

NAME OF AGENCY: Department of Children and Family Services Bureau of Child Protection **DATE:** 10/26/2017
STREET ADDRESS: 1933 S. Broadway Blvd., 5th Floor
CITY AND ZIP CODE: Los Angeles, California 90007 **COUNTY:** Los Angeles
NAME OF SOCIAL WORKER: Krystal Boulden **CASELOAD ID :** Q090S1278 BOULDEN **TELEPHONE:** (213) 639-4500

EMERGENCY RESPONSE REFERRAL INFORMATION

REFERRAL NAME: [REDACTED] -EO **REFERRAL NUMBER:** [REDACTED]
☒ EVALUATE OUT ☐ IMMEDIATE ☐ 3 DAY ☐ 5 DAY ☐ 10 DAY ☐ N/A SECONDARY REPORT

SCREENER INFORMATION

NAME	TITLE	DATE	TIME
[REDACTED]	CSW II	10/26/2017	04:29pm
CASELOAD #	PHONE NUMBER	LOCATION	
[REDACTED]	(213) 639-4500	Child Protection Hotline (CPH)	

ALERTS:

CHILD FATALITY REPORT/MEDIA ALERT

Evaluate Out: Secondary report to [REDACTED] -EO, referral [REDACTED] dated 10/20/17.

The circumstances leading to [REDACTED] death are currently under investigation in [REDACTED] -IR, Child Fatality/Near Fatality/Media Alert referral [REDACTED] dated 10/19/17, which is assigned to Wateridge North CSW [REDACTED], file [REDACTED].
 LAW ENFORCEMENT AGENCY [REDACTED] POLICE REPORT NUMBER [REDACTED]

HOME ADDRESS

HOME ADDRESS	PHONE NUMBER
[REDACTED]	[REDACTED]
ADDRESS COMMENTS Verified by RAVS	

CURRENT LOCATION OF CHILD(REN)

[REDACTED] (deceased) remains are currently with the Los Angeles County Department of Medical Examiner-Coroner: 1104 N Mission Rd, Los Angeles, CA 90033.

VICTIM INFORMATION

NAME					AKA (if applicable)	SOCIAL SECURITY #
[REDACTED]					[REDACTED]	[REDACTED]
DOB	AGE	AGE CODE	SEX	ETHNICITY	LANGUAGE	ICWA ELIGIBILITY
[REDACTED]	7	Year(s)	F	[REDACTED]	[REDACTED]	Not Asked

SCHOOL/DAYCARE NAME

SCHOOL/DAYCARE ADDRESS

ABUSE CATEGORY (See Screener Narrative Attached)	ALLEGED PERPETRATOR NAME	
Severe Neglect	[REDACTED]	
Physical Abuse	[REDACTED]	
CASE WORKER NAME (FOR OPEN CASE)	PHONE # (FOR OPEN CASE)	CASELOAD #
[REDACTED]	[REDACTED]	[REDACTED]

OTHERS IN THE HOME

NAME		AKA (if applicable)		SOCIAL SECURITY #
SEX	DATE OF BIRTH/AGE	LANGUAGE	WORK PHONE	
F				
ROLE		FOR/TO		
Mother (Birth)				
CASE WORKER NAME		PHONE #	CASELOAD #	

OTHERS NOT IN THE HOME

NAME		AKA (if applicable)		SOCIAL SECURITY #
SEX	DATE OF BIRTH/AGE	LANGUAGE	WORK PHONE	
ROLE		FOR/TO		
ADDRESS			PRIMARY PHONE	
CASE WORKER NAME		PHONE #	CASELOAD #	

COLLATERAL INFORMATION

NAME		
ROLE		FOR/TO
ADDRESS		PRIMARY PHONE
CONTACT DATE	CONTACT METHOD	DESCRIPTION

CROSS REPORT INFORMATION

AGENCY [REDACTED]	OFFICIAL CONTACTED [REDACTED]	TITLE [REDACTED]	
ADDRESS [REDACTED]		PHONE NUMBER [REDACTED]	BADGE NO. [REDACTED]
CROSS REPORTED BY [REDACTED]		DATE & TIME OF REPORT 10/26/2017 05:06pm	

REFERRAL HISTORY

REFERRAL ID [REDACTED]	CLIENT NAME [REDACTED]	REFERRAL ROLE Victim	REFERRAL DATE 10/20/2017
ALLEGATION TYPE Physical Abuse Severe Neglect		ALLEGATION DISPOSITION	

REFERRAL HISTORY

REFERRAL ID [REDACTED]	CLIENT NAME [REDACTED]	REFERRAL ROLE Victim	REFERRAL DATE 10/19/2017
ALLEGATION TYPE Caretaker Absence/Incapacity General Neglect Physical Abuse Severe Neglect Caretaker Absence/Incapacity		ALLEGATION DISPOSITION	

REFERRAL HISTORY

REFERRAL ID [REDACTED]	CLIENT NAME [REDACTED]	REFERRAL ROLE Victim	REFERRAL DATE 10/19/2017
ALLEGATION TYPE Caretaker Absence/Incapacity General Neglect Physical Abuse Severe Neglect		ALLEGATION DISPOSITION	

REFERRAL HISTORY

REFERRAL ID [REDACTED]	CLIENT NAME [REDACTED]	REFERRAL ROLE Victim	REFERRAL DATE 11/30/2006
ALLEGATION TYPE At Risk, sibling abused		ALLEGATION DISPOSITION Unfounded	

REFERRAL HISTORY

REFERRAL ID [REDACTED]	CLIENT NAME [REDACTED]	REFERRAL ROLE Perpetrator	REFERRAL DATE 10/20/2017
ALLEGATION TYPE Physical Abuse Severe Neglect		ALLEGATION DISPOSITION	

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Perpetrator	10/19/2017
ALLEGATION TYPE		ALLEGATION DISPOSITION	
Caretaker Absence/Incapacity			
General Neglect			
Physical Abuse			
Physical Abuse			
Severe Neglect			
Severe Neglect			

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Perpetrator	10/19/2017
ALLEGATION TYPE		ALLEGATION DISPOSITION	
Caretaker Absence/Incapacity			
General Neglect			
Physical Abuse			
Physical Abuse			
Severe Neglect			
Severe Neglect			

REPORTER INFORMATION

NAME		AGENCY OR ORGANIZATION	RELATIONSHIP
ADDRESS			PRIMARY PHONE
			SECONDARY PHONE
CONTACT DATE	CONTACT METHOD	DESCRIPTION	

☐

ANONYMOUS REPORTER

☒

MANDATED REPORTER

☐

FAMILY INFORMED

☐

APPLICATION FOR PETITION

☐

CONFIDENTIALITY WAIVED

☐

FEEDBACK REQUIRED

Referral Number:

Referral Date 10/26/2017

SCREENER NARRATIVE**ALLEGATIONS (Who, What, Where, When, How, Who Else Knows, Why Now?) COLLECT AND RECORD INFORMATION ABOUT THE FOLLOWING RISK FACTORS:**

1. **PRECIPITATING INCIDENT** (Severity, frequency; location and description of injury; history of abuse)
2. **CHILD CHARACTERISTICS** (Age, vulnerability, special circumstances; perpetrator's access; behavior, interaction with caretakers, sibling and peers)
3. **CARETAKER CHARACTERISTICS** (Capacity for child care; interaction with children, other caretakers; skill, knowledge; substance abuse, criminal behavior, mental health)
4. **FAMILY FACTORS** (Relationships, support systems; history of abuse; presence of parent substitute; environmental conditions; family strengths)
5. **DOMESTIC VIOLENCE/ABUSE FACTORS** (Safety risks; pattern of assaults on, threats to, and/or stalking of household members; forced social isolation or economic deprivation; weapons present in the home and used as a threat; prior law enforcement or emergency medical response(s); history of domestic violence/abuse; medical neglect; violation of restraining orders; mental health issues; other risk factors)

CHILD FATALITY REPORT/MEDIA ALERT

This is a referral generated from a faxed report.

Secondary report to [REDACTED]-EO, referral [REDACTED] dated 10/20/17, which was cross reported to [REDACTED].

Associated referral with [REDACTED]-IR, Child Fatality/Near Fatality/Media Alert referral [REDACTED] dated 10/19/17, and [REDACTED]-EO (secondary), referral # [REDACTED] dated 10/19/17, which were cross reported to [REDACTED].

