

The San Diego
Union-Tribune.

July 14, 2009

Christina Falcone
Children's Advocacy Institute
USD School of Law
5998 Alcala Park
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Christina,

Enclosed please find my entry for the 2009 Price Child Health and Welfare Journalism Award. This is a two part series on foster care deaths in San Diego County. . It was written by me and the photographer was Nelvin Cepeda. As we discussed I have also included a print out of a sidebar that was published only on the newspaper website.

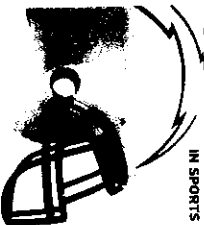
Thanks much,

Greg A. Moran

Greg Moran
Legal Affairs Writer
The San Diego Union-Tribune

CHARGERS GAME DAY

IN SPORTS



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would be royal mess**
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for their seasons**
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Nick Canepa

Chargers GM takes tour of a real war room



LONDON — It was here, in this bland, cramped basement in a building behind 10 Downing Street, that they were his latest among many remarkable hours.

Since the days of Alexander, we have been fascinated with leaders, good and bad, because they have had that special something so many of us lack. Churchill didn't lack much, including humility, which was a great part of his charm.

And it was necessary, I can't say anyone has been more necessary, other than mothers.

I knew A.J. Smith was a fan of Churchill — even though I once caught him misquoting Winnie, which he resolutely admits. I also knew we both would be in the capital this week for the Chargers' saints game, so I asked San Diego's general manager if he'd like to join me on a tour of the Churchill Museum and Cabinet War Rooms.

Smith is not the most public person, but in that he's a student of Churchill — me, I believe the British prime minister, I believe the British prime minister.

SEE CANEPA, A21

U-T Multimedia: For videos and photo galleries of the Chargers in London, go to chargers.uniontrib.com.



Chargers GM A.J. Smith took some time yesterday to reflect on the leadership qualities of Winston Churchill. K.C. Alford / Union-Tribune

SUNDAY	DEAR ABBY	G6	INVEST
BOOKS	E4 EDITORIALS	F2	LETTERS
BRIDGE	G4 HOMESCAPE	H5	LOTTERY
CROSSWORD	G4 HOROSCOPE	G6	MEXICO



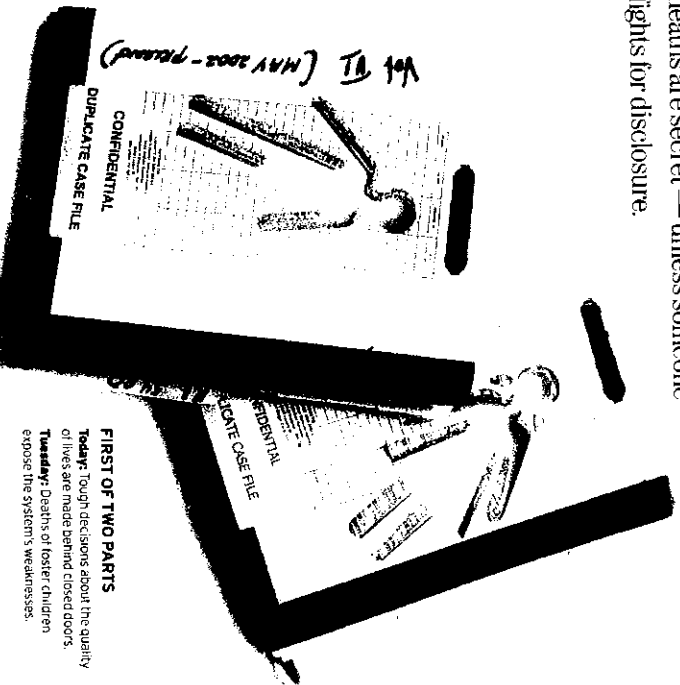
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U-T special report | Children in our care

Dozens of foster children across California die each year, sometimes after passionate moral debates. Details about the deaths are secret — unless someone fights for disclosure.



FIRST OF TWO PARTS

Today: Tough decisions about the quality of lives are made behind closed doors.
Tuesday: Deaths of foster children expose the system's weaknesses.

Short lives revealed

By Greg Moran
STAFF WRITER

For such a tiny child, the questions hovering over Heling King were enormous.

Heling was born with a chromosomal defect that left her severely mentally retarded. Her heart was deformed, and a stomach abnormality prevented her from digesting food. Children in Heling's condition live no more than a few years.

Her medical problems so overwhelmed her parents that they handed her over to the state before she even left the hospital.

Heling became a foster child. That meant a battery of strangers — judges, social workers, lawyers and doctors — would make decisions about what was best for her.

Events moved quickly. Within weeks, doctors said she needed surgery, as many as eight.

But there were fundamental questions to answer. If her heart stopped beating during an operation, should they use all medical means to save her? And, was it necessary or beneficial, to do surgery at all?

Heling was automatically a "full code" patient, which required that every attempt be made to revive her. Should the state ever acting as Heling's parent, change her status to DNR, "do not resuscitate," and conclude that a child in its care be allowed to die?

Illustration by Cristofor Martinez Bynck / Union-Tribune

Battle for boot-up bragging rights due out in months

By Matt Richtel
and Astle Vance
NEW YORK TIMES NEWS SERVICE

SAN FRANCISCO — It is the black hole of the digital age — the three minutes it can take for your computer to boot up, when there is nothing to do but wait, and wait, and wait some more before you can log

on and begin multitasking at hyper-speed.
Some people stare at their screen and fidget. Others pace or grab a cup of coffee.

"Half the time, I go brush my teeth," said Monica Loos, 40, who is starting a business selling stationary online from her home in San Francisco.

Now the computer industry says it wants to give back some of those precious seconds. In coming months, the world's major PC makers plan to introduce a new genera-

Legal questions intersected with medical, moral and ethical ones. Heling's case, one participant remarked, was "a social nightmare."
Because court proceedings and records involving the foster care system are closed to the public, the extraordinary debate that took place five years ago over the fate of baby Heling King was secret.

Opening sealed records

The San Diego Union-Tribune gained access — through court orders and Public Records Act requests — to information on 33 children who died in foster care in San Diego County between 2000 and 2007.

