



REPORT ON THE NEAR FATALITY OF:

[REDACTED]

BORN: May 5, 2011
DATE OF NEAR FATALITY: January 5, 2012

FAMILY KNOWN TO:

Beaver County Children and Youth Services

Date of Oral Report: January 5, 2012

REPORT FINALIZED ON: March 4, 2013

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, DPW 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>
[REDACTED]	Mother	[REDACTED] 1992
[REDACTED]	Father	[REDACTED] 1989
[REDACTED]	½ Sibling	[REDACTED] 2009
[REDACTED]	Child	5/5/2011

Notification of Child (Near) Fatality:

On January 5, 2012 the local police department and the EMT's were called to the family apartment with a report that a baby had fallen. Upon arrival at the apartment the child had fresh bruising to her neck. The father reported that he tried to drop the child onto a rubber inter-tube that was on the floor. The father said that he missed and the child hit the center of the inter-tube that did not have padding. Shortly afterward the child became unresponsive and had difficulty breathing. The child was [REDACTED]. At the hospital a CT scan was performed on the child. It showed [REDACTED]. There are bruises on the child's neck and the incident maybe a possible shaken baby. A report of suspected Child Abuse was filed with ChildLine and Beaver County Children and Youth Services was notified of the report on the same date.

Summary of DPW Child (Near) Fatality Review Activities:

The Western Region Office of Children, Youth and Families obtained and reviewed all current and past case records pertaining to the family. The Department has obtained and reviewed the medical records for the child. The Department has maintained ongoing contact with Beaver County Children and Youth Services to monitor the case.

Summary of Services to Family:

Children and Youth Involvement prior to Incident:

On 5/11/11 the agency received a referral on the family. The referral stated that the home was filthy and that there was no electricity and food in the home. The family has no income because the father can't find a job because he is a convicted felon. The father [REDACTED] to pay the rent. The mother recently gave birth. A caseworker made an unannounced home visit to the family home later that day. The caseworker met with the mother, father and the two children. The home was clean with utilities and there was adequate food in the home. The parents appeared to be bonded with the children and demonstrated adequate knowledge and skill to fulfill their parenting responsibilities. The caseworker completed an In-Home Safety Assessment tool with a finding that the children are safe and closed the case.

On 10/16/11 the agency received a second referral on the family that the home was filthy and there was no electricity in the home. The children's hygiene is poor. The agency attempted to make an unannounced home visit to the family home on 10/17/11. There was no one home. The caseworker attempted unannounced home visits on 10/19/11 and 10/20/11 with the same results with no one being home. The caseworker left her card at the family home and attempted to contact the parents by phone and mail. The caseworker made contact with the mother on 10/21/11. She explained to the caseworker that the family was living with the maternal grandmother. On 10/26/11 the caseworker made a home visit to this home. The mother and the two children were seen during this visit. The mother reported that the father was at work. The mother stated that they had been living with the grandmother since the electricity was turned off in their apartment. The mother stated that they did not plan on returning to that apartment because of issues with the landlord. They can stay with the maternal grandmother as long as needed. The home was found to be appropriate for the family. The children were clean and appeared to be well cared for. The mother appeared to have adequate parenting knowledge and skills to fulfill her parenting duties. The caseworker completed an In Home Safety Assessment tool with a finding that the children are safe. The case was closed.

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

On January 5, 2012 Beaver County Children and Youth Services received a referral from the local Police Department that the child allegedly fell and the father did not call 911 for approximately fifteen minutes. The child had fresh bruises on her neck and the Police believed that the child had been shook or choked. The father told the Police that he dropped the child and tried to get her onto the rubber tube on the floor. The child hit the middle of the ring where there was no padding. Shortly afterwards the child became unresponsive and had abnormal breathing. The child was taken by [REDACTED]. A head CT scan showed [REDACTED] along with the bruising on her neck. The Doctor stated that the injuries were not consistent with the story that the father had given. The child did not have a skull fracture and did not show any signs of blunt force

trauma. It was their opinion that injuries were the result of [REDACTED] possibly from [REDACTED]. The mother was at work at the time of the incident. Initially the mother was supportive of the father and said that she could not believe that he would harm the child. The mother did state that she had attempted to [REDACTED] the father in the past. The paternal grandparents reported that the parents have a history of fighting. The police reported that the home conditions were deplorable.

