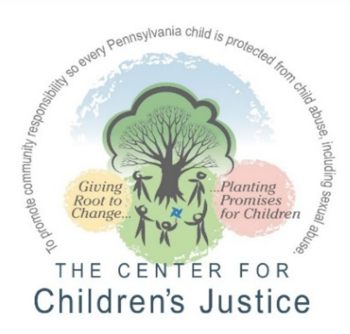


Nurture and Protect from the Start

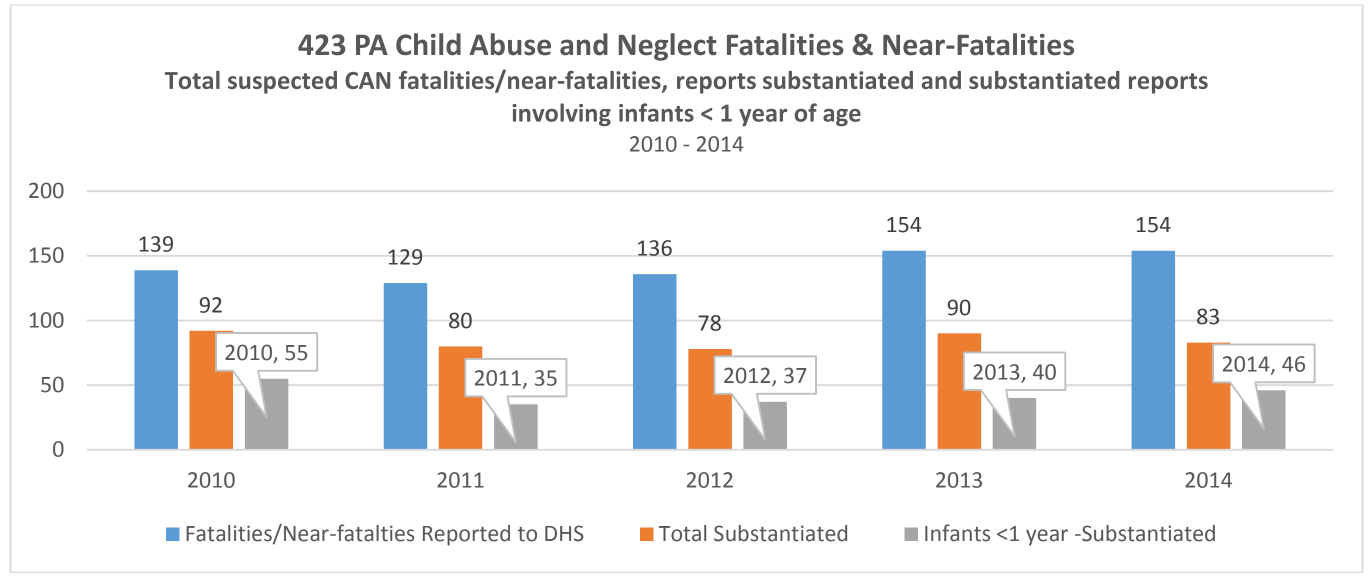
Engaging communities and cultivating strategies to strengthen the parent-child bond so infants and toddlers are nurtured, protected and ready to learn.

Pennsylvania's 423 Child Abuse Fatalities and Near-Fatalities: Tragic Toll & Tender Ages Updated July 28, 2015[1]

423 Pennsylvania children died (n=165) or nearly died (n=258) as a result of child abuse and neglect (CAN) between calendar years 2010 and 2014.[2]

Forty-four percent (n=73) of the CAN fatalities and approximately 54 percent (n=140) of the near-fatalities involved an infant under the age of one. In total, 213 Pennsylvania infants died or nearly-died from CAN in the first year of life – many in the first weeks of life.

Another thirty-two percent (n=135) of the children, who died or nearly-died, were between the ages of one and three. Overall then more than 80 percent of Pennsylvania's 423 CAN fatalities and near-fatalities involved a child birth to three years of age.



[1] This C4CJ publication has been updated from the July 10, 2015 version to reflect additional 2014 data that was made available on July 27, 2015 when the Pennsylvania Department of Human Services released the 2014 Annual Child Abuse Report.

