THE CENTER FOR Children's Justice

PO Box 396
Bernville, PA 19506
610-488-5059
contact@C4CJ.org
www.C4CJ.org

Pennsylvania's "Drug Epidemic" and the Impact on Children

Introduction

In December 2015, Reuters partnered with NBC News to release a year-long investigative report – Helpless and Hooked: the most vulnerable victims of America's opioid epidemic.[1]

Six-week-old Brayden Cummings died in Carbon County, Pennsylvania and was featured in the Reuters' investigation. His mother, who was just 20 years old and well known to many systems (e.g., child welfare, courts, probation, health care, drug treatment), is in prison serving time for causing the 2014 sleep-related death of her only child.

Outside of the Reuters investigation, the toll the drug crisis has and is inflicting on infants and children living in Pennsylvania has been largely unmeasured and off-the-radar of policymakers and the public.

In addition to child deaths, many young Pennsylvania children are growing up in homes where a parent is striving to battle and recover from the chronic health condition of addiction. Sometimes these parents are successful, but too often the battle is complicated by inadequate access to clinically appropriate treatment and related essential supports (e.g., housing, evidence-based home visiting, recovery services). And then there is the constant tension about how best to balance ensuring the safety and well-being of the child with the rights of parents.

This backgrounder attempts to provide some insight into the effect on children in Pennsylvania:

- Infants exposed prenatally to drugs and those infants then diagnosed with Neonatal Abstinence Syndrome (NAS);
- Young children, who may or may not have been exposed to drugs prenatally, removed from home and placed in foster care; and
- Child fatalities and near-fatalities where parental substance use was apparently a factor in the lethal or near-lethal event.

Substance-exposed infants: An infant can be exposed prenatally to illegal substances (e.g., heroin) and legal substances that are prescribed and taken as directed (e.g., prescribed pain medicine), including substances that are part of medication-assisted treatment for the pregnant woman with a substance use disorder (e.g., Methadone and Buprenorphine). Infants are also exposed to other legal substances like alcohol or tobacco products that can impact health and development.

[1] http://www.reuters.com/investigates/special-report/baby-opioids/

Neonatal Abstinence Syndrome (NAS) "is a postnatal drug withdrawal syndrome that occurs primarily among opioid-exposed infants shortly after birth."[2] Opioid receptors are largely situated within the central nervous system (CNS) as well as the gastrointestinal tract and "the predominant signs and symptoms of pure opioid withdrawal reflect CNS irritability, autonomic over reactivity, and gastrointestinal tract dysfunction."[3]

According to Stanford Children's Health the type and severity of symptoms an infant experiences varies "depending on the type of substance used, the last time it was used, and whether the baby is full-term or premature. Symptoms of withdrawal may begin as early as 24 to 48 hours after birth, or as late as five to 10 days."[4] Among the "most common symptoms" of NAS: "tremors (trembling), irritability (excessive crying), sleep problems, high-pitched crying, tight muscle tone, hyperactive reflexes, seizures, yawning, stuffy nose, and sneezing, poor feeding and suck, vomiting, diarrhea, dehydration, sweating, and fever or unstable temperature."[5]

The August 12, 2016 edition of the Morbidity and Mortality Weekly Report (MMWR) published by the Centers for Disease Control and Prevention (CDC) included an article (*Incidence of Neonatal Abstinence Syndrome – 28 States, 1999 -2013*) revealing that "among 28 states with publicly available data….the overall NAS incidence increased 300%, from 1.5 per 1,000 hospital births in 1999, to 6.0 per 1,000 hospital births in 2013."[6] The article also noted limited research "on long-term developmental outcomes related to opioid exposure during pregnancy and NAS."[7]

Assessing the number of infants exposed to opioids, including those legally prescribed as part of medication-assisted treatment, and diagnosed with NAS in Pennsylvania is difficult to ascertain.

As a Right to Know (RTK) request filed in September 2015, we know that more than 7,500 infants were born onto Medicaid and diagnosed with NAS in Pennsylvania between 2010 and 2014 (*Table 1*).[8]

In 2014, NAS diagnosed infants represented approximately 3 percent (n=1,970) of the babies born onto Medicaid (n=64,001) in Pennsylvania and the average length of stay (ALOS) in an inpatient setting immediately following the infant's birth was 15.53 days. Sixty one infants born onto Medicaid and diagnosed with NAS, between 2010 and 2014, died before celebrating their 1st birthday.

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[2] 1.Hudak ML, Tan RC; Committee on Drugs; Committee on Fetus and Newborn; American Academy of Pediatrics. Neonatal drug withdrawal. Pediatrics 2012;129:e540–60. Retrieved at http://pediatrics.aappublications.org/content/129/2/e540

[3] Ibid.

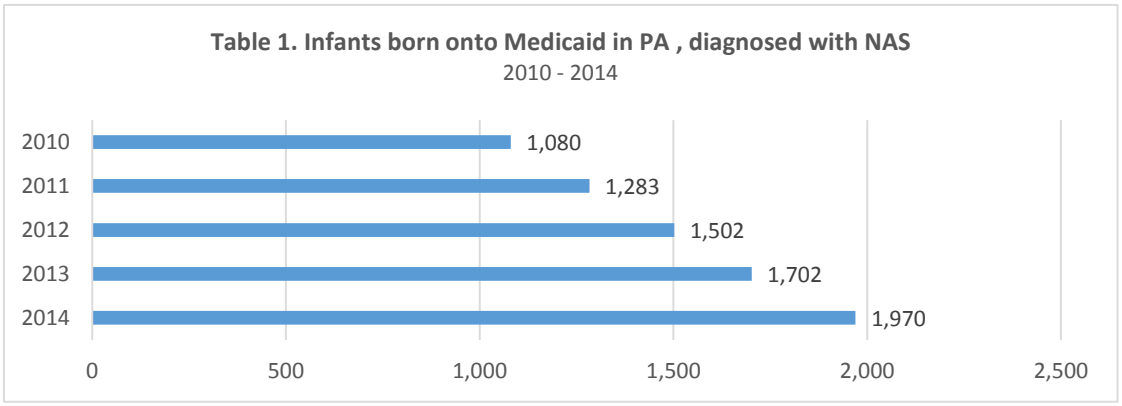
[4] http://www.stanfordchildrens.org/en/topic/default?id=neonatal-abstinence-syndrome-90-P02387

[5] Ibid.

[6] Ko JY, Patrick SW, Tong VT, Patel R, Lind JN, Barfield WD. Incidence of Neonatal Abstinence Syndrome — 28 States, 1999–2013. MMWR Morb Mortal Wkly Rep 2016;65:799–802. DOI: http://dx.doi.org/10.15585/mmwr.mm6531a2.

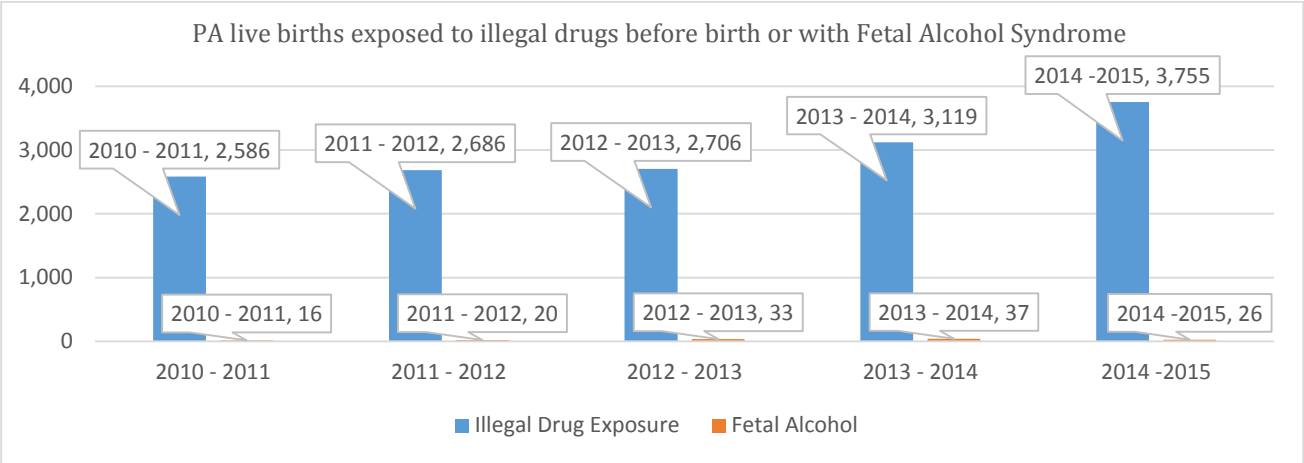
[7] Ibid.