Response Priority:

Evaluate Out

Referral History:

1 referral previously documenting [REDACTED] death – 2017;

1 referral under investigation that documents the incident leading to the deaths of [REDACTED] and her sibling, which is assigned to Wateridge North CSW [REDACTED], file [REDACTED], [REDACTED]; 1 secondary referral that documents the death of [REDACTED] sibling and 1 evaluated out referral – 2017;

Additional history on mother when she was a minor in Los Angeles and San Bernardino Counties.

Case History:

None Found

Domestic Violence:**SCREENER INFORMATION**

Referral Number:

Referral Date 10/26/2017

The reporting party previously reported a possible history of domestic violence.

Mental Health Concerns:

Mother was reportedly acting in a bizarre manner a few days prior to the incident. The reporting party previously reported mother having a history of [REDACTED] and not being compliant with her medication (per family members). Mother was placed on a [REDACTED] after the incident, but has been released.

Physical/Developmental/Other Disabilities:

None Known

Medical Problems:

None Known

Gang Affiliation/Activity:

None Known

Substance Abuse Concerns:

Unknown

Location of Incident:

[REDACTED]
[REDACTED]

Alleged Perpetrator:

[REDACTED], mother

Reporting Party:

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Referral Number:

Referral Date 10/26/2017

Law Enforcement and DCFS representatives: Please do not disclose Reporting Party or Collateral Contact's identity to the family being investigated pursuant to Penal Code §11167(d)

Collateral Contact:Detective [REDACTED]
[REDACTED]
[REDACTED]**School/Location Information:**

[REDACTED] (deceased) remains are currently with the Los Angeles County Department of Medical Examiner-Coroner: 1104 N Mission Rd, Los Angeles, CA 90033.

Referred Child:

[REDACTED], female 7 years

Report:

The reporting party contacted the Child Protection Hotline to report the death of [REDACTED], 7 years.

The reporting party states that based on information currently known, when [REDACTED] was 6 months old, she began living with her maternal grandparents ([REDACTED] and [REDACTED]). Per the reporting party, although [REDACTED] lived with her maternal grandparents, her mother still had legal custody of her. The reporting party states that [REDACTED] was last seen by her grandparents after being taken to school on the morning of 10/16. After [REDACTED] was taken to school, mother went to the home of the grandparents asking for [REDACTED] and mother was told that [REDACTED] was at school. According to [REDACTED] grandparents, mother was acting bizarre and was talking about God at that time.

The reporting party states that during the early morning hours of 10/19, LAPD received a call regarding a screaming woman. Law enforcement responded to the parking lot of Numero Uno grocery store and discovered three individuals in the rear parking lot covered in a white substance; mother was lying on the ground, [REDACTED] was lying at her mother's feet, and [REDACTED] sibling [REDACTED] was deceased.

The reporting party states that CPR was initiated on [REDACTED] and she was transported to LAC+USC Medical Center after an episode of cardiac arrest. [REDACTED] was admitted to the PICU and was diagnosed with diffuse anoxic brain injury. [REDACTED] was consulted by the PICU team and they found that there was no identified cause for [REDACTED] medical state. Per the reporting party, there was no evidence of carboxyhemoglobin and no evidence of inhalation injury. [REDACTED] brain CT was consistent with anoxic brain injury with no evidence of bleed or fracture.

Referral Number:

Referral Date 10/26/2017

Possible causes were identified as ingestion and suffocation. A urine toxicology was performed and was negative, however, it was a limited screen; [REDACTED] alcohol level was concerning for alcohol ingestion. [REDACTED] had blood in her stool and this was likely due to coagulopathy secondary to multisystemic organ failure, however, caustic ingestion cannot be ruled out as the cause. [REDACTED] condition did not improve and her death was pronounced by Dr. [REDACTED] on 10/20 at 5:34pm.

An autopsy is pending. Cause of death is yet to be determined. Apparent mode of death is undetermined. The coroner case number is [REDACTED]. Per the reporting party, [REDACTED] was not found to have obvious signs of trauma. Mother has not indicated what happened to [REDACTED] or [REDACTED] sibling and has not been arrested.

This report reflects all pertinent information provided by the reporting party.

NAME OF AGENCY:	Department of Children and Family Services Bureau of Child Protection	DATE: 10/20/2017
STREET ADDRESS:	1933 S. Broadway Blvd., 5th Floor	
CITY AND ZIP CODE:	Los Angeles, California 90007	COUNTY: Los Angeles
NAME OF SOCIAL WORKER :	CASELOAD ID :	TELEPHONE
██████	██████	(213) 639-4500

EMERGENCY RESPONSE REFERRAL INFORMATION

REFERRAL NAME:	██████ EO	REFERRAL NUMBER:	████████████████████
<input checked="" type="checkbox"/> EVALUATE OUT	<input type="checkbox"/> IMMEDIATE	<input type="checkbox"/> 3 DAY	<input type="checkbox"/> 5 DAY
		<input type="checkbox"/> 10 DAY	<input type="checkbox"/> N/A SECONDARY REPORT

SCREENER INFORMATION

NAME	TITLE	DATE	TIME
██████	CSW II	10/20/2017	06:40pm
CASELOAD #	PHONE NUMBER	LOCATION	
██████	(213) 639-4500	Child Protection Hotline (CPH)	

ALERTS:
 CHILD FATALITY REPORT/MEDIA ALERT
 Evaluate Out: The circumstances leading to ██████ death are currently under investigation in ██████ IR, Child Fatality/Near Fatality/Media Alert referral ██████ dated 10/19/17, which is assigned to Wateridge North CSW ██████ file ██████.

LAW ENFORCEMENT AGENCY _____ POLICE REPORT NUMBER _____

HOME ADDRESS

██████ ██████ ██████	PHONE NUMBER
ADDRESS COMMENTS Verified by RAVS	

CURRENT LOCATION OF CHILD(REN)
 ██████ (deceased) currently remains on ventilator support at LAC+USC Medical Center: 2051 Marengo St, Los Angeles, CA 90033.

VICTIM INFORMATION

NAME				AKA (if applicable)			SOCIAL SECURITY #
██████				██████ Doe			████████
DOB	AGE	AGE CODE	SEX	ETHNICITY	LANGUAGE	ICWA ELIGIBILITY	
██████	7	Year(s)	F	██████	██████	Not Asked	

SCHOOL/DAYCARE NAME

SCHOOL/DAYCARE ADDRESS

ABUSE CATEGORY (See Screener Narrative Attached)	ALLEGED PERPETRATOR NAME	
Severe Neglect	██████	
Physical Abuse	██████	
CASE WORKER NAME (FOR OPEN CASE)	PHONE # (FOR OPEN CASE)	CASELOAD #

OTHERS IN THE HOME

NAME [REDACTED] [REDACTED]		AKA (if applicable)		SOCIAL SECURITY # [REDACTED]
SEX F	DATE OF BIRTH/AGE [REDACTED]	LANGUAGE [REDACTED]	WORK PHONE	
ROLE Mother (Birth)		FOR/TO [REDACTED] [REDACTED]		
CASE WORKER NAME		PHONE #	CASELOAD #	

OTHERS NOT IN THE HOME

NAME		AKA (if applicable)		SOCIAL SECURITY #
SEX	DATE OF BIRTH/AGE	LANGUAGE	WORK PHONE	
ROLE		FOR/TO		
ADDRESS			PRIMARY PHONE	
CASE WORKER NAME		PHONE #	CASELOAD #	

COLLATERAL INFORMATION

NAME		
ROLE		FOR/TO
ADDRESS		PRIMARY PHONE
CONTACT DATE	CONTACT METHOD	DESCRIPTION

CROSS REPORT INFORMATION

AGENCY [REDACTED] [REDACTED] [REDACTED]	OFFICIAL CONTACTED	TITLE	
ADDRESS [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]		PHONE NUMBER	BADGE NO.
CROSS REPORTED BY [REDACTED] [REDACTED]		DATE & TIME OF REPORT 10/20/2017 07:26pm	

REFERRAL HISTORY

REFERRAL ID [REDACTED]	CLIENT NAME [REDACTED] [REDACTED]	REFERRAL ROLE Victim	REFERRAL DATE 11/30/2006
ALLEGATION TYPE At Risk, sibling abused		ALLEGATION DISPOSITION Unfounded	

