

Children's Administration

Executive Child Fatality Review

Summer Phelps Case

December 2, 2008

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Executive Summary

On March 11, 2007, Children's Administration Central Intake (CI) received a referral reporting possible physical abuse of four-year-old Summer Phelps (S.P.) The referent, a Spokane police officer, told CI the father, Jonathan Lytle¹ brought the child to Deaconess Hospital emergency room unconscious and covered in bruises. Upon arrival it was reported S.P. had no vital signs and was pronounced dead shortly after admission. The attending physician reported S.P.'s injuries were inconsistent with the story provided by the father and abuse was suspected.

Additional concerns were raised when it was reported another child was in the family's home. Law enforcement initiated a child welfare check and found Mr. Lytle's wife, Adriana Lytle, at home with their 8-month old son (J.L.). Ms. Lytle is the step-mother to S.P. Law enforcement requested a response from a Child Protective Services (CPS) social worker as they were placing the infant in protective custody. On this same day, Jonathan and Adriana Lytle were arrested and later charged with first degree murder.

The Spokane County Medical Examiner's Office conducted an autopsy of S.P. and determined that the child's "cause of death was drowning; manner of which was homicide." Jonathan Lytle was subsequently convicted of homicide by abuse with aggravated circumstances. Adriana Lytle pled guilty to homicide by abuse.

Prior to the March 2007 referral regarding S.P.'s death, CPS had received eight referrals regarding S.P. or her parents. Seven of those referrals were regarding S.P. when she lived with her biological mother and were screened as "information only" referrals. One referral in June 2006 was regarding Mr. and Ms. Lytle and their unborn child (J.L.) and was assigned for a CPS investigation.

The June 2006 referral that was assigned for investigation alleged negligent treatment and pre-natal exposure to illicit substances of an unborn child. This referral was made by a Spokane Health Department Medicaid funded First Steps Maternity Support Services (MSS) program nurse. This referral identified Ms. Lytle as the subject and did not reference S.P. as she was not yet living in her father's home.

Subsequent to the birth of J.L., in July 2006, Family Home Care (Spokane agency) First Steps Maternity Support Services (MSS) were re-offered and accepted by the family. CPS subsequently closed its case in October 2006 based on reports provided by the Family Home Care MSS provider given there were no new allegations of child abuse or neglect. The family continued to participate in First Steps MSS and then Infant Case Management (ICM) services on a voluntary basis until the report of S.P.'s death in March 2007. It was the MSS service provider in the home who learned S.P. had come to live with her father and step-mother in September 2006.

¹ Both S.P.'s father and stepmother were charged with and subsequently convicted of homicide by abuse in connection with the child's death and their names are a matter of public record. RCW 74.13.500(1).

The ninth CPS referral in March 2007 was regarding the death of S.P. There was not an open CPS case at the time of S.P.'s death.

In December 2008, Children's Administration convened an Executive Child Fatality Review committee to review the practice and decisions regarding the case of four-year-old Summer Phelps (S.P.) and her family.²

The fatality review committee members included CA staff and community members who had no involvement in the case. Committee members received case documents including: a summary of CPS referrals regarding S.P. and her family, Service Episode Record (SER) documents of the June 2006 investigation, and First Steps MSS/ICM notes from First Steps State Team, Department of Social and Health Services (DSHS) and Department of Health (DOH). During the course of the review the committee members had the opportunity to meet and interview two of the professionals who provided services in the Lytle home prior to S.P.'s death. They were the First Steps MSS behavioral health specialist and ICM case manager (who was a nurse).

The review committee addressed issues related to intake practice and procedures, referral screening decisions, safety and risk assessment, and information sharing between partner agencies and service providers. Following a review of the documents, case history, and interviews with providers, the review committee made findings and recommendations which are detailed at the end of this report.

Case Overview

The review committee reviewed all nine Child Protective Services (CPS) referrals referencing this family and the screening decisions made on those referrals. At no point during this period does it appear that S.P.'s mother and father resided together. The first seven referrals alleged child abuse or neglect of S.P. while she was in her mother's care and custody and three of those referrals were made by S.P.'s father, who was subsequently convicted of her death. The following is a description of each referral and action taken by CA.