[8] This document identifies the number of infants born onto Medicaid that were diagnosed with Neonatal Abstinence Syndrome (NAS) in Pennsylvania between calendar years 2010 and 2014. The data was obtained through a Right to Know (RTK) request filed with the Pennsylvania Department of Human Services (DHS) on September 3, 2015. After an initial denial of the RTK request, PA DHS supplied the data on January 15, 2016. PA DHS supplied the data about the number of infants born onto Medicaid and having the diagnosis code of 779.5 (Neonatal withdrawal symptoms from maternal use of drugs of addiction).



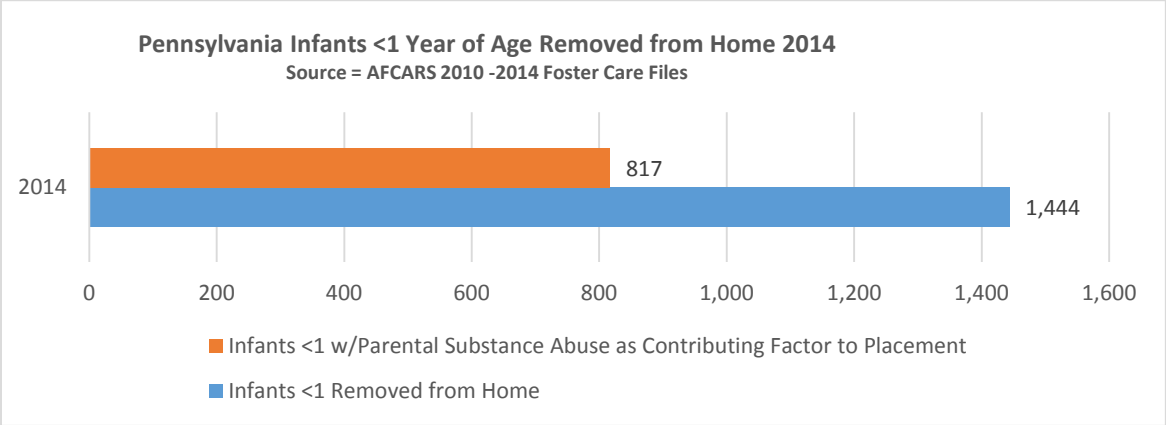
Separate from the Medicaid specific data, hospitals submit data to the PA Department of Health (DOH) through the Annual Hospital Questionnaire. Infant/Neonatal Services and Utilization data specific to the number of Live Births Exposed to Illegal Drugs Before Birth and the number of Live Births with Fetal Alcohol Syndrome is captured in the chart below. [9]

Not readily understood is the interplay between this data and the earlier cited NAS data or the degree to which these births trigger a referral from a health care provider to the child welfare agency in order to develop a Plan of Safe Care, as required by federal CAPTA. The data for 2014-2015 indicates that Erie County recorded the highest number of live births where the infant was exposed to illegal drugs before birth with 393 births. Erie was followed by Philadelphia (388), Allegheny (385), Montgomery (267), Dauphin (254), Delaware (193), Franklin (175), Luzerne (138), Cambria (125), and York (122).

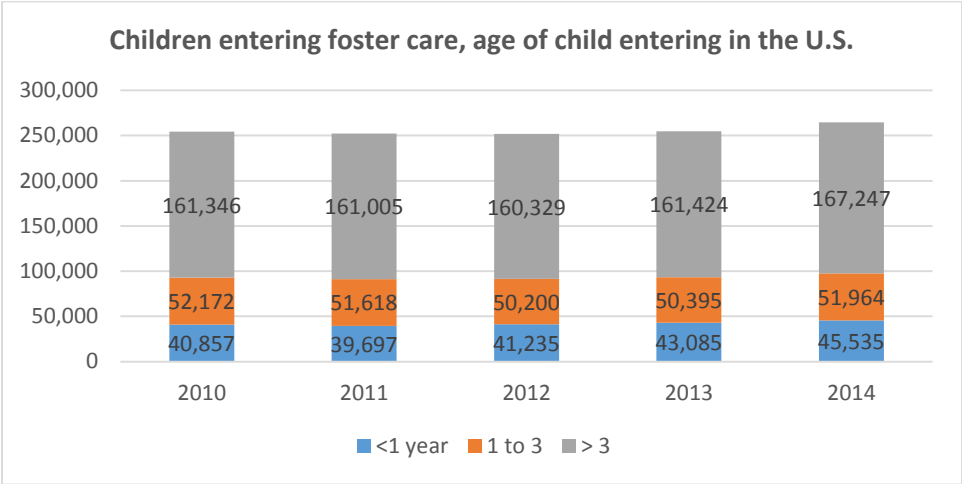


<u>Children birth to 3 placed in foster care related to parental substance abuse:</u> Many Pennsylvania infants become involved with the formal child welfare system and many are placed in foster care. Child welfare involvement and foster care placement can be precipitated by parental substance use that has led to harm or puts the infant at imminent risk of harm. There is no specific reliable measure of how many infants have been removed from home and placed in foster care due to parental substance use let alone how many of such placements then are directly related to opioid abuse. Still, the federal Adoption and Foster Care Analysis and Reporting System (AFCARS) data does provide some insight. In 2014, more than 1,400 infants in Pennsylvania were removed from home and 817 (more than 56 percent of those removed) had parental substance abuse as a contributing factor to placement.

[9]http://www.statistics.health.pa.gov/HealthStatistics/HealthFacilities/HospitalReports/Pages/HospitalReports.aspx#.VtHFecAo454



Review of the most recent (2014) AFCARS data for all 50 states proves eye-opening. In 2014, the number of children in foster care across America increased by 3.5 percent. 264,746 children entered foster care, including 45,535 infants. More than a third of the children entering foster care in the United States were three years of age or younger. Again, it proves difficult to reliably state how many of these children are entering care because of parental substance abuse. It also, however, is important to recognize that given the significant body of research about the importance of brain development and early childhood, these numbers merit an intentional response whatever the catalyst for young children entering foster care.



Children who have died or nearly-died: A diagnosis of NAS, in and of itself, is rarely fatal and yet some infants diagnosed with NAS and other substance-exposed infants have died in Pennsylvania in that critical first year of life linked, in part, to existing medical conditions but also as a consequence of the child and family's life circumstances.

Additional insight is found within a report released from the PA State Coroners Association. In it the state's coroners reveal that in 2014 "at least 2,489 individuals" died from "drug related deaths."[10] The report further notes, "The age of the deceased ranges from 4 months to 85 years of age."

Pennsylvania's Annual Child Abuse Report published by the Pennsylvania Department of Human Services' (DHS) also proves revealing. This report and information from the media provide some added, but still

[10] http://www.pacoroners.org/Uploads/Pennsylvania_State_Coroners_Association_Drug_Report_2014.pdf

limited, lens into the degree to which children are dying or nearly-dying after prenatal drug exposure or linked to drug ingestions or where there is a history of parental substance use.

County	**Date of Incident**	**Child's Age**	**Fatality (F) or Near-Fatality (NF)**	**Perpetrator of CAN** *(when the fatality or near-fatality was substantiated as child abuse or neglect (CAN), this column references who was named as the perpetrator and is highlighted)*[11]	**Notes** *(Notes are built upon information obtained in media reports, court documents fatality and near-fatality summaries and/or Act 33 Reports released by the PA Department of Human Services (PA DHS) posted on the PA DHS website at http://www.dhs.state.pa.us/publications/childfatalitynearfatalityreports/index.htm)*
Allegheny	6/17/2014	1 year	F	As of August 12, 2016, there was no document released by PA DHS to confirm whether this child's death was substantiated as CAN.	The fatality report for the victim child issued by PA DHS indicates that "the child had tested positive for opiates at the time of her death."[12] The child had been living with her father and the mother was not to have unsupervised contact with the child. The father, however, was arrested and another relative permitted the mother to take the child to her paramour's home. The report notes that prior to arriving at the paramour's home, "the mother had ingested three stamp bags of heroin." The mother laid down to sleep with the child. PA DHS further notes, "Mother also admitted to stashing four bags of heroin and a needle close to the bed in the room where her child was sleeping. A urine test at the child's autopsy revealed the child was positive for the presence of opiates." PA DHS traced the prior child welfare involvement with the family including at the time of the 2008 birth of a sibling of the victim child who was exposed to substances prenatally. The case was closed at intake since "There were no concerns expressed with the mother's ability to parent the newborn." Another referral in 2012 had the reporting source alleging that the "mother was addicted to heroin" and the child was "unsupervised because the mother was high." At the time, "The field screener went to the home and did not find any evidence to the allegations and screened out the report."

