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REPORT ON THE NEAR FATALITY OF

[redacted]

Date of BIRTH: January 5, 2010
Date of NEAR FATALITY: December 27, 2010

The family was **not** known to Greene County Children and Youth Services

This report is confidential under the provisions of the Child Protective Services Law and cannot be released. (23 Pa. C.S. Section 6340)
Unauthorized release is prohibited under penalty of law. (23 Pa. C.S. 6349 (b))

Reason for Review:

Senate Bill No. 1147, now known as Act 33 was signed [redacted] on July 3, 2008 and went into effect 180 days from that date, January 4, 2009. This Act amends the Child Protective Services Law (CPSL) and sets standards for reviewing and reporting child fatality and near child fatality as a result of suspected child abuse. DPW must conduct child fatality and near fatality review and provide a written report on any child fatality or near fatality where child abuse is suspected.

Family Constellation:

Name	Relationship	Date of Birth
[redacted]	Victim Child	01/05/2010

Notification of Fatality:

On December 26, 2010, [redacted] was initially transported to [redacted] after going limp at home. After [redacted] was examined at the local regional hospital, she was transported via life flight to [redacted] The child arrived at the hospital with [redacted], as well as [redacted]. No history of trauma was provided to explain either injury. No underlying medical problems were known and the most likely etiology was [redacted]. Dr. [redacted] from [redacted] classified the injuries as life threatening injuries/near fatality. The child was expected to live but had blood drained from her head. The child may have had an [redacted].

Documents Reviewed and Individuals Interviewed:

The Department of Public Welfare's Office of Children Youth and Family Services Program Representative reviewed the case file provided by Greene County Children and Youth Services (CYS) for the agency's December 26, 2010 intake referral. The file included the referral and demographic information, safety assessment, risk assessment, on-going dictation, medical files, [redacted] and other correspondence. An initial interview was conducted with the assigned caseworker (CW) and supervisor of Greene County CYS. The Department maintained on-going contact with the staff. The Department attended [redacted] meeting conducted on January 11, 2011 by Dr. [redacted] at [redacted] regarding the medical findings of [redacted] injuries, as well as the internal review conducted by Greene County CYS on January 20, 2011. In addition to Greene County and Department staff, the investigating law enforcement officer and the Greene District Attorney also attended these meetings.

Case Chronology:

12/26/2010- The injuries occurred to the victim child while in the care of mother's paramour. The child was transported to [redacted]. The findings from this hospital were [redacted]. The child was then transported to [redacted] for further evaluations. The child was diagnosed with [redacted]. There was no history of trauma to explain the injuries, and these injuries most likely occurred from [redacted]. It was also reported as a life threatening injury/near fatality as certified by Dr. [redacted] physician for the [redacted] The child was expected to live but had to have blood drained from her head. The incident was reported to [redacted].

12/27/2010- Dr. [redacted] completed the [redacted] report and faxed the report to Greene County CYS on 1/07/11. The report contained the following preliminary information:

- Dr. [redacted] spoke with the mother and father. The mother reported that the child woke up around 8am on 12/26/2010, which is the normal time for her. The mother stated that she fed her breakfast and the child threw up, but that she played normally. She reported that the child has been sick for about a week and was taking amoxicillin and another medication which she could not remember, for an ear infection. Mother stated that she had thrown up several times in the last week or so from being sick, and she had been a little bit more sleepy than usual with this illness. Since the child was playing and acting normal on Sunday morning, mother was not concerned about the vomiting. The mother then left for work around 11am and left the child in the care of her paramour. The mother stated she received a call at work that something was wrong with the child and she went directly to the hospital. Once mother arrived at [redacted], she informed Dr. [redacted] that her paramour was in the waiting room.

- Dr. [redacted] interviewed the paramour and the mother remained in the room. The paramour started by saying that the child was fine prior to the incident. He stated that the mother left for work around noon and he was playing with the baby. He stated he was busy switching her room from the smaller one to the bigger one due to the amount of Christmas gifts she received. He stated that the child went down for a nap and then woke at 3:00pm. He stated that she was behaving normally. At 4:30pm, he gave her a bath so she could play with the bath octopus toy she received for Christmas. He stated he then put her in the walker and fed her peas. At 5:30pm he put her down for another nap, and at 5:45pm he went back to check on her. He said he checks on her during the commercials of the television shows he watches. He stated that normally she turns on her stomach when she goes to sleep, but he found her on her back, "gray" and "limp." He said he "freaked out" and called 911. When he found the child, she was "gasping." He said she was breathing "about every 5 seconds." He said he put the baby on his shoulder to open her airway and rubbed her and then gave compressions.