The previously sealed records allow a look into the system that cares for children whose parents either gave them up or lost custody of them. Many child welfare advocates believe greater exposure is necessary for accountability and reform.

The files show that the circumstances of the children's deaths were as varied as the reasons they entered the system.

Most like baby Heling King and a teenager named Pedro Alva, died of medical problems that had beset them from birth.

SEE FOSTER CARE, A20

Obama, McCain go West for votes

Candidates hit Nevada, Colorado, New Mexico

2008 VOTE
PRESIDENT

By Larry Reiter
and Jeff Zeleny
NEW YORK TIMES NEWS SERVICE

ALBUQUERQUE, N.M. — With only 10 days left to campaign and the number of toss-up states seeming to diminish, Sen. John McCain and Barack Obama spent yesterday crisscrossing the West in pursuit of undecided voters.

For McCain, the task is more urgent, as he acknowledged in an appearance before a crowd of fewer than 1,000 people yesterday morning at the New Mexico state fairgrounds here.

"Ten days to go, we're a few points down, and the pundits, of course, as they have, four or five times, have written us off," McCain said. "Senator Obama is encouraging the drapes and planning with Speaker Pelosi and Senator Reid to raise taxes, increase spending and curriculae in Iraq."

McCain was returning to House Speaker Nancy Pelosi, San Francisco, and Senate Majority Leader Harry Reid, Denver.

The candidates' focus on New Mexico, Colorado and Nevada — three states that border McCain's home

SEE ON THE TRAIL, A22

Where they stand: The candidates' stances on energy and environment. A22
Money matters: How McCain, Obama economic platforms compare. C1

Weakening economy puts brakes on traffic

Lower prices at pump
failing to entice drivers

By Steve Schmidt
STAFF WRITER

When freeway traffic began to thin out noticeably across San Diego County this year, many drivers pinned the trend on ballooning gas prices.

Today, gas prices are tumbling, yet the thinning continues.
Several major pinch points in the region continue to post significant declines in the volume of weekday and weekend traffic, state highway data show.

The number of cars and trucks on the road dropped an average 6.6 percent in September at eight key points on the freeway system compared with the same month last year, according to a San Diego Union-Tribune analysis.

Even a 5 percent drop is huge, said Caltrans spokesman Edward Carlagena, who has noticed less conges-

SEE TRAFFIC, A14

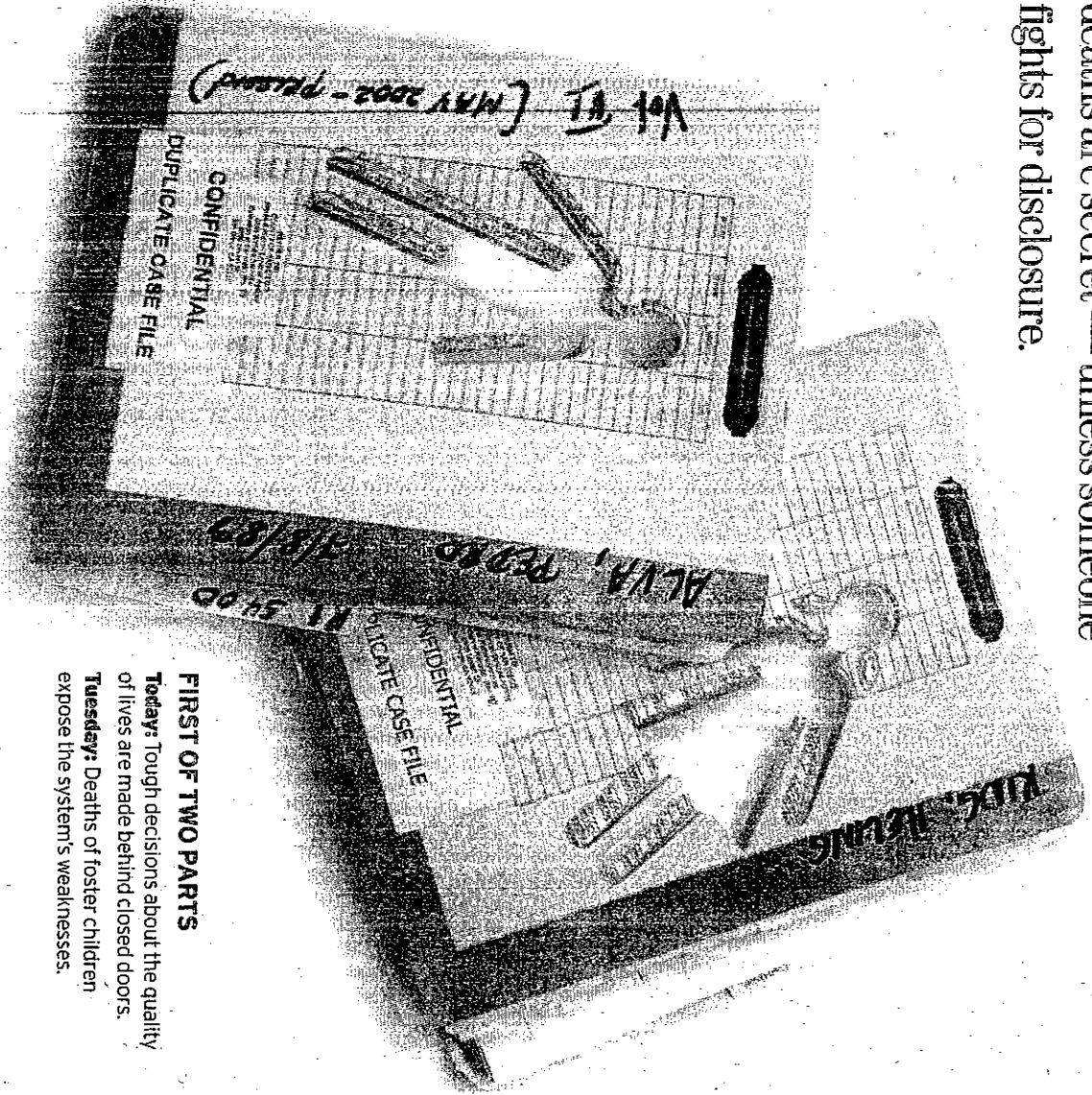
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STAFF WRITER

For such a tiny child, the questions hovering over Heiling King were enormous.