[2] This figure is derived from review of Pennsylvania's Annual Child Abuse Reports issued for 2010, 2011, 2012, 2013, and 2014. These Annual Reports can be retrieved at http://www.dhs.state.pa.us/publications/childabusereports/index.htm. C4CJ developed this publication by compiling CAN fatalities and near-fatalities based on the calendar year in which the child died or nearly-died versus the calendar year in which CAN is substantiated.

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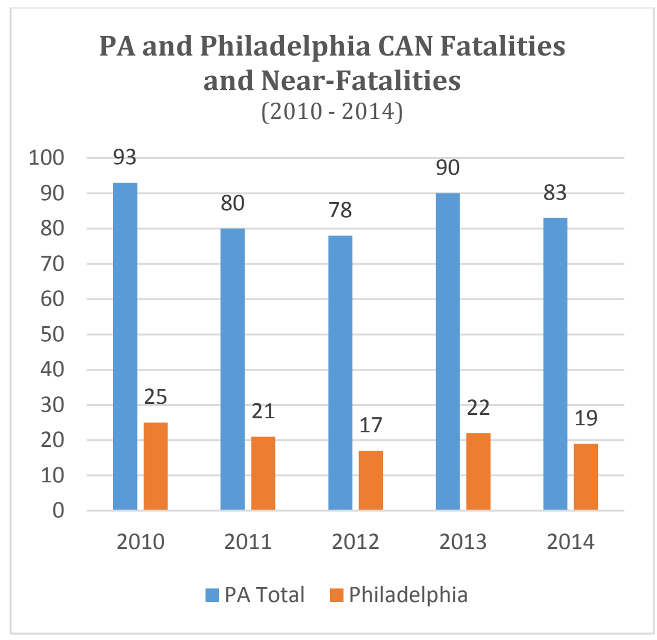
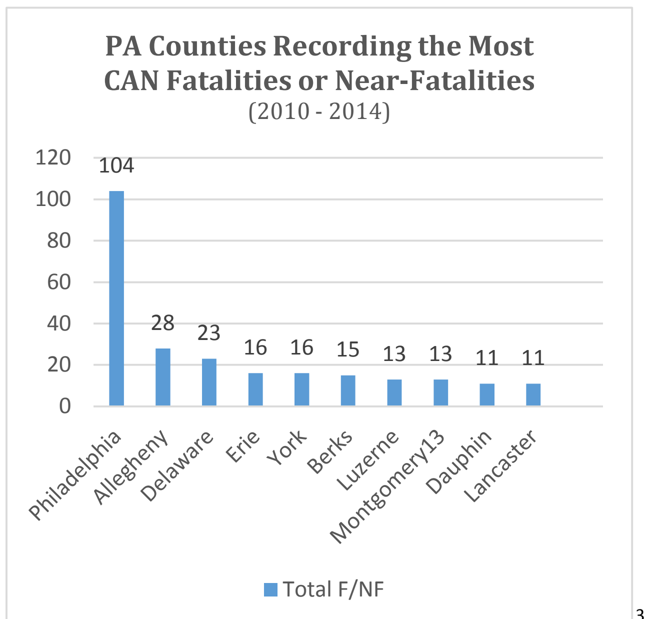
Sixty of Pennsylvania's sixty-seven counties recorded at least one CAN fatality or near-fatality (Table 1). Approximately a quarter of the CAN fatalities or near-fatalities substantiated occurred in Philadelphia.





[3]

Allegheny recorded the next highest number of CAN fatalities and near-fatalities. However, there appears to be some disconnect between county-level and state-level data that warrants further examination to instill fuller confidence in how Pennsylvania measures CAN fatalities and near-fatalities and then publicly reports such data.

Review of child fatalities, reported on by the media, led to a finding that at least an additional 4 child fatalities were substantiated as CAN by Allegheny County. It was not possible, however, to then find these same children captured as CAN fatalities in the data publicly reported by DHS:

- 2 brothers, ages 4 and 7 years old, died in 2011 after a fire broke out at their home. The boys' were home alone at the time of the fire and, according to the media, the family had been the subject of multiple reports to the county related to allegations that the mother left the children home alone.[4] The mother pleaded guilty to criminal charges, including involuntary manslaughter, in March 2012.[5] The county indicates that the report of CAN was founded in July 2012.

- A 2-day old child died in February 2012 from head trauma sustained after he was injured by the family dog. His mother pleaded guilty to criminal charges in 2013, including endangering the welfare of a child.[6] The county indicates that the report of CAN was founded in March 2013.

