pennsylvania
DEPARTMENT OF HUMAN SERVICES

REPORT ON THE NEAR FATALITY OF:

BORN: January 7, 2014
DATE OF INCIDENT: February 20, 2014
DATE OF ORAL REPORT: February 22, 2014

FAMILY WAS KNOWN TO:

Allegheny County Office of Children, Youth and Families

REPORT FINALIZED ON:
6/23/15

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. Allegheny County has convened a review team in accordance with Act 33 of 2008 related to this report.

Family Constellation:

Birth Family:

Name:	Relationship:	Date of Birth:
[redacted]	Child	1/7/14
[redacted]	Birth Mother	[redacted]/84
[redacted]	Mother's Husband	[redacted]/78
[redacted]	Sister	[redacted]07
[redacted]	Brother	[redacted]/09

Pre-Adoptive Family:

[redacted]	Pre-adoptive mother	[redacted]/80
[redacted]	Pre-adoptive father	[redacted]/77

Notification of Child (Near) Fatality:

On 2/22/14 Allegheny County Children, Youth, and Families (ACCYF) received a report of suspected abuse on the child. The child was admitted to Children's Hospital of Pittsburgh on 2/20/14. He had been brought to the hospital by his pre-adoptive parents for lethargy and vomiting. They reported that the child had lost substantial weight and weighed less than his birth weight. [redacted] the child presented with hypothermia and a slow heart rate. [redacted] was performed which found [redacted] This was highly suggestive of non-accidental trauma. The pre-adoptive parents were with the child [redacted] all day until they were told of the results [redacted]. The pre-adoptive parent's response to the findings was "that at least they knew why he was vomiting." The child was in serious condition due to low weight and failure to thrive. There was concern that [redacted] could have

been caused by the birth mother's IV drug use and lack of prenatal care. [redacted]

Summary of DHS Child (Near) Fatality Review Activities:

On 2/22/14, the Western Region Office of Children, Youth and Families (WROCYF) was notified [redacted] that the previously received report on [redacted] was certified as a Near Fatality Report. On 3/4/14, Western Region Human Services Program Representative [redacted], conducted a field visit to [redacted] adoption agency. The Director [redacted], was interviewed and the agency records for the birth and adoptive family were obtained and reviewed. The WROCYF also obtained and reviewed the [redacted] records on the adoptive family. The current and past case records from ACCYF pertaining to the birth family were reviewed. Medical records for the birth mother and the child were obtained and reviewed. The WROCYF also participated in the County Internal Near-Fatality Review Team meetings on 3/25/14 and 5/15/14.

Children and Youth Involvement prior to Incident:

ACCYF had one prior report on the birth family. On 11/12/13, the agency received a report [redacted] that the child's half-brother who was four at the time of the incident was found wandering the streets. When the mother was located she admitted that she had left the child home alone while she walked the older half-sister who was six at the time to school. The house was reportedly messy and there was no food in the house. The agency completed a General Protective Service Assessment on the family. The child reported that was the first time that he had been left home alone. The agency did not identify other safety concerns. The mother did not appear to be pregnant and she did not tell the caseworker that she was pregnant. The case was closed on 1/10/14 which was three days after the child was born.

Summary of Services to the Pre-Adoptive Family:

The pre-adoptive family contacted the [redacted] agency in March of 2011 to request information on adoption. Over the next three months, the pre-adoptive family completed and submitted the required documents to complete an adoption home study. The [redacted] adoption agency completed the initial interview of the pre-adoptive parents and a home visit to their residence on 8/20/11. Individual interviews with each pre-adoptive parent and a second couple interview were conducted at the family home on 8/28/11. Their family home is a townhouse located in a suburban Pittsburgh community. The pre-adoptive parents were described as being very cooperative throughout the home study process. They openly discussed with the worker their past histories as well as their desires to create a family through adoption. Their references were positive and did not show any concerns. The family was approved on 11/1/11 as an adoptive family. The pre-adoptive parents stated that the type of child that they desired was a healthy Caucasian, Hispanic, Latin American, Native American, or Bi-

Racial child who was birth to one year old. They would be willing to take a sibling group as along as one of the children was under the age of one. They did not have a gender preference. The pre-adoptive parents attended a series of trainings to prepare them for adoption. They did state that they felt that they would be best able to parent a healthy infant whose birthmother was not addicted to drugs. It was [redacted] impression that the pre-adoptive mother was the stronger partner. She was described as being very organized person who controls her emotions. The pre-adoptive father was described as being sensitive and laid back.