Heiling was born with a chromosomal defect that left her severely mentally retarded. Her heart was deformed, and a stomach abnormality prevented her from digesting food. Children in Heiling's condition live no more than a few years.

Her medical problems so overwhelmed her parents that they handed her over to the state before she even left the hospital.

Heiling became a foster child. That meant a battery of strangers — judges, social workers, lawyers and doctors — would make decisions about what was best for her.

Events moved quickly. Within weeks, doctors said she needed surgeries, as many as eight.

But there were fundamental questions to answer. If her heart stopped beating during an operation, should they use all medical means to save her? And, was it necessary, or beneficial, to do surgery at all?

Heiling was automatically a "full code" patient, which required that every attempt be made to revive her. Should the state, now acting as Heiling's parent, change her status to DNR, "do not resuscitate" — and conclude that a child in its care be allowed to die?

Legal questions intersected with medical, moral and ethical ones. Heiling's case, one participant remarked, was a "social nightmare."

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Most, like baby Heiling King and a teenager named Pedro Alva, died of medical problems that had beset

SEE Foster care, A20

cidents. Three died as a result of physical abuse by caretakers; their cases became public during criminal prosecutions.

Largely, however, these deaths weren't known beyond the child welfare system because state law requires confidentiality. Revealing information about children in foster care can be a misdemeanor.

The law allows the release of some information when a child dies, but only after a lengthy court process. From 2004 to 2006, the only years for which figures are readily available, 177 children died in foster care statewide.

Child welfare advocates for years have pushed to make the foster care system in California, the nation's largest with 75,000 children, more accessible.

"These are the state's children," said Robert Fellmeth of the Children's Advocacy Institute at the University of San Diego, which has successfully championed legislation opening up the system.

The organization collected the figures for deaths statewide.

"And if you live in a democracy, then these are your children," Fellmeth said. "Don't you want to know, when your child dies, how and when and why they died?"

Many decision-makers

The court files chronicle even the smallest of steps the system takes in caring for foster children, and they provide insights into the actions and decisions of the people entrusted with their fates.

In Heling King's case, 19 people — lawyers, social workers, educational experts, doctors — weighed in on the medical and moral problems that defined her life.

The issues boiled down to judging "the benefits, risks and long-term impact that surgeries or other treatments would have on her.

Heling was born weighing about 8 pounds, had wide-set eyes and "lots of hair," one social worker noted. She responded to touch, especially when held close to another face, but not to sound. She didn't coo or babble.

She was placed with a foster mother who is a neonatal nurse. The foster mother opposed subjecting Heling to the surgeries and advocated making her status code DNR and providing comfort care — a course she understands is difficult for some to accept.

"It's very hard to advocate to let a child die," said the nurse, who agreed to be interviewed but not identified because of the nature of the case. "A lot of the hearings, they were tense. People were just on different sides of the fence."

An ethics team at Rady Children's Hospital told the court that while Heling's heart problem could be surgically repaired, her underlying condition wouldn't change. In fact, her quality of life could worsen.

Surgery presented a terrible risk: that a complication would require the baby to be placed on a ventilator where she could live indefinitely, but perhaps in more pain.

The doctors recommended that Heling's code status be changed to DNR. Carolyn Levenberg of the Public Defender's Office represented the baby. In hearings over more than two months, Levenberg fought for medical intervention.

tion no matter what the chromosomal defect is," she argued at one point.

When lawyers for the county said the opinions of the doctors should prevail, Levenberg argued that the court "can't delegate decisions to the medical professionals. The court is responsible for making decisions."

On April 14, 2003, the mini-drama came to a head.

Referee Hideo Chino, a judge in Juvenile Court, noted that all the doctors were against surgery, and the parents, before surrendering the baby, had said they wanted nature to run its course.

A social worker's notes, some in shorthand, recorded Chino's decision.

"Medical intervention not likely to improve quality of life. Palliative care (pain management) appropriate course of treatment. No invasive surgeries unless proven to court it will improve n-erl (neurological) condition of child."

Chino changed the code status to DNR.

Five weeks later, the small baby with the giant medical problems died at the foster home. She was just shy of 5 months old.

Her foster mother organized a memorial service at Featheringill Mortuary. The social workers, a doctor and some of the educators attended.

She made impressions of the baby's hands and feet. She took the pacifiers and stuffed animals Heling used and tied ribbons to them with her birthday and date of death, and gave them to people who had cared for her.

"A child has a right to finality," the foster mother said. "I think everyone has the right to have the end of their life recognized."

A middle ground

Over the past three years, the *Union-Tribune* has reviewed court reports, correspondence and social workers' daily logs for nearly 20 children who died while in foster care.

Among the stories hidden in the once-closed files is that of a 15-year-old boy named Pedro — who was blind, mentally retarded and subject to seizures, and spent most of his life in a convalescent home — and the woman who profoundly changed his life.

Pedro Alva was born at Tri-City Medical Center in Oceanside. He had cerebral palsy and spastic quadriplegia, among other disabilities. Until he was 5, he lived with relatives in Tijuana and later with an aunt in Carlsbad.

His aunt, no longer able to care for him, surrendered 6-year-old Pedro to child welfare authorities in 1994. He was placed at Children's Convalescent Hospital, a long-term-care facility.

Pedro was unable to communicate or move on his own. He often suffered respiratory attacks or seizures that required emergency help.

His six-volume court file chronicles social workers' required visits and their often-rote observations. The volumes reflect fewer and fewer visits from relatives.

The boy contracted pneumonia with some frequency. His limbs stiffened. His fevers spiked as high as 100 degrees.

In 1998, Pedro's doctors began to discuss changing his code status to DNR.

the dependency system.

Glass, who now lives in Washington state, vividly remembers Pedro.

"He was just laying there, having seizures periodically," she said. "They would get him up once in a while and put him in a wheelchair, then put him back to bed. They kind of accepted the fact this is the way he was."

The doctor who had treated Pedro since he entered the system recommended that his resuscitation status be changed from a "full code" to a "no code."