- A 2-year-old child drowned in a bathtub at a motel in Allegheny County. The boy's mother was convicted of first-degree murder in 2012 and is serving a life sentence. The county indicates that the report of CAN was founded in August 2014.

[3] Note that the counties of Dauphin and Lancaster were included in this chart to reflect that like Bucks County they recorded 10 F/NFs.

[4] http://triblive.com/x/dailynewsmckeesport/s_788565.html#axzz3fKDXPyOh

[5] https://ujsportal.pacourts.us/DocketSheets/CPReport.ashx?docketNumber=CP-02-CR-0010164-2011

[6] https://ujsportal.pacourts.us/DocketSheets/CPReport.ashx?docketNumber=CP-02-CR-0007721-2012

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While not researched as extensively by C4CJ, in part, because of limitations on publicly released data, there are other Pennsylvania child fatalities that have the appearance of CAN, but these children are not then found within data publicly released by PA DHS. Examples include:

- An 8 month old infant died in Bucks County in July 2012. An autopsy revealed the infant had heroin in his system at the time of his death. Both parents pleaded guilty to criminal charges, including endangering the welfare of children, in February 2013.

- A 1-month old infant died October 17, 2014 in Carbon County. The infant's death resulted from asphyxia and ruled a homicide. The Act 33 Report indicates "it was determined that the mother caused the victim child's death by co-sleeping while under the influence of controlled substances." In February 2015, the mother pleaded guilty to involuntary manslaughter charges. The victim child's mother had her own history with the child welfare system when she was a minor.

- A one-year old child starved to death in Erie County and was later placed in a suit case in an attempt to hide her decaying body. Eventually she was placed in another container and put outside her family's residence. The child's mother was convicted of various criminal charges, including murder of the 1st degree, and she was sentenced to life in prison for the child's death.[7]

Plans of Safe Care for Infants Affected by Prenatal Substance Exposure & Parental Addiction

Pennsylvania laws (Act 4 of 2014 and Act 15 of 2015) were enacted in order to comply with a federal requirement within the Child Abuse Prevention and Treatment Act (CAPTA) toward implementing Plans of Safe Care for infants "affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure or a Fetal Alcohol Spectrum Disorder."

This CAPTA Plan of Safe Care provision was initially conceived by former Pennsylvania Congressman Jim Greenwood. During a 2002 Congressional debate, the Congressman spoke of a struggle that still exists today: "These babies are born in hospitals, they are frequently underweight, and they are frequently frail. Much money and effort is devoted to bringing them to health. These children do not meet any definition of child abuse, and probably they should not, but what happens is they are sent home from hospitals every day in this country and it is only a matter of time in so many instances until they return back to the hospital abused, bruised, beaten, and sometimes deceased."[8]

As Congress was debating this CAPTA provision, the Washington Post wrote a series (*'Protected' Children Died as Government Did Little*)[9] addressing the deaths of "drug-exposed or medically frail newborns" that had died between 1993 and 2000. The series underscores the challenge in 2001 that remains in 2015:

"The babies got lost in a system where no one assumes direct responsibility for them. Vague legal definitions and poor communication among caregivers hamstring those who would like to help."

In 2011, the federal Administration for Children and Families (ACF) within the federal Department of Health and Human Services (HHS) answered a question about what entity is responsible for this plan of safe care. ACF noted that the federal statute did not specify whether it is the formal child welfare agency or another entity (e.g., hospital, community-based providers) expected to develop and implement this

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[7] https://ujsportal.pacourts.us/DocketSheets/CPReport.ashx?docketNumber=CP-25-CR-0001824-2011

[8] Congressional Record Volume 148, Number 46 (Tuesday, April 23, 2002). Retrieved at http://www.gpo.gov/fdsys/pkg/CREC-2002-04-23/html/CREC-2002-04-23-pt1-PgH1502-5.htm

[9] http://www.washingtonpost.com/wp-dyn/content/article/2007/06/29/AR2007062901407.html

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plan. ACF underscored the plan "should address the needs of the child as well as those of the parent(s), as appropriate, and assure that appropriate services are provided to ensure the infant's safety." [10]

The ambiguity in this response demonstrates a challenge, but also an opportunity since it appears there is important flexibility in designing and implementing plans of safe care, beyond the formal child welfare system.

