



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

OFFICE OF CHILDREN, YOUTH AND FAMILIES

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REPORT ON THE NEAR DEATH OF

[REDACTED]

BORN: [REDACTED] 2008
Date of Near Death Incident: 4/20/2010

FAMILY KNOWN TO:
Bucks County Children and Youth Social Services Agency

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 on December 30, 2008 and went into effect 180 days from that date. This Act amends the Child Protective Services Law (CPSL) and sets standards for reviewing and reporting child fatalities and near child fatalities as a result of suspected child abuse. DPW must conduct child fatality and near fatality reviews and provide a written report on any child fatality or near fatality where child abuse is suspected.

1. Family Constellation:

<u>Name</u>	<u>Relationship</u>	<u>Date of Birth</u>
[REDACTED]	Victim child	[REDACTED]/2008
[REDACTED]	Mother	1992
[REDACTED]	Maternal grandmother	[REDACTED]/1975
[REDACTED]	Maternal uncle	2002
[REDACTED]**	Father	

** Not a household member

Notification of Fatality / Near Fatality:

On 4/20/2010, the [REDACTED] reported that 16 month old [REDACTED] was brought in by paramedics in respiratory distress with a possible drug overdose.

[REDACTED] was given [REDACTED] and was responding to treatment. [REDACTED] was transported to St. Christopher's Hospital for Children [REDACTED].

On 4/20/2010, the mother was questioned by hospital staff. She was hysterical, and could not initially identify what [REDACTED] could have gotten into. The paramedics were told that the maternal grandmother was taking [REDACTED] reported that the child could have died because of the mother's omission of reporting that [REDACTED] was in the home.

On 4/22/2010, Bucks County Children and Youth Social Services Agency (BCCYSSA) completed the initial Safety Assessment. They identified that In Home Safety threats were present. The caregivers (mother and maternal grandmother) showed diminished capacities in that they did not demonstrate adequate skills to fulfill care giving responsibilities, mother was not able to meet her own emotional needs, and maternal grandmother was not clear that her number one priority was the well being of the child.

2. Documents Reviewed and Individuals Interviewed:

For this review the SERO reviewed the complete county case file. SERO interviewed [REDACTED], county caseworker who had previously worked with the family and is still employed by the agency. The regional office attended the County's Internal Fatality Review Meeting regarding this case on 5/14/2010.

Case Chronology:**Previous CY involvement involving mother as child:**

2/22/2006

[REDACTED] On 2/22/2006, the county received a report that **[REDACTED]** maternal grandmother, was abusing cocaine and the police had been out to the home the night before. The mother, **[REDACTED]**, who was 14 years old at the time, reported that the maternal grandmother was abusing cocaine in the home. When the police arrived at the home, they believed that **[REDACTED]** was under the influence and described her as uncooperative. It was also suspected that the maternal grandmother was selling her **[REDACTED]** and was abusing it.

The county contacted the maternal grandmother on 2/22/2006, and requested that she complete a drug assessment on this date. **[REDACTED]** reported that **[REDACTED]** (father) was abusing drugs and that he was physically abusive. The maternal grandmother reported that she filed a protection from Abuse order (PFA) against her husband, **[REDACTED]** father 2/22/2006. She stated that she was **[REDACTED]** by the University of Pennsylvania Hospital (U of P). The initial Plan of Safety was that the maternal grandmother would refrain from doing illegal drugs. Results of the drug screen were negative, however, family members reported that the maternal grandmother drank a substance that would flush drugs out of her system. The maternal grandmother told the county worker that she did not do drugs. She had smoked marijuana when she was young, and had only done cocaine once. She reported that the cocaine found in her dresser was planted there by the children's father.

On 2/24/2006, the county worker made contact with **[REDACTED]** middle school, and met with **[REDACTED]** at school. Due to conflict at the home between her mother and stepfather, **[REDACTED]** was staying with an aunt in Levittown. **[REDACTED]** described the drug paraphernalia that she had found in the home (straw, razor blade, and mirror). She believes that her mother and stepfather are "making stuff up" about each other. **[REDACTED]** mother takes **[REDACTED]** and uses a friend abuses drugs and believes that her mother's friend abuses drugs and is a bad influence on her mother. **[REDACTED]** reported that she goes over to her aunt's house whenever she does not want to be around the fighting between her mother and step father.