He was on the phone with the 911 operator throughout this time until the ambulance arrived. Both the mother and paramour said that the child has not had a previous episode in which she became limp or unresponsive.

- Dr. [redacted] medical assessment is as follows: The child [redacted] which she determined to be present prior to the current event. Dr. [redacted] stated that from a medical perspective, the child has been [redacted] that caused a serious physical injury on more than one occasion. "This constellation of injuries in a child this age without a compatible history is [redacted] These injuries are life threatening and she may have [redacted]. If this child is returned to the same environment, she is likely to be re-injured or killed. The [redacted], although medically minor, is in and of itself, [redacted] These injuries are not self-inflicted and the child has no underlying medical condition, which would predispose her to these injuries. This child was symptomatic as soon as the [redacted]." Dr. [redacted] then stated that based on these findings, [redacted] was called. Dr. [redacted] also stated that she discussed these injuries with the parents of the child, reviewed the CT scan, and explained that the child being shaken most likely caused these injuries.

- Dr. [redacted] also stated that during the interview with the paramour, she noticed several issues that were striking that she felt needed to be stated. First, the paramour kept referring to the baby as "the child." He never referred to her by her name. He also did not show any emotion when discussing the events, which had occurred the previous day. He was evasive in his response to some of the Doctor's questions. For example, she asked him if he was employed and he responded with "I had recently moved to the area" and "I was exploring some job opportunities."

12/27/2010-The CW went to the residence of the mother and the paramour to discuss the incident that had occurred the previous day. The paramour stated that he was in the caretaker role at the time the child was taken to the hospital, and that the mother was at work. The mother stated that the child woke up at 8:00 am and was fine before she left for work. She worked at noon on 12/26/2010, but she left at 11:00 am. The paramour stated he placed the child down for a nap around noon. Around 3:00 pm, he stated that he gave her a bath, fed her, and then he stated that she began playing. He put her down for a nap around 5:30 pm. He went and checked on her at 5:45pm, and at this time, he claims that she looked gray, limp, and was gasping for air. He then called 911, and was on the phone with them until the ambulance arrived. The child was transported to [redacted] to be assessed and then at 11:00 pm on 12/26/2010, the child was flown to [redacted] The mother reported to the hospital staff that

the child has come home from her daycare provider with scratches and bruises in the past. She also alleged that the child received a bruise above her eye due to another child at the daycare head butting her. The mother alleged that contacted [redacted] reporting the daycare provider as the [redacted] however no record could be found to validate her claims. [redacted] staff reported that the paramour presented in a scattered, confusing manner and it was observed that he appeared to be narcissistic. Dr. [redacted] stated that the explanation the paramour provided was not consistent with the fact that the child recently had 2 separate traumas, causing two separate bleedings. Since the child had not been in daycare since 12/20/2010, Dr. [redacted] discounted that the injuries happened prior to that time frame.

12/28/2010- The CW received a phone call from Dr. [redacted] who stated that the child had [redacted], and that it takes a lot of force to cause this injury. Dr. [redacted] stated the injury was consistent with [redacted]. She also reported that the inside of the child's ear was bruised along with her thigh; and that there were no fractures as previously reported. Dr. [redacted] also stated that since the child's father was not present at the time of the incident, and given the fact that he has been involved in her care and treatment at the hospital, there were no concerns identified for the child being discharged to his care. The Doctor also stated that she feels that there were symptoms prior to the mother leaving for work and finds it hard to believe that the mother did not know this happened.

12/28/2010- Greene County CYS contacted Allegheny County Children, Youth and Family Services to request the county conduct a courtesy visit of the child at CHP. On 12/28/2010 Allegheny County Children Youth and Family Services sent an intake worker to CHP. This worker conducted a visit with the child and her biological parents. The child was resting. The father was interviewed and reported that the last time he saw his child was in October, 2010. He reported that he resided in Greensburg with his parents. He also stated that he has maintained a relationship with his daughter up to the point that the paramour moved into the household. He reported that he made numerous efforts to contact the mother but she would not take his calls. He also reported that there was no formal custody or visitation order regarding the child. He then stated that he would be willing and able to care for his daughter.