Glass and a colleague assessed Pedro for several months, visiting him twice a

week, sometimes more. In a report that October, Glass wrote, "Thirteen years is too long to be in a near-vegetative state with no hope for a better future." She endorsed the doctor's recommendation.

The decision fell to court Referee Yuri Hofmann, now a Superior Court judge. The soft-spoken Hofmann recalled recently that the case was complicated because not only did Pedro's lawyer oppose a change in his medical code, but also doctors treating and evaluating him disagreed among themselves.

Ultimately, Hofmann was convinced that the middle ground was the best solution. Pedro would be on a "modified code" — so some, but not all, steps would be taken to keep him alive in a medical emergency.

"It was a reasoned recommendation that made sense to me," Hofmann said. But he also said he had "a lot of sleepless nights" before deciding.

Child's best interests

Until recent years, there were no guidelines for making such grave decisions in foster care situations. That changed with a 2003 appeals court decision in Orange County that said withholding or withdrawing medical treatment should be based on what is in the best interests of the child.

"There are people who say you should never do this [discontinuing life support or modifying a code status]," but that is not the state policy now," said Sharon Kalenkarian, a San Diego lawyer who has been asked twice by the courts to give an opinion on halting life support.

In the end, judges have to assess the child's quality of life and determine that not prolonging pain is best.

Kalenkarian said it's a judgment call that can't be left to doctors or hospitals, in part because they may have a financial motivation to cease care.

Should such crucial decisions be made in closed hearings?

Dr. Roberta Loewy, who teaches in the bioethics program at the University of California Davis, said there may be no other way.

"If you open it to the public, you will have people come flying in with no stake in the outcome but with a political or ideological agenda," Loewy said.

And that would complicate an already-wexing decision.

"You don't know if you did the right thing or not," Loewy said. "That is the tragedy of these sorts of things — you have no good answer."

► FOSTER CARE

CONTINUED FROM PAGE A20

Boy fed via tube enjoyed a taste of ice cream

ico as an infant, he probably understood Spanish, too. One day she held a recorder playing Spanish tapes to his ear.

He turned toward the sound, his face brightening.

An eye examination in 1999 had concluded that Pedro was legally blind, but Glass asked for another one. An ophthalmologist operated in May 2002, and the boy's vision and overall demeanor improved.

"Pedro now laughs and appears to recognize the nurses, aides and therapists that work with him," Glass wrote in a report.

They got him a television, and

he seemed to enjoy that, too.

Glass and Pedro's caretakers took him on outings away from the hospital. They rode on a city bus; they pushed his wheelchair around Mission Bay.

"There was more that could be done to give him a better life," Glass said. "We were convinced of that."

In July 2002, they threw a birthday party for him. Pedro had been fed through a stomach tube for years, but on this day, Glass took a small chance and placed a dollop of ice cream in his mouth.

The boy who had not tasted anything for years lit up.

"You should have seen him go," Glass said. "His tongue was definitely not paralyzed."

A month later, Pedro was enrolled in a special program at Mission Bay High School.

In the almost two years since the hearings had changed how Pedro would be treated in a life-threatening emergency, he

hadn't gotten worse. In fact, he seemed to have improved, markedly.

Still, Pedro was a fragile boy. He was 15 when he died in his hospital bed. The cause was cardio-respiratory arrest — a seizure. His body was cremated, his ashes scattered.

Glass doesn't believe Pedro was dismissed by the people charged with caring for him. But she said children like Pedro can be deprived of the attention they need.

"Meredythe saw possibilities," said Sharon Lawrence, executive director of Voices for Children, the organization that recruits court-appointed special advocates. "I think sometimes professionals in the system, who are there to help, become overburdened, and don't have the resources and time to think about possibilities."

The cases of Heling King and Pedro Alva posed unique challenges for the child welfare sys-

tem.

Making such life-and-death decisions is rare and tough, said Judge Susan Huguenor, the presiding judge of the dependency court in San Diego. Huguenor had been faced with a DNR case only once in her 12 years on the bench.

"We stand in the place of the parent," Huguenor said.

Not all deaths of foster care children raise knotty issues, but child advocates believe information about deaths from natural causes, accidents or reasons other than physical abuse should be easier to access. Public exposure or at least the possibility of it would spur reforms where needed, they say.

A law passed last year makes information about some deaths more open.

It requires county agencies to report deaths or near deaths suspected from abuse to the state within five days. If abuse is confirmed, the victim's his-

tory with child welfare services would be released.

State Sen. Carole Migden, D-San Francisco, sponsored the bill but said it's not enough.

"We need a report with a standard format that all counties should use and turn in to the state on an annual basis," Migden wrote in an e-mail exchange. "There is no standard now."

Bill Grimm, a lawyer with the National Center for Youth Law in Sacramento, which co-sponsored Migden's bill, said broader disclosures are needed.

While the numbers of deaths each year are in the dozens, public scrutiny of the circumstances can be instructive, Grimm said.

"Only by looking at these cases closely can you get a real, true idea of how, in some cases, the failures of the agency convert to a child's death," he said.

"It's not a witch hunt," said Amy Harfeld, executive director of First Star, a national nonprofit

organization that advocates for changes in the child welfare systems across the country.