On 3/1/2006, the county worker conducted a home visit at the Levittown home of **[REDACTED]**. Both **[REDACTED]** and her brother, **[REDACTED]**, were seen to be appropriately dressed and in good health. **[REDACTED]** appeared to have just returned from securing a Protection from Abuse order (PFA) against **[REDACTED]** father. She agreed that she and her husband would obtain **[REDACTED]** from the **[REDACTED]**. She admitted to using cocaine only three times with her husband, and she admitted to using cocaine only three times with her husband, and has not used since. She told the worker that she is on an oxycodone patch every other day prescribed by **[REDACTED]** of U of P Hospital. Her primary physician is **[REDACTED]** from the U of P Hospital. Medical reports obtained by the county indicate that the mother tested positive for a **[REDACTED]** August 2005. **[REDACTED]** reported that **[REDACTED]** had prescribed them because she had been stressed during exams.

[REDACTED] August 2005. **[REDACTED]** indicated that he had not prescribed the **[REDACTED]** reported that **[REDACTED]** had prescribed them because she had been stressed during exams.

[REDACTED] reports that it is **[REDACTED]** father who abuses drugs. **[REDACTED]** reports that **[REDACTED]** showed **[REDACTED]** some pictures of a box of syringes that he uses for steroids. **[REDACTED]** reports that **[REDACTED]** showed **[REDACTED]** some pictures of a box of syringes that he uses for steroids.

Three year old [REDACTED] had received a burn on his thumb that was about half an inch in size. [REDACTED] had left a hot curling iron on the bed. When [REDACTED] got out of her bed, he had leaned his hand on it and was burned. She reported that she had called the Emergency Room and [REDACTED] for treatment advice. She reports that the doctor told her that since the burn had a blister that it was a second degree burn, and that [REDACTED] did not need to come in to the office. (However, [REDACTED] father reported that he had spoken to the pediatrician who had no record of any phone call with [REDACTED].) [REDACTED] was asked by the social worker what "discipline" is used. [REDACTED] stated that his father and [REDACTED] yell at him, and that he gets pepper on his tongue. His mother asked [REDACTED] if he had ever had pepper on his tongue; he stated "no." [REDACTED] reported that [REDACTED] had moved in with her father, [REDACTED], last year. She reported that one morning that [REDACTED] woke up with her pajamas down around her ankles. [REDACTED] told her father that she doesn't remember anything, but thinks that her step father sexually abused her. [REDACTED] said that [REDACTED] had never done anything to her. (The county has record of an [REDACTED] occurring during this time period. No information about the type of [REDACTED] is available.) She reportedly took [REDACTED]. The therapist reportedly told her that "nothing was wrong" and that [REDACTED] "was a great kid."

[REDACTED] signed releases for her physician, her family doctor, and [REDACTED] pediatrician. [REDACTED] stated that she will not use any drugs. [REDACTED] stated that she does not currently have a car, and that her husband took her off of the insurance policy. [REDACTED] had just completed law school, and was scheduled to be taking the Bar exams this summer. She was not currently working. She reported that whenever she has to use a babysitter that she sends [REDACTED] to his father. She rarely uses her mother as a caregiver.

On 3/02/2006, this case was transferred to [REDACTED] for further assessment. The case summary indicates: "Concerns continue to exist regarding drug use on the part of the mother and the father of 3 year old [REDACTED]. Extended family members have noted behavioral changes in mother and teenage daughter reports she found cocaine under her mother's bureau. Both parents have agreed to a [REDACTED]."