[11] Included based on content from fatality and near-fatality summaries included in the 2010, 2011, 2012, 2013, 2014 and 2015 Annual Child Abuse Reports. If a child has a summary in the Annual Report within the Fatality and Near-Fatality Section, the incident was substantiated as CAN. The Annual Child Abuse Reports issued by PA DHS can be retrieved at http://www.dhs.pa.gov/publications/childabusereports/#.VqeVu9LSkVR.

[12] http://www.dhs.pa.gov/cs/groups/webcontent/documents/document/c_219068.pdf

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					In December 2012 the victim child was born and the infant "tested positive For (redacted)." The DHS document then notes that The mother had admitted to the reporting source that she was using 4-6 bags IV Heroin a day throughout her pregnancy." The county closed the case early in January 2013 with the understanding since the father was now the "primary caregiver" and he along with the grandfather were under "an agreement" that they "would not allow the mother to have unsupervised contact with the baby." The victim child's mother was the subject of 13 referrals to children and youth when she was a child with these referrals linked to "lack of supervision and parental substance abuse by the child's mother." The victim child's father also the subject of reports to CYS over several years for issues related to his other children. In its report, PA DHS noted the following within the county weakness section: "Due to the history of the family, particularly the mother and father's extensive drug and alcohol histories and domestic violence issues, concerns surface as to the county's decision making practice in case closure. In particular, the closure of the report following the birth of the victim child." DHS also noted, "The case history lacked a thorough assessment of the mother's drug and alcohol issues." In August 2015, the victim child's mother pleaded guilty to involuntary manslaughter, endangering the welfare of children and drug-related charges.[13] The mother's paramour also faced criminal charges.[14]

[13] https://ujsportal.pacourts.us/DocketSheets/CPReport.ashx?docketNumber=CP-02-CR-0003546-2015
[14] https://ujsportal.pacourts.us/DocketSheets/CPReport.ashx?docketNumber=CP-02-CR-0003547-2015

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Allegheny	12/8/2014	5 months	F	Mother's paramour	The fatality report issued by the PA DHS indicates the child was admitted to the hospital for injuries "most likely caused by abusive head trauma."[15] Doctors found the "child's injuries to be indicative of physical abuse and stated that the injuries were non-accidental." The infant's autopsy also revealed that the infant had a "right humerus fracture that had occurred 7-10 days prior." PA DHS' report indicates that a family member "reported witnessing the mother's paramour slam the child in her crib and throw a blanket over her." PA DHS also reports that the "family was known to the county agency for parental neglect, and the mother's paramour was the perpetrator on another case in which he physically abused his then-girlfriend's child." Several media sources reported that when he was arrested related to the death of the infant in 2014, police "found heroin and another narcotic" in the paramour's possessions.[16] At the time of the infant's death, the paramour (alleged perpetrator) was under the court's supervision for a 2013 incident involving a child. A review of criminal court docket sheets reveals that the paramour pleaded guilty in September 2014 to a felony count of endangering the welfare of children. He was sentenced to an intermediate punishment program (IPP) for one year and then he was to be on probation for 6 years.[17] The court required that the also attend classes for anger management and submit to random drug tests.

[15] http://www.dhs.pa.gov/cs/groups/webcontent/documents/document/c_211247.pdf
[16] http://www.post-gazette.com/local/city/2014/12/12/Suspect-in-baby-s-death-may-have-violated-terms-of-earlier-release/stories/201412120046
[17] https://ujsportal.pacourts.us/DocketSheets/CPReport.ashx?docketNumber=CP-02-CR-0015221-2013

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					He is also awaiting further criminal court proceedings related to drug charges.[18]
Armstrong	12/18/15	11 years	F		The Pittsburgh Tribune Review reported that an 11-year-old boy in Armstrong County died in December 2015 and the "results of an autopsy and toxicology test showed he had overdosed on methadone, a powerful prescription painkiller." The boy's mother, who was prescribed the methadone, has been criminally charged.[19] Born in 2004, his obituary indicates that he was a 5th grader who served as a volunteer for the Salvation Army. He "loved to hunt, fish, play baseball and catch snapping turtles."[20]
Beaver	3/9/15	2 months	F	The child's mother was named as the perpetrator[21]	According to the PA DHS, the child died "as a result of serious physical neglect" after the victim child, the mother and the child's sibling "were all sleeping in the mother's bed." Initially all tests were "inconclusive" and the child's death "appeared to be accidental." A later toxicology report issued in July 2015, "indicated the child died from Methadone poisoning, and the child's death was ruled a homicide."[22] The pathologist's report indicated "that the child had 83 mg of Methadone in her system at the time of her death." The mother was prescribed methadone and she was receiving her "prescribed dosage" at a clinic and did not have "take-home Methadone." The PA DHS summary indicates that "the mother had threatened to kill herself, her family and the child's father's family the weekend of the child's death."

[18] https://ujsportal.pacourts.us/DocketSheets/CPReport.ashx?docketNumber=CP-02-CR-0002374-2015
[19] http://triblive.com/news/adminpage/9998362-74/methadone-armstrong-police
[20] http://www.legacy.com/obituaries/leader-vindicator/obituary.aspx?page=lifestory&pid=176993153
[21] 2015 3rd Quarter Fatalities/Near-Fatalities, page 1.
[22] Ibid.

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					The PA DHS summary also indicates that the "family was known" to the county children and youth agency prior to the infant's fatality "due to the mother's drug and alcohol usage and mental health concerns." There was an open child welfare case at the time of the infant's death.
Bucks	7/25/15	1 year	NF	Maternal grandparents	The child was taken to the hospital by the grandparents "because he was difficult to arouse, lethargic, and barely breathing." It was determined that the child "could have ingested medication" and so medical professionals "administered Narcan.' The child responded positively to the Narcan and his "urine tested positive for opiates." The grandmother was taking pain medication for a medical condition. She admitted that she did not keep the medicine in a lock box instead "hiding her medications in her underwear drawer." PA DHS' Annual Report indicates that the family was known to the children and youth agency "for a similar incident in March 2015 which was deemed accidental."
Bucks	10/22/14	1 year (21 months)	F		From the media: An autopsy was conducted the following day, where 1200 mg of Oxycodone was found in the 27-month-old boy's system. No hospital emergency room treatment reports dictate administering the drug to Sebastian while he was in their care, according to court documents. According to forensic pathologist Dr. Ian Hood, Sebastian died from three times the amount of Oxycodone it would take to kill an average adult.[23] From the Act 33 Report: "Bucks County CYSSA received a report from the coroner's office that the victim child's toxicology report revealed

[23] http://levittownnow.com/2014/11/18/man-charged-in-toddler-sons-drug-overdose/

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					that the victim child was positive for REDACTED; further, the levels were three times what would kill an adult. The victim child had been experiencing difficulty breathing on October 22, 2014 while in REDACTED." There were 7 prior contacts with the child welfare system before the child's fatality, including at the time of the victim child's birth. The child's mother "tested positive for marijuana. The victim child tested negative."[24] Recommendations in the Act 33 report issued by PA DHS[25]: • Education is needed for medical professionals/hospital staff about the possibility of drug overdose. The Director of the Bucks County Drug and Alcohol Commission advised that REDACTED would be available beginning November 29, 2014. • 2014. Inter-county protocols should be developed and implemented by the Six County Intake Committee. • Additional education is needed concerning the use of REDACTED for substance abuse overdoses. • This victim child's overdose occurred at a time when the nation was focused on the Ebola outbreak in western Africa. Medical staff were more focused on the communicable disease possibility than a possible overdose since the family members were immigrants from western Africa. All family members were living in this country for some time and had not visited Africa recently. Medical staff need training that takes them to a quicker diagnosis of possible

[24] http://www.dhs.state.pa.us/cs/groups/webcontent/documents/document/c_199252.pdf
[25] http://www.dhs.pa.gov/cs/groups/webcontent/documents/document/c_199252.pdf

