



## REPORT ON THE NEAR FATALITY OF:

[REDACTED]

**Date of Birth:** 06/24/2016  
**Date of Incident:** 06/07/2017  
**Date of Report to ChildLine:** 06/07/2017  
**CWIS Referral ID:** [REDACTED]

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

Crawford County Children and Youth Services  
Forest County Children and Youth Services

**REPORT FINALIZED ON:**  
11/09/2017

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.

On 06/28/2017, Forest County has convened a review team in accordance with the Child Protective Services Law related to this report. Due to their prior involvement with the family, Crawford County Children and Youth Services attended this meeting as well.

**Family Constellation:**

<u>First and Last Name:</u>	<u>Relationship:</u>	<u>Date of Birth:</u>
[REDACTED]	Victim Child	06/24/2016
[REDACTED]	Sibling	[REDACTED]/2014
[REDACTED]	Biological Mother/[REDACTED]	[REDACTED]/1985
[REDACTED]	Biological Father	[REDACTED]/1970
[REDACTED]	Maternal Grandmother	Unknown
[REDACTED]	Half-Sibling	[REDACTED]/2005

\*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:**

As part of this near fatality review, the Department attended the review meeting that was held on 06/28/2017, reviewed the electronic record, provided guidance to Forest County and reviewed the final reports submitted by both counties.

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

Both Forest and Crawford Counties had involvement with this family prior to this incident. Each will be provided separately.

**Forest County Children and Youth Services (FCCYS):**

On 09/10/2012, FCCYS received a General Protective Services (GPS) report on the victim child's father. The father's oldest daughter (who is now 18 years old) alleged that he and other visitors in the home were using drugs so she went to live with her mother. The mother obtained full custody of her daughter and the agency closed the case, as there were no other children in the father's home.

A second GPS report on the father was received on 08/29/2014. This report involved both parents of the victim child and alleged domestic violence and drug

use by the parents. The victim child's sister was 2-months-old at the time of the report. FCCYS completed a GPS assessment and found the allegations to be invalid. The family was not accepted for service.

On 12/11/2014, a third GPS report was received by FCCYS. It alleged drug use resulting in jail time for both of the victim child's parents and inadequate housing. The father was residing in a small camper that was not sufficient for the sibling and her mother to live there with him. As a result, the mother and sibling went to the maternal grandmother's in Crawford County. FCCYS made a referral to Crawford County Children and Youth Services (CCCYS) since the mother and sibling were now residing in their county. The family was advised that if they moved back to Forest County with the father, their case would be accepted for services due to the GPS concerns (housing, drug use, etc.).

A fourth and final GPS report was received on 08/25/2015. At this time, the victim child's father [REDACTED] and was again residing in the camper with which the agency had prior concerns. Once again, contact was made with the father at that location and it was reported that the mother and sibling were only visiting there on weekends and were not permanently residing there. The agency found the camper to be appropriate for those short visits and the mother and sibling continued to reside full-time at her mother's home in Crawford County. Both parents were on probation at that time, with the father being supervised by Forest County and the mother's supervision being done by Crawford County. Forest County was in contact with both probation offices regarding the parents.

Crawford County Children and Youth Services (CCCYS):

CCCYS received a GPS report on 06/24/2016, when the victim child was born. Upon birth, both the mother and victim child tested positive for [REDACTED]. The mother had also tested positive for [REDACTED] and another substance during prenatal care. At the time of the victim child's birth, the father was incarcerated and mother and the sibling were living with the maternal grandmother in Crawford County.

CCCYS completed a GPS assessment, which included drug screening the mother. The agency determined that the mother was adequately meeting the children's needs while living with the maternal grandmother, who was assisting and supporting the mother. The agency contacted the mother's probation officer, who reported the mother was putting everything in place that was recommended/required. During the 60 day assessment period, the victim child's father was released from jail and returned to his residence in Forest County on house arrest. He was reportedly compliant with his release conditions. As a result, CCCYS determined that no further services were necessary and closed their involvement with the family on 08/22/2016.

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

Both Forest and Crawford Counties completed a report for this incident since they both had involvement. The information in this section of the report was gathered

from both reports and combined to summarize how the events transpired and to show the collaboration between all counties.

In the afternoon of 06/07/2017, CCCYS received a Child Protective Services (CPS) report on the victim child. As per the report, the child was taken to a nearby hospital because the child was "lethargic." The mother reported that the victim child had fallen off of a bed at approximately 7:00 AM, but didn't take him for treatment until 1:10 PM.

While at the nearby hospital, the victim child [REDACTED] [REDACTED] The victim child was [REDACTED], however, did not stay awake. The hospital had concerns for possible child abuse/neglect, so the physician certified the victim child to be in critical condition as a result. The child was flown by medical helicopter to Children's Hospital of Pittsburgh (CHP). The mother flew with the victim child in the helicopter and the paternal grandmother took the father to CHP in her vehicle.