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

On 1/7/2014, [redacted] was contacted by [redacted] Hospital in [redacted], Pennsylvania that the birth mother had given birth to a healthy baby boy on that date. The baby weighed 6 pounds 4 ounces. [redacted] The hospital records state that he was a full-term baby. The birth mother did not have prenatal care because she claimed that she did not know that she was pregnant. At the time of the child's birth the birth mother tested positive for [redacted] The mother called [redacted] on 1/7/2014 to state that she had just given birth to a baby that she wanted to place for adoption. [redacted] A worker from [redacted] went to the hospital that day the mother signed the consent forms to place the child with [redacted] The birth mother left the hospital that day because her two other children were at home. The child would remain hospitalized for a week to be evaluated [redacted]

[redacted] met with the birth mother who stated that she believed that the child was conceived when she was raped. She had gone to a party and she believed that someone had slipped something into her drink. The next thing she remembers was waking up and she did not have any clothes on. She said that she did not know she was pregnant. When her water broke she panicked and a friend of hers gave her a pill which was a [redacted] The birth mother stated that was the only drug she took when she was pregnant. She did say that she had had an occasional drink during the pregnancy. The mother then disclosed that she was legally married. Her husband is from Africa and traveled frequently. [redacted]

[redacted] presented the pre-adoptive family to the mother and she agreed that the child should be placed with them. She did not want to meet them. [redacted] presented the child to the pre-adoptive parents on 1/12/14. They then met him at the hospital on 1/13/14. The child [redacted] to the pre-adoptive family on 1/14/14. The pre-adoptive mother took 6 weeks of maternity leave when the child was placed. The pre-adoptive father took 2 weeks of paternity leave. He then worked from home a few days a week to help with the baby. [redacted] the pre-adoptive family were to follow-up with routine well child care.

On 1/16/14 a worker from [redacted] made a home visit to the pre-adoptive home. The pre-adoptive parents told the worker that the baby was eating good and sleeping well. They were thrilled to have the child in their home. The family's two dogs were locked in the kitchen during the worker's home visit.

The child had his first well child care visit with his pediatrician on 1/17/14. The pre-adoptive mother reported that she was bottle feeding him 2 ½ to 4 ounces every 4 to 5 hours. After a feeding, he would go back to sleep. [redacted] On 1/30/14 the pre-adoptive mother called the doctor's office to report that the child was constipated and was spitting a little. He was fussier that day. The pre-adoptive mother was instructed to use [redacted] formula. The next well child visit was on 2/7/14. [redacted] The pre-adoptive mother was concerned that he was spitting up and vomiting. His constipation had improved slightly. She was bottle feeding him [redacted] every 4-5 hours. It was noted that he was a well one month old.

Two days later on 2/9/14, the pre-adoptive mother called the pediatrician's office to report that the child was vomiting and was unable to keep food down. This was the start of a thirteen day period with multiple calls from the pre-adoptive parents that the child was not able to keep food down. At the 2/13/14 doctor visit, the pre-adoptive mother reported that the child was vomiting to the point of dry heaving. He was only able to keep only 2ozs. of formula down. The pre-adoptive mother stated that she knew he was hungry but he could not keep food down. [redacted] It was noted that he was a fussy child with [redacted] The pre-adoptive mother was in tears because she knew he was hungry but could not keep food down. The child was seen again on 2/2/14 [redacted] During the visit the pre-adoptive mother fed him 4oz of [redacted] which he kept down for 15 minutes and then he repeatedly vomited through his mouth and nose. [redacted] The pre-adoptive parents were instructed to take the child to Children's Hospital of Pittsburgh in order to rule out that the child had a blockage or other metabolic reasoning for the vomiting.

