Joel Kretz dated November 18, 2008 cited specific information regarding the care of his patient and her daughter.

Dr. Bacon wrote, *“This patient has occasionally used drugs in the past. During the course of her pregnancy we talked about this frankly and the patient was adamant that she was not misusing any medications. She was, however, receiving some narcotic pain medications by prescription from me during her pregnancy.”* Dr. Bacon also referred to the urinalyses the mother completed that supported her statement and his assessment that she did not use medications or illicit drugs other than those he prescribed.

However, CPS investigator learned that the mother self-disclosed to a chemical dependency counselor in a Prenatal History Questionnaire she used illicit drugs and medication other than that prescribed by Dr. Bacon. Medical records obtained by CPS documented the mother as visiting the St. Joseph Hospital (Chewelah, WA) Emergency Rooms eleven times between October 23, 2005 and April 17, 2006. She received the following medication during these eleven visits: Demerol, Hydrocodone, Morphine, Oxycodone, Percocet, Phenergan, and Promethazine. The child’s mother received Demerol each month between January and April 2006, seven weeks before delivery. Again, the record does not reflect if this information was ever shared with Dr. Bacon.

Dr. Bacon’s November 2008 letter states, *“In spite of my recommendations that the child be left with the mother and in spite of good parent bonding with the child here in the hospital, CPS chose to remove the child from the mother’s care.”*

Dr. Bacon had recommended the child return to the hospital *“allowing the mother to breast-feed the child since the child was tolerating breast milk without difficulty.”* However, as noted the nursing staff documented on June 6, 2006 at 2100 hours the baby was “spitty at times.” Approximately six hours later a nurse wrote, *“Mom reports baby waking up fussy every 30 minutes. Reports trying to breastfeed to calm baby but unsuccessful.”* This information appears to contradict Dr. Bacon’s statement that the baby tolerates breast milk *“without difficulty.”* It was the decision of the department to seek advice from a pediatrician and obtain a second medical opinion as to the child’s diagnosis and medical needs.

Sacred Heart Hospital and attending physician Dr. Ronda Gretebeck used Neonatal Narcotic Abstinence Scores to assess the child’s exposure to drugs and placed her on a morphine drip. According to the attending neonatal physician, the scores increased within required parameters to use morphine treatment. The tests and treatment were recommended and administered by the attending medical staff at Sacred Heart Hospital and not in consultation or insistence by the DCFS.

Allegations CA “Shops for Medical Opinions...”

Mr. Rasmussen cites his investigation led him to believe the department has developed a pattern of “*shopping for health care providers and counselors who are supportive of their objectives.*”

Mr. Rasmussen alludes to several situations in which DCFS seeks other medical and therapeutic input on cases. Most notably DCFS sought secondary medical opinion on several children removed from the W foster home. DCFS staff requested a pediatrician examine the children and review available medical records to assess their health status. It was not the intention of DCFS to obtain a second opinion because they lacked confidence in the local medical providers. Given the Colville medical community does not have the services of a pediatrician DCFS thought it would be beneficial to seek an evaluation by a pediatrician specializing in childhood abuse and trauma

Of note, based on lessons learned from previous cases, CA has recommended that social work staff seek medical advice/diagnosis from contracted medical consultants who specialize in children and particularly children who may have suffered non-accidental trauma.

Mr. Rasmussen further states DCFS terminates therapeutic relationships between children and their counselor when the counselor “*fails to support the department’s agenda.*” There have been incidences in which children have changed therapists or discontinued seeing their therapist. This was the result of contractual issues with the individual provider and not the result of therapeutic disagreements between the provider and DCFS. Notice was provided to ensure closure and transition to another therapist occurred.

