



REPORT ON THE NEAR FATALITY OF:

[REDACTED]

Date of Birth: 09/09/2014
Date of Incident: 04/03/2016
Date of Report to ChildLine: 04/04/2016
CWIS Referral ID: [REDACTED]

FAMILY KNOWN TO COUNTY CHILDREN AND YOUTH AGENCY AT TIME OF INCIDENT OR WITHIN THE PRECEDING 16 MONTHS:

Allegheny County Office of Children, Youth, and Families

REPORT FINALIZED ON:
Completed by State Reviewer

September 22, 2016

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.

Allegheny County Office of Children, Youth and Families (ACOCYF) convened a review team in accordance with the Child Protective Services Law related to this report. ACOCYF held their Act 33 meeting on 5/3/2016. Allegheny County's Review Team was convened on 06/20/2016.

Family Constellation:

First and Last Name:

[REDACTED]

[REDACTED]

Relationship:

Mother
Father
Half-brother
Victim Child
[REDACTED] mother
Step-father
half-sister
half-sister
half-sister
half-sister
Maternal grandmother
Maternal grandfather
Babysitter
/Perpetrator
Husband of the babysitter
Son of the babysitter
Daughter of the babysitter
Daughter of the babysitter

Date of Birth

[REDACTED]/1995
[REDACTED]/1989
[REDACTED]/2009
09/09/2014
[REDACTED]/1987*
[REDACTED]/1982*
[REDACTED]/2007*
[REDACTED]/2012*
[REDACTED]/2012*
[REDACTED]/2003*
[REDACTED]*
[REDACTED]*
[REDACTED]/1985*
[REDACTED]*
[REDACTED]*
[REDACTED]/2009*
[REDACTED]/2011*

* Denotes an individual that is not a household member or did not live in the home at the time of the incident, but is relevant to the report.

Summary of OCYF Child Near Fatality Review Activities:

The Western Region Office of Children, Youth and Family Services (WRO) obtained and reviewed the current and past case information regarding the victim child's

family. The victim child's medical records from the incident were also reviewed. WRO attended the Act 33 meeting as well as Allegheny County's Review Team's meeting.

Children and Youth Involvement prior to Incident:

ACOCYF had previous involvement with the victim child's half-brother's family dating from 03/20/2011 to present day. There are numerous reports of inappropriate discipline, drug and alcohol abuse, and intimate partner violence in the half-brother's mother's residence. The half-brother was removed from his mother's care and placed in a resource home from 2011 to 2013. ACOCYF worked with the mother and returned the half-sibling to her care. Five out of the 11 reports on the half-brother's family were screened out at Intake; the other six reports were opened and closed within months of the referrals being received. The father obtained custody of the half-brother through Family Court on 2/14/2014.

On 02/12/2016, the half-brother reported to school staff that his father had smacked the victim child. He further stated that his father hits him with a belt if he comes home on "red" (school wide behavior plan). The half-brother also reported the victim child's mother hits him with spoons. He stated that his father calls him names including "dumb" and "jerk" along with many more. The half-brother also claimed when he visits his mother on the weekends, she hits him with plastic or wooden spoons and his step-father hits him with a belt and a wooden spoon. He reported that his step-father hits his half-sisters and half-brother, as well. The reporting source stated the half-brother's clothing is often stained and too small. His shoes are torn and do not fit. He is fearful that the victim child's mother will leave his father. He stated that he does not like going to his biological mother's house on the weekend because she is mean. This incident was not reported to ACOCYF until 02/17/2016. These concerns were addressed and investigated during the referral received on 02/17/2016.

On 02/17/2016, ACOCYF received a referral regarding the victim child's half-brother, who at this time was in the care of the father and the victim child's biological mother. The report stated the victim child's mother and father used inappropriate discipline with both the victim child and his half-brother. The report noted the father smacked the victim child in the face. There was also an allegation of parental substance abuse. This report was filed under the half-brother's mother's case instead of the father's household. There were no additional referrals made regarding the victim child's mother and the father's household. The children were voluntarily placed with the victim child's maternal grandmother while the allegations were being investigated.

The father and the victim child's mother made arrangements for the half-brother to stay with the victim child's maternal grandparents until the end of the school year; this was discussed with the caseworker. The half-brother was visited at the victim child's maternal grandparent's home and he presented without injury and did not make any further disclosures of maltreatment. There was no assessment completed regarding the allegation of the victim child being smacked in the face by the father.