The child had an abdominal x-ray [redacted] Children's Hospital of Pittsburgh which ruled out [redacted]

[redacted]

[redacted] The child then underwent a skeletal survey [redacted] It was also noted that he had a bruise and swelling to the left eyelid [redacted] These injuries were diagnostic for physical child abuse with abusive head trauma and that he was hurt on more than one occasion. These injuries caused severe pain, were life threatening and will cause life-long impairment to the child.

[redacted] the director of the adoption agency met with the pre-adoptive mother and her mother. She told them that they will no longer be able to visit with the child at the hospital. The child [redacted] to one of the adoption agency's foster homes on 3/4/14. [redacted] The new foster parents were instructed to schedule follow-up appointments [redacted] as well as with his pediatrician.

The director of the adoption agency said that the pre-adoptive parents kept her informed of the child's health problems. On 2/21/14 the pre-adoptive mother called the adoption agency to inform them that they were taking the child to the hospital. Later that day, the pre-adoptive mother called again and told her that the child flat lined. She called a third time hysterical that ACOCYF was investigating them for child abuse. The director of adoption agency confirmed with both Children's Hospital and ACCYF that they had custody of the child. The director met with the child's treating physician who explained the child's injuries to her [redacted] The birth mother was told of the child's injuries by the director, she said that she still wanted to go through with the adoption. According to the agency director, she was at the hospital with the pre-adoptive parents and the pre-adoptive mother's mother. After she told them that they could no longer visit the child at the hospital, the pre-adoptive mother told the child that she loved him and that they would be back together soon. [redacted] the child was improving. He was eating

and gaining weight; he was smiling and responsive to his environment; he was able to track objects with his eyes. He made steady progress [redacted]

On 2/22/14 two on-call caseworkers from ACCYF and two detectives from the Allegheny County Police went to Children's Hospital of Pittsburgh in response to the report of suspected child abuse. When they arrived at the hospital they spoke to the [redacted] who described the pre-adoptive parent's behavior as unusual. The [redacted] was called to support the pre-adoptive parents after the child had coded. When she approached the pre-adoptive parents they told her that they were busy making phone calls. [redacted] did not hear the phone conversations. They then said that they needed to leave the hospital to feed their dogs. They were told by phone that the child had [redacted]. Their response was at least we know why he had been vomiting. They were told that a referral had been made to ACCYF. The next interview was with the treating physician who described the child's injuries to them.

The pre-adoptive mother was then interviewed. Her demeanor was described as stoic during the interview but she did break down when the interview was completed. She denied any knowledge of trauma or accidents to the child as well as anyone hurting the child. She described the child as being a very quiet baby. According to the pre-adoptive mother the only caregivers for the child were the pre-adoptive parents and the pre-adoptive mother's mother and her husband. She did show him off to the neighbors. She described the history of the child's illness to them. She described her husband as being a good father and they were wracking their brains trying to figure out how the child was injured. She also said that she wanted to be a mother since her father died; she wanted to carry on his legacy.

The pre-adoptive father was then interviewed. He was described as being very emotional during the interview. He denied any knowledge of trauma or accidents to the child as well as anyone hurting the child. The pre-adoptive father stated that he loved the baby and would never intentionally hurt him. He did not know how the child got his injuries. The police confronted the pre-adoptive father that the child's injuries were caused by the child being hurt by someone. The pre-adoptive father denied doing anything to the child. He then said if I did it, it was accidental but I don't know how anything could have happened to him. He repeated that statement several times. The police offered him a polygraph, he initially said that he would have to talk to someone before taking it and then said he would take one. After the interviews were completed, the agency workers took photos of the child and then left the hospital.