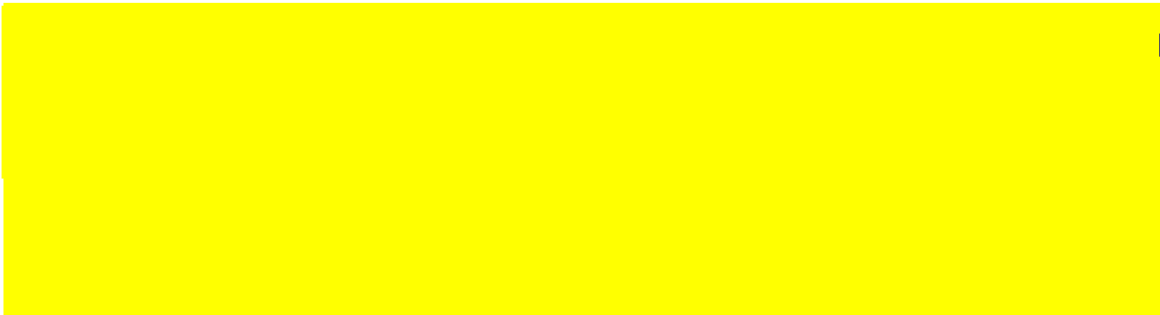
² Given its limited purpose, a Child Fatality Review by Children's Administration should not be construed to be a final or comprehensive review of all of the circumstances surrounding the death of a child. A review is generally limited to documents in the possession of or obtained by DSHS or its contracted service providers and the panel may be precluded from receiving some documents that may be relevant to the issues in a case because of federal or state confidentiality laws and regulations. A review panel has no subpoena power or authority to compel attendance and generally will only hear from DSHS employees and service providers. The panel may not hear the points of view of a child's parents and relatives, or those of other individuals associated with a deceased child's life or fatality. A Child Fatality Review is not intended to be a fact-finding or forensic inquiry or to replace or supersede investigations by courts, law enforcement agencies, medical examiners or other entities with legal responsibility to investigate or review some or all of the circumstances of a child's death. Nor is it the function or purpose of a Child Fatality Review to take personnel action or recommend such action against DSHS employees or other individuals.

Referral 1:



RCW 74.13.500

Referral 2:



RCW 74.13.500

Referral 3:

On December 26, 2003, CPS received a report from S.P.'s mother alleging that Mr. Lytle was molesting S.P. S.P.'s mother said S.P. suffers from diarrhea before visiting with her father and upon her return does not want to be touched, or have her diaper changed or cleaned. S.P.'s mother reported her diaper rash worsens after seeing her father which is every Saturday. S.P.'s mother could not give any other specifics as to why she suspected S.P. was being molested, and the child was too young to make any disclosures. This referral was screened as information only.

Referral 4:

On September 1, 2004, S.P.'s mother again contacted CPS stating she found what she thought was a pubic hair in S.P.'s genital area. In addition, she said when changing her diaper the previous evening S.P. pointed to her genital area and said 'daddy.' At the time of the report S.P.'s mother was advised to take S.P. to the local sexual assault center or to her regular physician. This referral was screened as information only.

³ CA's Practice and Procedures Guide Section 2220 (B) (1-4) Sufficiency Screen outlines the four questions answered by Intake to determine need for referral assignment. The four questions are: 1. Is there sufficient information to locate the child; and 2. Is the alleged perpetrator a parent/caretaker of the child or someone acting in *Loco Parentis*; and 3. Is there a specific allegation of child abuse and/or neglect meeting the Washington Administrative Code (388-15-009) definition; or 4. Do risk factors exist which place the child in danger of imminent harm?

Referral 5:

On April 21, 2005, CPS received a report from a local transitional living program regarding S.P.'s mother and concerns they had regarding decisions she was making on behalf of S.P. The referrer reported S.P.'s mother told them she had reported in December 2003 fears that S.P.'s father was molesting her. In September 2004, the referrer spoke with S.P.'s mother again who said she was concerned S.P. was being molested. The referrer stated S.P.'s mother was now back in their program and had told them she was considering letting S.P. live with her father. The referrer asked S.P.'s mother why she would consider this given her earlier reported concerns. S.P.'s mother responded by saying S.P. likes her father's new girlfriend and would be better off living with her. When questioned further about her reported suspicions she said S.P.'s father is afraid and S.P. would not be alone with him. At the time of this referral, it was reported that S.P. was living with her father. This referral was screened as information only.

Referral 6:

On June 1, 2005, Mr. Lytle contacted CPS and reported that his daughter S.P. had been abandoned by her mother and had been living with him for the past six weeks. Mr. Lytle was told that since he is the child's father she is not considered abandoned. Mr. Lytle stated S.P.'s mother continues to receive benefits on behalf of S.P. CPS recommended Mr. Lytle contact the local Community Services Office regarding benefit information, and he could contact the Family Court to pursue custody of S.P. This referral was screened as information only.