REFERRAL HISTORY

REFERRAL ID [REDACTED]	CLIENT NAME [REDACTED] [REDACTED]	REFERRAL ROLE Victim	REFERRAL DATE 10/19/2017
ALLEGATION TYPE Caretaker Absence/Incapacity General Neglect Physical Abuse Severe Neglect Caretaker Absence/Incapacity		ALLEGATION DISPOSITION	

REFERRAL HISTORY

REFERRAL ID [REDACTED]	CLIENT NAME [REDACTED] [REDACTED]	REFERRAL ROLE Victim	REFERRAL DATE 10/19/2017
ALLEGATION TYPE Caretaker Absence/Incapacity General Neglect Physical Abuse Severe Neglect		ALLEGATION DISPOSITION	

REFERRAL HISTORY

REFERRAL ID [REDACTED]	CLIENT NAME [REDACTED] [REDACTED]	REFERRAL ROLE Perpetrator	REFERRAL DATE 10/19/2017
ALLEGATION TYPE Caretaker Absence/Incapacity General Neglect Physical Abuse Physical Abuse Severe Neglect Severe Neglect		ALLEGATION DISPOSITION	

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE Perpetrator	REFERRAL DATE 10/19/2017
ALLEGATION TYPE Caretaker Absence/Incapacity General Neglect Physical Abuse Physical Abuse Severe Neglect Severe Neglect		ALLEGATION DISPOSITION	

REPORTER INFORMATION

NAME	AGENCY OR ORGANIZATION	RELATIONSHIP
ADDRESS	PRIMARY PHONE	
	SECONDARY PHONE	
CONTACT DATE	CONTACT METHOD	DESCRIPTION

☐

ANONYMOUS REPORTER

☒

MANDATED REPORTER

☐

FAMILY INFORMED

☐

APPLICATION FOR PETITION

☐

CONFIDENTIALITY WAIVED

☐

FEEDBACK REQUIRED

Referral Number:

Referral Date

10/20/2017

SCREENER NARRATIVE**ALLEGATIONS (Who, What, Where, When, How, Who Else Knows, Why Now?) COLLECT AND RECORD INFORMATION ABOUT THE FOLLOWING RISK FACTORS:**

1. **PRECIPITATING INCIDENT** (Severity, frequency; location and description of injury; history of abuse)
2. **CHILD CHARACTERISTICS** (Age, vulnerability, special circumstances; perpetrator's access; behavior, interaction with caretakers, sibling and peers)
3. **CARETAKER CHARACTERISTICS** (Capacity for child care; interaction with children, other caretakers; skill, knowledge; substance abuse, criminal behavior, mental health)
4. **FAMILY FACTORS** (Relationships, support systems; history of abuse; presence of parent substitute; environmental conditions; family strengths)
5. **DOMESTIC VIOLENCE/ABUSE FACTORS** (Safety risks; pattern of assaults on, threats to, and/or stalking of household members; forced social isolation or economic deprivation; weapons present in the home and used as a threat; prior law enforcement or emergency medical response(s); history of domestic violence/abuse; medical neglect; violation of restraining orders; mental health issues; other risk factors)

CHILD FATALITY REPORT/MEDIA ALERT

This is a referral generated from a live call.

Response Priority:

Evaluate Out

Referral History:

1 referral under investigation that documents the incident leading to the deaths of [REDACTED] and her sibling, which is assigned to Wateridge North CSW [REDACTED] file [REDACTED], [REDACTED]; 1 secondary referral that documents the death of [REDACTED] sibling and 1 evaluated out referral – 2017;

Additional history on mother when she was a minor in Los Angeles and San Bernardino Counties.

Case History:

None Found

Domestic Violence:

Unknown

Mental Health Concerns:

Mother has a reported mental health history.

Physical/Developmental/Other Disabilities:

None Known

Referral Number:

Referral Date 10/20/2017

Medical Problems:

None known prior to the incident leading to [REDACTED] death.

Gang Affiliation/Activity:

None Known

Substance Abuse Concerns:

Unknown

Location of Incident:

Unidentified

Alleged Perpetrator:

[REDACTED] mother

Reporting Party:

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Law Enforcement and DCFS representatives: Please do not disclose Reporting Party or Collateral Contact's identity to the family being investigated pursuant to Penal Code §11167(d)

Collateral Contact:

None Provided

School/Location Information:

[REDACTED] (deceased) currently remains on ventilator support at LAC+USC Medical Center: 2051 Marengo St, Los Angeles, CA 90033. [REDACTED] will be removed from ventilator support once her family has finished visiting and after it has been determined if [REDACTED] organs will be harvested.

Referred Child:

[REDACTED] female 7 years

Referral Number:

Referral Date 10/20/2017

Report:

The reporting party contacted the Child Protection Hotline to report the death of [REDACTED] [REDACTED] 7 years.

The caller reports that on the early morning of 10/19, around 2:00am, [REDACTED] was transported to LAC+USC Medical Center emergency room in cardiac arrest. The caller states that prior to being transported to the hospital, [REDACTED] had been discovered in a parking lot with her mother and infant sibling; [REDACTED] was covered in an unknown white substance.

The caller states that after arrival at the emergency room, [REDACTED] was immediately transferred to the PICU to receive a higher level of care. The caller reports that [REDACTED] diagnoses included cardiac arrest, anoxic brain injury, and hypoxic ischemic encephalopathy (her primary diagnoses). The caller states that lab tests were completed and [REDACTED] levels (blood pressure, sodium, urine output, etc.) remained unstable. The caller reports that [REDACTED] progressed to brain death and first brain death pronouncement was made by Dr. [REDACTED] on 10/20/17 at approximately 12:25pm. A nuclear brain perfusion study was subsequently performed and the findings were also consistent with brain death. Brain death findings were confirmed by Dr. [REDACTED] on 10/20/17 at 5:34pm. The caller states that it remains unclear as to what happened to [REDACTED] that resulted in her medical condition and subsequent death.

The caller reports that [REDACTED] remains on ventilator support and [REDACTED] is currently present at the hospital. At this time, it is unknown if [REDACTED] organs will be harvested. Cardiac death has not yet been pronounced, however, [REDACTED] is legally deceased. An autopsy is pending. Cause of death is yet to be determined. Incoming mode is undetermined. The coroner case number is [REDACTED]. [REDACTED] is investigating [REDACTED] death. The police report number is not known at this time.

The caller states that [REDACTED] maternal grandparents (mother's adoptive parents), other family members, and friends have visited [REDACTED] at the hospital. Based on information provided by family members, maternal grandparents had been [REDACTED] caregivers since she was around 3 years old. It was at that time that mother made "official" arrangements for the grandparents to provide care for [REDACTED]. [REDACTED] grandparents were not [REDACTED] legal caregivers, but mother had agreed to (and allowed for) the grandparents to take care of [REDACTED] for several years. The caller states that on, or around Monday, 10/16, mother went to the grandparent's home and took [REDACTED] back into her care for unknown reasons. [REDACTED] grandparents were not in agreement with mother taking [REDACTED] and contacted law enforcement, but were advised that legally, they could not remove [REDACTED] from mother because mother is her parent and the grandparents were not legally her caregivers.

The caller reports that family members further reported that when mother contacted them to get [REDACTED] she (mother) was behaving oddly, was saying things that were weird, and was acted more agitated. The caller states that after the reported incident with mother, [REDACTED] and [REDACTED] infant

Referral Number:

Referral Date 10/20/2017

sibling, mother was placed on a [REDACTED], however, it is believed that mother's hold may have been lifted. The caller states that mother has been identified as the suspect in [REDACTED] death.

This report reflects all pertinent information provided by the caller.