The case was assigned to an intake caseworker on 2/24/14 to complete the investigations. She spoke to the detective who had interviewed the pre-adoptive parents. He told her that the pre-adoptive parents denied harming the child or that the child had suffered any trauma in their home. The detective went on to say that the pre-adoptive father's responses to their questions as bizarre. When they offered him a polygraph he sat on his hands, his eyes got wide, he turned pale and started to stammer. The detective stated that their next step would be to make an unannounced home visit to the pre-adoptive home. The caseworker then went to the hospital to see the child other than having a cast on his

leg he did not have any visible injuries. He had just eaten his first meal since being admitted to the hospital. She spoke to the treating physician and [redacted] They described the child's injuries to her. The treating physician told her that the injuries are life threatening, caused severe pain and likely to cause permanent impairment.

The police attempted to make a home visit to the pre-adoptive family's home. The pre-adoptive parents would not allow them in the house. ACCYF was also not able to get into the home. Once the child [redacted], a home visit to the child's foster home was made. The visit went well and there were no concerns noted. The pre-adoptive parents came to ACCYF office on 3/11/14 for an interview but did not go through with the interview on the advice of their attorney. After the police met with the District Attorney they decided that they would need more information in order to press charges. They needed more specific time frames for when the injuries occurred. The treating physician was unable to give them this information. As of the date this report, the pre-adoptive parents have not been charged. The Child Protective Service Investigation Report was filed on 4/22/14 with a finding of "Indicated" on both pre-adoptive parents

The agency decided to conduct a General Protective Services assessment on the birth family since they received the new information that the mother had tested positive for [redacted] when she gave birth to the child. This investigation was assigned to a different worker than the Child Protective Services investigation. The caseworker made an unannounced home visit to the birth family's home on 2/26/14. She met with the birth mother who told her the same story she had told the adoption agency concerning the conception and birth of the child. It was her plan to go forward with the adoption plan for the child since her husband did not know about the child. The adoption agency had told the mother about the child's injuries. The birth mother denied using drugs and said that she took the [redacted] only one time because she was stressed out when she realized she was in labor. [redacted] She signed release forms for the caseworker to obtain medical and school records. The caseworker than spoke to the child's older brother in his bedroom the room was appropriately furnished and there were age appropriate toys in the room. The older brother was happy that his father was back from one of his trips. He did not have any concerns about his mother. The child's older sister was in school during the visit. The home was appropriately furnished with working utilities and ample food. The caseworker did not note any safety concerns.

The caseworker made another home visit to the birth family home on 3/4/14. She met with the child's older sister who echoed her brother's statements in that there were no problems in the home and she felt safe. The paternal grandmother had moved into the home since the caseworker's previous home visit. The mother stated that the paternal grandmother did not speak English and that she did not view her as a caregiver for the children. She did not know how long her mother-in-law would be staying. [redacted]

During additional conversations with the birth mother she denied that there was any domestic violence in the home. She said that her husband was from [redacted] Africa and that he and his mother spoke the Fula language. He came to [redacted] approximately 15 years ago. He does travel frequently between Africa, Canada, where he has family and [redacted]. His extended family members provide him with the funds to travel. When he is in [redacted] he works at an Auto Body shop.

The children's medical records showed that the child's older sister was up to date on her immunizations and well-child care visits. The child's older brother was behind in his immunizations and was overdue for a well-child care visit.

[redacted] The agency accepted the birth family for services on 3/25/14. A referral was made for the family to receive in-home services even though the mother stated that she did not want services.

Current Case Status:

The child was [redacted] to Children's Hospital of Pittsburgh after he had suffered a [redacted] the child's cast was removed. The [redacted] had healed completely and the child would no longer need [redacted] The child's [redacted] he was [redacted] back to the foster home. The child had follow up appointments at Children's Hospital's [redacted] as well as his pediatrician. He could not be seen by [redacted] until the fall of 2014.

On 2/24/15, the child's medical report states that the child's diagnosis was non accidental trauma, [redacted] Follow-up exams for the child should be scheduled [redacted] The medical records from the follow-up visits showed that the child was making steady progress.