Pennsylvania could well harness the urgency surrounding the state's drug epidemic and the evolving transformations in key policies and funding streams (e.g., Medicaid, Title V, Justice Reinvestment, Title IV-E Waivers and MIECHV) to cultivate the use of carefully crafted and measured interdisciplinary plans of safe care. Review of Pennsylvania CAN fatalities and near-fatalities provide added incentive:

- A Fayette County 3-month-old infant died March 6, 2014 "due to injuries sustained as a result of physical neglect." PA DHS noted that the mother had "fresh track marks and has a long history of heroin addiction." The infant tested positive for Subutex at birth. According to DHS, "The family was not known to children and youth services."[11]

- A 3-month-old male Luzerne County infant died on February 14, 2014 as a result of physical injuries that were substantiated as child abuse. According to PA DHS, the county children and youth service (CYS) agency had been involved with the family since the infant's birth when "the mother tested positive for cocaine and marijuana" at the time of the infant's birth. A court order was in place, at the time of the infant's death, which "prevented the mother from having unsupervised contact with her children." PA DHS also notes that "Prior to the incident CYS had made referrals for services for the family for drug and alcohol, mental health, and early intervention."[12]

- A 6-month-old Cambria County infant nearly-died on February 9, 2014 "after sustaining burns to approximately 20 percent of her body." PA DHS reports: "The medical team noted the child had blistering on her legs, thighs, buttocks, and vaginal area and was transferred to a burn center. Upon examination at the burn center, the child was also noted to have scratches on her face and under both ears, bruising on her shoulders, bruising inside her right ear, and a contusion to her nose." The infant's family was involved with CYS in 2011 "due to allegations that the mother was using drugs and the family had inadequate shelter" the county closed the case "after it was determined that no safety threats were present." A subsequent referral was made to CYS "the day after the victim child's birth alleging concerns for drug and alcohol use by caregivers and concerns for the wellbeing of the victim child. Again, no safety threats were identified and it was determined that the children were receiving appropriate care."[13]

- Sisters, ages 2 and 3 years old, died in Beaver County in 2014 as a result of injuries sustained due to "lack of supervision." At the time the 2-year-old was born there was a referral to the county children and youth agency "related to the mother testing positive for illegal substances."[14]

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[10] Child Welfare Policy Manual produced by the Children's Bureau, an Office of the Administration for Children and Families. Question 2.1F.1 CAPTA, Assurances and Requirements, Infants Affected by Illegal Substance Abuse, Plan of Safe Care. Retrieved at http://www.acf.hhs.gov/cwpm/programs/cb/laws_policies/laws/cwpm/policy_dsp.jsp?citID=351
[11] 3rd Quarter Fatality and Near-Fatality Report for 2014 produced by the Pennsylvania Department of Human Services. This report can be retrieved at http://www.dhs.state.pa.us/cs/groups/webcontent/documents/document/c_116043.pdf
[12] Ibid.
[13] Ibid.
[14] Ibid.

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- A 10-month-old Indiana County infant died on May 19, 2013 "due to serious injuries sustained from physical abuse." The stepfather was caring for the victim child while the child's mother "was taken to the hospital to give birth." There was a safety plan in place for the victim child "due to a recent incident in which the child fell from a dresser and broke his femur while in the stepfather's care." The child's family had history with the CYS agency dating back to 2007 when the "mother lost custody of two of her children due to her drug use." PA DHS reports that "Both the mother and stepfather received methadone treatment." The mother was able to regain custody of the victim child's older siblings in 2011 and CYS closed the case.[15]

- A 1 year old child and her 3-year old brother nearly died in Blair County on June 20, 2013 "due to poisoning as a result of a lack of supervision." The child discovered "several psychiatric medications in a baby-wipe container in their bedroom and ingested the medications." The family was known to CYS beginning in 2010 "due to domestic violence, mother's alcohol use, inappropriate environmental conditions in the home and possible neglect" of the older child. They received services until they relocated to California in 2011. When they returned to Blair County in 2012 again they were the subject of a general protective services referral related to "unstable living conditions, inappropriate discipline, and suspected neglect." The county assisted the mother in applying for public benefits (e.g., food stamps and cash assistance) and closed the case in "early July 2012." A sixth GPS referral was received in December 2012 "when mother tested positive for marijuana at the birth of her youngest child and then left the hospital with the baby before meeting with social services."