On 06/07/2017, CCCYS contacted Allegheny County Children, Youth and Families to request a courtesy visit with the victim child at CHP. CCCYS also conducted a home visit to the maternal grandmother's home to ensure the safety of the sibling, who was staying with the maternal grandmother while the mother was in Pittsburgh. While at that visit, the maternal grandmother informed the CCCYS caseworker that the mother and her children moved out of her home approximately one month prior and into a rental home in Forest County. Upon learning this information, CCCYS contacted FCCYS to advise them of the report and update them on the current situation.

Later in the day on 06/07/2017, a supplemental CPS report was made [REDACTED]

During the helicopter flight, the mother reported there were no narcotics in the home, only [REDACTED]. She also reported "black mold" was present in the home and wondered if this caused the victim's condition. The medical staff stated her explanations were not consistent with his condition.

[REDACTED], the victim child regained full consciousness in the morning of 06/08/2017.

[REDACTED] The CPS investigation was reassigned to FCCYS, who in turn contacted the Pennsylvania State Police (PSP).

According to the information obtained during the investigation, the victim's father had left for work between 6:00 AM and 6:15 AM on the morning of 06/07/2017. The mother reported that the victim child did fall out of bed and was crying around 7:00 AM, which woke her up. He had been sleeping in her bed after being fussy through the night. The mother reported that after she comforted him, they went back to sleep in her bed. The sister was not sleeping in the same room as them. The maternal grandmother arrived at the home around 11:30 AM and found the mother and the two children in the bedroom. It is not clear if the mother had just

woken up when the grandmother arrived or if she had been awake prior to this. The mother told the grandmother that the victim child "wasn't acting right". The mother called the pediatrician for an appointment, but he could not be seen until later so the grandmother suggested taking the victim child to the Emergency Room.

During the interviews, the maternal grandmother later disclosed that upon entering the mother's home on 06/07/2017, she observed the mother's purse "dumped in the middle of the living room floor and [REDACTED] were scattered on the floor." The grandmother asked the mother about them and the mother's response was reportedly, "[REDACTED]."

The father did not see the medication on the floor when he left for work. The mother could still not explain how the victim child was able to ingest [REDACTED]

[REDACTED] She was also inconsistent with how she stores her medication out of reach of her children and in safekeeping.

Due to the concerns with the mother and the father, a safety plan was developed where the mother and children would move back into the maternal grandmother's home in Crawford County. The victim child [REDACTED] and returned to his mother's care and under the supervision of the maternal grandmother. FCCYS and CCCYS worked collaboratively to ensure the safety of these children, with Crawford County completing home visits with the mother and children at the grandmother's home.

On 06/30/2017, the FCCYS determined that the mother's negligence and irresponsibility with her medication resulted in the child's condition. As a result, the agency completed their CPS investigation by submitting an indicated status to ChildLine naming the mother as the perpetrator for causing bodily injury to the victim child through a recent act or failure to act and also for creating a likelihood of bodily injury to a child through a recent act or failure to act as it related to the sibling who also had access to the exposed medication. The allegations in relation to the father were unsubstantiated as the county did not believe he was aware of the situation when he left for work early in the morning.

FCCYS officially referred the family to CCCYS for services on 08/04/2017. CCCYS completed their formal assessment of the family and determined that, based on the most recent incident, services for the family were warranted and accepted the family for services on 08/25/2017. [REDACTED]

In early September, the mother was incarcerated for a probation violation. When this occurred, the father decided to move back to Forest County with his mother and did so on 09/12/2017. As a result, CCCYS referred the case back to FCCYS and FCCYS again accepted the family for services on 09/13/2017. The father has remained cooperative and compliant with the agency. The mother may be released as early as December 2017, however, she is likely to be charged with crimes related to this incident and will be placed in the [REDACTED] Jail at that time. The child is doing well and appears to have no lasting effects from the incident.

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

Although both counties completed reports, Crawford County Children and Youth Services did not identify any strengths or make any recommendations in their report. They participated in Forest County Children and Youth Services' meeting and provided input there. Forest County's strengths and deficiencies were taken directly from their report and are outlined below.

- Strengths in compliance with statutes, regulations and services to children and families;

From the onset of this case, cooperation and collaboration between three county child welfare agencies (Allegheny, Crawford and Forest), law enforcement (PSP [REDACTED], PSP [REDACTED], [REDACTED] DA) and medical staff ([REDACTED]) were phenomenal. Additionally, this was Forest County's first Near Fatality/Fatality case. The immediate guidance and advocacy from Western Region OCYF staff members and the cooperation of community members to quickly establish and participate in Act 33 Review requirements has been impressive and beneficial.

- Deficiencies in compliance with statutes, regulations and services to children and families;

The Review team discussed the barriers and/or challenges of this case. It was agreed that it would be very beneficial if county probation offices were able and willing to notify other county probation offices when someone on their caseload relocates to the other county. Furthermore, if that probation office has concern with a person on their caseload, in terms of being able to appropriately care for children without the supports that may have been in place at the previous county, it would be helpful to notify county CYS of the concerns.