There is no documentation that the victim child was seen during this referral or that a home visit was made to the victim child's mother and father's home. It is apparent the county was aware of the victim child, as they referred to him multiple times in case documentation. At the conclusion of the investigation, the children were returned to the father and the victim child's mother. The half-sibling resided with his mother on the weekends. ACOCYF had a telephone conversation with the father on 02/25/2016 but the documentation does not address if the father was given the opportunity to address the allegations that were made against him. The allegation of parental substance abuse was not addressed during the investigation.

ACOCYF did make a home visit to the half-brother's mother's home on 03/01/2016. The victim child's half-brother visited with his mother on weekends.

On 03/01/2016, the reporting source was interviewed by phone by the caseworker. During this interview, she reported there was an incident during the annual school carnival, on the evening of 02/05/2016, where the father was reportedly observed squeezing the half-brother's neck. The reporting source told the father to stop and he complied. The father reportedly smelled of marijuana. According to the file, the county did not review these concerns until after the near fatality was reported. Both parents were [REDACTED]. The mother was determined not to need treatment and the father was [REDACTED]. The father moved to Ohio after the recommendation was made. It is unclear if he sought treatment in Ohio.

This case was closed on 03/30/2016.

Circumstances of Child Near Fatality and Related Case Activity:

A report of suspected child abuse was made 04/04/2016 at 12:04 AM, from [REDACTED] after the victim child was found unresponsive at the home of the babysitter. The victim child arrived at CHP via ambulance.

The victim child was reportedly a healthy 18-month-old child who was unresponsive on the afternoon of 04/03/2016. The report stated the victim child had been with the babysitter since 04/01/2016, due to the parents being out of town visiting the paternal grandfather who was sick. The babysitter reported the victim child was "clingy and fussy" all weekend. On 04/03/2016, the victim child woke up from a nap and was still fussy. The babysitter sat him on the floor, and he flung himself backwards from the seated position, lost tone and became unresponsive, but was breathing with labored breaths. Upon arrival at the emergency room, the victim child was making poor respiratory effort, his pupils were pinpoint, he was not moving, not opening his eyes, moaning, and his Glasgow Coma Scale (GCS) was a 6. He had newer bruises on his forehead, however the bruising to his left cheek, left earlobe, and left eyelid (all unexplained history) was all older. It is unknown when these bruises occurred, how they occurred or who caused them.

The victim child was intubated due to his unresponsiveness and poor breathing efforts. His head Computed Tomography (CT) scan was significant for an acute

subdural hematoma along the left frontal lobe, left tentorium and left falx. There was no explanation given by the alleged perpetrator or her family to explain these severe injuries. The medical staff felt the victim child's injuries were highly concerning for non-accidental trauma/abuse. The victim child was admitted to the Pediatric Intensive Care Unit (PICU). The medical staff reported the victim child's injuries caused substantial pain at the time of occurrence. The medical staff certified the victim child to be in serious or critical condition based upon his injuries and registered the report as a near fatality.

On 04/04/2016, ██████████ Police Department was contacted by ACOCYF. They were reportedly aware of the case and the allegations, but declined to accompany the caseworker to CHP. However, the police department requested to be contacted after the family had been interviewed.

The county caseworker arrived at CHP to meet with the family. The babysitter was also present at the hospital. The county caseworker interviewed everyone individually.

The father stated he typically cared for the victim child during the day as he is currently in between jobs. He explained approximately three weeks ago, his father, who resides in Ohio, had a heart attack. Since that time, he and mother have been going back and forth between Pittsburgh and Akron, Ohio to visit the paternal grandfather. He stated the first week they went they took the victim child and victim child's half-brother with them. However, the children were not able to go into the Intensive Care Unit (ICU), so they left the children with the babysitter during the subsequent trips to Ohio. The mother and the father planned to move to Akron in order to be closer to the paternal grandfather and help him upon discharge from the hospital. The father's aunt referred them to a pediatrician in Akron where her children go.