- A 2-month-old Philadelphia infant died on April 10, 2013 "as a result of blunt force trauma sustained during physical abuse." The child "had clavicle and rib fractures of varying ages, as well as internal injuries and bleeding." The family had a history with both Philadelphia and New Jersey child welfare authorities. In January 2013, there was a referral in New Jersey "after the mother tested positive for marijuana and amphetamines during her pregnancy." The infant was born with Neonatal Abstinence Syndrome (NAS) "and was prescribed Phenobarbital." The infant's drug screen, at birth, was also "positive for amphetamines and marijuana. PA DHS reports that "no services were planned for the family, as the mother was receiving substance abuse treatment." The infant was released to his parents' custody from the hospital on March 3, 2013. At the time of the infant's death, a new report to CYS was pending, as a result of a missed medical appointment for the infant.[16]

PA Infants <1 Year of Age Removed from Home, 2013

2013
1,883
3,353
0
1,000
2,000
3,000
4,000
Infants <1 w/Parental Substance Abuse as Contributing Factor to Placement
Infants <1 Removed from Home

Review of data beyond CAN fatalities and near-fatalities provides added incentive to act with intention.

Many Pennsylvania infants become involved with the child welfare system due to prenatal substance exposure or parental substance abuse. PA's Adoption and Foster Care Analysis and Reporting System (AFCARS) data reveals that 3,353 infants, under the age of one, were removed from their home in 2013. Fifty-six percent (n=1,883) were recorded as having parental substance abuse as a contributing factor to the out-of-home placement.[17]

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[15] 2013 Annual Child Abuse Report published by the Pennsylvania Department of Human Services.
[16] Ibid.
[17] Children and Family Futures, Unpublished data, Analysis of the AFCARS dataset, 2013.

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Children and Family Futures (CCF), which provides technical assistance to Pennsylvania, projects that if plans of safe care were developed and implemented for American newborns with prenatal substance exposure, "as many as 500,000 infants would receive the care and services they need."[18]

In their recent testimony before the National Commission to Eliminate Child Abuse and Neglect Fatalities (CECANF), CCF highlighted that "Out of an estimated 500,000 babies born with prenatal substance exposure, only 22,000 pregnant women were admitted to publicly funded treatment in 2011." They also demonstrated the difficulty in predicting the overall number if the narrower criteria of "affected by illegal substance abuse or withdrawal symptoms or a fetal alcohol spectrum disorder" is applied.

Measuring and Working to Prevent Neonatal Abstinence Syndrome (NAS)

NAS refers to "a constellation of typical signs and symptoms of withdrawal that occurs in infants that have been exposed to and have developed dependence to certain illicit drugs or prescription medications during fetal life."[19] The constellation of signs and symptoms can be "behavioral and physiological." An infant with "clinical features of NAS" can experience "neurological excitability" (e.g. tremors, seizures, high-pitched crying, irritability) and/or gastrointestinal dysfunction (e.g., poor weight gain, nasal stuffiness, diarrhea, poor feeding).

Data retrieved from the Office of Clinical Quality Improvement within PA DHS' Office of Medical Assistance Programs (OMAP) reveals that in 2012, Medicaid covered the birth and hospitalization costs for 1,122 infants diagnosed with NAS at a total cost of approximately $17.3 million.

Diagnosed with Neonatal Abstinence Syndrome (NAS) During Inpatient Birth Stay[20]

CY	Gender	Birth Count	Gender %	Average LOS (Days)[21]	Total Paid	Average Cost
2010	F	403	45.6%	21.5	$6,817,622	$ 16,917.18
	M	480	54.4%	21.1	$8,272,032	$ 17,233.40
	Totals	883		21.3	$15,089,654	$ 17,089.08
2011	F	489	45.5%	20.4	$8,081,397	$ 16,526.38
	M	586	54.5%	19.2	$9,831,202	$ 16,776.80
	Totals	1,075		19.8	$17,912,600	$ 16,662.88
2012	F	544	48.5%	19.1	$8,568,966	$ 15,751.77
	M	578	51.5%	18.8	$8,765,493	$ 15,165.21
	Totals	1,122		19.0	$17,334,459	$ 15,449.61

Part of a 2014 NAS symposium sponsored by Pennsylvania's Preemie Network featured presentations from Jean Ko, PhD, an epidemiologist with the Centers for Disease Control and Prevention (CDC) and