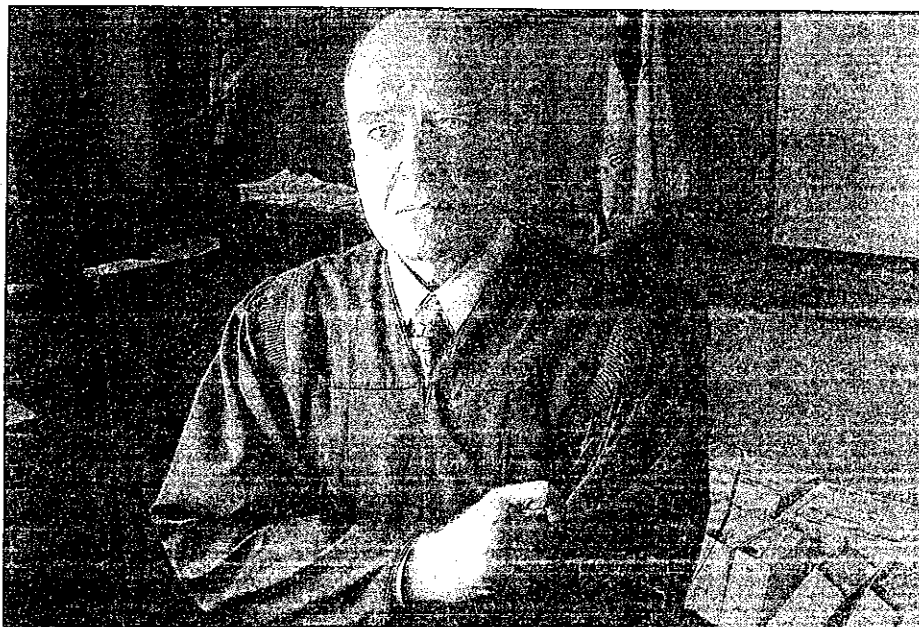
"We have to be able to learn from the most shocking or most tragic cases. It shows where are the deepest fault lines, so we know where to focus resources into the system."

Tuesday: Deaths of foster children expose the system's weaknesses.

Online: For more stories about children who died in foster care and the debate over secrecy in the system, go to uniontrib.com/more/fostercare

Greg Moran: (619) 293-1236; greg.moran@uniontrib.com

Staff researchers **Merrie Monteagudo** and **Beth Wood** contributed to this report.



Yuri Hofmann, then a Juvenile Court referee, ruled that a medical order for foster child Pedro Alva should be changed to "do not resuscitate." Hofmann said the decision was both excruciating and complicated because there was little legal authority to guide him. *Nelvin C. Cepeda / Union-Tribune*



Robert Felimeth is a leading advocate for children in foster care. He runs the Children's Advocacy Institute from a warren of cluttered offices at the University of San Diego School of Law. *Nelvin C. Cepeda / Union-Tribune*

BEHIND THE STORY

The *San Diego Union-Tribune* collected information from a variety of sources about children who died while in foster care in San Diego County.

In 2005, the newspaper filed a request under a new provision of the California Public Records Act seeking the names, birthdays and dates of death of those children since 2000.

The newspaper asked the county Medical Examiner's Office for all autopsy reports and investigations on the children.

To obtain the files, the *Union-Tribune* filed a series of petitions in San Diego Juvenile Court under the state Welfare and Institutions Code. Court officials notified all parties in the cases and allowed them to object to release of the information.

The law requires that certain information

be redacted, including references to siblings and other foster children who are alive. Judges are not obligated to release a file if doing so could be detrimental to other children even with redactions.

It took more than a year to get redacted case files, which included social workers' logs and notes, correspondence, court orders and reports. Access to four files was denied.

The newspaper searched state and federal court records for lawsuits relating to any of the deaths. It also reviewed licensing records for several of the foster care homes where children had died.

The *Union-Tribune* filed additional public records requests for yearly tallies of deceased foster children dating to 2006.

Information in the case files was

supplemented with more than two dozen interviews with child welfare advocates, foster parents, lawyers and legal experts.

Several lawyers involved in cases declined to be interviewed, citing the confidentiality of dependency cases, even though state law lifts that secrecy for deceased children. Some foster parents could not be located. Referee Hideo Chino, who decided the Heling King case, died in April.



"I will never forget Pedro." Those were the first words Meredythe Glass spoke when asked about Pedro Alva, a medically fragile child she worked with until his death in 2003. Glass keeps a memorial box she made for Pedro's family, whom she could never find. *Stephen Brashear / Associated Press*

U-T special report | Children in our care

Difficult decisions, deficiencies — and death



Christy Gonzales said she held her baby Carson to her chest when authorities came to her hospital room to take him. He tested positive for drugs, and she was headed back to prison. She displayed a binder, bulging with photos of Carson, who was 7 weeks old when he died in foster care. Nelson C. Cepeda / *Union-Tribune*

By Greg Moran
STAFF WRITER

Thirty-three children died in foster care in San Diego County from 2000 through 2007. Strict confidentiality laws kept the circumstances of the deaths secret.

But a *San Diego Union-Tribune* review — preceded by years of petitions in court and Public Records Act requests — found cases that illuminate weaknesses in the system, including gaps in communication and in enforcement of regulations.

The system has addressed some, but not all, of the problems.

Between 6,000 and 7,000 children are in foster care locally each year and, on average, four to five die of natural causes, by accident or for no known reason.

Some child welfare advocates believe the system, and therefore the children, would benefit from greater public scrutiny.

"We're not saying these deaths are typical of the whole system," said Bob Fellmeth, executive director of the Children's Advocacy Institute at the University of San Diego. "We're say-

ing, if these kinds of deaths happen, what does that tell you about the status of the system, about the level of care?"

For the past three years, the institute has compiled statewide data on the deaths by filing Public Records Act requests with each of California's 58 counties. It also has sponsored legislation to make the system that tends to the needs of 75,000 children statewide more open.

At the urging of the institute and other child welfare advocates, California legislators passed the most expansive law in the nation last year on releasing information about foster care deaths. Although it is limited and not retroactive, Fellmeth believes it is a positive step toward transparency.

"Why do you put canaries down a mine shaft," Fellmeth asked. "To see what is going on down there. If they come back ill or damaged, you say, 'Uh-oh.'"

"If they come back dead, you say, 'We better figure out what's wrong down there.'"

For the stories of the deaths of four foster children, see A6 and A7

OPENING THE SYSTEM

A law that went into effect this year makes it easier to find out about children who die in foster care.

It requires counties to divulge more information in a set period of time about deaths or near deaths from physical abuse or neglect.

A court order is no longer needed to get the information, which is a major change.

The law does not cover deaths that result from accidents or natural causes, or whose cause cannot be determined.

The law is not retroactive, covering only deaths from 2008 forward.

LAST OF TWO PARTS

Today: Deaths of foster children expose the system's weaknesses.

Sunday: Tough decisions in the child welfare system are made in secret.