Referral 7:

On January 24, 2006, a child care provider reported to CPS possible neglect of S.P., *age three and half years*, while in her mother's care. The referrer reported S.P. comes to school with no coat or socks. On this particular day she came to school with no underwear under her sweatpants. The referrer said S.P. walks around with her hands in her pants saying 'owie owie' and says this while using the toilet. On the day of this referral while assisting S.P. with toileting the referrer noted her genitals were red and she had a strong odor similar to being unwashed or possibly an infection. On this same day CPS called the referrer back and suggested they encourage S.P.'s mother get her a medical exam to rule out pin worms or an infection and speak with her about appropriate hygiene. The referrer agreed to do so on the date the referral was received. This referral was screened as information only.

Referral 8:

RCW 74.13.500



[REDACTED] This referral was screened in and assigned for investigation. S.P. was not living with her father and step-mother at the time of this referral, although she moved into their home approximately three months later.

During the course of the investigation the assigned social worker made collateral contacts with the referrer and a physician and sent notifications to area hospitals that CPS would be involved with the family once the child was born. The social worker attempted a home visit with the family prior to the baby's birth. Mr. Lytle refused the social worker entry to the home and would not allow the worker to speak with Ms. Lytle.

RCW 74.13.500

[REDACTED]

On September 19, 2006, the CPS investigating social worker contacted the First Steps MSS behavioral health specialist from the Family Home Care Program. She stated the MSS Nurse continued to provide services and the parents were doing well with the baby. The MSS behavioral health specialist asked the CPS investigating social worker about recent CPS referrals regarding S.P. as she had recently moved in with the family and was now residing in the home.

The CPS social worker provided a brief summary of S.P.'s referral history with the Department referencing the information only referrals received while S.P. was in the care of her mother and when visiting with her father. The CPS social worker shared the Department's history showed no investigations or case assignments were made at the time the referrals were received. Provider reports indicated the family was cooperating and doing well given the size of the home and the added financial stress since S.P. came to live with them. Both the MSS behavioral health specialist and nurse documented they did not observe any actions, behaviors or conditions that would warrant a referral to CPS.

The review committee met with the First Steps behavioral health specialist and ICM case manager. The referral for First Steps services was initiated by the hospital social worker; however, neither professional was aware of the CPS pre-natal history referral until well after the first visit with the family. They said the family never missed an appointment, were engaged in services and generally utilized the full 90 minutes available for each home visit. The family was attentive, talkative and asked a lot of questions regarding the care of J.L. However, when providers pressed for information regarding Ms. Lytle's personal history she was guarded and acknowledged a history of mental health issues but was hesitant in discussing this at length.

Upon learning of S.P.'s presence in the home in September 2006, neither professional noted any significant changes. The home was somewhat small for four people and extremely cluttered, but they did not identify any significant health or safety hazards. They observed S.P. in the home, never noticing any bruising or injuries to her and encouraged the family to seek services for S.P. such as speech therapy, a formal custody arrangement, and well child health visits. The family repeatedly said S.P. would not be staying and would be returning to her mother so the providers did not consider additional ancillary services for S.P. Based on the provider's positive feedback CPS closed its case in early October 2006.

The MSS behavioral health specialist stated significant services were provided to this family and exceeded both time and support based on the parameters of the program. During the six months services were provided in the home, both the First Steps MSS behavioral specialist and the ICM case manager said the family was considered a moderately at-risk family, in need of support and services, however, the family did not meet the standard of high risk or need for referral information to CPS.

Referral 9:

The next CPS contact with the family was on March 11, 2007 reporting S.P.'s death. Law enforcement was contacted by the hospital staff and following an investigation Mr. and Mrs. Lytle were arrested and their surviving child was placed in protective custody. Following an autopsy, the Spokane County Medical Examiner concluded that the "cause of death was drowning; manner of which was homicide." S.P.'s father Jonathan Lytle was subsequently convicted of homicide by abuse with aggravated circumstances for her death. Her step mother Adriana Lytle pled guilty to homicide by abuse.

Regarding J.L.; shortly after placement in out of home care, Mr. and Mrs. Lytle proposed placement with a distant relative and agreed to relinquish their parental rights pending adoption by the relative. [REDACTED]

RCW 74.13.500

Findings and Recommendations

The committee made the following findings and recommendations based on interviews, review of the case records, department policy and procedures, Revised Code of Washington (RCW), and Washington Administrative Code (WAC).