[18] Testimony of Dr. Nancy K. Young, Executive Director, Children and Family Futures (CFF) presented to the National Commission to Eliminate Child Abuse and Neglect Fatalities on April 28, 2015.
[19] Neonatal Abstinence Syndrome Clinical Management Document, Gateway Health Plan, August 2010. Retrieved at https://www.gatewayhealthplan.com/sites/default/files/documents/PAMA_neonatal.pdf
[20] Data provided by the Office of Clinical Quality Improvement, Office of Medical Assistance Programs, Department of Human Services, March 23, 2015 in response to a request from C4CJ about data that would reveal the costs and numbers of Pennsylvania infants born onto Medical Assistance that were diagnosed with NAS. The data shared with C4CJ was from an earlier response prepared by PA DHS in response to a Right to Know request from the media.
[21] The numbers provided include very low birth weight (<1500 grams). The JAMA study excludes those counts from their overall figure. Citation included in the

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Elisabeth Johnson, PhD from the University of North Carolina at Chapel Hill who spoke about the mother-baby dyad.

Johnson framed her presentation by enlisting the words of Donald Woods Winnecott: "There is no such thing as a baby – meaning that if you set out to describe a baby, you will find you are describing a baby and someone. A baby cannot exist alone but is essentially part of a relationship."

Johnson stressed throughout her presentation that "parents need continued education and support at home" underscoring that the infants can often "be difficult to sooth, irritable, have difficulties transitioning and maintaining sleep." She also highlighted that parents often return to situations that are "highly stressful," including returning to a situation where intimate partner violence has and continues to exist.

It is instructive to look at the data from Tennessee, which has implemented a mandatory public health surveillance reporting system related to infants born with a diagnosis of NAS. By making NAS a reportable disease, TN is gaining (close to real-time) data [22]about the incidence of NAS. The NAS data is tracked by communities permitting more targeted prevention and intervention strategies.

The TN data indicates that approximately 1,000 infants were born with NAS in both 2013 and 2014 and the about 60 to 70 percent of these NAS infants were born to mothers who are using "at least one substance prescribed by a health care provider (e.g., opioid pain relievers or maintenance medications for opioid dependency)."[23]

Also of interest is that in 2011, Tennessee's Medicaid program (TennCare) covered the birth and hospitalization costs of 528 infants born with NAS. Twenty-two percent (n=120) of the infants were in the "custody" of the TN Department of Children Services within a year of the infant's birth.[24]

Prior reports matter

Based on limited publicly released data, approximately 1/3 of all PA child abuse fatalities and near-fatalities involving children 3 years or younger involved a child who was the subject of a prior report to the child welfare system.

A Report to the Child Welfare System Provides a Signal Not To Be Ignored

A seven-year longitudinal population-based study in California examined "whether children reported for nonfatal maltreatment subsequently faced a heightened risk of unintentional and intentional injury mortality during the first 5 years of life."[25]

Researchers reported that "after adjusting for risk factors at birth" (e.g., maternal age, race/ethnicity, paternity establishment, birth payment method) children who had a prior report of child maltreatment "were observed to die from abuse at a rate of 5.9 times greater than children who had not been reported." Researchers concluded, "A prior allegation of maltreatment was the single strongest predictor of death due to child abuse and was a much stronger risk factor than poverty or any other variable examined."

This research is not referenced to suggest shortcomings in a particular system or that in turning attention to one system we mind find an antidote to preventing CAN fatalities and near-fatalities.

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[22] http://health.tn.gov/mch/nas/nas_summary_archive.shtml
[23] Mortality and Morbidity Weekly Report, 2015 Feb 13; 64(5):125-8.
[24] Ibid.
[25] Putnam-Hornstein, E. (2011). Report of maltreatment as a risk factor for injury death: a prospective birth cohort study. *Child Maltreatment*, 16(3), 163-174.

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In fact, if we dig deeper we discover that a significant portion of the children may never be known to the child welfare system before the sentinel event. And regardless of whether there is or is not child welfare involvement; many children are also connected to some other publicly financed system or service.

Still others lived in homes or communities where a person, after the sentinel event, discloses 'I was concerned.' That concern, however, never translated into a call to authorities or intervention on the child's behalf, because the person either didn't feel confident enough to make a call or worried that making the call would be seen as being 'nosey' or infringing into the family.