Over the past weekend, they left the children in the care of the babysitter and her family while they moved their belongings to their new home in Akron. The father explained they dropped the children off on the evening of Friday, 04/01/2016 at approximately 9:00 PM. The father stated on Thursday evening, the victim child had a slight fever and noticed his back teeth were coming in, so they gave him Tylenol. On Friday, the victim child seemed fine even though he was not eating much. The father stated this is not unusual for the victim child as he is sometimes a picky eater. However, the victim child was drinking fluids. When they dropped him off at the babysitter's house, the victim child was playing fine and ate popcorn before the mother and father left the home. The father stated they then received a text message from the babysitter around 3:00 AM on Saturday stating the victim child had a night terror. She also reported he was "raging and screaming and he hit his head off of the television stand in her room". The father showed the caseworker the text messages, but she was unable to read them all before his phone died. He said she continued to send the mother and father routine text messages over the weekend to let them know how the children were doing. The father reported on Sunday they were on their way to pick the children up from the babysitter's home when they were contacted and told an ambulance was called. The father explained

they arrived at the home right before the ambulance. He stated the victim child does have temper tantrums at times and has had "night terrors" in the past. He denied the victim child has ever been harmed. He claimed if the victim child is getting into something he should not, he may "tap" the child on the hand before redirecting him. He stated he does not use any force and this is only utilized to get the victim child's attention. He denied using any other physical discipline with the victim child and denied using physical discipline with victim child's half-brother.

At [REDACTED], the mother was interviewed by the county caseworker. She reported she arrived at the babysitter's home after the ambulance had been called on the evening on 04/04/2016. She stated the babysitter told her the victim child hit his head during a "night terror" on Friday night and then he hit his head off the ground during a tantrum on 04/04/2016 right before the ambulance was called. She denied any other knowledge of how the victim child may have sustained the reported injuries. The mother explained the victim child and his half-brother were staying with the babysitter and her family while she and the father moved the family to Akron, Ohio. She stated she and father dropped the children off at the babysitter's home on Friday 04/01/2016, at around 10:00 PM. The mother reported on Tuesday and Wednesday of last week the victim child was acting normally. During the day on Thursday, the victim child was running around and playing normally. She stated the he was a "little cuddler" on Thursday evening, but she thought that it was because he was a little warm, had a runny nose, and his back molars were coming in. On Friday, he did not eat much, this is not unusual for him. She stated he was still playing normally though he did appear a bit more tired than normal. When they dropped him off at the babysitter's house, he seemed to have a bit more energy and was playing with the other kids and eating popcorn. The mother reported the babysitter contacted her via text around 3:00 AM on Saturday to inform her that the victim child had a "night terror". The mother reported he does get these approximately once a month, though occasionally he will get them twice a month. She stated she has sought advice about this in the past from the victim child's Primary Care Physician (PCP). The mother reported she was supposed to pick the victim child up around 3:00 PM on Sunday, but the babysitter told her the victim child was taking a nap. As a result they went to pick him up later. While on their way to pick the victim child up the babysitter contacted her and informed her an ambulance had been called to transport the victim child to the Emergency Room.

The mother and the father reported the victim child has been seen medically at Children's Primary Care. They reported he is up to date on his well visits and immunizations. The parents reported the victim child occasionally throws temper tantrums when he gets angry and throws things. She and the father reported he has hit his head off the couch on purpose during a tantrum before, but he never tried to hit his head off of anything harder than the couch. The mother is not sure whether the severity of the tantrums is [REDACTED]

[REDACTED]. The parents reported the victim child is typically a very loving, friendly child. He likes to give high fives and will blow kisses at them frequently.

The county caseworker interviewed the babysitter. She explained she met the mother through work and has been a support for her and the children. She stated the children have been staying with her frequently over the last few weeks while the mother and father were in Akron. The babysitter resides with her husband and their three children. She stated the mother and the father dropped the children off at her home around 9:00 PM or 10:00 PM on Friday 04/01/2016 for the weekend. The babysitter claimed the victim child was acting "strange" all weekend, describing him as lethargic and clingy. She stated on Friday evening, she took him to get ready for bed around 10:30 PM or 11:00 PM. She mentioned the children typically smell of cigarette smoke when they get to her home, so she always has them bathe and change their clothing shortly after arriving. She stated the victim child did not want to get in the bathtub and was "fighting" her in the shower. She claimed after the bath it took about an hour to get him to sleep. She stated he was "hot and miserable" and was getting his molars, so she gave him Tylenol. The victim child sleeps in a pack and play at the foot of her bed when he is at her home. That night, her youngest daughter was also asleep in the room. Her husband was asleep on the couch downstairs due his sleep apnea. The babysitter stated that around 2:30 AM or 3:00 AM she woke up to the victim child screaming. She explained he was having a night terror and had climbed out of his pack and play. She stated he was standing at the bottom of her bed and was yelling and clawing at his face. She explained he was looking at the television and then jumped off the bed, hitting his head off the television stand. The babysitter claimed she picked him up and he tried to hit his head off the wall. She believed he may have hit his head off the wall one time before she was able to stop him. The babysitter explained she held the victim child's arms down and held him for approximately 40 minutes before he seemed to come out of the night terror and woke up. She reported she texted the mother and the father at the time to inform them of what happened. The babysitter commented the victim child only slept for 2-3 hours that night.