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					overdose. Time is of the essence when treating suspected drug overdose.
Bucks	July 3, 2012	8 months	F	The child's death apparently was not substantiated as a child abuse or neglect fatality.	According to media reports, an autopsy "found morphine in the boy's body," but the cause of death was listed as undetermined.[26] The media also reported that police discovered "empty heroin bags spoon used to cook heroin within reach of the boy and the couple's two other young children" where the family was living. In February 2013, the child's father pleaded guilty to a felony count of endangering the welfare of children, recklessly endangering another person and drug-related charges.[27] In that same year, the victim child's mother also pleaded guilty to similar criminal charges.[28]
Bucks	3/6/10[29]	1 year	NF	Maternal Grandparents for "lack of supervision"	The child lived with the grandparents. "The child ingested valium and was taken to the hospital by the grandparents." The child was examined and discharged instructing the grandparents to check on the child every half an hour. "Upon return home, the child ingested additional medications. This time, the child suffered seizures as a result of the ingestion and needed to be intubated and placed on a ventilator to assist with breathing. The child tested positive for opiates and benzodiazepines." The family had been "accepted for services four days prior to this incident as a referral was received in January 2010 regarding drug use by the mother and improper supervision of the children." The mother and her two children were living with the grandparents at the time of the initial referral, but during the

[26] http://www.philly.com/philly/blogs/179720082.html
[27] https://ujsportal.pacourts.us/DocketSheets/CPReport.ashx?docketNumber=CP-09-CR-0008331-2012
[28] https://ujsportal.pacourts.us/DocketSheets/CPReport.ashx?docketNumber=CP-09-CR-0008327-2012
[29] http://www.dhs.pa.gov/cs/groups/webcontent/documents/document/p_019116.pdf

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					"assessment phase" the mother "died as a result of a drug overdose." Act 33 recommendations[30]: • If possible, a medical recommendation is that when a child this young presents with a similar medical condition that the child should be immediately taken to CHOP or St. Christopher's, where they are trained to handle pediatric crisis. • Agency staff will be instructed to request toxicology screens for children who are unconscious and unresponsive, a toxicology screen should be done. • Agency Manager will send correspondence to the manufacturer of dishwashing detergent to strongly suggest that they change the design to be less appealing to young children. • Improve the communication between BCCYSSA and the drug and alcohol providers in the area. • Improvement of services by drug/alcohol providers by prioritizing services to mothers of babies/young children.
Bucks	4/20/10	1 year	NF	Mother and Maternal Grandmother	The child lived with the mother and grandmother. "The child suffered respiratory distress from ingesting methadone which belonged to the maternal grandmother. The methadone was easily accessible to the child." The child was taken to the hospital and given naloxone and recovered. The county agency was involved at an "intake level in October of 2009 due to the maternal grandmother driving under the influence of alcohol with her child, the victim child's uncle, in the car." Additionally, the victim child's

[30] http://www.dhs.pa.gov/cs/groups/webcontent/documents/document/p_019116.pdf

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					mother, "who was a youth at the time," took an "envelope to school containing a large amount of methadone pills, which had belonged to the maternal grandmother." There had been earlier services in 2006 "due to cocaine use by the maternal grandmother." Act 33 recommendations[31]: • The agency has recently had a few cases involving "accidental" ingestion of medication by young children. The Team discussed providing agency staff with education on the appropriate storage of medication so that staff can then review with and educate caregivers (such ideas as keeping out of the reach of young children, storing medication in original containers with childproof lids, using locked boxes, etc.) [redacted], of the Bucks County Drug and Alcohol Commission will be contacted to provide agency staff with education on this. • A suggestion was made that agency caseworkers use a tool to "inventory" or review with clients the safe use/storage of medication. This type of questioning could be included within the Safety Assessment process. • Include the safe use/storage of medication within life skills education for adolescents.
Carbon	10/17/14	1 month	F	The child's mother was named as a perpetrator of "serious physical neglect."	One media report described the infant's death in this way: "An opiate-addicted 20-year-old Lehighton mother faces a charge of involuntary manslaughter and endangering the welfare of children in the death of her 6-week-old son….who, like his mother, was on methadone."

[31] http://www.dhs.pa.gov/cs/groups/webcontent/documents/document/p_019115.pdf

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					The victim child was living with his mother and father at the paternal grandparents' home at the time of the fatality. "No referrals had been made to Children and Youth regarding mother's drug use and the baby needing (redacted); despite that the mother's adult probation officer was familiar with the mother as she was the closing caseworker for mother as a juvenile in 2010." The infant's mother "was involved with Carbon County Children and Youth (the agency) from 08/17/2009 through 10/15/2010 when she was 15/16 years old after her mother and father requested help due to the child's incorrigible behavior and drug use. (Redacted) due to the child's status offenses including a history of truancy and expulsion from school due to repeated behavioral issues (stealing money from the book fair, hiding pills in her purse and having a knife and marijuana in her possession). Reacted. The family continued to receive casework services until the case was closed on 10/13/2010." The Act 33 Report indicates that "services for the mother (as a child) in 2009-2010 were not sufficient to meet her needs…." It continues, "Despite numerous discussions regarding placement for the child due to continued drug use, additional services and/or placement was never recommended despite a clear need for more intense supervision and (redacted)." Mother later drops out of high school in the 10th grade "continued to utilize drugs into adulthood, was placed on adult probation and lost the victim child due to cosleeping while intoxicated." Recommendations included in the Act 33 Report[32]:

[32] http://www.dhs.pa.gov/cs/groups/webcontent/documents/document/c_199444.pdf

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					• Risk assessments must be completed thirty days prior to case closure; there was no risk assessment completed prior to the closing of this case (regarding the agency's prior involvement with the mother as a child). • All new critical case information reported to the agency (whether self-reported by the child/family or service providers) needs to be assessed including verification/confirmation of information presented followed by a determination of whether such information presents further risk to the child, creates a safety threat and/or changes in service provision are warranted. • The agency needs to identify a chair person for the Act 33 review team meetings and develop a protocol for the timely completion and submission of county review reports to the regional office following Act 33 review team meetings.
Crawford	5/20/15	2 years	F	Father "as a perpetrator by commission and the child's mother as a perpetrator by omission."[33]	The child died "as a result of physical abuse" with the coroner later stating that "the marks on the child are consistent with her being suffocated." PA DHS' Annual Report indicates that the mother indicated she knew the "father had mental health issues" and that that he had stopped "taking his prescribed medication." The father also reported that he smoked marijuana on the day the child died. The Annual Report indicates "the mother had tested positive for Methadone, but did not have a prescription for this medication." PA DHS' report does not provide any context to this

[33] http://www.dhs.pa.gov/cs/groups/webcontent/documents/document/c_226999.pdf

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					detail with regard to when the mother was tested. The "family was not known to the county agency prior to this incident" and now the parents are "receiving drug and alcohol treatment and parenting instruction." An older sibling of the child victim was placed into kinship care.
Crawford	12/22/12	3 years	NF	Father "for physical neglect and lack of supervision"	The child nearly died "as a result of ingesting his father's medication." At the hospital, "blood testing was conducted and it was determined that the child had ingested methadone." Initially the father said he had been prescribed the methadone for at-home use, but "later admitted to illegally obtaining the methadone from a friend." PA DHS reports that the family was known to the child welfare agency prior to the near-fatality. "A report had been made in February 2012 regarding alleged substance abuse by the parents. The drug usage was confirmed; however, the case was closed at intake due to the parents actively receiving treatment through a community provider."
Delaware	7/15/12	11 months	F	Mother for "lack of supervision"	The infant died "due to an acute heroin overdose." The family was known to the children and youth agency after the deceased child was born and the mother "tested positive for opiates." The county was involved with the family for five months when the case was closed by child welfare officials they were "confident that the father would be able to protect the children and assure their safety as their primary caretaker." Recommendations in Act 33 Report[34]: • A recommendation from MDT that a more efficient collaboration between Delaware County Children & Youth Services and the Office of Behavioral Health is pursued to assist with

[34] http://www.dhs.pa.gov/cs/groups/webcontent/documents/document/c_112064.pdf

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					identifying licensed treatment professionals. • Delaware County is advised to develop a protocol to file a formal complaint against any medical or mental health provider that continuously refuses or fail to respond to the agency's concerns as it relates to requested information that the county has a legal right (appropriate consents) to obtain.
Erie	2/9/15	1 year	F	It appears the child's death was not substantiated as child abuse or neglect.	The Erie Times News reports that the county coroner "ruled the death a homicide due to acute heroin toxicity."[35] The fatality review report issued by the PA DHS indicates that the child's toxicology results "showed that the child had 320 Nano grams of heroin in her system." The report continues, "The victim child died of a heroin overdose."[36] When the child was transported to the hospital "there were no immediate concerns or red flags of child abuse as the victim child presented with no trauma to her body or track marks."[37] DHS' report states that it remained unknown how the child "ingested the heroin" and the hospital nurse said that the child "would have died immediately from the amount of heroin in her system."[38] PA DHS reports that the mother's paramour had been awaiting charges on drug related charges, at the time of the child's death. The paramour, who DHS indicates "had an extensive criminal history" that included "drug related charges, later pled guilty and was incarcerated.