After an unsuccessful visit on 3/8/2006, the worker called [REDACTED] to schedule a visit for the next day. During this visit, the worker observed three year old [REDACTED] sucking on his pacifier. He appeared not to be feeling well after yesterday's [REDACTED]. [REDACTED] showed the worker the PFA order on her husband. She repeated to this worker that she had only used cocaine three times with her husband over two months ago. [REDACTED] described her husband as "crazy" and that he had recently gone to a [REDACTED]. She wants to obtain a divorce, but expected that he would give her a hard time. [REDACTED] had sent [REDACTED] a letter, and faxed a copy to BCCYSSA. In the letter, he had admitted to his drug use, but also encouraged her to [REDACTED] as well.

On 3/21/2006, the worker conducted an announced home visit. [REDACTED] was seen by the worker. [REDACTED] was in school. The worker did not note any safety threats.

On 3/28/2006, the worker conducted a scheduled home visit. Worker met briefly with [REDACTED], and met privately with [REDACTED] reported that her mother was doing better, and that her behavior was not the same as when she was using drugs.

On 4/19/2006, the worker spoke with staff at the [REDACTED] regarding [REDACTED] had admitted to "only" using three times and denies current use. It was reported that it did not appear that [REDACTED] was using; although she is very thin, she looks healthy. The [REDACTED] determined that there was no evidence to support a [REDACTED]. The [REDACTED] must maintain complete and total abstinence from all illicit substances, and that she be [REDACTED] for [REDACTED] to determine whether [REDACTED] is needed.

On 4/21/2006, this case was [REDACTED] and assigned for ongoing services. [REDACTED] contacted the county worker on 4/25/2006 with concerns about [REDACTED]. While caring for [REDACTED], he had reportedly passed out from use of steroids and cocaine. [REDACTED] had called his mother in tears, asking her to come pick him up. She had to call the police one day when she came home to find [REDACTED] in her living room. The worker had a conference with her supervisor about this situation. The Safety Plan needed to be revised to require no unsupervised contact between [REDACTED] and his son. The worker spoke with [REDACTED] about the change in Safety Plan; the mother agreed to comply with the new plan. [REDACTED] called the worker after [REDACTED] called him. He alleged that [REDACTED] was the one using drugs, that she had spent Saturday night at a [REDACTED] bar and had been using cocaine. The worker advised him that the Safety Plan could be lifted after he completed the [REDACTED].

Later on this day, 4/21/2006, the worker made contact with [REDACTED]. [REDACTED] stated that she and her sister have not spoken in 3 or 4 weeks. She described [REDACTED] relationship as love-hate. As part of the PFA, she was the drop off for [REDACTED] for visits between him and his parents. This became very difficult for her because [REDACTED] would cry whenever either parent dropped him off. She indicated that the police departments in both Falls and Bristol townships were familiar with the parents, and probably had numerous incident reports. She believes that the children are safe with both parents, but believes that [REDACTED] would benefit [REDACTED] after witnessing the ongoing relationship problems. [REDACTED] is concerned for [REDACTED] because she is using diet pills and becoming sexually active. The worker received a call from [REDACTED] mother after he had called her. She stated that her son does not use drugs, that he is a good father and loves his son. She does believe that [REDACTED] may be using drugs, as she is very nervous all time. She was concerned that [REDACTED]'s arm was burned while in his mother's care. Several years ago, [REDACTED] had been driving the car and forgotten to put it in park, and the car drove into the house.

The worker received a phone call from [REDACTED], the mother of [REDACTED] older son. [REDACTED] stated that she does not believe that [REDACTED] is currently using drugs, and that he is a good parent. He sometimes gets angry but he would never hurt his children. [REDACTED] reportedly called [REDACTED] older son and told him that his father was using drugs. [REDACTED] took the phone from her son when she heard this. Scheduled home visit occurred on 4/26/2006 at the home of [REDACTED]. Present were [REDACTED], her mother, [REDACTED]. The purpose of this visit was to speak privately with [REDACTED] and her mother. [REDACTED] reported that she does not