In a perfect situation, it would also be helpful if medical staff that report serious abuse cases, particularly fatality and near fatality cases, reported the incident immediately to law enforcement that cover that jurisdiction. This could be critically important in gathering pertinent information for a potential criminal investigation. Additionally, while medical staff members report such matters to ChildLine, an additional call directly to the county child welfare agency of the incident may also expedite the investigation and assist with ensuring the safety of family members.

While this varies from county to county, charges against the perpetrator in this case have yet to be filed, more than 3 months after the incident and more than 2 months since CYS indicated the report. More timely coordination of these events would make safety planning and case management goals much easier for everyone involved.

- Recommendations for changes at the state and local levels on reducing the likelihood of future child fatalities and near fatalities directly related to abuse;

While this has already been recognized as a nationwide epidemic, the dangers of use/abuse and improper care of prescription medication needs to be effectively communicated to everyone. The parents of this case were required to watch safety related videos before leaving Children's Hospital. Forest County researched these resources and printed the Home Safety Handbook (distributed by [REDACTED]) that will be dispersed to all families involved with CYS. The Handbook also includes website links to several safety related videos for family members. Forest County has a "Cherish Your Child Baby Basket Program". The families of each and every newborn in Forest County are provided with a clothes basket full of needed baby items; including handmade baby blankets, baby related safety items, toiletry supplies, parent education literature and local resource information for families. The Home Safety Handbook will be included in the baby baskets. Forest County has also requested in the FY 17-18 Implementation Plan and Budget sufficient funding to purchase a medication lock box or bag for all families served by the Agency, including the Cherish Your Child Baby Baskets.

The County is hopeful that these proactive steps will effectively assist in preventing future tragedy situations, such as this Near Fatality case.

- Recommendations for changes at the state and local levels on monitoring and inspection of county agencies; and

Forest County is not of the opinion that Forest County CYS or Crawford County CYS could have done anything to prevent this unsafe handling of [REDACTED] medication. The case was not open for services with Crawford County CYS; therefore, they were not aware of the family relocating. Forest County CYS had no way of knowing that the family had relocated to Forest.

The only real entity that may have effectively addressed this situation would have been the county probation office that knew the mother in this family had a problem with abusing [REDACTED] medication. If possible, it would have been helpful that "the proper use and safe handling of [REDACTED] medication, including the use of a medication lock box or bag" be a term/condition of probation. This may increase the likelihood of safe handling and use of [REDACTED] medication. Additionally, the County is unaware if all medical facilities do this, but discussing this concern with new parents may be beneficial and effective with reducing accidental overdoses. In this particular case, young [REDACTED] was born affected by illegal substances used by his mother. This occurrence, in itself, would have warranted this being addressed by the medical facility and/or the investigating child welfare agency.

- Recommendations for changes at the state and local levels on collaboration of community agencies and service providers to prevent child abuse.

While it may not have prevented this situation, it would be helpful if agencies such as county probation offices inform other county probation offices in situations of relocation. A timely referral and transfer of probation from Crawford to Forest may have triggered closer monitoring of this family, due to the history of involvement a few years ago. That being said, the county

child welfare agencies involved in this case, as well as the medical staff and law enforcement entities collaborated extremely well.

**Department Review of County Internal Report:**

The Department received Forest County Children and Youth's internal report on 09/21/2017, as well as Crawford County's report. Crawford County Children and Youth Services submitted a report to Forest County as an example and guide for their report, since Forest had never completed one in the past. The Department is in agreement with the county's recommendations.

**Department of Human Services Findings:**

The Department reviewed both county reports and found them to be very thorough and well done. Both were completed and submitted timely.

- County Strengths:
  - All three counties (Crawford, Forest, and Allegheny) worked very well together to ensure safety was assured and timeframes were met. Crawford immediately contacted Allegheny to request a courtesy visit to the hospital. Allegheny complied promptly. As soon as Crawford learned the abuse occurred in Forest County, they made contact with Forest County. The parents moved back and forth between Forest and Crawford Counties over a three-month period. These two counties continued to have a collaborative relationship to ensure the safety of the children and to prevent the family from "falling through the cracks" of our system.
  - FCCYS was very proactive in gathering the necessary information to make a decision and support their findings. They were able to complete their CPS investigation in less than 30 days.
  - FCCYS also made sure they notified the PSP for them to investigate any crimes that may have been committed in this incident.
  - FCCYS and CCCYS both ensured that services that were necessary and beneficial to the family were referred and provided.
  - FCCYS had excellent turnout for their first near-fatality meeting and completed the process in an effective and timely manner.
- County Weaknesses: and
  - There were no weaknesses identified for this review.
- Statutory and Regulatory Areas of Non-Compliance by the County Agency.
  - The agency was in compliance with all laws and regulations.

**Department of Human Services Recommendations:**

The Department concurs with the county recommendations specific to securing medications and interagency notifications between probation offices when a person relocates from one county to another.