



*Elaine C. Bobick*  
*Regional Director*

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE  
**BUREAU OF CHILDREN AND FAMILY SERVICES**  
WESTERN REGION  
11 Stanwix Street, Room 260  
Pittsburgh, Pennsylvania 15222

(412) 565-5728  
Fax: (412) 565-7808

**REPORT ON THE NEAR FATALITY OF:**



**DATE OF BIRTH: 06/20/2010**  
**DATE OF NEAR FATALITY INCIDENT: 9/03/2010**

**FAMILY KNOWN TO:**

**Erie County Office of Children and Youth**

**REPORT FINALIZED ON: August 13, 2012**

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. Erie County has convened a review team in accordance with Act 33 of 2008 related to this report. If the county agency has not convened a review team, provide an explanation in this section.

**Family Constellation:**

<u>Name:</u>	<u>Relationship:</u>	<u>Date of Birth:</u>
[REDACTED]	Victim Child	06/20/2010
[REDACTED]	Mother	[REDACTED] 1982
[REDACTED]	Father	[REDACTED] 1986
[REDACTED]	non-victim half sibling	[REDACTED] 2009
[REDACTED]	Maternal Grandfather	[REDACTED] 1955
[REDACTED]	Maternal Grandmother	[REDACTED] 1956
* [REDACTED]	Mother of [REDACTED]	[REDACTED] 1988

(Not in household)

**Notification of Child (Near) Fatality:**

- Date of incident: 09/03/2010
- Date of the report to the Erie County OCY: 09/03/2010
- Reported information regarding extent of injury: "Child has a major [REDACTED] while in the [REDACTED] care. The [REDACTED] stated that the child fell out of a bouncy seat that was on a carpeted floor. [REDACTED] story does not match the injury. Child may not survive."

**Summary of DPW Child (Near) Fatality Review Activities:**

The Department obtained and reviewed all current and past case records pertaining to the [REDACTED] family. A Scan meeting was held on 09/13/2010 at [REDACTED], which the Department attended. Two Department staff went to the Erie County offices to do a file review and interviews on 10/22/2010. The file contained the information from the original intake as well as the most recent intake along with case notes,

safety assessments, safety plans and preliminary medical reports. Interviewed were the Erie County Supervisor and caseworker .Erie County Office of Children and Youth also held a team review of this case on 12/03/2010 and 12/17/2010 which was attended by the Department.

### **Summary of Services to Family:**

On 09/03/2010, at 10:15 p.m., Erie County Children and Youth Services received a referral from [REDACTED]. Child [REDACTED] had been brought to the hospital with severe [REDACTED]. Two caseworkers responded to the call. According to the AP, he was watching [REDACTED] and the sibling that evening while the mother went to a friend's house from 6:30 – 8:30 p.m. He said [REDACTED] was fussy, so he took him for a walk, but noticed nothing out of the ordinary. Upon returning home, the AP said he put [REDACTED] in his bouncy seat and then left the room to get a drink. He heard a noise, and when he returned to the living room, [REDACTED] was upside down in the seat on the floor and was unresponsive. Mother arrived home right after this happened and said to call 911. [REDACTED] was taken by ambulance to [REDACTED]. A physician diagnosed child with a [REDACTED] and child was said to need immediate [REDACTED]. He was flown to [REDACTED] for further assessment and treatment.

Since this near fatal incident, Erie County Children and Youth Services continue to make frequent home visits (weekly) to continue to assess the case and monitor for safety. Mother and her parents continue to decline any offered services except for [REDACTED]. The family does not feel they need [REDACTED]. The agency would like a [REDACTED] of mother but so far she has declined. There have been two Child Near Death Review Team Meetings and a representative from the Department has attended both meetings.

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

The original referral related to this family came in on 07/15/2010 by [REDACTED] as child was brought in with an [REDACTED]. The parents did not know how the injury occurred as there was no bruising or swelling and child was brought in because he was unusually fussy and cried when his arm was moved. A caseworker was assigned to the case. She met with the parents, maternal grandparents, aunt and child [REDACTED] at the grandparent's home on 07/21/2010. There were no issues identified at that time. It was still unknown how [REDACTED] had suffered the injury. A physician also did not have an explanation for the injury and would not state that the injury was a result of abuse. On 07/23/2010, the caseworker called the physician and requested a [REDACTED] which he agreed to do at the next appointment on 07/27/2010. The scan revealed everything was normal. \*\* Please note it was later revealed that [REDACTED]. On 08/07/2010, a caseworker made an unannounced home visit and found the child to be safe in his current living situation. On 08/27/2010, another caseworker made

an announced home visit and also found the child to be safe in his current living situation. [REDACTED] arm had healed in 3 weeks; both he and his half sibling were clean and the home was appropriate. The case was unfounded due to the perpetrator being unknown. The case was in the process of being closed when the 2<sup>nd</sup> referral came in.