think that her mother is using drugs, but that [REDACTED] had approached her and told her that her mother was using drugs. She described the stress of being around the arguments between her mother and step father [REDACTED] reported that she enjoyed living with her grandmother, but is worried about school. [REDACTED] reported that her mother had [REDACTED]. When asked how she copes with her feelings, [REDACTED] reported that she had friends, and being a cheerleader was a distraction for her. The worker met with [REDACTED] separately, and reminded her that the Safety Plan was still in effect. [REDACTED] talked about her feelings that [REDACTED] has the home and cars, and how she is living with her mother and struggling financially. The worker observed that [REDACTED] was very happy throughout the visit, and did not appear clingy as he had previously. The worker contacted [REDACTED]'s father on 4/27/2006. The father was aware of allegations of the mother's drug use, and was aware of the ongoing issues between [REDACTED]

On 4/25/2006, the worker received a phone call from [REDACTED]. He was faxing drug screenings that he has had for work. He has a commercial driving license and can be tested randomly. His appointment with the [REDACTED] is scheduled for 5/4/2006. The worker had a conference with her supervisor about [REDACTED] evaluation. He denied the use of cocaine, and told the [REDACTED] that someone must have slipped cocaine into his drink. He has been [REDACTED] for the last couple of years. The [REDACTED]. If [REDACTED] has other [REDACTED], he should consider the need for more intensive [REDACTED]

On 4/25/2006, the worker contacted Stedman's Laboratory, a drug facility that contracts with the county, to inquire whether someone could test positive for cocaine if someone slipped cocaine into their beverage. A supervisor at the lab advised that this is not possible, and compared it to someone testing positive for marijuana after inhaling second hand smoke.

On 4/28/2006, the worker had a scheduled visit with [REDACTED] at his residence. In addition to [REDACTED], also present were the worker and her supervisor. [REDACTED] showed them the bedrooms for his two sons when they visit. The home was orderly and clean. [REDACTED] showed them negative drug screen results from 2002 to October 2005. He stated that he did not have more recent results to share. He signed releases so the agency could speak with his [REDACTED], and [REDACTED]. He reported that he is going to [REDACTED]; when angered, he curses. He will begin [REDACTED]; he signed a release so the agency could contact them. The county staff explained that the Safety Plan could be lifted after completing outpatient services. During this meeting, the Family Service Plan was reviewed. A meeting to discuss the plan was scheduled for June 1 at the agency.

On 5/25/2006, a scheduled home visit occurred at the [REDACTED] residence. [REDACTED] were present, as was [REDACTED]. [REDACTED] played outside with [REDACTED] while the worker met with [REDACTED] inside. [REDACTED] described how [REDACTED] had not been successful in the past. The worker asked if they ever have time for each other. [REDACTED] replied that this has been a problem for them. [REDACTED] appeared happier recently. [REDACTED] reported that she was going to look for a job

this summer. She said that her [REDACTED] has helped her re-direct [REDACTED]. She mentioned the tension in her mother's home because they are always together, but anticipates being in this home for awhile.

On 6/1/2006, a [REDACTED] meeting was held at the agency offices. [REDACTED] was not able to be present as she was held up in traffic. [REDACTED] met with the worker and supervisor. They explained that the agency was planning to close the case since the family has been cooperative and receptive to all requests. The Safety Plan would be lifted at this time. Closing letter was sent on this date.

10/23/2009 [REDACTED]

Reporting source stated that [REDACTED] was driving her son, [REDACTED], while she was under the influence of alcohol. [REDACTED] recently gave her daughter an envelope that was supposed to contain money for school, but when school staff opened the envelope, they discovered a large number of [REDACTED]. [REDACTED] reported that she had back pain, and her mother would share her [REDACTED] with her to use for the pain. [REDACTED] reported that her mother "puts her down" and says things that make her cry. [REDACTED] attends [REDACTED] High School in the [REDACTED], but attends their [REDACTED]. Reporting source stated that if [REDACTED] mother knew that [REDACTED] made the report that the mother would retaliate against her, and possibly make her leave the home. (Note- this referral states that [REDACTED] is in law school, but previously, [REDACTED] stated that she had graduated from law school.)

