pennsylvania
DEPARTMENT OF HUMAN SERVICES

REPORT ON THE NEAR FATALITY OF:

[redacted]

Date of Birth: 03/09/2015
Date of Report to ChildLine: 10/04/2017
CWIS Referral ID: [redacted]

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

Chester County Children, Youth, and Families

REPORT FINALIZED ON:
03/22/2018

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))

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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.

The determination of the report was unfounded within 30 days; therefore, a review team was not convened for this incident.

Family Constellation:

First and Last Name:	Relationship:	Date of Birth
[redacted]	Victim Child	03/09/2015
	Mother	[redacted]1986
	Father	[redacted]1984

Summary of OCYF Child Near Fatality Review Activities:

For this review the Southeast Regional Office (SERO) reviewed all records and case notes for the victim child and family during the investigation. SERO reviewed the county's investigation/assessment and structured case notes. Interviews were completed with the investigative social worker.

Children and Youth Involvement prior to Incident:

Family had no prior history with Children and Youth.

Circumstances of Child Near Fatality and Related Case Activity:

On 10/4/17, Chester County Children, Youth, and Families (CCCYF) received a Child Protective Services (CPS) report that the victim child was brought into [redacted] via helicopter from [redacted]. The victim child was admitted for a drug overdose of multidrug accidental ingestion of [redacted] (180mg) two tablets, [redacted] .5mg 1 tablet, [redacted] 30mg 1 tablet, [redacted] 300mg 1 tablet, [redacted] 25mg 2 tablets, [redacted] 40mg 1-2 tablets, [redacted] .2mg 1 tablet, and [redacted] 100mg 1 tablet.

The victim child was in the care of his mother at the time of this incident. The mother left the victim child in the living room with a movie on while she went to do the laundry. The mother believes she was gone for no longer than 10 minutes. When she returned, mother noticed the father's pill organizer laying on the floor with several of the doors open and several pills laying on the chair. The mother called the father, who was at work at the time. The father suggested mother call poison control immediately. Poison control instructed the mother to take the victim child to emergency room. The victim child was transported to [redacted] and then flown to [redacted] via helicopter.

Father is [redacted]. Father is currently on [redacted] for a history of [redacted] and has been clean for the past 2 years. The family had stored the pill organizer in the coffee table for convenience and didn't think the victim child could access it due to furniture blocking the drawer.

The victim child was medically discharged on 10/5/17, the caseworker (CW) met the family at their home once they returned from the hospital. During the home visit, the CW suggested that the family purchase a lockbox and store father's medication in a place that wouldn't be easily accessible to the victim child. While initially resistant to the suggestion regarding the placement of the medicine, the father did eventually acquiesce and stated he would do whatever the CW wanted them to do to ensure the safety of the victim child. The father agreed to store the medication in his vehicle until a lockbox could be obtained and the medicine could be safely stored. A later visit by the CW on 10/10/17 confirmed that the family had purchased a lock box and safely stored the medication in a digital safe in the hall closet on the top shelf with all of the father's medications inside.

The victim child's Critical Care Team at [redacted] had no concerns about this incident being child abuse and believed this was a true accident. A follow-up visit to the victim child's pediatrician on 10/09/17 stated they had no further concerns for the victim child. The victim child was identified as a well-nourished and developed, alert, vigorous child in no distress.

The case was unfounded on 10/18/17.

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;
  - None noted at this time.
- Deficiencies in compliance with statutes, regulations and services to children and families;
  - None noted at this time.

- Recommendations for changes at the state and local levels on reducing the likelihood of future child fatalities and near fatalities directly related to abuse;
    - No recommendations.

- Recommendations for changes at the state and local levels on monitoring and inspection of county agencies; and
    - No recommendations.

- 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:

No county internal report as investigation was unfounded within 30 days.

Department of Human Services Findings:

- County Strengths:
  None noted

- County Weaknesses:
  None noted.

- Statutory and Regulatory Areas of Non-Compliance by the County Agency.
  None noted.

Department of Human Services Recommendations:

- The Department recommends free medication lockbox giveaways at the county children and youth agencies or at pharmacies as well as a Public Service Announcement to inform parents of the importance of locking their medication in a safe place away from sight and reach of young children.