The worker then spoke with the mother who stated that her daughter seemed fine prior to mother leaving for work, and that her paramour was caring for the child while she worked. Between 5:30 and 6:00 pm she received a call from her paramour stating that the child was being transported to the hospital. When she arrived, she was informed that the child was having a "brain scan," and that she had [redacted]. The mother reported not knowing how this happened.

The Allegheny County worker spoke with the social worker at the hospital and gathered the following information: The child arrived at [redacted] on 12/26/2010 around 11:00pm from [redacted]; The child was observed to have acute [redacted], further examination [redacted] dated 14 to 15 days prior to 12/26/2010. The social worker

informed the Allegheny County worker that the hospital staff has been in contact with the assigned Greene County [redacted] caseworker.

12/29/2010- The Greene County CW submitted a CY-104 Law Enforcement Notification of abuse to the Greene Co. District Attorney's Office concerning the near fatality report received on 12/27/2010.

12/30/2010- A request was made to Westmoreland Co. Children's Bureau (WCCB) on 12/29/2010 to complete an assessment on the home where the father resided with his parents. The intent was to place the child with her father at the time of discharge. The WCCB worker went to the home on 12/30/2010 to visually inspect the home and put a safety plan in place. The housing conditions were found to be appropriate and no safety concerns were observed. The following safety plan was established with the father and paternal grandparents: the father and paternal grandparents will care for the child and the paternal grandparents will supervise any visitation between the mother and child at the paternal grandparents' home. The paramour is to have no contact with the child pending investigation. The child's father was very involved in her treatment while she was at [redacted] and the child was discharged to his care on 1/8/2011. Follow up appointments were scheduled with [redacted] on 1/21/2011, and [redacted] on 1/25/2011. There were no concerns reported with the child's progress, or the father's ability to care for the child from these appointments.

01/05/2010-The CW went to the hospital to see the child. The CW interviewed the father. The father stated that at the beginning of the pregnancy, he and the mother were living in Fayette County. He stated that when the child was born they were living in Herminie, which is in Westmorland County. He reported that the mother and child moved to Elm Grove, WV when the child was 5 months old. At that time, mother was engaged to another man. Father stated that around Father's Day 2009, the mother begged for him to be with her and the child and move to West Virgina. Father reported that he did move to West Virginia on June 20th. The move lasted a month because the mother cheated on father again with the same man. Father stated that he then moved back to PA in July. He said that the mother moved to Waynesburg and then she moved to Mt. View in October. He reported that visitation with the child was every other weekend and two weeks on/two weeks off for the months of September and October, 2010. Father stated that he was with the mother and the child for Halloween and for the mother's birthday. Father said that he has not seen his child since November, 2010. Father stated that this was because the mother started dating her current paramour. The paramour moved into the mother's home, and father alleged that is when the paramour began "brainwashing" the child's mother, not allowing him to see his child. Father reported that he has threatening emails from the paramour, where the paramour has threatened to harm to the father and his family, and the paramour would not allow father to see the child. Father also reported that it is possible that the paramour can't see his own biological children by law.

01/07/2010-The CW interviewed the paramour [redacted] and the mother was present there but did not say very much. The worker asked the paramour how he knew mother and

how he became involved with the mother. The paramour stated that he met mother in July or early August; through a family friend. He also stated that the initial contact was through a message on facebook from the mother. He stated that he had an apartment in Wheeling, WV but had "problems" with the apartment. The paramour did not disclose what said problems were. He had to stay at a friend's house; he was staying between Bell, Ohio and a friend's house in Wheeling, WV. He stated he moved to Fairmont, WV for the month of March and he was employed at Concept Auto. He reported that he moved to Wheeling from March until November. While in Wheeling, he was employed at a pet store in Moundsville and a convenience store in Wheeling. He was unemployed at the time of the interview, and had been since November. He stated that he has a biological child that is in Fairmont. The worker then asked if he ever lived with that child, and paramour said yes, for the first three years of his child's life from April 19, 2007 till September 27, 2009, on and off, with the mother of that child. The paramour stated there is no custody agreement, but the child lives primarily with the mother. He stated that he has not seen the child since 2009. He stated that the mother does not want him to see the child because of her new relationship.