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

On September 03, 2010 at approximately 10:15 pm, Erie County Children and Youth Services (CYS) received a second referral from [REDACTED] pertaining to [REDACTED] had been brought to the hospital with [REDACTED]. Two second shift caseworkers responded to the call. According to the AP, he was watching [REDACTED] half-sibling that evening while the Mother went to a friend's home from 6:30 pm – 8:30 pm. The AP said he noticed [REDACTED] was fussy, so he took him for a walk, but he did not notice anything out of the ordinary. Upon returning home, the AP said he put [REDACTED] in his bouncy seat and then left the room to get a drink. He heard a noise, and when he returned to the living room, [REDACTED] was upside down in the bouncy seat on the floor and was unresponsive. The mother arrived about that time and said to call 911. The child was taken to by ambulance to [REDACTED] with a [REDACTED]. The physician diagnosed him with a [REDACTED] and child was said to need immediate [REDACTED]. The child was flown to [REDACTED] for further assessment and treatment. The physician at [REDACTED] reported that the child had a [REDACTED], signs of [REDACTED]. Further testing revealed other [REDACTED]. The abuse investigation resulted in an indicated report; the CY48 was filed on 10/01/2010.

**Current Case Status:**

Currently the child remains in the care of his mother; they both reside with the maternal grandparents in the grandparent's home. The mother continues to refuse [REDACTED]. Erie County Children and Youth Services continue their involvement and they make visits every other week. The case is not active with [REDACTED] but remains in Criminal Court. The next hearing was scheduled for Monday May 9, 2011, but was continued to May 17, 2011. The charges against father remain as aggravated assault (felony 1), Simple assault (misdemeanor 1), endangering the welfare of children (misdemeanor 1), reckless endangerment (misdemeanor 2) and harassment (summary offense). The father is currently out on bail. He is living with his sister in Meadville Pa. He is not permitted contact with the child per court order. Erie Children and Youth Services do provide him with monthly updates on the child's progress. [REDACTED]

[REDACTED]

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

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

- **Strengths:**  
The County did a good job of providing an immediate response.  
Erie County's Supervisor has been very "hands on" with this case.  
The caseworker is building a good rapport with the family and has been visiting weekly moving to visits every other week.
- **Deficiencies:**  
There is a lack of cooperation and/or communication between law enforcement and Children and Youth Services.  
There seems to have been a problem in what type of x-ray was taken of the child (i.e., baby gram as opposed to a full body scan).
- **Recommendations for Change at the Local Level:**  
The County needs to look at setting up better communication between the police and the county agency.  
A better "Transfer" method between intake and on-going needs to be explored.  
This would eliminate any delay in making timely visits as required.  
The agency and the local hospital need better communication.  
The county needs to explore formation of a Critical Incident Team.
- **Recommendations for Change at the State Level:**  
None made.

**Department Review of County Internal Report:**

The Department is in agreement with the findings of Erie County. Erie County Children and Youth Services provided complete cooperation with the Department submitted required documentation.

**Department of Public Welfare Findings:**

- **County Strengths:**  
Erie County Children and Youth Services provided an immediate response to the situation.  
Their documentation was thorough with follow-up provided as needed.
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Erie County Children and Youth Services remain diligent in providing on-going monitoring of the case.

- County Weaknesses:

The only issue of note was the delay in making a home visit by the on-going caseworker. The case was transferred from intake to on-going on 10/27/2010 and a home visit was not made until 12/02/2010. The risk level was moderate at the time of transfer. There should have been a home visit to see the child sooner. The child was released from the hospital to mother's care on 10/23/2010. The caseworker did not meet with mother until the week of 12/08/2010.

- Statutory and Regulatory Areas of Non-Compliance:

3490.235 (g) (2) requires the child be seen monthly when the case is no longer high risk. This child was not seen until 36 days after transfer. Given the severity of the injuries, the child should have been seen sooner.

**Department of Public Welfare Recommendations:**

The County should continue to monitor the case. The current supervisor is working closely with her worker in relation to the implementation and adjustment of the case plan; this collaboration should be maintained.

There appears to have been a breakdown during the transfer of the case from intake to on-going resulting in a home visit not being made within the required time frames. It is recommended that if a system of tracking has not been implemented, then one should be.