The parents were interviewed at the hospital that evening of the incident. The parents were interviewed together. The father's description of the day started with him saying that he had not gone to bed until 4:00am the day of the incident. He stated that the child and her sister were home with him the entire day. There were no visitors to the home. The mother was at work. He believed that the mother left for work around 7:00 a.m., he was not sure of the time because there wasn't a clock in the house. The child's sister woke up first and was wandering around the apartment. The child woke up and cried for a bottle. It was his intention to feed her in the bedroom with the TV on because that usually keeps her quiet. He stated that he picked the child up from the playpen with his right arm and had the bottle in his other hand. While in the bedroom the child began to slip from his arms and he caught her by the throat by the inner part of his forearm and his bicep. When he realized that he had the child by the throat his reaction was to drop her. The child's inflatable circular toy was lying on the bedroom floor and it was his intention to drop her on the toy to soften her fall. The center of the tube was open and when he let go of her the child hit the open center of the toy which was the floor. He said that the child was lying with her head and back on the floor and her legs in the air. She cried for one to two minutes and then fell into unconsciousness. The child's arms continued to move and she was breathing but she was not crying. Her eyes were closed. He carried her downstairs and tried to rouse her by shaking her arms and legs but keeping her body still. She did not come to. He did not have a phone in the apartment and had to run next door to borrow one. He attempted to call the mother and his mother two times and they did not answer. He then tried to call his father who answered his second call around 1:15 p.m. and told him to call 911 which he did.

Father stated that he and the mother have been in a relationship for the past 1½ years. He denied that there was domestic violence in the relationship. He stopped using Marijuana approximately a week ago. He was now smoking "Black Rooster", (which is an herbal incense that is not for human consumption but which is being smoked to get high). He has both [REDACTED] and had served time in jail and had been on probation. He reported that he had been diagnosed as [REDACTED] in the past and recently returned to [REDACTED]. The agency had him sign a release of information form and obtained a copy of this evaluation. The father is unemployed and does not have a High School Diploma or a GED.

The mother stated that the child was awake at 5:00a.m., when she fed the child a bottle and changed her. The child took the whole bottle without a problem and went back to sleep. When she left the house around 7:40a.m to go to work everyone in the house was asleep. The mother stated that when she checked her cell phone there were two phone calls from the father, the first call was at 1:12p.m. She did not get these calls. When the

mother arrived home around 2:00pm she saw the ambulance and the police coming out of the apartment. The child had already been transported to [REDACTED]. At the time the interview took place the mother had not seen the child since leaving for work that morning. The mother described the child as a happy baby who only cried when she was hungry.

The mother confirmed the father's statement that she had recently sought [REDACTED]. She had been diagnosed with [REDACTED] as a child. She denied that there was domestic violence in her relationship with the father. She graduated from high school in 2011. She was employed at a local hot dog restaurant. The mother signed release of information forms and the agency obtained the Well Child care records for both the child and her sister. The records showed that they were receiving regular medical care.

The mother asked that her sister be evaluated as a caregiver for her other child and the agency agreed. Another caseworker went to the maternal aunt's home and completed a home safety assessment. The Aunt's home was found to be appropriate for the child's sister.

Prior to leaving the hospital the mother, paternal grandmother and the caseworker saw the child in the [REDACTED]. The father declined to see the child when asked.