The worker then asked when the paramour moved to Pennsylvania with the mother. The paramour reported that he moved in the second week of November. The worker also asked when the paramour cared for the victim child. The paramour stated he was only with the child on December 23 and 26. The worker asked the paramour to go through the days that he was alone with the child and what they did. The paramour stated that on 12/23/2010, the mother had to work at 9:00am and she took the child to the babysitters, but they did not answer the door. The mother brought the child back home and the paramour cared for the child. The worker asked how long the paramour was the caretaker for the child. He said that he cared for the child from 9:00am until about 5:00 or 6:00pm. It was reported that the child woke up around 8:00am. She was fed and watched cartoons and played until about noon, when she fell asleep for about and hour and a half. After that nap, she woke up, played around, and was bathed and changed. Then she laid down for a late afternoon nap around 3:00pm, for about an hour and a half. She then woke up and it was dinner time. The paramour stated that on Saturday they were at the grandfather's home in a back bedroom sleeping for a few hours. The paramour reported that Sunday, December 26, 2010 was the next time the child was in his care. The worker asked if he could go through that day. He stated that the child was irritable because of the sickness. Mother stated she was feeding Cheerios to the child and she threw up a little bit, not a lot; but she did go to the doctor on 12/22/10. She had a double ear infection and cough. Mother and paramour thought the child's medicine may be making her throw up. The worker asked the paramour when was he in the caretaker role for child. He stated it was from noon until 6:00 pm. He said that the child was sleeping a long time, but he was prepared for that because the doctor said she would sleep and be irritable. He stated that the mother put the child down for a nap before she left for work and child did not wake up till 3:00 pm. He reported that he woke the child up, let her play for a little bit, bathed her, and fed her. He laid her down in the crib to play and watch "Kipper." He stated that he then went out in the living room to watch "NCIS" at 5:30pm, and he went back to check on the child around 5:45 pm, during a commercial break. He reported that is when he found her laying on her back

with an ashy gray look and made the phone call to 911. He stated that prior to that she seemed "normal and fine."

01/07/2010- A fax was received from West Virginia Department of Health and Human Services (DHHS) in reference to another [redacted] concerning the mother's paramour in West Virginia. The mother's paramour was the [redacted] The report from West Virginia stated [redacted], and that the injuries to the child occurred while the victim child was in the [redacted]. [redacted]. No charges were filed on this case in West Virginia.

01/11/01-The Department, Green County caseworker and supervisor, Greene County District Attorney, and the Law Enforcement officer attended a [redacted] meeting at Children's hospital at which time Dr. [redacted] presented her findings as reported above.

01/13/2011- An addendum to Dr. [redacted] initial report was received. The child remained in the hospital until 1/8/2011 (14 days). Her [redacted] remained in place until 2 days prior to discharge. During her hospitalization she required placement of a [redacted]. The child was discharged [redacted] She had follow-up appointments scheduled on 01/21/2011 with [redacted] and on 1/25/2010 with O[redacted]. A referral was made to [redacted] in Westmoreland County, where the child would be living. The father would be taking the child to the medical appointments.

01/20/2011- MDT meeting held at Greene County CYS. The following are the results from the meeting:

- The near fatality was reported to Greene County CYS, by [redacted], on December 26, 2010. The mother's paramour called Greene County 911 on December 26, 2010, stating that the child was having trouble breathing. The child was transported by ambulance to Southwest Regional Medical Center in Waynesburg, PA.

- The child's injuries were such that [redacted] could not provide appropriate care and the child was subsequently life-flighted to [redacted] Upon arrival and assessment at [redacted] staff made the call to [redacted] indicating that the child's injuries were indicative of [redacted] which resulted in near fatal injuries. The child had to undergo brain surgery, as she had at least two bleeds in her brain. The doctor at [redacted] concluded that the injuries were a result of [redacted], and could have occurred at least two weeks prior to December 26, 2010.

- The assigned caseworker interviewed mother and her paramour at [redacted]. Both denied any wrongdoing, and, in fact, stated that the injuries must have occurred while the child was in daycare. The daycare provider reported that the child had been absent from daycare since December 14, 2010. Mother reported that on the night of December 26, 2010, her paramour was watching the child while she went to work. The paramour reported that when he put the child down to sleep, she was fine. When he went in to check on her at a later time, he noticed that she was having trouble breathing and that was when he called 911.

