pennsylvania
DEPARTMENT OF PUBLIC WELFARE

REPORT ON THE NEAR FATALITY OF:

[redacted]

Date of Birth: 02/27/2011

Date of Near Fatality: 09/14/2012
Date of Incident: 09/14/2012
Date of Oral Report: 09/16/2012

FAMILY NOT KNOWN TO:

Allegheny County Children Youth and Families

REPORT FINALIZED ON: 12/10/2013

Unredacted reports are 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 1147, Printer's Number 2159 was signed into law on July 3, 2008. The bill became effective on December 30, 2008 and is known as Act 33 of 2008. As part of Act 33 of 2008, DPW must conduct a review and provide a written report of all cases of suspected child abuse that result in a child fatality or near fatality. This written report must be completed as soon as possible but no later than six months after the date the report was registered with ChildLine for investigation.

Act 33 of 2008 also requires that county children and youth agencies convene a review when a report of child abuse involving a child fatality or near fatality is indicated or when a status determination has not been made regarding the report within 30 days of the oral report to ChildLine. Allegheny County convened a review team in accordance with Act 33 of 2008 related to this report.

Family Constellation:

Name:	Relationship:	Date of Birth:
[redacted]	Mother	[redacted]1983
	Father	[redacted]1979
	Subject Child	02/27/2011
	Sibling (adoptive)	[redacted]2006
	Sibling (adoptive)	[redacted]2007
	Sibling (adoptive)	[redacted]2010

Notification of Child (Near) Fatality:

Allegheny County DHS Office of Children, Youth and Families (CYF) received a Child Protective Services (CPS) report on 9/16/2012, related to the subject child, an 18 month old female. Emergency medical personnel had transported the female child to the regional pediatric hospital on 9/14/2012 where the medical evaluation noted that the child was unresponsive and [redacted] Upon admission, the child was evaluated [redacted]. The medical evaluation indicated that her injuries were consistent with abusive head trauma. The mother and father explained the injuries by suggesting that the six year old sibling had dropped toys on the injured child's foot and that the injured child had inflicted injuries to herself by banging her head on hard surfaces. However, the physicians reported that the explanations were not supported by the medical evidence, including the severity of her injuries; as a result a report of suspected abuse was filed with Childline on 9/16/2012.

On 10/12/2012 the [redacted] who had generated the initial report of suspected abuse pertaining to the subject child contacted the intake manager for Allegheny County CYF; stating that she was misunderstood by the Childline worker when she caused the report to be made. The [redacted] believed the subject child was in "serious condition" when admitted to the [redacted] so this report should be considered a "Near Fatality" report by Childline. The intake manager then contacted Childline and the report was registered as a near fatality, effective 10/12/2012.

Summary of DPW Child (Near) Fatality Review Activities:

The Western Region Office of Children, Youth and Families obtained and reviewed all current and past case records pertaining to the [redacted] family. Follow up interviews were conducted with the agency caseworker supervisor, intake manager, and the coordinator of the county child fatality review team. The regional office also participated in the County Internal Fatality Review Team meeting on 11/15/2012, attended by: Allegheny County direct service staff responsible for intake and ongoing services to the child and her family, agency administrative staff, representatives of the adoption agency responsible for post permanency services for the child's placement with [redacted] a pediatrician for the hospital where child had received medical treatment, law enforcement, and in home service providers who had been working with the child and her family prior to and subsequent to the near fatality incident. The regional office also reviewed the county agency's fatality review report submitted on 3/17/2013. It was found to be an accurate and comprehensive summary of case related activity; information from that report has been included in this document.

Summary of Services to Family:

Children and Youth Involvement prior to Incident:

Prior to this incident the child had not been known to Allegheny County Office of Children Youth and Families

Circumstances of Child (Near) Fatality and Related Case Activity:

On 9/14/2012, the father had taken the subject child's six year old adoptive sibling to an urgent care clinic because of observed weight loss and skin abnormalities. The clinic evaluated the child and directed that the father take him to the regional pediatric hospital for further evaluation and treatment. Upon examination, the child was immediately admitted to the hospital. Subsequent to his hospital admission a report of suspected abuse, related to the parent's failure to seek medical treatment was also filed on this child.