NAME OF AGENCY: Department of Children and Family Services Bureau of Child Protection DATE: 10/19/2017
STREET ADDRESS: 1933 S. Broadway Blvd., 5th Floor
CITY AND ZIP CODE: Los Angeles, California 90007 COUNTY: Los Angeles
NAME OF SOCIAL WORKER : CASELOAD ID : TELEPHONE
(213) 639-4500

EMERGENCY RESPONSE REFERRAL INFORMATION

REFERRAL NAME: -EO REFERRAL NUMBER:
☒ EVALUATE OUT ☐ IMMEDIATE ☐ 3 DAY ☐ 5 DAY ☐ 10 DAY ☐ N/A SECONDARY REPORT

SCREENER INFORMATION

NAME	TITLE	DATE	TIME
	CSW II	10/19/2017	04:32pm
CASELOAD #	PHONE NUMBER	LOCATION	
	(213) 639-4500	Child Protection Hotline (CPH)	

ALERTS:
CHILD FATALITY/NEAR FATALITY/MEDIA ALERT
Evaluate Out: Secondary report to -IR, Child Fatality/Possible Near Fatality/Media Alert, referral # dated 10/19/17, which is assigned to Wateridge North Office, CSW , file , . Additional allegations have been added to the open referral based on additional information provided by this report's reporting party.
LAW ENFORCEMENT AGENCY POLICE REPORT NUMBER

HOME ADDRESS

HOME ADDRESS	PHONE NUMBER
ADDRESS COMMENTS	Verified by RAVS

CURRENT LOCATION OF CHILD(REN)
(deceased) remains are currently with the Los Angeles County Department of Medical Examiner-Coroner: 1104 N Mission Rd, Los Angeles, CA 90033.

is currently hospitalized at LAC+USC Medical Center (PICU): 2051 Marengo St, Los Angeles, CA 90033.

CHILD(RENS) NAME (S)

CHILD I.D. #

VICTIM INFORMATION

NAME [REDACTED] [REDACTED]				AKA (if applicable) [REDACTED] Doe			SOCIAL SECURITY #
DOB [REDACTED]	AGE 7	AGE CODE Year (s)	SEX F	ETHNICITY [REDACTED]	LANGUAGE [REDACTED]	ICWA ELIGIBILITY Not Asked	

SCHOOL/DAYCARE NAME

SCHOOL/DAYCARE ADDRESS

ABUSE CATEGORY (See Screener Narrative Attached)

Caretaker Absence/Incapacity

General Neglect

Physical Abuse

Severe Neglect

ALLEGED PERPETRATOR NAME

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

CASE WORKER NAME (FOR OPEN CASE)

PHONE # (FOR OPEN CASE)

CASELOAD #

VICTIM INFORMATION

NAME [REDACTED] [REDACTED]				AKA (if applicable) [REDACTED] Doe			SOCIAL SECURITY #
DOB [REDACTED]	AGE 1	AGE CODE Month (s)	SEX F	ETHNICITY [REDACTED]	LANGUAGE [REDACTED]	ICWA ELIGIBILITY Not Asked	

SCHOOL/DAYCARE NAME

SCHOOL/DAYCARE ADDRESS

ABUSE CATEGORY (See Screener Narrative Attached)

Physical Abuse

Severe Neglect

ALLEGED PERPETRATOR NAME

[REDACTED]

[REDACTED]

CASE WORKER NAME (FOR OPEN CASE)

PHONE # (FOR OPEN CASE)

CASELOAD #

OTHERS IN THE HOME

NAME [REDACTED] [REDACTED]				AKA (if applicable)			SOCIAL SECURITY #
SEX F	DATE OF BIRTH/AGE [REDACTED]	LANGUAGE [REDACTED]				WORK PHONE	
ROLE Mother (Birth)		FOR/TO [REDACTED] [REDACTED]					
Mother (Birth)		[REDACTED] [REDACTED]					
CASE WORKER NAME				PHONE #			CASELOAD #

OTHERS NOT IN THE HOME

NAME [REDACTED] [REDACTED]		AKA (if applicable)		SOCIAL SECURITY #
SEX M	DATE OF BIRTH/AGE [REDACTED]	LANGUAGE [REDACTED]	WORK PHONE	
ROLE Father (Birth)		FOR/TO [REDACTED] [REDACTED]		
ADDRESS			PRIMARY PHONE	
CASE WORKER NAME		PHONE #	CASELOAD #	

COLLATERAL INFORMATION

NAME		
ROLE FOR/TO		
ADDRESS		PRIMARY PHONE
CONTACT DATE	CONTACT METHOD	DESCRIPTION

CROSS REPORT INFORMATION

AGENCY [REDACTED] [REDACTED] [REDACTED]	OFFICIAL CONTACTED	TITLE	
ADDRESS [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]		PHONE NUMBER	BADGE NO.
CROSS REPORTED BY [REDACTED] [REDACTED]		DATE & TIME OF REPORT 10/19/2017 05:43pm	

REFERRAL HISTORY

REFERRAL ID [REDACTED]	CLIENT NAME [REDACTED] [REDACTED]	REFERRAL ROLE Victim	REFERRAL DATE 10/19/2017
ALLEGATION TYPE Severe Neglect		ALLEGATION DISPOSITION	

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Victim	10/16/2017
ALLEGATION TYPE	ALLEGATION DISPOSITION		
General Neglect			

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Victim	11/30/2006
ALLEGATION TYPE	ALLEGATION DISPOSITION		
At Risk, sibling abused	Unfounded		

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Victim	10/19/2017
ALLEGATION TYPE	ALLEGATION DISPOSITION		
Caretaker Absence/Incapacity			

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Perpetrator	07/23/2012
ALLEGATION TYPE	ALLEGATION DISPOSITION		
Sexual Abuse	Inconclusive		

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
		Perpetrator	09/12/2015
ALLEGATION TYPE	ALLEGATION DISPOSITION		
Sexual Abuse	Unfounded		
Sexual Abuse	Unfounded		

REPORTER INFORMATION

NAME		AGENCY OR ORGANIZATION	RELATIONSHIP
ADDRESS			PRIMARY PHONE
			SECONDARY PHONE
CONTACT DATE	CONTACT METHOD	DESCRIPTION	

☐

ANONYMOUS REPORTER

☒

MANDATED REPORTER

☐

FAMILY INFORMED

☐

APPLICATION FOR PETITION

☐

CONFIDENTIALITY WAIVED

☐

FEEDBACK REQUIRED

Referral Number:

Referral Date 10/19/2017

SCREENER NARRATIVE**ALLEGATIONS (Who, What, Where, When, How, Who Else Knows, Why Now?) COLLECT AND RECORD INFORMATION ABOUT THE FOLLOWING RISK FACTORS:**

1. **PRECIPITATING INCIDENT** (Severity, frequency; location and description of injury; history of abuse)
2. **CHILD CHARACTERISTICS** (Age, vulnerability, special circumstances; perpetrator's access; behavior, interaction with caretakers, sibling and peers)
3. **CARETAKER CHARACTERISTICS** (Capacity for child care; interaction with children, other caretakers; skill, knowledge; substance abuse, criminal behavior, mental health)
4. **FAMILY FACTORS** (Relationships, support systems; history of abuse; presence of parent substitute; environmental conditions; family strengths)
5. **DOMESTIC VIOLENCE/ABUSE FACTORS** (Safety risks; pattern of assaults on, threats to, and/or stalking of household members; forced social isolation or economic deprivation; weapons present in the home and used as a threat; prior law enforcement or emergency medical response(s); history of domestic violence/abuse; medical neglect; violation of restraining orders; mental health issues; other risk factors)

CHILD FATALITY/NEAR FATALITY/MEDIA ALERT

This is a referral generated from a faxed report.

Secondary report to [REDACTED]-IR, Child Fatality/Possible Near Fatality/Media Alert, referral # [REDACTED] dated 10/19/17, which was cross reported to [REDACTED].

NOTE: Additional allegations have been added based on additional information provided by this report's reporting party.

Response Priority:

Evaluate Out

Referral History:

1 referral under investigation regarding the incident being reported, which is assigned to Wateridge North Office, CSW [REDACTED], file [REDACTED], [REDACTED]

1 prior evaluated out referral – 2017; Additional referrals involving a half-sibling sharing same father (in San Bernardino County).

Additional history on mother when she was a minor in Los Angeles County and San Bernardino County.

Case History:

There is history associated with mother when she was a minor.

Domestic Violence:

Referral Number:

Referral Date 10/19/2017

There is a possible history of domestic violence.

Mental Health Concerns:

██████ has a history of ██████ and has not been compliant with her medication. ██████ is currently on a ██████.

Physical/Developmental/Other Disabilities:

None Known

Medical Problems:

None Known

Gang Affiliation/Activity:

Unknown

Substance Abuse Concerns:

Unknown

Location of Incident:

Unknown

Mother and the children were discovered at Numero Uno Markets:

████████████████████
████████████████████

Alleged Perpetrator:

████████████████████ mother

Reporting Party:

██
██
██
████████████████████████████████
████████████████████████████████████
████████████████████

Referral Number:

Referral Date 10/19/2017

Law Enforcement and DCFS representatives: Please do not disclose Reporting Party or Collateral Contact's identity to the family being investigated pursuant to Penal Code §11167(d)

Collateral Contact:Detective [REDACTED]
[REDACTED]
[REDACTED]**School/Location Information:**

[REDACTED] (deceased) remains are currently with the Los Angeles County Department of Medical Examiner-Coroner: 1104 N Mission Rd, Los Angeles, CA 90033.