Two babies who went to sleep and never woke up

STORIES BY GREG MORAN, STAFF WRITER

Carson Wolfe and JaVaughn Palmer were born 18 months apart, but they shared a dangerous medical condition. Both had methamphetamine coursing through their systems. Their mothers admitted using the drug; the boys were taken from them and placed in foster care.

The children were less than a year old when they died in the homes of their foster parents, doing the simplest thing children can do — sleeping.

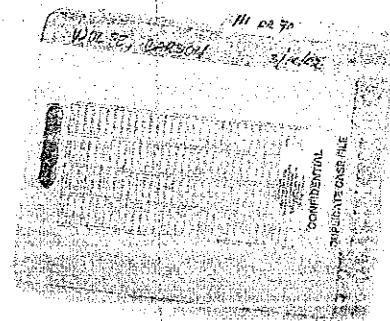
Carson was 7 weeks old when he was found dead in the bed of the teenage granddaughter of his foster parents.

Investigators could find no signs of foul play. They discussed sudden infant death syndrome, but the medical examiner could not say whether it was SIDS or the boy was accidentally smothered by the sleeping girl. Carson's death was classified "undetermined."

Carson went into the home of Barbara Davidson two days after he was born March 15, 2002. Social worker logs show that all went well. He gained weight and withdrew from the methamphetamine.

But his circumstances were questionable.

Eighteen people lived in the Davidsons' nine-bedroom home. State licensing investigators said seven residents had moved in without proper notice to county officials, a violation of state regulations.



Mary Harris, the head of Child Welfare Services for San Diego County, said so many people in a home would not disqualify a foster parent.

"Whoever was looking at the situation at the time thought it was OK," said Harris, who was not in charge of child services at the time of Carson's death.

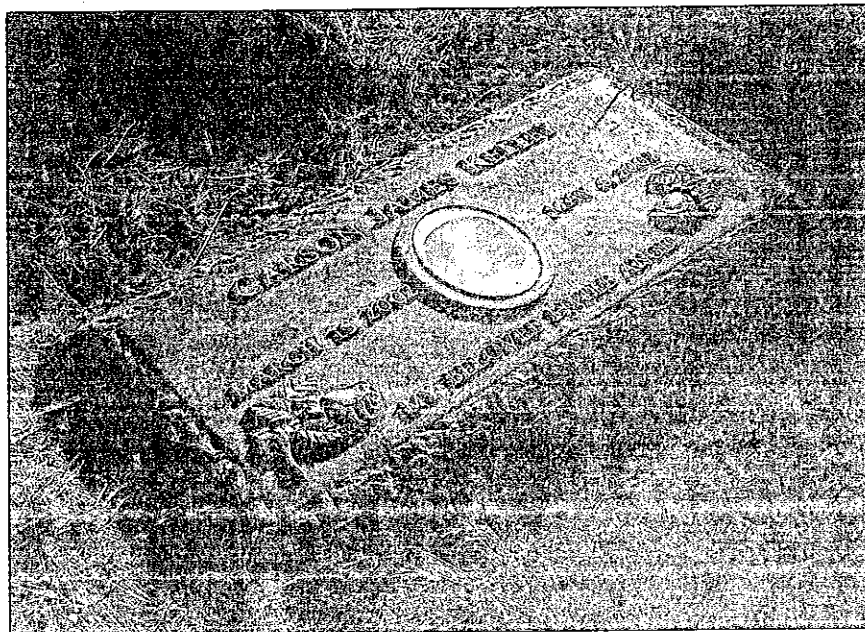
For Carson's mother, Christy Gonzales, it was not OK.

"These people were trusted to take care of him, and he died at their hands," Gonzales said recently.

Gonzales sued. "I wanted someone to acknowledge and take ownership of my son's death," she said.

The lawsuit raised the critical issue of whether Carson had a safe place to sleep in the crowded house.

The state requires every licensed home to have a sturdy and safe bed, bassinet or crib for the foster child.



Carson James Wolfe was 7 weeks old when he died in a foster home. His parents were incarcerated. His mother gave him the surname "Kelley," which is on his headstone at Singing Hills Memorial Park in Dehesa, in hopes that her boyfriend, named Kelley, could keep the baby out of the foster care system.

Court records and state reports are at odds about whether Davidson provided a proper bed and whether the county checked on it. The county said Carson had such a bed. But a report by a state licensing investigator after the death said there was "no crib or proper bassinet in the entire facility."

Moreover, Carson's godmother said that after a court hearing April 17, she complained to social worker Pat Pepper about the sleeping arrangements.

Vicki Guthrie said she had heard the teenage granddaughter say that Carson slept with her, and that she took him on the bus and on trips to the mall without supervision.

Guthrie said Pepper brushed off her concerns.

"Carson should be alive today," Guthrie said in a phone interview. "I tried to tell everyone, and no one would listen to me."

In a sharply worded ruling in the

case, federal Judge Irma Gonzalez said there was enough conflict over what the county knew to keep the case headed to trial.

The county had argued that social workers did not have a legal duty to inspect a foster care home before placing a child. They simply needed to make sure it was properly licensed by the state.

The judge rejected that stance and concluded that state law requires the county to ensure that each child has a safe place to sleep.

In late 2005, the county paid \$10,000 to Christy Gonzales to settle the lawsuit. It admitted no liability.

Gonzales has been sober for five years. She is married with two children, a boy and girl, and works as a property manager. Carson's death is never far from her thoughts.

Gonzales said the lawsuit was not about the money.

"I wanted people to know these situ-

ations happen in foster care, and if we shut our eyes to them more children will die as a result," she said.

The Davidsons surrendered their foster care license a week after Carson died. They could not be located for comment, nor could Pepper, who retired from the county in 2005.

JaVaughn Palmer, another infant born addicted to drugs, was not quite 3 weeks old when he died in bed with a teenage relative Sept. 26, 2000.

When his mother returned to jail on outstanding warrants, social workers placed JaVaughn with his maternal grandmother, who lived in a three-bedroom apartment in San Marcos.

At first, there was no crib, and the grandmother said she planned to have the baby sleep with her teenage daughters, according to the social worker's notes. The worker ordered her to get a bed, and five days later verified that a "portable crib" was in place for JaVaughn.