On January 6, 2012 the caseworker made a home visit to the maternal aunt's home to see the child's sister. The aunt reported that she had been at the hospital until midnight and she then brought the child's sister home with her. According to the Aunt she noticed that the child's sister had a rash when she bathed her. She does not speak well and has had high lead levels in the past. She further reported that the mother and father's apartment is a mess. The mother and father have had incidents of domestic violence in the past. She believes that the father has hurt the children in the past. The mother has allowed him to care for the children on numerous occasions even though she knew of his history of violence. The father has given the family at least three different stories of how the child was injured. He initially told them that the child slipped because he had wet hands. Then he said that he took the child out of the playpen and she began to fall and he tossed her causing her to hit the floor. When the father left the hospital last night he believed that the police were looking for him. The mother was being supportive of the father until the doctor told her that the child's injury was the result of [REDACTED]. The caseworker informed the aunt that no one was allowed to care for the child's sister until they were approved by CYS.

The caseworker spoke with the police on this date. The Police reported that the father had told them that the child was 'screaming her head off' before she fell from his arms.

Later that day the caseworker spoke to the mother who had returned to her apartment to take a shower and get something to eat. Mother said that she did not know where the father was. The Doctor had explained to her that the child's injuries were the result of [REDACTED]. She wanted to know if she could visit her other child and was told yes.

Over that weekend the Agency gave instructions to the hospital that the father was not to have unsupervised contact with the child. Other family members did visit the child.

On 1/9/12 the father was arrested and arraigned on a Felony 1 charge of Aggravated Assault, a Misdemeanor 1 charge of Simple Assault, a Misdemeanor 1 charge of Child Endangerment, and a Misdemeanor 2 charge of Recklessly Endangering another Person. The father was incarcerated in the Beaver County Jail. [REDACTED]

[REDACTED] reported to the agency that the child was stable in a [REDACTED]. She was on an [REDACTED] She had a [REDACTED] on 1/7/12 and was on [REDACTED] Her [REDACTED] exam was still pending.

On 1/10/12 the agency completed the Child Protective Service Investigation form with the status of the investigation as "Indicated".

Children's Hospital of Pittsburgh Stay:

The child remained in [REDACTED] from 1/5/2012 to 1/24/2012 which was a total of 19 days. She was [REDACTED] from 1/5/2012 until 1/15/2012 which was a total of 10 days. The early part of her stay in the [REDACTED] was characterized by possible [REDACTED] She developed a [REDACTED]

On 1/12/2012 an [REDACTED] exam was done on the child. The findings of that exam were that the child had [REDACTED] were due to non-accidental trauma.

On 1/13/2012 a [REDACTED] was performed on the child. The findings of the [REDACTED] were that the child had [REDACTED] The child had suffered profound brain injury.

On 1/24/2012 the child was transferred to the pediatric floor and was being [REDACTED]. On 1/25/2012 a Head CT Scan was done on the child that showed she had [REDACTED] A skeletal survey was also done on 1/25/2012 and the child had no other fractures.

It was noted during an exam of the child on 1/30/2012 that she was lying in bed crying irritably and was hard to comfort. There was no spontaneous eye opening although her

gaze was midline and there was some roving eye movement. She was not able to fixate or track faces and there was no light perception. She had normal muscle bulk.

On 1/31/2012 a [REDACTED] was surgically placed on the child for her [REDACTED]
[REDACTED]

The child's prognosis is that she will be blind or she will have visual impairment, she is likely to have [REDACTED] cognitive impairment (intellectual disability), and a [REDACTED].

The discharge plan was for the child to transition to a [REDACTED] before returning to her mother's care. The child will be followed by [REDACTED]
[REDACTED]

The Child's final diagnosis was [REDACTED] from presumed non-accidental trauma.