The 18 month old subject child and two other siblings, a four year old female and two year old male (who are the biological children of [redacted] were sleeping at the family home in the sole care of mother at the time of the event, while father was

seeking treatment for the ill six year old child. The mother reported that the 18 month old child was behaving normally prior to an acute change in status. The mother reported hearing the child, who was in her crib in another room, banging her head in her crib. Mother reports removing the child from her crib, leaving her unsupervised in another room while mother prepared a bottle and then heard the 18 month old cry out. Mother observed the child limp and unresponsive and called 911 to request emergency medical assistance. Hospital medical personnel and CYF caseworkers noted variations in mother's account of father's whereabouts and the length of time he was present in the home between presentation of the six year old at the pediatric urgent care clinic and regional pediatric hospital.

Both the subject child and her six year old adoptive sibling were adopted from the same country (Ethiopia) in March 2012; they are not related by blood. Mother and father have two biological children, ages four and two years old. Upon receipt of the report and preliminary assessment, the county agency immediately took custody of all of the children. The subject child and her six year old adoptive sibling remained in the hospital; the parent's biological children were placed with the paternal grandparents. The birth children were medically evaluated at the regional pediatric hospital on 9/16/2012, and the evaluations were unremarkable.

Upon discharge from the hospital, the six year old child was placed in the grandparents' home, who were evaluated and approved as kinship caregivers, with his siblings. On 10/12/2012 the kinship caregivers requested the six year old child's removal due to inability to care for his behavioral health needs, and he was placed in a resource foster home. The subject child was placed in the same home upon her [redacted]. Due to ongoing criminal court proceedings, a no contact order was issued for interaction between the adoptive children and their parents and the parents' birth children. [redacted] services were instituted to supervise visitation between the parents and their biological children.

The CPS investigation related to the six year old adoptive sibling of the subject child determined there was substantial medical evidence that the child's weight loss and skin abnormalities were attributable to neglect by his adoptive parents. During his four day hospitalization and with no need for medical intervention, the child's skin abnormalities completely resolved, and he gained weight; based on the criminal proceedings initiated against the adoptive parents, the alleged perpetrators, the CY 48 pertaining to this child was submitted with the status of pending criminal court proceedings on 10/15/2012.

The CPS investigation related to the physical injuries of the 18 month old subject child also resulted in a case status of pending criminal court proceedings due to ongoing investigation by law enforcement. The report was also submitted on 10/15/2012.

Current Case Status:

On 10/05/2012, law enforcement arrested the parents. The mother was charged with Aggravated Assault, Recklessly Endangering Another Person, three counts of Simple

Assault, and two counts of Endangering the Welfare of Children. The father was charged with two counts each of Aggravated Assault, Recklessly Endangering Another Person, Endangering the Welfare of Children, and Simple Assault. Following a preliminary hearing, the parents were released on bond. The criminal court proceedings have been continued several times.

Both the subject child and her six year old adoptive sibling remain in the care of the resource family where the six year old was placed subsequent to his removal from the grandparent's home. This is the same home where he had initially been placed, and the subject child was also placed here following [redacted]. According to the county casework supervisor both children have made extremely positive adjustments to this home. Neither the subject child nor her adoptive sibling have had significant medical complications as a result of the abuse/neglect they were subjected to. Both are receiving support services from the agency and community providers; the subject child recently had a developmental evaluation and was noted to be functioning above identified milestones. Her six year old sibling has been enrolled in school where he made a good adjustment and where he has been identified as being academically gifted.

The current resource family has familiarity with the children's ethnic and cultural background as well as extensive support from the city's Ethiopian community. The county agency has identified the resource family as the permanency resource for both children.

There has been no visitation between the adoptive parents, the subject child, or her adoptive sibling; neither has there been any visitation between the adoptive children and the biological children of the adoptive parents. The agency has filed a petition for termination of parental rights on behalf of the subject child and her adoptive sibling.

Upon review of a motion filed by the parents, the court granted permission for the parents to resume custody of their biological children. The agency has continued to monitor the care their parents are providing to them. The parents and their children are currently residing with the paternal grandparents; at this time the agency has no concerns for the safety or well being of these children.