[35] http://www.goerie.com/article/20150709/NEWS02/307099923/coroner-someone-killed-erie-toddler-with-heroin
[36] http://www.dhs.pa.gov/cs/groups/webcontent/documents/document/c_223289.pdf
[37] Ibid.
[38] Ibid.

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					It is unclear if any adult was named as a perpetrator of child abuse or neglect based on DHS' report. The report does include this "The agency's outcome related to the (redacted) was deemed to be (redacted). This does not appear to be the most appropriate outcome in this case as the (redacted) completed by the agency states that the investigation revealed that the mother and her paramour were in a caretaker role at the time the victim child ingested the heroin. Additionally, given the fact that the mother seems unwilling to acknowledge that her paramour is involved with heroin, even though she has been convicted and is serving a sentence for drug offenses, the agency should have considered the status of the investigation to be (redacted) as both caretakers failed to protect the victim child from ingesting heroin which resulted in the child's death."[39]
Erie	8/10/12	10 month	NF	Mother	According to PA DHS, "the father admitted that he overdosed on methadone a few weeks prior and some pills fell on the floor but were cleaned up." On the day of the near-fatality, the child, who was experiencing "impaired breathing," was flown to a hospital where her toxicology screen was "positive for methadone." The family was known to child welfare officials, including due to a referral when the victim child was born because the "mother tested positive for methadone." Both prior referrals were "closed at intake." Recommendations in the Act 33 Report[40]: • When completing a CPS investigation, the caseworkers need to be more diligent in questioning all of the doctors involved.

[39] Ibid.

[40] http://www.dhs.pa.gov/cs/groups/webcontent/documents/document/p_035027.pdf

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					• The direct care staff needs to utilize the internet to research drug interaction. • Recommendations for Change at the State Level: • There needs to be more training available to direct care staff regarding prescription drug usage and the effects and interactions of other prescription drugs
Fayette	3/6/14	3 months	F	Mother "for lack of supervision"	PA DHS reports that the infant had been "napping on the floor wrapped in a heavy blanket" when the mother was unable to wake the infant. When the infant arrived at the hospital, "medical professionals estimated the child had been deceased for twelve to eighteen hours prior to arriving at the hospital." The infant died at the home of the mother's paramour. PA DHS' summary notes that the "mother had fresh track marks and has a long history of heroin addiction." Also that the mother had been prescribed Subutex and the infant "tested positive for this at birth." Recommendation in Act 33 Report[41]: • At the time of the Act 33 meeting the County had only limited information. It was understood that the mother had a significant history of substance abuse that dated back to her youth. There was an understanding that neither the mother nor the baby was drug screened at the time of the child's birth and although the mother did receive REDACTED in a neighboring county, this information was not readily available to the hospital at the time of the birth, which explained why it was thought the hospital did not test the mother. The agency recommended at the local Act 33 meeting that there

[41] http://www.dhs.pa.gov/cs/groups/webcontent/documents/report/c_208917.pdf

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					be a more concerted coordination of exchange of information between OB/GYN offices and hospitals across counties and states. If the mother's history of use REDACTED could have been tracked, REDACTED could have followed. After further information gathering, it was later learned that the child was screened at birth and tested positive for REDACTED. [The department chose not to remove this recommendation as the county had included it on the local Act 33 report. The recommendation does not accurately correlate to this report, however may be justified in future situations.]
Lackawanna	1/22/15	7 weeks	F	Both parents, physical neglect	A 7-week-old infant, who had been born "drug addicted," died on January 22, 2015 in Lackawanna County.[42] A report was made to the children and youth agency upon the infant's birth with "drug screenings occurring for the mother and scheduled for the father, but he did not comply." Eventually both parents complied with drug screens and the mother "tested positive for prescribed Percocet, while the father was positive for illegal and prescribed drugs." The CYS agency completed a risk assessment "and the case was to have been closed January 21, 2015." After the infant's death, the surviving sibling was placed in kinship foster care and "both parents have been discharged unsuccessfully from drug treatment and are not engaged in the family service plan." Both parents have been charged with endangering the welfare of children and

[42] 2015 1st Quarter Fatalities/Near Fatalities published by the Pennsylvania Department of Human Services, page 2. Retrieved at http://www.dhs.state.pa.us/cs/groups/webcontent/documents/document/c_211247.pdf.

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					recklessly endangering another person.[43] [44] The mother was before the courts in 2010 for a summary offense related to harassment.[45] The father has also been before the courts before facing a number of criminal charges including retail theft, harassment and driving with a suspended license.[46] The CYS agency substantiated the infant's death as "physical neglect" naming both parents as the perpetrators of the abuse.
Lancaster	January 20, 2016	4 years	NF		It was reported by several media sources that the 4-year-old had become "unconscious after ingesting a drug that is commonly used to treat heroin addiction."[47] Emergency medical officials responding to the child's home Medics "administered the heroin-overdose antidote Narcan numerous times to revive the girl." The child's mother had a prescription for Methadone. The mother has been charged with aggravated assault and endangering the welfare of children.[48] In an email to PA DHS inquiring whether the child was known to the children and youth agency before the near-fatality, a DHS official wrote, "Lancaster County previously conducted investigation and assessment services."[49]

[43] https://ujsportal.pacourts.us/DocketSheets/MDJReport.ashx?docketNumber=MJ-45102-CR-0000185-2015
[44] https://ujsportal.pacourts.us/DocketSheets/MDJReport.ashx?docketNumber=MJ-45102-CR-0000186-2015
[45] https://ujsportal.pacourts.us/DocketSheets/MDJReport.ashx?docketNumber=MJ-45102-NT-0000981-2010
[46] https://ujsportal.pacourts.us/DocketSheets/MDJCourtSummaryReport.ashx?docketNumber=MJ-45102-NT-0000260-2015
[47] http://lancasteronline.com/news/local/police-medics-use-narcan-to-revive-girl-who-ingested-methadone/article_c4aa7b5a-e223-11e5-a363-b3ad71a50c6b.html
[48] https://ujsportal.pacourts.us/DocketSheets/CPReport.ashx?docketNumber=CP-36-CR-0001666-2016
[49] March 10, 2016 email from Amy Grippi, Chief of Staff for the Department of Human Services, Office of Children, Youth and Families.

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Lancaster	4/17/10	4 years	F	Father	The child died after being "given prescription drugs." PA DHS reports the child was "given methadone and alprazolam because the child was being fussy." The family was not known to the county agency before the child's fatality.
Luzerne	3/20/15	10 years	NF	Child's uncle was named as the perpetrator after he "admitted that he had given the child two Vicodin…"[50]	The child was taken to the emergency room after he was found at home "unconscious." The uncle admitted to giving the child Vicodin for pain in his leg. The child "was given Narcan to counteract the opiates."
Luzerne	2/14/14	3 months	F	Mother and Father	The child died as a result of "physical injuries." According to the 2014 Annual Report, The mother was holding the infant while sitting in a recliner and then fell asleep. "At some point in the night the mother got off the recliner and went to bed. The mother did not realize that the child had fallen from her arms while she slept on the recliner. The child fell into the cushion of the recliner and suffocated." The family was known to the CYS agency beginning in November 2013 when the victim child was born and the "mother tested positive for cocaine and marijuana at the time of the child's birth." There was a safety plan in place and a prior court order that "prevented the mother from having unsupervised contact with her children."
Luzerne	7/22/13	6 years	NF	Mother and father "for lack of supervision resulting in a serious physical condition, and	PA DHS reports that the child nearly-died "after accidentally drinking her mother's methadone." On the night of the incident the child drank the liquid methadone when she thought it was a soda. The parents upon realizing she had drank the methadone researched how to treat her on the Internet. "Based on the parent's statement it was

[50] 2015 2nd Quarter Fatalities/Near-Fatalities report published by PA DHS, page 14.