The Children's Institute stay:

The child was admitted to the [REDACTED] on 2/2/2012 for rehabilitation. At the time of admission her diagnoses were [REDACTED]

[REDACTED] The initial medical exam found the child to be quite irritable and hard to comfort. She fussed excessively when she was rocked and appeared to be agitated. She could not fix or track with her eyes but she did have a midline gaze and some roving eye movements. She could not grasp toys. She had poor head control and extensive posturing. She could move all of her extremities against gravity and was able to localize to pain. The plan was for her to receive [REDACTED]
[REDACTED]

The child was at the [REDACTED] from 2/2/2012 to 5/3/2012. During her stay the child received [REDACTED]
[REDACTED]

[REDACTED] The mother received training for a home exercise program including strengthening activities, use of equipment, splint wear and care, skin integrity, and safety instruction. Upon discharge the mother was given a personal handbook for the child with a menu of possible activities for her. The mother was instructed to do at least one activity with the child a day. The mother was given vendor information for equipment for the child. The child received [REDACTED] during her stay. When the child was admitted to the [REDACTED] the child was not able to have oral intake of food. By the time of her discharge the child was able to smile and starting to vocalize. She was able to tolerate nectar thick liquids and baby foods. The child's oral intake remained inconsistent from day to day and feed to feed. The mother was able to demonstrate her ability to feed the child small amounts of pleasure food.

The child was discharged to the mother in stable condition on 5/3/2012. The final diagnosis was [REDACTED]. The child would continue to need [REDACTED]. Her medical care would be provided by [REDACTED] specialized clinics [REDACTED] and her PCP.

Current Case Status:

The agency accepted the case for services on 1/24/2012 and the case remains open. During the child's hospitalization and her stay at the [REDACTED] the focus of the agency's work was with the mother and the child's sibling and ensuring that the mother had transportation to participate in the child's treatment in Pittsburgh.

Early on in the case the agency realized that the mother's primary support system has been her mother and sister. They cleaned the mother's apartment and they provided child care for the child's sister while the child was hospitalized. The family then agreed to participate in Family Group Decision Making with the results being that the family developed a plan that enabled the mother to spend more time at the [REDACTED] with the child. A follow-up Family Group Decision Making meeting was held in August of 2012 with the plan focusing on parenting, keeping appointments, and housekeeping. These goals were included in the Family Service Plan.

The mother attempted to keep her job but by March of 2012 she realized she could not work with the responsibilities of caring for the child's sister and her need to be at the [REDACTED] with the child.

The caseworker made regular home visits to the mother's home. The home was clean and orderly during these visits. The agency was helping the mother apply for [REDACTED] benefits for the child. The agency became concerned that the mother was having difficulty establishing boundaries and a routine for the child's sister. The agency arranged for the mother to have a parenting assessment in February of 2012. The recommendations of that evaluation were that the mother would benefit from an in-home parenting program and that the child's sister would benefit from [REDACTED] for [REDACTED]. Once the agency received the evaluation recommendations they referred the mother to an in-home parenting program which would also assist mother with transportation. The child's sister began [REDACTED]

Once the child was released to the mother's care in May of 2012 the focus of the agency's involvement changed to ensuring that the mother was cooperating with the child's services. The child receives services from [REDACTED]; they provide the child with case management, [REDACTED]

once a week. An [REDACTED] is assigned to the child who visits with the child at least twice a week. The child receives 56 hours of [REDACTED] per week which is 8 hours per day. The mother also receives parenting services from an in-home service provider. The mother complies with the service providers. However the agency has had to address with her concerns that she would be sleeping when the agency and service providers would arrive for appointments. A [REDACTED] or her sister would be watching the children. Another concern that had to be addressed with the mother was the reports that the agency had received that the mother does not actively engage the child or play with her. This was the reason for the referral to parenting services for the mother.

Housing was an issue for the family. The family was living at the same apartment that the child's injury occurred at. The agency was receiving referrals that the mother was not caring for the child properly. None of these reports were substantiated. In June of 2012 the family moved in with the maternal grandmother and the maternal aunt. They remained there until October of 2012 when the mother obtained an income based handicapped accessible apartment. The mother has maintained this apartment.