Notes from the Falls Township police investigation indicate that police were contacted on 10/23/2009 by [REDACTED] after finding the 7 halves of a white pill in an envelope dropped off by [REDACTED]. The envelope also contained a blank check, a note to [REDACTED], and a registration form for the [REDACTED]. The letter stated, "Here's a few pieces - it's all I have." The police believed that the pieces were the white pills. The assistant principal confiscated [REDACTED] cell phone, and found several text messages that referenced purchasing and selling of drugs. [REDACTED] was interviewed with her maternal grandmother, [REDACTED], present. [REDACTED] reported that she and her mother had a heated argument several days ago. She left the house, and is now staying with her boyfriend's family. The argument was over family issues and [REDACTED] dislike for [REDACTED]. [REDACTED] reported that she began to experience back pain after child birth. She was given [REDACTED]. The previous evening, [REDACTED] had talked to her mother about needing a [REDACTED]. [REDACTED] also asked about [REDACTED]; her mother told her she was out. [REDACTED] agreed to drop off the money for the [REDACTED] at the school the next day. [REDACTED] was called to the office when her mother dropped off the envelope. Believing that the envelope contained only the required paperwork, [REDACTED] turned it in to school authorities. Two and a half hours later, [REDACTED] was escorted to the office by teachers. At that time, she was made aware of the pills in the envelope. [REDACTED] stated that the text messages about [REDACTED] were strictly between her and [REDACTED], and that she had no intention of giving or selling the [REDACTED], that it was only for managing her back pain. The county worker scheduled a home visit to the [REDACTED] home within 24 hours of the report. The worker met with [REDACTED] alone initially. [REDACTED] reported that she

would never drink and drive with her son in the car. She did admit that she gave [REDACTED] one of her methadone pills because [REDACTED] was in intense back pain following child birth. [REDACTED] reported that she was prescribed [REDACTED] for back pain and [REDACTED]. She reported that the incident when [REDACTED] had brought the pills to school was still under investigation by the police; she was unsure if charges would be filed. The worker then met with [REDACTED] alone. [REDACTED] reported that her son, [REDACTED], was born in December 2008. His father is [REDACTED], age 20. When asked about her mother, [REDACTED] indicated her mother does drink and that she has smelled alcohol on her breath. [REDACTED] stated that she feels her mother attempts to self-medicate herself. [REDACTED] are in the process of divorcing. The case notes reported that the children are Safe with a Comprehensive Plan. The Safety Plan was signed only by the agency worker and supervisor, no family members. The Plan was that [REDACTED] would not drink to excess and would not allow her daughter to take non-prescribed medication. [REDACTED]'s father called the county worker on 11/2/2009 after receiving the [REDACTED] letter. He was told by [REDACTED] that [REDACTED] was taking medication for back pain. He called [REDACTED] about the report; she told him that they were having problems with a neighbor. [REDACTED] used to live with her father, but did not follow the rules.

On 11/4/2009, [REDACTED] left a voice mail for the worker that [REDACTED] was taken to the hospital with a spinal headache. The worker and [REDACTED] communicated via voice mails until 11/6/2009 when she was able to speak with [REDACTED] reported that she has been experiencing pain since child birth due to [REDACTED]. [REDACTED] father contacted the worker on 11/12/2009. He had spoken with the [REDACTED]

[REDACTED]. This [REDACTED] went beyond 30 days because the worker was not able to meet with the [REDACTED].

On 12/2/2009, a scheduled home visit occurred. The worker requested to speak privately with [REDACTED] was asked for details about when her mother had given her the medication. [REDACTED] could not remember the date, but did remember that on one occasion her mother gave her 1/2 of one tablet. She reported no ill effects from the medication, and stated that it made the pain go away. This was prior to her appointment with the doctor that she is currently seeing. [REDACTED] stated that her [REDACTED]

[REDACTED], but the last shot lead to her getting a severe headache. [REDACTED] has been referred for [REDACTED]. The worker asked to see [REDACTED] medications. The worker observed a bottle of [REDACTED] prescribed by [REDACTED]. (Medical records obtained by the county support this report.)