County Strengths and Deficiencies and Recommendations for Change as Identified by the County's Child (Near) Fatality Report:

The county fatality review teams report identified the following:

- **Strengths**

  The agency responded immediately to the abuse reports, conducted thorough investigations, and established an immediate safety plan that included protective custody of the children.

Due to the kinship caregivers' inability to meet the [redacted] needs of the adopted children, they were placed in foster care, with the 18 month old joining her six year old brother in the same placement upon her discharge from the hospital.

Deficiencies:

No deficiencies were identified.

- **Recommendations for Change at the Local Level:**

    a. The Review Team recommended that CYF and adoption agencies engage with local members and descendants of the international community to build informal supports to adoptive parents, to recruit potential placement resources and to enhance education and awareness of issues impacting children adopted internationally.

    b. The Review Team recommended the development of a mechanism for adoption agencies to check with DPW and/or adoption agencies to determine whether prospective parents are already known to adoptive agencies.

    c. The Review Team identified a lack of communication and collaboration between the three community-based providers delivering services in the family residence and the physical health care providers. The Act 33 Review Team supports development of communication mechanisms, including but not limited to shared electronic records, as well as ongoing case conferencing with multiple community based and physical health providers.

- Recommendations for Change at the State Level:

    a. The Review Team recommends further discussion on regulatory enhancements with DPW regarding training for prospective adoptive parents, including:

        - Need for requirement for parents to complete an evidence-based parenting curriculum as part of the pre-placement home study, which emphasizes parenting children that have experienced trauma and adversity. Topics should include, but not be limited to: the effects and potential long-range

impacts of: prenatal alcohol and other substance exposures; pre and post natal malnutrition; physical, sexual and emotional abuse; neglect, including food insecurity; experiencing or witnessing violence; and, institutional care.

- Training to be delivered in a face-to-face method, with sufficient time for question and answers as well as supported discussion and ongoing assessment of capacity to care for children with special needs.
- Consideration for cross system training provided to medical, behavioral health, adoption services, human services and early childhood development practitioners regarding issues related to children with histories of trauma and domestic and international adoption.
- Consideration for CYF to offer families information on accredited and/or licensed counseling services as options for family interventions.

b. While both children were adopted internationally, case records review indicated that the adoption was finalized in the children's country of origin.

- Commonwealth legislature to review and update 55 Pa. Code § 3350 Adoption Services to include legislative policy regarding oversight of international adoptions.
- Support for statewide financial incentives and assistance for the training of trauma informed pediatric mental health professionals in efforts to improve training and grow the workforce of trauma knowledgeable pediatric mental health professionals to benefit not only adoptive children, but many others as well.
- Consideration to expand funding and support of Pennsylvania's Statewide Adoption & Permanency Network (SWAN) to provide evidence based, trauma informed pre-placement education and post-placement supports to all families that adopt children with histories of trauma or adversity.

- The Review Team support for required utilization across the commonwealth of the best practice model Structured Analysis Family Evaluation (SAFE) home study methodology to evaluate families for adoption, foster care licensure, concurrent planning and relative placement.

Department Review of County Internal Report:

The regional office received a copy of the county's near fatality report on 3/17/2013. A review of the report revealed it to be comprehensive and accurate. It corroborated information obtained from regional office staff's review of records, interviews with county staff, and participation in the county's near fatality meeting that was held on 11/15/2012.

Department of Public Welfare Findings:

- County Strengths:

  The regional office believes that the county's response to the near fatality report was timely and effective. The safety of all children in the home was assured immediately after the report was received. As case events unfolded the county adjusted its planning accordingly. The agency was able to identify a resource family for the subject child and her adoptive sibling, which has been supportive and culturally sensitive. Since placement in this home both children have made remarkable progress. Their medical needs have been addressed, they are receiving services designed to alleviate the trauma they had experienced in the adoptive home, and a plan has been established identifying the resource family as the adoptive home for the children at the conclusion of criminal court proceedings related to the former adoptive parents.

- County Weaknesses:

  None identified.

- Statutory and Regulatory Areas of Non-Compliance:

  None identified.

Department of Public Welfare Recommendations:

The regional office believes the recommendations made by the county's child fatality review team are insightful and on point; they should be given serious consideration.