Findings

- Although not an issue in this particular case, the review committee learned that, CA policy does not require an intake supervisor to review screened out or information only referrals⁴.

⁴ Reference: Children's Administration Practice and Procedures Guide Section 2220 (H) (1) and (2).

- Referrals 4, 5 and 7, received on September 1, 2004, April 21, 2005 and January 24, 2006 while S.P. was living with her mother, should have screened in for either an investigation or a referral to an Alternative Response System (ARS).
- Information contained in the family's first three referrals dated September 20, 2002, September 30, 2003, and December 26, 2003 that were screened Information Only referencing S.P., contained information which could have prompted further inquiry when making screening decisions on the subsequent referrals.
- The family's complete alleged child abuse and neglect (CA/N) history, including Information Only referrals may not have been considered when referral screening decisions were made. Considering the complete alleged CA/N history, regardless of previous referral screening decisions, ensures a comprehensive review of all information available to assess risk and child health and safety. Attention to chronicity (recurrent episodes of alleged abuse or neglect over time) and severity (degree of abuse) helps to identify if there is a pattern of alleged child maltreatment over time rather than assessing an isolated incident.
- Family Home Care's Maternity Support Services staff members were not aware of the family's CPS history or open investigation at time of referral to First Steps by the hospital social worker. A lack of or constraints around sharing of information amongst programs hinders providers and cannot ensure they are aware of key family dynamics or families considered at high risk of CA/N.
- Review committee members found Medicaid funded MSS and ICM services⁵ constraints exist which prevent MSS and ICM in-home providers from providing services to other children in the home. Contractual obligations and structure preclude providers from offering or providing services to other family members not the focus of maternity support or infant case management programs. As such clinical interventions by professionals regarding other children in the home are not funded during this period as defined by Federal Medicaid policy for targeted case management. Given other children in the home are not the focus of the

⁵ Medicaid funded First Step Maternity Support Services and Infant Case Management services are separate services provided to a pregnant woman and her new born infant. First Steps Maternity Support Services are focused on promoting positive birth outcomes for mother and infant. These voluntary health education and clinical services can be provided to the pregnant woman and newborn infant during pregnancy through 2 months post partum. Clinical services include professional assessment and intervention by community health nurses, behavioral health specialists and registered dietitians. First Steps Infant Case Management services are focused on the needs of the infant between the 3rd- 12th month of life. There are eligibility criteria to meet before receiving these voluntary services. Infant case management services are focused on helping families access needed services in the community to support healthy development of the infant. This is done through referral, linkage and advocacy activities. If however evidence of abuse or neglect is noted, in a home visit, as with any child or vulnerable citizen, a report to CPS is required.

funded services it is not expected that the infant case manager see other children when visiting the home.

- The review committee found that although the primary goal of MSS and ICM services in the family focused on Ms. Lytle and J.L.; provider chart notes indicated professionals in the home attempted to motivate and support the Lytle's in getting help for S.P. even though she was not the focus of service delivery.⁶

Recommendations

- Every referral, regardless of the screening decision, should be reviewed by a CPS Intake supervisor. The supervisory review should include a review of the referral history of the family including both screened in and screened out referrals.
- Develop a method of data sharing using predictive indicators which can identify families at risk of abuse and/or neglect. CA's current risk assessment model is indicative of this type of model and identifies several high risk factors which have been shown to predict the risk of future abuse and neglect. Sharing this information with partner agencies, and providers will assist with assessing service level need and ensure the coordination of services.
- Allow the release of information regarding referrals and any findings made within the last year to a mandated reporter or other systems/providers that may serve or be serving identified families.
- The MSS/ICM programs currently operate within limitations that restrict services to the specific childbearing woman and the infant(s) that result from her pregnancy. The Department of Social and Health Services and the Department of Health should consider whether any possible options exist, within State and Federal limitations, to expand MSS/ICM clinical services to other children with in the home, based on need.
- Mandate and provide refresher training on safety and risk assessment and planning for Children's Administration social work staff on a biennial basis. Offer and include contracted community service partners, public health nurses, and tribal social work staff among others in the training.

⁶ First Steps MSS/ICM services as part of the Maternity Care Access Act of 1989 (RCW 74.09.800) are focused on the pregnant woman and new born infant. Since 1989 several attempts have been made to expand legislation to include clinical services to the infant and family though 1 year postpartum and even as far as to 3 years of age for the infant. First Steps MSS/ICM Medicaid funded services are focused on the mother and infant. Services in the infant case management period are focused on further helping high risk infants and families access services in the community.