The challenges faced by children and their families do not exist in isolation even as they can be isolating. Instead too often the complex needs and realities of infants and families with young children leads to multiple-system involvement, which too rarely is holistic, preventative and steeped in real-time information sharing to more effectively measure child safety.

Coexistent risk factors make multi-system interventions challenging. The life stories of the infants and young children dying or nearly-dying include elements such as prematurity, complex early-life medical problems, drug and alcohol addiction, and parents raising multiple very young children often informed and influenced by the parent's own adverse childhood experiences as well as housing insecurity.

A call to the children and youth system is a warning sign; a gateway by which many at-risk families are subject to some degree of initial assessment.

For better or worse, it is also among the ways many vulnerable children and their families might have the opportunity to get connected to effective and appropriate treatment and family-strengthening services. The challenge now is for Pennsylvania and its public and private partners to put forth responses that are child-centered, research-informed and prevention-focused.

Act 33 proves a blunt child protection tool

A note about an existing law in Pennsylvania that has proven to be a much blunter child protection tool than envisioned.

Pennsylvania law (Act 33 of 2008) requires that suspected child abuse fatalities and near-fatalities be examined by the Pennsylvania Department of Human Services (DHS). Act 33 reviews also are required at the local level with the reviews inclusive of, but not led, by the county children and youth agency.

The law requires that PA DHS' state-level reviews "shall be commenced immediately upon receipt of a report to the department" and should aim to "coordinate" with the county-level review also required by Act 33. After DPW completes its review, the agency is required to issue a report that includes the following:

1. Insight into the circumstances of the child's fatality or near fatality;
2. The "nature and extent" of the DPW review;
3. Statutory and regulatory compliance by a county children and youth agency, specifically the county where the child lived as well as any other county where the child resided within 16 months preceding the fatality/near-fatality;
4. DPW's findings about the incident; and
5. DPW's recommendations "for reducing the likelihood of future child fatalities and near-fatalities resulting from child abuse."

The department's review and report "shall be completed as soon as possible, but no later than six months from receipt of the initial report of the child's fatality or near fatality."

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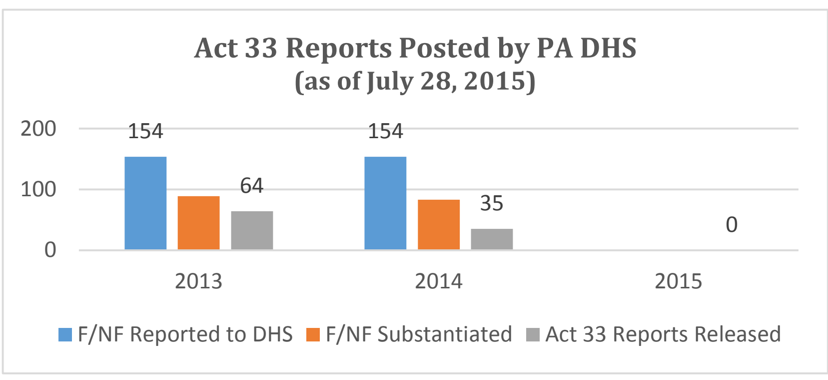
As this chart illustrates, no Act 33 reports have been issued in 2015 and only 35 were issued for 2014 even as PA DHS data confirms they received 154 reports of suspected CAN fatalities and near-fatalities, 83 of which were later substantiated as CAN and included in the 2014 Annual Report.



The lack of transparency may be linked to decisions by local district attorneys, who are permitted to certify that the Act 33 report not be released to the public. This permissible certification, which was well supported in 2008 by diverse stakeholders, may be becoming more routine then case-specific. It also may overlook the fact that, in many cases, significant amounts of child or case-specific information about the life and death (or near-death) of the child may well be readily available for public consumption through media reports, court records and/or law enforcement reports.

For example, one child fatality report certified by a district attorney has triggered very public statements by law enforcement, including a detailed retracing of the family's extensive contacts with the child welfare system and the courts.