On Saturday, he was "kind of lethargic and tired." She stated he was "clingy" and like a "koala bear." As a result, he was at her side most of the day. She commented he then slept 12 hours Saturday night, but she figured this was because he had not slept much on Friday night and was not feeling well.

On Sunday, he was playing with the other children, but seemed a little tired. He laid down for a nap in the afternoon and she suggested the parents delay coming to pick him up until after his nap. The babysitter stated the victim child woke up around 5:45 PM. She mentioned he was laying in his pack and play and her younger daughter informed her he was awake. The babysitter stated she found this odd as he usually talks and stands up to inform her that he is up. She stated she took him out of the pack and play and carried him into the hallway. She explained the victim child started having a temper tantrum and was screaming and yelling. The babysitter sat him down in the hallway to try and calm him down, but the victim child was "thrashing around." The babysitter stated he tried hitting his head off the wall. She claimed she was trying to calm him down, but he "screamed no" and "threw his head back," banging his head off the ground. The babysitter claimed the victim child immediately went limp and his eyes were rolling around. The babysitter called for her husband, who immediately called 911. She denied

knowledge of any other trauma to the victim child and denied maltreatment of him in her care.

The caseworker then spoke with the treating physician she stated that it was "highly unlikely that the victim child did this to himself by hitting his head off of the TV stand or ground" and felt that the injuries were concerning for maltreatment.

The caseworker again informed the [REDACTED] who instructed the caseworker to contact them after the home visit at the babysitter's home.

On 04/04/2016, a General Protective Service referral was made on the babysitter due to her having children and the allegation of potentially causing harm to the victim child. An assessment was completed at which time all household members were interviewed regarding the initial allegations of physical maltreatment and current living conditions, discipline techniques, etc. The case was closed, however there was questions during the Act 33 meeting as to how the case could be closed when the babysitter has an indicated ChildLine report against her due to causing bodily injury to the victim child resulting in the near fatality and there were children in her home. It was stated that the case would not have been closed if the victim child was residing in the home and it was her biological child.

On 04/05/2016, the county caseworker completed a home visit at the babysitter's home with her husband and three children and the victim child's half-brother. The half-brother reported he had been staying with the babysitter for the last "couple days." He did not remember when he went to the home, but stated he was there for the weekend. The half-brother reported the victim child is in the hospital. He stated "he hit his head." The half-brother reported he did not see what happened, but the ambulance came to the home. He reported if he gets in trouble at home, he has to go to "time out." The half-brother denied any maltreatment. He reported he feels safe with his father, the victim child's mother and at the babysitter's home. He did not identify any places in which he feels unsafe. The babysitter's children reported they had not seen what occurred.

The caseworker also interviewed the babysitter's husband. He reported when the children arrived at the home on Friday, the victim child seemed to be tired. He stated the victim child did not seem to be feeling well over the weekend, but otherwise seemed fine. He slept downstairs on Friday night due to his sleep apnea. He heard the victim child cry. His wife later told him what happened, stating the victim child had a night terror and hit his head off the TV stand. He stated he was downstairs on Sunday when his wife called for help with the victim child. When he saw the victim child, he immediately called 911. He stated he did not witness what happened, but his wife told him that the victim child threw himself backward and hit his head off the ground. He had no additional information to provide.

On 04/06/2016, ACOCYF Supervisor spoke with the [REDACTED] representative who was reporting on behalf of the treating physician that she believed that the victim child's injuries occurred on Friday evening after 10:00 PM,

which is when the parent's dropped the children off at the babysitter's home. The doctor did not believe that the victim child's head injuries were caused by his "flipping backward" and hitting his head.