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				medical neglect result in a serious physical condition."	indicated that the child may have ingested up to 50 milligrams of methadone." The child was taken to the hospital approximately 4 hours after the parents realized she ingested the methadone. "At the time of the incident there were four children in the household, including an 8 month old infant, as well as a 4 year old, 6 year old and 17 year old." There was not an open child welfare case at the time of the near-fatality, but the family had a "history" with the children and youth agency "related to parental drug and alcohol use as well as numerous referrals for behavioral issues related to one of the children." From the Act 33 Report[51]: "The mother had used Heroin during her pregnancy with the victim child who was born with methadone in her and suffered withdrawal for the first month of her life." Recommendation from the Act 33 Report:[52] • Determine whether Methadone clinics have a protocol in place for allowing patients with small children to have "take homes" of their methadone and whether they receive education on the dangers of ingestion of the medicine by small children. • The panel recommended a letter be sent to drug and alcohol providers encouraging education for parents on keeping prescription medications out of the reach of small children. • The panel also recommended the need for more systems to be represented on the death review team, particularly drug and alcohol providers and the medical community. (It should be

[51] http://www.dhs.pa.gov/cs/groups/webcontent/documents/document/c_124450.pdf
[52] http://www.dhs.pa.gov/cs/groups/webcontent/documents/document/c_124450.pdf

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					noted that, as of the writing of this report, a pediatrician and nurse practitioner joined the Act 33 Team.).
Monroe	July 28, 2015	3 months	F	Child's mother	Emergency medical professionals were called to the child victim's home on July 28, 2015 due "to an infant being unresponsive." The victim child, a sibling and the child's mother lived in New Jersey, but were visiting a relative in Pennsylvania. The mother reported to law enforcement that she was sharing a bed with the children. At the time of the child's death, the mother submitted to a blood test "which was positive for Diazepam (consistent with Valium), marijuana, Methadone, and Morphine." While the mother reported she took prescribed Oxycodone, she did not test positive for this medication.
Monroe	May 6, 2014[53]	4 years	F	Babysitter was listed by PA DHS, but the child's obituary lists the person criminally convicted in the child's death as the child's great-grandmother [54]	The Morning Call reported that tests after the child's death showed that she "had a lethal dose of oxycodone and oxymorphone in her bloodstream."[55] The media reporter further noted, "Authorities said 200 nanograms per milliliter of oxycodone is considered toxic in adults — Janessa had 916." The child's grandmother later would provide police with bottles "containing oxycodone" as well as other bottles including those containing "methadone and Xanax." The grandmother indicated she had obtained the medicines "without prescriptions." In April 2016, the child's caregiver pleaded guilty to involuntary manslaughter and a number of drug-related offenses.[56]
Montgomery	7/2015	2 years	F		According to a media report, "Trinity Griffith's death was ruled an accidental combined drug intoxication by a Montgomery County forensic

[53] http://www.poconorecord.com/article/20140509/NEWS07/405090317
[54] http://www.dhs.pa.gov/cs/groups/webcontent/documents/document/c_135443.pdf
[55] http://www.mcall.com/news/breaking/mc-c-poconos-grandmother-kills-child-with-pills-20141230-story.html
[56] https://ujsportal.pacourts.us/DocketSheets/CPReport.ashx?docketNumber=CP-45-CR-0000085-2015

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					pathologist on July 31, 2015. A toxicology report later identified the presence of both Klonopin — a Schedule IV narcotic — and Subutex — a drug used to treat addiction — in Trinity's system."[57] Outreach to the PA DHS as to whether the child was ever known to a child welfare agency resulted in this response, "Following the birth of the child, in-home services were provided for five months."[58]
Montgomery	4/9/10	3 years	NF	Mother	"The child was brought to the emergency room due to respiratory distress. The mother is on methadone and it was suspected that, due to the child's condition, the child ingested methadone. The child was treated with naloxone and responded. There is no explanation as to how the child ingested the methadone. The child was residing with his mother at the time of the incident. Recommendations from Act 33 Report[59]: • OCY has an internal review risk assessment for children under the age of five years who become known to OCY for drug-related issues. This review is convened by the director of social services; in all cases, caseworkers will be required to be alerted to assure appropriate handling of take-home doses of-· The case worker will check the lock boxes during the home visit to assure they are located out of the reach of the children and secured. • The fatality team's drug and alcohol representative provides information to the OCY staff regarding drug overdoses.

[57] http://www.timesherald.com/general-news/20160120/lower-providence-woman-charged-in-death-of-2-year-old-daughter?source=most_viewed

[58] February 2, 2016 email response from Amy Grippi, Chief of Staff for the Department of Human Services, Office of Children, Youth and Families.

[59] http://www.dhs.pa.gov/cs/groups/webcontent/documents/document/p_033527.pdf

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					• The-clinics should take extra measures to assure that parents have safety controls in place to avoid such events occurring in the future. It is further recommended that doses be contained in a child proof or sealed vessel. • SERO recommends that the Department continue to encourage public Methadone treatment clinics to issue take-home lock boxes with their take-home prescriptions and to increase monitoring of take-home doses where there are children in the home five years old and under.
Northumberland	7/24/15	9 months	NF	The child's father was named as the perpetrator of physical abuse.[60]	The PA DHS summary states that the "child sustained bruising on his forehead and right temple, there were finger marks on his chin, bruising on both sides of his rib cage" along with "multiple rib fractures of varying stages, liver lacerations, spleen lacerations and kidney lacerations." [61] PA DHS also indicates that a general protective services (GPS) referral was received on November 4, 2014 "alleging the child tested positive for opiates at birth." The report continues, "The mother admitted to attending a methadone clinic and being prescribed Methadone."
Northumberland	10/13/14	9 years	F	The mother was named as a perpetrator "for failure to act and the child's babysitter as a perpetrator for the act of providing drugs and	According to the PA DHS summary, the "child was found to have alcohol and high level of oxycodone in his system."

[60] 2015 3rd Quarter Fatalities/Near-Fatalities published by PA DHS, pages 17 – 18.
[61] Ibid.

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				alcohol to the child."[62]	
Northumberland	10/16/10	1 year	F	Mother, Father and Maternal Grandmother	The child died "due to hyperthermia." The child had been put down for a nap by the father who left the home. "The next morning, the mother was leaving the home for an appointment at a methadone clinic and she told the maternal grandmother, who was home, that she had not checked on the child since she was put down for a nap the previous day." When the grandmother checked on the infant she was deceased. "Approximately 19 hours passed from when the father initially put the child down for a nap and when the grandmother found the child deceased. No one ever checked on the child." The family had been known to both Union and Northumberland County child welfare agencies. Among the ways in which the family was known to CYS was when the victim child was born in October 2009 and "tested positive for methadone and amphetamines at birth."
Philadelphia	9/8/15	2 month	F	Act 33 report includes this text: "on 11/5/2015 naming (redacted) as the perpetrators for causing the death of the child (redacted).	The Pennsylvania Department of Human Services (DHS) finalized its Act 33 report in May 2016.[63] The Act 33 Report notes that the "two month old victim child was found unresponsive in the bed by his mother that morning." Still the pathologist indicated that "co-sleeping was not the cause of the victim child's death" and there was no explanation from the parents "how the victim child suffered (redacted)." An interview with the victim child's father had his relaying that he "was unaware of the mother's drug use during pregnancy even though the mother tested positive twice during her pregnancy (redacted) and again at birth."

[62] 2015 2nd Quarter Fatalities/Near-Fatalities published by PA DHS, page 4.
[63] http://www.dhs.pa.gov/cs/groups/webcontent/documents/document/c_236405.pdf

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					The Act 33 Report indicate that the Philadelphia Department of Human Services received a report on 6/18/2015 "alleging that the mother and victim child tested positive for (redacted) when the victim child was born." The report continues that on 6/15/15 "the mother admitted to taking (redacted) that was not prescribed to her." Also the mother had "positive drug screens at her prenatal visits in May and June of 2015." The infant, who was born in June, was not seen by a social worker service manager (SWSM) in the family home until 9/4/2015. The Act 33 Report notes that the fatality review team felt that the SWSM "inability to complete a home visit should have triggered a heightened response from the chain of command given the number of red flags associated with the case, including the wealth of information about the mother's (redacted) and the parents' lack of cooperation to schedule home visits."[64] A DHS nurse was also "unable to make contact with the family." The local Act 33 team "recommended that DHS issue a protocol for workers to follow when they are unable to see a child after multiple attempts." The local team also recommended "that DHS amend its policy for mandatory consultation when a report is received with the allegations related to drug-exposed infants. Currently reports regarding drug-exposed infants are assigned to the intake division for investigation. The DHS policy and planning division is in the process of creating an investigation manual that will update the existing policy to reflect the current process."