[REDACTED] is currently hospitalized at LAC+USC Medical Center (PICU): 2051 Marengo St, Los Angeles, CA 90033.

Referred Children:

[REDACTED], female 1 month

[REDACTED] female 7 years

Report:

PLEASE BE ADVISED: At this time law enforcement has placed a security hold on [REDACTED] coroner case. The reported information is not to be released to unauthorized persons.

The reporting party states that at this time, limited information is being released. Based on information that is able to be provided, during the early morning hours of 10/19, mother, [REDACTED], and [REDACTED] were discovered in a vehicle in the parking lot the Numero Uno Market. Per the reporting party, law enforcement responded to the scene and [REDACTED] paramedics also responded. The reporting party states that [REDACTED] was found in the front of the car wrapped in a sheet, was covered in a white substance (a "white powder"), was pulseless, apneic, and had dried blood to her nostrils; her lips and tongue were cyanotic. [REDACTED] death was pronounced at the scene at 2:30am by paramedics. [REDACTED] was subsequently transported to the LAC+USC Medical Center (after death pronouncement); her remains were then taken to the hospital morgue. The circumstances of [REDACTED] death were not provided.

The reporting party states that mother and [REDACTED] were also transported to LAC+USC Medical Center; [REDACTED] is currently in grave condition. [REDACTED] was [REDACTED] and while at the hospital, mother made statements that her house is haunted, that dead people are screaming at her, that the children would not stop screaming, and that God said that she would go to heave and live in

██████████ ██████████
██████████ ██████████

██
██

Referral Number:

Referral Date 10/19/2017

a mansion. Mother reported that she swallowed a necklace during the incident (which has been confirmed via x-ray) and when asked further questions, she stated, "I just want to die".

██████████ autopsy is pending. Cause of death is yet to be determined. Apparent mode of death is undetermined. The coroner case number is ██████████. ██████████ is investigating the incident. The police report number is not known at this time. The reporting party states that ██████████ was not observed with obvious signs trauma other than the blood that was seen coming from her nose and otherwise appeared to be well nourished. The reporting party states that mother has not indicated how she injured the children.

The reporting party states that based on information that has been gathered from family, mother was previously diagnosed with ██████████ and had not been taking her medication. Family members explained that in the past, mother would have "breakthrough" episodes after breakups with boyfriends. Mother has a history of two prior suicide attempts, however, there was no police involvement after either incident. Mother has also had ██████████ (the date of the last ██████████ was not provided).

This report reflects all pertinent information provided by the reporting party.

NARRATIVE NOTES:

This CSW contacted LAC+USC Medical Center and spoke with ██████████ at the doctor's station. ██████████ reported that ██████████ physician is doctor ██████████ and that Dr. ██████████ has certified that ██████████ is in unstable, critical condition with a poor prognosis. Per hospital social worker ██████████, it is likely that ██████████ will be pronounced brain dead, however, brain death proceedings have not been initiated.

NAME OF AGENCY:	Department of Childen and Family Service++++ Bureau Of Operations	DATE: 10/19/2017
STREET ADDRESS:	5110 W. Gold Leaf Circle	
CITY AND ZIP CODE:	Los Angeles, California 90056	COUNTY: Los Angeles
NAME OF SOCIAL WORKER :	CASELOAD ID :	TELEPHONE
██████████	████████████████████	██████████████████

EMERGENCY RESPONSE REFERRAL INFORMATION

REFERRAL NAME:	██████████ IR	REFERRAL NUMBER:	████████████████████
<input type="checkbox"/> NA <input type="checkbox"/> EVALUATE OUT <input checked="" type="checkbox"/> IMMEDIATE <input type="checkbox"/> 3 DAY <input type="checkbox"/> 5 DAY <input type="checkbox"/> 10 DAY <input type="checkbox"/> N/A SECONDARY REPORT			

SCREENER INFORMATION

NAME ██████████	TITLE CSW II	DATE 10/19/2017	TIME 09:12am
CASELOAD # ██████████	PHONE NUMBER (213) 639-4500	LOCATION Child Protection Hotline (CPH)	

ALERTS:
 CHILD FATALITY/NEAR FATALITY/MEDIA ALERT
 Mapped to Wateridge North Office.
 NOTE: At this time, law enforcement has not stated that there are suspicions that ██████████ death and the circumstances of the reported incident are the result of abuse or neglect. The circumstances leading to the incident are currently under investigation and limited information is known. Due to the circumstances being unknown and sibling ██████████ aka ██████████ being hospitalized (with no apparent caregiver due to mother also being hospitalized), this report is being generated as an immediate response.

Addendum by ██████████ Based on additional information that was provided in secondary referral ██████████ (dated 10/19/17), additional allegations have been added to this report. There are reasonable suspicions that the incident involving ██████████ and sibling ██████████ is the result of abuse/neglect. This report is also being identified as a Child Fatality/Near Fatality/Media Alert.
 LAW ENFORCEMENT AGENCY POLICE REPORT NUMBER

HOME ADDRESS

██████████ ██████████ ██████████	PHONE NUMBER
ADDRESS COMMENTS Verified by RAVS	

CURRENT LOCATION OF CHILD(REN)
 ██████████ is deceased. Her remains are currently at the LAC+USC Medical Center morgue: 2051 Marengo St, Los Angeles, CA 90033.

 ██████████ aka ██████████ is currently hospitalized in the PICU at LAC+USC Medical Center; ██████████ (she is inpatient on the 8th Floor and is listed as "John Doe").

CHILD(RENS) NAME (S)

CHILD I.D. #

VICTIM INFORMATION

NAME [REDACTED] [REDACTED]				AKA (if applicable) [REDACTED] Doe			SOCIAL SECURITY #
DOB [REDACTED]	AGE 7	AGE CODE Year (s)	SEX F	ETHNICITY [REDACTED]	LANGUAGE [REDACTED]	ICWA ELIGIBILITY Not Asked	

SCHOOL/DAYCARE NAME

SCHOOL/DAYCARE ADDRESS

ABUSE CATEGORY (See Screener Narrative Attached) Caretaker Absence/Incapacity Physical Abuse Severe Neglect Caretaker Absence/Incapacity General Neglect	ALLEGED PERPETRATOR NAME [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]	
CASE WORKER NAME (FOR OPEN CASE)	PHONE # (FOR OPEN CASE)	CASELOAD #

VICTIM INFORMATION

NAME [REDACTED] [REDACTED]				AKA (if applicable) [REDACTED] Doe			SOCIAL SECURITY #
DOB [REDACTED]	AGE 1	AGE CODE Month (s)	SEX F	ETHNICITY [REDACTED]	LANGUAGE [REDACTED]	ICWA ELIGIBILITY Not Asked	

SCHOOL/DAYCARE NAME

SCHOOL/DAYCARE ADDRESS

ABUSE CATEGORY (See Screener Narrative Attached) Severe Neglect Physical Abuse Severe Neglect	ALLEGED PERPETRATOR NAME [REDACTED] [REDACTED] [REDACTED] [REDACTED]	
CASE WORKER NAME (FOR OPEN CASE)	PHONE # (FOR OPEN CASE)	CASELOAD #

CHILD(RENS) NAME (S)

CHILD I.D. #

OTHERS IN THE HOME

NAME		AKA (if applicable)		SOCIAL SECURITY #
SEX	DATE OF BIRTH/AGE	LANGUAGE	WORK PHONE	
F				
ROLE		FOR/TO		
Mother (Birth)				
Mother (Birth)				
CASE WORKER NAME		PHONE #	CASELOAD #	

OTHERS NOT IN THE HOME

NAME		AKA (if applicable)		SOCIAL SECURITY #
SEX	DATE OF BIRTH/AGE	LANGUAGE	WORK PHONE	
ROLE		FOR/TO		
ADDRESS			PRIMARY PHONE	
CASE WORKER NAME		PHONE #	CASELOAD #	