On 04/07/2016, the ACOCYF caseworker spoke with the treating physician who reported the results of the child's Magnetic Resonance Imaging (MRI) and Ophthalmology examination. The physician stated the tests showed the victim child has bilateral subdural hemorrhages and brain edema (swelling) on both sides of his brain. He also has bilateral retinal hemorrhages, as well as bruising to his forehead, left ear, and both cheeks. The treating physician articulated the injuries could not have occurred as described by the babysitter. She stated the injuries are "absolutely" the result of physical abuse. Specifically, she believes the injuries are the result of a shaking incident. The treating physician reported the injuries most likely occurred on Sunday (04/03/2016) shortly before the 911 call. She stated that she cannot rule out that he was harmed before this, but that it is her medical opinion that the acute injury had to have occurred on Sunday.

On 04/08/2016, the victim child was discharged to his parents. The parents agreed to not allow the victim child to stay in the care of the babysitter. The parents also agreed to cooperate with drug and alcohol evaluations through [REDACTED]. The father completed his assessment with the [REDACTED]. He was diagnosed [REDACTED]. The father was provided with resources in Akron, Ohio. The mother completed her evaluation through POWER and was not recommended for treatment at this time. She did complete a urine screen, however the treatment provider was prohibited because of confidentiality limitations from sharing the results with the caseworker. There were no concerns regarding the mother's ability to parent.

The parents were still planning on going to Akron to live, therefore the caseworker informed the mother and the father that a referral would be made to [REDACTED] and they needed to cooperate with their recommendations.

On 04/11/2016, the caseworker spoke with the mother who stated the family moved to Akron, Ohio over the weekend. The caseworker then made a referral to [REDACTED]. A [REDACTED] caseworker did make a home visit to the family home. No safety issues were identified during the home visit. The victim child was referred to Early Intervention services. The father was given information for outpatient Drug and Alcohol programs.

On 04/21/2016, the babysitter's children were forensically interviewed at [REDACTED]. During the forensic interview, the babysitter's 6-year-old daughter stated she did not see what happen to the victim child because she was "napping" but she heard her mother screaming. She stated "I think he was banging his head." This child reported that, "the night before he was banging his head." She had no further pertinent information to provide.

The babysitter's 4-year-old daughter stated she was at the forensic interview to see if the victim child was okay. She stated "I was in my mom's room." The child stated "my mom needs help with him so he doesn't bump his head, but he did." She stated she, the babysitter, her brother and the victim child were in the babysitter's room and the victim child "jumped to the TV stand." She stated the babysitter tried to catch him. She reported the victim child "had a seizure."

On 5/9/2016, the [REDACTED] caseworker informed the ACOCYF caseworker the victim child's mother and the children were moving back to Pittsburgh. The mother confirmed this information and the caseworker made a home visit to her home in Pittsburgh on 05/11/2016. There were no safety concerns in the home. The mother reported she did not plan to return to Ohio. She reported the victim child was making steady progress since his discharge from the hospital. He was scheduled to have follow-up appointments in the next week.

ACOCYF had another telephone conversation with the treating physician on 05/12/2016. The treating physician reiterated her position the victim child's injuries would have occurred right before Emergency Medical Services were called. The victim child's retinal hemorrhages were caused by an accelerating and decelerating motion such as a shaking motion.

During a follow-up appointment with an Ophthalmologist, the victim child was found to have swelling caused by bleeding in the brain. This resulted in the victim child being readmitted to the hospital. The victim child had brain surgery to remove the blood on his brain. The brain imaging showed continued accumulation of subdural hemorrhages. A permanent brain shunt was placed to continuously drain any fluid from his brain.

On 05/31/2016, ACOCYF submitted the Child Protective Investigation report with an "Indicated" status to ChildLine against the babysitter.

On 06/20/2016, [REDACTED] Police charged the babysitter with 1 Felony count of Aggravated Assault with a victim less than 13 years old and a defendant 18 years or older and 1 Misdemeanor count of Endangering the Welfare of a Child. The Preliminary Hearing is currently pending.

The victim child's mother has since moved back to Allegheny County with both children, as the mother and the father are reportedly separated. The victim child's half-sibling is now residing with his mother, and ACOCYF has accepted his family for services. ACOCYF has also reopened an ongoing case with the mother and the victim child since their return from Ohio.

