



REPORT ON THE FATALITY OF:

Leo Clements III

Date of Birth: 10/10/2015

Date of Death: 06/27/2017

Date of Report to ChildLine: 06/26/2017

CWIS Referral ID: [REDACTED]

FAMILY NOT KNOWN TO COUNTY CHILDREN AND YOUTH AGENCY AT TIME OF INCIDENT OR WITHIN THE PRECEDING 16 MONTHS:

Carbon County Children and Youth Services

REPORT FINALIZED ON:

12/24/2017

Unredacted reports are confidential under the provisions of the Child Protective Services Law and cannot be released to the public.
(23 Pa. C.S. Section 6340)

Unauthorized release is prohibited under penalty of law.
(23 Pa. C.S. Section 6349 (b))

Reason for Review:

Pursuant to the Child Protective Services Law, the Department, through OCYF, must conduct a review and provide a written report of all cases of suspected child abuse that result in a 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.

The Child Protective Services Law also requires that county children and youth agencies convene a review when a report of child abuse involving a fatality or near fatality is substantiated or when a status determination has not been made regarding the report within 30 days of the report to ChildLine.

Carbon County has not convened a review team in accordance with the Child Protective Services Law related to this report as the report was determined to be [REDACTED] within 30 days.

Family Constellation:

<u>First and Last Name:</u>	<u>Relationship:</u>	<u>Date of Birth:</u>
Leo Clements III	Victim Child	10/10/2015
[REDACTED]	Mother	[REDACTED] 1992
[REDACTED]	Father	[REDACTED] 1987
[REDACTED]	Maternal Grandmother	Unknown

Summary of OCYF Child Fatality Review Activities:

The Northeast Regional Office of Children, Youth and Families (NERO) obtained and reviewed the case record pertaining to family.

Summary of circumstances prior to Incident:

Carbon County Children and Youth Services (CCCYS) had no prior involvement with the family. The family also had no involvement with other community services prior to the incident.

Circumstances of Child Fatality and Related Case Activity:

On 6/26/2017, CCCYS received a report that the victim child drowned in a pond. The report stated that the child arrived at the hospital in cardiac arrest and was transferred to Lehigh Valley Cedar Crest Hospital. The report also stated that it was unknown if the mother was outside with the child at the time of the incident and that the mother stated that she lost sight of the child for approximately twenty minutes and then found the child face down in the pond. The report also stated that the child was [REDACTED] and the mother was [REDACTED]. The father was at work at the time of the incident. The report was registered [REDACTED]

CCCYS responded to the hospital and were able to see the child. CCCYS then interviewed all household members. The incident occurred at the residence of the maternal grandmother. The mother is employed as a home health aide and the grandmother is her client.

The mother reported that she, the maternal grandmother, and the child were in the home at the time of the incident. The mother reported that she was watching television in the living room and the child was playing with the cats by the steps. The maternal grandmother was sleeping. The mother reported that there is gate by the kitchen to keep the child from roaming the house and that the front door is usually locked but for some reason was not on the date of the incident. The mother stated that she did not intend to fall asleep but then woke up and realized the child was not near her and she could not see him. She reported checking the kitchen and the maternal grandmother's room, went outside and yelled for the child and then went back inside to check the house again. The mother then went back outside and ran down to the center of the front yard and checked the Koi pond and then ran and checked the other pond and found the child. The mother reported that she then picked the child up and ran to the house and started cardio pulmonary resuscitation while the maternal grandmother called 911.

The father was interviewed but reported that he was not home at the time of the incident. He reported the mother called him at work and told him to come home immediately, that the child went in the ambulance and had drowned. The father reported that he did not believe the mother was intentionally careless as she is a good mom.

The maternal grandmother was interviewed and reported that there are two ponds on the property. She stated that a four-year-old child died in a pond there thirty years ago and the family filled it in. Five years ago, the maternal grandfather re-dug the pond and it filled by natural springs. The maternal grandmother reported that there is a plaque there as memorial for the child that died thirty years ago. The maternal grandmother reported that she [REDACTED] three years ago and that the mother had been her caretaker for the last two years. The maternal grandmother reported that she remembers watching television that morning and hearing the child yelling and playing in the house. She then heard the mother going out through the bedroom/outside door and yelling for the child. She decided to get up and looked out the door and saw the mother running through the yard carrying the child. The maternal grandmother reported that she then called 911.

[REDACTED]
[REDACTED] The father was also previously employed as a police officer [REDACTED]
[REDACTED] The maternal grandmother also reported that [REDACTED]

On 06/28/2017, CCCYS was notified that the child had passed away on 06/27/2017. [REDACTED]

On 07/18/2017, CCCYS determined the incident to be [REDACTED]

[REDACTED] The case was closed with CCCYS on that date as there are no other children in the family.

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

The county did not convene a community review team as the report was determined to be [REDACTED] within thirty days.

Department Review of County Internal Report:

The county did not convene a community review team as the report was determined to be [REDACTED] within thirty days.

Department of Human Services Findings:

County Strengths:

CCCYS responded immediately to the report by responding to the hospital, seeing the child, and interviewing all adults within three hours of receipt of the report.

CCCYS conducted interviews with all appropriate parties, secured medical records as required, and consulted with law enforcement in making their determination.

County Weaknesses:

There is no evidence that a joint investigation occurred between law enforcement and the child welfare agency.

Statutory and Regulatory Areas of Non-Compliance by the County Agency.

There were no statutory or regulatory areas of non-compliance.

Department of Human Services Recommendations:

The original report was registered on 06/26/2017 but was not identified as a near fatality at that time. On 07/10/2017, the CCCYS Supervisor contacted ChildLine and informed them that the child had died and asking if the report should be identified as a fatality. ChildLine declined to do so. Upon receipt and

review of the determination, ChildLine then determined that the report should have been identified as a fatality.

The Child Protective Services Law requires that a "multidisciplinary investigative team shall be used to coordinate child abuse investigations between county agencies and law enforcement. The county agency and the district attorney shall develop a protocol for the convening of multidisciplinary investigative teams for any case of child abuse by a perpetrator involving crimes against children." There was no evidence of a joint investigation in this case. The Department recommends that the Agency Director or her designee reach out to the District Attorney to either develop a protocol or revisit any existing protocol to encourage a multidisciplinary investigative team.