The child is diagnosed with [REDACTED]. She has been fitted for [REDACTED] that she is to wear. She is able to track objects with her eyes and she is able to reach for objects. She can hold her head up and she is able to turn over. She has not had [REDACTED] since her release from the hospital in May of 2012. It is undetermined how much progress she will make but she should not regress. Her specialized medical care is provided by [REDACTED]. She has twice a year appointments with the [REDACTED]. She is seen every four months at the [REDACTED]. The child no longer is seen by a Nutritionist, her Primary Care Physician is monitoring her diet.

The child's [REDACTED] was removed in December of 2012. The child received [REDACTED] to learn how to chew food. Her food has to be grinded up in a blender before she can eat it. [REDACTED] were discontinued since the child no longer had the [REDACTED]. The mother appealed the decision to discontinue the [REDACTED]. The agencies continue to work with the mother to insure that the child wears her [REDACTED]. The mother plans on starting to work again.

The father remains incarcerated at the Beaver County Jail. The caseworker met with him at the jail. He showed the caseworker certificates that he completed [REDACTED] parenting and [REDACTED] services while incarcerated. On January 1, 2013 the father pled guilty to one felony one count of Aggravated Assault. He is to be sentenced on February 28, 2013. The agency changed the finding to the abuse report from "Indicated" to "Founded".

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. Beaver County has convened a review team in accordance with Act 33 of 2008 related to this report. Beaver County had a Multi-Disciplinary Team Meeting on February 8, 2012. Even though the Department requested an invitation for this meeting the Department was not notified of the meeting.

- Strengths:
- The Multi-Disciplinary Team met 33 days after the incident was reported to the agency.
- The Team recommended case specific recommendations for the agency's ongoing work with the family.
- Deficiencies:
- Multi-Disciplinary Team did not submit a report to the Department as to their findings.
- Even though the Department requested an invitation for this meeting the Department was not notified of the meeting.
- Recommendations for Change at the Local Level:
- The Agency needs to have a representative other than the assigned Caseworker and Supervisor on the Multi-Disciplinary Team that is reviewing Child Fatality and Near Fatalities.
- The Multi-Disciplinary Team members were weighted heavily to Law Enforcement. The Members included a representative of the D.A's office, three members from Law Enforcement, the assigned caseworker and supervisor and a representative from the In-Home Service provider. The County should broaden the membership of the team to include representatives from other systems.
- The responsibility of scheduling and notifying parties of the Multi-Disciplinary Team meeting should not be the responsibility of the assigned caseworker and supervisor.

Department Review of County Internal Report:

The County submitted a Social History to the Department which included a case note concerning the Multi-Disciplinary Meeting that was held on February 8, 2012.

Department of Public Welfare Findings:

- County Strengths:
- The case documentation included case specific recommendations for the agency's ongoing service to the family.
- The case documentation reflects that the Multi-Disciplinary Team made a finding that the use of day care may have been the only deterrent to the injury occurring.
- County Weaknesses:
- The Multi-Disciplinary Team did not issue a report that analyzed the service system that was in place before the child's injury occurred.
- Statutory and Regulatory Areas of Non-Compliance:

No Regulatory violations were found.

Department of Public Welfare Recommendations:

Beaver County needs to formalize the process of Reviewing Child Fatality and Near Fatalities to ensure that the review team has adequate representation from different systems that serve the County. The Review team needs to be knowledgeable of their responsibilities according to ACT 33 of 2008 so that they can meet the obligations according to the Act which includes submitting a report of their findings to the Department.

The Department needs to examine more closely the underlying causes of child fatalities and near fatalities one of which is mothers who leave their children with unsuitable caregivers when they go to work because they lack daycare. The second issue is that many fathers have limited knowledge of child care and child development, when placed in stressful situation they shake their babies which results in dire consequences for everyone involved. Even though there are educational programs offered by hospitals and community services for some men they do not appear to be working.