COLLATERAL INFORMATION

NAME		
ROLE FOR/TO		
ADDRESS		PRIMARY PHONE
CONTACT DATE	CONTACT METHOD	DESCRIPTION

CROSS REPORT INFORMATION

AGENCY [REDACTED]	OFFICIAL CONTACTED [REDACTED]	TITLE [REDACTED]	
ADDRESS [REDACTED]		PHONE NUMBER [REDACTED]	BADGE NO. [REDACTED]
CROSS REPORTED BY [REDACTED]		DATE & TIME OF REPORT 10/19/2017 10:52am	

REFERRAL HISTORY

REFERRAL ID [REDACTED]	CLIENT NAME [REDACTED]	REFERRAL ROLE Victim	REFERRAL DATE 10/19/2017
ALLEGATION TYPE Physical Abuse Severe Neglect		ALLEGATION DISPOSITION	

REFERRAL HISTORY

REFERRAL ID [REDACTED]	CLIENT NAME [REDACTED]	REFERRAL ROLE Victim	REFERRAL DATE 10/16/2017
ALLEGATION TYPE General Neglect		ALLEGATION DISPOSITION	

REFERRAL HISTORY

REFERRAL ID [REDACTED]	CLIENT NAME [REDACTED]	REFERRAL ROLE Victim	REFERRAL DATE 11/30/2006
ALLEGATION TYPE At Risk, sibling abused		ALLEGATION DISPOSITION Unfounded	

REFERRAL HISTORY

REFERRAL ID [REDACTED]	CLIENT NAME [REDACTED]	REFERRAL ROLE Victim	REFERRAL DATE 10/19/2017
ALLEGATION TYPE Caretaker Absence/Incapacity General Neglect Physical Abuse Severe Neglect		ALLEGATION DISPOSITION	

REFERRAL HISTORY

REFERRAL ID [REDACTED]	CLIENT NAME [REDACTED]	REFERRAL ROLE Perpetrator	REFERRAL DATE 10/19/2017
ALLEGATION TYPE Caretaker Absence/Incapacity General Neglect Physical Abuse Physical Abuse Severe Neglect Severe Neglect		ALLEGATION DISPOSITION	

CHILD(REN) NAME (S)

CHILD I.D. #

REPORTER INFORMATION

NAME

AGENCY OR ORGANIZATION

RELATIONSHIP

ADDRESS

PRIMARY PHONE

SECONDARY PHONE

CONTACT DATE

CONTACT METHOD

DESCRIPTION

☐

ANONYMOUS REPORTER

☒

MANDATED REPORTER

☐

FAMILY INFORMED

☐

APPLICATION FOR PETITION

☐

CONFIDENTIALITY WAIVED

☐

FEEDBACK REQUIRED

CHILD(REN) NAME
[REDACTED] Doe
[REDACTED] Doe

CHILD I.D. #
[REDACTED]
[REDACTED]

Referral Number: [REDACTED]

Referral Date 10/19/2017

SCREENER NARRATIVE

ALLEGATIONS (Who, What, Where, When, How, Who Else Knows, Why Now?) COLLECT AND RECORD INFORMATION ABOUT THE FOLLOWING RISK FACTORS:

1. **PRECIPITATING INCIDENT** (Severity, frequency; location and description of injury; history of abuse)
2. **CHILD CHARACTERISTICS** (Age, vulnerability, special circumstances; perpetrator's access; behavior, interaction with caretakers, sibling and peers)
3. **CARETAKER CHARACTERISTICS** (Capacity for child care; interaction with children, other caretakers; skill, knowledge; substance abuse, criminal behavior, mental health)
4. **FAMILY FACTORS** (Relationships, support systems; history of abuse; presence of parent substitute; environmental conditions; family strengths)
5. **DOMESTIC VIOLENCE/ABUSE FACTORS** (Safety risks; pattern of assaults on, threats to, and/or stalking of household members; forced social isolation or economic deprivation; weapons present in the home and used as a threat; prior law enforcement or emergency medical response(s); history of domestic violence/abuse; medical neglect; violation of restraining orders; mental health issues; other risk factors)

CHILD FATALITY REPORT/NEAR FATALITY REPORT/MEDIA ALERT

This is a referral generated from a live call.

Response Priority:

Immediate

Referral History:

1 prior evaluated out referral – 2017; Additional history on mother when she was a minor in Los Angeles County and San Bernardino County.

Case History:

There is history associated with mother when she was a minor.

Domestic Violence:

Unknown

Mental Health Concerns:

Unknown

Physical/Developmental/Other Disabilities:

Unknown

Medical Problems:

CHILD(REN) NAME
[REDACTED] Doe
[REDACTED] Doe

CHILD I.D. #
[REDACTED]
[REDACTED]

Referral Number: [REDACTED]

Referral Date 10/19/2017

Unknown

Gang Affiliation/Activity:

Unknown

Substance Abuse Concerns:

Unknown

Location of Incident:

[REDACTED]
[REDACTED]
[REDACTED]

Alleged Perpetrator:

Unidentified/Unknown

Reporting Party:

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Law Enforcement and DCFS representatives: Please do not disclose Reporting Party or Collateral Contact's identity to the family being investigated pursuant to Penal Code §11167(d)

Collateral Contact:

Detective [REDACTED]
[REDACTED]
[REDACTED]

[REDACTED], social worker

LAC+USC Medical Center

[REDACTED] (pager)

[REDACTED] (desk)

Referral Number:

Referral Date 10/19/2017

School/Location Information:

[REDACTED] is deceased. Her remains are currently at the LAC+USC Medical Center morgue: 2051 Marengo St, Los Angeles, CA 90033.

[REDACTED] aka [REDACTED] is currently hospitalized in the PICU at LAC+USC Medical Center; [REDACTED] (she is inpatient on the 8th Floor and is listed as "John Doe").

Referred Children:

[REDACTED] Doe, female 1 month

[REDACTED] aka [REDACTED] Doe, female approximately 7 years

Report:

The caller reports that limited information is currently known. Per the caller, law enforcement is actively investigating the circumstances leading to this incident, therefore, information is subject to change.

Based on preliminary information, during the early morning hours of 10/19 (around 2:00am), mother and her two children (ages 1 month and 7 years) were discovered naked in the parking lot of the Numero Uno Markets. [REDACTED] responded and it was reported that mother and the children were unresponsive and covered in an unknown white substance (possibly white baby powder). Mother and her 7 year old were transported to LAC+USC Medical Center and the 7 year old is reported to be in critical condition. The caller reports that the circumstances leading to the incident are still under investigation. It cannot be stated if there are suspicions of abuse or neglect or if there are suspicions of foul play. Detectives remain at the scene and are attempting to determine what exactly happened and what led to the incident.

The caller reports that mother was identified as [REDACTED] [REDACTED] and the names of the children are believed to be [REDACTED] (1 month) and [REDACTED] (7 years). Per the caller, mother was renting a room in a home in the area.

This report reflects all pertinent information provided by the caller.

NARRATIVE NOTES:

The caller contacted the Hotline to report the incident, but is not the [REDACTED]. At this time, Detective [REDACTED] is assigned to the investigation, but investigation assignment can be changed at any time. The caller only has limited information due to detectives still being at the scene investigating the circumstances of the incident and contact not yet being made with the detectives in the field.

Doe

Referral Number:

Referral Date 10/19/2017

This CSW contacted LAC+USC Medical Center and confirmed that mother is currently hospitalized at the hospital. It was subsequently confirmed by social worker (SW) [REDACTED] that 7 year old [REDACTED] is also hospitalized in PICU; [REDACTED] (deceased) remains are believed to be in the morgue, but confirmation of [REDACTED] remains being at the hospital is pending. Per SW [REDACTED], limited information is currently known due to a complete assessment not yet being made. Based on information currently documented in the medical records, mother was transported to LAC+USC Medical Center after being found down and undressed next to a car with two children. A "John Doe" (who was believed to be 10 years old) was transported to the hospital by [REDACTED] after a cardiac arrest incident. Upon speaking with SW [REDACTED], it was determined that John Doe is presumably [REDACTED] but she has not yet been positively identified. It was reported that [REDACTED] remains hospitalized as an inpatient and is currently stable, but additional information regarding her medical status is not known. SW [REDACTED] will be following up in an attempt to obtain additional information regarding the family and circumstances.