[REDACTED] was asked if she had any concerns that her mother would drive in the car intoxicated with [REDACTED] stated that she has never seen this happen, and does not believe that her mother would hurt [REDACTED] or put him at risk. The worker met with [REDACTED] privately. [REDACTED] reported that [REDACTED] is in [REDACTED] reported that she had attempted to find a physician to treat [REDACTED] back pain unsuccessfully. In frustration, she had given [REDACTED] her own medication because no one would see [REDACTED] reported that she had asked her doctor if she could give [REDACTED] her medication,

but the doctor had the impression that she was talking about over the counter medication. [REDACTED] signed a statement to this effect; a copy was faxed to BCCYSSA on 10/19/2009. [REDACTED] was able to schedule with [REDACTED], but the initial appointment was one to two months in the future. [REDACTED] also sees [REDACTED] for [REDACTED]. Her current medications are [REDACTED].

[REDACTED] denied that she had ever driven with [REDACTED] in the car while intoxicated. During the home visit, [REDACTED] aunt and uncle arrived to take her and [REDACTED] for a medical appointment. The worker was able to observe [REDACTED] arrival home from school and to observe that he had no fear of his home environment.

During supervisory review, the worker and supervisor made the [REDACTED]

[REDACTED] as [REDACTED] did not have a [REDACTED]

Circumstances of Child's Fatality or Near Fatality:

The mother reported that on 4/20/2010 about 6:30 pm, while she was preparing dinner, she had placed [REDACTED] in his high chair. While he was at the table, he had not been acting "normally". As she tried to feed him, he began falling asleep at the table. The mother had initially called her boyfriend (not the child's father), then called 911. The mother reported that she rode in the ambulance with her son to St. Mary's Hospital. The mother reported that she told the Emergency Response team that she believed that her mother was on high blood pressure medication.

On 4/20/2010 (10:52 pm), sixteen month old [REDACTED] was brought to St. Mary's Hospital by paramedics in respiratory distress with a possible drug overdose. [REDACTED] was given [REDACTED] and was responding to treatment. [REDACTED]

was transported to St. Christopher's Hospital for Children [REDACTED].

During questioning by hospital staff, the mother was hysterical, and could not initially identify what [REDACTED] could have gotten into. The paramedics were told that the maternal grandmother was taking [REDACTED]. [REDACTED] reported that the child could have died because of the mother's omission of reporting that [REDACTED] was in the home.

On 4/22/2010, Bucks County Children and Youth Social Services Agency (BCCYSSA) completed the initial Safety Assessment. They identified that In Home Safety threats were present. The caregivers (mother and maternal grandmother) showed diminished capacities in that they did not demonstrate adequate skills to fulfill care giving responsibilities, mother was not able to meet her own emotional needs, and maternal grandmother was not clear that her number one priority was the well being of the child.

On 4/21/2010, the county social worker met at St. Christopher's Hospital with mother and father. Maternal grandmother and maternal great grandmother were also at the hospital, but in the cafeteria during the initial interview with the parents. The mother reported that a [REDACTED] was completed on her son. He was being given antibiotics for [REDACTED] and had been sleeping a lot. When the maternal grandmother and maternal great grandmother returned from the cafeteria to [REDACTED] room, the county worker interviewed them. The maternal grandmother indicated that she was prescribed [REDACTED] as treatment for [REDACTED]. Maternal grandmother also reported that the mother had been diagnosed with a [REDACTED], and that she is prescribed [REDACTED]. Maternal grandmother reported that she

normally kept her medication with her, so is unclear how her grandson was able to get her medication.

The county worker spoke privately with a nurse who reported that the [REDACTED] had been [REDACTED].

