

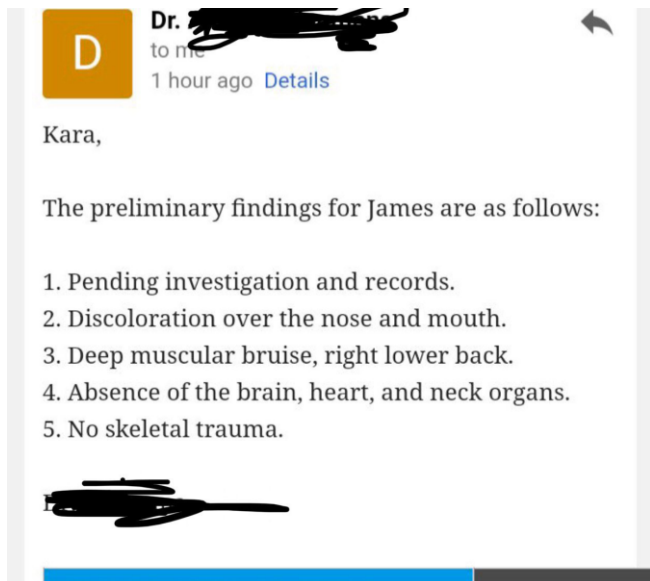
Kara Witkowski called the DCFS caseworker, Sebastian Emmanuel, to ask him if Mary Biel, James's grandmother, was still the primary guardian in the safety plan. Sebastian informs Kara that there is no longer a safety plan in place due to the finding on the case.

Kara was furious to find out that there was no longer a safety plan, and let him know that her son, James Biel, did not die from natural causes. She received the preliminary findings back from her independent board certified forensic pathologist on November 24, 2019. The findings show there is proof of abuse and suffocation on the autopsy. Not only was he sexually abused prior to this incident, and had a prolapsed rectum, he is now dead due to being left in the care of those abusers. The same abusers that have Sasha Witkowski, James's 4-year-old sister. One of the abusers is the same abuser that raped and sodomized Kara, Thomas Biel.

Sebastian Emmanuel also told Kara not to have an independent forensic pathologist. Why would Sebastian tell Kara not to have an independent autopsy done? How many of these people may have a stake in keeping the truth from Kara and the public who are keeping up with this devastating story? Let's see, we have Tom & Jerry (Biel), Judge John G. Dalton, everyone at the Illinois DCFS that has laid a dubious finger on this case, three different police departments, Kane County State's Attorney's office, Michael John Walsh, PhD | UIC Pathology Department (he did the first autopsy) – Mr. Walsh informed Kara that he would not have the preliminary results until January. There is more people to add to this list. The rampant corruption in Illinois has worked its way into every corridor, and has been festering for decades.

Sasha is in grave danger and no one in the Illinois interconnecting network is doing anything to help her get back to safety with her mother. The bruising that the forensic pathologist found on James's back, is the same lower back bruising that Sasha received. In addition, Sasha is sleeping in the same bed that James was killed in. Kara has done absolutely nothing wrong throughout this tragic debacle; yet, they continue to deprive her the right to be with her daughter.

Sebastian Emmanuel
Public Service Administrator
Division of Child Protection – Serious Harm
IL Dept. of Children & Family Services
1755 Lake Cook Rd., Deerfield, IL 60015
Phone: 847-948-6782, Fax: 847-948-6713



PRESS RELEASE

Palatine Police Department
595 N. Hicks Road
Palatine, IL 60067
847-359-9000

For Immediate Release

Safety Plan

A safety plan may only be developed if the safety decision is unsafe and the Child Protection Supervisor has given his or her approval for the development of the plan. A new safety assessment must be performed and a new safety plan must be written and then approved by the supervisor every 5 working days.

Section I - Identifying Information

Case Name: <u>Thomas Biel</u>	Date: <u>11/1/19</u>
SCR or CYCIS ID: <u>23928310</u>	Date of Planned Review:
Type of Plan: <input type="checkbox"/> Child In-Home <input checked="" type="checkbox"/> Child Out-of-Home	Date Amended:

Section II - Safety Threats

The following marked Safety Threat(s) from the CERAP Safety Assessment have led to the need for a safety plan:

1. A caregiver, paramour or member of the household whose behavior is violent and out of control.
2. A caregiver, paramour or member of the household is suspected of abuse or neglect that resulted in moderate to severe harm to a child or who has made a plausible threat of such harm to a child.
3. A caregiver, paramour or member of the household has a documented history of perpetrating child abuse neglect or there is reasonable cause to believe that he/she previously abused or neglected a child. The severity of the maltreatment, coupled with the caregiver's failure to protect, suggests child safety may be an urgent and immediate concern.
4. Child sex abuse is suspected and circumstances suggest child safety may be an immediate concern.
5. A caregiver, paramour or member of the household is hiding the child, refuses access or there is some indication that a caregiver may fleeing with the child.
6. Child is fearful of his/her home situation because of the people living in or frequenting the home.
7. A caregiver, paramour or member of the household describes or acts toward the child in a predominantly negative manner.
8. A caregiver, paramour or member of the household has dangerously unrealistic expectations for the child.
9. A caregiver, paramour or member of the household expresses credible fear that he/she may cause moderate to severe harm to a child.
10. A caregiver, paramour or member of the household has not, will not, or is unable to provide sufficient supervision to protect a child from potentially moderate to severe harm.
11. A caregiver, paramour or member of the household refuses to or is unable to meet a child's medical or mental health care needs and such lack of care may result in moderate to severe harm to the child.
12. A caregiver, paramour or member of the household refuses to or is unable to meet the child's need for food, clothing, shelter, and/or appropriate environmental living conditions.
13. A caregiver, paramour or member of the household whose alleged or observed substance abuse may seriously affect his/her ability to supervise, protect or care for the child.
14. A caregiver, paramour or member of the household whose observed or professionally diagnosed or documented mental physical illness or developmental disability seriously impairs his/her ability to meet the immediate needs of a child.
15. The presence of violence, including domestic violence, that affects a caregiver's ability to provide care for a child and/or protection from moderate to severe harm.
16. A caregiver, paramour, member of the household or other person responsible for a child's welfare engaged in or credibly alleged to be engaged in human trafficking poses a safety threat of moderate to severe harm to the child.