Less than two weeks later, the infant was put to sleep with his 14-year-old aunt, "sleeping on his stomach on her chest," according to a report by the county Medical Examiner's Office.

By early the next morning, JaVaughn was dead.

The medical examiner's report noted that the teenage aunt was deaf. It also stated that "there was a drawer that had been made into a crib near the aunt's bed."

With no evidence of trauma or injury, and an autopsy that did not show any underlying health problems, the medical examiner concluded that the death was the result of SIDS.

Harris contends that in both boys' cases, the county did all it could to ensure that the children had a proper place to sleep. She also said social workers warn foster parents about the dangers of putting an infant to bed with an adult.

"We discourage it strongly; we provide information (against it)," Harris said, but added that state regulations do not have a ban on the practice.



Christy Gonzales wept when she talked about her infant son who died six years ago in foster care. "The last thing I said (when he was taken away) was, 'We will be together again,'" she said. After he died, Gonzales sued. "I wanted someone to acknowledge and take ownership of my son's death," she said. *Nelvin C. Cepeda / Union-Tribune photos*

Information exchange essential in placement transfers

The death of Alayna Sams raised questions about how the system communicates when it moves a child with medical problems from one placement to another.

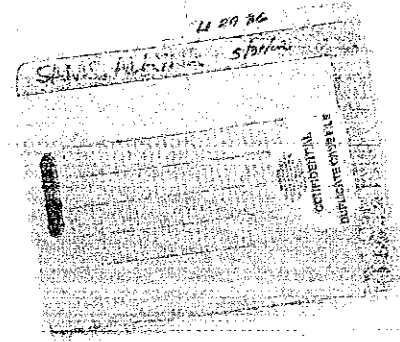
Child welfare experts say transfers are usually uneventful, but sometimes the handover is not smooth, and the consequences can be fatal.

Alayna was 4 months old in October 2002 when she went into the child welfare system. Her mother flunked a drug-treatment program and was headed back to jail.

Social-services workers did not want to place Alayna with her father, who also had a criminal record.

So, from Oct. 2 to Oct. 10, 2002, Alayna lived at the Polinsky Children's Center, a county facility that provides short-term housing for children who have been separated from their parents.

The baby had bad congestion and a history of reflux — severely spitting up. Doctors at Polinsky recommended giv-



ing Alayna small, frequent feedings and keeping her upright for 20 minutes afterward. They prescribed Reglan, an anti-reflux medicine, but only for a few days.

On Oct. 10, Alayna was handed over to an experienced foster care provider, Barbara Harrison.

What exactly Harrison was told when she took over care remains in dispute.

The last note in Alayna's medical chart was from a physician's assistant. "Have M.D. review-continue with current plan or start on meds?"

Alayna slept well the first night, though she was heavily congested. Harrison took the infant with her on errands, then put her down for a nap.

When Harrison's daughter checked on Alayna, she was facedown and still. When she picked her up, the child spewed vomit. Alayna was rushed to a hospital, where she was pronounced dead.

In the lawsuit filed later by her mother, Lateasha Johnson, lawyers argued that the county was liable.

"At the handoff, Harrison didn't have the information she needed," said Oliver Chami, Johnson's attorney. "She didn't get a full rundown of the child's condition."

The county Medical Examiner's Office ruled that Alayna died of sudden infant death syndrome. An expert hired by Chami argued that the baby died when she had a reflux episode while lying down. The vomit essentially clamped her airways shut so she couldn't breathe, Chami said.

Harrison later said that no one told her the child had special feeding needs or that she was at one time on medication for the reflux, according to court records.

The county responded that Harrison was given the correct information at the time of the placement.

Eventually, the case was settled, with the county admitting no fault. Alayna's mother received \$15,000 from a state fund that covers liability for deaths or injuries in foster homes, plus an undisclosed amount from the doctors. The county paid nothing.

"It was our contention all along that the facts clearly suggested this poor child died of SIDS," said Senior Deputy County Counsel Debra McCarthy.

Questions raised by Alayna's death are found across the system, said Bill Grimm, a lawyer with the national Center for Youth Law in Sacramento who has worked for years on foster care issues.

One "is the failure to provide the

foster parent with all the information they need," Grimm said. "There is no malice on the part of the foster parent. If the agency does not give you all the information you need, you can have big problems."

Mary Harris, the head of Child Welfare Services for San Diego County, said the agency did not botch the hand-off to Harrison.

"We have documentation we told her all the medical information we had at our disposal," Harris said.

Foster children are supposed to have a "health passport" that goes with them from placement to placement, said Bob Fellmeth, executive director of the Children's Advocacy Institute at the University of San Diego. That requirement has been in place for about five years.

Social workers' notes do not indicate whether Alayna had one.

Wish to reunite a family can have fatal consequences

In only one of the 27 cases reviewed by the *Union-Tribune*, did county officials acknowledge that mistakes were made. That was in the death of Mariah Leon.

In March 2000, the first month of her life, Mariah was taken to the hospital twice. At first doctors could not say for sure if she had been abused, but on the second visit — when they found a head injury and broken bones in her leg — they were certain.

Mariah was removed from her home and placed in foster care, where she healed and thrived.

Child welfare officials were unable to determine who was responsible for the injuries. Mariah lived with numerous adults, and both parents passed lie-detector tests denying the abuse.

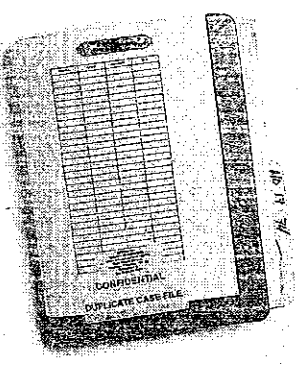
So, child welfare officials headed down a different track, offering the parents lots of services and training classes. The goal of the dependency system is to try to reunite families whenever possible.

Things seemed to go well. Gradually, the parents were given supervised visits with Mariah.

Those went well, too, and by October 2000 the parents were allowed unsupervised visits with the baby. That same month, a social worker noticed a red mark on Mariah's ear and a scratch on her finger, but took no action.

In January 2001, the social worker noticed "a little bruise on the forehead." The baby's father, Daniel Leon, said it happened when he took the child out of the car.