At this time, law enforcement has not stated that there are suspicions that [REDACTED] death and the circumstances of the reported incident are the result of abuse or neglect. The circumstances leading to the incident are currently under investigation and limited information is known. Due to the circumstances being unknown and sibling [REDACTED] aka [REDACTED] being hospitalized (with no apparent caregiver due to mother also being hospitalized), this report is being generated as an immediate response.

Due to [REDACTED] condition not being certified as critical or serious by a physician, this report is being identified as a Possible Near Fatality.

Mother was found in LRS records, however, additional identifying information regarding her children remains unknown.

The circumstances of the reported incident have received significant media coverage on 10/19.

Addendum by [REDACTED] Based on additional information that was provided in secondary referral [REDACTED] (dated 10/19/17), additional allegations have been added to this report. There are reasonable suspicions that the incident involving [REDACTED] and sibling [REDACTED] is the result of abuse/neglect. This report is also being identified as a Child Fatality/Near Fatality/Media Alert.

LAC+USC Medical Center was contacted and [REDACTED] at the doctor's station reported that [REDACTED] physician is doctor [REDACTED]. It was reported that Dr. [REDACTED] has certified that [REDACTED] is in unstable, critical condition with a poor prognosis. Per hospital social worker [REDACTED], it is likely that [REDACTED] will be pronounced brain dead, however, brain death proceedings have not been initiated.

NAME OF AGENCY:	Department of Children and Family Service++++	DEPARTMENT/ DIVISION:	Bureau Of Operations
STREET ADDRESS:	5110 W. Gold Leaf Circle		
CITY AND ZIP CODE:	Los Angeles, California 90056	COUNTY:	Los Angeles
NAME OF SOCIAL WORKER		CASELOAD ID	TELEPHONE
[REDACTED]		[REDACTED]	[REDACTED]
EMERGENCY RESPONSE NOTICE OF REFERRAL DISPOSITION			
NAME OF CHILD(REN)			CHILD ID NUMBER
[REDACTED]			[REDACTED]
[REDACTED]			[REDACTED]
			REFERRAL NUMBER
			[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

The above named family or child was referred by you to this agency for Emergency Response intervention on: 10/19/2017 .

The result of the initial Emergency Response intervention is:

- ☐ Does not meet the State requirements for intervention
☐ Allegations appear to be unfounded - case closed
☐ Allegations cannot be substantiated - case closed
☐ Situation stabilized - case closed
☐ Family has agreed to voluntary Social Services
☐ Case open for service
☐ Referred to community agency
☐ Referred to Juvenile Court for Investigation

(Worker)

(Agency Name)

(Phone #)

(Agency Phone #)

COMMENTS:

[REDACTED]

(Caseload Number)

CSW II

(Title)

(Date)

[REDACTED]

(Telephone Number)



Safety Assessment

Referral ID: [REDACTED] Assessment Date: 10/19/2017

[REDACTED] [REDACTED] - IR County of Completion: Los Angeles

Approval Status: Approved with Modifications by [REDACTED] Approval Unit: ER-[REDACTED]
 Created by: [REDACTED] (10/25/2017) Last Update by: [REDACTED] (10/23/2017)

Household Name: [REDACTED] Were there allegations in this household? ☒ Yes ☐ No

Assessment Type: ☒ Initial ☐ Review/Update ☐ Referral Closing

Is either caregiver Native American or a person with Indian ancestry?

☐ Yes ☐ No ☐ Parent not available [REDACTED]

Factors Influencing Child Vulnerability

- ☒ Age 0 - 5 years ☐ Diminished mental capacity (e.g., developmental delay, non-verbal)
☐ Significant diagnosed medical or mental disorder ☐ Diminished physical capacity (e.g., non-ambulatory, limited use of limbs)
☐ Not readily accessible to community oversight

Section 1: Safety Threats and Protective Capacities

Part A: Safety Threats

Instructions: Assess household for each of the following safety threats. Indicate whether currently available information results in reason to believe safety threat is present. Mark "Yes" for all threats that apply. Mark "No" for any threats that do not apply.

- ☒ Yes ☐ No Caregiver caused serious physical harm to the child or made a plausible threat to cause serious physical harm in the current investigation, as indicated by:

 - ☒ Serious injury or abuse to child other than accidental.
 - ☐ Caregiver fears he/she will maltreat the child.
 - ☐ Threat to cause harm or retaliate against the child.
 - ☐ Domestic violence likely to injure child.
 - ☐ Excessive discipline or physical force.
 - ☐ Drug-/alcohol-exposed infant.
- ☐ Yes ☒ No Child sexual abuse is suspected, and circumstances suggest that the child's safety may be of immediate concern.
- ☐ Yes ☒ No Caregiver does not meet the child's immediate needs for supervision, food, clothing, and/or medical or mental health care.
- ☐ Yes ☒ No The physical living conditions are hazardous and immediately threatening to the health and/or safety of the child.
- ☐ Yes ☒ No Caregiver describes the child in predominantly negative terms or acts toward the child in negative ways that result in the child being a danger to self or others, acting out aggressively, or being severely withdrawn and/or suicidal.
- ☐ Yes ☒ No Caregiver is unable OR unwilling to protect the child from serious harm or threatened harm by others. This may include physical abuse, sexual abuse, or neglect.
- ☐ Yes ☒ No Caregiver's explanation for the injury to the child is questionable or inconsistent with the type of injury, and the nature of the injury suggests that the child's safety may be of immediate concern.
- ☐ Yes ☒ No The family refuses access to the child, or there is reason to believe that the family is about to flee.
- ☐ Yes ☒ No Current circumstances, combined with information that the caregiver has or may have previously maltreated a child in his/her care, suggest that the child's safety may be of immediate concern based on the severity of the previous maltreatment or the caregiver's response to the previous incident.

10. ☐ Yes ☒ No Other (specify):
-

Section 1A: Caregiver Complicating Behaviors

Instructions: If any safety threats above are marked yes, indicate whether any of the following behaviors are present. These are conditions that make it more difficult or complicated to create safety for a child but do not by themselves create a safety threat. These behaviors must be considered when assessing for and planning to mitigate safety threats with a safety plan. Mark all that apply to the household.

- ☒ Substance abuse
 ☐ Developmental/cognitive impairment
☒ Domestic violence
 ☐ Physical condition
☒ Mental health
 ☒ Other (specify):

Child Fatality, Mother Possible to have history of mental health, DV and substance use.

Section 2: Household Strengths and Protective Actions

Household Strengths: These are resources and conditions that increase the likelihood or ability to create safety for a child but in and of themselves do not fully address the safety threats.

Protective Actions: These are specific actions, taken by one of the child's current caregivers or by the child, that mitigate identified safety threats in the household.

Household strengths and protective actions should be assessed, considered, and built upon when creating a safety plan. Mark all that apply to the household.

Caregiver problem solving

- Household Strengths:** ☐ At least one caregiver identifies and acknowledges the problem/safety threat(s) and suggests possible solutions.
Protective Actions: ☐ At least one caregiver articulates specific strategies that, in the past, have been at least partially successful in mitigating the identified safety threat(s).

Caregiver support network

- Household Strengths:** ☒ At least one caregiver has at least one supportive relationship with someone who is willing to be a part of his/her support network.
☐ At least one non-offending caregiver exists and is willing and able to protect the child from future harm.
☐ At least one caregiver is willing to work with the agency to mitigate safety threats, including allowing the caseworker(s) access to the child.
Protective Actions: ☐ At least one caregiver has a stable support network that is aware of the safety threat(s), has been or is responding to the threat(s), and is willing to take action.

Child problem solving

- Household Strengths:** ☐ At least one child is emotionally/intellectually capable of acting to protect him/herself from a safety threat.
Protective Actions: ☐ At least one child, in the past or currently, acts in ways that protect him/herself from a safety threat(s).

Child support network

- Household Strengths:** ☐ At least one child is aware of his/her support network members and knows how to contact these individuals when needed.
Protective Actions: ☐ At least one child has successfully pursued support, in the past or currently, from a member of his/her support network, and that person(s) was able to provide support.

Other

- Household Strengths:** ☐ Other (specify):

Protective Actions: ☐ Other (specify):

Section 3: Safety Interventions

Instructions: For each identified safety threat, review available protective capacities. With these protective capacities in place, can the following interventions control the threat to safety? Consider whether the threat to safety appears related to the caregiver's knowledge, skill, or motivational issue.