The child was seen at Children's Hospital [redacted] at age 2 months, 6 months and 11 months. It was noted that the child was making steady progress his weight gain was steady and he was making steady developmental progress. [redacted]

The child was seen by his pediatrician on 3/12/14, 3/26/14, 423/14, 5/7/14, 7/7/14, 10/27/14, and 1/29/15. The child [redacted] on 3/12/14 which was

resolved by the 5/7/14 visit. [redacted] The doctor notes state that his injuries were healing, [redacted] During his well-child visits, it was noted that the child was having a steady weight gain and developmentally he was making progress. He received his immunizations on schedule.

[redacted]

His steady progress was noted during his doctor visits. The child was described as being a happy baby with an easy going personality. He smiled all the time.

The child was placed in a new adoption home in October of 2014. [redacted]

Once ACCYF accepted the birth family for services the mother's cooperation with the agency was minimal. [redacted] She would not be home for scheduled home visits. The family moved in the summer of 2014 and the caseworker could not locate them. The case was then closed.

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

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. Allegheny County has convened a review team in accordance with Act 33 of 2008 related to this report.

- Strengths: The agency responded immediately when they received the report. They conducted a thorough investigation to ensure the safety of the child. The agency confirmed that the private adoption agency had legal and physical custody of the child.

- Deficiencies: The agency did not receive a referral on the child at birth even though he tested positive for an illicit substance. Reportedly, the hospital did not make the referral because the mother had made a plan for the child to be adopted privately. This was a violation of the Child Abuse prevention and Treatment Act (CAPTA) of 2010.

- Recommendations for Change at the Local Level:
  - The agency recommended that they use Allegheny County's Integrated Service to coordinate cross systems assessment, service planning and tracking of the family.
  - The agency needs to review any policies, procedures, and/or training regarding the role ACCYF may have regarding their legal rights and responsibilities if any to take custody of an abused child when the private system is already involved.
  - ACCYF should reach out to local area should reach out to area hospitals in an effort to reinforce the notification requirements of CAPTA as they relate to drug exposed babies.
  - Allegheny County needs to review and reinforce the established joint investigative protocol developed by the Office of District Attorney, Law Enforcement and ACCYF.

- Recommendations for Change at the State Level:
  - There should be ongoing discussions with private adoption agencies regarding the possibility of standards for updating a family's Adoption Home Study and/or Family Profile after an incident as this. The Resource Family Registry should be updated as well.

Department Review of County Internal Report:

The County submitted a draft report to the Department. There have been ongoing discussions with ACCYF that they need to submit their internal reports to the Department in a timely manner.

Department of Public Welfare Findings:

- County Strengths: ACCYF completed a through CPS investigation. They worked in conjunction with the County Police in conducting the investigation. They worked with Children's Hospital of Pittsburgh and the private adoption agency to ensure that the safety of the child. The agencies worked together to ensure that the child received the developmental services that he needed.

  The agency conducted a thorough investigation of the birth family. They met with the family on several occasions. The case file contained medical records and school records of the children. At all times the caseworker was respectful to the mother's situation. The caseworker encouraged the mother to seek services to help her deal with the trauma that she experienced.

  The case documentation was thorough. The Safety Assessments and Risk Assessment were completed as required and were well done.

- County Weaknesses: The agency did not submit Child Protective Service investigation Report within 30 days of receiving the oral report. Case

documentation states that treating physician told the agency on 2/24/14 that the child's injuries had caused severe pain and likely lifelong impairment. The Allegheny County District Attorney requested additional information from the treating physician; she wanted a more exact timeline of when the injuries occurred. ACCYF did request this information which delayed the filing of this report.

- Statutory and Regulatory Areas of Non-Compliance:
  None

Department of Public Welfare Recommendations:

Unfortunately, the Western Region has seen a number of problematic situations that have involved adoption families. The current adoption regulations are vague. Our review of adoption home studies/family profiles has shown a trend in that agencies will superficially address each component that is in the regulations. However, the home studies do not sufficiently address the challenges that adoptive parents will have and their abilities to meet these challenges. A work group should be formed to address the need to improve the assessment of adoptive parents.

The other issue that needs to be addressed is that agencies are using the Resource Family Registry to register foster families and foster/adopt families. Traditional adoptive families who are only interested in a private adoption or a private agency adoption are not being registered on the registry.