The county worker returned to the hospital room and told the family that [REDACTED] and his mother could not return to maternal grandmother's home. The father arranged that [REDACTED] and the mother could stay at his parents' home (the father resides with his grandparents, not his parents). The county conducted criminal and child abuse clearances on these caretakers prior to the victim child's discharge. The county worker further made a Safety Plan for the mother's 7 year old brother; he will stay with his maternal grandmother when he is not with his father for court-ordered visitation. Clearances were conducted for this home as well. The Plan of Safety further included that the mother and maternal grandmother were not to have unsupervised visits with their children. The nurse entered the child's hospital room and informed the family that [REDACTED] was found in [REDACTED] blood work. The family appeared in shock. The maternal grandmother reported that she recalled that on 4/19/2010, she may have left a pill out on the counter as she was in a rush to leave.

During a phone call with the maternal grandmother, the worker was told by maternal grandmother that [REDACTED] father had been at the home on the evening of 4/18/2010. The maternal grandmother reported that he had just returned from drug rehab and suggested that he may have had drugs on him that were left at the home. The maternal grandmother reported that she has been treated for [REDACTED] since 2000 and has been [REDACTED] for 2 ½ years.

On 4/22/2010, [REDACTED] from the hospital to his mother. Discharge plans included that he could resume normal activities, resume full diet with no restrictions, and to follow up with his pediatrician in 4-5 days. [REDACTED]

[REDACTED]. The Safety Plan was that the mother was not to have unsupervised contact with her son while residing in the home of paternal great grandmother.

On 4/28/2010, [REDACTED] had an appointment with his pediatrician at St. Mary's Hospital (Langhorne).

On 5/6/2010, the county worker conducted an interview with the maternal grandmother at her home. The maternal grandmother described the events as she remembers on 4/19/2010. She stated that her mother had come to the home to drive the mother and her son to school and day care (as was her habit). The time was about 6:15 am.

Both [REDACTED] were both still asleep. The maternal grandmother had asked her mother to get one of her [REDACTED] pills out while she was in the bathroom. Maternal grandmother believed that her mother had laid the pill on the kitchen counter. Maternal grandmother asked her mother for the pill. The maternal great grandmother had been in the living room watching [REDACTED]; she had been distracted by [REDACTED]. As the two women dealt with [REDACTED], the medication was left on the kitchen table. The maternal grandmother suggested that the pill could have fallen on the floor or [REDACTED] could have picked it off the table while sitting at the table at dinner. On that evening, the maternal grandmother was home from work about an hour between work and attending [REDACTED] baseball game.

She was called about 6:40 pm and was told that paramedics were at her home. The maternal grandmother showed the worker her medications: [REDACTED]

[REDACTED]. Maternal grandmother reported that she usually kept the pills in her purse, but since this incident she has purchased a lock box. (The county worker was able to observe this lock box.) The county worker viewed the medications. The [REDACTED] pill was described as white in color and smaller than a dime. The mother gave some medical background about herself and her daughter. [REDACTED] had been diagnosed with [REDACTED]. The maternal grandmother disclosed about the incident when she sent [REDACTED] pills to her daughter at school. She also reported that [REDACTED] father was recently discharged from [REDACTED] parents have had a volatile relationship over the years; she expressed that she hoped that her daughter would move on from him.

On 5/10/2010, the police officer informed the county worker that after interviewing the maternal grandmother, he believed that the incident was an accident.

On 5/12/2010, the county worker interviewed the mother. The mother gave her account of the incident. As she finished cooking dinner, she placed [REDACTED] at the table in his chair. He immediately began drinking a lot, which is not usual. Normally he would eat right away. He began rubbing his eyes and appeared drowsy. She called the father and told him what was happening. She became more concerned and went to two neighbors in the apartment building. She then called 911.

The mother reported that [REDACTED] has recently had bouts of diarrhea; she believes that he is [REDACTED]. She reported having scheduled an appointment with his pediatrician for 5/10/2010.

During this interview, the mother talked about looking forward to her high school graduation next month and her prom this weekend.

On 5/21/2010, during a phone call with the county worker, the maternal grandmother stated that she believed that her grandson must have taken the pill just before eating dinner on the evening of 4/20/2010. She reported that [REDACTED] had gone to day care on that day.

Later that day, the police officer left a message with the county worker that he believed that there was intent to harm the child.