The CASA states services from three therapists have been disrupted and as a result are not in the best interest of the children. Presumably, these are cases referred to by the prosecutor in his letter. Information obtained from the Region 1 business manager explained the contract decisions as follows:

- One therapist’s contract was terminated due to a long history of billing issues. They had been dealing for several months with the billing of excessive hours (up to 20 hours in a day) as well as telephonic therapy (which the contract did not allow). In addition, an incident occurred when a client went to her residence for therapy and was bitten in the face by her dog. DCFS Region 1 contracts management decided to end the contract with 30 days notice to avoid any contentious issues with this particular contractor. The underlying cause as to why the contract was terminated was the result of unethical billing practices by provider.
- Another therapist did not have a current signed contract for professional services for as long as two and a half years. Apparently when contract renewal was due, the documents were never returned supporting renewal. Unfortunately, Region 1 business manager stated the fiduciary specialists and the contract managers did not notice this (nor communicate a contract was not signed) and payments

continued. Upon learning of the miscommunication all payments for services billed were ceased and the provider was notified. The business manager stated the Stevens County area administrator was notified who in turn notified her staff that counseling with this therapist was no longer available.

- A third therapist was a licensed with New Alliance (RSN Provider) in Stevens County and was a licensed foster parent. Once the Colville office became aware of two founded findings of abuse and neglect against the therapist, concerns regarding her ability to continue to provide therapy for DCFS children was discussed. At a community meeting, the director of New Alliance approached DCFS area administrator and asked about the circumstances surrounding the findings. The area administrator stated the department would prefer that any new referrals to their agency from DCFS not be assigned to this therapist until after the findings and revocation concluded. Part of this request included not wanting children to be faced with changing therapist's should the findings/revocation be upheld. The New Alliance director agreed to this request at that time.

A follow up meeting requested by the New Alliance director occurred on February 19, 2009 and included her supervisors as well as DCFS supervisors and the DCFS area administrator. At this time, it is our understanding and experience that this therapist is not being assigned new DCFS referrals. Where the need continues, she does see DCFS children that were part of her caseload prior to the DLR findings/revocation.

The review committee appreciated the opportunity to review case specific practice and community relations in the Colville DCFS Office as referenced in Mr. Rasmussen's letter. Children's Administration values the community's commitment to ensuring the health, safety and welfare of its children. We recognize there is much work to be done and are supportive of the recommendations made by both community and care providers. We look forward to building strong partnerships within Stevens County as a means to ensuring child safety and building strong families.

Appendix

Interviews Conducted

1. Captain Michael George – Stevens County Sheriff's Office
2. Susan Wellhausen – Stevens County Public Health – Early Intervention Program
3. Bob Cameron – Nine Mile School District Counselor and CPT Chair (southern Stevens County)
4. Patricia Markel – Director Stevens County CASA
5. Greg Rolstad – Stevens County Juvenile Probation
6. Nancy Foll – Executive Director Child Advocacy Center – Stevens County
7. Lynn Guhlke – New Alliance (counseling services) Clinical Director
8. Leslie Mann – New Alliance – Youth Services Supervisor
9. Sue Martens – Family Preservation Services Provider
10. F – Relative Care Provider
11. H – Foster Parents
12. C – Relative Care Provider
13. W – Foster Parents
14. G – Foster/Adopt Parents
15. M – Foster Parents
16. Richard Klemmer – CA Business Manager – Region 1
17. Connie Morlin – DLR Area Administrator – Region 1
18. Ron Stewart – DLR/CPS Supervisor – Region 1
19. Jeff Kincaid – DLR Supervisor – Region 1
20. Shannon Owings – DLR/CPS Investigator – Region 1
21. Richard Michelotti – DLR/CPS Investigator – Region 1
22. Kris Randall – Area Administrator – Stevens, Pend Orielle and Ferry Counties
23. Wendy Pratt – CFWS Supervisor – Colville
24. Theresa Brooks – CPS Supervisor – Colville
25. Angela Newport – CPS/CWFS Supervisor – Colville
26. Jackie Birch – CFWS Social Worker – Colville
27. Tawana Swanson – CFWS Social Worker – Colville
28. Cheryl Grimm – CPS/CFWS Social Worker – Colville