The probable cause document[26] filed by police in this case and a subsequent detailed Grand Jury report[27] provide the reader with dramatic insight into the life and death of the children. Law enforcement reviewed child welfare records that "reveal a pattern of substantiated and alleged neglect of the children by both K.T. and J.T., Sr." Also revealed, "Schuylkill CYS records indicate that there is an indicated finding of abuse against K.T. dating to 1993 involving her oldest child from a previous relationship. The indicated finding of abuse was the result of a second head injury sustained in a short period of time to her then six month old baby. Her parental rights to the child were later terminated." These documents also trace a troubling call from a health-care related mandated reporter that was subsequently screened out as it was deemed an information only call. The police report also includes information about the amount of disability payments the family received monthly as well as other public benefits.

In other words, these documents provide quite a significant amount of detail, while at the same time PA DHS and the local county children and youth agency have been directed to not publicly disclose the Act 33 reports. Missing then are matters related to statutory and regulatory compliance as well as what recommendations and actions steps child welfare officials – at a local and state level - executed toward "reducing the likelihood of future child fatalities and near-fatalities resulting from child abuse."

There are powerful human and economic incentives to work with intention – across disciplines and all child-serving systems – to work toward improved safety, well-being and permanence for every Pennsylvania infant and child. There is also incentive to determine whether Act 33 of 2008 has proven itself an effective tool for shared learning to enhance child safety, improved social work practice and systems accountability toward preventing these sentinel events.

[26] Police criminal complaint affidavit of probable cause related to J.T. Complaint/Incident Number 20140800138 HBG. NOTE: for the purposes of the C4CJ document, names that were included in the probable cause document or Grand Jury Report are presented here only with initials of the involved individuals.

[27] https://www.scribd.com/doc/267691013/Grand-Jury-Presentment-and-Report

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Table 1: Pennsylvania Counties Recording CAN Fatalities or Near-Fatalities (2010-2014)

County	2010	2011	2012	2013	2014	Total
Philadelphia	25	21	17	22	19	104
Allegheny	6	7	3	6	6	28
Delaware	5	3	4	8	3	23
Erie	5	4	2	1	4	16
York	3	5	2	2	4	16
Berks	8[28]	2	2	0	3	15
Montgomery	2	3	2	2	4	13
Luzerne	0	5	1	6	1	13
Dauphin	1	1	1	1	7	11
Lancaster	2	2	2	4	1	11
Bucks	3	1	6	0	0	10
Westmoreland	0	2	3	2	2	9
Northampton	5	1	1	2	0	9
Blair	0	3	3	2	0	8
Fayette	0	3	1	2	2	8
Lehigh	1	0	4	2	0	7
Cambria	2	1	1	0	3	7
Schuylkill	1	1	1	2	2	7
Beaver	0	0	3	1	3	7
Chester	3	0	2	1	1	7
Cumberland	0	1	1	3	2	7
Franklin	3	1	0	1	1	6
Lackawanna	0	1	3	0	2	6
Crawford	1	1	1	1	1	5
Lawrence	2	1	2	0	0	5
Monroe	1	0	2	1	1	5
Indiana	0	0	2	2	0	4
Lebanon	0	0	0	1	3	4
Greene	1	2	0	0	0	3
McKean	1	0	0	2	0	3
Mercer	1	1	0	0	1	3
Union	0	0	1	2	0	3
Washington	1	1	0	0	1	3
Armstrong	0	0	0	2	0	2
Bedford	0	1	0	0	1	2
Centre	0	0	1	0	1	2
Clarion	1	0	0	1	0	2
Huntingdon	1	0	0	1	0	2
Jefferson	0	1	0	1	0	2
Juniata	1	0	0	1	0	2
Lycoming	0	0	1	1	0	2
Northumberland	2	0	0	0	0	2
Somerset	0	2	0	0	0	2
Warren	0	0	0	0	1	1
Adams	1	0	0	0	0	1
Bradford	0	1	0	0	0	1
Butler	0	0	1	0	0	1
Carbon	1	0	0	0	0	1
Clearfield	0	0	0	1	0	1
Columbia	0	0	1	0	0	1
Elk	0	0	0	1	0	1
Fulton	0	0	0	0	1	1
Montour	1	0	0	0	0	1
Perry	0	0	0	0	1	1
Pike	0	0	0	0	1	1
Snyder	0	0	0	1	0	1

[28] This total includes 5 infants that were discovered at the same time, but died in difference years.

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County	2010	2011	2012	2013	2014	Total
Susquehanna	0	0	1	0	0	1
Tioga	1	0	0	0	0	1
Venango	0	0	0	1	0	1
Wayne	0	1	0	0	0	1
TOTAL						**423**

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