



## **REPORT ON THE NEAR FATALITY OF:**

[REDACTED]

**Date of Birth: 09/17/2014**  
**Date of Incident: 10/07/2017**  
**Date of Report to ChildLine: 10/07/2017**  
**CWIS Referral ID: [REDACTED]**

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

Lycoming County Children and Youth Services

**REPORT FINALIZED ON:**  
04/05/2018

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 the Office of Children, Youth and Families (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.

Lycoming County completed their investigation and filed the report with ChildLine as unfounded on 10/17/2017 which is before the 30<sup>th</sup> day of the investigation. A review team did not need to be convened.

**Family Constellation:**

<u>First and Last Name:</u>	<u>Relationship:</u>	<u>Date of Birth:</u>
[REDACTED]	Victim Child	09/17/2014
[REDACTED]	Mother	[REDACTED] 1987
[REDACTED]	Father	[REDACTED] 1988
[REDACTED]	Sibling	[REDACTED] 2008

**Summary of OCYF Child Near Fatality Review Activities:**

The Central Region Office of Children, Youth and Families (CERO) obtained and reviewed all current case records pertaining to the family. CERO staff spoke with Lycoming County Children and Youth Services (LCCYS) staff involved with this case.

**Children and Youth Involvement prior to Incident:**

LCCYS has a history of involvement with the family prior to receiving this near fatality report. The family’s history with LCCYS includes the following:

A general protective services (GPS) referral was received on 01/18/2011 with concerns that the victim child’s older sibling was sexually acting out. There were concerns that the sibling may have been exposed to something inappropriate or possibly abused. LCCYS completed a thorough investigation and determine this report to be invalid as there was no evidence to validate the concerns.

Another GPS report was received on 09/23/2016 due to concerns that the father’s paramour had been hitting the victim child’s sibling to discipline him. The report noted that the child never had any injuries or impairment from these alleged incidents. LCCYS screened out this report noting that there were no allegations of child abuse or neglect.

The most recent report that the agency received prior to the near fatality was a GPS received on 09/28/2016 for concerns that the father’s paramour and the

father were using inappropriate discipline on the victim child's sibling, that there was domestic violence occurring in the father's home, and child behavioral concerns for the child's sibling. The agency completed a thorough assessment and determine the concerns to be invalid. [REDACTED]

**Circumstances of Child Near Fatality and Related Case Activity:**

On 10/07/2017, LCCYS received a child protective services report naming the child's mother as the alleged perpetrator of serious physical neglect. On this day, the 3-year-old victim child was taken to the local hospital by his mother to be seen for injuries caused from a reported fall. He was evaluated by hospital staff [REDACTED]

[REDACTED] The child was reported to be screaming and crying inconsolably throughout his stay at the local hospital, so medical staff transferred him to a specialty hospital for further evaluation [REDACTED]

[REDACTED] The incident was reported as suspicious due to the child's condition upon admission. The mother remained with him in the hospital until [REDACTED] the next day. While she and the child were at the hospital, the child's sibling remained in the care of his paternal grandmother and his safety was ensured by LCCYS.

LCCYS worked collaborative with local law enforcement to investigate this incident. Through interviews and examination of evidence, it was determined that the child's injuries were caused by an accident and that the child was safe to be released into his mother's care. The mother, the child, the mother's cousin, and the child's sibling were out walking on a local bike/walking path on 10/07/2017. The child was riding in a stroller and his brother was reported to be misbehaving. The mother reported that she stopped walking and locked the left rear brake on the stroller and turned to address the child's sibling's behavior. When she looked back she saw that the stroller had begun to roll to the left while pivoting on the locked wheel. It then began to roll down the sloped side of the path. The mother stated that she attempted to catch the stroller, but was unable to do so. About halfway down the sloped area, the stroller struck a rock area and rolled onto its side. The child rolled out of the stroller and continued to slide for a short distance across the rock area. The mother reported that they immediately attended to the child who was crying hysterically. The mother's cousin contacted her husband who picked them up and took them to the local emergency room for the child to be seen. The mother admitted that she only had the child strapped into the stroller with the lap belt because the shoulder straps had previously been broken. She believes that he was ejected from the stroller because the lap belt broke. Witnesses collaborated the mother's account of the events. There was also evident damage to the stroller along with broken pieces from the stroller found at the site of the incident.

LCCYS unfounded the report on 10/17/2017. Local law enforcement have also concluded their investigation and will not be filing any criminal charges.

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

- Strengths in compliance with statutes, regulations and services to children and families;
  - LCCYS did not convene a review team as the report was unfounded before the 30<sup>th</sup> day. As such, a County Child Fatality report was not completed.
- Deficiencies in compliance with statutes, regulations and services to children and families: The following challenges were noted by the county, not all of which are deficiencies:
  - LCCYS did not convene a review team as the report was unfounded before the 30<sup>th</sup> day. As such, a County Child Fatality report was not completed.
- Recommendations for changes at the state and local levels on reducing the likelihood of future child fatalities and near fatalities directly related to abuse;
  - LCCYS did not convene a review team as the report was unfounded before the 30<sup>th</sup> day. As such, a County Child Fatality report was not completed.
- Recommendations for changes at the state and local levels on monitoring and inspection of county agencies; and
  - LCCYS did not convene a review team as the report was unfounded before the 30<sup>th</sup> day. As such, a County Child Fatality report was not completed.
- Recommendations for changes at the state and local levels on collaboration of community agencies and service providers to prevent child abuse.
  - LCCYS did not convene a review team as the report was unfounded before the 30<sup>th</sup> day. As such, a County Child Fatality report was not completed.

**Department Review of County Internal Report:**

Lycoming County did not provide a County Internal Report due to the case being unfounded before the 30<sup>th</sup> day.

**Department of Human Services Findings:**

- County Strengths:
  - The agency immediately began the investigation, cooperating with medical personal and assuring the safety of the children involved.

- The agency conducted very detailed and thorough interviews with the subjects of the report, as well as collateral contacts. Decisions made on the case were well-informed.
- County Weaknesses:
  - None noted.
- Statutory and Regulatory Areas of Non-Compliance by the County Agency.  
There were no areas of regulatory non-compliance observed.

**Department of Human Services Recommendations:**

Strollers, like car seats and cribs, should also be subject to conversations and parenting documents that stress checking children's furniture and other items for signs of disrepair that would pose a potential safety risk to the child as well as the appropriate use of child restraints in car seats and in strollers.