A Jan. 12 court report was



hopeful. "There is a substantial probability that Mariah will be returned by July 18, 2001," the social worker wrote.

Two days later, Mariah was at Children's Hospital in an irreversible coma, which doctors concluded was a result of being violently shaken. After four months on life support, she died.

While prosecutors pursued their case against Daniel Leon, social workers conducted their own private review. It concluded that the system moved too quickly to reunite the family. One "key staff person" retired after the review.

"I think overall there was an acknowledgment that more safeguards were needed in making a decision like this," said Mary Harris, the head of Child Welfare Services for the county.

Now, the agency has a special process for cases identified as high-risk, and major decisions — such as allowing unsupervised, overnight visits — have to be approved by upper-level managers.

Daniel Leon was convicted in May 2002 of assault causing the death of a child under 8 years old and is serving a 42-year prison sentence.



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UNION-TRIBUNE

October 26, 2008

Between 6,000 and 7,000 children are in foster care locally each year and, on average, four to five die of natural causes, by criminal act, by accident or for no known reason.

Thirty-three died from 2000 through 2007.

Six of their stories are reported in Parts 1 and 2 of our Special Report/Children in our care.

Here are more of their stories, also reported by staff writer Greg Moran, from previously confidential files and Medical Examiner's Office reports.

Alexis Medina

Died Feb. 17, 2000

Alexis was a twin.

Born a week before Christmas, Alexis and her brother had opiates saturating their system. Their mother was a longtime heroin user.

Alexis would let out a high, shrill cry when touched. She was irritable, hard to calm down.

Her brother withdrew from the drugs more quickly, and after several weeks he was returned to his father, who had broken off relations with their mother and was living in a neat, two-bedroom home with his sister.

Alexis would never join them.

She was fed a bottle at 9 p.m. Feb. 16 and placed on her back to sleep in a crib. Her foster mother checked on her at 4 a.m. and found her dead.

The Medical Examiner's Office ruled the cause of death as sudden infant death syndrome, or SIDS.

Deonte Davis

Died March 17, 2000

Deonte was born in San Jose, but his mother spirited him out of the hospital and entrusted him to her father in San Diego County just before the routine toxicology tests came back. Deonte tested positive for cocaine.

Local child welfare officials had a tough time locating the baby. The case

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Local

had a heart attack and died.

The medical examiner ruled it a homicide, saying her death was a "direct result" of her injuries. While San Diego police opened an investigation, no charges were ever filed.

Gina Seang

Died Aug. 11, 2000

Gina was born with a constellation of severe medical problems, including congenital heart disease and chronic lung disease that worsened as she grew.

Gina's mother became so depressed that she no longer could care for the girl, and Gina was placed in a foster care home specializing in medically fragile children.

While her health improved, Gina still needed major heart surgeries. She had them in June and July at Children's Hospital. She died not long afterward of a massive pulmonary hemorrhage. She was 4 years old.

Daniel Diego

Died Nov. 23, 2000

Daniel was taken into state care hours after he was born with methamphetamine in his system. His mother was a longtime user who admitted using drugs while pregnant. She claimed not to know she was pregnant for many months, and acknowledged never getting prenatal care.

After experiencing some withdrawal symptoms, Daniel was described as very social and healthy. On Nov. 21, a social worker visited him and noted that he smiled at his foster parents, was gaining weight and had no significant medical problems.

Two days later, after being put to sleep for the night, 2-month-old Daniel was found dead in his crib. The medical examiner ruled that the cause of death was AIDS.

Jalen Ford

Died Sept. 12, 2001

Jalen was taken from his mother and placed in foster care by child welfare authorities in Kansas City, Kan. The exact reasons are not spelled out in the file. He eventually was placed for adoption with his mother's cousin and the cousin's wife, LaTonya Tucker, living at Camp Pendleton.

On Sept. 10, 2001, Tucker, angered that Jalen was misbehaving, dropped the child on his head. Jalen, 13 months old, died two days later. Tucker pleaded guilty in federal court to killing the boy and was sentenced to six years in prison.

Child welfare officials in San Diego were not involved until after Jalen was injured.

Ronnie Sims

Died April 26, 2002

Confusion, carelessness and mystery are hallmarks of Ronnie's short life of two months and three days, as reflected by the official records of his life.

Start with his birth. Some records list his birthday as Feb. 23, but court records say he was born Feb. 22.

He was taken into foster care because his parents, who were homeless at

Died Oct. 22, 2003

Just 16 days after he turned 18, Johnny was struck by a car while crossing a street at 8:40 p.m. in Rialto in San Bernardino County.

His court file filled three boxes, and included information on his eight siblings.

Access to the file was denied on the grounds that the intertwined relationships of the children made it impractical to edit the file so that only information on Johnny was released.

Jitoras Randolph

Died Nov. 22, 2003

Jitoras was born with severe developmental delays and other medical problems. He entered the child welfare system at 4 months old, when his mother was arrested for public drunkenness.

Jitoras lived in two foster care placements until he was 16, when he suffered a massive seizure and died. He never saw or heard from his mother after he was taken into foster care.

Miericole Romero

Died Feb. 8, 2004

Miericole's mother used drugs the day before she gave birth, and though Miericole was yet another drug-exposed baby, that was the least of her problems.

She also was born with a serious heart defect that was diagnosed during a prenatal exam at four months. The mother was referred at that time to an obstetrician for high-risk pregnancies for more care, but she never went.

Miericole underwent surgeries to repair her heart after birth, but they were not enough. She died in a foster care home at 3 months old.

Christopher Patric

Died May 11, 2004

Another medically fragile child, Christopher died in foster care at 4 years old. He had been placed in foster care in July 2002 because his parents neglected to get him the significant medical treatment he needed.

The foster parents who cared for Christopher wanted to adopt him. His death came 10 days before the adoption was to become final.

Belvina Hopkins

Died June 3, 2004

Belvina died of SIDS when she was 3 months old. She was taken into foster care because her mentally ill mother was neglecting her and could not care for her.

Johnny Sewernowicz

Died May 15, 2005

Johnny died of a head injury suffered when he fell to the ground while boxing with friends. He was 16 years old.

Angelina Espalin

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