Section III - Safety Plan

Safety Plans may only be developed, based on all reasonably available information/evidence that DCFS possesses, that there is an immediate and unmitigated safety threat that would cause moderate to severe harm to a child unless protective custody was taken. Set forth below is the information that you believe is the basis for taking protective custody and for developing a safety plan with the family.

Death of 2 year old Alleged Victim

NOTE: Safety Plans should not include a requirement of individual or family therapy or outpatient/inpatient mental health treatment.

1) What actions have or will be taken to protect each child in relationship to the above-indicated safety threat (s)?

NF agreed to safety plan. Sasha will stay with Mary Beth at 5047 S. Kostner, Chicago IL. ^{Kara} Thomas, Serry, Hailam will only have supervised visits with Sasha.

2) Who is responsible for ensuring the safety of each child in relationship to the above-indicated safety threat(s)?

~~Mary Beth~~ Thomas, Serry, and Hailam and Kara will only have supervised visits. Mary will be ensuring Sasha's safety and making sure all contact is supervised.

3) What must happen in order for this safety plan to be terminated?

Serry, Hailam, and Thomas will complete drug court on 11/1/19. Sasha will be seen by Dr. to make sure she is free. Sasha will be forensically interviewed at CAC. Update on cause of death from Medical Examiner.

4) What estimated time frames have been imposed by this safety plan?

Re assess on 11/4/19

5) Information Pertinent to Care of Child:

Name of child's doctor:

Emergency Contact information for Parent:

Emergency Contact Information for Responsible Adult Safety Plan participant:

Identify who will notify child's school and/or daycare provider of safety plan conditions, if applicable:

Section IV - Signatures

A: I have discussed the attached safety plan and the consequences of non-compliance with the caretaker and all those who are responsible for carrying out the plan. As the assigned Specialist, I attest that a signed copy of this Safety Plan has been added to the hard copy file and a copy provided to all parties. I have their agreement to abide by the terms and conditions of the plan.

Worker's Signature: <i>Ethan Bell</i>	Date: <i>11/1/19</i>
Telephone Number: <i>779-970-6523</i>	
Supervisor's Name: <i>Sebastian E. Emanuel</i>	Telephone:

Note: If you have questions about the safety plan or your rights under a safety plan, call the worker or supervisor at the numbers listed above. You may also contact the DCFS Advocacy Office at 1-800-232-3798.

B: We have discussed the safety plan with the worker. We understand its contents and that it is voluntary. We agree to abide by the terms and conditions of the plan. If something happens that prevents us from carrying out the plan, we will immediately notify the worker. If the worker is unavailable, we will notify the supervisor. We understand that failure to agree to the plan or to carry out the plan may result in a reassessment of our home and possible protective custody and/or referral to the State's Attorney's Office for a court order to remove my children from my home. We will then have the opportunity to plead our case in court. I have been given a copy of the CFS 1441-D thru F, Safety Plan Rights and Responsibilities.

Signature of Parent/Guardian: <i>Tom Bell</i>	Date: <i>11/01/2019</i>
Signature of Parent/Guardian:	Date:

C: As a Safety Plan Participant, I understand my role and will inform the worker/supervisor if I am unable to fulfill my obligations to this plan. I have been given a copy of the CFS 1441-D thru F, Safety Plan Rights and Responsibilities.

Name: <i>Mary Bell</i>	Signature:
Role/Relationship: <i>GM</i>	Date: <i>11/1/19</i>
Name: <i>Michael Bell</i>	Signature: <i>MS RJ</i>
Role/Relationship:	Date:
Name:	Signature:
Role/Relationship:	Date:

E: Supervisor Approval

Supervisor verbally approved the plan by telephone.

Name: <i>Sebastian Emanuel</i>	Date & Time: <i>11-4-19</i>
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Supervisor's Signature Approval

Signature: <i>Sebastian Emanuel</i>	Date & Time: <i>11-4-19</i>
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Original - Case file Copy 1 & 2 - Parent/Guardian Copy 3 Responsible Adult Caregiver & Plan Participants

Note: A copy of the safety plan will be distributed at time of signatures to all Parents, Guardians, and Responsible Adult Caregivers and Safety Plan Participants. If there are more than three Participants a copy will be mailed to each additional Participant.