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

- Strengths in compliance with statutes, regulations and services to children and families;
 - ACOCYF responded immediately to the report and assured the safety of the victim child and his half-sibling.
 - A referral was made regarding the babysitter and her family.
 - ACOCYF consulted with the assigned police department to include them in the interview and investigative process. The caseworker responded to the referral by meeting with the family and the alleged perpetrator within the 24 hour period. The caseworker secured photographs of the victim child, of the home and areas within the home that the victim child allegedly sustained his injury. Interviews were completed both in the home and forensically with all of the alleged perpetrator's household members.
 - The caseworker addressed the drug and alcohol concerns by obtaining evaluation for both the mother and the father.
 - Resources were utilized to learn more about the victim child's father's past involvement with ACOCYF as well as information regarding past intimate partner violence.
 - When mother became upset about conflicting information that was being provided to her about the child's injuries, the county caseworker made sure to speak with the CAC doctor and scheduled a family conference so that everyone received the same information.
 - When the birth family informed the caseworker of their plan to move to Akron they were informed that the child protective services would be contacted.
- Deficiencies in compliance with statutes, regulations and services to children and families;
 - There were no deficiencies with regards to this referral.
 - However, with the county's previous involvement for the 02/17/2016-03/30/2016, there was no documentation that the victim child was seen during this referral. He was not included in the safety assessment or risk assessment in a case with the victim child's mother and the victim child's half-brother. Assessments should have been completed on both homes based on the half-brother's disclosure.

- Recommendations for changes at the state and local levels on reducing the likelihood of future child fatalities and near fatalities directly related to abuse;
 - ACOCYF reinforces the practice standard whereby every child and caregiver who resides at the address/location of a report are included in thorough and comprehensive safety and risk assessments.
 - There should be an immediate change in the CWIS system, allowing for editing of household information to ensure that all parties are represented for assessment purposes.
 - If additional information is obtained during the assessment that indicates the need for another referral, ACOCYF supervisory staff will be responsible to make any additional referral to ensure accuracy of information in the system and an assessment of all parties.
- Recommendations for changes at the state and local levels on monitoring and inspection of county agencies; and
There are no recommendation for at this time at the state and local levels
- Recommendations for changes at the state and local levels on collaboration of community agencies and service providers to prevent child abuse.
No recommendations.

Department Review of County Internal Report:

ACOCYF submitted a draft report to the WRO. The report provided important information regarding the victim child's incident and possible cause of his critical state. WRO agrees with agency's recommendations.

Department of Human Services Findings:

County Strengths:

- ACOCYF responded immediately to the hospital upon receiving the report, they contacted the local police department to make sure they were aware of the report and to coordinate the interview process. The half-sibling as well as the babysitter's children were seen in a timely manner. The caseworker maintained daily contact with the hospital and parents regarding the child's condition and new developments with the case. Forensic interviews were scheduled for the babysitter's household members. Photographs were secured by the caseworker of the scene of the incident and victim child. The caseworker made sure the appropriate evaluations were obtained for the concerns surrounding the parent's drug and alcohol use.

County Weaknesses:

February 2016 GPS Referral:

- Being aware that ACOCYF works in a matriarchal system, therefore if there are two different mothers the cases must be opened under each mother's name and assessments must be completed for both households. Also all children must be seen to assure safety.
- The caseworker had information the victim child's half-brother was recommended for an evaluation due to behavioral concerns, the victim child's mother felt that it would be beneficial, however the father declined. This was never addressed with the family or explored any further by the caseworker. Likewise, the allegations of the father's substance abuse was not addressed
- It is important that caseworkers remember to get complete family and household demographics for every family that they encounter. There are a multitude of blended families with split custody. Assessment should be completed on each parent's household with children involved with the agency.

April 2016 CPS Referral:

- According to case documentation the closing Safety Assessment was completed on 4/11/2016 and the closing Risk Assessment was completed on 5/02/2016. However the Child Protective Services Investigation Report was not submitted to ChildLine until 5/31/2016. There is case documentation from the month of the May of 2016 so the caseworker was continuing to work on the case. The closing Risk and Safety Assessments should have been done when the Child Protective Service investigation Report was completed.

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

- No citations

Department of Human Services Recommendations:

- The February 2016 GPS referral contained allegations on the victim child and his half-brother; there was documentation that revealed confusion by the General Protective Service (GPS) worker regarding the roles of the household adults. This case involved a blended family with allegations of the use of physical abuse in each household. The agency needs to develop a policy/protocol in such cases so a case is open on each household to ensure the allegations in each household are addressed.
- Recommended that ACOCYF adopt a practice standard whereby communication and collaboration between both investigative parties occur to

ensure the CPS investigator and law enforcement are fully informed of a CPS assessment and agency's decision whether to accept a family for services.