On 6/8/2010, the maternal grandmother reported during a phone call that her daughter had broken up with the father, and that he was still incarcerated at Bucks County prison.

On 6/14/2010, the county worker met with the father at Bucks County prison to confirm if he had been at the home on or around 4/20/2010. He stated that he recalled helping the mother with the stroller, but did not enter the apartment. He stated that he was not allowed into the apartment at the request of maternal grandmother. He explained that he was currently incarcerated because he was on probation and had tested positive for drugs. He stated that while incarcerated he will pursue his GED. He hopes to have a future with the mother and raise their child together.

On 6/15/2010, the county worker met with the maternal grandmother. She reported having spoken to the father yesterday, and was aware of the interview. Maternal great grandmother was also present. She reported feeling guilty for what had happened with [REDACTED]

On 6/17/2010, the [REDACTED] on mother and maternal grandmother. The family was advised that in-home services would be offered, and that the mother, [REDACTED] and 7 year old [REDACTED] could not return to the home of maternal grandmother. The mother and victim child moved to the home of maternal great grandmother. [REDACTED] continued to live there as well.

Current / most recent status of case:

- [REDACTED] on both mother and maternal grandmother as child suffered non-accidental injury, resulting in child endangerment.
- Case transferred to [REDACTED]. [REDACTED] discussed during home visit on 8/2/2010.
- Police are still investigating.

Services to children and families:

- Prior to the return of the child and her mother to the home of the maternal grandmother, agency staff:
 - Verified medical/medication history of [REDACTED] with her physician
 - Educated mother on the safe use and storage of prescription medication (using specific programs through [REDACTED] provider.)
 - Reviewed [REDACTED] attendance and performance in high school
 - Explore other medical options for pain management with [REDACTED]
- The agency will remain involved with [REDACTED] and his mother to provide support and education about medication issues and to ensure that she has improved her ability to provide a safe environment for her son, especially should she/when she returns to reside with [REDACTED] has expressed desire to receive [REDACTED] services. The county will assist her in connecting her to appropriate services.
- The agency gathered information about [REDACTED] ([REDACTED] uncle) overall well being at home and in school.

County Strengths and Deficiencies as identified by the County's Near Fatality Report:

Strengths-

- Agency met timeframes of the Safety Assessment protocol.
- Ages and Stages Questionnaire was administered on [REDACTED] (6/9/2010).
- The county secured consents for release of medical information for all involved family members during this investigation.

Deficiencies-

- None identified.

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

- 1) *To reduce the likelihood of future child fatalities and near fatalities directly related to child abuse and neglect:*

- The agency has recently had a few [REDACTED] cases involving “accidental” ingestion of medication by young children. The Team discussed providing agency staff with education on the appropriate storage of medication so that staff can then review with and educate caregivers (such ideas as keeping out of the reach of young children, storing medication in original containers with childproof lids, using locked boxes, etc.) [REDACTED], of the Bucks County Drug and Alcohol Commission will be contacted to provide agency staff with education on this.
 - A suggestion was made that agency caseworkers use a tool to “inventory” or review with clients the safe use/storage of medication. This type of questioning could be included within the Safety Assessment process.
 - Include the safe use/storage of medication within life skills education for adolescents.
- 2) *Monitoring and inspection of county agencies*
- None applicable
- 3) *Collaboration of community agencies and service providers*
- Discussion involved the inclusion of caseworkers from the MOMS (Mothers Overcoming Mood-altering Substances) program accompanying workers to provide specific education to families as necessary.
 - A suggestion was made regarding collaborating with the local Child, Home and Community organization in an effort to reach out to teens/teen parents to educate them on the safe use and storage of medication.
 - Information was also provided on an upcoming prescription medication “give-back” day to be scheduled in November of this year; notice of this event will be publicized to the Bucks County community.

SERO Findings:

County Strengths-

- The county obtained releases of information to secure medical files of [REDACTED] younger brother.
- The county obtained copies of police reports from Bristol and Falls Township during both prior investigations.

Deficiencies-

- None noted.

Statutory and Regulatory Compliance issues:

- No areas of non-compliance.