



pennsylvania
DEPARTMENT OF HUMAN SERVICES

REPORT ON THE FATALITY OF:

Dekhi Hill

DATE OF BIRTH: April 13, 2014
DATE OF DEATH: July 12, 2014
DATE OF ORAL REPORT: July 12, 2014

FAMILY KNOWN TO:

Beaver County Children, Youth, and Families

REPORT FINALIZED ON:

3/16/15

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 1147, Printer's Number 2159 was signed into law on July 3, 2008. The bill became effective on December 30, 2008 and is known as Act 33 of 2008. As part of Act 33 of 2008, DHS must conduct a review and provide a written report of all cases of suspected child abuse that result in a child 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.

Act 33 of 2008 also requires that county children and youth agencies convene a review when a report of child abuse involving a child fatality or near fatality is indicated or when a status determination has not been made regarding the report within 30 days of the oral report to ChildLine. Beaver County has convened a review team in accordance with Act 33 of 2008 related to this report.

Family Constellation:

<u>Name:</u>	<u>Relationship:</u>	<u>Date of Birth:</u>
Dekhi Hill	Victim Child	April 13, 2014
[REDACTED]	Mother	[REDACTED] 1993
* [REDACTED]	Father	[REDACTED] 1991
[REDACTED]	Maternal Grandmother	[REDACTED] 1968
[REDACTED]	Sibling	[REDACTED] 2014

*indicates that this is not a household member of the victim child.

Notification of Child (Near) Fatality:

On July 12, 2014, Beaver County Children and Youth Services (CYS) received a [REDACTED] report from [REDACTED]. The report stated the maternal grandmother was watching the child while the mother was out for the evening. Police were called to the home at 3:22 a.m. as the maternal grandmother had rolled over onto the child in her sleep, suffocating the child. The child was deceased when the police and paramedics arrived at the scene. As per the report, maternal grandmother is [REDACTED] and was incoherent when the police arrived. [REDACTED]. The child was taken to Aliquippa Medical Center. [REDACTED] with the maternal grandmother [REDACTED].

Summary of DPW Child (Near) Fatality Review Activities:

The Western Region was notified of this referral and fatality on July 12, 2014 at 3:15 pm. An initial Multi-Disciplinary Team Meeting was held at the Beaver

County Children, Youth, and families Office on July 30, 2014. The agency's case records were reviewed for this report. Interviews were conducted with the caseworker and supervisor to gather further information.

Summary of Services to Family:

Children and Youth Involvement prior to Incident:

Beaver County Children and Youth Services had no prior involvement with this family.

Circumstances of Child (Near) Fatality and Related Case Activity:

On July 12, 2014 at approximately 3:22 a.m. the police and paramedics were called to the family residence, due to the maternal grandmother calling 911 stating that the child was found non-responsive. Paramedics were on the scene at approximately 3:30 a.m. Attempts at CPR were made by the paramedics and the child was then rushed to the Aliquippa Medical Center where he was declared dead.

It was reported that mother had left her son in the care of the maternal grandmother for the evening. It was also reported that mother had been in contact with maternal grandmother throughout the evening and that her son was doing fine up until the time of the alleged incident. It was reported that maternal grandmother had put the child to bed at approximately 10:00 p.m.

The maternal grandmother went to sleep in the same bed as the child. A few hours later, when she got up to use the bathroom she noticed that the child was not breathing. She called 911.

When the paramedics arrived, they reported maternal grandmother appeared to be "out of it" and in a [REDACTED]

[REDACTED] It was reported that the maternal grandmother was under the influence, non-ambulatory and unable to communicate when police arrived at the scene. [REDACTED] It was later reported that she was on several [REDACTED] and was a recovering addict. Maternal grandmother denied any current addictions, but admitted to taking six different medications on the night of the incident which included [REDACTED]. She also has been [REDACTED].

It was also reported that maternal grandmother had been sleeping in the same bed as the child, although a crib was also located in the bedroom. She could not remember what had actually occurred, but would not admit to rolling over onto the child, causing the child's death. The final autopsy report stated that there

were no signs of abuse and unless the maternal grandmother admitted to rolling over onto the child, the cause of death will most likely be listed as "unexplained"

The child's older sibling was at his father's home at the time of the incident. The agency immediately assured the child's safety.

It was also reported that there were no concerns for the home conditions in which mother, maternal grandmother, and the children lived in, and that mother was an appropriate caregiver. It was also reported that mother and child had slept together in the same bed on some occasions. Both the mother and the maternal grandmother were [REDACTED] following this tragic death. The father of the children lives with his mother.

On August 27, 2014, [REDACTED] was completed. The case was closed at the conclusion of the investigation.

Current Case Status:

Beaver County Children and Youth Services has [REDACTED] report and closed out the intake investigation in regards to the death of the child. The fatality was ruled an accident with the official cause of death being listed as "unexplained". Both and the child's mother and maternal grandmother have been [REDACTED]. No criminal charges were filed by local law enforcement. Mother and her other child, [REDACTED], presently reside in the home of father and paternal grandmother. No other services are being provided the family at this time.

County Strengths and Deficiencies and Recommendations for Change as Identified by the County's Child (Near) Fatality Report:

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- **Strengths:**

The County immediately responded to the ChildLine report and followed-up with assuring the sibling's safety. The sibling was with his father at the time of the incident.

- **Deficiencies:**

None reported

- Recommendations for Change at the Local Level:

What was recommended at this level was more public outreach on parents sleeping in the same bed as infants and the dangers that exist when this occurs. Although there is information and a video that mothers can watch following the delivery of their child and prior to leaving the hospital.

- Recommendations for Change at the State Level:

What was also recommended was more public outreach at the state level, i.e. public service announcements on co-sleeping.

Department Review of County Internal Report:

The Department agrees with the recommendations that were made at the July 30, 2014 MDT meeting. The County is still attempting to improve upon their written County Internal Reports so that they capture all of the recommendations.

Department of Public Welfare Findings:

- County Strengths:

The MDT meeting was held within 30 days of report with a variety of personnel present at the meeting. This included Beaver County CYS caseworkers and supervisors, DHS representatives, law enforcement representatives, the District Attorney's office, and private providers in Beaver County.

- County Weaknesses:

None noted at this time

- Statutory and Regulatory Areas of Non-Compliance:

No statutory or regulatory areas of non-compliance were found.

Department of Public Welfare Recommendations:

DHS recommends that more public outreach into parents sleeping in the same bed as infants and dangers that exist needs to be a priority for the state. There has been an increase in the number of infant deaths as a result of co-sleeping.