[64] http://www.dhs.pa.gov/cs/groups/webcontent/documents/document/c_236405.pdf

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					PA's Department of Human Services recommendations included: • "County agencies improve communication and educational training program services with the Community Health Service organizations and programs servicing parents who are enrolled in Drug and Alcohol rehabilitative services;" and • "County and Community Organizations improve communication and educational training program services for child abuse prevention services to ensure complete child abuse recognition and improve mandated reporting of child abuse among treatment therapists and counselors."[65]
Philadelphia	1/31/15	1 year[66]	F	Mother, serious physical neglect	The child was found in her crib by her mother. The child was "not breathing" and transported to the hospital. "At the hospital it was found that the child tested positive for methadone. The mother said she did not know how the child had ingested methadone. The mother was receiving prescribed methadone treatments at a local clinic. According to the mother, she kept the medication in a locked box out of the way of the children." The DHS summary addresses prior CYS involvement: "The family is known to DHS. The mother was previously indicated in 2007 for medical neglect of an older sibling of the child for not obtaining needed medical treatment after the child was born with a cataract on her eye. DHS provided General Protective Services (GPS) to the family off and on throughout 2009, 2010, and 2011. The GPS reports involved concerns regarding

[65] Ibid.

[66] The PA DHS summary includes this child as a 1-year-old child, but an Act 33 Report that appears to be for the same child lists her as a 3-year-old child.

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					inappropriate discipline, lack of housing, and lack of proper medical care for one of the child's siblings. These reports were all found to be invalid. In 2010, the child's siblings were in foster care for 11 months when the mother sought help for the children because she was unable to provide them with a home. The siblings were again placed in foster care for a two-month period in early 2011 when the mother sought help for the children due to not being able to protect them from their father's violence and threats of violence. The children were subsequently returned to the mother's care." From the Act 33 Report[67]: This report indicates that the family's first contact with CYS was in 2007 related to "medical neglect" for a child the mother had not sought medical care. "The investigation determined that the child had no history of well-child examinations and she had not received any immunizations." This child apparently was later adopted in 2012. Recommendations in the Act 33 Report[68]: • As children ingesting medication has been a common theme for near fatality and fatality, there should be statewide public service announcements that discuss child safety regarding medication storage. • The REDACTED should have safety checks for those clients who have children in their home.
Philadelphia	10/12/14	11 months (twin)	NF	Mother and Mother's Paramour	After it was difficult to awake the infant and her twin sister, they were taken to the emergency room. At the hospital, "both girls tested positive for Tetra Hydro Cannabinol and Opioids." There was no explanation as to how

[67] http://www.dhs.pa.gov/cs/groups/webcontent/documents/document/c_211654.pdf
[68] http://www.dhs.pa.gov/cs/groups/webcontent/documents/document/c_211654.pdf

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					the girls may have ingested the drugs. There was also a 2-year-old half sibling in the home at the time of the incident. The family was not previously known to child welfare officials. The mother was arrested and charged with a number of crimes, including aggravated assault and endangering the welfare of children.
Philadelphia	10/12/14	11 months (twin)	NF	Mother and Mother's Paramour	After it was difficult to awake the infant and her twin sister, they were taken to the emergency room. At the hospital, "both girls tested positive for Tetra Hydro Cannabinol and Opioids." There was no explanation as to how the girls may have ingested the drugs. There was also a 2-year-old half sibling in the home at the time of the incident. The family was not previously known to child welfare officials. The mother was arrested and charged with a number of crimes, including aggravated assault and endangering the welfare of children. From the Act 33 Report: "Philadelphia Department of Human Services (DHS) received a REDACTED report alleging that the victim child was brought to St. Christopher's hospital where she tested positive for tetrahydrocannabinol (THC) and opiates. No one saw the child ingest anything. The mother's paramour takes REDACTED and smokes marijuana and the maternal grandmother takes REDACTED." Recommendation in Act 33 Report: • Philadelphia County DHS continues with thorough investigations and should strive to enhance all social workers skill levels in the area of domestic violence.
Philadelphia	4/3/14	2 years	F	Mother for physical abuse and maternal grandmother	The child and her mother were living with the maternal grandmother. The grandmother found the child unresponsive and she was "pronounced dead at the scene by the EMT." Medical examination revealed that "the child had methadone in her blood." The medical

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				for lack of supervision	examiner also noticed "signs of physical injuries on the child." The family was known to Philadelphia DHS "from two previous General Protective Services referrals, which did not warrant any services."
Philadelphia	2/18/14	2 years	NF	Mother "due to neglect, resulting in a physical condition."	Child nearly-died after "she ingested an unknown amount of opiates." The mother took the child to an emergency room where the doctor "reported she had a decreased respiratory rate and noted her pupils were pinpoint. Due to both of these factors the emergency room doctor gave the child a medication used to treat an opioid overdose, to which the child reacted positively." The PA DHS summary notes that "No one was able to explain how the child accessed opiates" and that the victim child's mother was facing criminal charges "for possession of a controlled substance." The family was known to Philadelphia DHS 'from a general protective services report the previous month alleging that the paternal grandmother found drug paraphernalia in the child's bag after her mother dropped her off for a visit." From the Act 33 Report: "On 02/18/2014, the Philadelphia Department of Human Services received a report alleging the child ingested REDACTED which caused the child to be unresponsive and lethargic. The child was given-REDACTED at the hospital and had a positive response. She was in the care of her maternal cousin that day. It is unknown where or when the child ingested the REDACTED." The family became known to Philadelphia DHS on 12/19/2013 as a result of a report alleging the paternal grandmother found drug paraphernalia in the child's diaper bag when the mother dropped her off for her visit. The child was not harmed and a finding for the report was still not made at the time of this

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					most recent incident. It has since been determined not to be substantiated. Also noteworthy is the fact that the mother has a history as a minor with REDACTED. She was the victim of both physical and sexual abuse. The father has no history as a minor." Recommendation in the Act 33 Report[69]: • Hospitals need to be educated regarding situations that ought to be brought to the attention of the county agency or police department. Had the January 2014 emergency room visit and medical treatment of this child been reported, intervention could have-occurred which may have impacted future incidents occurring. If a family is already being assessed by the county agency, this information could be crucial in the county's findings and level of services provided.
Philadelphia	5/11/12	11 months	F	Father	The Medical Examiner's report said the child "tested positive for methadone." PA DHS reports that "Both parents are recovering heroin addicts and receive treatment through methadone clinics." During the investigation into the child's death, the "father admitted" that he had "put methadone in the child's bottle." A prior report was made to the child welfare system "when the child was born regarding mother being a heroin addict." From the Act 33 Report[70]: • On 3/1/2011 a [REDACTED] report was received by DHS alleging that the victim child's sibling would be left unattended while her mother slept. The report also noted that victim

[69] http://www.dhs.pa.gov/cs/groups/webcontent/documents/document/c_200644.pdf
[70] http://www.dhs.pa.gov/cs/groups/webcontent/documents/document/p_035328.pdf

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					child's sibling may have been sexually abused due to presenting inappropriate behaviors, while residing with biological mother and maternal grandmother. The sexual abuse was inferred to have occurred while they (biological mother and victim child's sibling) resided with biological father. This report was rejected due to there not being an allegation identified that met [REDACTED] or [REDACTED] criteria. • A [REDACTED] report was received on 6/23/2011 by DHS alleging that victim child's biological mother was showing pictures of victim child's sibling with bruises on her buttocks. It was reported that the biological father was [REDACTED]. The investigation revealed that there was no evidence to support the allegation that the father caused the bruises; therefore, this report was unfounded." Recommendations in the Act 33 Report:[71] • The Department recommends that the county children and youth agencies continue to institute alternatives ways to educate the community on their understanding of what constitutes child abuse and the damaging effects it may have on families and the community. • The Department recommends continuous Drug and Alcohol education with particular emphasis on the effect substance abuse can have on young children, including accidental and intentional ingestion by children.
Philadelphia	7/24/11	1 year	F	Mother and Father	The child died "due to ingesting methadone." PA DHS reports that "both parents abuse

[71] http://www.dhs.pa.gov/cs/groups/webcontent/documents/document/p_035328.pdf

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					heroin and are involved in methadone maintenance programs." The family was not known to the Philadelphia Department of Human Services. Recommendations in Act 33 Report[72]: • DPW has recognized that there have been several incidents of suffering from [redacted] with the result of near fatality and fatality. The children have either obtained the [redacted] as a result of lack of supervision or have been intentionally given the [redacted]. DPW should engage in the connection and collaboration of maintenance programs, children and youth agencies and the Academy of Pediatrics, when the parent(s) have earned take-home privileges. There is a need to conduct public service announcements about the dangers of children being exposed to and ingesting [redacted]. • There is also a need for parenting and child development education regarding comforting and parenting a young child. This is especially crucial for parents who suffer from [redacted]. These services should be provided through the [redacted].
Philadelphia	7/25/11	9 months	F	Maternal cousin and her paramour	The child died "due to ingestion of drugs." The infant had "preexisting respiratory issues" which led to the infant staying with extended relatives. "Upon medical examination at the hospital, the child was found to have bruising on his bod, possible burn marks to legs and buttocks which were later determined during the autopsy not to be burn marks. The child also had intravenous marks to his hands. The autopsy found cocaine and opiates in the child's system."