If one or more safety threats are present, consider whether safety interventions 1-8 will allow the child to remain in the home for the present time. If protective capacities 2, 3, and/or 7 are not marked, carefully consider whether any safety interventions 1-8 are appropriate to immediately protect the child. Mark the item number for all safety interventions that will be implemented. If there are no available safety interventions that would allow the child to remain in the home, indicate by marking item 9 or 10, and follow procedures for initiating a voluntary agreement for taking the child into protective custody. A safety plan form is provided to systematically capture interventions and facilitate follow-through.

Safe With Plan

One or more safety threats are present; however, the child can safely remain in home with a safety plan. In-home protective interventions have been initiated through a safety plan, and the child will remain in the home as long as the safety interventions mitigate the safety threats. Mark all in-home interventions used in the safety plan.

1. ☐ Intervention or direct services by worker. (DO NOT include the investigation itself.)
2. ☐ Use of family, neighbors, or other individuals in the community as safety resources.
3. ☐ Use of community agencies or services as safety resources.
4. ☐ Use of tribal, Indian community service agency, and/or ICWA program resources.
5. ☐ Have the caregiver appropriately protect the victim from the alleged perpetrator.
6. ☐ Have the alleged perpetrator leave the home, either voluntarily or in response to legal action.
7. ☐ Have the non-offending caregiver move to a safe environment with the child.
8. ☐ Legal action planned or initiated - the child remains in the home.
9. ☒ Other (specify:)
No Safety Plan made. Child/████ in critical condition due to cardiac arrest and remains safe in hospital on 10/19/17. Child █████ was placed in an unsafe situation that led to critical condition/near fatality of child and fatality of sibling █████ █████

Unsafe

One or more safety threats are present, and placement is the only protective intervention possible for one or more children. Without placement, one or more children will likely be in danger of immediate or serious harm. Check one response only.

10. ☐ Have the caregiver voluntarily place the child outside the home, consistent with WIC 11400(o) and (p).
11. ☐ Child placed in protective custody because interventions 1-9 do not adequately ensure the child's safety.

Section 4: Safety Decision

Instructions: The safety decision will be automatically selected below. The decision generated is based on your responses to the safety threats and safety interventions above.

Safe. No safety threats were identified at this time. Based on currently available information, there are no children likely to be in immediate danger of serious harm.

- ✓ Safe With Plan. One or more safety threats are present; however, the child can safely remain in home with a safety plan. In-home protecting interventions have been initiated through a safety plan, and the child will remain in the home as long as the safety interventions mitigate the safety threats.

Unsafe. One or more safety threats are present, and placement is the only protecting intervention possible for one or more children. Without placement, one or more children will likely be in danger of immediate or serious harm.

Comments

Staff Person Comments:

No Safety Plan made. Child/████ in critical condition and remains safe in hospital on 10/19/17. There was no indication child/████ would be discharged at initial face to face contact. Child was placed in an unsafe situation that led to critical condition. There is limited information provided by mother/████

Supervisor Comments:

**CHILD FATALITY/NEAR FATALITY
COUNTY STATEMENT OF FINDINGS AND INFORMATION****INSTRUCTIONS:**

Counties shall complete this form for each child fatality/near fatality determined to be a result of abuse and/or neglect. The form shall be submitted to CDSS within ten business days of notification of final determination from the investigating agency.

For a child fatality, complete parts A and B.

For a child near fatality, complete parts A and C.

PART A - ALWAYS COMPLETE THIS INFORMATION FOR CDSS SUBMISSION

Date form completed: 11/27/2017

☒ Fatality

☐ Near Fatality

Note: Redact information in this box prior to the public release of this document.

CWS/CMS 19 DIGIT REFERRAL # OF CHILD VICTIM:

COUNTY CONTACT AND PHONE NUMBER (INDIVIDUAL THAT CDSS WOULD CONTACT FOR ADDITIONAL INFORMATION):

COUNTY WHERE INCIDENT OCCURRED:

LOS ANGELES COUNTY

REPORTING COUNTY (IF DIFFERENT):

CHILD'S GENDER:

☐ MALE

☒ FEMALE

CHILD'S AGE:

7 years old

DATE OF FATALITY/NEAR FATALITY (IF KNOWN):

10/20/2017

RESIDENCE OF THE CHILD AT THE TIME OF THE ABUSE/NEGLECT THAT RESULTED IN THE FATALITY/NEAR FATALITY:

☒ Home of parent/
legal guardian

☐ Foster Care/Out-of-Home Care

INVESTIGATION CONDUCTED BY:

☒ Law Enforcement

☒ CWS/Probation

PART B - CHILD FATALITY FINDINGS - CONCLUSION OF INVESTIGATING AGENCY

RESIDENCE OF THE CHILD AT THE TIME OF DEATH:

☒ Home of parent/
legal guardian

☐ Foster Care/Out-of-Home Care

DETERMINATION MADE BY:

☐ Coroner/
Medical Examiner

☐ Law Enforcement

☒ CWS/Probation

FINDING OF CHILD FATALITY DUE TO (CHECK ALL THAT APPLY):

☐ Crime

☐ Suicide

☐ Non-Accidental

☐ Undetermined

☒ Other: Severe Neglect

PART C - CHILD NEAR FATALITY FINDINGS - CONCLUSION OF INVESTIGATING AGENCY

DETERMINATION MADE BY:

☐ Physician

☐ Law Enforcement

☐ CWS/Probation

FINDING OF CHILD NEAR FATALITY DUE TO (CHECK ALL THAT APPLY):

☐ Crime

☐ Attempted
Suicide

☐ Non-Accidental

☐ Undetermined

☐ Other: _____

DO NOT INCLUDE A NARRATIVE; CHECK THE APPROPRIATE BOXES ABOVE.

*Please fax this form to:
Children's Services Operations Bureau,
Attention: Bureau Chief at (916) 651-8144.*

DESCRIPTION OF SERVICES AND ACTIONS

Date of Death: 10/20/2017

DESCRIPTION OF SERVICES AND ACTIONS:¹

I. Description of child protective or other services provided and actions taken by the child welfare agency, relating to the deceased child. Check all boxes that apply.

<u>Description of Service or Action</u>	<u>Date(s)</u>
<input type="checkbox"/> Alternative Response Services	_____
<input type="checkbox"/> Voluntary Family Maintenance	_____
<input type="checkbox"/> Voluntary Family Reunification	_____
<input type="checkbox"/> Protective Custody	_____
<input checked="" type="checkbox"/> Other: <u>No Information to Report</u>	_____

II. Description of actions taken by the juvenile court, if applicable, relating to the deceased child. Check all boxes that apply.

<input type="checkbox"/> Detention	_____
<input type="checkbox"/> Ordered Family Reunification Services	_____
<input type="checkbox"/> Ordered Family Maintenance Services	_____
<input type="checkbox"/> Termination of Family Reunification Services	_____
<input type="checkbox"/> Termination of Parental Rights	_____
<input type="checkbox"/> Adoption	_____
<input type="checkbox"/> Legal Guardianship	_____
<input type="checkbox"/> Placement with relative or NREFM ²	_____
<input type="checkbox"/> Permanent Placement Services	_____
<input checked="" type="checkbox"/> Other: <u>No Information to Report</u>	_____

¹ This document is prepared in conformity with Welfare and Institutions Code 10850.4(c)(2)(F) and AB 1625 of 2016.

² "Non-relative extended family member."

NOTE TO PREPARER:

1. The description of services and actions in this document must relate "to the deceased child." Do not include services or actions unrelated to the deceased child.

2. Only services and actions "not otherwise disclosed within other documents required for release pursuant to" Welfare and Institutions Code section 10850.4 are to be reported on this document.

3. Check all boxes that apply.

NOTE TO RECIPIENT:

Juvenile case files and the information they contain are confidential under existing law, which includes, but is not necessarily limited to Welfare and Institutions Code section 827. The provisions of California juvenile court law ensuring the confidentiality of juvenile proceedings and records are intended to protect the privacy rights of the child.³

A limited exception to the requirements of confidentiality can be found in Welfare and Institutions Code section 10850.4. This "Description of Services and Actions" report has been prepared in compliance with Welfare and Institutions Code section 10850.4(c)(2)(f).

If you are interested in trying to obtain broader access to confidential juvenile case file documents or information, but are not entitled to such access, you may wish to consider petitioning the juvenile court for access pursuant to Welfare and Institutions Code section 827(a)(1)(P).

³ Welf. & Inst. Code § 300.2.