- It was reported by the doctor at [redacted] that the child had new and old [redacted]. The [redacted] were the ones that caused the most recent surgery; however, the child would have exhibited signs and symptoms from the [redacted] as well. There was also bruising inside the child's ear. Mother did report that she took the child to her treating pediatrician for an ear infection, but the pediatrician did not report any inner ear bruising to the agency at that time. The doctor at [redacted] concluded that the injuries were consistent with [redacted]

On 01/26/2011- The paramour/perpetrator in this near fatality was arrested and charged with:

- Aggravated Assault
- Endangering Welfare of Children -Parent/Guardian/Other Commits Offense (Held for Court)
- Simple Assault (Held for Court)
- Recklessly Endangering Another Person

The perpetrator currently resides in jail. No other information on scheduled hearings is available.

01/26/2010 - Greene County filed [redacted]. The mother appealed this decision and her request for an appeal was denied. The paramour did not appeal.

03/11/2011 - Greene County CYS contacted Westmoreland County Children's Bureau to see if they had received the information for the transfer of the case. Westmoreland County informed them that they would not be opening the case due to no allegations of [redacted].

03/16/2011 - PFA hearing against the mother; the father was awarded a PFA against the mother on behalf of the child.

04/08/2011 - Home visit conducted by Westmoreland County and the father reported that the child goes to CCP Norwin and she has occupational and physical therapy services through the ARC. There were no safety concerns in the home.

04/15/2011 - Home visit by Westmoreland County. Home visit went well - no concerns and the child is safe.

04/18/2011 - Greene County spoke to the father by phone and he reported that the child is doing well, and the mother does get two consecutive day visits that must be supervised. Greene County informed the father that he will no longer be visited by Westmoreland County and that Greene County will be closing their case.

The child is living with her father in Westmoreland County. Greene County contacted Westmoreland County to conduct a home visit and complete a safety assessment of the home. The home was found to be safe for the child, and there were no concerns for her safety. The father has maintained all appointments for child and reports that she is making progress.

Previous CY involvement:

Neither parent was known to the agency. The agency learned that the [redacted] was in the foster care system in West Virginia when he was a child; that his father is incarcerated for sexual molestation; that he has a biological child with another woman residing in West Virginia; and that he was allegedly fighting for custody of his son. To assure his child's safety, the biological mother does not allow the [redacted] to have any contact with his son. [redacted] Law enforcement also confirmed that he has previous criminal convictions in West Virginia, and was currently on probation in Greene County as well.

County Strengths and Deficiencies as identified by the County's Internal Review:

Strengths –

- It was determined at the review team meeting that Greene County CYS acted within the scope and compliance of the regulations and statutes. The child was seen within 24 hours of receiving the report and all parties have been interviewed. It was determined that since the child now resides in Westmoreland County with her father, that the case be transferred to that county so that the family can receive services in their jurisdiction. The father has been granted a PFA, on behalf of the child, against the mother and paramour. However, the mother has consulted an attorney and a custody proceeding has been scheduled.

- At the time of this near fatality, the family was not receiving any services, nor was there an active case with Greene County CYS. Therefore, there were no findings

that the agency could have prevented or reduced the likelihood of this near fatality, as it directly relates to child abuse or neglect.

Deficiencies-

- The county did not identify deficiencies.

County Recommendations for changes at the Local (County or State) Levels as identified by way of County's Fatality Report:

- When the child was transported to [redacted], the emergency room (ER) did not make the call to [redacted] or the agency that it was [redacted]. The near fatality review team recommended that the local ER and 911 are educated on the obligation of mandated reporting, Act 33, and the Child Protective Services Law. The caseworker had trouble receiving information from the [redacted] records department relating to the treatment they provided to the child on December 26, 2010. Therefore, the team also recommended that the hospital be educated on what information can be released to CYS during a [redacted]. Greene County CYS will be in contact with the local hospital to schedule a mandated reporter training.

Statutory and Regulatory Compliance issues:

- The Department has found there to be no Regulatory compliance issues.

Western Region Findings:

After reviewing the case record, interviewing the caseworker and supervisor, and attending the internal review meeting, the Department has not identified any procedural concerns regarding the way the Greene County Children and Youth responded to the [redacted] or with the way the case was assigned after the report was initiated on December 26, 2010. Westmoreland County Children's Bureau was involved with the child upon discharge from the hospital and they reported that there were neither safety concerns nor risks concerning the child and have not opened a case for services.