[72] http://www.dhs.pa.gov/cs/groups/webcontent/documents/document/p_012764.pdf

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Schuylkill	1/15/15	6 days	F	Mother was named as the perpetrator "of seriously physical neglect."[73]	The 6-day-old infant died "as a result of suffocation," according to PA DHS's quarterly summaries of fatalities. Prior to the infant's death, the county agency had "filed for protective custody of the children in May 2014 and placed them in foster care." The Act 33 report published by PA DHS notes[74]: "Schuylkill County CYS has an extensive history with this family beginning on 8/25/09." In 2013, after receiving a referral from Philadelphia the family was opened for services "due to concerns about positive drug screens" and the mother's "lack of follow through" on medical appointments related to the victim child's sibling. When the victim child was born the agency did receive a referral "stating the VC's mother gave birth to the VC on 01/09/15 and was REDACTED that day. The hospital reported no concerns with interaction between the VC and mother. Neither the VC nor the mother tested positive for illegal drugs." Among the findings of the local Act 33 Team: "There were concerns at this meeting regarding the mother being allowed to take this child home from the hospital REDACTED. This included concerns for the mother's REDACTED. There was also a concern regarding how information was transferred between workers involved in this case. A worker who was unfamiliar with the case was asked to check the home, but she had little background information. The team felt that if the worker had more information regarding the mother's background, it could have influenced her decision as to whether to leave the child in the home."

[73] 2015 1st quarter fatalities, page 6.
[74] http://www.dhs.pa.gov/cs/groups/webcontent/documents/document/c_211844.pdf

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					In response to the infant's death and the Act 33 review, "the agency implemented an internal policy regarding all cases with pregnant women. All cases are to be reviewed internally at their court committee to discuss future agency plans. Additionally, an amendment was made to the on-call procedure for the assessment of all newborns. Any active or non-active referrals on call, regarding newborn babies are to have two supervisory reviews before determining final safety. An internal discussion was also held with supervisors regarding the weight of a child's removal based on risk, as well as safety."
Schuylkill	5/17/14	3 months	F	The infant's death was determined by child welfare officials to be "accidental in nature."	From the Act 33 Report[75]: Schuylkill County Children and Youth Services (CYS) "received a call from the (redacted) police. Police responded to home of CV's parents due to concerns with an unresponsive infant, CV. CV was pronounced deceased, police expressed concern for illegal drug paraphernalia found in the home and concern for circumstances surrounding CV's death. (Redacted)" Both parents "tested positive for heroin on the evening of CV's death." Police also reported to CYS that the infant had been "placed, on her back, for a nap on the parent's bed but located several hours late on her side/faced down on the bed." The infant was "put for a nap around 3:00/3:30 p.m. and found deceased at 7:30 p.m. by mother." The mother reported that she had "swaddled" the infant and "laid her down for a nap on her back in the middle of the family bed and went to the local mini market before they started to watch movies." The parents reported to police that the infant "does not sleep in bed with them" instead she "only naps in the family bed during the day." There was not a crib in the home but there was a

[75] http://www.dhs.pa.gov/cs/groups/webcontent/documents/document/c_199454.pdf

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					"makeshift bed on the floor next to the parents' bed." The coroner ruled out "sudden infant death syndrome (SIDS) for CV but felt cause of death was some sort of suffocation." The Coroner "expressed concern for CV being swaddled at 4 months of age and questioned whether a swaddled 4 month old could actually roll over as CV's mother alleges." The Act 33 report notes that "Although CV's parents tested positive for heroin day of CV's death, their actions surrounding CV's death appeared accidental in nature. The parents regularly placed CV in family bed for naps and there was no evidence found to indicate their substance abuse impaired their decisions on day of CV's death." The Act 33 Report indicates the family "was not known" to CYS prior the child victim's death. Recommendations in the Act 33 Report: • A lengthy discussion was held regarding the safe sleep information provided to parents following birth of a child and the excessive amount of information a new parent is expected to absorb. Community resources were identified for sharing and reiterating safe sleep arrangement information including pediatricians and Nurse Family Partnership. CPS Supervisor also indicated a Multi-Disciplinary Investigation Team (MDIT) symposium is planned within the next year and safe sleep is a topic for discussion. • A question was raised whether mother should have received a REDACTED consult prior to CV's REDACTED due

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					to poor prenatal care. The agency plans to discuss at their MDIT symposium that referrals do not need to be made only in abuse situations, but can be made it the family needs assistance or lacks parenting skills etc. • The NERO agrees with the recommendation for the MDIT symposium in the county. Because this child was not known to the agency, it does not appear that they could have done anything differently. As mentioned, NERO believes that a REDACTED would have been appropriate, but the agency felt that the death was accidental in nature and was not related to drug use.
Washington	9/15/15	3 months	NF	Mother and Father	A 3-month-old nearly died "as a result of physical abuse." The parents were named as the perpetrators of the abuse. DHS' Annual Report indicates that the child "spent most of the day in the care of her mother who attended the Suboxone Clinic and then went to the pharmacy to pick up her prescription for Suboxone." Later both parents were outside the home "while the mother had a cigarette." While the parents were outside they reported they heard a noise inside the house and heard the victim child crying. The child's half sibling disclosed in a forensic interview that "while holding the child the house phone rang. When she went to answer the phone she tripped and dropped the child to the floor and fell on top of the child." In other discussions, the same child said the "child's swing fell on top of the child." Physicians said that the injuries resulted from a "violent act and the half sibling would not have the physical strength to cause these injuries."
Washington	6/18/15	7 months	NF	The child's caregiver was	The caregiver of the child "admitted to using heroin the day he was caring for the child."

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				named as the perpetrator for physical abuse.[76]	The caregiver told authorities that "he dropped the child on his head." The child was determined to have "a bilateral subdural hematoma with a non-displaced left parietal bone fracture, bilateral retinal hemorrhages and facial bruising." The family "was not known to the agency prior to this report" but the PA DHS summary also notes that the mother "has a history of illegal drug usage" and the mother is now "receiving parenting instruction and drug and alcohol services."
Westmoreland	12/27/11	20 days	F	Father	The 2012 Annual Child Abuse Report states "Results of an autopsy indicate the child sustained multifocal blunt force head trauma, a massive subdural hematoma of the left hemisphere of the brain, hemorrhage of the bilateral retinal and optic nerves, fracture of the right clavicle, and contusion of the upper lobe of right lung."[77] The Annual Report also indicates that the infant was "known" to the children and youth agency after "a referral was received when the deceased child was born because the mother tested positive for opiates."[78] Indiana and Westmoreland counties had involvement with the family. The Act 33 Report indicates that the family "under assessment" by the Westmoreland County Children's Bureau related to a December 8, 2011 referral with the person placing the call to the agency reporting that the "mother and baby tested positive for (redacted). The mother reported that she did not have a prescription for any (redacted."[79]

[76] 2015 3rd Quarter Fatalities/Near-Fatalities published by PA DHS, page 20.
[77] 2012 Annual Child Abuse Report, page 51 retrieved at http://www.dhs.pa.gov/cs/groups/webcontent/documents/report/p_034463.pdf.
[78] Ibid.
[79] http://www.dhs.pa.gov/cs/groups/webcontent/documents/document/p_034531.pdf

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					The local Act 33 team did not offer any recommendations for changes in local or state-level policy. The PA Department of Human Services did recommend: "better collaboration with hospitals at the time of the referral, to establish accurate discharge dates for the children, as well as collaboration with the home health professionals to allow for transparent communication regarding the safety of the children they serve."